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The Social and Cultural Factors of Anorexia Nervosa in Adolescent Women

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The Social and Cultural Factors of Anorexia Nervosa in Adolescent Women

HONORS THESIS

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Abstract:

Anorexia Nervosa (AN) is an eating disorder that typically begins in adolescence and it is characterized by three diagnostic criteria defined within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This criterion consists of the restriction of energy intake, leading to a significantly low body weight, the intense fear of weight gain, and the disturbed sense in which someone perceives their body weight or shape. Adolescence is characterized as the time in a person's life which is the period of growth between the ages of 10 and 19 years old. This period of development spans through many milestones, including puberty and the end of high school into college. Adolescence has also been characterized by the need for social acceptance and when an individual may develop their attitudes and behaviors towards eating. Females who are within this period of adolescence, are under extremely impressionable through the society we live in and their own cultural influences that may occur at home. Growing up in an ever-changing technological world, children are constantly exposed to the world of social media, and different advertisements that are on TV or phone applications they use on a daily basis. With these new aspects growing in society, suggestible minds are seeing these posts and advertisements of people with seemingly perfect lives, and bodies and believing that they need to be 'better' than the person that they already are. As focus on body image in this society has continued to grow, there has also been a movement of "body positivity" in which advertisers are marketing women to be comfortable in the body that they own in comparison to the advertisements towards the "ideal" feminine body. Each person is also influenced by their own cultural background. This may include how food is seen in your household, and if it is considered to be a focal point in a daily routine, or during larger gatherings. Culture also plays a large role in the diagnosis of AN in general. Anorexia had generally been considered to be a "white-middle-class-female disorder", which has been proven incorrect. In countries that are not considered to be westernized, the diagnosis of Anorexia Nervosa seems to be lower, which is due to how our culture idealizes thinness. In other cultures, AN presents itself without this idea of "fat-phobia". Because people in other societies are not presenting this idea of the fear of weight gain, they are not diagnosed with AN even though they may be presenting other symptoms such as excessive weight loss and amenorrhea. The discussion of Anorexia Nervosa needs to continue evolving as our society and cultures do in order to provide current research on topics such as social media influencers, and AN presenting in other cultures.

Background:

All through my childhood if I had been asked what I wanted to do with my life, I knew I wanted to be a teacher and I wanted to be able to guide young minds. I worked as a babysitter and in a preschool for many years, but it didn't dawn on me that I was interested in the field of psychology until it started to deeply affect my life due to mental health. My sophomore year of high school my best friend was diagnosed with anxiety, depression and binge-eating disorder.

I never had any real experience with mental illness up until that point, or at least never truly understood what was going on when someone claimed to be anxious. Being such a young age, it was hard to understand at first and was something that I never would have been able to just point out signs of without her telling me what was going on. From that point on, my friends and I were her biggest support system and the people that were looking out for her with every little thing that may happen. It started to get extremely real by the end of our junior year of high school, when she admitted to having suicidal ideations and that her binge-eating disorder had grown worse, and senior year she contemplated an in-patient program to help her recovery.

I never understood exactly how it felt to be uncomfortable with your own body until my sophomore year of college when I had surgery to correct a chest deformity I have. It changed my body completely, and made me stop so much of my daily routine for months. During this time, I noticed myself comparing my body to things I saw on TV and carefully hearing how people in my life would make comments about their own bodies, or make me feel bad for not feeling confident. It has always been important for me to spread the word of mental illness and advocate for eating disorders and body image awareness, but it took until then to start asking myself why. This is why I will be researching the topic of: "The Social and Cultural Factors of Anorexia

Nervosa in Adolescent Women” and how these factors contribute to the body image and potential creation of eating disorders in women.

Literature Review

In the everyday life of a psychologist, the use of the Diagnostic and Statistical Manual of Mental Disorders, most recently in its fifth edition (DSM-5) (American Psychiatric Association, 2013), helps counselors to diagnose disorders and even differentiate symptoms between co-occurring disorders. One of the categories within the DSM-5 is Feeding and Eating Disorders, which includes, but is not limited to, Anorexia Nervosa (AN). Feeding and Eating Disorders “are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food... impairs physical health or psychosocial functioning” (American Psychiatric Association, 2013, p. 329). This can help to diagnose with disorders such as anorexia nervosa, bulimia nervosa, binge-eating disorder, avoidant/restrictive food intake disorder, pica and rumination disorder. There are many common symptoms between these disorders, but the DSM is designed to help diagnose during a single episode, or time period described by the patient, so that they are able to receive the correct treatment for their specific needs. One of the main goals of the DSM-5 is for the client to be accurately diagnosed with an eating or feeding disorder that reflects their symptoms, so a treatment plan can be created (DSM-5 Fact Sheets, 2013).

Anorexia Nervosa typically begins occurring within adolescence and young-adulthood, which is typically a transition phase in a persons’ life. According to the American Psychiatric Association (APA), and the DSM-5, AN has 3 different criteria that must be met to diagnose a patient with the disorder. Criterion A consists of “restriction of energy intake... leading to a significantly low body weight in the context of age, sex, developmental trajectory, and physical

health” (American Psychiatric Association, 2013, p.338); the measurements of a “significantly low weight” is a value considered to be less than ‘normal’ or what is the typically expected range in an adolescent. If a person is restricting their caloric intake on a daily basis to something significantly less, then their weight will begin to fall below the “normal range”. Criterion B is the intense fear of gaining weight, or the persistent behavior that interferes with weight gain, even if they are already at a significantly low weight (American Psychiatric Association, 2013, p. 338). A person with AN is extremely terrified of gaining weight, even when they are at a lower than normal body weight. This leads to criterion C, which is the disturbed way in which someone perceives their body weight or shape, and the lack of recognition that they have a seriously low body weight (American Psychiatric Association, 2013, p. 338). All three of these diagnostic criterion tends to lead into each other, meaning if someone is restricting their energy and losing weight, it will lead to the fear of gaining weight and/or they will see their body shape in a disturbed way. This is especially true in a Western society that is so concerned with body image.

