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Illustrating the Body: Cross-Sectional and Prospective Investigations of the Impact of Life Drawing Sessions on Body Image

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Abstract

Life drawing sessions, where individuals produce drawings of the human figure from observations of a live model, may contain embodying elements that promote healthier body image. Two pilot studies were conducted to test this hypothesis. In Study 1, 138 individuals recruited from life drawing sessions in London, UK, estimated how many sessions they had attended in their lifetime and completed measures of negative and positive body image. In women, greater attendance was significantly associated with higher body appreciation and lower drive for thinness and social physique anxiety. In men, greater attendance was significantly associated with higher body appreciation, but not drive for muscularity or social physique anxiety. In Study 2, 37 women took part in a life drawing session for the first time. Compared to pre-session scores, participants had significantly more positive state body image and appearance satisfaction after the session. The findings of these studies suggest that life drawing may promote healthier body image, particularly among women, but further research is needed.

*Keywords*: Life drawing, Art, Body appreciation, Social physique anxiety, Drive for thinness, Drive for muscularity

**1. Introduction**

Body image refers to the “multifaceted psychological experiment of embodiment” and encompasses one’s “body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviors” (Cash, 2004, p. 1). Sociocultural models currently provide the best explanatory framework for understanding the widespread occurrence of negative body image in women (e.g., Stice, 1994; Thompson et al., 1999) and men (e.g., Tylka, 2011). According to these models, negative body image is partially the result of pressure individuals experience to achieve unrealistic beauty ideals – a thin ideal in the case of women (Striegel-Moore et al., 1986) and a muscular ideal in the case of men (McCreary & Sasse, 2000). To the extent that individuals internalise these pressures and ideals, it is likely to result in adverse effects in terms of body image and, more distally, disordered eating outcomes (i.e., psychological conditions evidenced by disordered food- and body-related cognitions, poor self regulation, and dysfunctional eating behaviours). Not surprisingly, scholars have used these sociocultural models as a basis for identifying putative risk and protective factors for negative body image and disordered eating.

One such protective factor is participation in embodying activities, through which individuals gain a sense of ownership over their physical selves and experience their bodies as deserving of respect (Menzel and Levine, 2011). As articulated by Piran (2001, 2002), embodying activities are situated in the body and result in a sense of flow and empowerment, which in turn helps promote healthier body image. Furthermore, embodying activities afford individuals the space and tools to effectively negotiate objectifying experiences and to better cope with threats to body image (Menzel and Levine, 2011). Based on this empowerment-relational model (Piran, 2002), scholars have identified a number of activities that have embodying elements, such as participation in athletic sports (Swami et al., 2009) and dance (Swami and Tovée, 2009; Swami and Harris, 2012).

Although the positive effects of embodying activities are usually assumed to occur through direct experiences (e.g., participating in dance, rather than observing dance), it is also possible that they may occur more vicariously. Life drawing sessions, where individuals produce drawings of the human figure from observations of a live model (Phillips, 2006), is one such activity where embodying elements may not be experienced directly. Rather, the process of observing – and receiving sensory feedback from – a naked, living human body and the practice of reproducing that body, through active experimentation (cf. Getzels and Csikszentmihalyi, 1976), in drawing media may contain elements that promote embodying experiences in the artist. In addition, life drawing may provide a safe space for individuals to explore relationships with their own bodies and issues of aesthetics, particularly the normativity of beauty ideals (Mayhew, 2010). Taken together, these processes suggest that life drawing sessions may contain elements that promote embodiment and, in turn, healthier body image. To date, however, direct explorations of this assumption remain piecemeal.

