



2018

Preventing Eating Disorders by Promoting Media Literacy and Rejecting Harmful Dieting Based Mentalities

McKayla Kagie

Follow this and additional works at: <https://scholarsarchive.byu.edu/intuition>



Part of the [Psychology Commons](#)

Recommended Citation

Kagie, McKayla (2018) "Preventing Eating Disorders by Promoting Media Literacy and Rejecting Harmful Dieting Based Mentalities," *Intuition: The BYU Undergraduate Journal of Psychology*. Vol. 13 : Iss. 1 , Article 6.

Available at: <https://scholarsarchive.byu.edu/intuition/vol13/iss1/6>

This Article is brought to you for free and open access by the Journals at BYU ScholarsArchive. It has been accepted for inclusion in *Intuition: The BYU Undergraduate Journal of Psychology* by an authorized editor of BYU ScholarsArchive. For more information, please contact scholarsarchive@byu.edu, ellen_amatangelo@byu.edu.

Preventing Eating Disorders by Promoting Media Literacy and Rejecting Harmful Dieting Based Mentalities

McKayla Kagie

Brigham Young University

Abstract

This review investigates the main contributing factors of an eating disorder and how one can facilitate eating disorder prevention. A brief summary of eating disorders and their history is provided. The diet mentality and the negative consequences associated with that mentality are examined. The term “diet mentality” is used intermittently to describe the behaviors and beliefs that surround fad dieting including the desire to manipulate food and water intake to lose weight. How to reject that diet mentality is discussed as part of preventing eating disorders. Additionally, preventative measures include becoming media literate and promoting body positivity. Media literacy is discussed as a way to think critically when viewing and consuming media messages. This review details the effects of media literacy and suggests ways to become media literate. Included are several suggestions on how to promote body positivity in the home, in interactions with others, and on social media. Gaining these skills will likely aid in the prevention of eating disorders.

Keywords: eating disorder, bulimia nervosa, anorexia nervosa, family, diet, prevention, media literacy, body image, self-esteem,

Preventing Eating Disorders by Promoting Media Literacy and Rejecting Harmful Dieting Based Mentalities

Amanda is a college sophomore who was raised in a loving home. Her family is very athletic and often goes on runs together; physical fitness has been and continues to be a significant element in her life. Amanda's mother has placed her on several sports teams, and always attends the events. When Amanda reached the 7th grade, she became a cheerleader and discovered a love for dance. For a while, Amanda seemed to be a normal and happy young woman. In actuality, unbeknownst to Amanda's parents, she was deathly ill. It was not until Amanda ended up in the emergency room that anyone realized she was sick.

Amanda started trying to lose weight at age 12 in order to be a lighter, better flyer on the cheer team. Like many girls her age, she tried diet after diet to lower and keep her weight down. Finally, she found a way—if she ate normally and vomited afterward, she believed she would not gain the weight or assimilate the calories from the food she ate. Amanda had a life-threatening eating disorder.

Amanda's story is one that resonates with over 20 million women and 10 million men in America struggling with eating disorders (Hesse-Biber, Leavy, Quinn, & Zoino, 2006; National Eating Disorder Association, 2016). The pressure for men and women to fit modern society's ideal body type has become overwhelming. A great many individuals give in to this pressure and spend disproportionate amounts of time and money chasing this ideal. Magazines, movies, television shows, and album covers display "perfect" bodies, faces, hair, and clothing. Advertisements portray tricks, diets, and products that promise to be the cure-all for any number of imperfections. Misleading media messages target men and women, saying that beauty is defined by the thin, the elegant, the muscular, and the sexy; one cannot be beautiful without massive amounts of bodily alterations. No one is exempt from the threats that these types of media exposures pose.