AN is also separated into two different subtypes and measured in severity and remission status. The two different categories of Anorexia Nervosa include: *Binge-eating/purging type* and *Restricting type*. The DSM-5 is helpful for clinicians because to the untrained eye, binge-eating/restricting in AN would just be seen as bulimia nervosa (BN) but it does have its differences, mainly with weight-loss. BN is considered to be the recurrent episodes of binge eating, or having a lack of control during a 2-hour period, with repeated compensatory behaviors such as the use of laxatives or vomiting, but does not result in severe weight loss (American Psychiatric Association, 2013). The binge-eating/purging subtype is different from bulimia nervosa because patients with BN tend to maintain a normal body weight, while a patient with AN has a significantly low body weight (American Psychiatric Association, 2013). Individuals

with AN that are the binge-eating/purging type are categorized that “within the last three months, the individual has engaged in recurrent episodes of binge eating or purging behaviors (i.e., self-induced vomiting or the misuse of laxatives etc....). The Restricting type of Anorexia Nervosa means “during the last three months, the individual...describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise” (American Psychiatric Association, 2013, p. 339). Both of these subtypes are still characterized through the three original criteria as well. To most people, when they think about anorexia nervosa they only think about the person who is restricting or refusing to eat, not about someone who may be eating, but also be finding ways to get rid of that food after. It is important to understand both types of AN, for diagnostic and treatment purposes.

When a person with anorexia nervosa is going through treatment, they are considered to be either in partial remission, or full remission. To be considered a patient in partial remission, Criterion A (low body weight) is not met for a continuous period, but criterion B (fear of gaining weight) and/ or C (body perception) is still being met (American Psychiatric Association, 2013, p. 339). This means, that a person in recovery may finally be back over a certain body weight that is healthy, but they may either still fear gaining more weight and/or they still have a severely negative image of their body. A person is in full remission when none of the criteria are being met for a sustained period of time, meaning that they are at or above a normal weight, they don't fear continuing to gain weight, and they do not have a negative perception of their body. The severity of the client's AN varies as well. The severity is characterized by using the body mass index (BMI), with mild cases having BMI greater than or equal to 17kg/m², while the most severe is a BMI less than 15 kg/m² (p. 339). According to the Centers for Disease Control and

Prevention (CDC), a BMI under 18.5 is considered underweight; Normal BMI is seen between 18.5 and 24.9 (About Adult BMI, 2017).

As many as “90% to 95% of anorexia and bulimia patients are females” (Urban, H. 2018). Anorexia Nervosa is the third most prevalent chronic illness among females within the United States, and among the most fatal of psychiatric illnesses (Urban, H. 2018). The mortality rate for AN is “more than twelve times greater than the annual death rate due to all causes of death for girls ages fifteen to twenty-four” (Kerr, K.L. 2010). This illness creates an extreme weight loss with changes in a person’s eating patterns that risks shutting down a person’s body psychologically, but also in physiological ways. This mental illness is most prevalent in adolescents, because that is when most females tend to begin noticing their changing body and develop new eating habits.

One of the main diagnostic criteria in AN is the disturbed way that a person is seeing their body image or perceiving their weight, which is also known as “body image”. Body image is how we form what our own body looks like within our minds and is comprised of components such as “our perception, attitude, affect and cognition about/towards the size, shape and form of our own body” (Ziser, Mölbert et al., 2018). Every person has body image and is able to perceive their own body in different ways depending on things such as mental state or social and cultural cues. The way that a person perceives their body is influenced “by physiology, psychological factors, and society, including gender, self-esteem, messages from the media, and support or pressure from friends and family” (Urban, H. 2018). A person’s physical appearance has been found to be one of the biggest factors influencing self-esteem. High self-esteem relating to body image assists to create a barrier against many mental illness or mental health problems; while a

poor body image can be found connected to symptoms of depression, and eating disorders (Urban, H. 2018).

There are also physical and physiological factors that can be associated with AN and interfere with a person's body image. As their weight continues to decrease, someone with AN may experience hormonal changes, such as amenorrhea, or the absence of a menstrual period, which often shows that the body is imbalanced. They may also present with extremely dry skin, thinning and dullness of hair, and loss of hair and brittle nails may also occur (Urban, H. 2018). A person with anorexia may feel extremely cold in warm temperatures, experience constipation, insomnia and hyperactivity (Urban, H. 2018); those with a severe case may develop lanugo, or a fine, soft hair appearing on the surface of the skin. These more physical symptoms may be a little easier for someone to notice if a person does have anorexia nervosa, and are all a result of the individual being severely underweight as the body is doing what it can to support the amount of nutrients it is receiving as a means to protect the organism. For a person who is experiencing many of these symptoms, their body is essentially beginning to shut down. Since these symptoms of AN are mostly physical it draws attention to the problem at hand, which an adolescent would most likely like to avoid.

Body image tends to be a huge factor in a person's life during their adolescence and young-adulthood. Adolescence is described as the period of growth and development occurring between the ages of 10-19 (Urban, H. 2018). This age group spans throughout so many different important time periods in young person's life: from beginning of puberty, starting middle school, and through high school to the start of college. This range spans through so many new beginnings in which people are trying to create their own identity. "Adolescence has been characterized as a time of increased preoccupation with image and social acceptance... [it is]

considered a critical time that individuals develop eating behaviors and attitudes towards eating” (Urban, H. 2018). This period of development is when a person is beginning to find their own ways of life and support outside of their family. It is where they find the influence in decisions they are bound to make. Adolescents “rely on friends to provide emotional security and guard against the effect of life stressors... females also desire peer acceptance, support, and validation, which significantly influence the development of a healthy self-image” (Urban, H. 2018). During this period of development, people are experiencing changes in personal support and trying to find others who are similar in behavior and attitude. By doing so, they build a sense of trust and worthiness (Urban, H. 2018). As a person is developing their new sense of self image and eating patterns, they could run the risk of developing an eating disorder such as anorexia nervosa. AN can happen at any time during a person’s life, woman or man, but is most common during adolescence peaking between 14.8 and 18-years-old; additionally, adolescent females are especially vulnerable to a negative body image and dieting (Urban, H. 2018). As females begin to choose dieting, they may not be meeting nutritional needs which can lead to a negative effect on their growth and sexual maturation (Urban, H. 2018), it can also cause other health defects such as iron deficiency, poor bone health, and dental caries (Urban, H. 2018).

