

# The mass marketing of disordered eating and Eating Disorders: The social psychology of women, thinness and culture<sup>☆</sup>

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## Synopsis

Contrasting the pervasive belief that Eating Disorders are primarily psychiatric in nature, we contend that they are also symptomatic of a social problem. Eating Disorders and disorderly eating are also culturally-induced diseases promoted partly by economic and social institutions that profit from the “cult of thinness” promoted by the mass media. There is a lucrative market associated with Eating Disorders, and the advertising, weight-loss, diet-food, fitness, and cosmetic surgery industries are well aware of it. Yet, not all women exposed to these influences via mass media go on to develop body dissatisfaction and Eating Disorders. To fully understand how specific women become exposed to and are impacted by the mass marketing of beauty ideals via the mass media, it is important to take a social psychological perspective on the problem. We explore four social psychological theories—cultivation theory, gratifications and uses theory, social comparison theory and objectification theory, which taken together, form a “nexus of influence” and provide important clues to our understanding of the pervasive influence and impact of these industries on the development of Eating Disorders in women. We also address potential solutions to the problem. We specifically discuss how to use empowerment education to integrate solutions including: a re-visioning of femininity, social activism, education, and media literacy. © 2006 Elsevier Ltd. All rights reserved.

## Eating Disorders: from personal trouble to social issue

### *The prevalence and consequences of Eating Disorders*

American culture sends a powerful signal to women—that only the beautiful, and the thin are valued and loved, catalyzing an American ideal of female body image where thinness is a sign of success, health, and being in charge of your life. Thinness promises women the “goodies” life has

to offer. One White, middle class, college woman puts it this way:

I think I have to please men if I want to get a date, if I want to be married, if I want anything, and so how I appear to men is really my final (weight) goal, like if I'm going to get married or be an old maid (Hesse-Biber, 2005).

In *Am I thin enough yet*, Hesse-Biber (1996) contends that many young women become susceptible “to developing disorderly eating habits” in pursuit of the cultural ideal of thinness, in a context where the requisite for thinness is not only taken seriously by so many young women, but is also “reiterated by the family, peer group, school, and workplace (80).” Hesse-Biber (1996) adds, “...in their drive to achieve this goal,

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they are vulnerable to developing disorderly eating habits and even taking on many of the behaviors associated with anorexia nervosa (obsession with food, starvation dieting, severe weight loss) and bulimia (compulsive binge eating, followed by purging through self-induced vomiting, extended fasting, and exercise, laxative, diuretic abuse).—Eating Disorders tend to occur ten times more frequently in women than men (Hesse-Biber, 1996, p. 80).” In fact, ninety to ninety-five percent of those diagnosed with an eating disorder are women (Berg, 2001, p. 119; Levenkron 2001, p. 14). Anorexia is one of the few psychiatric disorders with a significant mortality rate, and in fact, carries the highest mortality rate of any mental illness (Costin, 1997, p. 20), which figures indicate to be approximately twenty-percent (The Eating Disorders Coalition, 2006). These data only account for those individuals who are clinically diagnosed, excluding those who manifest sub-clinical diagnoses or who refuse to seek help, or lack access to medical care.

Today the prevalence of Eating Disorders is impacting females at younger ages; and they are no longer confined to a particular class, ethnic group, or even gender as was the conventional wisdom of clinical research studies (Abrams & Stormer, 2002; Altabe, 1998; Atlas, Smith, Hohlstein, McCarthy, & Kroll, 2002; Barry & Grilo, 2002; Botta, 2000; Demarest & Allen, 2000; Goodman, 2002; Gordon, 1988, 1990; Hesse-Biber, 1996; Kolodny, 2004; Molloy & Herzberger, 1998; Nielson, 2000).

The National Association of Anorexia Nervosa and Associated Disorders (ANAD) reports that “5% to 10% of anorexics die within ten years after contracting the disorder. Eighteen to 20% of anorexics will be dead after twenty years, and only 30% to 40% ever fully recover, while 20% bounce in and out of hospitals” (Costin, 1997, p.20). Bulimia is believed to be four to five times more common than anorexia, but is more difficult to detect since many bulimics are not underweight, and may even be over-weight. Bulimics are usually secretive about their gorge-and-purge episodes, and because their external appearance does not alert others to the presence of the disorder, their condition goes undiagnosed unless the individuals seek help for themselves. The number of women dying from bulimia is hard to estimate but bulimic symptoms can have serious medical consequences such kidney failure, and congestive heart failure (Boskind-Lodahl & White, 1978, p.84–6.) A combination of anorexia and bulimia sometimes known as “bulimarexia” causes the greatest health-risks the greatest number of fatalities caused by medical complications/body failure (Boskind-Lodahl & White, 1978, p.84–6).

### *An expanding theoretical aim*

In recent years, the topic of Eating Disorders is emerging from the unfamiliar realm of isolated clinical cases—to a place of importance in our public discourse and popular media. There *are* psychological reasons contributing to eating disordered behaviors and other body disturbance issues. However, as this article will argue, clinical factors alone cannot fully explain the burgeoning increase of disordered eating practices over a forty year span—women and men across boundaries of gender, class, race, ethnicity, age and sexuality—and requires us to take a more in-depth look at the socio-cultural aspect may offer important explanations for this growing phenomenon.

The purpose of this article is neither to negate nor dismiss the psychological aspects of Eating Disorders. Rather, the focus is to *expand* the framework of causality to include “culturally-induced” manifestations of these disorders and in particular, to examine the role that societal institutions and industries play in exerting social control and extracting a profit by transmitting certain messages—such as the thin ideal (Hesse-Biber, 1989, 1996). What are the interests of certain industrial and social institutions in promoting a cultural ideal of thinness? How are these interests transformed into appealing messages, so pervasive that weight concern and preoccupation have become normative for a large sector of the population in the United States? (Berel & Irving, 1998; Dionne, Davis, Fox, & Gurevich, 1995).

However, in extending the vision of disordered Eating Behaviors to include their socio-cultural and economic contexts, the importance of *individual agency* should not be overlooked. Therefore, it becomes necessary to question not only the practices and messages generated by certain institutions, but also *individual motivations* for engaging in disordered Eating Behaviors. How do individuals process, interpret, and act upon the social contexts in which they live? Who is listening to these messages? It is also necessary to see who is modeling their behaviors in accordance with thinness-oriented messages, norms and values (Cusumano & Thompson, 2001; Goodman, 2002; Groesz, Levine, & Murnen, 2002; Harrison, 1997, 2000; Harrison & Cantor, 1997; Morry & Staska, 2001; Posovac, Posovac, & Posovac, 1998; Tiggeman & Pickering, 1996; Wilcox & Laird, 2000).

Acknowledging the relationship between the psychological and broader social and economic contexts will provide us with a new theoretical “social psychological” perspective as well as new solutions to disordered eating

problems—solutions that do not divorce individuals' private lives from the public spheres in which they live.

