

# Westernization: The Role of Mass Media on Body Image and Eating Disorders

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## 1. Introduction

This chapter aims to illustrate the relationship between sociocultural globalisation and body image – globalising mechanisms appear to disseminate the Western standard of female and male beauty. Thus, the combination of ubiquitous messages for eating behaviours and beauty in both advertising and mass media programming may lead to confusion and body image dissatisfaction amongst many young people. The aim is to examine the framework of causality of culturally-induced manifestations of eating and body image disorders by gender and, in particular, to examine the role that the mass media plays in the development of male and female body attitudes regarding ideal body images and how this may in turn have an impact on their mental health.

## 2. The concept of body dissatisfaction in the literature and its association with mass media effects

Body image is a construct determined by a series of individual and socio-cultural factors that intervenes decisively in several aspects of our lives in Western society. Amongst the broader socio-cultural determinants of body image development are ideal body representations transmitted through various socialisation agents such as the mass media, which clearly stands out as spokespeople for these cultural values. Thus, it can be argued that the mass media not only reinforces cultural stereotypes but also strengthens gender behaviour patterns. From a multidimensional perspective, body image is formed through the dynamic interaction of several of these sociocultural and individual factors; the alteration of one of these necessarily affects the rest of the factors in the cycle (Calado, 2010, 2011). A model of body image development by gender is described in Figure 1.

The mass media serves as a mediating structure between individuals and their bodies by sending a powerful message to society: only a determined physical stereotype of beauty is valued. Reiterated by other primary agents of socialisation, such as families, peers and schools, the idea is taken seriously mainly by young women. This issue has been addressed through the analysis of gender as a main factor in the social construction of body image (Calado, 2011). From a gender sociocultural perspective, different perceptive (body

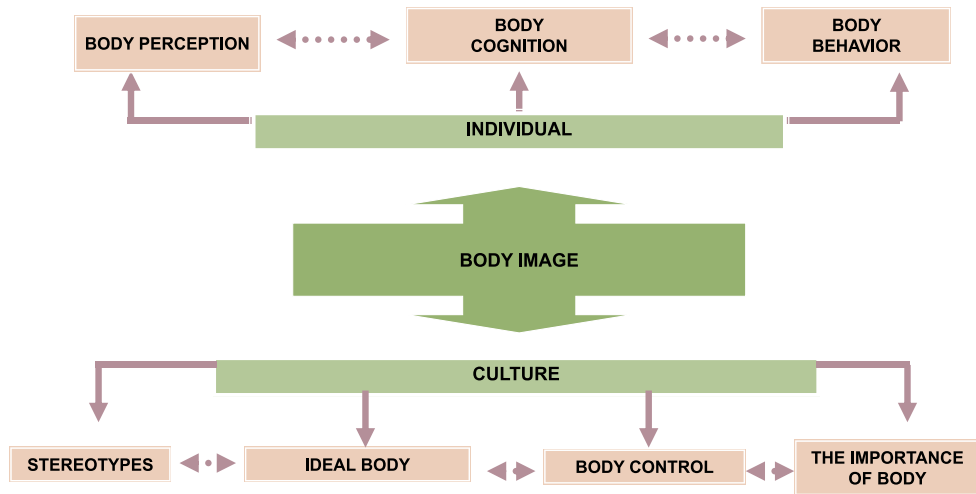


Fig. 1. Model of factors contributing to the development of body image amongst young people by gender (Adapted from Calado, 2011)

functioning), cognitive (thoughts about the body, nutrition or situations that interfere in life), affective and behavioural (affective-sexual relations and behaviours) processes in society are generated, which will affect the formation of a positive or negative body image. The differences regarding the gender body standard go beyond physical appearance as both body representations lead to two very different ways of appreciating the body.

Socialisation agents such as television, internet, cinema and printed media project the idea that ideal body images can be reached through body control and change and that it is solely up to a person's resolve to realise these ideals. This implies moving from the representation of ideal bodies to providing information on how to achieve them. However, in many cases the images presented as ideal prove to be unachievable (unless through aggressive methods such as cosmetic surgery) as they have probably, prior to their publication, been airbrushed and retouched, and thus become unreal.