In one qualitative study, Stanhope (2013) focused on twenty female art and design students from London, aged between 15 and 16 years. Based on interviews following, and written observations during, a life drawing class, Stanhope concluded that life drawing may offer girls an opportunity to reflect on gendered issues related to appearance and body image. Although adolescents may struggle to move beyond the nakedness of the model, which itself may be associated with body anxieties, life drawing sessions could help to challenge unrealistic beauty ideals through the presentation of natural human forms. Likewise, in her case report of an undergraduate female painting student, Chittenden (2013) showed how life drawing, as part of a fine art degree course, afforded a space in which to frame enactments of aesthetic identity. As an individual who felt marginalised and excluded from representations of the female form in mainstream media, the student was able to use her degree course to examine how she felt about her own body and to develop body confidence. Other studies have evaluated the effects of attending life drawing sessions among medical students (e.g., Finn et al., 2011; Phillips, 2000), finding that such sessions provide an insight into cultural stereotypes of beauty, nakedness, and sexuality, which in turn foster greater appreciation for corporeal experiences and feelings (Collett and McLachlan, 2005).

Our knowledge of the effects of attending life drawing sessions on body image would be greatly enhanced through direct, quantitative research. Here, I report on two pilot studies investigating the effects of taking part in life drawing sessions on body image. In Study 1, I used a cross-sectional design to examine associations between the number of life drawing sessions that women and men had attended and measures of negative body image (i.e., drive for thinness in women and drive for muscularity in men, as well as social physique anxiety) and positive body image (i.e., body appreciation). While negative and positive body image, as measured in the present study, are not necessarily polar opposites (Swami & Chamorro-Premuzic, 2008; Tylka, 2015), they offer an opportunity to tap multiple dimensions of body image. I predicted that greater attendance at life drawing sessions would be associated with lower social physique anxiety, lower drive for thinness/muscularity, and higher body appreciation. In Study 2, I used a prospective design to examine the effects of attending a life drawing session on women’s state body image. I predicted that, compared to state body image prior to the session, women would show healthier state body image after the life drawing session.

**2. Study 1**

**2.1 Method**

**2.1.1 Participants.** The participants of Study 1 were 75 women and 63 men, the majority of whom were of European White ancestry (73.2%). Participants ranged in age from 18 to 76 years (*M* = 38.57, *SD* = 16.00).

**2.2 Measures.**

***2.2.1 Life drawing attendance***. Participants were asked to estimate the total number of life drawing sessions they had attended in their lifetime.

***2.2.2 Drive for thinness*.** Women completed the 7-item Drive for Thinness subscale of the Eating Disorder Inventory (EDI-3-DT; Garner, 2004), a self-report measure of preoccupation with body weight, intense fear of becoming fat, and excessive concern with dieting. Items were rated on a 6-point scale, ranging from 1 (*Never*) to 6 (*Always*). Higher scores on this scale reflect greater drive for thinness. This subscale of the EDI-3 has good patterns of validity and satisfactory evidence of internal consistency (Garner, 2004). Cronbach’s alpha for this scale was 0.90.

***2.2.3 Drive for muscularity*.** Men were asked to complete the 15-item Drive for Muscularity Scale (DMS; McCreary and Sasse, 2000), a measure of an individual’s desire to have a more muscular body. Items were rated on a 6-point scale (1 = *Always*, 6 = *Never*) and scores were reverse-coded prior to analysis so that higher scores represent greater drive for muscularity. DMS scores have been reported to have good patterns of validity and reliability (McCreary and Sasse, 2000). Cronbach’s α for this scale was 0.84.

***2.2.4 Positive body image*.** Participants completed the 10-item Body Appreciation Scale-2 (BAS-2; Tylka and Wood-Barcalow, 2015), a measure of body acceptance, bodily respect, and a protective cognitive style that rejects unrealistic ideals. All items were rated on a 5-point scale ranging from 1 (*Never*) to 5 (*Always*), with higher scores reflecting greater body appreciation. Tylka and Wood-Barcalow (2015) have shown that the BAS-2 has a one-dimensional factor structure in women and men, as well as good psychometric properties. In the present study, Cronbach’s α for this scale was 0.88 for women and 0.90 for men.

