

## **Evidence for a Self-Esteem Approach in the Prevention of Body Image and Eating Problems among Children and Adolescents**

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*Early suggestions from the 1980s for a self-esteem approach in the prevention of eating problems have been adopted by researchers, and the results of several interventions show support for the efficacy, safety, and suitability of a predominantly self-esteem and self-acceptance approach. Several recent studies utilizing strong self-esteem components as part of their controlled prevention interventions have produced improvements in body dissatisfaction, dietary restraint, internalization of the thin ideal, and attitudes associated with the eating disorders. This article discusses self-esteem as one of the important risk and protective factors in the development of body image concerns and eating disorders and describes the subsequent use of a self-esteem approach for prevention of eating disorders. Interventions containing strong self-esteem components from around the world are discussed in relation to their impact on the body image and eating behaviors of adolescents. Applications of the self-esteem approach for the prevention of child obesity also are discussed.*

Early writings about the prevention of eating disorders identified self-esteem development as a primary target in the prevention of anorexia nervosa, bulimia nervosa, and other associated eating problems. As early as 1984, Bayer suggested the following advice for parents, educators, and health professionals involved in the protection of children and adolescents from eating disorders.

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Help young people feel good about themselves and accept themselves . . . avoid driving adolescents to excel beyond their capabilities in academic or other endeavors . . . provide adolescents with an appropriate but not unlimited degree of autonomy, choice, responsibility, and self-accountability for their actions” (Bayer, 1984, pp. 8).

Similarly, early seminal prevention work by Catherine Shisslak and her colleagues (1987, 1988, 1990) cited low self-esteem as one of the most important factors to target in the prevention of eating disorders. The authors’ state that

given that poor self-esteem is highly correlated with chaotic eating patterns, teaching alternative methods to enhance self-efficacy may decrease the likelihood of developing high risk eating behaviors (Shisslak, Crago, & Neal, 1990, pp. 104).

Other theorists and researchers followed the early arguments and suggestions of Shisslak et al., (1987, 1988, 1990) by suggesting the development of self-esteem and self-acceptance in the prevention of eating disorders among children and adolescents (Collins, 1991; Mellin, 1988). Clearly, the development of self-esteem as a protective factor against body dissatisfaction, disordered eating, and eating disorders was strongly identified and argued in the late 1980s and early 1990s.

Since these early calls for prevention, body image and eating problems among children and adolescents appear to be becoming increasingly common. Although the prevalences of eating disorders such as Anorexia Nervosa (affecting 1 in every 200 girls) (Fisher, Golden, & Katzman, 1995; Patton et al., 1990) and Bulimia Nervosa (affecting 3–5% of girls and young women) (Ben-Tovim, Subbiah, Scheutz, & Morton, 1989; Fairburn & Beglin, 1990; Kendler et al., 1991) appears relatively stable, the prevalence of partial-syndrome eating disorders is much higher than these fully diagnosed clinical disorders, affecting 10–20% of girls and women (Clinton & Glant, 1992; Hall & Hay, 1991; Schwartz, Thompson, & Johnson, 1985). It has been suggested that prevalence of these subclinical disorders may be grossly underestimated and that the current estimates may be inaccurate because of the very secretive nature of these disorders and the finding that women with eating disorders tend to not participate in such studies (Beglin & Fairburn, 1992). In fact, the findings of a recent study (Croll, Neumark-Sztainer, Story, & Ireland, 2002) suggest that disordered eating is very high among youth, with at least one of the following—fasting, skipping meals to lose weight, diet pills, vomiting, laxatives, smoking cigarettes, and binge eating—recently reported by a staggering 56% of 9th grade females and 28% of 9th grade males. Reports of dieting, fear of fatness, body image concerns, and weight loss attempts, as well as cases of more serious eating disorders have been documented in children as young as seven years old (Ricciardelli & McCabe, 2001; Robinson, Chang, Haydel, & Killen, 2001).

