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## Long Term Effects of a Positive Body Image Among College Students

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### ABSTRACT

Students participated in a voluntary survey to test the idea that a positive body image program would produce long-term positive effects in college students' self-image. Data collection involved hosting five positive body image seminars that attacked the cognitive dissonance surrounding what we expect of ourselves in terms of body image versus the non-physical traits that we look for in others when determining friendships/relationships. Participants attended our seminars and answered body image related questions prior to attending the program, immediately after the program, and three months later. Previous studies have reported slight increases in subjects' positive reflections of their body after they received information about health and lifestyle changes. At this time, we are still collecting data, but we propose that a slight increase in positivity concerning participants' overall body image will occur. Our research expands on current knowledge that could help foster an informed approach to creating and regulating positive body image.

We walk by a mirror and stop. The sidelong glance captures our imperfect body. The image in the mirror is nothing more than a reminder of the lifelong battle with food, nutrition, and beauty magazines. This paper expands on the original research presented by Tri-Delta at the Eastern Psychological Association in Pittsburgh, PA ("Friends Don't Let Friends," 2012). The question being considered is whether a body image seminar will have lasting effects on students' self-image due to the ties between body satisfaction and eating disorders, prevention programs that handle eating disorders, and the potential that seminars might be a prevention method for body dissatisfaction.

Research has shown a strong bond between body satisfaction and eating disorders, especially in women and gay/bi-sexual men (Allomong, Burton, Halkitis, & Siconolfi, 2009). Factors vary, but the overall outcomes remain the same. In college-aged females, during their first year, 4% were diagnosed with an eating disorder while 19% remained at risk for developing an eating disorder (Franko, Jenkins, & Rodgers, 2012). Even with varying factors, it can be presumed that the childhood need to blend in and be accepted by society follows one into adulthood. If the childhood need is not met, then body dissatisfaction is most likely to occur (Allomong, et al., 2009). Perceived normalcy and family/peer pressure blended with a mixture of media influences can set up an individual for internal failure (Neumark-Sztainer, Butler, & Palti, 1995). Once such failure is reached, it then creates a need to find acceptance, which, in turn, may lead to an eating disorder (Franko et al., 2012).

Once an eating disorder has taken over an individual's life, intervention followed by prevention tactics must be deployed to prohibit reoccurring issues such as a lapse in the eating disorder. Part of the prevention method is to alert individuals to the fact that there is nothing shameful in rejecting cultural norms. Current norms concerning body image and eating disorders include the ideal that to be "thin" is right (or normal) and to be "fat" is

wrong (or abnormal). Previous experiments have shown lasting effects on meal patterns and prevention when focus was placed on bingeing behaviors, especially in adolescent 10<sup>th</sup> graders (Neumark-Sztainer et al., 1995).

An important prevention tactic needs to include emphasis on the importance of not participating in excessive dieting, weight loss practices that are unhealthy, and eating behaviors that are linked to anorexia nervosa and binge eating. (Franko, Mintz, & Villapiano, 2005). Furthermore, cognitive dissonance, when used to enlighten individuals to the critique of the "thin ideal" has been suggested as successful in the categories of, "reduced eating disorder risk factors, eating disorder symptoms, and future eating disorder onset" (Stice, Rhode, Shaw, & Gau, 2011, p. 500). Research that deals exclusively with college students states that the first year is the most prominent in the development of eating disorders. "Fifteen percent of those deemed to be at risk in the fall semester moved into the probable bulimia category by the spring semester" (Franko et al., 2005, p. 567).

Therefore, the hypothesis concerning the correlation between the "thin and ideal" and body image dissatisfaction has promoted the concept that prevention is needed more so than intervention to battle unhealthy social norms. Participants in a previous study have given credibility to the concept that prevention methods can be as successful as intervention methods, "dissonance participants showed significantly greater decreases in body dissatisfaction at two year follow-up and eating disorder symptoms at three year follow up than controls" (Stice, et al., 2011, p. 500). Based on the Stice et al. study, it has been suggested that seminar based negative body image prevention tactics would allow for an increase in total body acceptance and overall avoidance of following the "thin ideal."

## Method

### Participants

The participants were twenty community college students, aged 18 years and older. Females comprised 85% of the sample population while males were the remaining 15%. Participants were selected based on their attendance to one of the five seminars delivered on campus during the month of October. Only students who were willing to fill out the survey and attend one of five seminars were eligible to participate in the research.

### Procedure

Participants signed an informed consent form prior to being involved in the research. They approached table one where they signed the consent form, showed ID, and then were instructed to table two. At table two, the participants were instructed to fill out the survey to the best of their ability and once the survey was completed, they were then asked to step into the meeting room where the seminar took place. Once the seminar was completed, the participants were asked to remain seated and were instructed to fill out the survey a second time. They were then thanked and reminded that we would contact them again in February for a follow-up survey. After each survey was completed, regardless of location, participants were asked to place the survey upside down in a letter-sized envelope.

On the survey, basic contact and demographic information was requested after which fifteen research-related questions concerning body image and self-perception were asked. Ranking questions were placed on a scale of 0 (*not at all*) to 5+ (*most often*). Please see the complete survey in the Appendix.