It has been shown that friends within this age group tend to resemble each other in many ways, including physical and social features, attractiveness, attitudes, and behaviors (Urban, H. 2018). This makes complete sense as adolescents are finding their crowd in which they genuinely feel a sense of belonging outside of their family unit, so they are going to trust in people who are similar on multiple fronts. Unfortunately, this may include risky health-related behaviors. In a phenomenological study of four female participants, all who have suffered from AN within the last five years of adolescence, they looked at the relationship between the

participants and their friend who also had anorexia nervosa. The author shares her own story of suffering from AN along with a friend who simultaneously had it, and how they intensified the situation for each other (Urban, H. 2018). They would offer each other tips on maintaining the disorder and being able to continue hiding it from others (Urban, H. 2018). Research has found that female adolescents tend to form more intimate relationships, sustain them, and expect more intimacy in friendships than males; that being said, they sustain them through the use of self-disclosure and shared activities (Urban, H. 2018). At this age, individuals are beginning to make their own decisions, which can be damaging when they choose to follow those who engage in risky behaviors; Adolescents worry about not being socially accepted by going against the grain, so they may follow these behaviors. Being socially accepted by your peers as an adolescent is extremely important, as it helps to reinforce your own identity (Urban, H. 2018).

Adolescence is a time where people begin to look at others on how to act and behave, and begin to be shaped by comparing themselves, and how much acceptance they have from their peers. Adolescents tend to perceive themselves in relation to others, and by how others are perceived (Smink FRE, 2018). In a study done sampling the Dutch, Tracking Adolescents' Individual Lives Survey (TRAILS), they researched three important domains within adolescence: social standing, academic competence, and physical attractiveness by following students starting age 11 into young adulthood at age 22. In order to measure these three domains, a survey was conducted in a school containing eighteen questions, of which four were selected for this study. These questions included "likability ('which classmates do you like?'), physical attractiveness ('Who are good looking?'), academic competence ('Who are good at learning?') and popularity ('Whom do others want to be associated with?')" (Smink FRE, 2018).

It was found that those both high and low in popularity in adolescence experience stress, and both are susceptible to developing some eating pathologies; Even females who were often nominated for physical attractiveness displayed lower self-esteem. Self-esteem and someone's self-perceived physical appearance did show as a predictor, and "well-supported risk factor for eating disorders" (Smink FRE, 2018). It was shown that dieting and disordered eating habits shift between sixth and tenth grade to abstract cognitions, like body image, which is why a low self-esteem in regards to a girl's appearance shows risk of eating pathology; As anorexia nervosa is an over-evaluation of weight and shape, with a self-esteem that is mainly determined by your own weight and shape (Smink FRE, 2018). Scores found on these people's eating pathology as young adults were as follows: 29.4% of the subjects reported eating unusually large amounts of food, 9.7% of that total experienced a loss of control while eating. 12.6% also reported some kind of compensatory behavior, for example using laxatives, fasting, excessive exercise, in order to prevent weight gain and/or counteract effects of overeating at least once a week within the last three months (Smink FRE, 2018). These subjects were most likely some of those who had negative self-image in their adolescence and began to have disordered eating patterns through the end of this period into young adulthood.

In older studies done, it was found that adolescents who are well-liked by their peers, are more satisfied with their bodies as well as well-liked adolescents had fewer negative body-related cognitions after 11 months when compared to disliked adolescents (Smink FRE, 2018). On the other hand, in a study conducted in 2001, girls who had received more nominations were more likely to show signs of disordered eating, and displayed lower self-esteem. They also found that those who were more popular were at a greater chance of developing negative behaviors and cognitions in relation to their weight (Smink FRE, 2018). They even found that those youth who

were both over and under-weight were also subject to teasing and bullying, and those overweight were often labelled as ‘lazy’, ‘stupid’, and less attractive (Smink FRE, 2018). It is clear that adolescents of any body type, or social status are at risk of developing these negative eating habits and poor self-esteem. These studies show us that there really are no deciding factors in social status on determining how adolescents are going to develop in regards to eating habits and self-esteem, since some studies found that even those who are well-liked by their peers have poor body image.

Social Factors

Although peers are a huge influence within an adolescent’s life, another strong social influence to the adolescent is social media, advertisements in the media, and the internet in general. Social media is a part of every person’s life, from Facebook, Instagram, Twitter and Snapchat. It’s how some people get their news, and it has become a career for others in the form of being a brand ambassador or influencer. However, most of the research on media and social media is a little outdated for adolescents today since technology changes so rapidly. Although there is little research on social media sites, advertisements are a huge way to reach different types of people, whether it’s through social media or other media outlets. The internet in general is a place many young adults use to define themselves, and they may find themselves in sites that consider themselves “pro-anorexia” sites, where adolescent girls can find people of similar thought.

Social media is a growing part of everyday life in most parts of the world, especially for women in Westernized societies. Social media sites are readily available 24 hours a day, 7 days a week for any type of content creation, and for people to view it (Perloff, R. 2014). Studies have mainly focused around the conventional mass media, being magazines, television and

advertisements, which isn't the type of media that attracts adolescent and young women currently (Perloff, R. 2014). There has been a decline over the years in magazine readers and television viewing which has shifted to I-pad viewing and other methods, with "more than 80% of 18-29 year-olds in the U.S. are wireless internet users, and 72%... uses social networking sites" (Perloff, R. 2014). It's also important to note that women are more likely to tune into, and develop a heavy reliance on these sites, which in turn can create unhealthy body disturbances (Perloff, R. 2014). The social media sites that women are logging on to have not given healthy body image ideals as over the years, and the media has created the "ideal of thinness". The "ideal of thinness" is how Western societies look at women's bodies and make people feel a need to look this certain way. This has created an underlying ideal in countries like the US for women to have a certain body type, which can be harmful to others body image, and create unrealistic ideals by social comparison (Perloff, R. 2014).

Social media is a place for people to be able to post about themselves and about their lives in hopes to receive recognition from others in a way to boost their self-esteem. Women through generations have learned traditional ideals and have learned self-objectification, which is the "process by which girls and women come to view their bodies as objects to be looked at, much as an observer would" (Perloff, R. 2014). By internalizing how other people view you, it can lead to "body surveillance", which can "produce body image disturbances, an experience so common it has been famously termed 'normative discontent'" (Perloff, R. 2014). Women have also learned to assign more significance to their physical appearance, and have become more adapted to conforming to these ideals in appearance (Perloff, R. 2014). It has been found that girls as young as three years old have internalized this media-induced "body perfect" ideal through thing as simple as images of Barbie dolls who is "the cultural icon of female beauty"

(Perloff, R. 2014). It is horrible to think that these “standards” of beauty are being ingrained into girls minds at such a young age, and continues as they grow through the use of social media conversations, and sharing pictures on social media.

