

*The Body Image Group: Examining  
Body Image Concerns of HIV positive  
Women*

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Gay Men's Health Crisis

## Body Image and Women

- Sexual Objectification
- Mainstream Media
- Culture
- Body Paradoxes

### Jenny

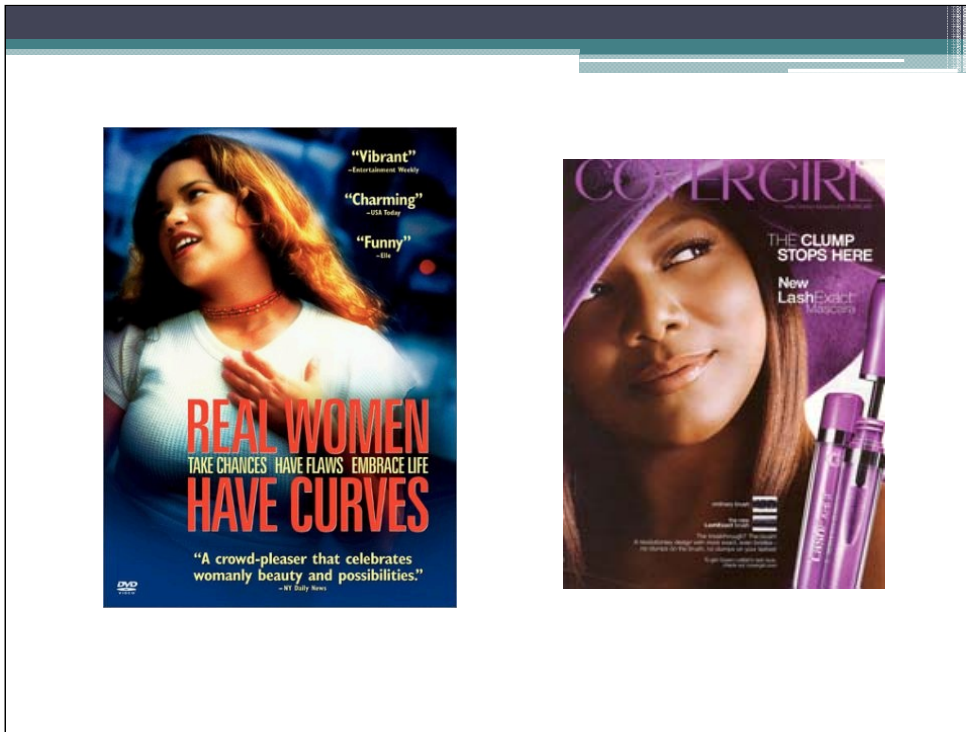
The issues mentioned in the literature on Body Image and women have the following recurrent themes.

- Historically women have been seen as sexual objects
- Sexual attractiveness and physical attributes are separated from their personality and seen as instruments of pleasure for another person, so women often have a heightened focus on their bodies (similar to MSM)
- In a recent survey of Latina women, Viladrich (2006) stressed the role of the media in influencing women's attempts to look good, along with the pressure to fit into mainstream standards. The ultimate stereotype of a woman's body was identified as tall, thin and white. However, mainstream media is starting to introduce alternative body types (e.g., curvaceous women).
- Body Paradoxes: in a survey with the Latina women, participants they felt white men were more attracted to thin women, while Latin men prefer curvy, thicker women. This exemplifies the paradox that minority women are exposed to in that the conventional culture that values thinness and while Latino cultures often value a fuller, rounded, curvy body (counterculture).

## Images of Counterculture Body



Jenny



## Jenny

- As a health professional, it can be very difficult to find a way to incorporate the image of the "counterculture" body. Although seeing images of "real people" can help minority women improve their body image and protect against unrealistic expectations, many of these images are of overweight women. We need to portray bodies in the media that are truly a healthy shape and size.

## Body Image and HIV/AIDS

- Lipodystrophy: fat loss (arms, legs, face) or gain (abdomen, breasts) that is frequently secondary to HAART
- HIV-infected individuals with lipodystrophy are more likely than those without lipodystrophy to experience body image dissatisfaction

(Burgoyne et al., 2005; Guaraldi et al., 2006; 2008; Huang et al., 2006; Marin et al., 2006; Sharma et al., 2007)

### Jenny

- Frequent medical monitoring, fatigue, side effects from medications
- **Threatened sense of self and body image, diminished self-confidence, feelings less attractive and sexually appealing:**

## Body Image and HIV/AIDS

- Changes in body shape, such as lipodystrophy are also a visible indicator of HIV status, which can increase the stigma associated with HIV (Kelly et al., 2009; Persson, 2005)
- Lipodystrophy can increase exposure to HIV/AIDS stigma because it identifies a person as “marked” because visible changes, particularly in the face, increase the risk for unintentional disclosure (Reynolds et al., 2006; Varas-Diaz et al., 2005; Sanches et al., 2009)
- Individuals with lipodystrophy, thus, feel recognizable as HIV-positive by their physical appearance (Huang et al., 2006; Oette et al., 2002)

**Matt**

## Coping with body change and distress

- Avoiding relationships or engaging in risky sexual behavior
- Interrupting HAART treatment
- Poor diet and exercise habits
- Dressing differently to conceal bodily changes

### **Matt**

- Women may feel decreased sexual pleasure, may avoid intimate situations or engage in risky sexual behavior that they normally wouldn't because they do not feel strong enough to assert themselves
- Poor dietary habits: emotional overeating, restricting certain foods, low motivation to eat the right foods and exercise.

