

Chapter

SOCIOCULTURAL ROUTES TO UNHEALTHY BODY IMAGE INVESTMENT

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ABSTRACT

Body image investment refers to the psychobehavioral salience of one's body image evaluations, often reflected in the way they define them and function on a daily basis. The current social environment encourages the development of an unhealthy investment in appearance, due to the high emphasis placed on the pursuit of ultra-slender body ideals and concurrent depreciation of excess weight conditions. Appearance becomes central to many people's identity, and their self-esteem and well-being contingent on meeting the thin body ideals, almost impossible to achieve. Guided by the increased sociocultural pressure to conform, people end up engaging in unhealthy, often non-sustainable, behavioral efforts to lose weight and improve appearance. However, this type of reasons to engage in body image improvement efforts could be experienced as controlling and/or as a self-imposed pressure, possibly leading to a less autonomous functioning as well as less adaptive behaviors.

The available evidence consistently supports the adverse consequences of an unhealthy body image investment on people's self-esteem, psychological and behavioral functioning. However, researchers have often ignored this body image facet. This chapter will describe the investment dimension of body image and explain how the sociocultural *milieu* contributes to the prevalence of an unhealthy (over a more adaptive) investment in appearance. Informed by self-determination theory, this chapter will also discuss the motivational routes underpinning people's decisions to engage in appearance management efforts, and the consequences of this unhealthy investment to their self-esteem, psychological functioning, and behaviors. To conclude, a reflection on how people can improve or develop a healthier investment in appearance will be presented.

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INTRODUCTION

Body image is conceptualized as a multidimensional construct that consists of one's mental representation of body-related perceptions and attitudes (i.e., thoughts, feelings, and behaviors), and contains both positive and negative features [1]. Body image attitudes can be divided in two different dimensions, an evaluative component (also known as body (dis)satisfaction) and an investment component (cognitive-behavioral salience of one's appearance) [2-3]. A restricted conceptualization and measurement of body image has been the norm within research in the last few decades [4]. Typically, simple measures of cognitive and affective appraisals about one's appearance, such as self-ideal discrepancies and body (dis)satisfaction evaluations, have been preferably selected to assess body image disturbances [5]. Yet, such discontent with appearance may vary in its impact on an individual's psychological well-being and therefore cannot be considered a sufficiently sound indicator of disturbance per se. For some individuals, being dissatisfied with their body weight or shape can have nonthreatening implications on their quality of life, whereas for others, the deleterious implications can be severe. This one-dimensional view of body image ignores the psychological significance that people attribute to their (negative) body image evaluations as well as the consequences of those evaluations on personal distress and adaptive functioning [5]. In other words, it disregards body image investment.

WHAT IS BODY IMAGE INVESTMENT?

Body image investment refers to the degree of cognitive and behavioral importance that people assign to their body and the extent to which physical appearance defines their sense of self. Typically, it reflects an unhealthy investment as opposed to a more adaptive appreciation and management of appearance [2]. Its core feature pertains to appearance-related self-schemas, representing cognitive structures derived from past experience that assemble one's thoughts and beliefs about appearance and its centrality to one's self [6-7]. These schemas are actively triggered and maintained by appearance-related internal or environmental events and cues [8]. Additional features of body image investment include distorted thoughts and assumptions about appearance (e.g., believing that one's external appearance reflects a person's inner character), negative emotions about one's body (e.g., feeling ashamed of one's own physique, or feeling so bad about one's shape and frequently crying over it), and the adoption of unhealthy and/or disengaging conducts (e.g., overeating, hiding what's troublesome about one's looks, or avoiding social interactions).

Poor body image results from a blend of disturbances in both components of body image attitudes and is associated with adverse psychosocial consequences, including poor psychological adjustment, negative affect, low self-esteem, increased depression and anxiety, impaired sexual functioning, maladaptive eating behaviors, and reduced quality of life [1, 9-12]. Yet, it has been suggested that an unhealthy investment in appearance might have more detrimental effects on psychological well-being than mere body dissatisfaction, which per se is not considered a valid indicator of emotional distress and psychosocial impairment [13]. Prior studies appear to corroborate this hypothesis, showing that the presence of an unhealthy body image investment clearly overrides the role of body dissatisfaction onto the prediction