Social media is a much more personal type of media in the world, as people are able to express themselves since it is completely revolved around the self, and also allows people to bond with others (Perloff, R. 2014). Overall, social media can be a very positive thing for many people, as it has been useful for social support and health information (Park, M., Sun, Y., & McLaughlin, M. L. 2017), as well as a source of income for those who are brand ambassadors or social influencers. All individuals who have simple exposure to social media will not necessarily develop feelings of body dissatisfaction, but the media’s portrayal of thinness can have damaging influences; With “potentially serious psychological implications in combination with certain individual difference factors” such as “low self-esteem, depression, perfectionism, internalization of the thinness ideal, and centrality of appearance to self-worth” (Perloff, R. 2014). This means that adolescent women who are depressed, who adopt the ideal of being thin, or construct their self-worth around their appearance, may be more at risk for having damaging results from the use of social media platforms.

The use of social media platforms has allowed for the possibility of comparison of adolescents between themselves and others. Although it may be thought that most people compare themselves more, and take it more personally, when looking at models and people in the spotlight, but that is not true. It has been found that the most notable comparisons come from those of your peers. “Social comparisons with attractive peers can actually lead to more negative self-attractiveness ratings” (Perloff, R. 2014), this is found to be because models and people in advertisements are less similar to us, so they are a less “diagnostic comparison group” (Perloff,

R. 2014). This becomes likely because social platforms are filled with pictures that people post, and young women are able to compare themselves to their peers without knowing that the photos may have been digitally altered in some way (Perloff, R. 2014). On social media, a person is showing their most perfect and flawless photos in hopes to get as many “likes” as possible, often using editing apps such as “Face tune”, or “VSCO” for certain filters. Young women may begin to ruminate, or deeply and continuously think about, their appearance on and offline. Those who are depressed, or have a lower self-esteem may have a more negative affect to “discovering that... their personal profile pictures elicited fewer “likes” than did those of comparison others” (Perloff, R. 2014).

Many adolescent women will make a post in a gratification-seeking way, in order to receive reassurance and validation through what they post online, and how their peers view it. If young women are not reassured or receive negative reactions, a “feedback loop ensues” (Perloff, R. 2014). In order to lessen the negative feelings, they will seek more validation and post more content on social media, look at pictures of less and more attractive peers, ruminate over the parts of their body they dislike, and once again and feel unhappy with their bodies (Perloff, R. 2014). This cycle that ensues is called “reinforcing spirals” in which the relationship between the exposure and its effects “strengthen and exacerbate deleterious impacts” (Perloff, R. 2014). Research suggests that those who are vulnerable to body image disturbances, will seek more gratification from social media than those who are less vulnerable (Perloff, R. 2014). In the past, women read fashion and beauty magazines for a mode of self-improvement: “to make myself a more interesting person” and to “lift my spirits and make me feel happy” (Perloff, R. 2014). Based off of this, young women who do have low self-esteem, or an appearance-based self-worth, will turn to social media as a way of validating themselves and reassuring their physical

social attractiveness (Perloff, R. 2014). Doing so helps them to believe that they are making themselves look more interesting to their peers, with hopes of feeling a sense of happiness if there is any positive feedback. By compulsively checking how their post is doing on Instagram or Facebook, especially in comparison to others, they are reassuring themselves that they will continue getting positive feedback, or look better than certain peers who posted similar photos. Doing this is a way of convincing themselves that they measure up to the others that they idealize, and since this satisfaction comes internally, adolescent women end up feeling hurt or dissatisfied when they don't receive the feedback they expected (Perloff, R. 2014).

Those who internalize over the thinness ideal in western societies, are more likely to be negatively affected by peer-comparisons on social media platforms. If a thin body-image is an important part of these women's self-concept, then they will elicit a more negative psychological impact. All of this is especially true in women who are depressed or have a low self-esteem, as social media can cause body dissatisfaction online and offline (Perloff, R. 2014). This may be true due to the fact that those who are depressed, or low in self-esteem, lack the buffers that protect themselves from stressful or negative life events that may occur (Perloff, R. 2014). When those who are depressed perform poorly on a task they may not engage in downward comparisons, or compare themselves to those who are worse or less proficient, and instead focus on those who are similar (Perloff, R. 2014). In the case of social media, this may mean that if they make a post that does not do as well as they hoped, a depressed mind may start comparing themselves to those posts or people who are similar and engage in that reinforcing spiral. Those adolescents with low self-esteem may not participate in repairing their negative moods at all after a failure because they maybe more accustomed to these moods and accept it as being something that is inevitable (Perloff, R. 2014). This is all important in the life of an adolescent

because it has been found that self-esteem is associated with body dissatisfaction in middle school-aged girls and “self-esteem mediates the impact of stress on body satisfaction” (Perloff, R. 2014).

Another way that the internet and social media has become a large influence on the mind of adolescent women and eating disorders, such as anorexia nervosa, is the use of “pro-anorexia”, or “pro-ana”, websites and pages. A “pro-ana” website is a page that promotes anorexic ideals on their platform for anybody to see. They contain positive depictions of an anorexic lifestyle, and core themes such as: perfection, transformation, and success (Perloff, R. 2014); The theme of perfection meaning the cultural ideal of thinness, transformation as a help to get people from being hated or being “ugly and fat”, and success meaning the strength in keeping the weight off (Perloff, R. 2014). These sites are filled with “Thinspiration”, or a “variety of thinness-inspiring Internet-based blogs and images” (Perloff, R. 2014). Pro-ana sites are filled with pictures of thin female models and quotes which clearly encourage the continuation of anorexia nervosa (Juarez, L., Soto, E., & Pritchard, M. 2012). Although there is no real way to know whether or not these sites are being accessed by young women who are susceptible to the “thinness ideal”, but it is likely that most of the people who are on these sites and contributing to them have a higher level of eating disorders and body image concerns (Perloff, R. 2014). It is also true that since there is a sense of uniformity in social groups, adolescents may find these sites through their friends. In fact, 82.5% of adolescent females report knowing about these sites through their friends (Juarez, L. et. al. 2012). That being said, these sites probably will not have an impact on most young minds, but those who may have low self-esteem, depression, or any of the other body image issues would be more likely to be clicking onto these sites and taking them to heart; “Individuals frequently selectively... gravitating to content they already agree with, find

appealing... the content is in sync with their attitudes or personality-based preferences” (Perloff, R. 2014).

