

The South Asian Body Project

**EDHIT International Research Conference,
17th October 2025**

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Plan for today:

- Introduction
- Background: What is The Body Project?
- Findings from 'The Body Image and Ethnicity Study'
- Co-design of a cultural adaptation
- Next steps



Background

What is The Body Project?



Case Study: The

Research into the prevention of eating disorder outcomes for a schools-based prevention programme. Results show that the programme has reduced eating disorder risk factors, symptomology in high-school-aged girls and young women. The findings have been used by schools, local teams and using online approaches. The programme is an eating disorder prevention programme in America.



Committees

- Adopt a range of prevention strategies for eating disorders. Key elements are:

- Universal media literacy, using the media to critically look at body ideals.
- Prevention interventions aimed at children at risk using body image focused cognitive-behavioural activities in schools.
- Cognitive dissonance activities that engage young people in conversation on body image.⁴⁵



Written evidence

Children and young people's mental health - role of education inquiry



Work with children in families where parents have a mental health problems

as been most studied in the context of the perinatal period. The impact of mental health problems on children's mental health in later childhood has been much less studied. However, there has been much research to support parents, children and parenting in families where a parent has a mental health problem which have been thoroughly evaluated and disseminated internationally are:

1. *Isle programme*, a family-based approach for prevention in children at risk²³⁷

2. *Children's manual*, a manual for a two session discussion with parents who are at risk of mental health problem²³⁸

3. *Pressure*, a promising programme for supporting parenting in families where a parent has a mental health problem or uses drugs or alcohol²³⁹

Working with people interventions

The *Child Programme*²⁴⁰ (2009) covers five to nineteen year olds and provides a recommended framework of universal and progressive services for working with young people in order to promote optimal health and wellbeing.

Supporting schools to adopt a comprehensive 'whole school' approach to promoting mental wellbeing of children and young people (read more on this in the case section below)^{241, 242}.

Bullying prevention programmes²⁴³ should be present in settings in which children and young people learn, live and spend their leisure time. Anti-bullying programmes are a top prevention investment²⁴⁴.

Targeted

It is important to ensure that children with risk factors such as living in care, having parents with a mental health problem, or being in contact with the criminal justice system, are identified and supported.

- The Early Intervention in Psychosis (EIP) model, which was developed in Melbourne²⁴⁸ and has been adopted in England and Wales, is an effective intervention that should be implemented at a local area level.

- A prevention intervention aimed at children at risk of eating disorders is Cognitive Dissonance Activities. This initiative engages young people in conversation on body image²⁴⁹.



Department
of Health



Department
for Education

Transforming Children and Young People's Mental Health Provision: a Green Paper

Presented to Parliament
by the Secretary of State for Health and Secretary of State for Education
by Command of Her Majesty

December 2017

Cm 9523

Transforming children and young people's mental health provision

Page | 22

- CBT in a school/college setting for young children and adolescents showing signs of anxiety;
- Family-based behaviour change, which can be successfully delivered by teachers and other non-clinical staff to help reduce child conduct problems;
- Group-based intervention engaging participants in critiquing the 'thin ideal', which can be effective in reducing eating disorder symptoms and body image concerns, when targeted toward high-risk adolescent girls.

'The Body Project' intervention (Stice et al.)