of psychosocial functioning [e.g., 2, 13-14]. For instance, appearance-related schemas (i.e., the core facet of body image investment) have been shown to predict social anxiety, depressive symptoms, and eating disturbance, above and beyond body dissatisfaction [2]. In another study, cognitive distortions about body image were also shown to predict poorer quality of life and disturbed eating attitudes over evaluative body image [14]. In the context of weight management, results from a randomized controlled trial revealed that an unhealthy investment in appearance was positively associated with poor quality motivations to engage in treatment, and negatively associated with psychological outcomes (i.e., self-esteem and mental health), whereas evaluative body image was unrelated to either outcome [15]. Therefore, greater depth in the measurement and understanding of the multidimensional nature of body image, and in particular its investment dimension, is required to clarify body image development, functioning, and change [4, 16].

HOW DOES IT BECOME UNHEALTHY?

A Sociocultural Pathway

The current canons of beauty and thinness are all-pervading and, without resorting to extreme and unhealthy behaviors, impossible to achieve by the average women [17]. As once noted, “only the very thinnest 5-10% of all (...) women can actually acquire and easily maintain the supermodel’s salient and most desired feature: her fat-free body” [18]. Hence, it does not surprise that concerns about weight and appearance have become so prevalent, even normative, and that many women feel pressured to achieve those body ideals [19]. This pursuit for the “perfect body” is no longer an exclusive female concern [20], however men do not appear to be as severely affected by sociocultural pressures as women. Thus, the present chapter will generally focus on women’s concerns and investment in appearance.

According to sociocultural explanations, body image concerns and unhealthy investment originate from three major factors: the culturally-sanctioned thin ideals and their symbolic meaning, the stigma associated with obesity, and the role of physical appearance as a core aspect of femininity [21-22].

The culturally endorsed ideals of feminine beauty have changed over time, moving away from a voluptuous figure towards a less rounded and angular shape. Research confirms this fact, indicating that media models have become progressively thinner, often exceeding the 15% underweight criteria used to diagnose anorexia [23-24]. These unrealistic and unhealthy ideals, achievable by only a few, are so ubiquitous in the media (e.g., TV, internet, magazines, and shops) that women cannot escape from an utter exposure to them [25]. But what makes women chase these ideals and become unhealthily invested in their appearance?

There are several symbolic, implicit meanings, inherent to the feminine “perfect body” ideal, transmitting that only the beautiful and the thin are valued and loved, and portraying that thinness is a sign of success, happiness, health, better education, and being in control of one’s life [20, 26-27]. According to Dittmar, mass media not only communicate that beauty and prosperity should be central life goals for everyone, but also establish what it means to be beautiful, successful and happy [20]. As a result, appearance becomes central to women’s identity, in such a way that women start believing that improving appearance will allow them

to change more than just their body size and shape; it will allow them to change their social status, both economically and interpersonally [20-21, 27]. Acceptance and internalization of this cultural misconception will bind women's self-worth to their perceived attractiveness and, thus, make it contingent on meeting the societal ideals [28]. This is especially problematic considering that people tend to be unconscious of the subliminal messages conveyed in the media and of its pervasive influence [26]. They are misled to believe they are expressing their selves and conquering happiness when they are actually shaping and monitoring their identities according to the socially legitimated unrealistic ideals and messages [20]. In complement, mass media also openly instruct how to achieve these ideals, by publicizing "solutions" to get women closer to the culturally conveyed ideals. Women are told that they can have the perfect body, merely by acquiring specific products, such as body creams, diet pills, individualized meal plans, workout sessions with personal trainers, and cosmetic surgery [20, 26]. Hence, mass media not only encourage the cult of ultra-thin body ideals, but also offer solutions making women believe they *should* and *can* be thin.

There is also a pervasive negative stereotype towards obesity within western societies. Nowadays, the decline in female body size ideals antagonizes with the increase in overweight rates, which are well above 50% in several industrialized countries [29-31]. The rising in obesity rates would not represent a problem to body image development if current pro-thin bias were not accompanied by anti-fat bias [e.g., 32]. Unfortunately, the stigma and discrimination associated with obesity are highly prevalent, and often related to wide-ranging negative stereotypes, viewing obesity as a "voluntary", controllable condition, and overweight and obese persons as lazy, unmotivated, not self-disciplined or competent to control their urges, and deficient on willpower [33]. Obesity is seen as a character flaw, fact that cultivates the emphasis on the pursuit of thinness, and naturally, the increased prevalence of body image issues [21].

