Body image and the pre-pubescent child

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Abstract

Historically the development of body image concepts and associated 'perceived body image dissatisfaction' (PBID) has been considered a construction that occurs at puberty. In this paper we present an overview of issues pertinent to PBID and an analysis of eight interviews. These interviews were conducted with girls aged between five and seven years and support a growing body of evidence that suggests body image and PBID occur much earlier in the developmental stages of girls than puberty. The qualitative paradigm used in this research identifies similarities with recent research on body image and young girls. Using inductive analysis of these interviews and other research, we present a hypothesis that may help to explain why significant body image concepts appear to occur during this developmental period.

Body image has emerged as a critical health issue affecting both adolescents and adults (Kostanski & Gullone 1998; Polivy 1994). Mental illnesses such as depression, eating disorders, unhealthy exercise regimes, yoyo dieting and financial hardship have all been directly associated with perceived body image dissatisfaction (Kostanski & Gullone 1998; Polivy 1994). Historically, research on body image has been linked to adolescence, arguably because this is when the harmful nature of body image dissatisfaction is often manifested. However, more recently, research by Kostanski and Gullone (1998) indicated that body image ideals were apparent in girls as young as seven to eight years of age. Tiggemann (2001), reporting on research conducted by Lowes, identified that girls of six years of age displayed evidence of body image dissatisfaction in a manner that was not apparent in girls of five years of age. This research suggests that important developments in the construction of body image take place in girls before puberty. Further, they indicate

that these developments may actually begin to occur between the ages of five and six years. This paper is an exploration of this notion with the intention of furthering the debate on body image in young girls and suggesting a direction for future research.

Further, we explore issues surrounding the development of body image concepts, using the eyes of a child as a lens through which body image is viewed. We address these issues inductively by analysing the information provided by eight girls aged 5–7 years, and then drawing on the literature of various fields to 'make sense' of this information.

Historical context

The concept of an 'ideal' body image is largely socially and culturally constructed and may therefore be different across a range of cultures and evolve through time (Cash 1990; Drummond 2001; Miller 1993; Sanders et al 1995). In the early 17th century, fasting and appetite control were considered an expression of religious ideals (Sanders et al 1995). The association of religion with weight loss (Anorexia Mirabilis) carried with it the characteristics of goodness and saintliness (Sanders et al 1995).

Since that time Western society has preferred different body image fashions at different times. Miller (1993) notes that when food has been plentiful, the fashion has tended towards smaller, thinner body types; conversely, when food has been scarce, the fashion has been larger body types. Since the 1960s the ideal body image for women has increasingly been perceived as a 'thin' image (O'Dea 1995; Paxton 1994). During this same period the average women's size has actually increased (Miller 1993; Sanders et al 1995).

Oppy et al (1999) note that PBID is very important to health and can be the first sign that an individual's health is in jeopardy. Body image dissatisfaction has been identified as a component of illnesses such as eating disorders and depression (Hammen 1991; Kostanski & Gullone 1998; O'Dea 1995). This is not to say that those people with PBID necessarily develop eating disorders. Rather, a multitude of factors, all playing off against each other, must be considered in isolation and in relation to each other.

Influential factors

One factor in the development of PBID is family history (Fallon 1990). Fallon (1990) conducted a cross-generational study within families and determined that gender was a predictor of PBID and associated eating disorders. This outcome relates specifically to mothers and daughters. Where the mother has experienced PBID, it is likely the daughter will also experience PBID.

Hammen (1991), while researching depression in families, notes that there is a significant correlation between maternal criticism and the child's self-critical comments. Hammen (1991, p 171) also claimed a direct link between the 'negative

quality of mother-child relationships and poor regard on various measures of children's self-cognition'. It would seem that if there is a strong verbal validation or criticism of girls in relation to body image then this could create an environment conducive to the development of PBID, eating disorders and depression.

Influence of the media

Verri et al (1997) and Tiggemann (1996) investigated the effect of television on people with eating disorders. Both studies found that people with an eating disorder had a greater psychological dependence on television, in terms of hours watched and buying attitudes. In the case of Verri et al (1997), it was concluded that it would be appropriate to impose censorship of the media to control the types of body images that are portrayed. Their primary concerns centred around body images that are unrealistic and the myths and misconceptions that are perpetuated in respect to the diet and exercise industries. Researchers of other studies reported in Sanders et al (1995) have noted the effect of teenage magazines on 12-year-old girls. Their results identified that a relationship existed between the number of magazines read and the likelihood that the reader would consider herself overweight.

