

Exploring body image perceptions among people with intellectual disability: a qualitative study

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KEYWORDS

Body image
Intellectual disability
Qualitative research

ABSTRACT

Multiple studies have addressed body dissatisfaction in the past few years due to its relevant relationship with eating and body dysmorphic disorders. However, there is a lack of research on body dissatisfaction in people with intellectual disabilities. The study aimed to determine the level of body image dissatisfaction in people with mild intellectual disabilities. Qualitative research was applied at two different moments (studies 1 and 2). The first interview (study 1) was composed of 32 semi-structured questions and applied to 26 participants (16 women and 10 men) who answered if they felt comfortable or uncomfortable about their bodies' appearance. A second session (study 2) was conducted with the seven participants that reported body dissatisfaction in study 1 (five men and two women). The second interview includes 24 questions focusing on the behavioural aspects related to such dissatisfaction. Six themes were identified related to body image, environment, and social media on study 1, and eating, checking behaviour, and physical activity on study 2. Overall, participants were found to have an established and accepted body identity in study 1. However, in study 2, most of them wanted to change their body shape to become "thinner" or "more muscular" under the prism of the Tripartite Influence Model.

Explorando la percepción de imagen corporal en personas con discapacidad intelectual: un estudio cualitativo

PALABRAS CLAVE

Imagen corporal
Discapacidad intelectual
Investigación cualitativa

RESUMEN

Múltiples estudios han abordado la insatisfacción corporal en los últimos años por su relevante relación con los trastornos dismórficos corporales y de la alimentación. Sin embargo, falta investigación sobre la insatisfacción corporal en personas con discapacidad intelectual. El estudio tuvo como objetivo determinar el nivel de insatisfacción con la imagen corporal en personas con discapacidad intelectual leve y moderada. La investigación cualitativa se aplicó en dos momentos diferentes (estudios 1 y 2). La primera entrevista (estudio 1) estuvo compuesta por 32 preguntas semiestructuradas y se aplicó a 26 participantes (16 mujeres y 10 hombres) quienes respondieron si se sentían cómodos o incómodos con la apariencia de su cuerpo. Se realizó una segunda sesión (estudio 2) con los siete participantes (5 hombres y 2 mujeres) que manifestaron insatisfacción corporal en el estudio 1. La segunda entrevista estaba compuesta por 24 preguntas centradas en los aspectos conductuales relacionados con dicha insatisfacción. Se identificaron seis temas relacionados con: imagen corporal, ambiente, medios de comunicación en el estudio 1; y dieta, conductas de verificación y actividad física en el estudio 2. En general, se encontró que los participantes tenían una identidad corporal establecida y aceptada en el estudio 1. Sin embargo, en el estudio 2, la mayoría querían cambiar la forma de su cuerpo para volverse "más delgados" o "más musculosos" bajo el prisma del Modelo de Influencia Tripartita.

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The concept of body satisfaction is an extent to which an individual has a positive perception of their own physical appearance and physical functional competence (Benton & Karazsia, 2015; Cash, 2012). According to Thompson et al. (1999), the most frequent body-image disturbance is body dissatisfaction, especially in adolescent girls. Within this framework, the Sociocultural or Tripartite Influence Model (TIM) exposes how the direct influence of parents, peers, and the social and mass media, together with the internalization of beauty ideals (thin or muscular) and appearance comparisons with them, can predict a negative body image and eating disorders (Robert et al., 2022; Thompson et al., 1999).

Consequently, a negative perception reveals excessive concern, unease or discomfort towards one's body due to a discrepancy between the self-perceived body image and the ideal body image (Grogan, 2016). This body dissatisfaction is associated with negative psychosocial consequences, being the potential cause of psychological distress related to the behavioural component, like emotional distress (Brausch & Gutiérrez, 2009), eating disorders, depression, or even suicidal ideation (Berengüí et al., 2016).