#### *From individualistic to cultural explanations*

In the past, a number of psychological theories sought to explain the origins of eating disordered behaviors. The consistent use of this clinical paradigm as the primary explanation for Eating Disorders is often accompanied by little awareness of the social and/or environmental contributing factors to these disorders (Robertson, 1992, p. 24). In short, psychological explanations of anorexia define it as an individual pathology. Some psychological theories often place the problem in women's psychosexual development (Bruch, 1973), chemical depression (Pope & Hudson, 1984), or a dysfunctional family system (Boskind-Lodahl & White, 1978). For example, Hilde Bruch's (1973, 1978, 1988) research describes anorexia as an individual coping mechanism that relates to a woman's inner doubts and lack of self-confidence, respect, control and competence, which then becomes displaced onto her body. Similarly, Levenkron (2001) argues that anorexia is often a "magic" elixir for problems that appear to overwhelm women in their personal relationships or especially at times when they are undergoing dramatic life changes such that they "either rely on the storehouse of strength and support built up in the past and turn to others for support, or [t]he[y] will turn inward, away from realistic solutions and toward psychological symptoms and disorders" (p. 23). Each of these theories locates the cause of an eating disorder within the individual or family unit. Each theory rests on the assumption that Eating Disorders are a disease to be treated as an illness whose cure remains within the purview of medicine.

Transitioning from a medical/psychological perspective to one that also encompasses a socio-cultural and economic perspective requires that we examine the cultural messages that often reflect as well as perpetuate traditional gendered roles and perpetuate a "mind/body" dichotomy. The idea of the division between mind and body dates back to at least ancient Greece. In the fourth century, Aristotle notes that male's abilities surpassed women's, whom he noted were "monsters...deviated from the generic human type." To be a woman meant to be imperfect when set up against the dominant male ideal. For Aristotle, women were "mutilated males," who were emotional and passive prisoners of their body functions" (as quoted in Hesse-Biber, 1996, p. 18). One college coed describes this dichotomy as follows:

My body is the most important thing. It's like that's all I ever had because that's all everyone ever said

about me. My mother would say that I am smart and stuff, but really they focused on my looks. And even my doctor enjoys my looks. He used to make me walk across the room to check my spine and he'd comment on how cute I walked, that I wiggled. Why comment on it at all?" (Hesse-Biber, 1996, p.18).

Social psychologist George Herbert Mead asserts that "The self has a character which is different from that of the physiological organism with a development all its own. The self is not even present at birth but arises later in the process of social experience and activity (Mead, 1934, p.58)." Young women have to learn how "to be a body." This type of "reflected appraisal" (see: Tantleef-Dunn & Gokee, 2004) suggests that what a woman observes in the cultural mirror is often a measuring stick of her social worth. Women's bodily focus comes about through interactions with their friends (Levine, Smolak, Moodey, Shuman, & Hessen, 1994; Paxton, Schutz, Wertheim, & Muir, 1999; Steiger, Stotland, Trotter, & Ghardirian, 1996) family, peer group, and the messages they receive from outside this close-knit circle (Stice, 1998). There continues to be a mind–body split within Western Culture (Hesse-Biber, 1996; McKinley, 2002). McKinley notes:

Western societies construct a duality between mind and body, and women are associated with the body and men with the mind. This allocation presumably occurs because of women's reproductive function... Western societies also define men's bodies as the standard against which women's bodies are judged, and women's bodies are constructed as deviant in comparison (McKinley, 2002, p. 55).

A woman's sense of self-esteem is dependent upon her perceived attractiveness to the opposite sex, and body weight plays an increasing importance in whether she is considered physically attractive. In research studies which asked people what attributes are most indicative of "positive appearance," weight was a key factor (Hesse-Biber, 1996). "Social status is largely a function of income and occupation," which generally remains easier for men to achieve (Hesse-Biber, 1996, p. 13; Hesse-Biber & Carter, 2005). "Even a woman with a successful and lucrative career may fear that her success comes at the expense of her femininity." (Hesse-Biber, 1996, p. 14).

MacSween (1993) argues that anorexia is a "cultural contradiction" suggesting "individuality is presented as gender neutral, but is fundamentally masculine" (MacSween, 1993, pp. 51, 254, 3). Women struggle with making sense of this "incompatibility" as they are socialized into a society that often devalues women's roles and social positions, especially during adolescence (MacSween, 1993,

pp. 3, 72). From this perspective, anorexia is a response to a social issue dealing with women's position in society (69). Likewise, Brown and Jasper (1993) recognize women's obsession with their weight and body image is, normative as their bodies become an "arena for their expressions of discontent and protest" (Brown and Jasper (1993), p. 17).

### *Disordered eating and Eating Disorders*

There is a notable difference between disordered eating patterns and clinically defined Eating Disorders. In striving to attain a cultural mandate of thinness, some young women engage in rigid exercise routines, calorie restriction, chronic dieting, bingeing and purging, and the use of laxatives and diuretics to control their weight. However, they do not manifest the full range of psychological traits usually associated with clinical cases of an eating disorder—i.e. interpersonal distrust and perfectionism; they mimic anorexia and bulimia without the underlying psychological profiles (Hesse-Biber, 1989, 1991, 1996, in press). This pattern of behaviors takes on several psychological labels such as "imitative anorexia," "sub-clinical Eating Disorders," or "weight preoccupation" (Button & Whitehouse, 1981; Garner, Olmsted, & Garfinkel, 1983), where the individual displays some disordered Eating Behaviors but lacks "classical" eating disordered psychopathology.

We refer to these patterns of behavior as "culturally induced eating"—a pattern of behavioral eating—disordered symptoms in individuals that do not manifest the psychological symptoms usually associated with clinical Eating Disorders; a pattern of behaviors that directly stems from the socio-economic and cultural context within which women's lives are embedded. Disordered eating and obsession with food is a widely accepted way to deal with weight and body image issues. It is largely considered normative behavior for women, and remains largely unproblematic or altogether ignored by a clinical perspective.