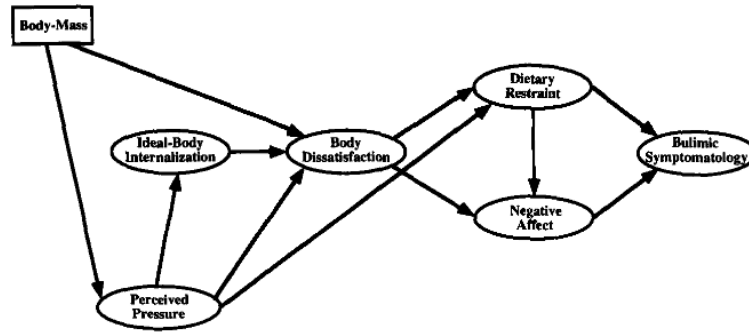
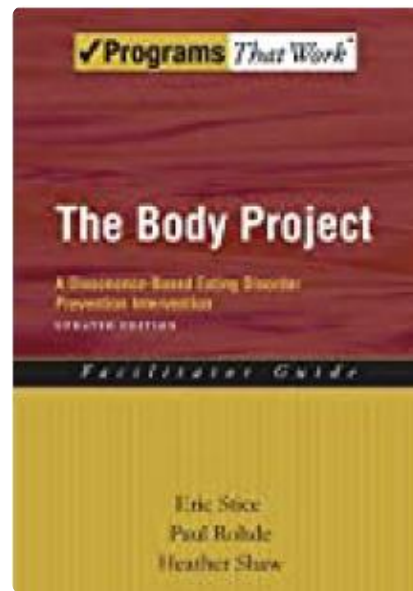


FIG. 1. The dual pathway model of bulimia nervosa.

- *The Body Project* is the most widely used intervention proven to alleviate body dissatisfaction and longitudinal studies show evidence for preventing onset of ED
- Dual pathway model (Stice et al., 1996, Stice et al., 2001)
- Originated in the states, created by Dr Eric Stice (Stanford University, Oregon Research Institute) alongside Dr Heather Shaw and Dr Paul Rohde
- Group-based interventions which challenge appearance ideals have most comprehensive evidence base
- Based on cognitive-dissonance theory critiquing the thin-ideal (Festinger, 1957)



Evidence base





Clinical Psychology Review

Volume 87, July 2021, 102046



A meta-analytic review of trials that tested whether eating disorder prevention programs prevent eating disorder onset

Eric Stice^a  , Z. Ayotola Onipede^a, C. Nathan Marti^b

- Been evolving over last ~20 years
- Most evidence for young adult women aged 13-25 years
- Decreased internalisation of the “appearance ideal” and consequent reductions in body dissatisfaction, negative mood, dieting, and eating disorder symptoms
- The intervention prevented 60% of the cases of eating disorders that emerged in the control condition over a 3-year follow-up

A randomized controlled trial of *The Body Project: More Than Muscles* for men with body dissatisfaction

Tiffany A. Brown PhD , K. Jean Forney MS, Dennis Pinner BS, Pamela K. Keel PhD



Effectiveness of a dissonance-based eating disorder prevention program for ethnic groups in two randomized controlled trials

Eric Stice^{a,*}, C. Nathan Marti^a, Zhen Hadassah Cheng^b

^a Oregon Research Institute, USA
^b University of Oregon, USA

Cognitive dissonance-based eating disorder prevention: pilot study of a cultural adaptation for the Orthodox Jewish community

Arielle F. Casasnovas, Kathryn M. Huryk, Devorah Levinson, Sara Markowitz, Shoshana Friedman, Eric Stice & Katharine L. Loeb

Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity (2021) 26:2503–2512
<https://doi.org/10.1007/s40519-021-01104-9>

ORIGINAL ARTICLE



Adapting the body project to a non-western culture: a dissonance-based eating disorders prevention program for Saudi women

Munirah AlShehali^{1,2} , Carolyn Becker³, Stephen Kellett², Ahmad AlHadi⁴, Glenn Waller²



A randomized controlled trial of a peer co-led dissonance-based eating disorder prevention program for gay men

Tiffany A. Brown , , Pamela K. Keel , 

RESEARCH

Open Access

A controlled trial of a dissonance-based eating disorders prevention program with Brazilian girls

Ana Carolina Soares Amaral^{1*}, Eric Stice² and Maria Elisa Caputo Ferreira³



UK Implementation of 'The Body Project'

There was too much focus on weight,



body image

journal homepage: www.elsevier.com/locate/bodyimage



Brief research report

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^a Cer
^b Lee

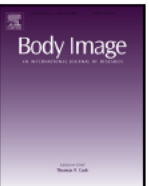
and not enough on other aspects of appearance concerns,

