

## A Study on Body Dissatisfaction and Eating Disorder

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### ABSTRACT

Self-perception is a multifaceted concept. Both clinical and nonclinical groups suffer from dissatisfaction with their physical appearance and the existence of distorted body views. The unpleasant distortions of one's body image have been connected to negative effects on both mental and physical health. Multiple factors may contribute to body shaming and distorted body image. To "establish whether or not lower levels of self-esteem are associated to an increased probability of eating disorder behaviours," this research conducted a qualitative analysis of secondary data. This research set out to "assert that one's sense of self-worth and one's appraisal of physical attractiveness are intertwined" and "explore the link between body dissatisfaction and the development of eating disorder behaviours." We used stress, self-efficacy, and locus of control questionnaires, as well as a body-image dissatisfaction scale, to gather data. Stress, body dissatisfaction, and eating disorder symptoms were all greater in models than in the control group. Mediation investigations revealed that stress links low body-satisfaction with bulimia nervosa. Aspiring fashion models may put forth additional effort to keep their weight in line with their height if they feel pressure to seem thin. Based on these findings, it seems that stress management therapies may help reduce the detrimental effect of body dissatisfaction on eating disorder symptoms. Professionals like nutritionists and psychiatrists may be required in the fashion industry to help workers maintain a healthy and fulfilling lifestyle.

**Keywords:** *Body dissatisfaction, body weight, adults and teenage, eating disorder, depression*

Agreed upon research has shown that low self-esteem caused by dissatisfaction with one's physical appearance has serious consequences for society. Incidences of eating disorders, such as anorexia and bulimia, among young women aspiring to careers in the fashion industry are not new. Stressful behaviours, such as smoking, substance abuse, and poor nutrition, may all have a role in the development of health problems (Becker, et al., 2019). There was a time in human history when having a curvy, alluring physique was considered a major plus. Yet current trends point in the other way. People all around the world have been wondering how they may become skinny since the western ideal of thinness became so popular. To achieve an idealised Western body type, they've developed some peculiar dietary habits. The models in today's fashion publications, who are supposed to represent the ideal body type, are more stick-thin. College-aged men and women in India were polled on their body image, self-esteem, and the frequency of eating disorders.

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Received: February 04, 2023; Revision Received: April 21, 2023; Accepted: April 25, 2023

### **Background**

Negative body image is only one of several environmental and genetic factors that contribute to the development of an eating problem (Medeiros de Morais, et al., 2017). However, many individuals who struggle with eating disorders put a high priority on how they look. It might lead to a person having a poor opinion about their body.

An "over-evaluation of form and weight" is a common symptom of eating disorders, although it is not a universal one. If a person's sense of self-worth is significantly impacted by their physical appearance and weight, then the diagnosis of anorexia or bulimia nervosa is likely. Anorexia nervosa is associated with either a disruption in the perception of one's body weight or form, or a failure to recognise the importance of one's existing weight.

The most frequent kind of eating disorders, binge eating disorder (BED), is not always characterised by a preoccupation with one's physical appearance. Evidence suggests that only around 60% of people with BED really feel they are more attractive than they actually are. Patients with body image disorder (BED) who are too concerned with their looks may be experiencing a severe form of the disorder (Duchesne, et al., 2017). Patients with avoidant restricted food intake disorder (ARFID) often lack self-awareness about their appearance and weight gain.

### **LITERATURE REVIEWS**

(Okely, et al., 2018) explains that Eating disorders are a subset of mental health diseases that are characterised by excessive emotional distress or worry over one's own body image, as well as the inability to maintain an eating pattern that is balanced. Although the age at which this ailment manifests itself might vary, it most often strikes people between the ages of 12 and 24. Negative body image has been identified as a significant issue affecting the general public's health due to the fact that it has been linked to symptoms of eating disorders as well as lower levels of psychological well-being. People who take part in behaviours such as severe dieting, rigorous exercise, and professional pressure to be thin may be a part of a wider group that has a greater risk of developing an eating disorder. Other behaviours that put people at risk include professional pressure to be thin. These trusts conducted exhaustive screenings on athletes and ballet dancers in order to determine the most important risk factors for eating disorders.