Numerous studies have assessed body dissatisfaction in children, adolescents, and adults (Berengüí et al., 2016; Contento et al., 2003; 2020; León et al., 2018; Tremblay et al., 2011), as well as in people with physical disabilities (Gürsel & Kuruç, 2011; Moin et al., 2009; Pan et al., 2018). Nevertheless, research on body image in people with intellectual disability (ID) is scarce and their study has been identified as a need in the field (Bucciare & Reel, 2009; Cash & Smolak, 2011; Eden & Randle-Phillips, 2017). Despite this need, body image has been studied in people with autism spectrum condition (Longhurst, 2023). Research conducted in people with physical disability has found that disability has negative influence on this population's self-perceived body image (Gürsel & Kuruç, 2011; Moin et al., 2009; Pan et al., 2018; Pfaffenberger et al., 2011), despite other study showed results about body image in a sample of men with spinal cord injury similar of general population (Bassett & Martin, 2009). Studies on body image involving people with ID suggested that women with ID usually present more negative body perception than men with ID (Bégarié et al., 2011; Mañano et al., 2016; Reel et al., 2013) and stronger tendency to express their wish for thinness (Bucciare et al., 2011). Despite research on this population group being limited, these results seem to be in line with those obtained for the general population.

Intellectual disability and body image

DSM-5 defines ID as a disorder that begins in the developmental period and includes significant deficits in intellectual functioning and adaptive behaviour in the conceptual, practical, and social domains (American Psychiatric Association; APA, 2013). There exist different severity levels of ID (mild, moderate, severe, profound) based on adaptive functioning and the level of support needed by a person (intermittent, limited, extensive, pervasive).

In Spain there are a total of 268,633 people with ID, meaning 9% of all people with disabilities (Instituto de Mayores y Servicios Sociales; IMSERSO, 2015). This constitutes the largest group of people with special educational needs (Ministry of Education, 2022). Few studies have examined physical self-perception of people with ID depending on their percent body fat (Bertapelli et al., 2022) or Body Mass Index. The studies suggest that adolescents and young adults with overweight or obesity usually present lower levels of general and physical self-esteem than those with underweight or normal weight (Bégarié et al., 2011; Mañano, 2011). By contrast, Reel et al. (2013) reported that a large number of adolescents with ID and obesity identified their body shape as ideal, in contrast to their peers without disability. This suggests that people with ID may present an incorrectly self-assessment of their body shape (Ayaso-Maneiro et al., 2014).

This study aims to investigate the body image perceptions of people with ID and assess their alignment or divergence from existing literature. Recognizing the influence of body image on the quality of life of people with ID (Rice et al., 2021), this research delves into their unique perspectives. Limited research exists on the subjective experiences of people with ID regarding body image, making this study valuable for filling the gap. Through qualitative methodology, the study sheds light on the perceptions of participants. The findings could contribute to a better understanding of the factors shaping body image perceptions.

Given the lack of studies in this regard, the aim of the present study was to examine body satisfaction or dissatisfaction in adults with ID based on the following research questions: 1) Are people with ID satisfied with their bodies related to physical appearance? 2) In case body dissatisfaction is detected, which behaviours do participants modify in order to alleviate it?

Method

Participants

The sample for the present study was composed of 26 participants (38% of them were women), with mild ID, according to the criteria established by DSM-5 (APA, 2013), with a range of IQ levels between 70 - 50. Ages reported by the participants ranged between 18 and 54 years old ($M = 29.92$, $SD = 10.89$). Table 1 shows information about the participants using pseudonyms chosen by them to ensure anonymity.