One major industry that profits from those who feel insecure and imperfect is the dieting industry. This industry rakes in a profit

of more than fifty billion dollars per year from those seeking to alter their bodies (LaRosa, 2017; Maine, 2000). Those billions of dollars are collected from individuals who throw their money into diet plans, purchasing diet-friendly food, buying books and magazines to learn the right tricks for weight loss, and ingesting diet pills. The American population as a whole is fed the unsubstantiated lie that dieting and exercise is the answer to all weight-loss problems. If one ingests only certain “good foods” and removes “bad foods” from their diets, they will be thinner and thereby healthier and happier. Remarkably, it is often this diet mentality that leads to the first taste of an eating disorder. Although the average person is bombarded daily with negative media messages about body image, it is possible to protect vulnerable populations from the bleak prognosis associated with eating disorders. Changing patterns in the home by rejecting the diet mentality, eliminating negative body conversations, and increasing media literacy can help prevent the development of disordered eating behaviors.

Eating Disorders

Eating disorders¹ are largely misunderstood. Individuals struggling with eating disorders spend an inordinate amount of time obsessing over food, counting and restricting calories, purchasing “miracle” dieting products, fasting excessively, misusing laxatives, voluntarily purging, and exercising for immoderately prolonged hours (Hesse-Biber et al., 2006). While these behaviors start out as seemingly harmless attempts to lose excess weight and keep it off, the consequences can be astonishing. Soon after these behaviors are adopted, muscles begin to weaken and deteriorate, hair begins to fall from the head and body, tooth enamel erodes, and sores may develop on the back of the hands (Wandler, 2012). Understanding that eating disorders are life-threatening and should not be taken lightly is vital to prevention efforts.

¹Two primary categories of eating disorders include bulimia nervosa and anorexia nervosa. While each has unique attributes, the two share many defining characteristics (Wandler, 2012). For the purpose of this review, the term “eating disorder” will be used to describe both types, unless otherwise specified.

Eating disorders are the deadliest of all mental illnesses: 10% of women who develop eating disorders die in the first 10 years, and 20% die within 20 years (Hesse-Biber et al., 2006; Wandler, 2012). Another 20% spend the rest of their lives in and out of hospitals and treatment centers, never fully recovering (Hesse-Biber et al., 2006). Some of the signs of an eating disorder include weighing less than 85% of the expected weight for the associated age group, being terrified of weight gain despite being a healthy weight, distorted beliefs about one's body, and taking extreme measures to become or stay thin (Wandler, 2012). There are a number of contributing elements to the development of an eating disorder. Brechan and Kvale (2015) suggest that an eating disorder is a coping mechanism for other emotional stressors. In addition, low self-esteem caused by media images, eating attitudes at home, and diet mindsets contribute significantly to depression, low self-esteem, and eating disorders (Kvale & Brechan, 2015).

Not only are eating disorders lethal (Tribole & Resch, 2003), they are also becoming increasingly common (Hesse-Biber et al., 2006). The etiology of an eating disorder is very complex and multifactorial (Brechan & Kvale, 2015). No era, race, nationality, class, or gender is safe from the causes of eating disorders (A. Harman, personal communication, March 10, 2017; Hesse-Biber et al., 2006). Some individuals are more susceptible to eating disorders than others depending on their gender, psychology, and personality. Historically, women have been among the more vulnerable.

History of Eating Disorders

Ritualistic starvation for religious purposes has long been a part of recorded history, dating back as early as 383 AD (Pearce, 2004). Starvation, outside of pious sacrifice, was first officially identified as eating disorder behavior when anorexia nervosa was named by Ernest-Charles Lasegue and Sir William Gull, separately, but both around 1870 (Soh, Walter, Robertson, & Malhi, 2010). The condition was characterized by patients being unusually thin, weak, and having irregular or absent menstruation (Soh et al., 2010). The

studied patients had begun restricting their food intake, refusing to eat altogether, and over-exercising (Soh et al., 2010). Much like today, these symptoms were identified as disordered behaviors that were very difficult to treat.

In one study, bulimia nervosa was identified as an apparent modification of anorexia (Russell, 1979). Symptoms were described in certain patients that did not meet all the criteria for anorexia such as an absence of food restriction, consistent overeating followed by periods of fasting, and voluntary vomiting of food (Russell, 1979). While purging does sometimes occur in anorexia, it is typically not seen in response to eating an excess of food; rather it is to avoid the calorie intake of consumed food and is generally not a habitual practice (Russell, 1979). Bulimia, as well as anorexia, is accompanied by a concentrated fear of becoming fat (Russell, 1979). This worry, combined with various disordered eating patterns is a recipe for bulimia, the most common eating disorder in America (Lyons & Martin, 2014). Patients struggling with bulimia may not be underweight. In fact, they may appear to be of a normal weight or even overweight, making it harder to identify (Lyons & Martin, 2014; Russell, 1979). Anorexia is easier to detect due to highly visible symptoms. Bulimia is more difficult to detect and may be more common as a result. Being able to hide their eating disorder is advantageous for those who do not wish to be stopped.