(Romano, et al., 2021) states that the "popular perception" of professional fashion models has always been that they are young and beautiful women who seek to further their careers by enticing customers with their physical characteristics. This has been the case for as long as the "public view" of professional fashion models has existed. The general public has the perception that these ladies are overworked and stressed out to the point that they would rather put their health at danger than advance in their respective jobs. The outcomes of this research provide validity to the claim that fashion models have positive body images and are not significantly more prone to suffer from eating disorders than the general population as a whole. [Citation needed] An examination of body mass index indicated that fashion models had a much lower average weight than the general population.

According to (Hart, & Chow, 2020), When compared to controls, working fashion models exhibited a considerably greater incidence of anorexia nervosa and partial-syndrome eating disorders. A study of fashion models found that more of them, in comparison to their contemporaries, suffered from stress symptoms and clinical eating disorders as a result of the constant pressure to maintain a slim figure. This was found to be the case as a result of the

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constant pressure to maintain a slim figure in the fashion industry. The researchers searched for signs of differences in eating disorder behaviours and other features between the model population and the control group, but they did not find any indication of such differences. Even though there have been a lot of studies done on the connection between being unhappy with one's body and exhibiting symptoms of an eating disorder, the results have been inconsistent, and the nature of this link, particularly in terms of a possible element that mediates the connection, is unknown.

### ***Research Gap***

The present study focuses on eliminating the research gap that have been found in earlier research, and hence the paper aimed to fill a gap in the literature by examining the relationship between body image dissatisfaction with disordered eating signs among aspiring models and actresses, using stress as a moderator. Looking at the data, we find that it only partially backs up the study's hypotheses. Further investigation revealed that stress level somewhat attenuated the link between body dissatisfaction and problematic eating patterns.

### ***Research Question***

- Which cultural norms affect Indian adults' body mass index (BMI), eating behaviours, and degree of body image dissatisfaction?
- How much of a role BMI and media internalisation and pressure play in weight-related body dissatisfaction and eating disorders?
- What kinds of integrative work or actions may be made to help people whose self-esteem and social status have been negatively affected by issues related to their eating habits or their body image?

### ***Importance of the Study***

The paper's discussion of how self-esteem, body image, and the propensity for eating disorders vary by gender makes it of the highest relevance. The mass media has propagated a restricted conception of beauty in which a slender physique and a beautiful face constitute the ideal of female attractiveness. Many women have poor self-esteem and body dissatisfaction because they constantly compare themselves to media ideals. One potential predictor of the unfavourable effects of being exposed to an ideal society is the degree to which a person engages in social comparison.

### ***Research Objectives***

1. To determine whether or not lower levels of self-esteem are correlated with an increased likelihood of eating disorder behaviours.
2. To dissect a higher degree of body dissatisfaction is linked to an increased likelihood of developing eating disorder behaviours.
3. To argue that one's sense of self-worth and one's perception of one's physical appearance are intertwined.

### ***Scope and Limitation***

The limitations of our study should be taken into account when interpreting the results. To qualify these findings, it should be noted that fewer models were used to make inferences about individual nations' eating patterns than were used to establish conclusions. Second, research that relies only on self-report metrics is vulnerable to bias and misinformation. Part of the same scale that gauged physical discontentment was also used in this study (i.e., EDI). Due to their shared purpose of duplicating the same higher-order construct (eating disorder

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symptomatology, in this case), subscales may exchange data while being labelled as independent constructs. Another issue with the current setting is that by narrowing our attention to a small number of critical indices of body image and appearance-related concerns, we may have missed some important differences between the models and the control group.