Instruments

All two interviews were adapted to people with ID, with the revision of a psychologist with a master in ID and more than 10 years of experience evaluating the communication skills of people with ID. Several meetings were arranged to group common questions and resolve discrepancies. After this process, the final version of the interview had been created. The first interview (study 1) was composed of 32 semi-structured questions who answered if they felt comfortable or uncomfortable about their bodies' appearance (e.g. question 7: "Do you like your

Table 1*Participants' pseudonyms and demographic data SATAQ-3, el BAS y la subescala de Insatisfacción Corporal de la EDI-2*

Pseudonym	Age	Sex	Study	Question 2. How do they perceive their body?
Mateo	19	♂	1	I am tall, handsome, and blonde. I have no problem with my body.
Cristian	20	♂	1	I am handsome, tall, I have brown hair, green eyes, and I am thin.
Pedro	22	♂	1	I am muscled, tall, thin, and I have dark hair.
David	33	♂	1	I am tall, thin, and I wear glasses.
Julián	30	♂	1	I am not skinny, but not fat either.
José	38	♂	1	I have dark hair; I am short and thin.
Luis	29	♂	1	I am thin and very tall.
Roberto	30	♂	1	I am average height and not very fat, not very thin.
Marcos	25	♂	1	Tall and thin.
Martín	42	♂	1	I am tall, bald and muscled.
Rodrigo	35	♂	1	My body is big and I am muscled.
Elena	20	♀	1	Curly hair, glasses, thin, thin legs, but not very thin, thin arms...
Alma	20	♀	1	I am short and thin.
Aitana	18	♀	1	I am thin, I have dark hair and I don't know what else.
Julia	52	♀	1	I am average height, not fat or thin, I have short hair and a nice face. I am a normal person.
Alba	30	♀	1	I am thin and tall.
Lorena	31	♀	1	I have blonde hair, brown-green eyes, I am normal, not tall or short and a bit fat.
Nuria	54	♀	1	Short, a bit fat and dark-haired.
Mónica	46	♀	1	I am dark-haired, short and a bit fat.
Jaime	22	♂	1 & 2	I am not very fat or very thin. I am normal, normal for my age.
Carlos	21	♂	1 & 2	Not much to say, I have brown hair, I am tall and that's it.
Manuel	22	♂	1 & 2	Not provided.
Felipe	49	♂	1 & 2	I am tall and fat.
Mario	29	♂	1 & 2	I am a bit fat and short.
Pilar	22	♀	1 & 2	I am short, a bit fat...
Lucía	19	♀	1 & 2	I wear glasses, I am tall, a bit fat and that's it.

Note. 1 or 1 & 2 in study column indicates whether studies participants took part.

physical appearance?"; question 10: "Are there things about your body that you would like to change?"), and the rest of the questions were based on TIM (e.g. family and peers; question 17: "Is what other people think about your physical appearance important to you?"; question 21: "Do friends or family usually make comments about your physical appearance?"; and e.g. media; questions 26 and 27: "Is there a famous person that you admire? What do you like most about him/her?"; question 29: "Do you upload photos to social networks?"; and question 30: "Does it affect you if your published photo has comments about your physical appearance?").

The second interview (study 2) was conducted in case of the sample reported body dissatisfaction in study 1. It was comprised 24 questions focusing on the behavioural aspects related to such dissatisfaction (e.g. diet; question 8: "Do you ever stop eating something you want or like because you do not gain weight?"; e.g. checking behaviour; question 14: "Do you usually ask your friends/family how they see you? for example if they see you fatter or thinner"; e.g. physical activity; question 20:

"Do you practice any sport or physical activity? Which one?"; and question 21: "Why do you practice sport or physical activity?").

Procedure

Data collection. Participants were provided introductory information about the aim of the study so that they could discuss it with a family member and then decide about their participation. After being explained once more the aim of this research, data anonymity, volunteer participation, and the possibility of withdrawing at any moment, they provided verbal informed consent to participate in the study and to be recorded during the interviews. Figure 1 present a summary of the data collection process. After we have analyzed the results of the first data collection session (study 1), some cases of body dissatisfaction were detected based on the desire to change their physical appearance and their feelings to be less physically attractive in comparison to someone else. Therefore, a second semi-struct-

tured interview was designed in order to delve into this disorder of the cognitive-affective component and how it affected their daily lives, through questions related to the behavioural component (see Figure 1). After audio and video recording the interviews, they were transcribed and carefully read in order to get an overview of the content and then analyze them. A total of 33 individual interviews, 18 to 20 minutes long were conducted ($M = 19.49$, $SD = 6.23$). The study was conducted according to the guidelines of the Declaration of Helsinki.

