When Having a Good Imagination is Bad:

Body Dysmorphia and Eating Disorders

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Abstract

Despite recent movements advertising body positivity and self-love, eating disorders are on the rise. It has been found that eating disorders especially affect young adults, and tend to develop in women much more than men. Disordered eating is the cause of a myriad of health problems, including loss of bone and muscle mass, stomach ulcers, hair loss, and fatigue. Sufferers of eating disorders are tenfold more likely to die than their peers due to complications. Currently, research has linked the causes of body dysmorphia to an increased risk of developing eating disorders. Socialization is a major factor in the development of body dysmorphia and body dissatisfaction, and media consumption is an influential form of socialization for younger generations. Because of the vast influence that media consumption has on body perception, media outlets should expand representation of body types and consumers should expand their exposure to various body types to promote lifestyle choices that represent healthy individuals, regardless of body shape.

When Having a Good Imagination Is Bad: Body Dysmorphia and Eating Disorders

Every person has a breaking point. Even though it varies between individuals, for characteristics ranging from patience to pain tolerance, there is a limit that the human mind reaches where it can tolerate no more and action must be taken no matter the cost. This quirk of human nature has led to stories of triumph over oppression. It has enabled mankind to combat a plethora of opponents with no fear and nothing to lose. But what happens when the opponent a person is trying to overcome happens to be their own body? According to the CDC, thirty nine percent of Americans are battling obesity. Obesity has been linked with several fatal conditions such as heart disease and diabetes. Because of these prognoses, many Americans have reached
their breaking points when it comes to managing their weight, and are now scared of putting on extra pounds.

However, when attempting to overcome one battle, many Americans tumble into another. Thirty million Americans currently suffer from an eating disorder. This number is growing, and is composed of primarily young adults, skewed towards females by up to 75% (NAAN, 2019). Eating disorders cause a myriad of health problems including loss of bone density, decreased muscle mass, extreme fatigue, and stomach ulcers. A person dies from eating disorder related complications every sixty-two minutes (NAAN, 2019).

Along with a lifetime of life-threatening health complications, eating disorders are surrounded by their own spectrum of unique stigmas. The difficulties that sufferers face can run the gamut between typical stigmas of being seen as weak or untruthful, and another hurdle that is wholly unique to eating disorders. Eating disorders are the only mental illness in which people actually encourage and consciously enable disordered eating behavior in those under their sphere of influence. Other mental disorder sufferers may be bullied, which can increase disorders such as depression or anxiety, but eating disorders are the only branch of mental illness where a guardian or someone else close to the patient will actually go out and fund their disorder. This can be something as small as commenting on a someone’s figure, recommending that they pursue a weight loss regime, or buying dieting supplements or a gym membership for that individual to “help them out.”

Research into the cause of this growing epidemic has suggested that body perception and body dysmorphia play key roles in the formation of eating disorders, and the reason that a growing number of young cases are being reported is due to the social stigma surrounding obesity which leads to an internalized thin ideal (Greene, 2011). According to Dakotah, who beat
the battle against anorexia nervosa, her struggle with the disease began in college when “I just could not stand to endure the feelings [of shame surrounding my weight] anymore.”

Media coverage has been highly influential in the formation of societal norms for the better part of a century. It has inverted entire country’s beauty standards simply through the portrayal of certain body types as beautiful, and these changes to the ideal have occurred in as little as half a decade. Considering the power that the media has to shape the public’s imagination about health and beauty, if it is found that body perception plays a role in the development of eating disorders and that socialization can increase or decrease body dysmorphia tendencies, then media outlets should expand representation of body types to promote lifestyle choices that are healthy and beneficial to people regardless of body shape.

**Body Perception’s Role in Eating Disorders**

Body perception can be described as a person’s imagination of their own body (Roosen, 2011). It is the figure that someone sees when they look in a mirror, regardless of what exists in reality. This figure of a person can be smaller or larger, have a bigger nose, better eyes, or even wider pores. No matter what the scales or measuring stick say, body perception is how a person sees themselves, and it can be in a positive or negative light.

Although many people assume that body perception is a static trait, it has been found that body perception is very fluid, and can even undergo major fluctuations in a single day depending on state or trait factors (Roosen, 2011). State body image—state body perception—can be described as cognitive and affective factors (Roosen, 2011). State body image is a branching term, including all external factors that are thrown at the psyche throughout the day. Common examples can be the way clothing fits or doesn’t fit, the perceived appearance of others, or
commentary on body size. State body image can be identified as verbal and nonverbal, conscious and subconscious messages. Trait body image, on the other hand, is a core attitude towards one’s body size or shape (Roosen, 2011). Traits are often associated with characteristics of a person, therefore trait body image is how a person feels about their body deep down. However, like every other aspect of personality, trait body image can still be controlled by the culture and socialization surrounding a person. In the same way that a baby learns a native language, that child also learns what is deemed “acceptable” by societal standards and internalizes those standards to be personal qualities that should be met. State body image leads to trait body image.