### RESEARCH METHODOLOGY

The studies presented here provide the groundwork for comprehending the project's fundamental ideas. The information required for future studies will be gathered using a wide variety of strategies, techniques, and plans. Within the scope of this project, we will conduct a thorough analysis of the project's strengths and weaknesses. By doing a case study on indigenous peoples' right to self-determination, we may gather data, organize it based on results, and extrapolate findings about body image, and the propensity for eating disorders (Pandey, & Pandey, 2021).

#### *Research Method & Design*

The data collection for this research has used a wide array of approaches. First, the information is collected from many internet sources, including books, journals, magazines, and websites. Just a few examples are the results of an inquiry council, judgements made by the courts, and articles published in the media by both legitimate and questionable sources. In order to construct the article, a qualitative analysis was employed, which was based on a set of assumptions that drives the questions asked by the researcher and the interpretation of the data. Ethnography is a method of doing qualitative field research that involves the researcher actively interacting with the subject matter of the study (Mishra, & Alok, 2022).

#### *Research Approach*

The process has been carried out in this fashion by using exploratory approaches and research methodologies in the form of case studies. Using inductive and deductive reasoning, a new hypothesis on the research's approach to obtaining data and observations was developed. Goals are developed using inductive approaches, and progress toward those goals is tracked using retrospective analyses of data. Discovering new concepts, paradigms, and fields may be possible thanks to patterns in secondary data. Using inductive and deductive reasoning, the researcher builds a cause-and-effect chain to find solutions to the issues at hand. Remedial education students are often tasked with finding creative solutions to complicated cultural, economic, legal, and environmental problems (Zhang, 2022). The method utilised by the researcher in this study provided not just explanations but also suggestions on how to proceed with the problem. Rather of relying just on quantitative evidence, the authors of this piece bolster their claims using qualitative research. Results from quantitative approaches might be either descriptive or numerical.

### ANALYSIS OF STUDY

*Which cultural norms affect Indian adults' body mass index (BMI), eating behaviours, and degree of body image dissatisfaction?*

Culture is more intricate than a simple yes/no, yes/no answer. Other factors, including as exposure to media and popular culture and the close, family setting, may be equally as powerful as ethnically specific cultural elements in the development of an eating disorder. Conversely, young people are constantly bombarded with media that encourages them to lead unhealthy lives, such as commercials for fast food, kid-friendly restaurants, and video games (Castellano, et al., 2021). Obesity, EDs, and the accompanying body dissatisfaction and unhealthy eating habits are important concerns for children because they occur when

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environmental variables that enhance the chance of obesity collide with contradictory signals that being overweight is to be avoided at all costs.

Indian cuisine and way of life are evolving as a result of globalisation, economic development, and technological progress, and these shifts have an impact on the country's eating habits. This change has aided the rise in obesity rates without solving the underlying problem of widespread malnutrition. But this shift in diet isn't simply happening at the top of society; rather, global forces are conflicting with local practises at a variety of levels throughout the social ecology. Regrettably, little research has been conducted in India on the importance of the family unit in passing on cultural norms and values. When compared to male adolescents, female adolescents in India had a much lower body mass index (Lev-Ari, et al., 2021).

Historically, it was thought that BD was primarily a Western problem, with relatively few cases reported among women from other cultures, especially in Asia. The current evidence suggests that BD may be as prevalent in Asian societies as it is in Western European and North American ones. Because of the increasing interconnectedness of the globe, this may suggest that BD is becoming increasingly international in scope. An individual's outlook on putting on weight, their body type, their outward looks, and social notions of beauty may all play a role in how they feel about their physical selves, leading to body dissatisfaction (BD). The spectrum of disordered eating that includes dieting, fasting, binge eating, dietary restriction, and purging has been linked to BD (Kim, & Park, 2020). This association contributes to the severity of the public health issue posed by clinically diagnosable eating disorders including anorexia and bulimia nervosa.

