

# Exercise, Physical Appearance and Self-Esteem in Adolescence

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## The role of physical activity in health

Physical exercise is one of the most important contributors to people's overall health. In addition to contributing to physical health and co-ordination, where exercise is a social/recreational activity it can contribute markedly to psychological well-being and improvement in self-esteem. Research, however, indicates that diet and exercise is largely used by females to control shape and weight rather than for health and enjoyment. It is thus important to look at what is happening to encourage or discourage healthy attitudes and behaviour with food and exercise. This article explores some of the links between culture, diet and exercise with an emphasis on adolescents.

## Cultural linkages of appearance with self-esteem

The popular cultural link between self-esteem and body-image is ubiquitous—a slender body is seen to bring all sorts of rewards: you can “shape your success” by shaping your body, as one advertisement proclaims. While there is an increasing attention to the male market, women in particular have their worth judged on appearance. As research shows, women's social and economic value is increased markedly by their ability to fit the cultural beauty ideal of slenderness.

The messages from the media are that even in the “liberated” ‘90s, there is still a particular body shape that is seen as desirable, and it is portrayed as a slender adolescent woman's body. Of course, not all adolescent girls look this way, but the message is that this desirable body shape is attainable by all, so long as there is motivation and dedication. We are constantly told that we can attain this desired body through diet (restrictive eating), exercise, pseudo-scientific mechanisms like electronic muscle stimulation, or, if all else fails, through the surgeon's knife.

This, however, is a distortion and negation of the reality. Human beings *naturally* come in a wide range of sizes, shapes and weights, and there is scientific evidence that weight, like height, is largely inherited. Like height, the weights of human bodies tend to naturally fall across a range. What is important to remember is that healthy bodies can come in a range of weights, shapes and sizes. *However*, the media, medical and other agents still perpetuate the fallacious notion that one can choose one's own body through selective diet and exercise.

## Restrictive eating as a cultural norm

Thinness in this culture is strongly equated with popularity, success, self-control and attractiveness, particularly for females. Thus for individuals who are vulnerable, who have poor self-esteem, who feel ineffectual, unlovable and/or out of control in areas of their lives, often the only way of taking control is seen as through the body. After all, we're constantly being told that if we just lose some weight, we'll be happier and other people will admire and respect us. Dieting is largely about the search for self-esteem, not vanity.

There are strong socio-cultural factors that create a climate within which individuals become vulnerable to disordered eating. These include the heavy emphasis on slenderness as a beauty ideal and symbol of success for females, and the devaluation of particular groups of people based on sex, race, class, physical ability and/or sexual orientation. The climate and experiences of physical, emotional and sexual abuse heightens vulnerability to developing eating disorders and pathological exercising as coping mechanisms.

The unfortunate reality is that there generally are social rewards for individuals who lose weight, even if only temporarily. So the individual, seeking to take control of her life, goes on a diet. And when one restricts one's eating, weight will initially be lost by anyone. Peers, parents, teachers and others tend to make admiring remarks about one's discipline and one's "new, improved" look. By receiving verbal compliments and sometimes material rewards, the individual, aside from experiencing a personal sense of effectiveness in taking control over her body with objective results, is socially rewarded for dieting and losing weight. The vulnerable individual thus feels as though she has indeed taken control of her life, and may continue or intensify the restrictive eating behaviour.

Dieting behaviour and weight loss is generally not maintainable, however, for a number of reasons. Restrictive eating leads to bingeing for physiological reasons, as the body perceives itself to be in the midst of a famine and fights to defend its set point. Secondly, the psychological deprivation and the constant round of rules and regulations that the dieting individual is subject to creates a sense of being punished and deprived: something that is within one's power to rectify. Thus the individual is compelled to go off the diet, and weight is often regained as the body re-establishes its set point. Of course, there is no social reward for weight (re)gain. The individual who doesn't know about set point and the inevitability of bingeing after restriction, feels as though this is a personal failure, and may thus engage in a renewed pattern of restrictive eating to find the previous rewards. Thus the cycle of displacement of other concerns onto the body continues with predictable and problematic results: yo-yo dieting and weight cycling that becomes the measure of the individual's self-control and success. Meantime, the poor self-esteem and

personal difficulties experienced by the individual remain un-addressed and will likely get worse as they are not being directly addressed.

Aside from the above consequences of dieting, there is a range of other, documented, problems with restrictive eating behaviour. These include:

- Preoccupation with food.
- A desire to binge-eat.
- Increased use of condiments, smoking, chewing gum, drinking caffeinated, low-calorie beverages as distraction and displacement mechanisms.
- Development or increased engagement in self-soothing behaviours, such as thumb sucking or nail-biting.
- Mood swings, with increased irritability and depression. Depression may be both a physiological response to malnourishment and an emotional expression of the dissatisfaction caused by all the rules and regulations of a diet, which result in a sense of being deprived and punished.
- Social withdrawal—combined with the fact that many social outings revolve around food, moodiness makes social interactions less satisfying and can lead to social conflict.
- Lowered sexual interest (ironic, since being thin is equated with being “sexy”).
- Impaired concentration and judgment—skipping even one meal may cause this.
- Physiological consequences such as lowered heart rate, body temperature, respiration and basal metabolic rate.

Dieting is sadly a normative behaviour amongst adolescent women. But what is its link with exercise? And how can damaging food and weight preoccupation be challenged within the context of the school?