The role of physical appearance as a core aspect of femininity also constitutes a major influence on the ubiquity of body image unhealthy investment. Objectification theory posits that the cultural atmosphere objectifies women's bodies [34]. Once more, mass media play a tremendous role in the reinforcement of cultural notions of an objectified female body, inviting viewers to scrutinize women's body without sufficient consideration for their personhood, showing them as thin, beautiful, and often fragmented body parts [34-36]. Girls and women are socialized to adopt a "body-as-object" perspective of their physical self and to prioritize their bodies' appearance over its physical condition or capabilities [37-38]. Women learn that their appearance matters and that other people's judgments of their body shape can determine how they are treated, and ultimately, affect their socio-economic status [38]. Additionally, women are socialized to give precedence to interpersonal relationships and taught to believe that their physical attractiveness is responsible for the success of their relationships [39]. As a consequence, women's identity and sense of self-worth often become contingent on conforming to the dominant standards for thinness and attractiveness [21, 37]. This self-objectification has also been consistently linked to negative body image attitudes, maladaptive eating patterns, and poor physical and mental functioning [40-42].

These three sociocultural factors contribute to the growing gap between the ultra-slender "body perfect" ideals conveyed in the media and women's actual body sizes, and present several negative consequences on body image. These include perceptual distortions translated into body size overestimations, body dissatisfaction and related negative emotions (e.g.,

shame, anxiety), poor interoceptive awareness, and the emergence of an unhealthy investment in the management of one's appearance [25, 28].

Our self-esteem, including how we feel about our body image, originates from our evaluations of how other people interact with us. Social and interpersonal interactions are the "looking glass" by which we come to form attitudes and beliefs about ourselves. Thus, the internalization of appearance-related social feedback and appraisals that we receive from family, peers and others also contribute to the way we invest in our appearance [43]. Parents' expectations and opinions, including the degree to which physical appearance is valued within the family, are communicated in daily interactions through parental role modeling, verbal and non-verbal comments, and criticism. These messages are internalized by children, and are likely to determine the standard against which they compare themselves [44]. Furthermore, evidence suggests that an intrusive and conditionally approving parenting is associated with body image and eating disturbances through several mechanisms such as the development of maladaptive perfectionist and evaluative processes [45]. Likewise, peers play a paramount role in the promotion of body image disturbances, principally throughout adolescence [46]. Empirical evidence shows that teasing experiences from peers are associated with greater appearance-related concerns, more dieting behaviors, and worse well-being [47]. In addition, evidence suggests that peers' modeling behaviors and individuals' belief about whether they approve or disapprove their body shape may also affect body image and eating behaviors [48-49].

Personality traits also play a role in body image development [8]. Self-esteem is probably the most influential of these traits, as attested by prior research showing that lower self-esteem is associated with higher body image vulnerability to threatening events and ensuing maladaptive eating behaviors [8, 50]. Perfectionism has also been proposed as a risk factor for body image disturbance, as it may promote a relentless pursuit of the thin ideal and a rigid style of functioning [8, 51]. Public self-consciousness (i.e., selective attention to one's appearance and behaviors) and the frequent body surveillance that follows also appear to contribute to body image development [8]. Similarly, a need for social acceptance and approval is likely to increase one's investment and struggle to achieve the socially sanctioned body ideals [8, 43]. Dispositional mindfulness, this is, being conscientious and intentional in what you do, being open to possibilities, and/or paying attention to what is occurring without grasping onto judgments [52], may facilitate the development of a positive appraisal of one's body [53]. The general disposition to act in a self-determined way (i.e., congruently with one's core values and interests) has also been shown to protect against the adverse effects of sociocultural pressure to be thin. It is also negatively predictive of women's tendency to endorse the thin ideal, and seems to be associated with lower body dissatisfaction [54-56]. Furthermore, women with elevated levels of autonomy/self-determination appear to interpret media messages as societal ideals of female attractiveness instead of viewing them as standards of how their bodies should look [57]. On the other hand, women with a non self-determined motivational profile seem to report more pressure from the media to be thin, experience greater body dissatisfaction and negative affect, and express more concerns about the quantity of food in their diet, after being exposed to videos epitomizing thinness as a standard of female attractiveness [56-57]. These are some of the most relevant personality traits likely to affect body image formation; several others exist though.