Body Image 38 (2021) 80–84

such as body parts, hair or skin color



journal homepage: www.elsevier.com/locate/bodyimage



“I didn’t want to say something and them to go outside and tell everyone”: The acceptability of a dissonance-based body image intervention among adolescent girls in the UK

Hannah K. Jarman^{a,*}, Georgia Treneman-Evans^b, Emma Halliwell^b

^a School of Psychology and Public Health, La Trobe University, Melbourne, 3086, Australia

^b Centre for Appearance Research, University of the West of England, Bristol, BS16 1QY, United Kingdom



The PhD: 'The Body Image and Ethnicity Study'

1. Look at the implementation of *The Body Project* in a UK context
2. Start by exploring body dissatisfaction in largest ethnic minority group (South Asian context)
3. Identify areas of *The Body Project* that would benefit from a cultural adaptation to support implementation

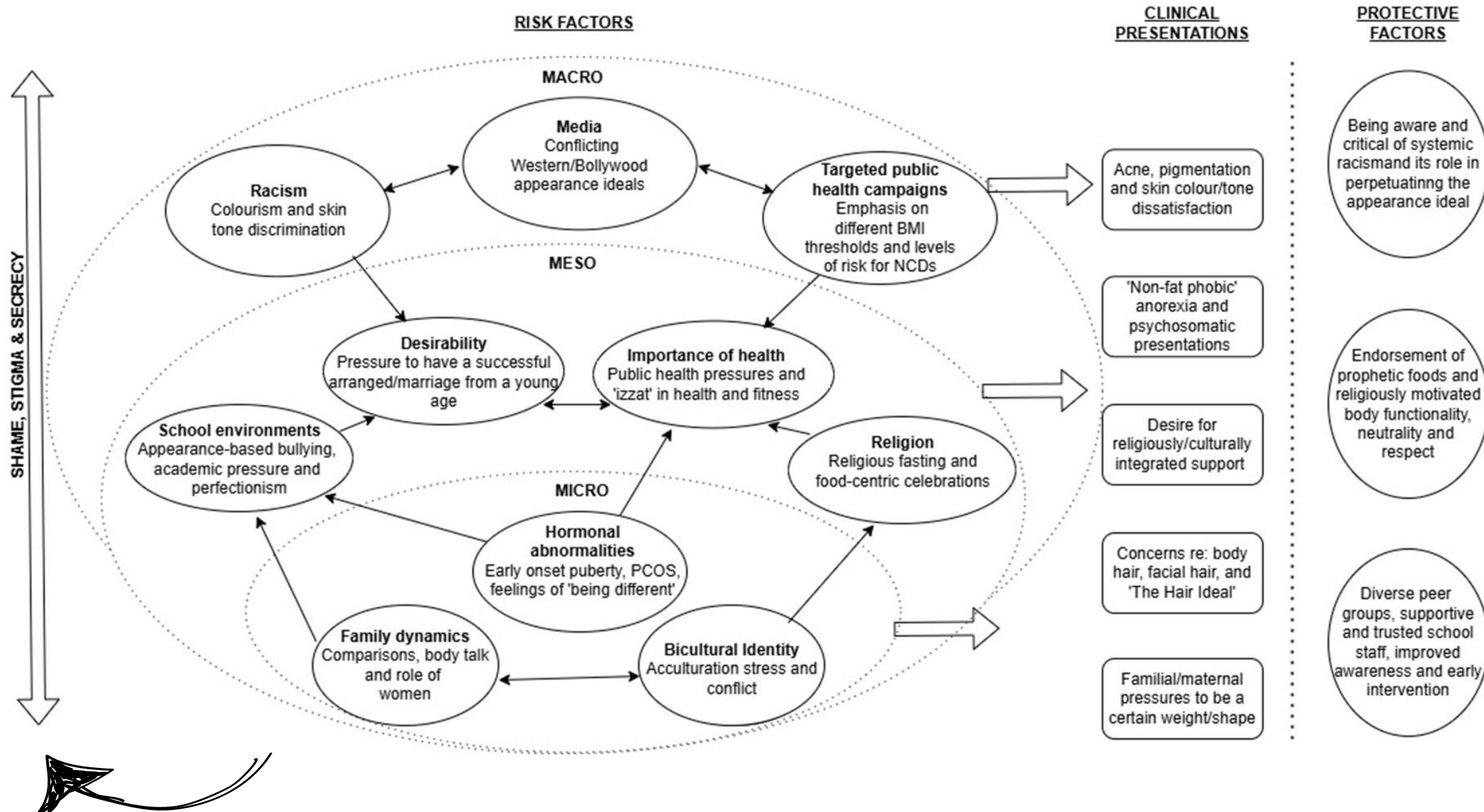




Findings from 'The Body Image and Ethnicity Study'



What did we find?



EDAW 2024 Reel x First Steps



Open Access Journal Article

Co-designed recommendations: Consensus building using Nominal Group Technique

<u>Activity</u>	<u>Description</u>	<u>Feedback from Framework Evaluation of Cultural Relevance</u>	<u>Outcome of ranking exercise (Stage 3)</u>
1.1 Defining the thin-ideal	“When someone is tall, thin and attractive, has a perfect body, is toned, is fit-looking, large-chested, with a round buttocks and thin legs, and look like a super-model”	Basing the ‘thin-ideal’ on western/European supermodels is not inclusive, and does not encompass diversity as much as ‘Appearance-ideal’	Change to and define the term ‘Appearance ideal’