## **Social factors in (the avoidance of) exercise**

Exercise is well known to bring benefits to a sense of competence, both physical and mental, and thus to enhance self-esteem. The problem is that, with exercise increasingly being used solely to shape appearance, it can become a damaging behaviour, used in isolated rooms with individualized machinery to tone the body and compensate for caloric intake, rather than for physical and social enjoyment. There is a general decrease in physical activity for girls after puberty, but for larger girls it is particularly problematic. With the emphasis on appearance and achievement, girls who are physically large, or who merely *think* that they are fat, are at a disadvantage and often face enormous barriers to engagement in healthy exercise. These barriers include<sup>1</sup>:

- Their perception that fat or large -bodied girls are viewed as repulsive or sad figures. This perception is unfortunately often borne out by prejudicial behaviour against

larger individuals. Added to this may be difficulty in finding appropriate, well-fitting exercise clothing. This creates a fear of ridicule which encourages a self-protective stance: in this instance, avoidance of exposure of their bodies, and hence avoidance of exercise.

- The environment in which exercise is done. This includes both the physical space, and the emotional or attitudinal environment. Physical space needs to be ample to accommodate the numbers and size of participants and include exercise equipment that is appropriately sized for large bodies. The environment needs to be encouraging of all participants to engage in activities that are self-monitored and designed to improve self-motivation and skills. The special needs of large-bodied participants need to be accommodated without making them appear extraordinary or problematic.
- Fear of physical harm. Fat students may be expected to participate in activities that are physically harmful. In addition, large individuals may have developed an exaggerated sense of their vulnerability to physical injury because of inexperience of activities and erroneous popular beliefs about the susceptibility of large people to illness.
- The mistaken belief that dieting is more important for health and appearance than exercise.

These issues are also factors for the many adolescent women who are of average weight, or less, who experience themselves as “over” weight. Research indicates that about 30 per cent of normal weight and 20 per cent of underweight adolescent girls want to lose weight, with as many as 60 per cent of *underweight* adolescent women being *satisfied* with their weight.<sup>2</sup> Thus body dissatisfaction and avoidance of body-exposing exercise may be more common amongst adolescent women than might be expected.

Conversely, individuals either at risk of developing eating disorders or currently engaged in disordered eating behaviour may be overlooked by the physical and health educator. This may happen because the very attitudes which contribute to the development and maintenance of disordered eating are attitudes and behaviours seen as desirable in an athlete. This includes dedication to “perfection,” which may lead to over-striving and over-training. This may not only be in pursuit of excellence, but also as an opportunity to compensate for caloric intake, however low.

## **Combating development of food and weight preoccupation**

It is incumbent on physical and health educators to educate themselves on factors promoting healthy attitudes and behaviour related to physical activity. Some suggestions follow:

- Create an overall climate of size acceptance in your classes. Explicitly teach that healthy bodies come in a range of sizes, and that weight is largely genetically determined.
- Model healthy attitudes and behaviour. Show that healthy, moderate physical activity has wonderful social and health rewards for participants. Encourage all students to participate at appropriate levels for their skill and physical ability.
- Develop non-competitive forms of physical activities where the very engagement in the activities brings a sense of accomplishment and motivation to continue.
- Where bodies are exposed, develop single-sex activities in order to create a safe environment, particularly for girls and large students.
- Have zero tolerance of jokes or denigration of bodies. This is important in combating the downward spiral of self-esteem in *all* students and their increased reluctance to participate in physical activities.
- Link weight prejudice to sexual harassment: unwanted touching, comments and non-verbal disapproval of *anyone's* body is an invasion of the individual's physical and emotional space.
- Do not weigh your athletes: this is an obsolete practice with no real benefits which perpetuates the notion that weight loss is the most efficacious way to desirable form, both aesthetic and athletic.
- Discourage dieting and educate students on set point and healthy eating. Follow the Canada Food Guide.
- Educate yourself and other professionals on the ethics and responsibilities of physical and health educators to students, and learn to identify students at risk of food and weight preoccupation.
- Make engagement in sport a privilege that is lost with pathological weight loss.
- Develop a multi-disciplinary team with whom you can discuss those individuals about whom you are concerned. This will help ensure that a troubled student is not overlooked. It will also help educators feel that they have the support and resources to help individuals at risk.

## Conclusion

It is essential that we move away from a narrow and debilitating belief in who is at risk for disordered eating and who is an acceptable candidate for physical activities. Physical and health educators are in an enormously powerful position to help all students engage in enjoyable and rewarding physical activities. It behooves all of us to move to an understanding and appreciation of human bodies and abilities in the range of shapes and sizes in which they naturally occur. The benefits, socially, emotionally and physically of

being physically active are too great to allow social constructs of who is “acceptable” to dictate limits on our abilities and movements.

*This is an adaptation of an article written by Merryl for the Ontario Physical and Health Association (OPHEA).*

## References

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<sup>1</sup> Packer, J. 1989. The role of stigmatization in fat people's avoidance of physical exercise. In L.S. Brown and E.D. Rothblum (eds.), *Overcoming Fear of Fat*. Binghamton, N.Y.: Harrington Park Press, pp.49-63.

<sup>2</sup> Moore, D.C. 1992. Body image and eating behaviour in adolescents. *Journal of the American College of Nutrition*, 12(5): 505-510.

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