Recent studies confirm that although body image and eating problems have been consistently more common among girls and young women, boys and young men are increasingly reporting these problems (McCreary & Sasse, 2000; O'Dea & Rawstorne, 2001). Young male adolescents are known to be concerned with their body size and shape and they undertake weight control and weight gain behaviors (e.g., steroid abuse), that may be hazardous to their health.

Clearly, body image concerns, weight loss behaviors, and eating problems pose a serious and increasing threat to the short-term and long-term physical, psychological, and social health of children and adolescents and prevention programs are more necessary than ever.

### RELEVANCE OF THE SELF-ESTEEM APPROACH FOR CHILD OBESITY TREATMENT AND PREVENTION

The prevention of eating disturbances and body image concerns is vital today, as is the concurrent prevention of child obesity, which has more than doubled in the USA over the past 30 years (Troiano & Flegal, 1995). Because overweight, perceived overweight, and weight concerns are known to precede dieting, hazardous weight loss behaviors, and eating disturbances, the current trend towards the co-occurrence of increasing eating disorders and increasing child overweight is very concerning. It is probable that the increasing rates of child overweight may be one of the factors that have resulted in more dieting and weight loss attempts among young people. Hence, the two trends could be expected to continue in tandem, and prevention of both is required.

Further to the intricate relationship between disordered eating and child obesity is the relationship between weight control behaviors and further weight gain. Recent research supports the thesis that children and adolescents who use extreme weight loss attempts only serve to perpetuate the futile cycle of dieting, purging, binge eating, and further weight gain. The phenomena of weight rebound following dietary restriction has been observed in a study of adolescent girls. In their recent large, well-designed, longitudinal study spanning four years, Stice and his colleagues (1999) found that among high school girls of various weights, those who tried extreme methods to lose weight were the most likely to gain weight over time and were therefore at greater risk for obesity. Girls who used more extreme weight loss methods such as laxatives, appetite suppressants, vomiting, and fasting gained more weight than those who were not involved in extreme weight loss attempts. Among girls who dieted, the risk of obesity onset was greater than for non-dieters, irrespective of their actual weight at the beginning of the study.

Clearly, one of the major aims of prevention programs to improve body image, eating problems, and child obesity is to encourage healthy eating

and physical activity among children and adolescents without promoting weight loss attempts and the diet-binge cycle. For this reason, the self-esteem approach is a relevant and appropriate approach to take in both the prevention of body image and eating problems and the prevention of child obesity, because the two issues are inextricably entwined.

### FIRST, DO NO HARM

Those involved in the planning of educational programs to promote sensible eating and prevent body image and eating problems, including dietitians, teachers, health educators, school administrators, nurses, researchers, and policy makers as well as those responsible for food product development, marketing, and advertising, should remember one of the most basic principles of modern medicine—"First, do no harm." There have been warnings about the potential to do more harm than good when attempting to prevent eating disorders (Garner, 1988; O'Dea, 2000), and these warnings are highly applicable to the treatment and prevention of child overweight. Obesity prevention programs may inadvertently serve to heighten awareness of body weight and increase weight concerns and weight loss attempts among children and adolescents. Eating disorder prevention programs, especially those that directly refer to case studies or eating disorder behaviors such as vomiting, starvation, laxative abuse, diet pills, and cigarette smoking for weight control, are likely to introduce these issues to children and adolescents in a suggestive manner. Several research reports confirm that teen-aged girls and young women have adopted smoking after receiving messages about its potentially slimming effects (Tomeo, Field, Berkey, et al., 1999).

Further, prevention programs, no matter how well meaning, may inadvertently glamorize and normalize dieting, disordered eating, and the slim ideal by using case studies of sufferers who are celebrities (Garner, 1988). Parents, teachers, food advertisers, and marketers may unwittingly transfer anti-fat, weight prejudice, body image stereotypes, and fear of food by perpetuating the "good foods, bad foods" myth and creating negative, frightening messages about food and weight. The use of negative language, a focus on problem-based messages (such as sugar and fat are "bad") and the use of the term "junk food" contribute to the underlying fear of food, dietary fat, and weight gain that precede body image concerns and eating problems. Children and adolescents need to know that they can enjoy a variety of different foods in a balanced diet and they need to be enabled to do so in a positive, motivating atmosphere. Negative messages or those that produce guilt or fear of food are likely to do more harm than good (O'Dea, 2000).