Because body image is such a varying concept, it stands to reason that body perception is usually inaccurate. According to Roosen, all people, even those without any eating disorder tendencies, have somewhat inaccurate body perception. This inaccuracy tends to lean to the negative, especially in the case of women (2011). This proclivity to tear down one’s body image is a hallmark of body dissatisfaction and also relates directly to body dysmorphia. Body dysmorphia is the extreme misinterpretation of body image and is hallmarked by high levels of body dissatisfaction, up to the point where this dissatisfaction becomes internalized, and a part of trait body perception.

There are many factors that affect body image and the development of body dissatisfaction. One of these factors is illustrated by a phenomenon that most people have experienced. If someone studies a word at excess, then that word can become distorted, even to the point that it begins to look wrong. This is the brain tricking itself into assuming that something must be wrong with its subject matter due to the amount of effort put into examining it. This directly relates to the idea of “self-evaluative salience,” which is the measure of how much individuals define or evaluate their self-worth through physical appearance. “Motivational
salience” measures how much an individual tends to or manages their appearance (Roosen, 2011). Between these two behaviors, there is much that can be detrimental to body perception. It was found that the more one invests in appearance, the more dissatisfied one becomes in their appearance (Roosen, 2011). This correlates directly with self-evaluative salience. As appearance becomes more important to a person, they begin to check and fix their appearance more. The more that a person checks their appearance, the more time that they have to search for imperfections and the worse their image becomes.

Another factor that affects body perception is age. Roosen states that even though women gain weight over time, their body image remains stable and body dissatisfaction decreases with age (2011). This could be explained through the shifting of priorities or responsibilities as a woman ages. A middle-aged woman typically has more time-consuming responsibilities than a young adult, such as children, career, home, family etc. A shift in the amount of time a woman spends on an aspect of her life correlates with a shift in priority. This shifting of priority and responsibilities decreases the amount of time that a woman can spend scrutinizing appearance, which decreases the likelihood of her finding flaws in her being. As established previously, the less time that a woman spends scrutinizing appearance, the less body dissatisfaction and body dysmorphia that she is likely to suffer, which correlates with a better, more stable body image.

“Objective weight-related feedback” is another effector of body perception. (Roosen, 2011) Examples of this could be stepping on a scale and getting a higher number than expected, or trying on clothing and requiring a larger size. According to one woman interviewed about the effect of shopping for clothing, “it makes me really conscious of my eating habits. After shopping, no kidding, I always think ‘I’ve got to go to the gym.’ It can make me so depressed” (Kotanski, 2011). The reason “objective” feedback is so influential in affecting body
perception and leading to the development of body dissatisfaction is because most people recognize these factors as confirming what they believe to be true on the inside. It doesn’t matter if they are still in the healthy range of weight or if they know that companies never stick to uniform sizing, it is human nature to look for evidence that proves what is already believed.

It has already been established that body perception inaccuracy leads to body dissatisfaction, and extreme body dissatisfaction leads to body dysmorphia. Body dysmorphia, though not the only cause, is a leading cause in the development of eating disorders. According to the United States Department of Human Health and Services, anorexia nervosa and bulimia nervosa, two of the most common eating disorders, are caused by an extreme distortion of body image coupled with a fear of gaining weight (2017). Body dissatisfaction is already related to anxiety over weight or body shape. The separation between body dissatisfaction and full-blown disordered eating behavior is a slim line, with the thoughts that run through most people’s heads daily pushing them towards or away from a mentality that few recover from.

**Socialization and Eating Disorders**

Socialization in psychology is defined as “strong socioenvironmental pressures” and “closely related to ‘nurture: i.e. parental values and sociocultural influences” as opposed to nature (Costa-Font, 2012). Socialization can be seen in the portion of an individual’s trait characteristics or trait beliefs that align with their culture’s values, or more specifically their peer group’s or family’s beliefs. Strain occurs when an individual clashes with what they’ve been socialized to accept as normal. The thinness ideal is one example of an accepted social norm or standard that all people are judged by and judge by, whether they consciously do it or not. This sometimes-subconscious judgement of other people and the individual themselves can lead to body dissatisfaction, and if fear of breaking that ideal is introduced, body dysmorphia.
There are several factors that influence the development of body dissatisfaction and body dysmorphia through socialization. According to Roosen, women tend to focus on their thinness and body image more than men. Adolescence through early adulthood are developmental periods which correlate to increased body dissatisfaction in women (2011). This is due to the amount of self-discovery that occurs in that time. Girls who are growing up begin to seek an identity for themselves, and they want to be liked. They assume that their chances of achieving popularity will increase along with their adherence to social norms and standards, which include the thinness ideal.