***2.2.5 Social physique anxiety*.** Participants completed the 12-item Social Physique Anxiety Scale (SPAS; Hart et al., 1989), a measure of anxiety associated with perceived evaluations of one’s body or physical appearance. Items were rated on a 5-point scale, ranging from 1 (*Not at all like me*) to 5 (*Like me a lot*), with higher scores indicating greater social physique anxiety. SPAS scores are one-dimensional and have been shown to have adequate construct validity, internal consistency, and test-retest reliability (Hart et al., 1989). In the present study, Cronbach’s α for this scale was 0.86 for women and 0.87 for men.

**2.3 Procedures.** Two research assistants visited independently-organised life drawing sessions in London, UK, between January and May 2015. Before the start of each session, the research assistants sought permission from the organiser before soliciting participation from attendants for a research project on the relationship between art and well-being. If participation was agreed, individuals were asked to provide written informed consent before being provided with a double-sided questionnaire in which the order of presentation of the above scales was pre-randomised and in which a request for basic demographics appeared at the end. To avoid repeated entries by the same individual, participants were asked to provide a unique code consisting of their date of birth, their mothers’ maiden initials, and the location of the venue (all codes were destroyed prior to analyses and the rest of the questionnaire was anonymous). A total of 200 invitations were made, representing a response rate of 69.0%. Participants were asked to complete the questionnaire before the session began and to return completed questionnaires to the research assistants in a sealed envelope. Participation was voluntary and participants were not remunerated. All participants were provided with a debrief sheet, which contained further information about the project and the contact information of the author.

**3. Results and discussion**

Descriptive statistics are reported in Table 1. A series of Bonferroni-corrected (α = 0.05/4 = 0.0125) independent-samples *t*-tests were conducted to test for differences in key variables between women and men. Results showed no significant differences between women and men in age, *t*(136) = 1.05, *p* = 0.297, *d* = 0.18, and in the self-estimated number of life drawing sessions attended, *t*(136) = 0.47, *p* = 0.465, *d* = 0.08. Men had significantly higher body appreciation, *t*(136) = 3.17, *p* < 0.001, *d* = 0.54, and lower social physique anxiety, *t*(136) = 4.65, *p* < 0.001, *d* = 0.80, than women. Next, a series of bivariate correlations were computed between all variables for women and men separately (see Table 1).Participant age was not significantly correlated with self-estimated number of sessions attended, *r* = 0.08, *p* = 0.382. Repeating the correlations while partialling out participant age did not change the basic pattern of findings, so I report on bivariate correlations here. Among women, greater number of life drawing sessions attended was significantly associated with higher body appreciation and lower social physique anxiety and drive for thinness, respectively. Among men, greater number of sessions was only significantly correlated with higher body appreciation. These results suggest that attending life drawing sessions as artists may have a protective effect in terms of body image, particularly in terms of higher body appreciation in women. However, limitations of this study include possible recall biases in life drawing attendance and concerns about the direction of causality: while it seems likely that greater attendance at sessions promotes healthier body image, it is also possible that individuals with more positive body image gravitate towards life drawing. In view of this, Study 2 reports on a prospective investigation of the effects of attending a life drawing session on women’s state body image.

**4. Study 2**

**4.1 Method**

**4.1.1 Design.** A prospective design was employed in which respondents completed a brief questionnaire immediately before (Time 1) and after (Time 2) taking part in a life drawing session.

**4.2 Participants.** The participants of Study 2 were a self-selecting sample of 37 female undergraduates from a university in London, UK (age *M* = 20.19, *SD* = 3.00), the majority of whom were of British White ancestry (89.2%). Only women were invited to take part in this study because the results of Study 1 indicated that the effects of life drawing attendance may be stronger for women compared to men.

**4.3** **Measures.**

***4.3.1 State body image*.** At both time-points, participants completed the Body Image States Scale (Cash et al., 2002), a 6-item scale that measures current body image experiences at a particular point in time. Items were rated on a 9-point scale with different anchors. Three items are reverse-coded prior to analysis and an overall score was computed as the mean of all items, such that higher scores reflect more positive state body image. Cash et al. (2002) report that the scale has good psychometric properties. In the present study, Cronbach’s α for this scale was 0.81 at Time 1 and 0.84 at Time 2.