A Motivational Pathway

A different perspective on the sociocultural routes underpinning the formation of an unhealthy body image investment, and on their consequences, is provided by self-determination theory (SDT) [58-59]. This theory proposes that individuals go through a natural process of internalization in which they assimilate and try to accommodate social norms and demands by converting them into personally endorsed values and self-regulations. According to SDT, the regulation of behavior can take many forms corresponding to qualitatively different styles of behavioral regulation, that can be differentiated along a continuum of self-determination, ranging from non self-determined or controlled forms (i.e., amotivation, external and introjected regulations) to self-determined or autonomous forms of behavioral regulation (i.e., identification, integration, and intrinsic motivation). Behaviors are autonomously regulated to the extent to which they emanate from one's true nature (i.e., are personally relevant), and are experienced as chosen and therefore related to a sense of freedom (e.g., caring for one's physical body because it is consistent with one's valued lifestyle, or to stay healthy). In contrast, behaviors are considered controlled when performed due to pressure or coercion, coming either from an external agent or an intra-psychoic force (e.g., managing physical appearance because the husband/partner is pressuring the woman to do so, or to avoid feelings of guilt or shame).

Self-determination theory further suggests that individuals have an inherent tendency to be active and autonomously motivated, and thus to regulate their behaviors through choice as an expression of themselves, as long as the appropriate conditions are present. Specifically, SDT posits that individuals' optimal functioning requires the satisfaction of three basic psychological needs (i.e., autonomy, competence, and relatedness), whose self-actualization is closely associated with the characteristics of the social environment [58]. Accordingly, when the social context is markedly controlling and evaluative, compelling individuals to act in certain modes, psychological needs are frustrated and, subsequently, the process of internalization gets thwarted and becomes associated with less autonomous functioning. In this case, individuals tend to act as a result of feeling pressured or coerced by internal and environmental forces. The continuous frustration of basic psychological needs increases the vulnerability to sociocultural messages advocating that the pursuit and achievement of extrinsic goals (e.g., physical attractiveness, fame, economic prosperity) brings happiness and success [60]. However, these goals personify need substitutes that individuals cultivate to compensate the lack of need satisfaction and that only provide a transient relief, undermining genuine need satisfaction and individuals' autonomous functioning even further [58].

Psychological need satisfaction and self-determination are associated with enhanced psychological functioning [58]. Accordingly, when autonomous forms of regulation guide behavior, more adaptive behavioral, cognitive, and well being outcomes are expected to ensue. Conversely, controlled forms of regulation (derived from regular need frustration) are expected to result in poorer outcomes. Substantial evidence confirms the qualitative advantages of autonomous relative to controlled regulations, showing that the former are linked to enhanced self-esteem, life satisfaction, happiness, self-realization, and mental health, in contrast to the latter [see 58, 61, for reviews].

According to self-determination theory, the sociocultural demands to conform to the ideal physique could be experienced as controlling and excessively demanding, preventing the satisfaction of basic psychological needs and, consequently, stimulating the pursuit of

extrinsic goals such as having an attractive appearance to obtain social acceptance and status. A strong focus on such type of extrinsic goals might prompt an outward approach towards one's own self-esteem; one that makes self-worth become particularly dependent upon reaching socially sanctioned standards about the ideal physique [60]. As a consequence, one might become more susceptible to social pressures, either internal (e.g., guilt, shame) or external (e.g., media, family), and thus be drawn to a more controlled regulation of associated behaviors [58, 62-63], which in turn can prevent psychological well-being and successful outcomes [e.g., 63-65].

The behavioral style of functioning of these women, that is, the more or less rigid way in which they regulate their behaviors, might contribute to this situation. In effect, most women who feel distressed with their bodies and pressured to achieve the thin ideals tend to regulate their behaviors in a rigid manner, using an all-or-nothing approach [54]. Due to the lack of flexibility imbued in this functioning pattern, even minor setbacks generate feelings of frustration and annoyance, compromising long-lasting, healthful, behavioral efforts. On the other hand, internal motivations and autonomy, which typically reflect a more flexible regulation of behaviors, have been positively associated with successful outcomes, such as in body weight management [e.g., 66-67].