Research suggests the reason these sites may be so compelling for young women is because of the “narrative-induced transportation and normative influences”, meaning there is a coherent story for these young women to follow, with characters and a conflict with a solution (Perloff, R. 2014). The characters of these websites being the thousands of pictures of extremely thin bodies, with dialogue being the confessionals and messages of being skinny; the conflict being the internal psychological struggle and that society does not understand them; and the resolution being the celebration of weight control, and those who act as role models for women on their way to becoming the thinness ideal (Perloff, R. 2014). This “narrative” of sorts transports these girls into another world and are engrossed in another person’s journey in which they can relate. If these girls feel like they can be a part of, or follow, this story they will begin to adopt more and more of these ideals and thoughts as their own and the more that is posted, the more likely these girls body dissatisfaction will continue to increase (Perloff, R. 2014).

One study done regarding these pro-anorexia sites focused on anorexia-related content on Tumblr, which is primarily a “microblogging” site where users can create their own short blogs, as well as “re-blog” other user’s posts. This study compiled 35,432 posts over a one-month span, examining that narrative and which posts were positive for the pro-ana perspective. They were able to focus on posts that were re-blogged because it was felt those posts were the most highly broadcasted (Park, M. et. al. 2017). It is known that social media can be a place that many turn to for support, but it is not particularly great at filtering out the negative or harmful content that is being posted on so many different platforms. People who engage in risky behavior, like extreme dieting, may not talk about these issues with friends or family because they believe they don’t

have relevant information, so these individuals turn to social media platforms for their support (Park, M. et. al. 2017). This doesn't necessarily have to be a negative thing, but for those who already have low self-esteem, depression, or a negative body image, turning to these sites could have a negative result.

There were a few things that Park, Sun and McLaughlin focused on for the propagation of these posts. Those being: self-testimony, or the narrative is about the person posting; other-testimony, the narrative being about someone other than who is posting it; or unknown, meaning there is no clear person for the narrative (Park, M. et. al. 2017). They also focused on the stance of the post, whether it was "pro-ana", supportive of "anti-ana", or neutral, along with the tone of the post and body representation in the image: as the apparent body weight and level of body exposure (Park, M. et. al. 2017). Examples of an "effective" pro-ana tone is "I like your thinspo blog. I started following it" while a positive tone for an anti-ana post is "There are so many beautiful things in the world worth recovering from an eating disorder for" (Park, M. et. al. 2017). The differences in the tone of these posts is how or why certain groups of people are drawn to follow each of the different "causes".

Through these posts, the majority of their hypotheses were supported. Hypothesis one was that pro-anorexia posts would be more highly prominent among re-blogged posts as opposed to those which were not re-blogged. Within 254 posts, 69.8% of these that were re-blogged were pro-ana stance (Park, M. et. al. 2017). This means that more than half of the posts that were pro-anorexia were re-blogged so more users could see it; as more users can see these posts, the more likely it is to have a negative impact. It was also found that posts with a known narrative, and those with a set pro or anti-ana stance were re-blogged more often than those who have a neutral-ana stance (Park, M. et. al. 2017). If a post contained other-testimony, it was re-blogged 71% of

the time; these testimonials are able create more engagement within users because they are able to identify more with the characters and it also allows them to be able to continue sharing this story (Park, M. et. al. 2017). Having it be an other-testimony allows users to feel connected to the story itself, and not necessarily the user that posted it. Pro-ana posts were also re-blogged more often than anti-ana, leading users to be more likely to be exposed to them (Park, M. et. al. 2017). Tumblr users generally reposted posts that had to do with an eating disorder because people are able to identify themselves with an anorexia-related story, and research has shown that effective messages can “motivate information seeking and sharing behavior” (Park, M. et. al. 2017). This means that if someone believes in what is seen in a post then they are more likely to continue sharing those posts and images; But, the thin images that are seen in these posts enables people to internalize these thinness ideals and body dissatisfaction, which boosts the potential of weight concerns and eating disorders (Park, M. et. al. 2017). Although most people who come across these posts may not be negatively affected by what is seen, but for those who are engaging in risky behaviors these pro-ana sites can continue the internalization of what is seen and negative eating habits.

Although social media is a growing factor in adolescent life, media and advertisements also negatively affect them. Any kind of media influence plays an important role in body image in adolescent girls, as our society has flipped to this “drive for thinness” and the fact that the media has a role in defining the female ideal (Juarez, L. et. al. 2012). Much of the research done highlights the point that not all people are negatively affected by media exposure, instead of showing that the problem comes when individuals begin to internalize what images are seen. As adolescents go through puberty their bodies tend to move away from this thin ideal, which is

often different than the pre-pubescent, “asexual and childlike” body seen in magazines, leading girls to then become dissatisfied with their appearance(Kerr, K.L. 2010).

There has been much research to demonstrate the harmful effects that the media has on adolescent female’s body image. One study conducted by Clay, Vignoles and Dittmar was executed by showing images from magazines to young adolescent girls (Kerr, K.L. 2010). Two groups were presented with magazine covers of models who were either underweight or a little below average, while the third group looked at covers with inanimate objects on them (Kerr, K.L. 2010). The results of viewing the covers with models showed a decrease in body satisfaction and self-esteem (Kerr, K.L. 2010). This study also showed that the internalization of societal standards increased with age, as body satisfaction decreased. Meaning, that as adolescents grew up and continued to accept the standards of beauty set for them, they began to reject themselves more and more, with this effect being greater among those women younger than nineteen years old (Kerr, K.L. 2010). Other studies revealed that girls as young as eleven years old were aware of the thinness messages shown in the media, which led to higher body dissatisfaction (Kerr, K.L. 2010). Another finding from this study was that those adolescent girls who were in high-risk categories for negative eating behaviors reported more pressure due to the media images presented (Kerr, K.L. 2010). These findings show that as young women go through their adolescent years and are exposed to, and internalize, the ideals of the media, they end up potentially being at higher risk for eating disorders, like anorexia nervosa.