These conclusions portray viewers as passive recipients of media messages. It could be argued that people actively choose the programs they watch. For example, in the case of Verri et al (1997), the group more influenced by television had a pre-existing condition: an eating disorder. Their pre-existing condition may have been a determining factor in choosing programs that depicted idealistic body images. This is an important debate worthy of further investigation. One side of the debate would see people as passive recipients of media messages, claiming a significant casual relationship between exposure to such messages and PBID. The opposing view sees people as active participants. These people make active decisions about the programs they wish to engage with. If this opposing view proves valid, the media may be more a reflector and re-enforcer of individuals' existing values and concepts of body image and body image ideals than it is a creator.

This opposing view is recognised in Tiggemann's (1996) study into television and body dissatisfaction in adolescent girls. Tiggemann (1996) argues that an alternative ideology to television being the catalyst of body image dissatisfaction could lie in the concept of girls with low body image satisfaction seeking out television programs that promote thin women. Accordingly, they may aspire to the images in these programs, providing focus and promise in their lives (Tiggemann 1996).

Relationship with self-esteem

Research by Sanders et al (1995) identified a significant association between low self-esteem and PBID. This association is encapsulated by Nettleton and Watson (1998, p 17):

> The image we hold of our bodies will to a greater or lesser extent impact how we experience our bodies in everyday life. It may impact on our sense of self, our degree of confidence in social situations and the nature of our social relations.

However, the relationship between PBID and self-esteem is complex and by no means clear. The issue of whether low self-esteem causes PBID or if PBID causes low self-esteem is open to contention (Folk et al 1993; Kostanski & Gullone 1998).

Kostanski and Gullone (1998) found that PBID is highly prevalent among people with no eating disorders and may be a 'normative' component of Western life. Berk (1997) theorises that self-esteem is not universal across all environments. How people might feel about themselves changes depending on the activity, their environment and level of confidence. Berk's (1997) model is a hierarchical structure, where an individual's overall sense of self-esteem is made up of smaller, component self-esteems that are in turn related to a setting. An example of this could be a person's academic self-esteem, which may reflect how he/she feels about school. This in turn would be made up of smaller component areas such as that person's self-esteem in different subject areas.

Berk (1997) asserts that people have many different self-esteems. To understand why poor self-esteem about one's body may impact dramatically on one's overall self-esteem, the link between the various component self-esteems and overall self-esteem must be understood. Hammen (1991), in researching depression in families, puts forward the notion that an individual's various self-esteems are all vulnerable to her/his perceptions and beliefs, but to a greater or lesser extent. Massive disruption to that individual's overall self-esteem can be caused by relatively minor traumas to a vulnerable area (Hammen 1991).

The research

This research was a pilot study utilising a qualitative, applied research paradigm (Patton 1990) with data collected using unstructured, open-ended interviews. Such interviews are appropriate in situations where in-depth information is required or the area has not been extensively researched in the past (Patton 1990). Participants being interviewed can respond using their feelings, thoughts and experiences (Kumar 1996; Patton 1990). 'Applied research' is suitable for investigating human problems where the ultimate goal is to generate solutions to those problems so that the environment can be better controlled (Patton 1990). The participants were recruited from a public primary school in the western suburbs of Adelaide, South Australia. Information detailing the rationale of the proposed study was forwarded to approximately 50 families. From these 50 invitations, eight girls agreed to participate. The small cohort of participants can be explained when one considers the age group and the nature of the topic to be researched.

The study and research methodology was designed to heighten understanding of the following questions.

- Do girls in this age group experience feelings of body image dissatisfaction?

- Can the age at which body image dissatisfaction and body image ideals emerge be identified?

- Do girls of this age group make character judgements based on body image?

- Is there a parallel development between the association of characteristics to a body type and the development of body image dissatisfaction?

- What are the learning environments that influence the development of stereotypes and body image ideals?

As the purpose of this paper is to present a rationale for directing future research in this age group, a detailed examination of all the research questions is not appropriate. To this end, only the pertinent findings and analysis will be addressed here.