## Body image and health behaviors

- Dietary Restraint
- Overeating
- Misuse of vitamin, mineral and herbal supplements
- Over exercising
- Eating Disorders

(McFarland & Kaminski, 2009; Olivardia, Pope, Borowiecki, & Cohane, 2004)

### **Matt**

- Dietary restraint describes the cognitively mediated effort individuals make to restrict food intake in order to control body weight. It is claimed that individuals who have high restraint are ultimately unsuccessful at restricting intake and develop abnormal eating patterns like dieting followed by periodic overeating (Herman and Mack, 1975)
- Dietary restraint, over exercising, and eating disorders can lead to inadequate calorie intake, malnutrition and immune suppression. Overeating can exacerbate metabolic problems from eating large amounts calories, fat, and sugar further increasing levels of cholesterol, triglycerides and blood sugar.
- Overuse of supplements can cause toxicity, stress on the liver and the kidneys, and drug nutrient interactions.



## Previous interventions with mental health and nutrition elements

- Nutritional Components:
  - Diet and exercise education and/or counseling<sup>1-3</sup>
- Mental Health Components:
  - Support groups<sup>1</sup>
  - Stress management<sup>1,2</sup>
  - Behavior therapy<sup>2,3</sup>
  - Motivational Interviewing<sup>3</sup>

<sup>1</sup>Kaiser et al., 1996

<sup>2</sup>Segal-Issacson et al., 2006

<sup>3</sup>Reid & Courtney, 2007

## Previous interventions with mental health and nutrition elements

- Interventions focusing on mental health and nutrition have been successful in improving:
  - Quality-of-life<sup>1-2</sup>
  - CD4 counts<sup>1</sup>
  - Dietary habits<sup>3</sup>

<sup>1</sup>Kaiser et al., 1996

<sup>2</sup>Reid & Courtney, 2007

<sup>3</sup>Segal-Isaacson et al., 2006

**Jenny**

•These studies have shown improvements in QOL, CD4 counts and dietary patterns. Although the Kaiser et al. found an improvement in CD4 counts, the study had significant limitations.

## GMHC Body Image Group

- A nutrition and mental health group designed to improve dietary habits and body image satisfaction among women living with HIV/AIDS.
- 14-session group
- Meets once a week for 90 minutes

### Jenny

•We know that a good diet is essential in maintaining the health of people living with HIV/AIDS. Therefore, because of the negative impact body image can have on dietary habits, we decided to create a body image group that included both mental health and nutrition components.

•The first cycle group ran from March to June 2009. The second men's cycle of the group—along with the first cycle of the women's group— ran from September 2009 to February 2010.

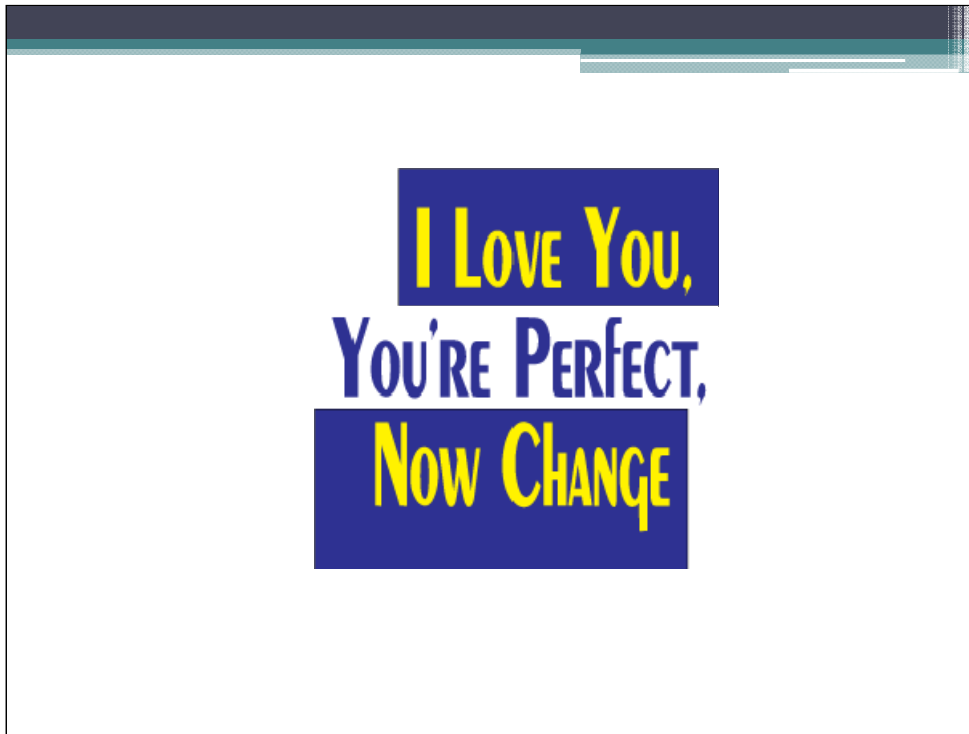
Grant me the **serenity** to accept  
the things | cannot change;