The prevention of eating disorders and child obesity must take into account the potential for such activities to inadvertently result in harmful outcomes among young participants and the study of negative effects of

interventions is generally warranted. The self-esteem development approach aims to facilitate and respond to the psychological welfare of participants and this approach therefore anticipates any potentially negative outcomes in prevention plans.

### LOW SELF-ESTEEM AS A RISK FACTOR FOR BODY IMAGE CONCERNS AND EATING PROBLEMS

Building child self-esteem is a logical approach to the prevention of body image and eating problems. Self-esteem refers to the judgment we make about our overall worth. Children and adolescents with high self-esteem are fundamentally satisfied with themselves as a person, although still able to identify weaker characteristics that may require work to improve. High self-esteem envelops a realistic self-appraisal of the child's characteristics and competencies coupled with an attitude of self-acceptance, self-respect, and self-worth. Poor self-esteem is known to be an important predictor of body image concerns, dieting, disordered eating, and eating disorders (Button, 1990; Button, Loan, Davies, & Sonuga-Barke, 1997; Button, Sonuga-Barke, Davies, & Thompson, 1996; McVey et al., 2002; Shisslak, Crago, Renger, & Clark-Wagner, 1998; Stice, 2002). In a large, longitudinal study of 594 schoolgirls, Button and colleagues (1996) found that girls with low self-esteem at age 11–12 years were at a significantly greater risk of developing severe eating problems by 15–16 years of age.

In a study of Canadian schoolgirls, McVey and her colleagues (2002) found specific aspects of self-esteem to be strongly associated with disordered eating, namely, low competence ratings for physical activity and high importance ratings for social acceptance by peers. One of the conclusions by the authors of this study was to implement self-esteem strategies among adolescent females in order to lower the importance they place on physical appearance in order to prevent disordered eating.

In addition to the research literature linking the role of low self-esteem in the prediction of eating disturbances are the many studies that show that overweight children and adolescents or those who perceive themselves to be overweight, have poorer overall self-esteem and body esteem than their lower weight peers (Mendelson, White, & Mendelson, 1995; O'Dea & Abraham, 1999; Strauss, 2000). Self-esteem protection and enhancement is therefore appropriate and desirable for all children and adolescents, but it is particularly relevant in the treatment and prevention of body image problems and eating disturbances, because low self-esteem is considered to be a potent risk factor for these problems. Similarly, self-esteem development is critical in the prevention of child obesity because these children suffer low self-esteem as a consequence of their weight problem.

Self-esteem development and enhancement also is believed to improve the other factors known to contribute to body image and eating problems. For example, development of a positive self-image and a strong sense of self-worth is likely to help children and adolescents become more satisfied with their body shape and size and more resilient and resistant to the unrealistic body image ideals portrayed in the media. Children with high self-esteem are better able to cope with teasing, criticism, stress, and anxiety, which are all associated with eating problems (Paxton, 2002).

Further, the development of a positive self-image, which includes a broad array of aspects of the self other than physical appearance, is likely to help children value their many different characteristics and those of others. This type of self-image development is likely to reduce children's obsession with perfectionism and the belief that one must be perfect, or strive to be perfect, in order to be valued, accepted, and loved. As perfectionism is strongly associated with body image problems and eating disorders (McVey et al., 2002; Shisslak & Crago, 2001; Stice, 2002) it is believed that modifying this risk factor by developing self-esteem may help young people to be more self-accepting and less involved in the futile quest for perfection.