In a study done by Costa-Font and Jofre-Bonet, “Girls who achieve sexual maturity ahead of their peers, with the associated development of breasts, hips, and other physical signs of womanhood, are at increased risk of becoming eating disordered” (2012). This is due to the addition of weight that accompanies the development of secondary sex characteristics. Those girls who begin to gain weight without their peers attempt to control these changes so they can be like everyone else, and in the end fall into body dysmorphia. According to their imagination of their preferred body type, or the way that they want their body to look, the way that they look is unnatural or unappealing. In reality the addition of some weight is a normal part of growing that can be severely stunted if they don’t take in the necessary nutrients at that age. According to Cathy Blake, a licensed therapist who specializes in eating disorder therapy, one way to combat this factor is through developing better sex education in schools, and cultivating a more accepting environment for adolescents to ask about their bodies (2019). This allows girls to acknowledge the fact that what is happening to their bodies will happen to everyone eventually, and is nothing to be ashamed of.
Another socialization factor that affects body dissatisfaction is parenting style. Parents directly influence their children’s beliefs, values, and even priorities. “Parents who overvalue physical appearance can unwittingly contribute to an eating disorder” (Costa-Font, 2012). Eating disorders are one of the only mental health diseases in which sufferers may actually be encouraged to partake in maladaptive behavior by people close to them. Parents who constantly comment on, joke about, or critique the appearance of their children reinforce social norms idolizing thinness and beauty. When parents make these statements, it sends the subconscious signal to their children that part of their worth is wrapped up in looking appealing to others. This causes the children to prioritize following cultural beauty standards, and is a contributing factor to why most of the people suffering from eating disorders are adolescents to young adults.

An individual’s peer group’s average weight also has an effect on the likelihood of that person developing an eating disorder. According to Costa-Font and Jofre-Bonet, “the higher the BMI of the peer group, the lower the probability of suffering from anorexia” (2012). This is an instance in which socialization can actually be beneficial or detrimental in preventing the development of an eating disorder. Especially in the United States, where the average BMI is in the healthy or overweight range, this factor of development is very helpful to those looking around at others for what is an acceptable body shape. This greater importance placed on the BMI of peers rather than celebrities or the media makes sense given humanity’s tendency to trust that which they know. A person is more likely to take the advice or recommendation of a trusted friend than a stranger on the internet or a random figure they see on the media. This ties over into “recommendations” for body shape or weight. An individual who is surrounded by friends of a body image similar to their own is more likely to be content with their own body image, so long as they are not alone.
However, peer influence can also be incredibly detrimental to body perception and satisfaction. According to one woman who was interviewed on the effect others had on her body satisfaction, “when I see something on someone else that looks really good, I want it. But it’s usually on tall slim blonde girls—the package. And then I—who is short and stocky—go and ask where they bought it from, and it ends up looking [bad]” (Kostanski, 2011). This is an example of detrimental peer socialization. It corresponds with the societal expectations already ingrained in the trait characteristics of a person, and then reinforces pre-held beliefs about that individual’s body perception, much in the same way that objective weight-related feedback does. The fact that an outfit looks flattering on a peer but not the individual singles out that individual as different or other. It implies that the individual who couldn’t “pull off” the outfit is not as attractive or appealing as the peer that they admired due to the fact that they look different in the same outfit. This increases body dissatisfaction and body dysmorphia, and with enough reinforcement, could lead to disordered eating or exercise.

**Media and Eating Disorders**

From this launching point of self-comparison, it is not hard to imagine the effect media advertising has on body perception and body dissatisfaction. With the rise of reality television, many people feel as if they know the celebrities they regularly watch on screen. This familiarity has the same effect on trustworthiness as peer BMI. When a well-known celebrity endorses their own routine, diet, exercise products, etc. an individual might feel as if they should be able to do it as well. This familiarity and faux trustworthiness are predominant factors for the unprecedented amount of people being influenced by media images and exposure to sociocultural ideals.
Several studies have been done on the effect that media exposure has on body perception and body dissatisfaction. One such researcher, Arroyo, states that the type of media an individual is being exposed to affects the result that media exposure has. She states that fashion magazine consumption is associated with higher levels of body dissatisfaction, and sports magazine consumption is actually associated with better body image and body satisfaction (2015).

