Chapter Nine

Body Image
What Shapes Body Image?

- Body image is the mental representation that a person has of his or her own body, including perceptions, attitudes, thoughts and emotions.
- Culture has a strong influence on body image.
- The advertising industry and the media are relentless in selling the American consumer an image of the ideal body.
- Personal Health Portfolio.
Women and Men’s Body Image

Women
• Belief in the “thin ideal”
• Body dissatisfaction

→ Increased risk for disordered eating behaviors

Men
• Less affected by cultural expectations and the media than females’ body image
• More shape-oriented rather than weight-oriented
Effects of Puberty on Body Image

- Eating disorders are most likely to develop during adolescence
- Body fat increases in healthy girls from 12% to 25% during puberty which causes many girls to become concerned about their bodies
- By sixth grade, twice as many girls as boys consider themselves fat
- Sixth grade girls were more likely to want to lose weight to become thin
- Sixth grade boys are more likely to want to gain weight, especially in the upper body, to become more muscular
Disordered Eating Behaviors

- More common and widespread than eating disorders
  - Restrictive dieting
  - Binging and purging

- May occur in response to emotional stress, an upcoming athletic event, concern about personal appearance, and so on

- May or may not develop into a full-blown eating disorder
Disordered Eating and Contributing Factors

More than the simple exposure to the thin ideal and social pressures

- Family history of eating disorders, depression, substance abuse, anxiety, obsessive-compulsive disorder, or obesity
- Gender
  - Females at greater risk than males
  - Gay and bisexual men at greater risk than heterosexual males
- Personal history of depression and anxiety
Eating Disorders

• Conditions characterized by severely disturbed eating behaviors and distorted body image

• Jeopardize physical and mental health

• Occur primarily among people in Western industrialized countries

• Occur in all ethnic, cultural, and socioeconomic groups

• More prevalent when food is abundant and has taken on symbolic meanings such as comfort, love, belonging, fun, and control
Factors Contributing to Eating Disorders

- Lack of coping skills
- New stress
- Economic status
- Acculturation
- Media images
- Obesity
- Substance abuse
- Depression/anxiety
- Eating disorder

Academic or job demands

Sociocultural pressure

Genetics

Healthy body image

BODY Dissatisfied/preoccupied

Continuum

Healthy eating patterns

Distorted body image

Disordered eating

Trauma

- Abuse
- Teasing/ridicule
- Repetitive dieting

Thought patterns

- Low self-esteem
- Perfectionism
- Need for control

Relationships

- Family issues
- Social life
- Coach

Anorexia nervosa
- Bulimia nervosa
- Binge-eating disorder
- Other eating disorder
Patterns of Thought Associated with Eating Disorders

Do you identify with any of the following?

• Low self-esteem
• Self-critical attitude
• Belief in the importance of thinness
• Black-and-white thinking
• Feelings of emptiness
• Need for power and control
• Difficulty expressing feelings
• Lack of coping skills
• Lack of trust in self or others
• Perfectionism

You can choose a different path…
Anorexia Nervosa

- Most do NOT have a lack of appetite
- More likely to be obsessed with food
- Often starving themselves and appear ultrathin or emaciated
- Some **control** their weight by:
  - Restricting calories
  - Binge-eating and purging behavior
Criteria for Anorexia Nervosa

• Refusal to maintain minimally normal body weight

• Intense fear of gaining weight or becoming fat, even though underweight

• Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight on self-evaluation, or denial of the seriousness of low body weight

• Amenorrhea—the absence of at least three consecutive menstrual cycles
How Anorexia Can Affect the Body

- **Brain**: Decreased size, low energy, depressed mood, loss of coordination, dizziness, fainting, poor sleep, risk of suicide
- **Heart**: Low blood pressure, slow or irregular heartbeats (arrhythmias), cardiac arrest; risk of death
- **Abdomen**: Bloating, constipation, fullness after eating
- **Kidneys**: Kidney failure; risk of death
- **Genitals**: Lack of menstruation (amenorrhea) in women; infertility; decrease in testosterone levels and decrease in testicular size in men; decline in sex drive in both sexes
- **Skin**: Dry, cold, discolored skin, growth of fine, downy hair
- **Muscles**: Weakness
- **Bones**: Loss of calcium, osteoporosis, increased risk of fractures
- **Legs**: Swollen due to excess fluid; cold feet
- **Blood**: Electrolyte disturbance (low calcium, potassium); risk of death
- **Immune system**: Increased risk of infection, low white blood cell count, low body temperature; risk of death
Bulimia Nervosa

- Marked by consuming large amounts of food, then using inappropriate means (binging or excessive exercise) to rid themselves of the calories (lack of control)
- Distorted body image
- Binge eating and purging are behaviors that are usually socially isolating
- Purging can consist of self-induced vomiting, misuse of laxatives, diuretics, enemas, or other medications… damaging to digestive tract
Criteria for Bulimia Nervosa

- Recurrent episodes of binge eating
- Recurrent inappropriate compensatory behavior to prevent weight gain
  - Self-induced vomiting
  - Misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise
- Episodes occur, on average, at least twice a week for three months
- Self-evaluation is unduly influenced by body shape and weight
How Bulimia Can Affect the Body

**Face**
- Swollen parotid and salivary glands, puffy cheeks, broken blood vessels under the eyes, sore throat

**Teeth**
- Erosion of tooth enamel, pain, sensitivity

**Esophagus**
- Heartburn, inflammation; tears can cause severe, life-threatening bleeding

**Hands**
- Calluses from self-induced vomiting

**Large intestine**
- Bloating, diarrhea, abdominal pain caused by laxatives

**Stomach**
- Can enlarge dramatically with binge eating and even burst; risk of death

**Heart**
- Irregular heart rhythms due to low potassium; risk of death

**Blood**
- Electrolyte imbalances (low potassium, sodium); risk of death

**Kidneys**
- Low blood pressure, dehydration caused by diuretics
Binge-Eating Disorder

- Recurrent episodes of binge eating without use of compensatory behaviors
- Body weight and shape concerns
- Emotional distress
- Disordered eating patterns
- Health consequences related primarily to obesity:
  - Cardiorespiratory disease
  - Diabetes
  - High blood pressure
  - Gallbladder disease
  - Osteoarthritis
  - Sleep apnea
  - Certain cancers
Treating Eating Disorders

• Aside from osteoporosis, most of the negative health conditions are reversible

• Keys to recovery are:
  • Early intervention
  • Lower incidence of purging behavior
  • Support and participation of family members and loved ones
  • Lack of other diagnosed psychological problems

• Recovery includes:
  • Restoration to within 15% rec’d weight
  • Normalized eating patterns
  • Return of regular menstruation (women) and normal testosterone level (men)
Treating Eating Disorders

- Effective treatment involves a multidisciplinary or multimodality team
- Possible hospitalization
- #1: recognition of a problem
- #2: stabilize weight (address patient’s perceived loss of this control)
- #3: behavioral modifications through:
  - Psychotherapy
  - Behavior relearning and modification
  - Nutritional rehabilitation and education
  - Medication
Body Dysmorphic Disorder

• Preoccupation (obsession) with an imagined concern about a slight defect or exaggerated defect in appearance

• Preoccupation causes significant distress or impairment in social, occupational, or other important areas of functioning

• Other concerns related to this disorder are:
  • Muscle Dysmorphia (obsession with muscle building)
  • Cosmetic Surgery
  • Body Art

• Address distorted body image, low self-esteem, confidence within social situations