### *Diversity—a previously missing context*

While much of the research is still predominantly skewed towards populations of White middle-class women, there is a growing recognition and demand for future research on the prevalence of these disorders and other related body image disturbance issues among more diverse populations. Comparing body image dissatisfaction among White and African-American women and adolescents is increasingly a part of research agendas (Atlas, Smith, Hohlstein, McCarthy, & Kroll, 2002;

Botta, 2000; DiGioacchino, Sargent, & Topping, 2001; Falconer & Neville, 2000; Hesse-Biber, Howling, Leavy, & Lovejoy, 2004; Molloy & Herzberger, 1998; Nielsen, 2000; Patel, 2001; Perez, Voelz, Pettit, & Joiner, 2002; Poran, 2002; Smith, Thompson, Raczynski, & Hilner, 1999). This racially diverse research, however, is often conducted on college students thus diminishing the interaction of social class with other aspects of positionality. There is also a growth in research on ethnically diverse populations including White, African-American, Hispanic and Mexican American groups (Abrams & Stormer, 2002; Altabe, 1998; Barry & Grilo, 2002; Chamorro & Flores-Ortiz, 2000; Demarest & Allen, 2000; Goodman, 2002; Poran, 2002; Snooks & Hall, 2002). This research often indicates that body image disturbance, particularly with regard to thinness ideals, is more of a problem for White women. However, it is important to acknowledge that differences in the prevalence or rates of occurrence of Eating Disorders among individuals or social groups do not mean that they are not at risk. Williamson (1998) warns of the danger in taking too seriously the notion that some groups, particularly African-American women, are "protected" from eating problems. This can result in the misdiagnosis and under-representation among people of different gender, racial, ethnic, sexuality and class backgrounds with Eating Disorders (Williamson, 1998). Gordon, Perez, and Joiner (2002) show that racial stereotypes impact the diagnosis of Eating Disorders and ethnic women may not receive proper detection. Becky Thompson's (1994) research on women of color and Eating Disorders calls for a multiracial feminist perspective that conceptualizes eating issues as problems, versus "disorders", and shows how they are often the survival technique or coping mechanism used to numb or break painful feelings (61), as distractions from distress (67), utilized as a "refuge from abuse" (70) (Thompson, 1994). Some women use eating to cope with sexism, racism, and/or homophobia. Thompson (1994) notes that in some instances women of color may be more vulnerable to eating problems, not less because some women of color are reluctant to seek help with what they perceive to be a White woman's disease (p.14–15). Botta's (2000) research on adolescent girls' body image indicated that the ethnic gap in eating disorder development is narrowing.

It is important, then, to take "difference" into account by specifying which groups of women we are making statements about and to be aware that women of color in particular have largely been set apart from what's considered "the norm," or have been left out altogether in theories that purport to serve as explanations for dominant White middle and upper-middle class women's troubles with food and body image.

### *Eating Disorders: a socio-cultural trouble*

While it may seem that our bodies are “natural”—an entity only determined by biology—in fact, both women and men’s physical bodies are also constructed by cultural ideals of what constitutes the ideal body image and this changes over time. The current rise of disorderly eating and Eating Disorders among women in the United States is just one of many cultural/historical changes that are geared towards the profiting and subjugation of women (Ehrenreich & English, 1979; Eisenstein, 1988; Foucault, 1977; Kilbourne, 2000; Martin, 1987; Michie, 1987; Rubin, 1975; Turner, 1984; Wolf, 1992). In order to understand Eating Disorders, the systems of capitalism and patriarchy that are a part of the socio-cultural and economic context, need addressing.

The present-day partnership of capitalist interests and patriarchal perspectives continues to influence women’s bodies through socio-cultural pressures on women to be thin (Ehrenreich & English, 1979; Ewen, 1976; Hansen, Reed, & Sonia, 1986; Hartmann, 1976; Hesse-Biber, 1996; Kilbourne, 2000; Silverstein, 1984; Wolf, 1992). Women today strive for this ideal through self-imposed controls. Dieting, starvation, and exercising are self-imposed controls and reflect changes in women’s roles in the past several decades, especially their greater independence from male domination. In other words, part of the backlash against women’s increasing equality in major societal institutions has been the construction and circulation of a body ideal that fosters body obsession. Eating Disorders are the logical conclusion of extreme self-imposed body control to attain a cultural ideal of ultra-thinness (Bordo, 1988, 1993; Brumberg, 1982; Hesse-Biber, 1996). In fact, some women are very aware of the economic and social rewards attached to thinness. Goodman (2002) found the Latina and White women in her study were often aware about the social connotation between economic success and thinness (p. 722). Further, many women reported an association between reaching thinness goals and a feeling of power indicating that “bodily self-control was their primary means to exert control in the social world (Goodman, 2002, p. 722).”

The food, diet, and fitness industries, aided by the media, espouse the message that independence for women in general, means self-improvement, self-control, and that it is the women’s responsibility to achieve the ultra slender body ideal; while the converse of this connotes laziness, indignity, self-indulgence, lack of control, and moral failure. The family peer group and school often mirror and amplify these messages, which often take the form of rewards and punishments that urge women’s bodies toward slenderness. It is the women’s “Horatio Alger” story if you

work hard, you will be rewarded; as if thinness is achievable to all women who strive for it (Wolf, 1991: 29). As a result, the women’s strive for thinness, creates a wide gulf in terms of how each gender feels about their bodies. Food choice and bodily outcome become a statement of the self and one’s self-worth more so for women. Ogden (2003) adds: “There are physical differences between men and women, and women are taught a variety of tricks, manipulations, and tortures to emphasize these differences and thus emphasize their femininity. If femaleness is defined as the opposite to maleness, then the more different from men, the more female (106).”

“Because women feel their bodies fail the beauty test, American industry benefits enormously, continually nurturing feminine insecurities (Hesse-Biber, 1996, p. 32),” promising aesthetic perfection by purchasing products which rarely reap sensations of “success,” but instead foster a continued commitment to “try buy and comply” (Hesse-Biber, 1996, p. 32). Naomi Wolf (1992) argues, “Ideal beauty is ideal because it does not exist: the action lies in the gap between desire and gratification. Women are not perfect beauties without distance. That space, in a consumer culture, is a lucrative one.” (p. 176). If women control their bodies through dieting, excessive exercise, and self-improvement activities, they use energy that might otherwise challenge the status quo (Attie & Brooks-Gunn, 1987). In fact, Wolf (1992) contends: “The great weight shift must be understood as one of the major historical developments of the century, a direct solution to the dangers posed by the women’s movement and economic and reproductive freedom. Dieting is the most potent political sedative in women’s history; a quietly mad population is a tractable one” (Wolf, 1992, p. 187). This is what some feminists refer to as the “politics of distraction.”

The focus on women’s appearance serves to limit the public space they are allowed to occupy, thus undermining those efforts that challenge a patriarchal social order. Bordo (1993) writes that “...the control of female appetite for food is merely the most concrete expression of the general rule governing the construction of femininity: that female hunger—for public power, independence, for sexual gratification—be contained, and the public space women be allowed to take up be circumscribed, limited” (Bordo, 1993, p. 171).

### **The mass marketing of disordered eating and Eating Disorders**

The fast food, diet, cosmetic and plastic surgery industries promote a dangerously thin beauty ideal that provides a climate ripe for the development of disorderly eating and Eating Disorders.

### *The American food industry*

Millions of Americans are well acquainted with the yo-yo syndrome. Social psychologist Brett Silverstein explains that the food industry strives to maximize profit, growth, concentration, and control at the expense of the individual consumer. “[It] promotes snacking so that consumers will have more than three opportunities a day to consume food, replaces free water with purchased soft drinks, presents desserts as the ultimate reward, and bombards women and children with artificially glamorized images of highly processed foods” (Silverstein, 1984, p. 4, 47, 110). In creating a demand for junk food, the food industry creates, what Hesse-Biber (in press) calls a “cultural paradox,” whereby the demand for diet and junk foods occurs at the same time, often resulting in a situation whereby Americans are becoming increasingly obese within a culture of thinness. Hesse-Biber (in press) suggests that when the consumption of diet foods fails us or we come up short in our desired weight goals, this may create a “rebound effect,” during which an attempt at weight loss results in weight gain, and is often accompanied by feelings of failure and low body-esteem, etc. In applying a macro-sociological frame—we can see how yo-yo dieting helps to partly explain the obesity–thinness paradox. The paradox is manufactured by the culture and capitalism and is replicated in individuals.