Gender in Eating Disorders

Women tend to suffer in greater numbers from eating disorders than men do. However, it should be noted that men are not immune to the mentalities and effects surrounding eating disorders (Flanery, 2017; Jackson & Chen, 2015). Biologically part of what makes women more vulnerable than men are natural fluctuations in a woman's weight due to menses (Hormes & Timko, 2011). These fluctuations combined with the associated hormonal fluctuations can stir up feelings of depression and bodily dissatisfaction, all of which contribute to disordered eating behaviors (Brechan & Kvaem, 2015; Hormes & Timko, 2011). Constantly struggling for control over her body makes a woman a prime target for the diet mentality.

In addition to biological factors, certain psychological and personality-based characteristics have been identified as contributory to the development of eating disorders (Hesse-Biber et al., 2006), which some professionals may argue are the primary causes. Several psychological disorders are comorbid in individuals with eating disorders. The main associated disorders are depression, anxiety, and Post-Traumatic Stress Disorder (PTSD) (Brechan & Kvale, 2015; Wandler, 2012). Fifty-nine percent of persons with eating disorders suffered from anxiety before their diagnosis, and 74% have also been diagnosed with PTSD (Wandler, 2012). Eating disorders are also strongly linked to trauma and abuse (Isomaa, Backholm, & Birgegard, 2015; Wandler, 2012). Compared to men, women tend to experience more trauma and abuse, especially of a sexual nature, making them more vulnerable to eating disorders (Black et al., 2011; U.S. Department of Veteran Affairs, 2007). Additionally, some individuals with a propensity towards addictive behaviors are especially prone to eating disorders (Sala, 2015; Wandler, 2012). Previous substance abuse is present in as many as 55% of individuals with bulimia and 27% of individuals with anorexia (Wandler, 2012). These individuals have already adopted an addictive lifestyle, making the transition into an eating disorder a simple one. While gender, age, social pressure, comorbid psychological disorders, and propensities towards addiction all contribute to the development of eating disorders, they do not stand alone in its development.

Additionally, social factors likely have an effect on eating disorder development. From a very young age, women feel the weight of society telling them to be thin. Pine (2001), a developmental psychologist, conducted a study on the perceptions that children have regarding the body shapes of men and women. Children ages 5 to 11 were asked to choose from depictions of various shapes which one was ideal for a man and which one was ideal for a woman. Overall, Pine found that girls chose a thinner figure to represent the ideal woman than the boys did. When choosing the ideal figure for a man, both boys and girls chose the average-sized representation (Pine, 2001). The results of this study

imply that being too thin or too fat for a man is socially acceptable; whereas, for a woman, only being thin is the socially supported option (Pine, 2001).

As the thin ideal is internalized, the pressure to meet that ideal drives many women to hate their bodies, and often leads to eating disorders (Brechan & Kvalem, 2015). Brechan and Kvalem (2015) analyzed the effect body dissatisfaction has on eating disorder development and found that it is a key predictor. When one is unhappy with their body and is suffering from low self-esteem, body image becomes unduly significant (Brechan & Kvalem, 2015). Women who have poor body image often become preoccupied with the fear of weight gain and of becoming fat (Brechan & Kvalem, 2015). This decrease in self-esteem often leads to restrictive eating behaviors, as well as bingeing and purging, as a way to cope with painful emotions (Brechan & Kvalem, 2015). Their obsession becomes their illness.