Advertisements in the media have also been around for generations and have been affecting women’s body image and satisfaction for an enduring period of time. In 1978 Dr. Hilde Bruch wrote about AN in her book, *The Golden Cage*, as “an epidemic illness, only there is no contagious agent; the spread must be attributed to psycho-sociological factors...[with] enormous

emphasis that Fashion places on slimness...” (Anorexia Nervosa and Bulimia.1982). In a study published in the 1990s researching the differences in ads between magazines read by men versus women, they found that 10.5 times more advertisements about weight-loss than in men’s magazines (Diet vs Shape.1992). At this time, in the general population, there was 1 case of eating disorders in men, to just over 10 cases in women (Diet vs Shape.1992). This means that over 90% of eating disorders are women, which has not decreased into today, since still 10% of individuals with anorexia or bulimia nervosa are men (Juarez, L. et. al. 2012). For an advertisement to be classified as a ‘diet advertisement’ or article, it needed to have one of the following words in the title or subtitle: ‘diet’, ‘weight reduction’, ‘fewer’, ‘reduced’, ‘low calorie’ or ‘lose weight’ (Diet vs Shape.1992). Within the ten magazines read mostly by women, they found 56 diet advertisements or articles, while in ten magazines read mostly by men they only found five about dieting (Diet vs Shape.1992). As magazines were a larger source of entertainment in past years, before social media got its rise, these results in amount of diet promoting “is almost identical to the difference in prevalence of females vs. males with eating disorders” (Diet vs Shape.1992). The fact that there are such large differences in the amount and type of ads that are placed in magazines read by women and men helps to explain why many women place more importance on their weight when rating their own attractiveness as compared to males, while men also “seem to rate as more attractive women who are thinner” (Diet vs Shape.1992). This also posed the question as to whether or not a “dose-response curve”, or exposure-response, can explain the prevalence of an eating disorder in any population? (Diet vs Shape.1992). The results of this study imply that “sociocultural norms promoting thinness are an essential part of the onset of eating disorders...” (Diet vs Shape.1992). Recent research in 2018 conducted by Urban found that the increase in representation of eating disorders, as

approximately 8 million girls in the United States suffer from either anorexia nervosa or bulimia nervosa (Urban, H. 2018), which potentially could be associated to the rise in the use of social media and internalization of our societal beauty standards.

Advertisements In The Media

There are so many advertisements still in the media representing the drive for thinness, and the thinness ideal. Even in today's growing age of body-positivity, so many young people are presented with advertisements that are depicting the thinnest of bodies as beautiful. There are so many different advertisements and videos that come to mind when I think of advertisements showing that thinness ideal, with these seven leaving no doubt in the readers mind of what is being shown as beautiful.

Body-Shaming

The first advertisement that came to my mind when thinking of what promotes this thinness ideal in the United States is one created by the brand "Victoria's Secret." In the year 2014 they came out with their "the perfect 'body'" campaign, referring to their new "body" collection of bras, with the tagline "Perfect fit. Perfect comfort. Perfectly soft". However, their models were all of their "angel" models, with all of their proportions being nothing like the average size women in America. Their slogan and models associated with the advertisement created an uproar for women in America, demanding an apology from the company. Their way of advertising the new collection was a way of saying what this company looked at as the "perfect" body: tall, extremely skinny and toned women.

The second advertisement found was one created by the company "Protein World", depicting a skinny female model in a bikini, with the slogan "Are you Beach Body Ready?" advertising their weight loss collection. This advertisement suggests to the viewers of it that,

only skinny bodies are “beach body ready” and acceptable to be seen in a bikini. This campaign also used the words that the study in the 1990s were advertising and marketing it as a weight-loss collection. This ad was met with a lot of hate from young women, as many young women wanted to help show that every body is beach body ready whether you are skinny as this model or not.

Advertisement number three was one done by the People for the Ethical Treatment of Animals, or PETA. This advertisement depicted the back of a plus-sized model in swimwear on the beach, with the tagline “Save the Whales. Lose the blubber: Go Vegetarian”. This advertisement was extremely confusing and controversial as PETA is an organization whose main concern is to protect animals, but by saying “lose the blubber” to convince people to go vegetarians was completely unnecessary. This also doesn’t send a healthy message to adolescents who are creating new eating habits who might see this and might think that being vegetarian is a better way to keep weight off, instead of having a potentially more balanced meal so they are able to continue growing and developing.

The fourth advertisement was by the company “popchips”, with Katy Perry on the cover in workout attire holding two bags of the company’s chips. The tagline of this advertisement was “love. Without the handles.” With a quote from Perry saying “I curl popchips straight to my lips. Good thing they don’t go straight to my hips”. This advertisement could result in damaging affects to adolescent women just by having Katy Perry as the person who is promoting this snack and their body-shaming slogans. Perry is a huge star and someone that so many young girls look up to as a role model, so if they were to see this ad, they might feel like they need to be skinny, and not have “love handles” since they apparently aren’t lovable.

Advertisement five was a cover of “US magazine” showing the show *90210* stars, then 21-year old Jessica Stroup and 18 year old Shenae Grimes. These women were only 100 pounds and 90 pounds, respectively. The cover of this magazine issue said “Too thin for TV” with quotes that said “I’ve never seen them eat”. Being the age and height that these women were they were probably underweight, but it was also controversial for these two to be body shamed for being “too thin”. This helps to show that women of every body size run into times where they are body shamed for not being the ideal beauty. Even though these women are skinny, this tells girls that there is apparently a “too skinny” that they can reach where they will again not be seen as beautiful.

The sixth ad was one by the makeup brand, Avon. This advertisement showed a woman sitting on the ground in shorts laughing, with the slogan over her reading “dimples are cute on your face (not your thighs)”. This advertisement tells young women that any cellulite or fat that they have on their legs are not cute or beautiful. What is ironic about this is the brand slogan of Avon is “Real Women. Real Beauty.” So, if they are trying to advertise that real women are beautiful, then why is their cellulite not? This would be confusing to see for young girls, as they think of Avon as someone depicting real beauty, but this says that it has a limit.

The seventh ad depicting body-shaming is one created by Gold’s Gym. The advertisement showed a picture of a pear, with the tagline “This is no shape for a girl”. This advertisement tells women who are “pear shaped” instead of being “hourglass” they are not beautiful. This is not a good message for adolescent girls to be seeing as they are going through a change as big as puberty where for some, their bodies may begin to look like this, and they could grow insecure if they think they’re not as beautiful as their peers.

Body-Positivity

Although there are so many ads still in the media that are trying to shame women for the way that they look, so long as it's not the ideal thin, there are also advertisements that are trying to allow women to be their true selves, and campaigns beginning for women to love the skin they are in. There are a few companies that have begun to use models who really depict what people in America look like, which can create such a great model for girls growing up in today's society.

The first advertisement and company reviewed that is really celebrating women as they are is Dove, and their "Real Beauty" campaign. This brand set out this campaign after looking at brands like "Victoria's Secret" and seeing how they don't represent women in a real way. They began by bringing in real women as their models, not only people who are extremely thin, but women of all shapes and sizes. They also don't retouch their photos, to celebrate the beauty marks and cellulite that so many women have. One of the ads that generated a lot of attention was having women explain to a sketch artist how they think they look, and then having strangers describe the woman to the artist. The picture that the stranger described was so much different than what the woman described of herself, which really helped these women redefine how they think they look to other people. This was a really great part of the campaign in showing girls that all of the flaws you may see in yourself, are not seen as flaws to those on the outside, but things of beauty.