## Results

In our first and second surveys ( $n = 13$ ), the majority of the participants were white (77%), heterosexual (62%), female (85%), 18-24 years old (69%), weighed between 100-150 pounds (46%), were between 5'3" and 5'6" tall (54%) and had never been married (77%). The number of participants who responded to the final survey ( $n=8$ ) was lower than the first and second surveys.

Our positive body image program showed a positive trend on the long-term effects of a positive body image program on an individual's personal body image perception. Two questions provided the most pertinent information: a) how would you describe your current weight? and b) currently, are you happy with your body?

Responses to "How would you describe your current weight?" included the following data from the: a) 1<sup>st</sup> survey - 77% of participants reported being *too heavy* and 23% reported being the *right weight*; b) 2<sup>nd</sup> survey - 46% reported being *too heavy*, 46% reported being the *right weight*, and 8% were *unsure*; c) 3<sup>rd</sup> survey - 37.5% of participants reported being *too heavy*, 50% of people reported being the *right weight* for them, and 12.5% were *unsure*.

Responses to: "Currently, are you happy with your body?" included the following data: a) 1<sup>st</sup> survey - 46% answered *no*, 46% reported *sort of*, and 8% answered *yes*; b) 2<sup>nd</sup> survey - 38% stated they were not happy, 54% reported *sort of*, and the *yes* answers remained unchanged; c) 3<sup>rd</sup> survey - 50% answered *yes*, 37.5% answered *sort of* and those dissatisfied with their current body dropped to 12.5%.

Our results suggested that there is a possible positive trend between a positive body image program and a self-reported increase in the happiness with participant's body image.

### Discussion

The results of this research suggest a positive trend that a body image program, focused on improving overall body satisfaction, will create a lasting effect at a minimum of three months. The findings are consistent with topic related research, in which college aged Latina women were introduced and educated about healthy food options through a computer program (Franko, et al., 2012). Our research is critical in the way that it introduces subjects to the tactics employed by the media to promote the "thin ideal" which encourages fat talk. This knowledge leads to empowerment and causes subjects to be less judgmental of their appearances.

The sample size of the first and second survey consisted of thirteen participants while the third survey resulted in a sample size of eight participants. Our participants were invited through convenience samples and self-reporting, which may cause a bias in results. The majority of our participants were white, female, heterosexual, and between the ages of 18-24. This did not accurately reflect the diversity of Monroe Community College's student population. We were unable to acquire Tri-Delta's body image survey, and thus designed our own. The validity of our survey has not been tested. Generalizability of how the study might be effective in a variety of age ranges, genders, or ethnicities remains a concern as well as the lack of a control and/or placebo group. Without a control and/or placebo we cannot state that the changes between surveys occurred specifically because of the positive body image programming. Due to the nature of our research, participants were informed specifically what the research pertained to, therefore, there remains a possibility of participant bias.

It is widely known that people with a strong, positive sense of body image have a lower prevalence of eating disorders than those with lower opinions of their bodies. Eating disorders run a chronic course and are difficult to treat, especially when the eating disorder has been present for

some time. Therefore, it is important to address the issue of poor body image before it escalates to such an extreme level. If a positive body image program can indeed have long lasting effects, we can help to prevent the problem from occurring in the first place, at least for some people. We can raise the quality of life for many and save money on medical costs incurred by those who must be treated for eating disorders and related medical problems.

Future research should contain a more diverse demographic such as a variety of ages and location differences since our research took place strictly in the Northeastern region of North America. To best help participants gain a healthy, positive body image the target age range should start younger and a program should be developed that follows a set of participants from approximately age eight until their late twenties. This would give significant long-term data and with the use of a placebo and control group would account for many of the confounding variables in our experiment. The reasoning for starting with children is related to when children begin noticing their bodies and begin the negative upward social comparison to role models in society.

The overall meaning behind the research is to find a way to help curb eating disorders before they start along with boosting self-esteem and empowering those who feel they are less because of their body size. Body image, self-esteem, and eating disorders are linked together, and with the changing of one, we have the potential to change the others.



**Current Marital Status:**

Single (never married)      Married/Cohabiting  
 Divorced/Separated/Widowed

**Age:** 18-24   25-30   31-35   36-40   41-45   46-50   51-55   56-60   61(+)

**Weight:** Under 100 lbs   100-150   151-200   201-250   251-300   300-350  
 More than 350

**Height:** Under 4'8"   4'8"-5'2"   5'3"-5'6"   5'7"-5'10"   5'11"-6'1"   Taller than 6'1"

**How would you describe your current weight?**

Right Weight for You   Too Heavy   Too Light   Not Sure

**Currently, are you happy with your body?**      Yes   No   Sort Of

**Currently, are you attempting to manage your weight?**      Yes   No

**Currently, are you attempting to lose weight?**      Yes   No

**Currently, are you attempting to gain weight?**      Yes   No

**Do you restrict certain types of food not due to allergies?**      Yes   No

**Do you own a scale?**      Yes   No

**Do you have an eating disorder?**      Yes   No   Used To

On average how many times do you weigh yourself each week?

0   1   2   3   4   5+

How often do you purchase beauty, health or fitness magazines per month?

0   1   2   3   4   5+

How many times a year do you start a diet?

0   1   2   3   4   5+

How many hours a week do you exercise?

0   1   2   3   4   5+

How many hours a week do you watch television commercials or infomercials dealing with beauty, health or fitness?

0   1   2   3   4   5+

Thank you for your participation.

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