

HOW DOES YOUR BODY BECOME YOUR ENEMY AND AN EATING DISORDER, YOUR BEST FRIEND?

Kimberly Callus

Tutor: Sunaina Attard

WHAT IS BODY IMAGE?

The term body image encompasses a wide range of beliefs held by an individual regarding what an 'ideal body' should look like in terms of physical appeal. This encompasses what one believes to be the ideal height, weight, shape, muscularity and sexual attractiveness, amongst other features. They summate to create an internalized perception of one's actual body in comparison to their vision of the ideal body. This perception in turn influences one's behaviour and may encourage body-modulatory behaviours.

POSITIVE VS NEGATIVE BODY IMAGE

Having a positive body image refers to one being content with their own body and appreciating both its appearance and physical capabilities. Negative body image, or body dissatisfaction on the contrary is when one directs a strong sense of frustration and disliking towards their appearance. It is important to note body image is not absolute. A person throughout their lives can experience both opposite ends of the spectrum and this is not associated with harmful effects in a normal context. However, prolonged periods of body dissatisfaction can severely dampen one's quality of life and cause both physical and psychological harm (1).

Many believe body dissatisfaction is present mostly in females and while it is true that statistically more females tend to adopt a negative body image when compared to males, men and boys are increasingly becoming affected by body dissatisfaction mostly due to the beliefs tied to not being lean and muscular enough. A population study in 2016 in fact found that while less men are affected by body dissatisfaction, the negative impacts relating to psychological distress and quality of life were more striking in males when compared to females (2).

With regard to age group, body dissatisfaction is mostly prevalent in adolescents which is due to a multitude of internal and external factors. Among external factors, we find that social media platforms like Instagram have an important role in setting the stage for unrealistic body types which are many times lean bodies with very small waists and pronounced curves (in the case of females) or lean and muscular (mostly in the case of males). They are made to look 'picture perfect' within the beliefs of Western society. Many tend to compare themselves with photos of celebrities or even with their own peers, who frequently manipulate their photos to resemble society's 'ideal' body type. Direct links between body image and social media were demonstrated in a study where adolescent

girls were shown photos of themselves which were retouched and reshaped using Instagram filters. It was found that the majority of girls experienced a lower body image after being shown their own modified pictures. This shows what a crucial affect society's bombardment of 'ideal body types' has on the general public (3).

WHAT ARE EATING DISORDERS AND HOW ARE THEY LINKED TO BODY IMAGE?

As previously mentioned, the subjective view on one's body influences behaviours linked to body modification, including dietary intake and exercise. Within the normal range this may sometimes be beneficial in motivating an overweight or obese individual to lead a healthier lifestyle. However, having a negative body image may contribute to bad lifestyle habits which can develop into psychological disorders known as eating disorders.

Eating disorders (EDs) are classified by the DSM V as being "persistent disturbance of eating or eating-related behaviour that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning". The more common examples of EDs include anorexia nervosa, which signifies abnormally low body weight, excessive food restriction and a pathological fear of weight gain, and bulimia nervosa which entails recurrent episodes of binge eating (consumption of excessive quantities of food) followed by compensatory behaviours such as purging, consuming laxatives and excessive exercise. A diagnostic criterion for both aforementioned disorders includes body dissatisfaction triggering such symptoms (4).

Globally EDs affect roughly 9% of the population with 10,200 people dying annually due to their condition (5). In the UK as many as 1.6 million individuals suffer from EDs and locally in Malta, a study in 2020 identified up to 1675 youths between the ages of 10-16 years affected by such disorders (6). EDs are of medical relevance due to causing mortality and wide-range morbidities (7). The incidence rate of EDs is likely far higher than what statistics show as many individuals with EDs go undiagnosed. As for morbidities, EDs cause a wide range which include both increased risk for other psychological disorders, the most common being personality disorders, depressive disorders and alcoholism (7), as well as physiological abnormalities relating to hormone imbalances caused by malnutrition and stress, including amenorrhea or irregular menstrual cycles in females and ionic imbalances like hypokalemia and alkalosis. Since adolescence is a time of growth and development, EDs negatively impact puberty and may cause delayed or stunted growth, problems in bone mass accretion and bone loss, hair loss, dry skin and in more severe cases, organ damage (8).

Essentially, since EDs may be sparked from a desire to improve one's body image, EDs can be the product of an extreme diet gone wrong and it may be difficult for the individual to admit they may have a problem. This is especially true for less 'outwardly visible' EDs such as bulimia nervosa where the person's BMI is commonly normal or overweight. A person suffering from an ED may experience shame and may want to hide the disorder to the best of their abilities, making this very hard for parents/relatives to spot or for the medical professional to diagnose especially early on. Amongst the first noticeable signs of EDs, parents report noticing their child eating less, taking more frequent trips to the bathroom

especially after a meal, and excessively exercising to the point where they are too lethargic to do their usual daily tasks (9)

Frequently people suffering an ED will tend to experience denial and will in fact be reluctant to seek treatment in fear that treating this problem will ultimately result in the person 'letting go' and eating in excess leading to weight gain. This pathological fear of weight gain results in reinforcement of ED behaviours which leaves the individual stuck in a vicious cycle and can be devastating to the individual's relatives and loved ones (9). Moreover, eating disorders are maintained by giving the person a sense of control and effectiveness achieved when a person restricts the amount of food they eat, and this may be done as compensation for a sense of lack of control experienced in the individual's personal life. Treatment is something such individuals may fear and avoid due to an overwhelming fear of loss of control. Studies in fact found that many start dieting during a stressful and chaotic period in their lifetime (10).

THERAPY FOCUSED ON TACKLING NEGATIVE BODY IMAGE

Working on ameliorating one's body dissatisfaction is an integral part in treating and even preventing EDs, and is also important in preventing relapse, since body image concerns fuel these disorders. If improving one's body image is not included as one of the therapies, other therapies may prove to be very distressing for the individual and actually increase risk of depressive moods (1). Different therapeutic strategies to tackle body dissatisfaction include the following:

1. Developing coping strategies to deal with weight conversations and possible teasing by peers, which may take the form of role plays and self-reflection.
2. Improving Social media literacy, meaning opening one's eyes to the unrealistic body standards social media content displays.
3. Cognitive dissonance, a tactic in which the individual challenges their own views and irrational beliefs on what constitutes an attractive body.
4. Behavioural interventions focused on reducing body avoidance through gradual exposure to mirrors, and self-photos and videos.
5. Modifying and preventing negative responses associated with body checking behaviours such as weighing oneself during therapy.
6. Preventing self-depreciation targeted towards one's body and instead focusing on promoting positive body experiences through strategies like self-compassion therapy.
7. Encouraging self-care directed behaviours.

CONCLUSION

In conclusion, one's internalized perception of themselves plays a central role in their psychological and ultimately in their physical health. Excessive and prolonged concern over one's body image may spark eating disorders which carry their own extensive set of morbidities. It is important that friends, parents and other relatives of people suffering eating disorders are sensitive towards their problem. All too frequently, parents can engage in blaming behaviours towards themselves or their children and shame their children for their behaviours. This only worsens the problem as the individual feels a sense of shame and guilt that plays a huge role in the amplification of behaviours linked to such disorders. This therefore makes them more reluctant to seek help. It is also important that practicing physicians recognise certain warning signs a patient may show during consultations and tackle such warning signs in a sensitive and compassionate manner. Lastly, it is important to encourage body positivity and following a healthy lifestyle rather than engaging in restrictive diets which may be harmful. Ultimately a healthy lifestyle and satisfaction with one's appearance is the key to improving overall physical, social and psychological well-being.

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