A generally accepted method of establishing the existence of perceived body image dissatisfaction is to ask participants to choose their perceived real body image and their ideal body image from a range of images (Monteath & McCabe 1996). Where these selections result in different images being chosen, a level of perceived body image dissatisfaction is said to exist (Anthony & Paxton 1998; Monteath & McCabe 1996; Tiggemann & Pennington 1990).

The ability of children to accurately select their own body image from a range of images has been established to be very accurate in girls 10 years and older, but only moderately accurate in children between seven and 10 years of age (Anthony & Paxton 1998). Therefore, assessing the level of body image dissatisfaction with children in the 5–7 age group is problematic at best. For this reason, we made no attempt to measure the participants' amount of body image dissatisfaction, only determine the existence of body image dissatisfaction.

The tool

The tool was developed by Tiggemann and Pennington (1990) for use with 10-year-old male and female students. The tool consists of nine images. Each image portrays a body type ranging from ectomorphy (image 1) to endomorphy (image 9) (Tiggemann & Pennington 1990). The size of the body is the only variant in these images. Permission was obtained by Dr Tiggemann to use the tool in this research and to make modifications to it where appropriate.

Three modifications to the tool were made. Firstly, only the section pertaining to females was used. Secondly, the pictures were enlarged so that each picture fitted comfortably on an A4 page. The third modification was the removal of numbers at the bottom of each image. The last two modifications were made so that the sequence of the pictures was not apparent. In the opinion of the researcher, a possibility existed that a defensive or reluctant respondent may choose an image in the middle of the sequence in the belief that this was a 'safe' choice.

Activities

Responses to the questions were obtained by engaging the girls in two activities. The first activity simply required the respondent to sort the images however they liked and then choose the image they thought they most resembled. Subsequent to this selection they then chose their ideal image. As has been established above, a significant discrepancy between these two decisions would indicate the existence of PBID. The second activity required the respondents to imagine the images were pictures of their friends. Of these pictures they could choose only three friends to attend their birthday. Any decision other than a random selection would seem to reveal a bias towards a particular body size. These selections became the focus for discussions.

Analysis and themes

Interviews followed a design template ensuring that all research questions were covered. The questions, while important in their own right, were also designed to encourage the respondents to embellish and, when thought appropriate by the respondent, to digress. This approach enabled the researcher to more fully appreciate the views, opinions and the influences important to the development of body image concepts in each individual.

Data analysis was completed in two separate but related steps in a procedure recommended by Patton (1990). Firstly, data from the interviews was described in such a way that anyone looking at the description would be able to arrive at her/his own conclusion. The data was then inductively analysed and related back to the initial research questions. A thematic approach (Patton 1990) was then applied to the data by analysing and organising the children's responses to the questions into recurring experiences.

Findings

Age as a predictor of body image dissatisfaction

The findings largely support Tiggemann's assertion that six years of age is a pivotal time in girls' development of body image dissatisfaction, albeit with qualifications. Connie, a five year-old, exhibited clear signs of body image dissatisfaction as well as displaying some evidence of preferring thinner body types as friends. Connie's responses were very similar to those of the six and seven year-olds involved in the study. It is noteworthy that Connie's responses were substantially different to the other five year-olds interviewed, who showed no evidence of either body image dissatisfaction or a preference for a body image type as a friend. Due to the small number of interviews conducted in the pilot study, it is not possible to make any definitive comments on how typical Connie's case is, however her responses cannot be ignored. While six years of age seems to be a predictor in the early development of PBID, other factors may influence this development. Five years of age is clearly not too young to have developed a concept of a body image ideal and of body image preferences.

The purpose of the next section is to suggest a possible rationale that may help explain why five to six years of age is an important time in the development of body image concepts.

An alternative hypothesis

Another explanation that concurs with the observed findings is that a student's exposure to and engagement with school impacts on the development of body image dissatisfaction, rather than her/his age. Prior to school, most students' previous experiences of an academic environment would have been kindergarten. Kindergartens by their very nature can expose children to only a very small number of children, and in a very limited age range. In contrast, most schools will expose children to much larger classes and to children who may be several years older. If this were true, body image constructs would need to be developed early in a child's social and academic development at school. The advantage this theory has over one that simply relates the development of body image constructs to a particular age is that a rationale can be provided not only for the early development of PBID, but also for why some students develop PBID earlier than others.