### ***How much of a role BMI and media internalisation and pressure play in weight-related body dissatisfaction and eating disorders?***

Isolation, anxiety, and a distorted perception of external pressure have all been related to excessive media use. Someone is experiencing internalised media pressure if they are making unfavourable comparisons between their own body and the ideal body type presented in the media. Impacts one's self-perception, sense of worth, relationships, and ability to keep to healthy eating habits. People's exposure to media about the risks of overeating is a major factor in their choice to begin practising greater self-control with their food, as proposed by the tripartite impact model, a sociocultural theory. Evidence suggests that people's eating habits are impacted by media portrayals of thin bodies, such as those seen on television or in video games. A disproportionate number of adolescent women and men experience this (Talbot, et al., 2019). Internalized media pressure may cause individuals to be more self-conscious about their appearance, which in turn may encourage them to diet and exercise to achieve a more desirable body image.

The connection between media-induced internalised stress and food restriction may be moderated by how one views their own body. Body esteem refers to an individual's sense of satisfaction with their physical appearance. Take the scenario of someone who cuts down on calories because they are worried about how they look. Individuals with a negative self-perception due to failing to satisfy their own standards are more prone to suffer from an eating disorder, according to the transdiagnostic theory of eating disorders. However, a person's perception of their own physical attractiveness may be affected by internalised media pressure (Tolosa-Sola, et al., 2019). Adolescent girls' perceptions of their own attractiveness and weight regulate their pursuit of the thin-ideal body type. Self-esteem plummets and

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people are more inclined to engage in self-restrictive eating practises when they realise their bodies do not fit to the toned and thin ideal espoused by the media.

The media's emphasis on thinness has been linked to the development of eating disorders and the rise of anxiety. Concern about how one's appearance is evaluated by others is the root cause of social anxiety. Women who have an issue with accepting their bodies may engage in unhealthy eating behaviours in an effort to meet the slim ideal preached by society. Social body concern and unhappiness among women may have its origins in internalised media pressure. When individuals evaluate their look in comparison to the media-promoted "ideal body shape," they may feel dissatisfied and anxious, which may prompt them to make more efforts to manage their weight and appearance by means such as dieting and exercise (Goldhammer, et al., 2019).

***What kinds of integrative work or actions may be made to help people whose self-esteem and social status have been negatively affected by issues related to their eating habits or their body image?***

Support for those whose binge eating or body image issues have harmed their self-esteem or social standing, with an emphasis on determining the origins of these issues. Binge eaters are more likely to suffer from obesity-related conditions including diabetes and cardiovascular disease (BED). There are additional concerns to health, such as sleeplessness, chronic pain, mental health issues, and a lower standard of living.

The most effective treatment for BED will be determined by a number of factors specific to the individual being treated, such as their medical history, the severity of their disease, and their therapeutic objectives (Uchôa, et al., 2019). Binge eating, obesity, negative body image, mental health problems, or all of these may be targeted in treatment. Cognitive Behavioral Therapy (CBT), Interpersonal Psychotherapy (IPT), Dialectical Behavior Therapy (DBT), and many more are all part of the spectrum of therapies known as "therapy for weight loss." These may be done solo, in a small group, or between two people. Some patients may respond well to a single treatment cycle, while others may take many iterations until the best one is found. If you need assistance deciding between different treatments, seeing a doctor or mental health expert might be a good place to start.

The disorder is treated using cognitive behavioural therapy (CBT) techniques, which include analysing the patient's thinking and behaviour patterns in relation to food, the body, and their weight and form (Gonçalves, et al., 2020). Understanding the origins of people's negative emotional and behavioural states is the first step in assisting them in changing such conditions. Patients are encouraged to set goals and keep track of their progress, healthier eating patterns are introduced, patients are taught to see their bodies in a more positive light, and they are motivated to participate in other good weight management behaviours. Binge eating disorder may be treated using cognitive behavioural therapy (CBT), which looks at the patient's ideas, emotions, and behaviours to determine the root causes of bingeing and how to break the cycle. Either working with a therapist or treating BED on one's own may be successful.

