



BODY IMAGE: INSTRUMENT OR ORNAMENT?

BY FIONA HOLLAND, MA, PGCE

INTRODUCTION

Body image is a complex and multidimensional construct encompassing how we feel, think and behave (1). We all have a relationship with our body, but in many cases this relationship can be more negative than positive. Body dissatisfaction is common in both men and women (1–3), and research has indicated that both genders have negative responses to the images of the idealised, slim, toned or muscled physiques that we observe on from the pages of celebrity magazines, advertisements and the internet (4,5). One study in male university students showed that their body dissatisfaction increased after exposure to advertisement images of more muscled males compared with exposure to average-sized males (4), while women have been shown to devalue their bodies when exposed to media images of thin women (5). In 1998, the Bread for Life Campaign surveyed over 900 young women aged between 18 and 24 years. The survey found that 61% of young women feel inadequate compared with the media's image of beautiful women. See Box 1 for more statistics from this survey. Therapists working in close contact with clients can have a profound effect on how clients view their own body.

Body dissatisfaction is common in both men and women. Both genders have negative responses to the media images of the idealised, slim, toned or muscled physique. Therapists working in close contact with clients can have a profound effect on how a client views their own body.

BOX 1: MEDIA IMAGE

A total of 900 women aged 18–24 years were surveyed in 1998 (1):

- Only 25% were happy with their weight.
- 20% dieted either all or most of the time.
- 55% thought that men rate looks as the most attractive thing in a woman.
- Only 1% thought that men rate intelligence as the most attractive thing in a woman.
- 22% admitted to staying at home because they didn't think they looked good.
- 61% felt inadequate compared with the media's image of beautiful women.
- 91% felt that it was bad that the media always portray so-called "perfect" women.
- 89% wanted more average-sized models to be used in magazines.
- 63% wanted fewer dieting features in magazines.

Therapist-client relationship

As body-centred therapists (eg. massage/sports therapists, physiotherapists, complementary therapists, personal trainers, injury rehabilitators), we often underestimate the power of our words, actions and influence over our clients, especially in terms of the messages around body image and body dissatisfaction. Research has shown that body image becomes more negative in situations that are more body-focused (6). The treatment room or gym is therefore a place where body-image issues may be highlighted.

In the therapist-client relationship, clients step into the sometimes vulnerable role of needing help, support or care, and negative body-related statements often rise to the surface. This may be due to apprehension on the part of the client, possibly around the idea of being seen and judged. We may hear comments such as "I'm really sorry. I didn't shave my legs", "You want to do massage on my triceps?"

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I just wobble there!” or “I don’t have any muscles: I’m just fat everywhere!” Conversely, some clients’ anxiety may be expressed in statements such as “Don’t relax my muscles too much: I want them to be toned”, or clients may search for validation in statements such as “I’ve been training hard and lost half a stone. Can you tell?”

TOUCH

Clients (including those in relationships) may be touch-deprived and be unfamiliar with the contact experienced through massage, or of trainers moving their limbs into position for exercise or stretching. The resulting nervousness can perpetuate body-shaming statements, which may be aimed at eliciting a response from the therapist. As Deane Juhan states, “touch is food” for our whole system (7), a statement supported by research with premature babies who thrived when massaged regularly (8).

BE POSITIVE

As body-centred therapists, we have to be careful not to perpetuate our clients’ negativity and instead to focus on helping rather than potentially harming. It is easy to overempathise (“Oh, yes, I have love handles too!”, “Don’t worry, I’ve seen it all before”), to deny clients’ feelings (“No, no, you’re not fat at all”), to make a joke out of their statement (“Bingo wings!”) or even to jump into advising the client on how they can lose weight, thus giving the message that their current weight is not acceptable. All of these come from a place of judgement and move us out of the client-centred core that is at the heart of our profession – the place of “unconditional positive regard”, a term first coined by the pioneering psychologist and humanist Carl Rogers (12). Unconditional positive regard is a place of acceptance that we offer our clients, regardless of how successful their training regimen is, how much weight they have lost, what their body looks like or how they feel about their body. Researchers suggest that in women, both positive and negative body-oriented comments result in increases in body “surveillance” and body dissatisfaction (8), perhaps due to the indication that others are focusing on their outward appearance. This supports the idea that even seemingly innocuous comments may

have “detrimental consequences for women’s self-objectification and body image” (9).