The experience of eating food can often turn into a series of “moral decisions,” with certain foods labeled “good;” others “bad.” Advertisers promote the “good food/bad food” dichotomy such that eating the “right” foods makes us feel we are on the road to “salvation” and eating the “wrong” food conjures up feelings of guilt shame and even the need to “atone” (Hesse-Biber, in press; Solomon, 1988, 2003). Such patterns of eating may set up a potential risk for the development of disordered Eating Behaviors.

### *The diet and weight-loss industry*

In 1998, the Calorie Control Council National Consumer Survey stated that 27% of Americans, 54 million people, were dieting. This figure is down from 37% in 1986, but up from 24% in 1996 (<http://www.caloriecontrol.org/survey4.html>). It is estimated that fifty million Americans will be on some kind of diet (Chatzky, 2002). Increasingly, American women are told that they can have the right body if only they consume more and more products. They can buy cellulite control cream, spot firming cream, even contouring shower and bath firming gel to get rid of the “dimpled” look.

Many women believe that weight-loss can be bought if it is commodified via “magic” diet pills, specialized/

individualized meal plans/pre-packed foods/daily meal delivery services, work-out sessions with celebrity trainers, or membership with a weight-loss “team” or with a weight loss “coach” or “guru.” In order to lose weight they need to buy something, whether it be a pill, a food plan, or membership in a self-help group. When accounting for dieting products alone, Maine (2000) reports that Americans spent an astounding 50 billion dollars annually in the 1990s (Maine, 2000, 45). The journey to creating the right body often begins with the purchase of a diet book. True adherents of the “cult of thinness” consider their diet books as bibles. Each book trumpets the true path to health and happiness, and holds up a mirror to reflect only its own narrow world of correct behavior. Some books open with “sermons” preached to the dieter. Others prescribe certain daily rituals of food preparation, food combination, food measuring, eating, and weighing oneself. Dieters are warned that they must follow the recipes carefully and must never “sin” by going off the diet.

### *The fitness industry*

A balance of diet and exercise is key to a healthy lifestyle. This widely accepted advice complements the interests of both the diet and fitness industries. The U.S. Industrial Outlook of 1993 indicates that “the exercise and fitness sector of the sporting goods industry has been the fastest growing since the end of the 1980s... exercising with equipment was the seventh most popular activity in terms of participation” (Harris & Vanderwolf, 1993, p. 6). The statistics are also clear that women purchase more fitness equipment than men, and in 2001 women purchased 51.1% of all fitness equipment purchased in the US (Miller and Associates, 2006, p.68). Sporting goods stores have also seen a major increase in sales as, “Unit shares rose from 15.6% in 1998 to 29.4% in 2003, while dollar share increased from 16.2% to 23.3%” (Miller and Associates, 2006, p. 67).

Health club memberships are perhaps one of the strongest indicators of our increased obsession with creating the right body—for a price. Health clubs and fitness centers appear to be popping up everywhere. In 2002, the International Health, Racquet and Sportsclub Association (IHRSA) reported that from 1997 to 2002 there was a 39% increase in health clubs from 13,097 to 18,203. From 1990 to 2001 there has been an astounding 63% increase in health club membership and an ensuing increase of 104% in the numbers of members who work out at least 100 days a year at a club (IHRSA). In 2001 alone more than 8 million Americans joined health clubs bringing the total 2001

membership to 33.8 million (IHRSA). In 2001 patrons, including non-members, recorded more than 3.1 billion visits to health clubs, a 25% increase since 1998 (IHRSA). Additionally, in 2001 approximately 4.8 million people paid for the services of a personal trainer (IHRSA).

The “health” pursuits that are promoted are thinly disguised beauty pursuits and pressures. A healthy lifestyle is often undertaken for the sake of beauty and not health. As women monitor their bodies and their eating, they continue to concentrate on their physical selves to the exclusion of other things (e.g. social change; resistance; education; political action, etc.)—despite increased educational and economic opportunities. In other words, body obsession becomes an effective measure of gendered social control, self-imposed, yet congruent with the ideological and financial dictates of patriarchal capitalism. It is not surprising within this context that while men report muscle tone and increased energy as their top motivating factors for exercise, women report weight control and “feeling good” (Kratzman and Stamford, 2002, 10).

### *The cosmetic surgery industry*

American medicine has gone corporate with dramatic increases in for-profit hospital chains and physician groups, a phenomenon coined the “medical–industrial complex” (Wohl, 1984, p. 18). The medical establishment is developing its own “medical paradox” in the sense that there is a growing “contradiction between the pursuit of health and the pursuit of profit” (Light, 1986, p. 38). The medical industry strives to fill its empty hospital beds and facilities by often drumming up “body insecurity” aimed at the lucrative female market in order to increase its revenue stream (Hesse-Biber, 1996, 50). One analyst notes:

Humana Inc. ..., it would seem, is seeking more revenue from one of its underutilized operating rooms by playing, as ads have always played, on the weaknesses and insecurities of frail humanity. But this time it’s not a cosmetic or a mouthwash that’s being hawked—it’s invasive surgery that, even under conditions of necessity, should not be lightly undertaken. But corporate practice calls for each branch of the “operation” (the appropriate word here) to earn its share of profits. Staff surgeons must cut; hospital beds must be filled. Besides, who can really hold a corporation responsible for what an individual freely chooses to do? The surgery, when it takes place, will in every way be voluntary (Wohl, 1984, p. 3).

According to the American Society for Aesthetic Plastic Surgery (ASAPS) 8.5 million procedures were performed in 2001 alone. Accordingly, it is increasingly considered a norm. “From 1997 [to] 2001 there was a 304% increase in the number of [cosmetic] procedures” performed (ASAPS). “From 2000 to 2001, there was a 48% increase in the number of cosmetic procedures” indicating that this is a rapidly growing practice, fast becoming normalized within US culture (ASAPS). The gendered division in procedures performed is increasing at a higher rate than total procedures as “the number of procedures performed on women increased 311% from 1997 to 2001” which is 7% higher than the total increase in procedures (ASAPS). In 2001, 88% of all cosmetic procedures were performed on women (ASAPS). “One of the most popular procedures performed by surgeons to help women slim down is the procedure known as liposuction” (Hesse-Biber, 1996, 53). In 2001, liposuction was the most popular surgical procedure for both men and women (ASAPS).