The **courage** to change the  
things | can;

And the **wisdom** to know the  
difference.

**Jenny**

Goal of the group



**Jenny**

The message that we want them to adopt is: I love you, your perfect, now change!

## Assessment Tools

### Nutrition and health measures

- Rapid Eating Assessment for Participants-Short Version (Segal-Isaacson et al., 2004)
- Nutrition knowledge test (created by Jenny Torino)
- Health-promoting Lifestyle Profile II (Walker et al., 1987)

### Body Image measures

- Body Image Scale (Martinez et al., 2005)
- Body Image Quality of Life Inventory (Cash & Fleming, 2002)
- Eating Attitudes Test (Garner et al., 1982)

### **Matt**

- **REAPS:** overall dietary intake (overall, fat, sugar)
- **Nutrition Knowledge Test:** created by Jenny; based on general nutrition information like what a serving size is, what foods are considered whole grains, how many servings of specific food groups are required per day
- **HPLP:** measures health-promoting lifestyle behaviors
  
- **BIS:** Designed to measure body image in PLWHA
- **EAT-26:** Measures of symptoms of eating disorders
- **BIQLI:** measures the impact of body image on quality-of-life

## Intervention Curriculum

Group sessions were developed using interventions that have established effectiveness in improving dietary habits and body image satisfaction:

1. Nutrition Counseling
2. Media Literacy
3. Cognitive Dissonance

### **Matt**

- **Nutrition:** helping participants make healthier food choice by increasing their knowledge about nutrition
- **Media Literacy:** taught people how to reduce the credibility and persuasiveness of media messages.
- **Cognitive dissonance:** We focus on encouraging participants to critique the thin ideal through different experiential exercises that are designed to produce cognitive dissonance- or the uncomfortable feeling caused by holding two contradictory ideas-which is ultimately resolved by reducing the intensity of an individual's belief in the thin ideal.

## Intervention Curriculum

Specific session topics included:

- The impact of race/ethnicity and socioeconomic status on nutrition and body image
- Body image and the media
- Nutrition 101
- Food and mood
- Nutrition: Facts and myths
- Body acceptance

**Matt**



## Women and Sexuality Session

### **Sex and HIV/AIDS:**

- Feeling “less than”
- Feeling unattractive
- Fear of rejection, being unwanted
- Be Careful!
- “No Glove, No Love”

### **Aging:**

- Women are “old bags” and men are “silver foxes”
- “Looking one’s age”
- Older women with younger men are “cougars,” but older men with young women is accepted.
- Changing body (e.g., sagging breasts, gynecological issues, vaginal dryness, libido changes)

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## Participants

- 13 women originally enrolled in the group
- 5 women completed the curriculum
  - Age: 41-50 years old
  - Race: African American (3), White (2)

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## Results (n=5)

	Pre-intervention M (SD)	Post-intervention M (SD)
Dietary Habits	22.3 (5.5)	23.2 (5.1)
Sugar intake	3.0 (1.4)	3.4 (.89)
Fat intake	6.8 (1.8)	7.0 (2.0)
Nutrition knowledge	84 (8.9)	80 (15.8)
Health-promoting lifestyle	2.5 (.41)	2.4 (.48)
Body Image <sup>1</sup>	36.0 (8.7)	33.5 (15.1)
<sup>1</sup> n=4		

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- We did not report the data for the EAT-26 because none of the participants had clinically significant eating disorder symptoms.
- There was also too much missing data to report BIQLI scores.
- Participants might have second guessed responses on postintervention nutrition knowledge test

## Observations and conclusions

- None of the women reported symptoms indicative of a true eating disorder.
- Participants came to the group with a good understanding of general nutrition knowledge
- Sugar, fat, and overall dietary habits were moderately poor
- Moderate body image dissatisfaction was evident

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## Observations and conclusions

- Women had difficulty grasping more conceptual/theoretical information about body image.
- Participants focused more on concrete information like nutrition and exercise.
- Co-facilitators needed to introduce the idea of goal setting and implementation early in group and revisit progress throughout.

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## Changes for future group cycles

- Revise Homework Assignments
- Include more activities and less lecture
- Consider stricter eligibility/participation criteria
- Use measures that are easier for participants to understand

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