1.2 Costs of the thin-ideal	Participants are asked questions i.e. “What are the costs of trying to look like the thin-ideal?... what are the costs to society?... Who benefits from the thin-ideal?”	Language focused on blame & Impact of collectivist vs individualistic societies.	Change language to ‘impact of the appearance-ideal’
1.4 Mirror exposure (Home exercise)	Stand in front of a mirror and look at yourself and write down 10positive qualities. Include physical, emotional, intellectual, and social qualities... Please make sure to include at least some physical attributes on your list	Concerns over how covered you would have to be for this i.e. skin/hair	Embrace the discomfort this brings as this is crucial to the dissonance
2.2 Verbal challenges (Home exercise)	Provide at least 5 examples from your real life concerning pressures to be thin that you have encountered and then come up with verbal challenges, as we did in the role plays. How could you respond to these comments to indicate that you do not agree with the thin ideal and think these sorts of comments are unhealthy?	This may be focused on family “say you record something that a family member said... you could talk about how to respond to that in a way that is respectful”	Change to ‘Boundary Setting’
3.1 Quick Comebacks	Challenge thin ideal statements with a ‘quick comeback’... and derail the fat talk. You might do this by pointing out a cost of pursuing the thin ideal, or you might just end the fat talk altogether.	Concerns around respecting elders and family member (grandparents, aunties) who are most likely to say these types of comments.	Change to ‘Quick Comebacks and Positive Coping Strategies’

Overarching adaptations to the intervention:



1

Examples and images will be culturally appropriate e.g. avoid terms like 'beach body' and include pressures regarding skin tone and shade and family events such as weddings and religious festivals