#### A SELF-ESTEEM PROGRAM—EVERYBODY'S DIFFERENT

The aim of the Everybody's Different program (O'Dea, 1995) is to improve the body image, eating attitudes, and behaviors of young male and female adolescents by focussing on developing their self-esteem. The program focuses on expanding grade seven and eight students' self-identity and sense of self-worth by encompassing many aspects of the self and thereby decreasing the emphasis and importance of physical appearance. In addition, the program activities promote themes of self-acceptance, respect for self and others, tolerance, self-discovery and rejection of cultural stereotypes, and reduced self-expectations of perfection. The major program theme is that an individual's uniqueness is to be expected, valued, and accepted. A strong message of the program is that everybody is different and nobody is perfect. The five teachers who delivered the program were trained to build self-esteem by adopting a student-centered, cooperative, and interactive teaching style, which is known to promote student self-esteem. The educational approach featured the use of student discussion, group work, team work, games, play, drama, and a content-free, self-esteem building curriculum in which both the teaching style and the content of educational activities foster a positive sense of self, student involvement, self efficacy, vicarious learning, exchange of feedback and opinion and a safe, respectful, and positive classroom environment in which the students feel that they cannot "fail." The Everybody's Different program consisted of nine weekly lessons. The major content is outlined in Table 1.

**TABLE 1.** An Outline of the Content in the Everybody's Different Program

Major objective	Content/Activities	Aim of lessons and activities
Ways of dealing with stress	Group discussions; students report how they deal with stress. Activities are student-led, not teacher-imposed.	Activities encourage students to develop healthy ways of coping with stress such as peer, teacher, family and parental support; identification and expression of anger and other emotions; communicating with others in order to solve problems. Enhances peer communication and peer support.
	Relaxation/visualization exercises and take home tape recordings	Relaxation promotes positive body awareness, stress control, and enhances positive physical sensation.
	Benefits of stress control—student-led discussion and reporting	Homework activities encourage adoption of positive stress control behaviors and involves positive peer, parental, and family support
Building a positive sense of self	Expanding self-image to include a wide array of physical and personal attributes—student-led	Broadens self-image to include many different aspects of the self; diminishes importance of physical appearance; Promotes diversity, tolerance, self-acceptance, and acceptance of others; promotes respect and develops awareness about the undesirability of prejudice and teasing; Encourages positive self-talk and reduces obsessive, “all-or-nothing” rigid thinking
	Awareness and acceptance that everybody is different and nobody is perfect	Reduces the unrealistic and futile pursuit of perfection
	Identifying positive self-attributes Learning to give and receive positive feedback	Models peer support Positively involves significant others
	Positive self-evaluation, Identifying and valuing uniqueness in self and others	Reduces impact of criticism from others by receiving positive support from varied sources
Exploring individuality of self and peers (self-advertisements)	Exploration, discussion, identification, and rejection of stereotypes in our society. Student led discovery of media images of stereotypes—not teacher imposed. Art activities	Examination, discovery, discussion, and rejection, of cultural stereotypes of males and females; Acceptance of self and others Rejection of slim/muscular ideals

*(Continued)*

**TABLE 1.** *Continued*

Major objective	Content/Activities	Aim of lessons and activities
Acceptance of self and others	Reinforcement that diversity, uniqueness, and differences between people are to be expected, valued and accepted. (Student presentation of artwork and student presentation of the main messages/discovery from this activity)	Reinforcement that individuality and diversity are normal and acceptable Media literacy and awareness skills  Development and reinforcement of self-acceptance and acceptance of others Reduced importance of physical appearance and enhanced importance of many varied attributes
Communication skills	Peer support (drama activities, role plays, discussion)	Improved identification and expression of emotions Improved peer and parental communication and relationships Expansion of self expression skills

*Note:* The Everybody's Different program (O'Dea, 1995) was developed and pilot tested in 1992. It was published as a teacher's manual in 1995 and is available for research purposes upon request from the author. The author is currently expanding and updating the program for wider distribution.