Comparison and Media

Much of the issue of bodily dissatisfaction stems from bodily comparison. Fashion models and many celebrities, the alleged symbols of beauty, promote thin as the ideal (Hesse-Biber et al., 2006). The definition of beauty has consistently changed throughout history, with the 1960s beginning the thinness trend (Hesse-Biber et al., 2006). These sources of inspiration fill the movie screens, television shows, and magazine covers displaying thin as reality (Hesse-Biber et al., 2006; Morrison, T., Kalin, & Morrison, A., 2004; Steakley-Freeman, Jarvis-Creasey, & Wesselman, 2015). Media depicts eating disorder behaviors as acceptable ways to lose weight and deal with insecurities (Hesse-Biber et al., 2006). Many internalize these depictions of thin women as reality, but, at the same time, truly average women feel that they are too heavy and not as beautiful (Hesse-Biber et al., 2006; Morrison et al., 2004). The rich and famous are not artificial people, but they also are not an accurate representation of the average person. This skewed reality makes acceptance of one's body difficult.

In day-to-day life, women interact with other women, giving them chance after chance to compare themselves to each other. One study in particular examined how the concentration of women at various colleges affected social comparison (Lindner, Hughes, & Fahy, 2008). The results of this study showed that women who attended a predominantly male college scored lower in social comparison and, as a result, scored lower in disordered eating (Lindner, Hughes, & Fahy, 2008). Women attending a college of mostly women scored higher in both social comparison and disordered eating behaviors (Lindner, Hughes, & Fahy, 2008). Despite these women being approximately similar heights and weights, those who had more opportunity for social comparison were more likely to develop eating disorders (Lindner, Hughes, & Fahy, 2008).

Due to recent technological advances, opportunities for social comparison continue to increase. Social media platforms facilitate such comparisons. Highly edited photos posted of family, friends, and acquaintances give the faulty appearance of perfection. While this perceived flawlessness may be far from the truth, the viewer frequently experiences lowered self-esteem (Mabe, Forney, & Keel, 2014). Self-esteem is often based on the reactions one receives after sharing a picture via social media; if the response is inadequate, it can be devastating (Mabe et al., 2014). Mabe et al. (2014) found maladaptive social media use may lead to increased weight loss, obsessing over exercise, and eating disorders particularly in college-aged women.

Advancements in technology offer ever-increasing ways to unintentionally promote eating disorder behaviors. The keys to a supposed healthy lifestyle are broadcasted far and wide through all modes of media. This message is another way of pushing women to reach for the impossible beauty standards of society (Hesse-Biber et al., 2006). Women are the direct targets of companies that create diet and beauty products, each one promising that their product will make them more attractive (A. Harman, personal communication, March 10, 2017). When they buy into that belief, women throw their time and money into an investment with little or no return when they buy into that belief (Hesse-Biber et al., 2006).

Across the Internet blogs and other webpages deliberately promote eating disorders as a lifestyle choice, teaching individuals how to engage in said lifestyle (Gale, Channon, Larner, & James, 2016; Lyons & Martin, 2014; Steakley-Freeman et al., 2015). These pages are complete with instructions on how to purge, abuse laxatives, and fast. These websites include photos of women who represent the ideal and call it “thinspiration” (Boepple & Thompson, 2016, p. 98). These sites portray eating disorders in a positive light, touting sacrifice and self-control (Steakley-Freeman et al., 2015). Fortunately, these sites come and go quickly, minimizing the damage they cause (Steakley-Freeman et al., 2015). But vindictive Internet voices and the obsessive thin ideal make it difficult for women to seek treatment or even realize that they have a problem. In this way, media heavily influences the development and continuation of eating disorders.

Dieting and Disorders

The principal culprit of an eating disorder is the endorsement of the diet mentality. Many women would have never developed an eating disorder had they never dieted (A. Harman, personal communication, March 10, 2017). Among professionals, dieting is known as the gateway drug to disordered eating (A. Harman, personal communication, March 10, 2017). In that regard, dieting has become the modern version of ritualistic sacrifice—giving up food to the diet gods in hopes that one will achieve happiness and beauty. Hesse-Biber et al. (2006) refers to this concept as the “cult of thinness” (p. 208). Members of this cult are scared into obedience with threats of obesity and death. The diet industry warns that fatty acids kill 30,000 people a year, that one poor food choice brings them that much closer to a premature death, that one cannot trust one’s own dietary instincts, and that outside sources are the ultimate guide on how and what to eat (Tribole & Resch, 2003). The truth in these proclamations has been stretched considerably. These propagated falsehoods stir up feelings of distrust in food and self, as well as feelings of guilt and shame (Tribole & Resch, 2003). This may push some women to extreme measures.