Breast augmentation and nose reshaping were the second most popular plastic surgery procedures for women and men respectively (ASAPS). “Only 20% of these women submitted to this procedure as part of a post-mastectomy; 80% of breast reconstructive surgeries are done on healthy women who want to change their breast size” (Hesse-Biber, 1996, 53). Indeed, breast augmentation has increased 114% from 1997 to 2001 (ASAPS), suggesting that recent claims that naturalness is “in” may in fact be grossly inaccurate. “This may reflect the obsession with thinness in another way” (Hesse-Biber, 1996, 53). Hesse-Biber (1996) asserts, “Women who strive for ultra lean figures often find that their breast fat disappears. Increasingly, the ‘right’ female body is an amalgam of the impossible, demanding flat stomachs, thin thighs and boyish hips, yet large breasts” (Hesse-Biber, 1996, p. 53). Silicone breast enlargement, which once accounted for \$450 million a year increased to over one billion a year in 2004 (Hesse-Biber, 1996, 53; Hesse-Biber, *in press*). Clearly, plastic surgery is a seemingly endless market, partly served by eager surgeons (Hesse-Biber, 1996, p. 53).

There are, then, specific underlying economic profits and patriarchal social controls utilized by these groups that serve to fuel these ideal body image messages for women. However, not all women respond to these messages uniformly. In fact there is a differential impact and effectiveness these messages have on women. How do we assess the power of these messages to influence women’s ideas about their bodies and the development of disordered eating and Eating Disorders?

### **The effectiveness and impact of commercialized messages on women's body image and the development of disordered eating and Eating Disorders**

Stice and Shaw (1994) recognize that within socio-cultural models of disordered eating problems there are multiple “mechanisms” in which a culturally thin-ideal is “communicated” to individuals, particularly women. While family and peers are influential, Stice and Shaw also emphasize that the mass media messages may in fact be, “one of the strongest transmitters of this pressure” (Stice & Shaw, 1994, p. 289) to be thin through movies, magazines, and popular television. However, the media is not solely responsible for the manifestation of eating problems, negative body or self-image, and low esteem. Capitalist industries fund the portrayal of mass media images especially in terms of weight and body obsession, especially among women. These corporate institutions in conjunction with families, peers, schools, etc. form a “*socio-cultural network*” that can create and promote body obsession (Levine and Smolak, 1996).

In her book, *American beauty* (Banner, 1983), historian Lois Banner traces the origins of the ultra-slender body ideal to the 1960s, when the age of the super-thin fashion models such “Twiggy” and “Penelope Tree” became the popular fashion models. This “stick-thin” figure was in stark contrast to the hourglass shapes of the popular movie stars of the 1950s such as Doris Day. The 1960s until the present decade are not the only times when a slender body type has been the ideal for women in the United States. In other periods, when women have asserted their rights, similar trends have transpired. During the 1920s, a time of increased feminist activity, the “flapper” represented the ideal of feminine beauty. Evidence of a dramatic outbreak of anorectic-like behavior accompanied the acceptance of this ideal (Chatzky, 2002; Schur, Sanders, & Steiner, 2000).

Cusumano and Thompson (1997) summarize this trend toward thinness in support of a previous study on *Playboy* centerfolds done by Garner, Garfinkel, Schwartz and Thompson in 1980. Their longitudinal study found that not only were the initial measurements of the centerfolds “significantly lower than that of the average female for the same time period,” but that these measurements decreased over time (1959–1978) while the frequency of diet articles increased (Cusumano & Thompson, 1997, p. 702).

There are many studies that have hypothesized about the relationship between the mass media and the development of eating disordered behaviors. However, this logical presumption has lacked the empirical evidence to support such claims (Bissell, 2002; Cusumano &

Thompson, 2001; Groesz, Levine, & Murnen, 2002; Grogan, Williams, & Conner, 1996; Harrison, 1997, 2000; Harrison & Cantor, 1997; Heinberg & Thompson, 1995; Murray, Touyz, & Beumont, 1996; Posovac et al., 1998; Stice & Shaw, 1994; Thompson & Heinberg, 1999; Tiggeman & Pickering, 1996; Turner, Hamilton, Jacobs, Angood, & Dwyer, 1997; Wilcox & Laird, 2000).

Those studies that have set out to provide empirical evidence, linking mass media messages of thinness and disordered eating behavior, have largely focused on the *exposure* of such idealized images through content analyses (Harrison & Cantor, 1997). Their focus has been to show that the messages of the thin ideal, appearance and femininity, as well as beauty and success are prevalent in various forms and types of media (i.e. television, magazines, advertisements, articles, etc.). Not until recently have studies begun to look at the varying levels of *awareness* and *internalization* of these messages. Not all individuals develop Eating Disorders, despite being exposed to these widely popularized images (Cusumano & Thompson, 1997; Morry & Staska, 2001; Stice, Schupak-Neuberg, Shaw, & Stein, 1994). These additional factors may be better able to account for the “variance beyond that associated with simple awareness of pressures and other risk factors” (Thompson & Heinberg, 1999, p. 342).

### **The importance of a social psychological lens in understanding the impact of mass media image on the development of Eating Disorders in women**

In the next section we expand our theoretical discussion to include a social psychological lens. We argue that both social and psychological factors together can provide a more powerful theoretical lens through which to address the *impact and effectiveness* of mass media messages of thinness on women. In order to accomplish this goal we will review the interrelations between four social psychological theories that together provide important psychological insights through which to address the socio-cultural impact of the ideal body image messages on women

Within a social psychological framework it is crucial to take into account the impact of the mass media's message on the eating and body disturbance among diverse populations. Previous research into these issues is often confined and constructed around White women middle- to upper class women, who have been of particular interest to medical and academic establishment (Striegel-Moore & Smolak, 1996; Thompson, 1994). As we begin to explore a “social psychological model” it behooves us to keep in

mind which groups of women we are referring to and which groups are left out by racial/ethnic, class, sexual preference and so on. We might also examine the extent to which the current research literature regarding theories of mass media influence on women's body image needs to be broadened in light of these diversity concerns.

#### *Cultivation theory—exposure*

Gerbner, Gross, Morgan, and Signorielli's (1994) *cultivation theory* looks at the cumulative content and frequency of the messages being disseminated throughout various media forms. This theory posits that the more media a person is exposed to, the more they will begin to view the mass media images as realistic (Holstrom, 2004, p. 197). "The constant repetition of certain forms and themes (values) as well as the constant omission of certain types of people, actions, and stories, powerfully influences and homogenizes viewers' conceptions of social reality" (Levine & Smolak, 1996, p. 250). Themes most closely associated with disordered Eating Behaviors are those endorsements which promote an ideal image of femininity, beauty, success and body shape within various forms of media (Cusumano & Thompson, 1997).