The variable that continues to be unalterable in content analysis of body control in women is weight. Obesity stereotypes tend to include the belief that weight is controllable (Blaine & McElroy, 2002; Crandall & Martínez, 1996) and overweight people tend to be portrayed as greedy, weak and lazy, whilst miracle weight-loss results are normalised by experts (Blaine & McElroy, 2002). Recent criticism in this direction led to weight loss advice stressing more the importance of health, which was thus associated with thinness (Calado, 2010). Wiseman et al. (1992) found that since 1981 joint weight loss and exercise magazine articles had increased indicating a possible cultural redefinition of methods for weight loss. Previous studies had reported articles based solely on dieting as a weight loss mechanism (Garner et al., 1980; Toro et al., 1989).

Finally, the association between an ideal body and social values must be pointed out. Ideal body shapes are associated with personality traits and positive values, enhancing even more their desirability. The beauty ideal becomes a value in itself and trends that move in different directions are frowned upon. Thin women are therefore associated with wealth,

health, control and beauty, whilst being fat is associated negatively with weakness, laziness, lack of control and unhealthy lifestyles. These dynamics lead to the attribution of positive values, including being more intelligent, friendlier and more determined, to thinner people on television (Fouts & Burggraf, 1999).

Several studies have discussed the relationship between mass media and the development of body dissatisfaction from the assumption that the ideal of beauty can deeply impact a person's body attitudes and behaviours (Grabe et al., 2008; Groesz et al., 2002). Thus, aesthetic standards based on the ideal stereotype of thin women and muscular men, may lead to conform idealised cultural values and are considered possible determinants of body image dissatisfaction. These cultural values are unique in that persons are apparently subject to powerful and continuous reinforcing mechanisms through exposure to consistent, reiterative and persuasive thin-ideal images (Blaine & McElroy, 2002; Cusumano & Thompson, 1997; Hogan & Strasburger, 2008; Wiseman et al., 1992).

Existing research reflects a complex reality in which the debate continues as to whether these forms of mass media imply a cause and effect relation or if they are a correlation relationship. The majority of findings are provided by correlational research on the relationship between exposure frequency to the thin ideal and body dissatisfaction (Cusumano & Thompson, 1997; Grabe et al., 2008). These studies showed that reading fashion and fitness magazines, exposure to television music videos and access to specific content through internet or social network websites, such as Facebook or Twitter (Cusumano & Thompson, 1997; Hatoum & Belle, 2004; Hogan & Strasburger, 2008), were associated with body dissatisfaction amongst adolescents due to reiterative exposure to idealised beauty images and, in turn, triggered the desire to lose weight because of this influence. Furthermore, several experimental investigations have suggested that exposure to thin media images led to an increase in body dissatisfaction (Grabe et al., 2008; Groesz et al., 2002). The meta-analysis of 25 experimental studies by Groesz et al. (2002) showed that participants were significantly more dissatisfied with their bodies after viewing thin-idealised models than after viewing average-sized models, plus-sized models, or inanimate objects

However, the majority of society is exposed to reinforcing messages by the mass media that may cause body image dissatisfaction and does not develop unhealthy attitudes and/or behaviours. The question, therefore, would be to ask what individual factors may be working as translators of these social messages that function as risk factors for disordered eating behaviours. In other words, what psychological processes are triggered in a person by which he or she becomes more vulnerable to the group of beliefs, values and attitudes received by socialising agents.

Longitudinal studies are crucial for distinguishing causal risk factors in order to demonstrate whether the exposure to mass media precedes and predicts the development of disturbed body image and disordered eating. There are less published studies that suggest that early exposure to the thin-ideal can predict an increase in body image dissatisfaction. Dohnt and Tiggemann (2006) interviewed a sample of 97 girls aged 5 to 8 years to study how they incorporated the desire for thinness and satisfaction with appearance, and the relationship of this association with their self-esteem. A year later, the variable watching appearance-focused television programmes predicted an increase of appearance dissatisfaction and, subsequently, the girls' desire for thinness was found to precede temporarily low self-esteem. Thus, it appears that a greater exposure to music television shows

and appearance-focused magazines leads to a stronger level of dieting awareness. This is consistent with another study by Harrison and Hefner (2006), in which greater overall television exposure predicted both a thinner ideal adult body shape and a higher level of disordered eating in a sample of girls aged 7 to 12 years. In an older sample of college-aged women, Aubrey (2006) studied the total exposure to sexually objectifying television and magazines and found that the exposure to the media predicted levels of self-objectification (defined as the attributes applied to one's physical self-concept) a year later, especially in women with low self-esteem. According to Aubrey, the exposure to mass media could be associated with an increase in viewers' definitions of their physical selves in terms of externally perceivable traits (i.e. body appearance) rather than internal traits (i.e. body control). One explanation for this process is that exposure to televised objectification cultivates a particular view of the self, a view that emphasises the importance of physical appearance.