Dieting, under the guise of discipline, eventually robs an individual of control over their own lives and leaves behind feelings of guilt. The diet industry claims that if the dieter somehow tried harder or did better, he or she would have succeeded. If one simply works hard enough they can meet the ideal (Hesse-Biber et al., 2006). Numbers would say otherwise. The products produced by the industry including specialty foods, eating and exercise techniques, and dietary supplements have a 95% fail rate (Hesse-Biber et al., 2006). The problem is not with the consumer; it is within the products and the industries.

There are hundreds of different kinds of diets and diet products such as “fat-free” foods, all of which promise to help the customer lose weight and keep it off (Tribole & Resch, 2003). Yet obesity is more prevalent in the United States than it ever has been (Tribole & Resch, 2003); children as young as 9, 10, and 11 are going on diets even though they are nowhere near overweight (Pine, 2001). Children, adolescents, and adults alike engage in short-term starvation in order to meet society’s standards (Tribole & Resch, 2003), and many binge on foods that will soon be eliminated before starting the diet (Tribole & Resch, 2003). While dieting, the urges and cravings for forbidden foods preoccupy the mind, becoming even more difficult to resist (Tribole & Resch, 2003). Thus, once the diet has ended and those foods are free game, the bingeing resumes (Tribole & Resch, 2003). Dieters look for other tricks to resist the urges for their cravings such as smoking, abusing caffeine, and avoiding social gatherings that involve banned foods—harmful behaviors with the potential to severely impact mental health and the body’s metabolism and basic functions (Tribole & Resch, 2003). After the body is repeatedly neglected and abused it often grows weak.

Treatment

Many individuals struggling with eating disorders enter treatment physically and mentally fragile. Individuals in this state require intensive medical care and psychological supervision, but such treatments are difficult and pricey (Loth, Neumark-Sztainer,

& Croll, 2009). Furthermore, eating disorders cannot typically be resolved through medication (Hesse-Biber et al., 2006; Wandler, 2012). Selective Serotonin Reuptake Inhibitors (SSRIs) can be used to treat the depressive symptoms after weight restoration is completed, and the individual can begin psychological healing, but they are still inefficient for specifically treating the eating disorder (Lyons & Martin, 2014; Wandler, 2012). It was once brilliantly stated on the complexities of eating disorder treatment: “Woe to the physician who, misunderstanding the peril, treats as a fancy without object or duration an obstinacy which he hopes to vanquish by medicines, friendly advice, or ... intimidation” (cited in Peabrce, 2004, p. 2). Because treatment after the fact is so difficult, eating disorder prevention is vital.

Protection and Prevention

With the thin ideal and the diet mentality as a central part of American society, it is vital that children are raised in homes that reject these false notions altogether. Children at age five already believe that thin is equivalent to beautiful (Pine, 2001), signifying that waiting until adolescence to warn against the dangers of the thin ideal is too late. Removing the emphasis on being thin in the home is a valuable start. Rejecting the diet mentality may begin with throwing out all items that promote the thin ideal; in this, eliminating fashion magazines from the coffee table, and throwing away dieting books, products, and foods is imperative. Taking scales out of the house may also minimize the importance of weight.

It is essential to become media literate and understand that which is presented as reality does not have to be accepted as such. “Girls and women need not be conceptualized as passive casualties of the media; they can be seen as agents who can actively resist and subvert the media” (Irving, DuPen, & Berel, 2007, p. 120). Education facilitates prevention. Unrealistic, upward comparison of one’s body to the bodies displayed in the media will likely increase dangerous eating disturbances (Hesse-Biber et al., 2006; Morrison et al., 2004). Superimposing the ideals for different body types onto one another is like trying to force a square peg into a round hole (Hesse-Biber et al., 2006).