The Everybody's Different program significantly improved the body image of students compared to controls. Female students and those at high risk for eating problems particularly benefited from the program, showing improvements in body dissatisfaction, drive for thinness, physical appearance ratings, reduced dieting, and less unhealthy weight loss after the intervention. Social acceptance (peer pressure, popularity), physical appearance, and athletic competence were less important to both male and female students after the intervention and close friendships became more important. Many of the improvements were still significant at the 12-month follow-up (drive for thinness, physical appearance rating, importance of physical appearance, athletic competence and close friendships to self-concept, deliberate weight loss in control girls versus no deliberate weight loss in intervention girls). Some of the statistically significant effects (body dissatisfaction, currently dieting to lose weight) had worn off after the self-esteem program was discontinued, supporting the need for continued programs or booster sessions.

A unique and interesting finding of this new self-esteem approach was the improvement in body image among both boys and girls as well as those

who were overweight or at high risk of developing body image or eating problems. This is evidenced by the fact that the improvement in the body satisfaction of high-risk male and female students was still statistically significant 12 months after the self-esteem program.

Improvements in body image may prove to be beneficial in helping students to be less body conscious and therefore more likely to become physically and socially active, as body consciousness is often cited as a barrier to physical activity in both boys and girls (Heath, Pratt, Warren, & Kann, 1994; O'Dea, 2003; Piran, 2001). Overcoming this barrier would be beneficial for all children, but particularly helpful in the treatment and prevention of child overweight.

Since the initial findings from the Everybody's Different intervention trial, the impact of an eating disorder prevention program that contains a strong self-esteem/self-acceptance approach in the improvement of body image and eating behaviors has been successfully implemented twice in Canada among grade 6–8 girls in the classroom (McVey, Davis, Tweed, & Shaw, *In press*) and in smaller peer support groups, by McVey and her colleagues (2003a). The two separate studies implemented self-esteem enhancement and self-acceptance strategies, stress management techniques, peer relations skills, and media literacy lessons and found improved body satisfaction, global self-esteem, and attitudes towards dieting. Other attempts to replicate these findings were reported as unsuccessful by McVey & Davis (2002) and McVey, Lieberman, Voorberg, et al. (2003b), with the authors reporting improvement in both control and intervention girls, suggesting either contamination of the control group by influences from the school intervention program or the favorable impact of their regular health education classes.

Another recent self-esteem intervention among grade seven and eight students in Canada (Tsimicalis, 2002) aimed to replicate the self-esteem trial of O'Dea and Abraham (2000) and succeeded by producing body satisfaction improvements in male and female students and improvements in the the physical appearance ratings of overweight females.

Eating disorder prevention programs that incorporate strong self-esteem components also have produced some significant improvements in the body image and eating behaviors of adolescent females. The study of Stewart et al., (2001), from England, incorporated self-esteem development and self-acceptance in classroom sessions with topics such as developing a positive body image, building self-esteem, and managing stress. Although their program was not a purely self-esteem approach, the inclusion of a strong focus on self-esteem development is likely to have helped to produce positive results in dietary restraint reduction and improvement in attitudes to weight and shape.

In a preventive intervention among groups of American Girl Scouts, Neumark-Sztainer, Sherwood, Collier, & Hannan, (2000) implemented a

program with strong self-esteem and self-acceptance themes with activities to help girls "positively influence their social environment and empower them to feel better about themselves" and improve body acceptance" (Neumark-Sztainer, et al., 2000, p. 1467). Some of the activities in the "Free to Be Me" program were similar in content to the self-esteem development program of O'Dea and Abraham (2000), including the positive involvement of parents in activities such as the "Feelin' Good" interviews with family members and friends about perceived positive traits and collage pictures that promote positive traits versus those that promote negative traits" (Neumark-Sztainer, et al., 2000, p. 1468). The overall approach, which provided psychoeducational material on normal physical development, exercises intended to promote self-esteem, and an interactive approach that focused on helping adolescents accept themselves and reject the thin ideal, produced increases in knowledge and decreases in thin-ideal internalization. This intervention is another example of intervention programs that demonstrate that a strong self-esteem and self-acceptance component is an important and influential feature of eating disorder prevention interventions. Similarly, the program of Phelps, Sapia, Nathanson, and Nelson (2000) in the USA included high school-based lessons that "utilized active individual participation and collaborative learning" (p. 445) and "highlighted strengthening specific personal attributes" (p. 445). Phelps and her colleagues reported a trend towards reduced disordered eating, body dissatisfaction, and drive for thinness and improved self-esteem, but the results did not reach statistical significance.

