Body, History of

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1.1 Perceptual Estimates Are Not Reliable

Perceptual techniques are used to assess the accuracy of judgments about physical size. For example, researchers distort physical images (e.g., photographs, silhouettes, or mirror images) and then have subjects select their actual image from among the distortions. The difference between perceived and actual body size is used as an indicator of body image. Unfortunately, perceptual distortions of body image are common and occur with equal frequency across many diverse populations. Moreover, the perceptual distortions are unrelated to body image satisfaction and do not indicate any pathological condition. Relatively little research has found these measures to have adequate reliability or validity, and therefore they cannot be recommended at this time (Polivy et al. 1990).

1.2 Subjective Evaluations Reflect Satisfaction With One’s Body

Body image is also assessed through subjective evaluation, such as asking people to rate satisfaction or dissatisfaction with their bodies or parts of their bodies. Common techniques include the following: self-ratings of physical attractiveness; self-ratings of specific body part satisfaction (e.g., hips, thighs, nose, and chest); self-ratings of weight, size, or shape satisfaction; and self-reports of affective reactions (such as anxiety or dysphoria) to thoughts about the body. People’s feelings about their bodies are often unrelated to objective reality—many young girls who are objectively underweight feel that they are fat and are actively trying to lose weight. Most people are also typically happy with some of their physical features while being unhappy with others. Although people who dislike many of their body parts tend to have more negative self-images, their self-image is not always determined by the degree of dissatisfaction. For example, people who have been well-nourished and who are generally in good health may feel satisfied with their body even though they may wish they were different in some way.
more negative body image, how the various parts contribute to the whole has yet to be precisely determined.

1.3 Excessive Concerns About Body Image May Reflect Psychopathology

Some individuals are so preoccupied with trivial or imagined defects in their appearance that it interferes with normal psychological functioning. Body dysmorphic disorder is a pathological disturbance in body image in which individuals feel extreme distress about minor flaws in some part of the body, such as the size or shape of the ears, eyebrows, mouth, hands, feet, fingers, or buttocks. These thoughts can be so intrusive that individuals avoid work and public places, going out only at night when they cannot be seen. Those who have body dysmorphic disorder often undergo cosmetic surgery, but unfortunately for some, the surgery fails to alleviate body image dissatisfaction. Indeed, in some cases it increases their concerns as a doctors' willingness to provide surgery validates their views of abnormality, which may give rise to intensified or new preoccupations.

2. Development and Components of Body Image

Many different physical characteristics affect body image, including skin color, nose and ear size, hair loss, facial acne, pregnancy, wrinkles, varicose veins, straightness of teeth, and so on. Indeed, nearly every body part could influence overall body image, especially for those who perceive that body part to be unusual in some desirable or undesirable way. The features most closely associated with body image change over the course of lifespan development and differ as a function of gender.

2.1 Body Image Develops Early

Facially attractive infants receive more positive attention (e.g., increased smiling, eye contact, greater expectations of intelligence) than unattractive infants. For instance, mothers of attractive babies are more affectionate than are mothers of unattractive babies (Langlois et al. 1995). This differential treatment continues throughout childhood. School teachers, nurses, and parents rate attractive children as having better personalities, greater academic ability, and being more likely to be successful than unattractive children. These ratings are likely to have a strong impact on the self-esteem and body image of unattractive or overweight children. The children of parents whom themselves are preoccupied with body-weight issues or dieting or who have symptoms of disordered eating are at greater risk of developing body image dissatisfaction.

2.2 Adolescence is a Critical Period

Adolescence is a time of increased self-reflection and self-attention, and teenagers are especially concerned with how they are viewed by their peers (see Adolescent Development, Theories of). The physical changes that accompany adolescence, such as secondary sexual characteristics, oily complexion and acne, and tremendous individual variation in rate of growth lead most adolescents to be particularly conscious of physical appearance. Many girls become obsessed with body image issues, and by age 16 nearly all female adolescents report having at some point dieted in an attempt to lose weight. At the same time, boys are often concerned with being too short or not sufficiently muscular, especially when compared with popular male peers.

Negative comments from peers, particularly in the form of teasing, are important predictors of body image dissatisfaction (Grilo et al. 1994). Unattractive and obese adolescents are liked less, excluded from social events, and viewed by their peers as possessing more negative traits (e.g., lazy, sloppy) than their slimmer and more attractive peers. This social exclusion may promote a self-fulfilling prophecy, in that ostracized adolescents have fewer opportunities to acquire social skills (because of their limited social opportunities) and, in turn, their diminished social skills reinforce people's avoidance of them. In general, body image is at its most negative during adolescence.

2.3 Adulthood to Aging: Satisfaction to Dissatisfaction

As individuals mature into adulthood and focus on family and career issues, most individuals experience a reduction in body image concerns. However, individuals who gain large amounts of weight during adulthood experience increased body dissatisfaction, which may motivate efforts to improve a healthful lifestyle or lead to unhealthful dieting practices and weight cycling.

Changes in appearance and physical stamina that accompany old age may have a negative influence on body image. Older men may feel a decline in their body satisfaction because of their declining physical abilities, whereas women may be more concerned about excess weight as well as their wrinkling skin and hair loss. Both men and women may also be concerned about being too thin, since being frail may indicate poor or failing health.

3. Gender

Across the lifespan, women tend to have lower body image satisfaction than men. Women are more likely than men to evaluate specific body features negatively,