Data analysis

The interviews were coded using ATLAS.ti 9 software and a thematic analysis was performed following the six steps (Braun & Clarke, 2019; Clarke & Braun, 2017). In study 1, themes were established based on TIM, after that sub-themes and codes were defined. Data saturation was reached, in a point at which no new sub-themes or information were apparent in based on the opened responses and structure interview. The analysis was started using a deductive approach based on the existing literature regarding body image according to TIM and in study 2 was completed using a theoretical framework of behavioral component of body image disturbance. The theme and sub-theme structure were created and the credibility check was conducted in a collaborative manner by the whole research team. They all reviewed the analyses, the interpretations and the results obtained at all times leading to investigator triangulation.

Results

Table 2 showed a summary of themes and subthemes derived from the analysis.

Study 1. Exploring body image perception

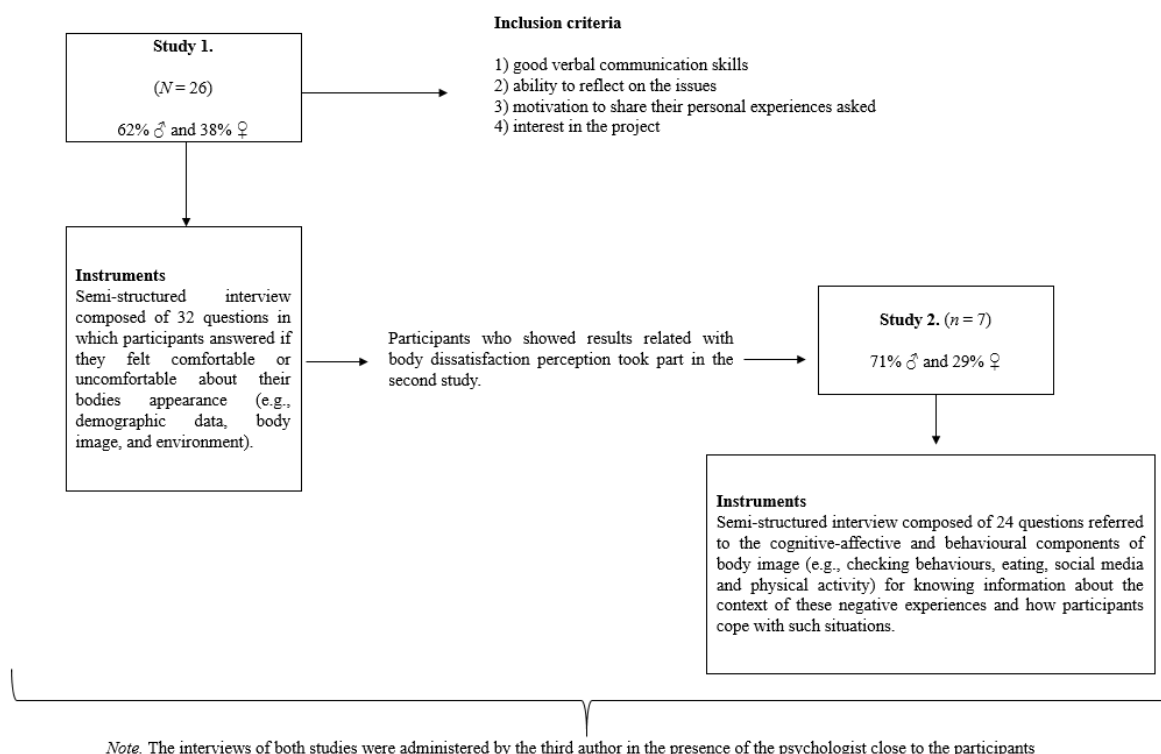
Theme 1.1: Body Image

1.1.1 Body Image Satisfaction. On the whole, participants reported positive perception of their body image like (19 of 26 participants), for example, Lorena: “My body is fine, all good. I like myself, I don’t criticise myself. If I’m fat, if boys don’t like me, I don’t criticise myself. You must love yourself, it’s best not to criticise your own body... If sometimes fat or short, it doesn’t matter”.