Tiggeman and Pickering note that the media "presents women with a constant barrage of idealized images of extremely thin women, that are nearly impossible for most women to achieve" (Tiggeman and Pickering, 1996, p. 199–200). They continue: "Only the very thinnest 5–10% of all American women can actually acquire and easily maintain the supermodel's salient, and most desired feature: her fat-free body. The remaining 90–95% of American women have fallen prey to the message that they are abnormal: that they improve their lives and selves only if they diet, exercise, and lose weight" (Seid, 1994 as cited in Williamson, 1998, p. 65). Through the lens of cultivation theory the problem becomes that the barrage of images of thinness may lead women to believe that the ideal body type is desirable and realistic (Holstrom, 2004, p. 197). In other words, the more one is exposed to the idealized image the more she will believe it is attainable.

Stice et al. (1994) found a direct relationship between media exposure and eating disorder "symptomatology." They note that such a finding implies that "women may directly model disordered eating behavior presented in the media (e.g. fasting, purging). Additionally, the focus on dieting in the media may promote dietary restraint, which appears to increase the risk for binge eating" (Polivy and Herman, 1985 as cited in Stice et al., 1994, p. 839). Some women may feel compelled to conform to

these stringent ideals of slenderness because their sense of worth and status is often gained indirectly through a male figure who has these resources. Women have a propensity historically, "to rely on their 'natural' resources—beauty, charm, nurturance"—to gain access to men's economic achievements (Hesse-Biber, Clayton-Matthews, & Downey 1987, p. 525; Bart, 1975; Bar-Tal & Saxe, 1976; Blumstein & Schwartz, 1983; Elder, 1969; Sontag, 1972). Even as women assert their independence, the rewards accrued for being physically attractive remain high. Physical appearance remains "a strong selective factor" for women's social and economic success" (Hesse-Biber et al., 1987, p. 525; Hesse-Biber, 1996, in press). These images also contain ideologies about the ideal feminine body that reinforces patriarchal and consumeristic social relations.

Cultivation theory relies on an "additive" model of social influence. The *more* exposure, the greater the risk of harm for the development of eating disordered symptoms. The influence goes one way. Women's resistance to mass mediated images is not considered. The category of "woman" is the primary explanatory criteria, with no or little differentiation among types of women (in terms of their race/ethnicity or class, for example) in understanding the influence of exposure. While "exposure" is an important piece of the puzzle in our understanding of the influence of the media on women's body image, we know from research on body image dissatisfaction, that not all women are equally dissatisfied with their bodies and not all women develop eating disordered symptomology (see for example, Hesse-Biber et al., 2004). What is also needed is a deeper understanding of how "agency" operates in and across the diversity of women's lives: What are the specific factors—social and psychological that make women more or less at risk? In this regard, the "uses and gratification theory," that follows, provides another piece of the puzzle. In fact, we begin to see a more "dynamic" interplay of influence from the individual to the media content.

#### *Uses and gratifications theory—media consumption and body dissatisfaction*

*Uses and gratifications theory* looks at the role of individuals—how they choose to expose themselves to the messages being conveyed through the media and how they act upon their chosen interpretations. Placing sole responsibility with institutional practices takes away individual agency and assumes passivity. Levine and Smolak (1996) recognize the importance of content, but also emphasize that the influences upon such content

is dependent upon personal motivations, one's predispositions in selecting media content and the tailoring of one's behavior accordingly. This is important as not all who are subjected or exposed to these images and messages engage in disordered eating behavior and people with body image issues may selectively expose themselves to images of thinness (such as purchasing fashion magazines). Those who do develop problems do not necessarily do so to the same degree, nor do they exhibit the symptoms in the same way.

The more dissatisfied one is with their body prior to viewing images of the media's portrayal of the ideal woman, the more dissatisfied they become with their weight as images are presented to them (Heinberg & Thompson, 1995; Posovac et al., 1998). Eating disorder patients have pointed to models in fashion magazines as one source of motivation for their drive for thinness (Levine & Smolak, 1996). Further study is needed to determine more clearly whether an increased tendency to adhere to social pressures leads to Eating Disorders, or whether having an eating disorder heightens one's awareness to such pressures (Murray et al., 1996).

Uses and gratifications theory suggests that while the frequency and content of mass media images does have an influence, it is mediated by women's sense of their own body image efficacy. If they feel good about their bodies, they may not be impacted as much by the thinness message. In fact one can see the tension between the social and psychological. Yet, why do women engage in this dynamic struggle? We still know little about the impact of differences among women in terms of race/ethnicity, class, and so on. Why, in general, are some women more at risk? The next two theories help us to begin to understand what drives women to pay attention to the media, whether or not they have a positive image, and hints at some important social-psychological processes that are at work that impact women's susceptibility to mass media influences.

### *Social comparison theory*

So far we have discussed over-exposure to idealized images, as well as individual's media selection process. It is also important to consider if and in what context individuals are likely to compare themselves to media images. *Social comparison theory*, originally developed by Festinger (1954), claims that: 1) individuals want to improve themselves, 2) individuals compare themselves to others, and 3) whenever possible individuals compare themselves to those with whom they are similar (Morrison, Kalin, Rudolf, & Morrison, 2004, p. 573). This theory has been revised and research now indicates

that individuals may compare themselves to those with whom they are dissimilar (Martin & Kennedy, 1993; Morrison et al., 2004) and comparisons may involve physical appearance and eating habits (Morrison et al., 2004; Wheeler & Miyake, 1992). The consequences of this social comparative process depend on whether the individual is comparing herself to someone she perceives to be better or worse than her on the relevant dimension and whether the comparison is "universalistic" (such as media images) or "particularistic" (such as an intimate person) (Morrison et al., 2004, p. 574). Research also indicates that girls already vulnerable to esteem or body image issues are most negatively impacted by social comparisons (Stice, Spangler, & Agras, 2001).

In sum, social comparisons made regarding physical appearance are usually upward meaning that individual women compare themselves to those they deem as more attractive in some regard (Morrison et al., 2004; Wheeler & Miyake, 1992). Further, these upward comparisons usually cause decreased or negative self-perception of attractiveness (Morrison et al., 2004) and comparison to universal markers (such as media images) create more pressure to conform to idealized standards (Irving, 1990; Morrison et al., 2004). In fact, Lin and Kulik (2002) found that women experienced body dissatisfaction when comparing themselves to idealized thin images but did not produce a corresponding increase in body satisfaction when exposed to oversized body shapes, indicating that social comparisons are upward and negative in effect.

While this theory begins to get at some of the psychological mechanisms that interface with the wider cultural context, we are still not clear which women we are talking about. It appears that much of the research into this theory does not treat women as a diverse group and that many studies assume the "White middle class" woman's experience as the norm. What research has been done on the impact of the White western message of beauty is to show that African-American girls from working class backgrounds appear to be somewhat protected from these beauty messages through a process of "non-internalization" in which the individual is able to develop a disregard to the negative body image comments of others, "ignoring, rejecting, and disbelieving" them. Much like self-esteem, non-internalization among African-Americans is a direct result of their increased racial identity, and is a common coping strategy girls use to confront racism from the larger society. Non-internalization was found to be an important explanatory factor that mitigated against the internalization of messages of White western norms of beauty among this

group of African-American girls (Hesse-Biber et al., 2004). While social comparison research has typically been racially limited, or has found women of color to be “more protected” from social comparisons, Poran (2002) found that social comparisons to dominant media differ for Latina, African-American, and White women and in fact Latina women may experience the most negative feelings after self comparisons to dominant media. This indicates more research is needed in order to apply these theories to diverse groups of women.