### **3. The association of the effects of the mass media with the Westernisation of the body image according to gender**

It appears that sociocultural factors may affect female and male adolescents differently; whilst exposure to the muscular ideal has been associated with greater body dissatisfaction in male adolescents, females have reported the desire to be thinner (Farquhar & Wasylikiw, 2007; Hatoum & Belle, 2004).

Research has frequently assessed weight as a body dissatisfaction indicator for women, such as studies on Miss America pageants and Playboy centrefolds. In most cases researchers agree that the ideal body weight for women has decreased progressively over the last 30 years (Garner et al., 1980; Silverstein et al., 1986; Spitzer et al., 1999). This trend is also apparent in television and cinema, which represent women as thinner than the social norm (Fouts & Burggraf, 2000; Fouts & Vaughan, 2002).

Less attention is paid to male body representations, although this has been gradually changing in recent years. Historically, male ideal body images have been associated with muscle bulk, such as the lead actor of the iconic film *Rambo*. There is less of a consensus in published studies on this topic, but there appears to have been an increase in the desire amongst men for muscularity as reported by Leit et al., (2001) in their review of Playgirl models and by Spitzer and colleagues (1999) in male models.

Images that are represented by the media tend to transmit and reinforce dominant cultural ideologies as well as reject representations that question these stereotypes. Calado (2011) shows that these stereotyped body messages generate discrimination dynamics regarding gender roles and the ideal body image (Figure 2), and convey false ideas of reaching this ideal through processes of body transformation and of social success associated with specific body images, as well as possibly trigger unhealthy behaviours.

The objectification of women is based on an ideal of youth and thinness, and the objectification of men is based on thinness as well, but also muscularity and fitness. The reemphasising of these ideals creates the false idea that ideal body images are atemporal, static and immutable, resulting in an unbalance and selection of certain body shapes and exclusion and invisibility of others. This leads, as mentioned previously, to a homogenisation of the ideal body by gender.

Amongst the sociocultural factors that most influence negatively female and, progressively more, male body image perceptions are stereotypical ideal body representations transmitted through different socialisation agents and most notably the mass media. The mass media appears to exercise powerful social learning processes by means of negative and positive reinforcement of mechanisms of beliefs and behaviours. However, these mechanisms tend towards homogenisation through stereotyped and single-viewed notions regarding beauty and the rejection of reality, that is to say, heterogeneous and made up ethnicities, ages and shapes.

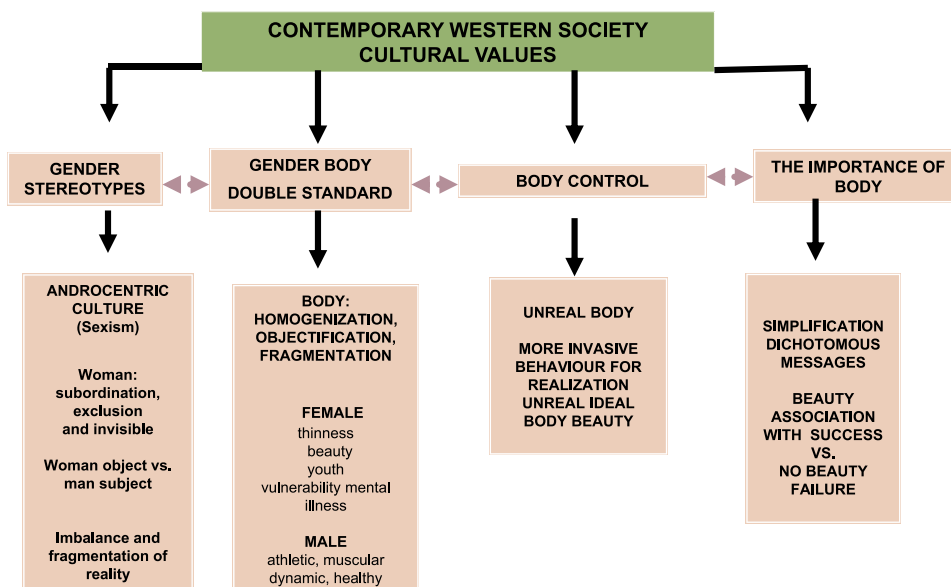


Fig. 2. Sociocultural messages influential in shaping body image (Adapted from Calado, 2011)