I would suggest that our role as therapists is not to label these types of statement as “wrong” but to tread with caution when we hear people make such comments. We are in a position of power with our clients and have no idea whether our unintended flippancy remark may initiate a downward cycle of anxiety or negative behaviour that could result in binge eating, exercise addiction, steroid use, purging or depression. Box 2 shows some typical examples of client–therapist dialogue. These examples may seem somewhat artificial or extreme, but my aim is to give you some food for thought in your upcoming treatments.

THERAPIST’S OWN BODY IMAGE

The ancient adage “Physician, heal thyself” applies to therapists, especially massage professionals: if we are working in this sometimes intimate field, and the body is the interface between us and our clients, then our hands, our words and our actions all have effect. If we touch the surface, we can stir the depths. If we too feel that we are in discord with our body, whether we are addicted to exercise, are constantly dieting, are somewhat narcissistic, or simply have the “normal” hang-ups about our “imperfections”, then the treatment room is not the place to share these. We need to create a professional and safe space for our clients and seek to explore our own body-based messages independently of our role as the one “in charge”.

As an instructor and trainer, both observing and receiving massage over a number of years, I wonder whether our own negativity about body image is the reason why many massage professionals do not include abdominal massage in their work. Do we feel as comfortable working with gluteals as we do with quadriceps? Are we as confident treating people’s adductors as we are their abductors? Is there something more to this avoidance that we don’t always acknowledge? As professionals, we have a chance to educate our clients about their

BOX 2: CLIENT–THERAPIST DIALOGUE

Client 1: “You want to work on my feet? I have horrible feet!”

Negative responses: “You should see mine!”, “I have some elderly clients whose feet are like claws!”

Neutral response: “Feet are really important in giving our body a stable base, and so it is really important to give them attention.”

Client 2: “My lower back is sore, probably because I’ve got all this weight up front.”

Negative responses: “You enjoy a few beers, then?”, “Yes, well, we all have our crosses to bear!”

Neutral response: “There are many reasons for back pain – it is a complex issue. I’m going to work on your back and gluteal muscles first and see what we find – are you comfortable with this?”

Client 3: “You probably won’t be able to feel my muscles under all this flab.”

Negative responses: “Don’t worry – they’re in there somewhere!”, “Did you give up the walking programme you were doing?”

Neutral response: “Our bodies are all very different. My job is to support you in feeling better, to see whether you can breathe easily into your hard-working legs as I work.”



body and may have the luxury of time or an ongoing therapeutic relationship that other health professionals such as general practitioners do not. If we can provide more neutral or body as “functional instrument” rather than as “decorative ornament”-type answers, then, although our clients may not recognise it, we are offering them a new way to relate to their body. Instead of avoiding the abdominal area in a client with back pain, for example, we could take this opportunity to educate the client about the importance and function of core muscles and why it may be important to include them in a massage session. We can then leave the decision to the client, so when they are comfortable enough to receive touch on this perhaps long-neglected area, they understand that our intention is to help them functionally, not to judge them aesthetically. We therefore allow the client to make the decision from a more informed place rather than from a place of fear of judgement.