So far, findings from previous research seem supportive of this hypothesis. For instance, one study found an association between poor body image and a greater focus on extrinsic, appearance-related goals towards eating regulation, and with subsequent need frustration [63]. Associations between appearance-focused eating regulation and increased psychological need thwarting were also reported [63]. Findings from a different study showed that the pursuit of life goals aimed at attaining cultural standards of beauty did not favor psychological need satisfaction and suggested that this fact could conduct to greater concerns and feelings of inadequacy about one's body image. This study also showed that health and appearance-focused goals could contribute to unhealthy weight control behaviors by increasing body image concerns [68]. There are also consistent findings supporting the associations between poor body image and non self-determined regulations. For example, in a prior study, the internalization of sociocultural messages emphasizing the "body perfect" ideals led to body dissatisfaction, which in turn resulted in controlled eating regulations and subsequent psychological mal-adjustment [54]. Similarly, but in exercise contexts, body size discrepancy and social physique anxiety were positively associated with both external and introjected regulations [69-70]. In overweight/obese women, a randomized controlled trial addressed the impact of self-determined motivation on long-term weight management (and related behaviors) [71-72], showing that controlled motivations for enrolling in treatment could be one of the mechanisms explaining the detrimental effect of poor body image on psychological well-being measures [15]. Finally, there is also evidence of the association between the pursuit of extrinsic goals and less self-determined behavioral regulations. For instance, exposure to appearance-related frames (i.e., do something in order to look better) as opposed to health-related frames (i.e., do something in order to feel better) was related to more body shame and appearance-focused reasons to exercise [73], and weight-related goals were associated with more introjected and less intrinsic behavioral regulations, in comparison to goals like stress reduction or achieving a general sense of well-being [74].

WHAT IMPACT DOES IT HAVE ON ONE'S SELF-ESTEEM AND PSYCHOLOGICAL FUNCTIONING?

This form of body image investment is linked to the adoption of appearance as the central criterion for the definition of women's identity and worth. Women's internalized misconceptions – that improving appearance will allow them to find happiness and success, be socially accepted, and improve their socio-economic status [20, 21] – lead them to rely on external standards of physical attractiveness to maintain their sense of worth, and translate into selective attention to appearance-related messages, rigid dieting patterns and other unhealthy body-shaping behaviors [1]. In other words, a woman's self-esteem becomes contingent on conforming to, and meeting, the dominant standards for thinness and attractiveness [28].

Global self-esteem refers to the extent to which one individual likes oneself [75]. It is a product of our social and interpersonal interactions, by which we come to form attitudes and beliefs about ourselves. Thus, the internalization of social feedback and appraisals that we receive from others contribute to our feelings of acceptance, value and worth [76].

Research concerning self-esteem has often focused exclusively on global self-esteem without taking into account other features of self-esteem such as the life domains on which individuals base their feelings of self-worth. Yet, in recent years, it has become increasingly clear that the quality of an individual's self-esteem (i.e., conditional vs. unconditional) is so important as its overall quantity (or more). Effectively, individuals seem to differ from one another based on the extent to which their self-esteem is contingent [77].

Contingent self-esteem refers to what an individual believes he or she must do or be in order to have value and worth as a person [78-79]. Thus, it reflects feelings of self-worth that are conditional on achieving a certain self-imposed or external ideal that is likely to impact one's motivations, cognitions, emotions, and behaviors [78-79]. In consequence, individuals who possess high levels of contingent self-esteem are only able to maintain their feelings of self-worth as long as they are capable of successfully achieving the standards upon which their self-esteem is based [79-80]. This often leads them to adopt an outsider's view of their own body, through the development of a heightened objectified body consciousness, translated into increased body surveillance and body shame [77, 81]. This, in turn, is associated with unfavorable outcomes such as low overall self-esteem and negative physical self-perceptions [81]. In contrast, unconditional self-esteem, also known as 'true self-esteem', refers to feelings of self-worth that are relatively sound and stable, and that do not depend on continual external validation and reinforcement [78-79]. A strong sense of self also means that one's actions reflect a resilient sense of agency and self-determination, as opposed to submissiveness to internal or externally based pressures, and that one's self-concept is clearly and assertively defined, contributing to a coherent sense of direction in one's quotidian life [82].