Nevertheless, the interviewees admitted that the level of satisfaction with their body image could vary and they were not always satisfied with their body. Lucía stated “I am happy, but sometimes I feel bad and think of doing more exercise”, while Aitana said “Some days I am happy and some days I am not, because sometimes I look at my belly and I don’t like it”. Furthermore, seven of the interviewees reported negative perception of their body image. For example, Mario said “I’m not happy with my body. I don’t know, I don’t feel good with myself being fat”, while Nuria commented “I don’t like my physical appearance very much because I would like to lose weight”.

Figure 1

Information about the administration of the interviews with the participants in both studies



1.1.2. Concern about own body shape. Most of the participants declared not to be constantly concerned about their body shape (17 of 26 participants), like Mateo: “Physical appearance is the least important thing to me, really. It’s the least important aspect of a person. What matters is that a person is kind, treats others well and truly respects you as you are... the body is really not important to me”.

Likewise, Pilar stated “I have always wanted to be thin, but I’m not very concerned about it”. By contrast, some participants reported to concern excessively about their physical appearance (seven of 26 participants). For example, Carlos said “I am concerned about my body shape and I prefer not to answer to that question”.

It is noteworthy that participants admitted being concerned about weight, although the majority added that they were not deeply concerned (17 of 26 participants). For example, Pilar said “Yes, sometimes I’m worried because I eat something and then I think ‘oh, my god, now I will gain weight’”. Mario agreed: “If I eat so much food, I will get fat, and I don’t want to get fat”. The rest, as Elena said, did not worry about it: “Well, I’m not very worried about it, my butt is like this because I was born like this and that’s it”.

1.1.3 Wish to change. After asking all participants whether they would change something of their physical appearance, most of them reported not to be interested in changing anything (19 of 26 participants), as Roberto said “No, I haven’t thought of changing anything of my body. Sometimes I think I would like to be younger, but nothing else”. Besides, some of the interviewees indicated that they liked their whole body. Elena, for example, declared “No, I wouldn’t change anything, I like it as it is. I like everything”, and Martín agreed: “No, no, why would I change it? So far, I’m fine like this”.

However, most of the men interviewed admitted wanting to be “stronger” or “more muscled” when they were asked about

this aspect (12 of 26 participants). Manuel, for example, said “I would like to have bigger muscles and to have a six pack”. Julián agreed: “I would like to be more muscled and to get a six pack”. These findings are somewhat contradictory from those of participants who would like to be thinner, for example Cristian stated “I like both things, to be thin and to be stronger”. Only the minority said they would not mind gaining weight.

Theme 1.2: Environment

1.2.1 Comments received from the environment. The vast majority of the interviewees declared that their closest relatives sometimes made comments related with their physical appearance (17 of 26 participants). Alma, for example, stated “Some people tell you that you have gained weight or that you should eat more”, while Lucía said “My mother says I should lose some weight”.

Other people’s opinion on their physical appearance was not considered very important by the participants. In this regard, Pedro stated “I don’t care. My body is my body, I am happy with my body. If they have a positive opinion, it’s fine; if they have a negative one, it’s also fine. I don’t think of their opinion; if they like it, it’s ok; if they don’t, it’s their problem”. Other participants, like Aitana, said “Some people don’t have a positive opinion, but I don’t care”. By contrast, two of the participants admitted becoming very upset by other people’s opinion. For example, Carlos explained “Yes, I do care... what other people say really bothers me, because I don’t want them to call me ugly or handsome”.