The second advertisement and company celebrating true beauty is Aerie, launching their "*AerieReal*" campaign. This company also reaches so many more young people as it is a company of the brand American Eagle, which many young women and adolescents' shop at.

Aerie shows women of all shapes and sizes, and also went without retouching their pictures. After a few years they even brought in models with varying visible disabilities and illnesses. It is amazing for these young women to be shown as models for adolescents, showing that even if you have a physical or mental disability, you are just as beautiful as the rest.

The last brand that has body-positive advertisements is Target. Their whole website and magazines are depicted with images of women of all body types, but one that stood out was for their swimwear. This advertising was shown a lot in their 'juniors' section, which is a typical section to shop for adolescent age girls. It is important for this body positivity to be spread through advertisements in companies, even those like Target who don't have one specific category of products to sell.

Cultural Factors

Culture influences the society of any nation, and the ideal of thinness has become a huge part of the culture in Westernized societies. Concerns were growing even in the late 1970s in the United States of diet culture and our fixation on food and bodies becoming a "national obsession" (Anorexia Nervosa and Bulimia.1982). In 1954 anthropologist Clyde Kluckhohn wrote "every culture has its pet mental disturbances" and it has become clearer that eating disorders have become the "pet disturbance" in America, especially for women and adolescents (Anorexia Nervosa and Bulimia.1982). Over the years, the image of beauty in America became thinner, and the emphasis on dieting and thinness became larger. It seems that people with eating disorders in Western societies have pushed away what has been portrayed as "taboo" and now known as a "fat-phobia" by taking on symptoms that are more "socially acceptable" such as dieting and weight-consciousness (Anorexia Nervosa and Bulimia.1982). This fat-phobia

outlook in America has been going on for generations and has allowed the “epidemic” of eating disorders to grow to larger proportions.

Western cultures promote the objectification of women through their body’s physical appearance, which prompts a state of self-objectification and body-shaming (Kerr, K.L. 2010). This appearance anxiety and ideal of slimness has predominantly been seen as a Western and “white middle-class” disorder seen in eating disorders such as anorexia nervosa. As mass media continues to promote ‘diet-culture’ and slimness in women, females will continue to be preoccupied with striving to be thin (Urban, H. 2018). Although this was originally thought to be confined to white, middle-class women in America, there has been a large increase across socioeconomic levels, and different ethnic groups (Urban, H. 2018). Even if this strive for thinness is mainly held in Westernized societies, eating disorders, along with many other mental disorders, aren’t confined to one specific ‘type’ of people.

Researchers believe that the reason that AN seems to present as a white female, middle-class disorder is the growing “fat-phobia” concerns within Western societies; they “consider fat-phobia a primary psychopathology of anorexia and reason for food refusal” (Urban, H. 2018). Although this may be a reason due to the mass media creating the ideal of thinness, it has also been thought that the drive for thinness may present differently in other cultures, without fat-phobia (Urban, H. 2018). In one study conducted in 1995, researchers examined the existence of AN in Chinese individuals (Urban, H. 2018). There were 70 patients with anorexia nervosa examined in the study, and within those individuals, 59% did not feel a sense of fat-phobia within their illness (Urban, H. 2018). For those who expressed no feelings of fat-phobia, their reasons for food refusal ranged between “don’t know”, no appetite or epigastric bloating (Urban,

H. 2018). It is interesting to see how the illness can present in different societies depending on the cultural feelings.

In a study done exploring Indian culture, individuals did not show signs of body image disturbance, fat-phobia, or abnormal food handling; they rather demonstrated a decreased appetite, excessive weight loss and amenorrhea, which does not satisfy any criterion in the DSM-5 to diagnose with AN (Urban, H. 2018). The reason that this disorder may present differently in India, for example, is because this society does not place such a large emphasis on slimness as a beauty ideal as Western societies do (Urban, H. 2018). Also, since the DSM-5 fails to recognize different cultural factors as reasons for food refusal, then this may be why there are less confirmed diagnoses within different cultures, and makes it looked at as a disorder of white middle-class women (Urban, H. 2018). For those individuals who resemble behaviors associated with AN and BN, but that don't meet the full diagnostic criteria may be diagnosed with "Eating Disorder Not Otherwise Specified" or EDNOS (Edwards George, J.B., Franko, D.L., 2010). This may be harmful in the long run for patients that may have AN or any other eating disorder and are not getting correct treatments. If there were more criterion, or at least some that were more culturally sensitive, then I think AN wouldn't be looked at so heavily as a cultural disorder, and there could be so many more people receiving the treatment that they need.

In one study by Akan and Grilo, they evaluated the eating attitudes and body image in 98 female college students: 36 African-Americans, 34 Asian-Americans and 28 Caucasians (Akan, G.E, Grilo, C.M. 1995). They aimed to test these factors by looking into a history of being teased, self-esteem and self-consciousness within all of the subjects participating in the study (Akan, G.E. et. al., 1995). In order to get results from the participants, researchers gave them all a packet containing self-report tests including: The Public Self-Consciousness scale (PSC),

containing 7 items measuring awareness to others reactions; The Social Anxiety Scale (SAS), asking 6 items to measure your level of discomfort around others; The Eating Attitudes Test (EAT), measuring eating and dieting behaviors that are associated with eating disorders; The Eating Disorder Examination- Questionnaire (EDE-Q) assesses the core pathology of eating disorders through dietary restraint, and eating, shape and weight concerns; and the Body Shape Questionnaire (BSQ), measuring attitudes of body dissatisfaction (Akan, G.E. et. al., 1995).

The results found that none of the participants had met the criteria for an eating disorder, and all differed significantly within several-eating related measures (Akan, G.E. et. al., 1995). Caucasians had higher scores on the EAT than the other two, while Asian-Americans reported significantly fewer experiences about being teased for their weight and size (Akan, G.E. et. al., 1995). Caucasians also scored higher on the EDE-Q than Asian-Americans, and also had reported greater body dissatisfaction than either Asian or African-Americans (Akan, G.E. et. al., 1995). It was found that within all three groups, weight, eating behaviors, and body dissatisfaction were influenced by cultural factors (Akan, G.E. et. al., 1995). What was interesting was that although African-American women had a higher BMI, Caucasian women were the ones with the highest reports of disordered eating, dieting habits and body dissatisfaction (Akan, G.E. et. al., 1995). Low self-esteem and high public self-consciousness were shown with greater levels of dieting behaviors and body dissatisfaction; this showed separately as self-esteem was a predictor of eating disorders in African-American women, while a history of teasing was what emerged in Caucasian women (Akan, G.E. et. al., 1995). These findings were important to see the ethnic differences even within our own society in the United States. There are so many different factors that can play into how a woman internalizes her

surroundings, including her upbringing and culture, which may explain why there is such a differences within these three diverse groups of women.