According to Ryan and Brown, when self-esteem processes are salient there is something abnormal with self-regulation, and with well-being [83]. Based on SDT, ongoing concern with the worth of the self is a byproduct of basic psychological need deprivation. Specifically, the salience of processes in which the self is esteemed or disparaged is etiologically linked with the experience of contingent regard by significant others. This contingent regard is proposed to increase one's proneness to introjection, a form of controlled behavioral

regulation in which one's behaviors are motivated by desires to gain (or keep) self or other approval. This type of motivational style, in turn, leaves individuals more susceptible to exogenous social pressures, the pursuit of unfulfilling goals, and the artificial living that can follow from them [83]. Thus, the type of self-esteem developed by the individual can be seen as a product of the motivational style that predominates within a particular individual (autonomous or controlled), which derives from the balance between need satisfaction and frustration [84]. If a controlled motivational style prevails, the more controlling will be the reasons underlying an individual's engagement in the behavior, and subsequently, the more contingent on the outcomes of that behavior will his or her self-esteem be. On the other hand, in the case of a stable and secure sense of self, controlled regulations will have been integrated, autonomous motives will prevail, and a full regulation of one's emotions will have been developed.

Self-esteem that is contingent on one's physical appearance reflects an elevated concern for meeting either internal or external standards of attractiveness that an individual believes are required in order to feel good about him or herself [85]. These self-esteem contingencies are believed to lead to a constant self-evaluation and self-monitoring process, which is attached to worse psychological health outcomes [86-87]. As a result, individuals who possess high levels of appearance-based contingent self-esteem, even in the presence of a high global self-esteem, can only continue feeling good about themselves while they believe they are living up to their canons of beauty and attractiveness. In contrast, individuals that hang their feelings of self-worth onto their appearance may occasionally experience increases in their self-esteem, when they feel attractive, but these improvements are fleeting and will not be sustained when they stop feeling good about their appearance. In fact, the pursuit of such extrinsic goals merely camouflages and perpetuates the real problem, providing no more than temporary satisfaction and relief from body image discomfort [88]. Furthermore, this pursuit is incapable of generating long-term well-being, given that it creates an unstable and short-lived form of well-being, which is conditional on mounting standards and unrealistic appearance goals [60]. As a consequence, a vicious cycle emerges, and the individual is likely to become even more vulnerable to proximal pressures [89], either self-imposed or external (e.g., media, family), and thus be drawn to regulate his or her own behaviors in a more controlled and rigid fashion [58, 62-63], which can further prevent psychological well-being and successful outcomes [e.g., 63-65].

HOW CAN IT BE IMPROVED?

Getting a Deeper Understanding of Body Image Investment

Body image investment appears to have more detrimental consequences than body dissatisfaction, resulting in poorer psychological profiles and motivations to engage in health-related behaviors. Consequently, features of an unhealthy investment in appearance such as people's distorted beliefs about appearance should be well understood and evaluated if any progress in its enhancement is to be achieved [4]. Health professionals are thus advised to select and perform a more comprehensive body image assessment, which evaluates multiple facets of body image [15], so that they are able to use that knowledge during the preparation

and implementation of the intervention sessions. For instance, knowing which stereotypes need to be defied or which negative thoughts need to be addressed and replaced to generate a healthier inner body talk might lead the way to a faster and firmer progress towards a more positive, healthier, investment in appearance.

Working Towards a Positive Image

When people dislike their looks, they will naturally seek ways to change their appearance. Instead of thinking about adjusting their attitude towards their body, they contemplate how they can adjust their body shape and weight. However, as discussed above, this kind of practices and behaviors does not really contribute to deep-rooted and stable well-being, and in fact, they may aggravate people's feelings of dissatisfaction, frustration, and hopelessness, sometimes leading to health problems and disturbed eating behaviors.

On the other hand, when people actively challenge their held beliefs and assumptions about the centrality of appearance to one's life and sense of self, and are able to develop a more positive body image, they tend to reject unrealistic body image ideals portrayed in the media and thus feel less pressured to achieve them, feel more positive, accepting and respectful about the body they have, and define more realistic goals and expectations [90]. It appears that persons who like and value their bodies are instinctively more alert and responsive to their body's needs, indulging their bodies (e.g., getting massages, grooming rituals) and protecting them by being more proactive about their health [90-91]. Not only do their psychological resources increase but they also appear to regulate their eating and exercise routines in a more flexible and confident way, relying less on extreme and unhealthy practices. Evidence seems to be supportive of this idea. For instance, a previous study showed that the reduction of unhealthy investment in appearance resulted in a better regulation of eating behaviors [92]. In a different research, women presenting with a positive body image reported lower internalization of media influences, less detrimental eating attitudes and behaviors, and greater self-esteem, appearance satisfaction, social support, and physical activity [93].