The next theory helps us understand why “women” as a category are particularly susceptible to social comparison especially as this relates to their bodies.

### *Objectification theory*

In order to properly understand the “media as context” for body image issues it is critical to consider the interdependence of the social psychological theories we have brought to bear on this topic. Further, we must consider the nature of the images that women are overly exposed to, self exposed to, and compare themselves to. Mass-mediated images sexually objectify women’s bodies (Roberts & Gettman, 2004, p. 17) showing them as thin, beautiful, and often fragmented body parts. Further, women’s bodies are often used to sell things (Roberts & Gettman, 2004, p. 17). *Objectification theory*, developed by Frederickson and Roberts (1997) claims that:

...this cultural milieu of sexual objectification functions to socialize girls and women to treat themselves as objects to be evaluated based on appearance. Girls learn, both directly and vicariously, that their “looks” matter, and that other people’s evaluations of their physical appearance can determine how they are treated and, ultimately, affect their social and economic life outcomes. The theory argues that girls and women therefore can become preoccupied with their own physical appearance as a way of anticipating and controlling their treatment—an effect termed “self-objectification.” Self-objectification is theorized to lead to a variety of emotional and behavioral costs” (Roberts & Gettman, 2004, p. 17–18).

This theoretical lens becomes particularly salient when considering what body obsession prevents women from doing. Applying an integrated social psychological framework grounded in the four reviewed theories can provide useful concepts in our understanding of how mass media messages are promoted by a range of capitalist and often patriarchal beauty industries and are being used and interpreted by women. It is only through our understanding of

these multiple pathways through which “body-work” is being done, that the underlying structural forces of body disturbance can become more apparent. In other words, it is important to look at the socio-cultural, political, and economic context, as well as the social psychological processes individual women engage in, which influence how they individually operate within the larger social context. Much more research is needed to sort through the differential influence these specific social psychological factors have in any given individual woman’s life, as well as to what specific types of women are vulnerable, and to whom remain protected.

These theories taken together provide a more “holistic” approach to our understanding of the impact of mass mediated culture on women’s attitudes toward food, their weight and body image. It is crucial that we focus our research lens to studying a range of women’s experience by race/ethnicity as well as such factors as social class and sexual preference. Up to this, our understanding of the differences among women that tend to be influenced by the mass marketing of Eating Disorders is an area of research that needs much more attention.

### **Finding solutions**

Cultivation theory, uses and gratifications theory, social comparison theory, and objectification theory have pointed out the importance of not only looking at the volume and content of the messages being conveyed, but also how these messages are *assimilated* by a diverse population of women. While certain industries and institutions have been implicated for profiting from promoting the thin ideal and providing marketable ways to attain it, even at the expense of one’s health—these same industries may provide the necessary venues for change and effective solutions. The concluding section takes a look at what still needs to be done as well as possible ways to go about working towards these solutions. To address the specific nature of Eating Disorders among women we must critically examine the current structural features of capitalism and patriarchy that promote the ideal body type.

### *Re-visioning femininity*

What is ultimately required is a re-visioning of femininity. Constructions of femininity and vulnerability to body disturbance are linked at a very young age when girls internalize the feminine as morphed with a thinness ideal. Pine (2001) empirically investigated this in a study that involved 140 children ages 5–11. Pine’s research showed that young girls consistently link “feminine”

traits with thin female figures and see heavier female figures as less feminine—femininity and thinness are thus associated from a very early age (Pine, 2001, p. 533).

Social action on the part of women to determine their own identities is an important way to challenge patriarchy's message that to strive for the thin ideal, is to be empowered. Reclaiming and reframing what power means for women is crucial and is needed to breakdown the mind/body dichotomy. As Barbara Sichtermann notes in her book *Femininity: The politics of the personal*:

As women and men take a more active role in running their own lives and in political decision-making and as they communicate socially in a wider variety of fields, so private consumption will become less important. For private consumption is secretly a malignant consumer democracy and involves the consumption of illusions of attractiveness" (Sichtermann, 1986, p. 53).

Re-visioning femininity is not easy for women because some may be unwilling to give up the hard earned social and economic awards they have gained by following the societal message of ultra-thinness. Other women may continue to buy into the system believing that the rewards they have worked for, and trained much of their lives for are justified. They are the "winners" of this cultural game; and may be unwilling to envision a system outside of the existing one. Still other women may find it more practical to learn to navigate within the existing social system, rather than wasting their time and energy on other pursuits that may not pan out, many of which they may view as only utopian.

Integrated into the reconstruction of femininity must be a frank discussion around how gender cannot be so easily separated from other dimensions of social and economic status for women and men of different races, classes, ethnicities and sexual orientations. Bordo (1993) as cited in Williamson (1998), states, "to imagine that African-American women are immune to the standards of slenderness that reign today...is to come very close to the racist notion that the art of glamour...of femininity belong to White women alone" (p. 66). This is not only true of African-American women, but also those who "embody" that of the Other. By attending to how diverse populations of women deal with eating problems and body image issues, we begin to widen our perspective and highlight for example how traumas such as sexual abuse, physical abuse and discrimination flow from social conditions that produce eating problems as a perversely logical conclusion to deep-rooted social inequality (Thompson, 1994, p. 1–2, 8–26).

Another strategy of re-envisioning femininity requires us to break down the mind/body dichotomy. Levine and Smolak (1998) note that media as well as family, peer, school and other interpersonal relationships; all must play a role in de-emphasizing the association between female concept, appearance, achievement, and success. These networks should emphasize instead the development of "a 'voice' and a 'presence' not just a body" (p. 34). The family must help daughters to resist unhealthy patriarchal cultural images by applying a critical perspective to the media (Frank, 1999, p. 69).

To breakdown the mind/body dichotomy will require women to shape their own lives through social activism. Engagement in social change activities that target basic institutions—educational, economic, family, legal, political, and religious through challenging industries is also needed. These institutions often contain messages that feed on women's body insecurity and cite "where women are rewarded or punished daily for being in the 'right' or 'wrong' body." (Hesse-Biber, 1996, p. 123).

All of this said, re-visioning femininity is no small undertaking, and, as noted, can only result from a range of interrelated social changes. Toward these ends we propose two major venues for directed efforts: social activism and media literacy. It is also imperative to consider the linkage between "projects." In this vein, we advocate "empowerment education" as a web between activism, education, and media literacy and as a possible bridge towards a new vision of femininity.