Moreover, nine participants reported having ever heard negative comments on their body. Pilar said “Yes, at school, when I was very young. I was called fat. I was beaten and my mother got very angry”, and Lucía declared “Yes, one of my classmates sometimes makes negative comments on my body”.

Table 2

Distribution of themes and sub-themes

Study	Themes	Subthemes
1. Exploring body image perception	1.1. Body image	1.1.1. Body Image Satisfaction
		1.1.2. Concern about own body shape
		1.1.3. Wish to change
	1.2. Environment	1.2.1. Comments received from the environment
2. Analyzing body image dissatisfaction	1.3. Social Media	1.3.1. Applications, type of posts and reason for posting
	2.1. Eating	2.1.1. Diet
		2.2.2. Eating behavior
	2.2. Checking behavior	2.2.1. Weight
		2.2.2. Mirror
		2.2.3. Asking people from their environment
		2.2.4. Avoidance behaviors
		2.3.1. Type and frequency
		2.3.2. Reasons
	2.3. Physical Activity	

Theme 1.3: Social Media

1.3.1 Applications, type of posts and reason for posting. It is noteworthy that almost the sample had social networks and the most frequently used applications were WhatsApp, Instagram, Facebook, and Snapchat. As regards the type of posts on social media, the majority used to post selfies or full body pictures (19 of 26 participants). Twelve interviewees showed to care about the perception of their followers on social media with regard to their physical appearance. Jaime said “I post pictures, but I am worried about negative commentaries about it [...] sometimes just before post a photo I delete it for avoiding that”.

Study 2 (n = 7). Analyzing body image dissatisfaction

Theme 2.1: Eating

2.1.1 Diet. The majority of participants did not follow a diet (five of seven participants), but two of them were following a specific diet, arguing that they did it to eat healthier and to stay fit. Lucía stated ‘The doctor put my sister on a diet and my parents, and I follow it as well... I do it to be healthier and to lose weight’.

2.1.2 Eating behaviour. All participants reported having ever regretted after eating certain high-calorie food, like Felipe: “Sometimes I get anxious, I eat something and then I think I shouldn’t have eaten it”.

Theme 2.2: Checking Behaviour

2.2.1 Weight. Most of the participants indicated that they weighed themselves from time to time (five of seven participants). Manuel stated “Yes, I sometimes weigh myself and check my muscles to see whether I have gained weight or not”, and Jaime said “You need to weigh yourself because it is important to stay fit, to be muscled”.

2.2.2 Mirror. When asked whether they looked in the mirror, all interviewees admitted doing it at least three times a day, like Carlos: “I look in the mirror to see whether I look handsome, good. I look in my bedroom mirror and in the bathroom one”. Furthermore, a large number of them pointed that the body part they paid more attention to when looking in the mirror was the one they considered least attractive. Pilar commented “When I get in the shower, I look in the mirror and think ‘oh, I have gained weight, I must do something’”, and Felipe stated “Every time I look in the mirror, I think I’m fatter. I turn around and think ‘oh, my god, I look terrible’. I focus on my belly and I think I am very fat”.

2.2.3 Asking people from their environment. Almost all participants reported that they did usually ask people from their close environment about their physical appearance (six of seven participants). Pilar, for example, said “I sometimes ask my mother ‘mum, do you think I’m thinner?’, and she always says ‘no, I think you’ve gained some weight’, and I take it well”.

2.2.4 Avoidance behaviours. This type of behaviour has been detected in two of the participants. On one hand, Lucía

reported never weighing herself because she feared knowing her weight: “I never weigh myself because I’m scared”. On the other hand, Mario pointed out that he avoided looking in the mirror because he was not satisfied with the image he perceived: “I don’t usually like myself, I don’t like what I see in the mirror and I avoid using it”.

Theme 2.3: Physical Activity

2.3.1 Type and frequency of physical activity. All participants reported doing physical activity regularly. This activity was very varied, from sports like football or basketball to other activities like dancing or walking. The participants declared doing physical activity for 3.2 hours per week, on average.