***4.3.2 Visual analogue scale*.** Participants also rated their satisfaction with their overall physical appearance on a 100-milimetre line, anchored by two extremes, namely *No dissatisfaction* and *Extreme satisfaction*. Responses were measured to the nearest millimetre, with higher scores indicating greater satisfaction with overall appearance at a given moment. Heinberg and Thompson (1995) report that visual analogue scales of state body image have good construct validity.

**4.4 Procedure.** Participation for a study on art and well-being was solicited through flyers placed in a university campus. To be eligible, individuals had to be of adult age and not have attended life drawing sessions before. A total of 40 women agreed to participate, but three dropped out before the study began. On two separate evenings in June 2015 (*n* = 19 and 18, respectively), participants were invited to a life drawing studio in London where sessions were organised specifically for this study with the cooperation of the organiser. Upon arrival, participants were given a selection of drawing materials to choose from (paper of varying sizes, pencils, pens, paint, and brushes; outside this study, artists bring their own materials). This was done as a minimal control measure; that is, so that all participants had the opportunity to choose from the same basic implements. Participants were then invited to find a seat in the studio. At this point, participants were given the pre-test questionnaire to complete, which included the above scales along with several distractor scales. The organiser then gave a brief introduction to the session and introduced the model, a 34-year-old woman who had posed at the studio and who was known to the organiser. The sessions began with short poses (or “gestures”) by the model that lasted about a minute each for a total of 10 minutes. This was followed by five slightly longer poses, held for about 5 minutes each, which in turn was followed by a 25-minute poses. Participants were then allowed a 15-minute break, which was followed by a 45-minute pose. Following this pose, participants were given the post-test questionnaire to complete, which again included the above scales along with distractors not included during the pre-test. The order of presentation of scales was pre-randomised and completed, anonymous questionnaires were returned to the investigator. All participants were entered into a prize-draw for a voucher worth £36 enabling them to attend three future sessions at the life drawing studio. At the completion of the session, participants were verbally debriefed by the investigator.

**4.5. Results and discussion**

State body image scores were lower at Time 1 (*M* = 4.24, *SD* = 1.74) than at Time 2 (*M* = 5.32, *SD* = 1.87). A paired *t*-test showed that the difference between time-points was significant, *t*(36) = 2.94, *p* = 0.006, *d* = 0.60. Likewise, appearance satisfaction scores were lower at Time 1 (*M* = 45.41, *SD* = 21.89) than at Time 2 (*M* = 57.62, *SD* = 17.64). A paired *t*-test showed that the difference in appearance satisfaction between time-points was significant, *t*(36) = 2.97, *p* = 0.005, *d* = 0.60. Overall, the results of Study 2 indicate attending a life drawing session has a positive effect on women’s state body image.

**5. General Discussion**

The results of the two studies reported here indicate that attending life drawing sessions has positive effects on body image, particularly for women. It seems likely that the positive impact on state body image seen in Study 2 translates into more positive trait body image as attendance at life drawing sessions continues, as seen in Study 1. As suggested above, life drawing may promote embodying experiences that in turn facilitate healthier body image. Regular attendance at life drawing sessions may also provide spaces for individuals to explore relationships with their own bodies and to critically appraise media depictions of idealised bodies. However, the findings of Study 1 seem to suggest that these effects are stronger in women. One reason for this may be that women value the space provided by life drawing to explore corporeal issues more than men, precisely because such spaces are more difficult to come by for them. Alternatively, to the extent that life drawing is viewed as a “female” or “feminine” activity, men may also be less likely than women to experience positive effects because of its gender non-congruence. Effects for men may also be weaker if cognitive schemas affecting body image are less frequently activated in men (e.g., if they more frequently encounter female, rather than male, life models).