The spread of these rigid, stereotyped and dichotomic messages conveys an oversimplified, homogeneous and incomplete picture of reality, allowing for further associations between low self-esteem and body dissatisfaction. An example of this can be found in the television programme *Extreme Makeover* where participants and viewers are led to believe that their self-esteem can only improve if they have previously undergone a radical transformation of their body image (Cocimano, 2004). The association between a certain type of body, personality traits and success is also reinforced by the mass media through the portrayal and glorification of celebrities. The constant emphasis on the association between celebrities and their body image (by the mass media) reaffirms the belief that success can only be obtained if accompanied by an ideal body. These associations have been studied by Plaza (2005), who examined 519 celebrities in women's magazines and found that they were usually attributed with positive values such as professionalism and the ability to work hard. Life experience, however, was relegated to a lesser issue as most celebrities were under 30 years of age. Once again, the youth versus maturity dichotomy can be observed.

On the other hand, sociocultural beauty standards do not flow in parallel for both genders. This asymmetry has been reported in studies that have assessed the parts of the body which

are of most concern to men and women. In this respect, gender differences regarding content and structure of the dimensions associated with the body are relevant. Men tended to be more concerned about their bodily strength (chest, arms or muscles), whilst women were more concerned about their weight (body shape satisfaction or size of breasts) (Blowers et al., 2003). The impossibility of attaining either of these body ideals triggered emotions such as fear, depression or anxiety.

Another differentiating gender element linked to body image is the aging experience, or rather, the double standard for aging. Halliwell and Dittmar (2003) found attitudes towards aging in women to be centred mainly on the physical aspect of their bodies and thus, aging was considered negative as physical attraction decreased and became disassociated with the social value of youth. On the other hand, for men, aging had a negative impact on their physical ability, whilst changes in their appearance were seen as more neutral or even as positive. Social beliefs of masculinity underline traits such as ability, autonomy, energy and self-control, all of which supposedly increase through aging. Therefore, men may view aging as a process that enhances their appeal and, although they also expressed negative attitudes towards body aging, these were not as marked as in the female sample.

Women tend to interiorise their role as body-objects and value themselves regarding their physical appearance; in comparison, men appear to focus more on the aspects of their body associated with function and thus may present higher self-esteem. The prevailing social conditions appear to lead women towards associating their self-worth with their body satisfaction, whilst this synergy does not appear to apply to men. Furthermore, the link between body and self-esteem may influence women to consider as secondary other personal aspects, such as intellectual, artistic or social skills, generating a global single focused self-esteem associated with their self-perceived physical appearance (Calado, 2011). Martínez-Benlloch (2001) has argued that gender content (masculinity/femininity) is expressed in the manner that they are assumed at adolescence. Boys are inclined to focus their self-worth on variables such as self-control, personal power, competitiveness and physical functioning (a dynamic picture of the body), and girls tend to associate their self-worth with weight concerns, sexual attraction and body objectification.

These sociocultural influences appear to have functioned as a protective factor for body image disorders in men. However, there appears to be recent trend suggesting a progressive inversion. Halliwell and Dittmar (2003) in their study of a male sample reported significant differences regarding ages. Younger males, who were more effected by sociocultural body image pressures, exhibited behaviours aimed at changing parts of their bodies they were dissatisfied with, whereas differences by age were not found in the female sample. This fact suggests that levels of concern amongst men may increase in the future. Overall, it seems that the body can be shaped to fit particular ideals and beliefs as a personal project.

An up-to-date review by López-Guimera et al. (2010) has accumulated evidence that the mass media are an extremely important source of information and reinforcement in relation to the nature of the thin beauty ideal and how to attain it. However, less evidence was found for the processes implicated in this relationship, though these are deserving of further research. These authors have postulated that there are at least three processes that convey the relationship between the media, body dissatisfaction and disordered eating: internalisation of the thin beauty ideal, social comparison and activation of the thinness schema. Moreover, social and family support play a crucial role in the awareness and reinforcement of the thin beauty ideal

and disordered eating behaviours, which could work as a protective factor for low awareness and internalisation of the thin-schema (López-Guimera et al., 2010).