THERAPIST SUPPORT

We ourselves as therapists should seek support, supervision

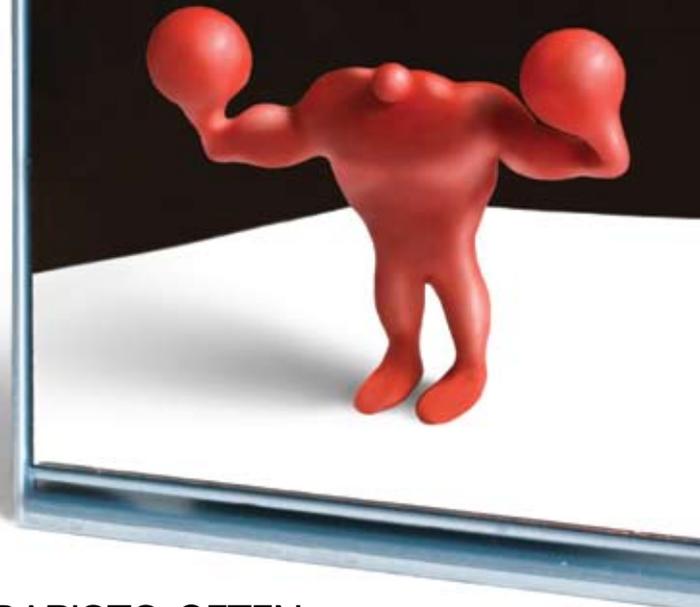
or counselling, enabling us to ultimately serve our clients better. Working individually with a client-centred counsellor is one option; creating a support system with other professionals with a similar interest is another. Alternatively, finding a peer counselling group (eg. re-evaluation counselling (RC) in the local community or finding a mentor in the field willing to work as a clinical supervisor are also solutions.

CONCLUSION

In summary, if we can facilitate greater harmony and respect for the body, perhaps our clients will move towards wellbeing and we can help to maintain and facilitate this path for them, not just “fix” the machine when it breaks down. Box 3 shows some body image-boosting activities. This message does not always have to be communicated overtly: if we come from a place of acceptance rather than judgement, if we are conscious of our own body-shaming statements and if we try to move towards more neutral responses when our clients state them, we can offer truly unconditional touch – a rare gift.

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“THERAPISTS OFTEN UNDERESTIMATE THE POWER OF THEIR WORDS AND ACTIONS”

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CASE STUDY

I have been intrigued with the concept of body image within our profession since I began my massage training in the USA in 1996. In an informal pilot study that I conducted for my independent study, I worked with four women. The women had four 1-hour massages over the course of 4 weeks. I asked them to complete a body-image questionnaire before the first treatment and after the last treatment. I also asked the women to shade in a “body map”, indicating with different-coloured pencils which areas of their body they felt positive, neutral and negative about, with them adding adjectives connected to these areas if possible. I let the women indicate each week which areas of their body they would like me to include in our session, offering them the choice of full body (back including gluteals, legs, abdomen, arms, upper chest, neck and head) or any areas that they felt comfortable with. Over the sessions, the women allowed me to work on progressively more areas; by the last session, the majority of the women received a full body massage, including the abdomen (the first time any of the women had received massage there). The women showed improvements in body esteem and mentioned that they felt “accepted”, more “comfortable” and “connected” with different parts of their body. When they re-shaded their body maps, the negative areas had become more neutral and a few of the neutral areas had even become positive. The women I worked with knew I was interested in body acceptance, and perhaps this paved the way for our success, indicating that massage can be a powerful way to help our clients heal in addition to relaxing their tight muscles or enhancing their sports performance.

BOX 3: BODY IMAGE-BOOSTING ACTIVITIES (ADAPTED FROM GARNER (10))

- Find benchmarks other than appearance alone for self-evaluation – recognise your achievements at work, in your hobbies or in your relationships.
- Think of your body as an instrument rather than as an ornament: focus on how your body functions rather than how it looks.
- Do activities that help you feel good about yourself. Move your body in ways that feel good, and find ways to appreciate and take care of your body as though it were a trusted friend. Buy clothes that you feel good in – don’t wait until you are one size smaller.
- Reduce your exposure to harmful media images: stop buying fashion magazines and watching celebrity-focused TV programmes. Focus on reality and self-nurturing rather than comparing yourself with unrealistic role models.
- Exercise for strength, fitness and health rather than focusing on weight control. Throw away your scales! Focus on the actions you have done rather than on a number on a somewhat unreliable machine.
- Find others who respect and care about your body.
- Identify and begin to change negative or body-shaming statements.



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