### *Social activism*

Boycotting anorexic marketing is an activist strategy that brings women together at the grass-roots level targeting those consumer goods whose advertising is offensive to women's body image. Boycott Anorexic Marketing (BAM) is a Boston-based program whose goal is to "curtail the practice of featuring waif-like, wafer-thin models in ads for a variety of products by identifying companies considered to be culprits and asking consumers not to buy their wares" (Bass, 1994, p. 16). As the founder of the group explained, "So many women in this group felt powerless at the way our culture applauds anorexia and we thought of this boycott as a way to talk back" (p. 16). These groups provide an important venue where women come together to change societal attitudes through their purchasing decisions and political protest (Hesse-Biber, 1996, p. 120).

Eating Disorders Awareness Week (EDAW) is a national program designed to raise the public's awareness regarding how to prevent and treat Eating Disorders. EDAW is undertaken jointly by the medical community,

educators, coaches, as well as athletes. The organization challenges the diet, fashion and industries ultra-thin messages and their potential links to the outbreak of Eating Disorders.

While the mass media is often charged with creating an environment where Eating Disorders develop, it then has the potential for creating an environment that prevents them. Levine and Smolak (1998) provide a positive role that the media can take an active part in doing so. Media advocacy is an integrated approach drawing from community-based strategies and combining them with innovative media technology to target public policy debate and decisions (Levine, Piran, & Stoddard, 1999). “These techniques...help to construe Eating Disorders, not just as individual cases of disease, but in terms of social policy issues pertaining to public safety, public health, and gender equity” (Levine & Smolak, 1998, p. 48).

### *Media literacy*

Media literacy projects propose that just as with written texts, in order to be literate in contemporary society, citizens must be given strategies for *reading media*. Efforts by educational groups concerned with media literacy can assist us in understanding the ways in which messages are communicated to us through advertising and images in the mainstream media. The major components behind the aims of media literacy are to critically analyze mass media and to develop new ways of putting one’s own message into the multi-media network. Citizens need to develop “media logic” about how they use and relate to their mediated environment (Brown, 1998, p. 51). Learning about the strategies of the media, can better enable individuals to question what is portrayed as reality in media images. Developing new ways to process these messages—critically, rather than passively—may intervene in the endorsements of unhealthy images (Berel & Irving, 1998; Levine & Smolak, 1998; Levine, Piran, & Stoddard, 1999). A major goal of media literacy projects is to make media consumers active rather than passive (Brown, 1998, p. 47), which does not require people to disavow their media choices and pleasures but instead actively understand and account for them. Research indicates that while media literacy cannot inoculate girls and women from the harmful influence of idealized images, it can foster vital critical thinking skills. Irving and Berel (2001) studied the effectiveness of short-term media literacy on college women’s resilience to media images of femininity. They found that media literacy programs that include a fifteen-minute educational feminist film about images of women in advertising resulted in “greater media skepticism” in female viewers (Irving & Berel, 2001, p. 109).

### *Empowerment education: the nexus of activism, education and media literacy*

We view “empowerment education” as a bridge between social activism, education and media literacy. Further, we propose that if empowerment education is used effectively, including through the integration of the aforementioned initiatives, those involved in the effort may also begin to systematically re-vision femininity as part of the process. “Empowerment education” is based on the premise that “population health and well-being are intimately tied to, and are consequences of, power and powerlessness” (Bergsma, 2004, p. 153). Health education and prevention research has shown that empowerment education is an effective model for both individual and social change, particularly for vulnerable or marginalized groups such as girls and women (Bergsma, 2004, p. 153). Empowerment education is most effective when it creates resilience towards “unhealthy” media messages by teaching “critical thinking skills” and offering tools for social change so that individuals can take action beyond that which is immediate to them (Bergsma, 2004, p. 153). This community-based approach requires simultaneous efforts towards self-esteem and social change (Bergsma, 2004, p. 155). Since empowerment education is a process, an initial step is “consciousness raising”—media literacy can provide such an experience (Bergsma, 2004, p. 156). In terms of mediating the impact of idealized images of femininity, empowerment education can merge media literacy with eating disorder education in order to provide the tools for social activism, which may include activities such as boycotts or larger cultural shifts such as offering and promoting new visions of femininity.

### **Conclusion**

Our discussion suggests that young women learn from magazines, advertising, fitness clubs, and other cultural institutions that the preferred ideal weight is significantly less than what the medical literature would suggest is healthy. This ultra-thin ideal is “cultivated” by the diet, cosmetic, beauty, medical, and mass media industries—important structural elements of today’s capitalist system. It is true that not all individuals adhere or succumb to this ideal to the same degree, if at all. However, these capitalist interests, allied with patriarchal interests, have convinced women that independence means women are responsible for maintaining the ultra-slender body ideal through self-improvement and self-control which by design or effect results in the widespread social control of women—their minds, bodies, time, energy, money.

Therefore, one's agency, while existent, becomes more difficult to detach from power interests. Dieting, physical fitness and cosmetic surgery can become elusive methods of controlling and subordinating women. Women spend an enormous amount of time, emotional energy, and money attempting to attain the ultra-slender ideal (Attie & Brooks-Gunn, 1987). These activities drain economic and emotional capital away from other investments women might make, for example, political activity, education, and career advancement-activities that would promote empowerment (Hesse-Biber, 1996, pp. 26–27). As social psychological theories suggest, it isn't only about being bombarded with thin images and being objectified, but also exposing oneself to thin images and self-objectification. The integration of these four theories is integral to our understanding of how media images promoted by capitalist industries are consumed by many women who then turn to these profit-driven industries for solutions.

This article has aimed to bring the discussion on disordered Eating Behaviors out of the clinical realm in order to see them as social and economic issues. This does not mean that the psychological elements of these patterns aren't relevant or crucial to our understanding of Eating Disorders. In fact what we have shown is that both perspectives are needed to understand how capitalism and patriarchal interests have perpetuated these images and the specific psychological factors that help us understand the effectiveness and impact the mass marketing of these beauty ideas have on making some women more or less at risk for the development of disordered eating and Eating Disorders. The arguments presented can be useful in our continuing efforts to find effective solutions to addressing and preventing the onset of eating disordered behaviors. Prevention can begin by locating the attitudes and mindset leading up to these behaviors. In addition, before effective solutions can be found, recognizing how messages are interpreted, processed, and acted upon by diverse groups is important as well. Recent research suggests that traditional models may have failed to detect body disturbance issues in certain groups; adopting a socio-cultural, economic-political, and social psychological perspective may be better able to address the variations that occur with regard to eating issues and body image. Additionally, by applying this extended vision in future research we will be able to better understand why some groups and individuals (across race, ethnicity, sexuality, gender) are less vulnerable to Eating Disorders, disordered eating, and poor body image so that we can apply that knowledge for the empowerment of those struggling with body image issues.

Because both poor health and media illiteracy are systemic problems, the solutions must also be

systemic; they are economic, political, and social in scope; and they have regional, national, and global dimension (Bergsma, 2004, p. 158).

In this effort, our theoretical lens must be nuanced, and our solutions comprehensive.

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