#### **4. Homogenisation processes of the body ideal regarding physical beauty in different cultures**

Body image research has argued that body gender stereotypes change from one culture to another and over time. Thus, ideal beauty would be different for every culture as every culture establishes standards that are adopted by varying expressions according to the historic period of the society (Frith et al., 2006). These beauty standards generate anomalous concerns and behaviours linked to body image and directed at obtaining these ideals.

There are diverse practices of beauty across cultures. For example, in China, until fairly recently, an attribute of female beauty was having small feet, leading to the bandaging of young girls' feet in order to stunt growth. This practice was initiated when the girl was between the ages of four and seven, and was widespread for over a thousand years. In Myanmar, a long neck is associated with beauty. Paduang women wear coiled brass neck rings to the point of not being able to remove them because of bone and tissue deformation. In Sumatra, teeth filing was a common practice. Across Africa, skin scarification – where decorative designs are cut into the skin to emphasise beauty as well as ethnic origins – has been practised for centuries. Moreover, some African cultures have seen the deliberate fattening of women as a sign of beauty, fertility, health and prosperity. Amputation and mutilation have been practiced amongst the Mongoni tribe in Malawi. In Arabic culture, henna has been used for centuries on special occasions to decorate the body with bold geometric designs. There are many more examples, perhaps as many as cultures with their own beauty ideals. Traditional African, Asian and Arabic cultures have been cited as examples where, at the very least, thinness was not emphasised as a requirement for feminine beauty (Calado 2011; Soh et al. 2006). However, even across cultures, to attain these ideals of beauty at times implied subjecting oneself to risk behaviours or practices, mainly as regards the female gender.

However, because of globalising dynamics and global access to Western socialising agents' messages, there appears to be an increasing trend in ideal body image homogenisation regarding gender. That is, there appears to be an increasing belief that the beauty ideal has become stable.

These social agents have exported a Eurocentric concept of beauty to the rest of the world. Historically, even the Eurocentric beauty standard regarding ideal body shape has changed in the last 50 years, moving from more voluptuous female shapes to extremely stick-thin body shapes, such the British model Twiggy in the 1960s, and this has never really yielded to a more normal average-sized female body (Frith et al., 2006). Indeed, the stereotypes of a thin body ideal for women and a muscular body ideal for men may also facilitate a full range of unhealthy weight loss practices to control the body image (Gandarillas et al., 2003; Grogan, 2006; Perez-Gaspar et al., 2000), which may lead to idealised cultural values. Body image dissatisfaction and disordered eating have apparently influenced more severely women and this has been associated with the etiology of several psychological and psychiatric disorders. Body dissatisfaction increases the drive for thinness and dieting; and dieting is the greatest risk factor for the development of an eating disorder. Adolescent

females, who diet only moderately, are five times more likely to develop an eating disorder than those who do not diet, and those who diet severely are 18 times more likely to develop an eating disorder (Patton et al., 1999). In terms of psychiatric cases, a number of epidemiological studies have presented similar eating disorders prevalence rates, around 4.5% in Western countries (Favaro et al., 2003; Gandarillas et al., 2003; Perez-Gaspar et al., 2000), although this rate may be higher if subclinical cases are included (approximately 8%).

Across cultures, Asian and black women are increasingly considered beautiful when they meet Eurocentric ideals in terms of body shape, skin color and hair texture and, unsurprisingly, cosmetic surgery and health care products have become a ready solution. China, Japan and South Korea are amongst the top seven countries where cosmetic surgery is performed, along with the United States, India, Brazil and Mexico (Haas *et al.*, 2008). According to the American Society of Plastic Surgery, approximately 11.7 million cosmetic surgical and nonsurgical procedures were performed in 2007. This is a 457% increase since 1997. Globally, almost \$13.2 billion was spent on cosmetic surgical procedures in 2007 (Haas et al. 2008). Many Asian women opt for surgery in order to copy the chins, big eyes or high-bridged noses of popular Western actresses. Evidence suggests that this leaning towards a Westernised appearance starts at an early age; dark haired Asian women now play with blonde-haired Barbie dolls when children. Ultimately, older Caucasian females also undergo one form or another of cosmetic surgery to address aging in their quest for youth. Other forms of body intervention are performed by all ages, mainly lipoplasty and breast augmentation (Haas et al. 2008). Men have also become targets of these beauty messages, although the intensity and number of advertisements seem to pale into insignificance when compared to women. Nevertheless, this homogenisation of beauty across gender, culture and ethnicity is a trend that allows for mechanisms of social control by cosmetic industries, which also accumulate high profits from the transmission of these messages (Hesse-Biber et al. 2006). Moreover, Haas et al. (2008) reviewed the reasons for undergoing cosmetic surgery and found that these were mainly motivated by psychological and psychosocial factors and, in some cases, psychiatric disorders. Recently, increasing eating disorders rates have also been reported in non-Western societies, such as the Middle East (Nobakht & Dezhkam, 2000), China (Huon et al. 2002) and Japan (Chisuwa & O'Dea, 2010), although the prevalence rates are still far below those in Western countries.