Similarly, the study of Steiner-Adair et al., (2002), on the East coast of the USA, included strong components of assertiveness and self-acceptance development and self-esteem. Self-esteem related activities in this intervention included lessons titled "claiming our strengths; identify admirable women; positive self-assessment; body appreciation; affirmations; 10 things I find beautiful; defining personal values; the power of positive action, coping skills and how to help a friend" (Steiner Adair et al., 2002, p. 404). The results of this study found that the program resulted in knowledge and weight-related body esteem. Importantly, as in the high-risk group of O'Dea and Abraham, 2000, these results were maintained at six-month follow up suggesting a strong and lasting intervention effect following a strongly self-esteem based intervention. Currently, researchers in Sweden (Ata Ghaderi, January, 2002, personal communication) are implementing a self-esteem approach in an eating disorders prevention program.

For a more detailed description and analysis of the specific results of eating disorder prevention programs to date, the reader is directed to reports by Paxton (2002), Stice and Shaw (2004), and O'Dea (In press).

Clearly, the self-esteem approach to the prevention of body image concerns, disturbed eating, and eating disorders has proven to be a very promising approach in several interventions from around the world involving young male and female adolescents.

## ECOLOGICAL AND ENVIRONMENTAL CONSIDERATIONS

Development of student self-esteem in the prevention of body image and eating problems should not be confined to the individual or to the school classroom. A child's self-esteem and sense of self-worth, while certainly effected by school curricula and teaching style (e.g., authoritarian teaching versus student-centered, interactive, inclusive teaching), also is impacted by peers (e.g., teasing), family, teachers, coaches, school environment, community factors (e.g., the media, advertising, sports involvement), and culture (e.g., feminist issues, cultural stereotypes, social norms, and stigma about weight and shape) (see Shisslak & Crago, 2001, for a detailed and thorough review of risk and protective factors in the development of eating disorders).

A holistic environmental approach to the prevention of body image and eating problems as well as child overweight, such as the Health Promoting Schools Framework (O'Dea & Maloney, 2001), theorizes that whole communities need to be involved in fostering overall health within school and community environments.

Eating disorders researchers have suggested various ecological, empowerment, and activism approaches to the prevention of eating problems (Levine & Smolak, *In press*; Piran, 1995, 1999, 2001; Streigel-Moore & Steiner-Adair, 1998). Piran (1999, 2001) describes "a participatory action project" in a school environment where the main aim of the project is focused on changing the whole school, including addressing school policy and developing girls' "critical voice" and the overall empowerment of girls in the school. The innovative community-based training programs developed by Friedman (2002) in Canada also are aimed at building resilience and self-esteem among young women, using a predominantly feminist approach in order to foster empowerment.

The use of media literacy and media advocacy interventions also is encouraged in order to encourage self-acceptance and help to reduce the internalization of the thin ideal and the pervasive body image norms for males and females that are constantly promulgated and reinforced by the media (Levine, Piran, & Stoddard, 1999; Levine & Smolak, 1998). The impact of media literacy programs is believed to be most powerful when the final result is one of rejection of the thin ideal that the serves to facilitate self-acceptance and results in having participants derive an overall sense of self-worth from the media literacy program. In this way, media literacy programs may encompass an overall self-esteem building approach. This area of research warrants further study to clarify the most effective components of the media literacy approach to prevention.

Hence, whole systems such as families, schools, communities, governments, and corporations need to be aware of, involved in, and committed to the protection and enhancement of child health and the prevention of these pernicious body image and eating problems that are currently burgeoning

among our children and youth. The development and protection of child self-esteem appears to be a promising approach in the prevention of eating disorders.

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