Interpersonal psychotherapy (IPT) postulates that binge eating is an attempt to alleviate feelings of melancholy, marital discord, anxiety about major life changes, or underlying social difficulties that the individual is unable to address in any other manner. You will recognise the problems with your diet, come to terms with them, and start making positive adjustments in 12-16 weeks. Group therapy, individual therapy, and combination treatments,

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such as cognitive behavioural therapy, are all viable options for addressing mental health issues (CBT). There is a lot of data to suggest that this kind of treatment may help people stop binge eating, both in the short term and over the long haul (Freire, et al., 2020). The long-term outcomes are on par with or better than those of cognitive behavioural therapy (CBT), the only other therapeutic option. Those who have significant binge eating issues and poor self-esteem may benefit the most from this approach.

Dialectical behaviour therapists (DBT) see binge eating as an emotional response to stressful situations in which more rational coping skills have been depleted. It teaches individuals how to manage their emotions and deal with stress in healthy ways, rather than by resorting to destructive coping techniques like binge eating. Mindfulness, stress management, emotional development, and effective communication are the four cornerstones of dialectical behaviour therapy (DBT).

### RESULTS

This study's findings show that cultural influences moderate the links between BD and physical and environmental health, but that unhappiness with one's physical appearance is a robust predictor of worse quality of life and less positive social interactions across all cultures. This study is the first to our knowledge to examine the link between BD and quality of life in India, and the first to focus on the moderating impact of culture, which is important for understanding the role of BD in predicting various aspects of quality of life in diverse cultural settings. The results of this research provide credence to the theory that BD is associated with many measures of health, most significantly psychological well-being. This study provides support for the idea that BD has successfully permeated Indian society by showing that the importance of BD in predicting areas of quality of life was similar across cultures. These findings point to the fact that cultural variations in individualism and collectivism have only a minor impact on the link between BD and physical and environmental quality of life. Rather than being seen just as a risk factor for clinical psychopathology like bulimia, depression, and anxiety, the pervasive negative effects of BD on psychological well-being suggest that it demands more attention as a public health problem in its own right (with the greatest impact on psychological quality of life). This study has the potential to inform the development of more effective treatments for BD in young people, increasing their self-esteem and well-being.

### CONCLUSION

All kinds of people, from all different kinds of backgrounds, suffer from eating problems and low self-esteem. These issues may be exacerbated by the specific social, cultural, and economic dangers that beset communities of mixed race and ethnicity. Many researchers are interested in how neurological and genetic variations interact with environmental risk factors. It is hoped that new information and methods will emerge from this line of inquiry that will help researchers better understand and treat eating disorders among economically disadvantaged young people. Few culturally relevant medicines have been developed or evaluated, despite the existence of well-documented health disparities and differences in access to care and treatment-seeking across various groups. More study is needed to determine how to effectively include cultural and racial diversity into the design of preventative and therapeutic programmes.

#### *Future Scope*

In light of what has been said thus far, it is recommended that future investigations on the origins and consequences of body dissatisfaction concentrate more heavily on prospective

and experimental studies. Once again, it seems that single-component randomised preventative trials may be a useful experimental method for investigating the hypothesised relationships. When it comes to issues of body image and eating disorders, it would be beneficial to do further research on the factors that either mitigate or amplify the central purpose of the problem at hand.

### **Suggestions**

Due to challenges in clinical recognition and diagnosis, a lack of cultural competence ED clinical guidelines, and discrepancies in treatment-seeking behaviours, more study is needed to correctly evaluate the occurrences of disordered eating, particularly clinical EDs, among kids of various ethnic backgrounds. Early detection and treatment of EDs would benefit immensely from universal screening in schools and as part of normal healthcare practises.

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### **Acknowledgement**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Chauhan, A. (2023). A Study on Body Dissatisfaction and Eating Disorder. *International Journal of Indian Psychology, 11*(2), 325-333. DIP:18.01.033.20231102, DOI:10.25215/1102.033