Critical thinking is crucial when being exposed to improbable expectations (Hesse-Biber et al., 2006; Irving et al., 1998). Women must assess the accuracy of what the media presents in order to avoid deception (Hesse-Biber et al., 2006; Irving et al., 1998). McLean, Paxton, and Wertheim (2016), in their study, described critical thinking with media use as a form of protection from the mindsets that lead to eating disorders. Additionally, they described skepticism as protective factor for those who frequently engaged in upward comparisons between themselves and individuals who met the thin ideal (McLean, Paxton, & Wertheim, 2016). Having critical thinking skills is an important way to reduce the influence of the thin ideal and prevent the endorsement of the diet mentality.

In fostering media literacy, one might speak out against certain messages that promote body shame or the diet mentality (Irving et al., 1998), decrease the use of certain media platforms, or boycott products that manipulate the thin ideal as a marketing ploy (Hesse-Biber et al., 2006; Irving et al., 1998). When participating in social media, one can decrease the emphasis of appearance-based comments. Additionally, it can help to refrain from using photo editors when uploading pictures (Mabe et al., 2014). Teaching others to become media literate and taking an active role in debunking the myths perceived as truth can also be helpful (McLean, Wertheim, Masters, & Paxton, 2017). Perhaps most importantly, parents (and other adults) can help children think critically and warn them of dangers such as pro-eating disorder websites and misrepresented images.

Parents and other persons in a position to influence children play a vital role in fighting the diet mentality and thinness standard imposed by the media. It is critical that parents build a home environment that supports and encourages a healthy relationship with food and with one's body. Some eating disorder recovery programs go so far as to embolden the idea that no type of food is either strictly good or strictly bad (Tribole & Resch, 2003). Foods of every kind hold nutritional value, and while some are more nutritional than others, that does not make those other foods bad (Hesse-Biber et al., 2006; Tribole & Resch, 2003). Food is not

something that should be feared, but that is exactly what food becomes for someone in an eating disorder. Food ought never to be used as a reward or a punishment (Hesse-Biber et al., 2006; Loth et al., 2009; Tribole & Resch, 2003). Parents should encourage eating when hungry and discourage overeating when the body sends signals of fullness (Loth et al., 2009; Tribole & Resch, 2003). Avoiding behaviors and attitudes that can corrupt a healthy relationship with food or make eating an unpleasant experience may aid in subverting the diet mentality. (Hesse-Biber et al., 2006; Loth et al., 2009; Tribole & Resch, 2003; Wandler, 2012). Parents need to make a distinction between promoting proper nutrition and destructive dieting. In addition, there are no good or bad body shapes and sizes (Morrison et al., 2004). Bodies are just bodies, not objects to be sized up, polished, and shown off. Parents may lead by example in promoting positive body image (Hesse-Biber et al., 2006; Hillard, Gondoli, Corning & Morrissey, 2016; Loth et al., 2009; Wandler, 2012). Parents can avoid talking negatively about one's own body, the bodies of one's children, and the bodies of others (Loth et al., 2009; Tribole & Resch, 2003). Participating in weight-related teasing and pointing out physical flaws negatively impacts children and feeds the thinness standard (Loth et al., 2009). Damaging a child's body image can contribute to the development of an eating disorder, while facilitating emotional well-being, teaching coping skills, and avoiding the use of food as an emotional release increases self-efficacy (Loth et al., 2009; Tribole & Resch, 2003). It is important to build self-esteem and buoy up a feeling of self-trust.

Conclusion

Eating disorder prevention does not receive the attention it deserves. Most people are unfamiliar with how grim an eating disorder can be, and without proper education on eating disorders and the causes, change is unlikely. Nearly everyone is, or will be, in a position that influences the lives of young men and women, and can take a role in conquering eating disorders. Knowing the signs of an eating disorder makes it possible to help those who are

struggling, but preventing the development of an eating disorder in the first place is even more valuable.

As boys, girls, men, and women grow up, they are exposed to many different pressures and influences throughout their lives. One pressure for boys may be to fit into a certain weight class on their wrestling teams. For girls, it may be to become extra thin so they can glide seamlessly through the water at a swim competition. Women may feel the need to lose weight in order to give the appearance of success. Men may feel like they have to become muscular in order to attract partners. Society not only creates this pressure but also presents an equally harmful solution—dieting.