As a result, it is important that health professionals learn how to best help patients and clients to develop a positive body image. This could be achieved by actively challenging and deconstructing held beliefs and predefined concepts about the centrality of appearance to one's life and sense of self [94]. For instance, in an exercise context, one of the finest ways of helping individuals overcome their body image woes is to challenge the assumption that physical fitness and appearance go hand in hand. Fostering positive body image is difficult when you dwell on how exercise (or eating) makes you look. Besides, people who meet one appearance-related goal often find another aspect of their appearance to be unhappy about; they are constantly dissatisfied. So, in addition, it is important that health professionals stimulate individuals to be more mindfully accepting of their body, teaching them to cope with their associated negative emotions, through positive rational acceptance instead of using avoidance and appearance-fixing strategies. The identification of problematic thoughts and self-defeating behaviors, and their replacement with healthier ones, illustrates a way of coping via positive rational acceptance [93-94].

Refocusing ...from “How It Looks” to “What It Can Do”

Theory and research suggest that valuing the body in terms of “what it can do” rather than “how it looks” may lead to positive health and well-being outcomes. In effect, girls and women who appreciated how their body functioned and attended their various needs displayed a more positive body image [91, 95], higher levels of self-esteem, and lower levels of negative affect [96]. Other studies suggested that participation in physical activities may reduce body shape concerns and social physique anxiety [97], help foster a more process oriented view of the body (as opposed to an object oriented view), and contribute to improved physical condition, strength, and body tone [98].

Professionals who emphasize exercise or diet as a *process* rather than as a means to an end can help individuals transcend common body image hang-ups. One way of doing this is by moving the focus away from appearance and redirecting it to other relevant areas. For example, in an exercise context, if an individual is overwhelmingly focused on body image, naturally it is important to acknowledge those concerns, but at the same time (or more importantly) to attempt to redirect the client’s goal focus to other areas exercise will benefit, such as skills acquisition, energy level, stress reduction and disease prevention. Ultimately, the act of persevering at exercise and achieving little conquests and triumphs will allow them to experience a sense of accomplishment, self-efficacy and self-worth. These feelings will greatly benefit the individual’s body image, regardless of whether large objective changes are made [e.g., 99]. Thus, professionals should seek to make the more practical goals the main focus, praising patients and clients on their improvements in exercise duration or intensity, or on the healthy changes they introduced in their grocery shopping, before making a big deal about changes in their appearance.

Promoting an Autonomous Motivational Style

Self-determination theory suggests that by maximizing patients’ experience of autonomy, competence, and relatedness, the regulation of health-related behaviors is more likely to be internalized, behavior change will be better sustained [100-101], and greater psychological well-being will be experienced [102]. Hence, health professionals should consider the reasons regulating people’s engagement in healthy behaviors, and include strategies to promote autonomy and reduce controlled regulations when intervening in patients with poor body image [71-72]. This could be achieved by creating an autonomy-supportive environment that provides choices supported by a clear rationale to guide and facilitate the decision-making process, that does not rely on authoritative prescriptions, pressure, demands, and extrinsic rewards, and that acknowledges participants’ feelings and perspectives. Health professionals should also provide structure and enable feelings of competence, for instance, by training skills necessary for the conclusion of specific tasks, or giving informational, task-related positive feedback. Creating a positive, empathetic climate that stimulates feelings of interpersonal connectedness, belongingness, and acceptance will also be helpful in this endeavor. Showing genuine interest for patients’ problems and difficulties, or being available to listen to their thoughts and suggestions, regardless of the progresses they make, could accomplish this [e.g., 72, 103].

Finally, including strategies to improve body image (especially its investment component) will also benefit the adoption of more autonomous regulations, given that increasing healthy investment in appearance, body satisfaction, and body acceptance might progressively reduce controlled body-related motives to improve physical appearance.

CONCLUSION

Although body image is currently conceived as a complex, multifaceted construct, much of the literature disregards body image investment. However, the evidence reviewed herein clearly supports the detrimental role of this body image component onto an individual's self-esteem and psychological functioning. Health professionals and researchers are thus advised to be more alert to the salience of these cognitive-behavioral features, and strongly recommended to perform thorough assessments and include strategies that specifically address the problems raised by an unhealthy investment in appearance.

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