The case of Fiji is an outstanding example of global-marketing of beauty standards and how these have affected traditional culture norms previously immune to body disturbance and disordered eating. Fijian culture traditionally holds a robust and rounded body image as the norm for females and males. In contrast, a slim body was considered unhealthy. Only three years after the arrival of television in 1995, dominated by Western broadcast programmes and films, Fijian society noted a drastic increase in eating disorders and general dissatisfaction with physical appearance. In other words, these disorders had not been recorded (or did not exist) until the advent of televised media on the islands (Becker, 2004). Other examples could be considered illustrative cases, although the methodology is more limited and the results debatable. In the case of Iran, the country banned Western media after the fall of the Sha and, therefore, Iranians were not exposed to the thin body beauty. In a particular study, female and male Iranian college students were compared with their American counterparts. As expected, the Iranian female students scored considerably higher



than the U.S. participants when asked to assess their body-esteem, while men, from both countries, scored higher than the women (Akiba, 1998). These results suggest that the current access to Western mass media has had a more significant impact amongst the female population. Another study carried out by Nasser (1994) confirmed that unhealthy eating behaviours and the desire to be thinner were emerging in Egyptian culture amongst secondary school students in opposition to values traditionally placed on rounded female bodies. Lastly, Caradas et al. (2001) conducted research in South Africa in order to compare body image issues amongst white and black girls. Their findings indicated that the prevalence of abnormal eating attitudes was equally common in schoolgirls from different ethnic backgrounds.

Certainly, Westernisation and globalising values have permeated the majority of non-Western cultures and established body image ideals and eating behaviours. As regards the media, it is fairly easy to see that a significant number of Western television programmes have been adapted to different countries (Asian, Latin American, etc) and dubbed in various languages. Publicity tends to be more local for cooperate reasons, but these advertisements are also, in many cases, generic commercials believed to appeal to a variety of countries and are, consequently, aired and dubbed all over Western Europe. The same can be said for printed media that either offer different versions of globalised magazines (*Hello, Cosmopolitan*, etc) or publish magazines that imitate in form and content Western publications.

In this context, it is also important to assess the degree of acculturation regarding over-exposure to idealised images within the African-American, Asian-American and Latin-American communities. There has been less research assessing body dissatisfaction or eating disorders in minority groups. Clinical criteria developed for Caucasian populations do not effectively map illnesses for non-Western samples, thus, information is still uncertain and scarce. Several studies, however, confirmed as a result of ethnicity and cultural conflict was significantly related to body dissatisfaction and maladaptive eating attitudes (Alegria et al., 2007; Cummins & Lehman, 2007; Hesse-Biber et al., 2004). The study by Akan and Grilo (1995) reported that Caucasians had greater levels of disordered eating and dieting behaviours and attitudes and greater body dissatisfaction than Asian-Americans and African-Americans who differed little on these measures. Likewise, a history of being teased about weight and size was associated with unhealthy eating behaviours and body dissatisfaction in Caucasians but not in Asian-Americans. A further study that compared a Caucasian and an African-American female sample suggested the latter group had appearance concerns over the issues of hair and skin, specifically to straighten their hair and try to achieve lighter skin tones, in an attempt to integrate aspects of both cultures into their lives (Hesse-Biber et al., 2004). In contradiction of these findings, however, another study found that African-American and Latin-American women differed little from Caucasian women in terms of body dissatisfaction and eating-disordered features (Hrabosky & Grilo, 2007). Recently, a rigorous eating disorder study carried out by Alegria et al. (2007) of Latin Americans in the United States found elevated rates for binge eating but low prevalence of anorexia nervosa. Specifically, foreign birth was associated with a decreased risk of binge eating and those who spent more than 70% of their lifetime in the U.S. reported the highest rate for an eating disorder. In short, findings suggest that there exists some support for the risk effect of acculturation and racial differences regarding eating and body image.