Dieting is not the answer to all body-shape problems; in fact, it often makes matters worse (Tribole & Resch, 2003). It can condition people to neglect their bodies' basic needs and teach the body to hate and misuse food. Dieting creates more problems than it fixes, kindling the destructive flame of an eating disorder.

In many regards, media promotes the polluted values of society, enforcing an ideal that is biologically unrealistic. Harmful behaviors are accepted as normal (Mabe et al., 2014). Media enforces and encourages the natural tendency to compare oneself to others and provides multiple platforms for one to use in such comparisons (Mabe et al., 2014). It drives an addiction of self-loathing.

Societal expectations dictate that every person should have the same body size. If people do not meet that standard, all too often they are thought to be lazy and unhealthy. These attitudes saturate American homes. Parents and children alike make comments to and about one another that have the potential to damage self-esteem. Constantly belittling one another in person and through various forms of media often leads to depression and feelings of worthlessness (Mabe et al., 2014). Having one's body image consistently torn down has been shown to be harmful to physical and mental health (Hesse-Biber et al., 2006). Depression and low self-esteem are considered to be major contributors to eating disorders. (Hesse-Biber et al., 2006). Conversely, teaching children to love and accept their body seems to be vital to prevention.

Eating disorders have become more frequent in recent years

and occurrences will likely increase if nothing is done to prevent them. Across genders, races, socioeconomic statuses, and ages, eating disorders are often perilous. Much remains to be learned, and further research is necessary to examine the prevention and treatment of eating disorders. For now, the main concern ought to be analyzing the societal drive for men and women to starve themselves. There is a fatal flaw in what society has chosen to value. To prevent eating disorders, individuals must learn to reject the flawed perceptions of the diet mentality and the thin ideal. One might promote media literacy and developing healthy relationships with food, and perhaps society will begin to change for the better.

References

- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S.G., Walters, M. L., Merrick, M. T., ... Stevens, M. R. (2011). The national intimate partner and sexual violence survey: 2010 summary report. *Centers for Disease Control and Prevention*. Retrieved from: http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf
- Boepple, L., & Thompson, J. K. (2016). A content analytic comparison of fitspiration and thinspiration websites. *International Journal of Eating Disorders, 49*(1), 98-101. doi:10.1002/eat.22403
- Brechan, I., & Kvalem, I. L. (2015). Relationship between body dissatisfaction and disordered eating: Mediating role of self-esteem and depression. *Eating Behaviors, 17*, 49-58. doi:10.1016/j.eatbeh.2014.12.008
- Flanery, R. C. (2017). Males with eating disorders: Unrecognized, undertreated. *PsycCRITIQUES, 62*(1) doi:10.1037/a0040620
- Gale, L., Channon, S., Larner, M., & James, D. (2016). Experiences of using pro-eating disorder websites: A qualitative study with service users in NHS eating disorder services. *Eating and Weight Disorders, 21*(3), 427-434. doi:10.1007/s40519-015-0242-8
- Hesse-Biber, S., Leavy, P., Quinn, C. E., & Zoino, J. (2006). The mass marketing of disordered eating and eating disorders: The social psychology of women, thinness and culture. *Women's Studies International Forum, 29*(2), 208-224. doi:10.1016/j.wsif.2006.03.007
- Hillard, E. E., Gondoli, D. M., Corning, A. F., & Morrissey, R. A. (2016). In it together: Mother talk of weight concerns moderates negative outcomes of encouragement to lose weight on daughter body dissatisfaction