2.3.2 Reasons for doing physical activity. Most participants admitted doing physical activity due to aesthetic reasons (five of seven participants). Lucía stated “I exercise on the elliptical to lose weight”, while Mario added “I do physical activity to improve in everything. Mainly to lose weight and fat, which doesn’t make me attractive”.

Discussion

The aim of the present study was to determine whether people with ID presented body image satisfaction or dissatisfaction based on physical appearance (cognitive-affective component), and how it modified their behavior related to this dissatisfaction (behavioral component). On the whole, the results findings in the study 1 showed that the vast majority of participants present a positive physical appearance related with body image, in accordance with the results obtained by Eden & Randle-Phillips (2017). The rest of the sample which took part in the study 2 declared wanting to change any specific part of their body due to dissatisfaction. Although this finding is rare in this population, Ramírez et al. (2015) analyzed 256 unidentified young adults ages 18-40 and found that they were moderately satisfied with their bodies, as evidenced by body satisfaction scores in their study.

However, several participants in study 1 were concern about weight and physical appearance, despite showing no other indications of body dissatisfaction. The findings regarding theme 1.1 revealed that most of the participants wished to be “thinner” and “more muscled” in accordance with the results obtained by Reel et al. (2013).

The influence of the closest environment on the participants’ body-image assessment was remarkable (Theme 1.2). Results showed that most of the participants in study 1 did not consider their environment’s opinion very important. By contrast, some participants taking part in studies 1 and 2 considered a negative influence of the comments about their physical appearance. It must be highlighted that various studies have confirmed that positive or negative effects on people with ID’s lives are not only generated by their limitations but also, to a great extent, by the comments that their closest relatives make about them (Andrade & Roldán, 2007). In line with this, Rumsey et al. (2004) proved that people with physical disabilities

are very concerned about others' perception of their appearance and they experience psychosocial problems that contribute to body dissatisfaction. Furthermore, some studies confirmed that people who received negative comments about their body and/or weight, according with the opinion of several participants interviewed in this study, reported higher level of body dissatisfaction. Verbal and physical harassment were found to produce greater body dissatisfaction in men (Farrow & Fox, 2011), while criticism and mockery had the same effect in women, mostly among those with overweight (Quick et al., 2013).

With regard to theme 1.3, various studies have proved that messages shown on social media can shape self-perception and, therefore, body satisfaction, having relevant consequences on health and psychological well-being (Sabik et al., 2019). As described by Sibilia (2008), social media are a public stage and a proof of identity that can positively or negatively affect body image. Nonetheless, contrary to expectations, this study found many participants to be influenced by what they saw on social media.

The results from theme 2.1 of the study 2 differed from some recent studies. For example, Sala and Levison (2016) observed that the participants who were more concerned about their weight would more likely restrict unhealthy food from their diet. By contrast, most of the participants of this study reported not restricting any unhealthy food from their diet. In this regard, it is noteworthy that some studies that analyzed the relationship between eating habits and body image detected a positive correlation between consuming unhealthy food and body dissatisfaction (Esnaola, 2007).

Dalley et al. (2019) pointed out that body checking behaviours like weighing themselves frequently or looking in the mirror are part of a monitoring process that provides the individual with comparative information on the distance to the goal (the ideal body). Related to this, the results from Theme 2.2 revealed that most of the interviewees which presented body dissatisfaction reported frequent checking behaviours like looking in the mirror three times daily. Moreover, a large number of participants paid most attention to the part of their body they considered least attractive in line with Jansen et al. (2017) in a clinic eating disorder sample. Moreover, many interviewees weighed themselves frequently or asked their family or people from their environment about their physical appearance. According to Walker et al. (2009), individuals who are satisfied with their body tend to spend longer checking those aspects they like most, while people who are dissatisfied focus more on those parts they dislike most and criticise them severely. Similarly, various studies reported that the higher the level of body dissatisfaction, the more frequent the checking behaviours (Leahley et al., 2011). Furthermore, certain checking behaviours have been proved to be common among the Western world population (Walker et al., 2009), like checking the appearance in front of the mirror or checking weight.