Another problem found culturally in the United States is asking adolescents and young women to “juggle” between the different cultures they were raised in. For example, a Latina woman, living in a westernized society, receives the message from her family to embrace her curvy figure, and to eat traditional foods but is also aware of the societal media messages and the ideal of thinness (Edwards George, J.B., et. al. 2010). In this way, these women may struggle with eating and weight concerns in order to not only please her family, but also to satisfy the ideal beauty standards of mainstream culture (Edwards George, J.B., et. al. 2010). There is almost a sense that eating disorders could be used as a way of self-expression, and control, when faced with these conflicting cultural demands. Women may have “problems of disconnection (using eating as a coping method when living between two cultures), transition (attempting to move between two worlds), and oppression (efforts to adapt to a new or popular culture...)” (Edwards George, J.B., et. al. 2010), rather than eating pathologies due only to “fat-phobia” in Western societies. Girls who have a positive family connection and maternal presence have been found to be a protection against unhealthy eating behaviors (Edwards George, J.B., et. al. 2010), but it is interesting to see that even those who have parents celebrating their bodies and culture may still have a sense of confusion with societal standards.

Discussion

Anorexia Nervosa is characterized by the restriction of energy intake resulting in weight loss, the intense fear of gaining weight, and a distorted body image, with approximately 8 million girls and women in the United States suffering from AN. Through my research I have found that adolescence is a time where girls are preoccupied with their image and finding out ways to

become socially accepted. Adolescents begin to find their way making friends and find themselves needing social acceptance, support and validation. Although, those who are more liked by their peers are not saved from finding themselves feeling some kind of body dissatisfaction. Something that really has become a growing influence on body image and potential cause of eating disorders like AN, is social media and traditional media and advertisements. Social media is a growing part of society and has become a part of everyone's life in one way or another. Websites such as pro-anorexia sites have begun growing in popularity among adolescent girls, as 82.5% of adolescent females report knowing about these pages through their friends, but it isn't known how many girls are actually affected by these sites. Further research is definitely needed on the effects of social media on body image and eating attitudes in adolescent women, as there is so much more in the media and social media is growing so much larger than anything else. Further research is also needed in pro-anorexia websites to see how many girls are actually internalizing what is seen on these pages and how it may add to body dissatisfaction and disordered eating habits. Advertisements and media have been a large influence on body image as the ideal of thinness gained a lot of momentum through dieting advertisements and articles seen by women for decades. Future research is needed on how body-positive ads may be helping in moving away from the ideal of thinness we have in this culture, and how many companies are moving towards body-positive standards. Cultures within a society also play a large role in the development of body-image and eating disorders. My research has shown that although eating disorders seem prevalent among white middle-class women, the reasoning behind that may also be due to the fact that diagnostic criteria only considers the fat-phobia and thinness ideal seen in Westernized societies. More research is needed in the realm of diagnosing AN and other eating disorders in different cultures. There are

many young women who may be experiencing various symptoms of AN, but not receiving the treatments needed because they go undiagnosed if they are missing symptoms. I hope that more research can be done in all aspects of my research topic *The Social and Cultural Factors of Anorexia Nervosa in Adolescent Women* as it is a growing illness recognized in so many women, and is one of the leading causes of death for adolescent women in the general population.

Appendix



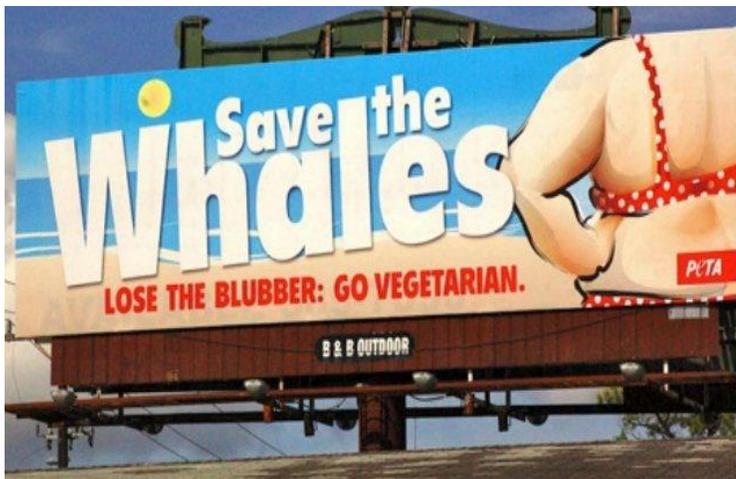
1.

Victoria's Secret. (2014)



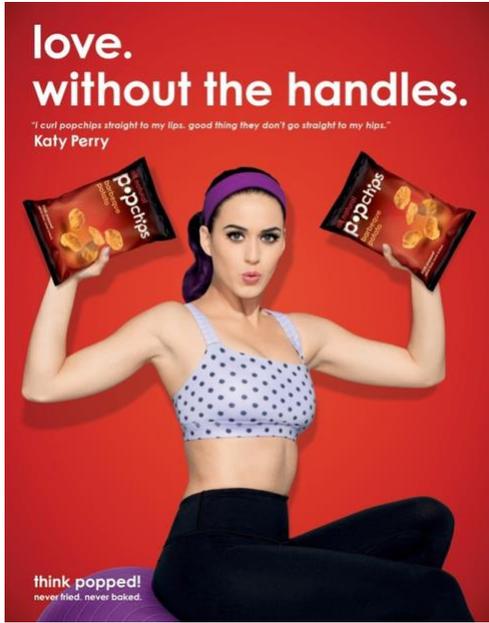
2.

Protein World. (2015)



3.

PETA. (2009)



4. *Popchip. (2012)*



5. *Us Weekly. (2009)*



6. *Avon. (2019)*



7. *Gold's Gym. (2016)*



8. *Dove. (2013)*



Dove. (2018)



9. *Aerie. (2018)*



10. *Target. (2018)*

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