There could be many reasons why early conceptual ideas of a 'body image ideal' begin to develop at this time in a child's life. Children attending school for the first time may be exposed to increased social interactions in a variety of environments. There are opportunities for social interactions in the playground, the classroom and after-school environments such as out-of-hours care. There are opportunities for children to participate in various school-affiliated activities such as sport or music. The playground in particular was cited in this study as a social learning environment. Increased social interactions provide numerous opportunities for children to either create or to reinforce existing body image concepts

Identifying a single causal event that represents the genesis for the conceptual development of an ideal body image seems unlikely. However, it may be possible to identify critical issues or events that contribute to the process.

The first few years at school concentrate on the development of literacy skills (Au et al 1995; South Australian Curriculum Standards and Accountability 2000). This is significant because the books/texts that children are asked to read, or learn to read from, typically have pictures that relate to the text (Au et al 1995). Au et al (1995) describe a learning-to-read process where emergent readers use these pictures, when reading, in order to make sense of the story. This is especially so when the student's vocabulary is not sufficiently advanced to read the written text. Luke (1993) is of the opinion that children construct their identities and life trajectories as they relate to the cultural texts they encounter. Bradford (2001, p 3) notes that 'books written for children are created by adults who, consciously or not, work within their own ideological systems …'. When one considers that Western culture values thinness, it is possible to suggest that the literature teachers are asking students to read may reflect this value. It is then arguable that schools may be creating the framework used by children to discriminate, and assign judgement to, an ideal body type based on the texts they provide.

There is no current research that relates to the relationship between children's literature and the development of body image, however a precedent does exist. Bradford (2001), in a discourse on racism in children's books, comments:

> … children's books do not merely mirror what exists; rather, they formulate and produce concepts and ideologies, always within the context of adult views about what children should know and value. (Bradford 2001, p 5)

Examining this statement with body image in mind reveals two keywords which, when applied to the issue of children's perception of body image, demand attention. These two words are: 'formulate' and 'produce'. As this paper has already identified, the influence of the media on adolescents is a significant issue. However, what is suggested by these two words is not that literature merely influences a person's concept of a body image ideal, but rather that children's literature may place meanings on words by displaying pictures associated with negative, socially constructed body image ideals. This is particularly significant where a child has little or no concept of body image ideals.

The images in the book 'Cinderella', easily located in many school libraries, can be used as an example to illustrate this idea. Below are two artist's impressions of the character 'Cinderella'.

(In *Cinderella, World Treasury of Fairy Tales* [1979] Milan: Cliveden Press p 12. No author or illustrator cited.)

(In Wolf, T, Cattaneo P & Baraldi S [n d] *Cinderella The Great Fairy Tales Treasure Chest II: Book 2*. Rome: Tormont Publications Inc.)

Both pictures portray thin body physiques. Words associated with these images of Cinderella were: 'infinitely more beautiful than her stepsisters' and 'a lovely girl with gentle manners and a kind heart'. The text also associated feelings

with physical characteristics. For example, happiness was closely associated with beauty. The consequence in this instance is that words such as 'lovely', 'gentle', 'kind' and 'happiness' may be associated with thinness by the reader.

This idea should not only be considered with reference to girls, as the logic could be equally appropriate for males, particularly with respect to masculinity. The images and the terms used might be different, but the mechanism of literacy establishing body image standards is transferable.

When this hypothesis is applied to the research in question, it would seem reasonable to predict that students who start school early, or move through the literacy process faster than usual, may develop concepts of body image and body image ideals earlier than other students. This theory would go some way to explaining why many six year-olds have already developed PBID and a body image ideal, and on some occasions this may also be observed in younger children.

Conclusion

The dearth of research about body image construction in young children makes definitive statements difficult to support. The main results from this study are, firstly, that girls six years and older are more likely to display evidence of body dissatisfaction than girls five years of age. Secondly, individual differences play a role in body image development. It seems clear that five year-old girls are not too young to have developed body image ideals; they are just less likely to have done so than six year-olds. Thirdly, there seems to be a relationship between the development of body image ideals and the development of stereotypes based on body image.

Further studies are vital to examine the hypothesis that a contribution to the genesis of body image concepts may be found in literacy teaching practices and the content of learning to read books. This is a new idea that has as yet no support, other than inductive logic based on findings in related study areas. When one considers the long-term devastating consequences of PBID, it is difficult to overstate the importance of this work.

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