Considering the audience of each of the magazines and the purpose of these magazines sheds light on their opposing effects. Sports magazines usually feature healthy, muscular people. Their focus is on living healthy lifestyles and helping people achieve bodies that make them happy holistically: size, appetite, etc. Fashion magazines are primarily focused on beauty and sociocultural norms. The standards of society are not easy accessible by a large group of people; that is why they are the standard. Humanity has the tendency to crave superiority and exclusivity. The media’s whole purpose is to show its audience what they should want. Fashion magazines state that a person should strive to be exclusive and exceed the bar, even if the bar is dangerous to their health.

“Media stereotyping” helps to elaborate on why the media has such a strong effect on body dissatisfaction by the way it shapes the audience’s imagination. According to Costa-Font and Jofre-Bonet, “32% of female TV-network characters are underweight, while only 5% of the female audience is underweight… only 3% of female TV-network characters are obese, while 25% of US women fall into that category” (2012). This disparity between audience and what is being portrayed as the norm is a large reason why the media is such a negative influence on body satisfaction. Audiences are socialized to imagine slimmer, unhealthy body types as not only desirable, but the “norm” due to their representation as such in the media. When a person’s body
image doesn’t line up with the imagined standard, this creates greater body dissatisfaction, and is another reason why media consumption has such a large correlation with body dysmorphia.

To combat the negative effect that media consumption has on the general population’s body image, media outlets should be encouraged to expand representation of their characters to that of healthy individuals, regardless of body shape, size, or race. The ratios of body types of the characters, models, and actors portrayed in the media need to align with the ratios of the audience: five to ten percent underweight, with the rest of the body types being shown fitting into a healthy body mass index. If this is accomplished, it will diminish the effects of the audience’s malformed imagination surrounding a “normal” body type by replacing the image of an underweight model as the only type of person who is beautiful. The key to combating eating disorders formed by media exposure is to expand the audience’s imagination of what a beautiful person can look like.

Currently, there is one major company that has taken this challenge, Aerie. It is a lingerie brand shoot-off of parent company, American Eagle. The brand has agreed to not only include models of all shapes, sizes, and races in their “Aerie Real” campaign, but also quit airbrushing altogether for two years. According to Aerie’s global brand president, Jennifer Foyle, this was done to “give our girls REAL images to invoke self-confidence” (Yi, 2016). The brand has seen major success with a 20% increase in sales since the campaign launched in 2014. (Yi, 2016). This goes to show that audiences support expansion of representation. The feel-good campaign encourages girls to accept their beauty as they are, and then actually reinforces their image of self-beauty with un-retouched images of models throughout their stores, online, and on the big screen. These ads capture the imagination of audiences worldwide, and aids them in expanding
their narrow view of what it is socially acceptable to look like, which increases body satisfaction when those body shapes align with their own.

**Conclusion**

In Laurie Halse Anderson’s book, *Wintergirls*, she says this about living with an eating disorder, “I lift my arm out of the water. It’s a log. Put it back under and it blows up even bigger. People see the log and call it a twig. They yell at me because I can’t see what they see. Nobody can explain to me why my eyes work different than theirs” (2009). Imagination is an enormous contributor to the development of eating disorders. It is the lens through which an individual sees the world, and sees themselves. When that lens becomes distorted due to the various external factors being thrown at the mind daily, imagination ceases to be an asset and becomes an enemy.

The external factors that contribute to the development of eating disorders are everywhere: checkout line magazines, advertisements, clothing stores, social media, and more. With only one body type, unhealthily thin, being reinforced over and over it can be hard for anyone to resist the urge to imagine their life in a smaller body. Seeing natural, varied bodies as beautiful is borderline counterculture in the West, with few actually buying in when there are so many pressures to conform.

According to Mrs. Blake, “until consumers expand the body types that they expose themselves to, they will have a hard time seeing themselves as beautiful and corporations will not change their representation” (2019). This is where social media and consumer power comes into play. Mrs. Blake recommends that individuals follow more varied media pages, focusing on pages including influencers who have a body type not typically associated with their activity or sport. A good example would be a plus sized influencer who is a yogi (2019). Consumers should
also continue to support companies who refuse to photoshop their models and diversify their advertisements. In the end, profit is the persuasion that kickstarts change in our capitalist society.

Change will not be easy. Decades of reinforcement have ingrained into western society that only the insanely thin are beautiful. These images of unhealthy women are posted for the world to see, and are even photoshopped to be more unrealistic. However, with the amounts of eating disordered individuals on the rise, and support for the diversification of models increasing, media outlets will have to expand their representation of body types and body sizes to avoid becoming obsolete.
Works Cited


