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 physique 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 a client views their own body.
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 seek 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 overemphasise (“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 flat 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 flippant 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 a 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 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 (e.g., 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 well-being 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 bodies, 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.

References
4. Lorenzen LA, Grieve FG, Thomas A. Exposure to muscular male models decreases body satisfaction. Sex Roles 2004;51:743–748

BOX 3: BODY IMAGE-BOOSTING ACTIVITIES (ADAPTED FROM GARNER (10))
- Find benchmarks other than appearance alone for self-evaluation – recognize 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.

SOME PROVOCATIVE ARTICLES

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