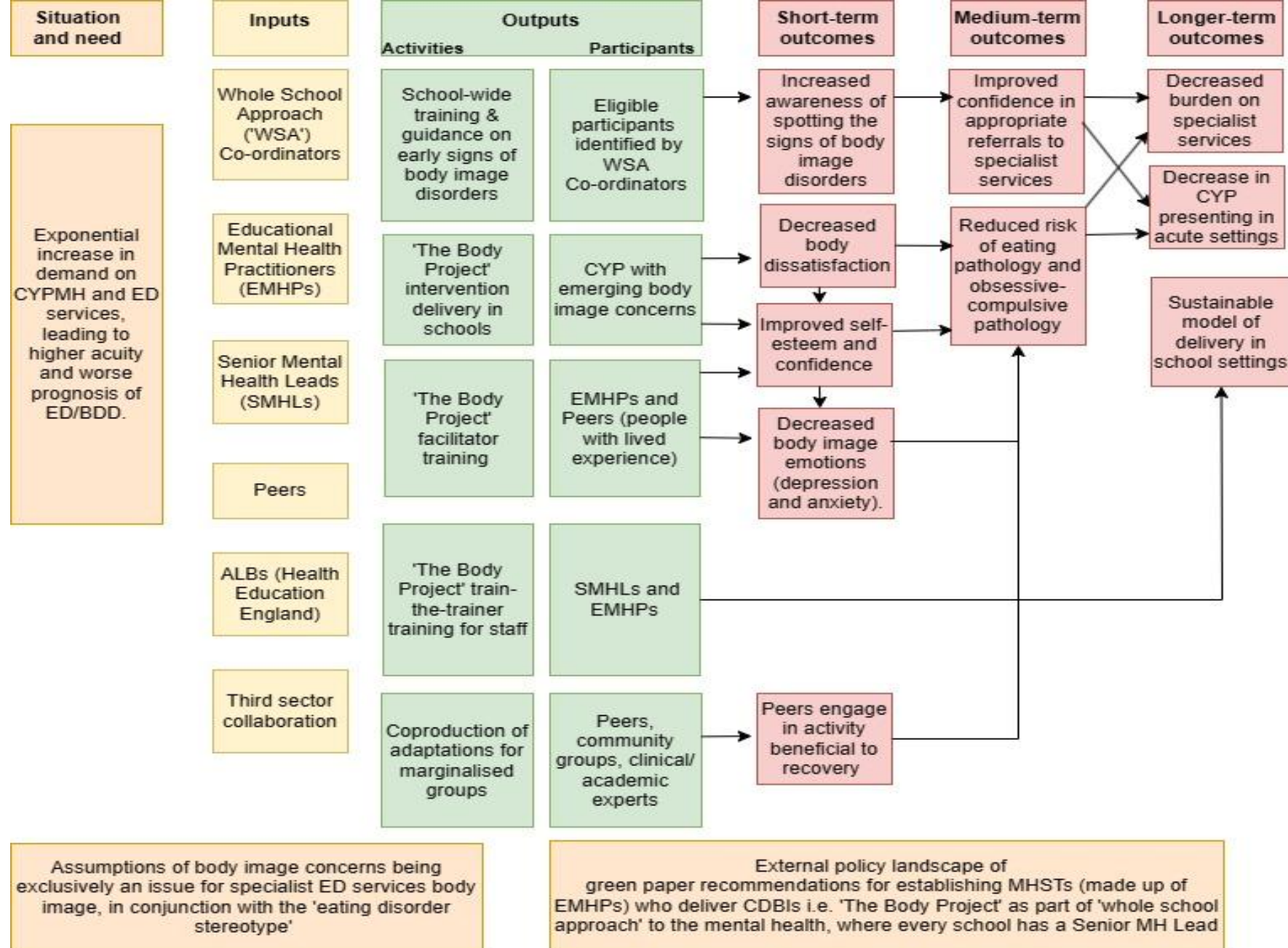
2

Activities intending to 'challenge' body talk will be adapted so not to offend or disrespect elders in the community, so include caveats or guidance acknowledging this



3

The term 'societal costs' of pursuing the appearance ideal will be changed to 'societal impacts' – this is to avoid guilt and blame in a collectivist society



A logic model for the prevention of body image disorders among underrepresented groups using cognitive dissonance-based interventions in schools (Lewis et al., in prep)



Co-design of a cultural adaptation

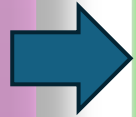
The 'Brown is Beautiful' Project



Overview of project workplan:

Call For Evidence

A scoping exercise to explore current provision for body image/ eating disorder prevention support



Work Package 1:

Co-production Phase

Collaborating with groups of experts-by-experience and experts-by-profession to co-design an Intervention Support Toolkit (IST) for delivering 'The South Asian Body Project'



Work Package 2:

Pilot Phase

Testing and evaluating the cultural adaptation of TBP intervention for South Asian adolescent girls in East London schools.