- and disordered eating. *Body Image*, 16, 21–27. doi:10.1016/j.bodyim.2015.09.004
- Hormes, J. M., & Timko, C. A. (2011). All cravings are not created equal. Correlates of menstrual versus non-cyclic chocolate craving. *Appetite*, 57(1), 1-5. doi:10.1016/j.appet.2011.03.008
- Isomaa, R., Backholm, K., & Birgegard, A. (2015). Posttraumatic stress disorder in eating disorder patients: The roles of psychological distress and timing of trauma. *Psychiatry Research*, 230(2), 506-510. doi:10.1016/j.psychres.2015.09.044
- Irving, L. M., DuPen, J., & Berel, S. (1998). A media literacy program for high school females. *Eating Disorders: The Journal of Treatment & Prevention*, 6(2), 119–132. doi:10.1080/10640269808251248
- LaRosa, J. (2017). U.S. weight loss market worth \$66 billion. *WebWire*. Retrieved from: <https://www.webwire.com/ViewPressRel.asp?aId=209054>
- Lindner, D., Hughes, A., & Fahy, R. (2008). Eating pathology and social comparison in college females. *North American Journal of Psychology*, 10(3), 445–462.
- Loth, K. A., Neumark-Sztainer, D., & Croll, J. K. (2009). Informing family approaches to eating disorder prevention: Perspectives of those who have been there. *International Journal of Eating Disorders*, 42(2), 146–152. doi:10.1002/eat.20586
- Lyons, C., Martin, B. (2014). *Abnormal psychology: Clinical and scientific perspectives* (5th ed.). Redding, CA: BVT Publishing, LLC.
- Mabe, A. G., Forney, K. J., & Keel, P. K. (2014). Do you ‘like’ my photo? Facebook use maintains eating disorder risk. *International Journal of Eating Disorders*, 47(5), 516–523. doi:10.1002/eat.22254
- Main, M. (2000). *Body wars: Making peace with women’s bodies*. Carlsbad, CA: Gurze Books.
- McLean, S. A., Paxton, S. J., & Wertheim, E. H. (2016). Does media literacy mitigate risk for reduced body satisfaction following exposure to thin-ideal media? *Journal of Youth and Adolescence*, 45(8), 1678-1695. doi:10.1007/s10964-016-0440-3
- McLean, S. A., Wertheim, E. H., Masters, J., & Paxton, S. J. (2017). A pilot evaluation of a social media literacy intervention to reduce risk factors for eating disorders. *International Journal of Eating Disorders*, 50(7), 847-851. doi:10.1002/eat.22708
- Morrison, T. G., Kalin, R., & Morrison, M. A. (2004). Body-image evaluation and body-image investment among adolescents: A test of sociocultural and social comparison theories. *Adolescence*, 39(155), 571–572.
- National Eating Disorder Association (2016). What are eating disorders?

- Retrieved from: <https://www.nationaleatingdisorders.org/learn/general-information/what-are-eating-disorders>
- Pearce, J. M. S. (2004). Richard Morton: Origins of anorexia nervosa. *European Neurology, 52*(4), 191–192. doi:10.1159/000082033
- Pine, K. J. (2001). Children’s perceptions of body shape: A thinness bias in preadolescent girls and associations with femininity. *Clinical Child Psychology and Psychiatry, 6*(4), 519–536. doi:10.1177/1359104501006004006
- Russell, G. (1979). Bulimia nervosa: An ominous variant of anorexia nervosa. *Psychological Medicine, 9*(3), 429–448. doi:10.1017/S0033291700031974
- Sala, M. (2015). Review of eating disorders, addictions, and substance use disorders: Research, clinical, and treatment perspectives. *Eating Disorders: The Journal of Treatment & Prevention, 23*(3), 275-277. doi:10.1080/10640266.2015.1013397
- Soh, N., Walter, G., Robertson, M., & Malhi, G. S. (2010). Charles Lasegue (1816–1883): Beyond anorexie hystrique. *Acta Neuropsychiatrica, 22*(6), 300–301. doi:10.1111/j.1601–5215.2010.00499.x
- Steakley-Freeman, D., Jarvis-Creasey, Z., & Wesselmann, E. D. (2015). What’s eating the internet? Content and perceived harm of pro-eating disorder websites. *Eating Behaviors, 19*, 139–143. doi:10.1016/j.eatbeh.2015.08.003
- Tribole, E., Resch, E. (2012). *Intuitive eating: A revolutionary program that works* (3rd ed.). London, England: Macmillan.
- U.S. Department of Veteran Affairs (2007). PTSD: National center for PTSD. Retrieved from: <https://www.ptsd.va.gov/public/PTSD-overview/women/women-trauma-and-ptsd.asp>
- Wandler, K. (2012). Eating disorders: Not just a diet gone wrong. *Directions in Psychiatry, 32*(1), 1–12.