Having said that, the preliminary nature of these investigations should be acknowledged. First, the cross-sectional nature of Study 1 prevents causal attributions, while the fact that participants were self-selecting in Study 2 limits the generalisability of the findings. In addition, the findings in Study 2 would be enhanced through the inclusion of a control comparison, particularly as a single experimental sample provides only limited evidence of the uncovered effects. Randomised controlled trial (in which participants are randomly allocated to take part in a life drawing sessions versus a control group) and longitudinal designs would represent significant steps forward in assessing the effectiveness of life drawing in promoting healthier body image. Likewise, in-depth, qualitative research may help to uncover the specific processes and experiences that promote healthier body image among life drawing attendees. Qualitative work would also allow for a more in-depth examination of the art works produced in relation to live models and possibly also a consideration of how the artistic merit of those artworks may affect artist body image. Future survey work would benefit from including a wider array of measures, such as indices of perceptual body image and alternative attitudinal measures, preferred drawing medium (e.g., paper versus clay), drawing ability (whether self- or expert-rated; see McManus et al., 2010), and participant body mass index. Similarly, future prospective work would benefit from comparing the effectiveness of life drawing among beginner or new artists (as in Study 2) and long-term recreational artists who have not previously attended life drawing sessions. A further limitation of Study 2 was the recruitment of undergraduates as participants, as this group may be significantly younger than community samples that take up life drawing.

Future work would also do well to more carefully unpack a number of issues that arose in the course of this investigation. First, it would be useful to examine the effects of actual or perceived similarity of life models to artists. Social comparison theory (Festinger, 1954) holds that humans have a natural drive to assess their standing in life and there is a good deal of evidence that individuals engage in frequent comparisons with others in terms of beauty ideals (e.g., Leahey et al., 2007). If artists perceive models as reflective of “normalised” bodies, their social comparisons may be one pathway through which life drawing sessions begin to promote more positive body image. Alternative, greater discrepancy between life models and artists may mitigate the positive effects reported here. Thus, examining actual or perceived similarities in the bodies or artists and models (e.g., in terms of body mass index), and particularly the social comparison processes engaged by artists, would be a useful avenue for future work. Likewise, the sex of the model may be an important moderating variable for the effects uncovered here, particularly in Study 1. Future prospective work could examine the effects of female artists drawing male models and/or male artists drawing female models to more carefully examine sex-specific effects.

Clearly, there is much work to be done to unpack the elements of life drawing that promote healthier body image among artists, to say nothing of research that needs to be conducted with models (see Phillips, 2006). In terms of the latter, for example, anecdotal evidence suggests that life drawing may have positive effects on the body experiences of life models (Leigh, 2015). If the present pilot data can be replicated and extended, life drawing may emerge as a novel and effective means of promoting healthier body image at the population level. This will be of interest not only to scholars interested in promoting positive body image, but also practitioners, for whom life drawing-based art therapies may be a means of reducing the incidence negative body image. Although the healing power of art and the creative process, through its capacity to symbolically express and communicate meaning, has long been recognised (e.g., Kramer, 1956), its specific application in terms of body image needs to be further explored.

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Table 1

*Descriptive Statistics and Inter-scale Correlations Between Variables Included in the Study (Women Represented in the Top Diagonal, Men in the Bottom Diagonal).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | (1) | (2) | (3) | (4) |
| (1) Number of life drawing sessions attended | |  | -0.24\* | -0.23\* | 0.52\*\* |
| (2) Drive for thinness/Drive for muscularitya | | -0.16 |  | 0.32\* | -0.23\* |
| (3) Social physique anxiety | | -0.08 | 0.55\*\* |  | -0.35\* |
| (4) Body appreciation | | 0.28\* | -0.33\* | -0.43\* |  |
| Women | *M* | 33.84 | 3.32 | 3.16 | 3.19 |
|  | *SD* | 30.51 | 1.05 | 1.01 | 0.85 |
| Men | *M* | 29.84 | 3.77 | 2.39 | 3.64 |
|  | *SD* | 33.07 | 0.50 | 0.90 | 0.82 |

Note: a Women completed the Drive for Thinness subscale of the Eating Disorders Inventory-3, while men completed the Drive for Muscularity Scale. \* *p* < 0.05, \*\* *p* < 0.001.