Work Package 3:

Dissemination Phase

Bringing together outcomes of previous WPs and facilitating roundtables/A Community of Practice exploring how we can best support/ upskill/ build capacity in MHSTs to successfully roll-out delivery of TBP in all schools.

2 x Project advisory groups



Academic Advisory Group - researchers or clinical academics and will be supporting the project from this perspective i.e. ensuring scientific rigour and relevance.



Policy and Practice Advisory Group – representatives from the public /third sector supporting the project from a policy/practice perspective i.e. sharing insights from the current policy landscape, supporting dissemination

Co-production Phase: 3 x stakeholder groups

Working Group A

6-8 Experts-by-experience

Recruited from the networks which were built during 'The Body Image and Ethnicity Study'.

South Asian young adult women (18-25); with lived experience of disordered eating/body image concerns

Working Group B

6-8 Experts-by-experience

Recruited from the collaborating Trust's CYP PPI Network. South Asian adolescent girls (13-18) with lived experience of disordered eating or body image concerns.

Working Group C

Experts-by-profession will be recruited from the collaborating Trust's MHST.

Participants will be Educational Mental Health Practitioners (EMHPs) who will most likely be delivering 'The Body Project' in schools as part of their remit.

Co-production phase outputs: Intervention Support Toolkit



An adapted intervention script with culturally appropriate language, prompts and examples throughout



A facilitator guide highlighting key considerations when delivering the intervention to the South Asian population



A parent/carer resource to explain the intervention in a culturally appropriate manner



A young person resource raising awareness of body image concerns/disordered eating in South Asian population and the aims of The Body Project intervention



Next steps

Piloting and disseminating



Pilot phase



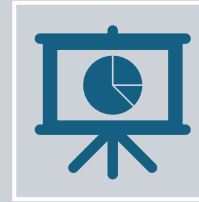
Facilitator training for Peer Facilitators and MHST Facilitators to co-deliver 'The Brown is Beautiful Project' intervention over the next year



Delivering to schools in East London in collaboration with Newham MHST, City & Hackney MHST, Redbridge MHST



Baseline, Post-intervention, Follow-up data to be collected from students



Qualitative, acceptability data to be collected from students and MHST/school staff

Dissemination phase



A Community of Practice will be established in collaboration with NHS England from Spring 2026



The Community of Practice will convene a series of roundtables, events and training webinars to support dissemination of our findings



We will invite other teams to share best practice, learnings, common challenges to support implementation – especially for different underrepresented groups (i.e. South Asian populations; neurodivergent; men and boys; LGBTQIA+).



This Community of Practice will bring together a number of different key stakeholders, including: MHST managers and practitioners; EveryBody Consulting; charity sector colleagues; lived experience experts; and policy makers.

Thank you!

Please get in touch or get involved! h.k.lewis@qmul.ac.uk

Feel free to complete
this short call for
evidence if you in
anyway support young
people's mental
health/body image:



The poster is titled 'Call for Evidence' and features the Queen Mary University of London logo in the top left. It includes a QR code in the center and a URL at the bottom. The text is in a clean, sans-serif font. There are decorative floral illustrations in the top right and bottom right corners. A hand-drawn arrow points from the text on the left towards the poster.

Call for Evidence

Do you support young people with their body image or disordered eating?

Please consider completing this short survey to help inform a project on supporting schools to deliver culturally inclusive eating disorder prevention programmes.

<https://forms.office.com/e/p5bwZimbvx>

Contact:
h.k.lewis@qmul.ac.uk

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EVERYBODY
CONSULTING

The Body Project Training

Learn how to deliver a world-leading, science-backed programme proven to prevent eating disorders and promote healthy body image among young people in just 1-2 days

Learn more about our
next online training

Register your interest for
on-site team training