Apart from identifying certain checking behaviours, avoidance behaviours were detected in two of the participants, as Xu and Lui (2020) found in people with physical disabilities. Walker et al. (2009) stated that body-image avoidance behav-

iours may appear due to various reasons like helplessness, negative thoughts, or lack of mental, physical, or emotional energy. In these cases, avoiding the scales or the mirror may be used as a means for temporary relief from their concerns. Nonetheless, in the long term, fear and anxiety may intensify.

As regards the weekly practice of physical activity (theme 2.3), the participants of study 2 reported to be active, in agreement with the results obtained by Robertson and Emerson (2010). They analysed the physical activity of people with ID and observed that 41% of the participants had practised sport in the previous month and 34% wished to do it. By contrast, McKeon et al. (2013) found that most adults with ID had a sedentary lifestyle and were less active than general population.

However, the vast majority reported participating in physical activity due to aesthetic reasons. These results are in line with Reel et al. (2013), who found in a study with people with ID that some of the participants practiced sport to improve their physical appearance. Moreover, Ayaso-Maneiro et al. (2014) demonstrated that the control of exercise and caloric restriction in people with ID which took part in a weight loss therapy program influenced in a distortion of body image. Besides, Abellán and Januário (2017), in a sample of 23 athletes with ID, observed that two of the main reasons for participating in physical activity were "to be healthy" and "to expand and keep my social environment".

In general terms, the present research represents a novel effort with the purpose to gain knowledge on people with ID's concerns regarding body satisfaction, since research on this population is scarce. This study employs qualitative methodology as an initial step to enhance our understanding of body image perception in people with ID, aiming to contribute to a deeper knowledge on this topic. Nevertheless, some limitations were identified. The first of them was, despite the participants having adequate comprehension and expression abilities, their answers during some of the semi-structured interviews were not very long or elaborated, making it difficult to obtain information for the analysis. Future studies could complement the data provided by participants by incorporating interviews with family members and friends. This additional perspective can enhance our understanding of body image perception in people with ID. Building upon the suggestion to incorporate interviews with family members and friends, future studies could focus on understanding the role of social support networks in shaping body satisfaction among people with ID. By examining the perspectives of those close to the people with ID, researchers can gain insights into the social dynamics, influences, and support systems that contribute to body image perception within this population.

Conclusion

To date, research on body image and body satisfaction has focused on children, adolescents, and adults, addressing in very few cases body image in people with ID. It must be highlighted that most of the participants in study 1 reported accepting their body and being satisfied with it. The participants were found

to have an established and accepted body identity. However, in study 2 most of them wished to change their body shape to become “thinner” or “more muscled” and reported participating in physical activity with the aim to become more attractive. A notable proportion of participants who manifested body dissatisfaction about their physical appearance revealed checking behaviours and were strongly influenced by the negative comments that they have received regarding their body in accordance with TIM, accurately the same participants with a fat body self-description. For all participants, body weight, body shape, and muscle mass were identified as the greatest sources of dissatisfaction (Roberts et al., 2022). These findings provide additional support to the need to develop programmes that promote a positive body image of the people with ID, presented such as a future research need. That programmes should be included in school environments (special schools or mainstream schools) through the subject of physical education; or in ID associations, working together with adapted physical activity specialists and other therapists, such as psychologists or occupational therapists. Also, it is important to involve people with ID to co-create their own programs (Rice et al., 2021).

Further research is needed to examine the levels of body-image concerns in people with ID and the cause of it, and to develop, test, and evaluate the effect of that interventions in the levels of body image showed by people with ID. Given the limited research on body image perception in people with ID, it would be valuable to develop and evaluate intervention programs specifically designed to improve body satisfaction in this population based on positive body image. By implementing and assessing the outcomes of such interventions, researchers can contribute to the development of evidence-based strategies that support the functionality of the body and well-being in people with ID.

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Conflict of interest

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