## 5. Exploring trends in male body dissatisfaction, appropriate instrument measure and its association with mass media effects

A relatively new direction of research in this field is the growing impact of body image concerns amongst males and, consequently, increasing male body dissatisfaction (Plaza, 2005). Thus, men may have found a certain protection from eating pathologies due to the fact that physical appearance has historically been attributed as a value to women, whilst men have been valued for other aspects of their lives such as work and intelligence (Calado, 2011). Male body image disorders have been invisible and apparently non-existent until recently as they would have challenged sociocultural preconceptions regarding gender roles (Spitzer et al. 1999). However, since the beginning of the present century this scenario has changed with increasing pressure on men to conform to ideal body images as well.

The stereotypes of mass media for males have been revised from heroes and male celebrities to muscular athletes and actors. Television and magazines now offer new categories that describe the ideal physical appearances men should aspire to and which are associated with certain lifestyles. All these categories have in common the imitation of messages linked to the association of celebrities, their physical appearance and success. Not very long ago it would have been unthinkable to define men in terms solely of body exhibition and objectification; metrosexuals, for example, describes heterosexual males who assume traditional female attributes such as wearing cosmetics. The most famous representative is perhaps the footballer David Beckham. In fact, socialising agents and other actors realise that they have tapped into a new market, that these new models are accepted and imitated as ideal images (Farquhar & Wasyliw, 2007; Leit et al., 2001; McCreary & Sasse, 2000; Spitzer *et al.* 1999). As in the case of women, men are now faced with ideal stereotypes based solely on their physical appearance but which promise success and wider social acceptance if obtained. Again, these stereotypes are unreal and in most cases unattainable if not through aggressive interventions on one's body and behaviour.

Several studies assessed the impact on men's health of mass media exposure to male beauty ideals (Farquhar & Wasyliw, 2007; Hospers & Jansen, 2005; McCreary & Sasse, 2000). Findings report increasing pressure for men to attain slender and muscular bodies through extreme weight control behaviours such as over-exercise and anabolic steroid use (Hatoum & Belle, 2004). Likewise, Hatoum and Belle (2004) identified a link between magazine exposure to this type of content and concerns regarding bodybuilding, fitness, excessive protein supplement use and cosmetic surgery aimed at enhancing muscularity.

Moreover, men who try to obtain a muscular and athletic beauty ideal may trigger issues such as increasing concerns about their appearance and possibly new forms of disorders linked to body image such as body dysmorphic disorder (BDD). This disorder is characterised by intense obsession with his or her appearance and body image and the attempt to fix the perceived flaws through excessive exercise. This disorder has become increasingly noted and there is a growing interest, specifically, in muscle dysmorphia, which is more frequently present amongst men (Murray et al., 2010; Veale et al., 2003). Muscle dysmorphia disorder has been considered since its inception as a type of "reverse anorexia," or "bigorexia." It is classified under several different categories, as a manifestation of BDD or obsessive compulsive disorder or as a new form of eating disorder (Murray et al., 2010). Excessive concern and obsessive thoughts regarding physical appearance, symptoms of anxiety and

depression, altered behaviour of social and working life, direct people suffering from this disorder towards related rituals such as excessive weightlifting, a meticulous diet, and anabolic steroids used for aesthetic purposes. Recent research suggests a strong conceptual similarity with anorexia nervosa (Murray et al., 2010). For example, weightlifters that are not identified with the disorder spend forty minutes a day worrying about the development of their musculature, unlike the five hours spent by men with bigorexia.

Pope et al., (2005) compared men with muscle dysmorphia to men with BDD without muscle dysmorphia, finding similarities in demographic features and a number of non-muscle related body areas of concern. However, those with muscle dysmorphia were significantly more likely to lift weights excessively, diet and engage in anabolic steroid abuse. They also had a poorer quality of life and were significantly more likely to have attempted suicide. These findings may also suggest that bigorexia is similar to an eating disorder spectrum. Similarly, higher levels of body fat dissatisfaction in conjunction with muscle dissatisfaction were also uniquely predictive of eating pathology amongst men (Tylka et al. 2005).

Ricciardelli and colleagues (2007) systematically reviewed the literature related to body image concerns, disordered eating and other behaviours associated with increasing muscle size amongst men from different cultural groups. They concluded that there was no consistent pattern that could summarise the nature of body image concerns in males across the different cultures. There is also no consistent finding related to moderating variables that mediate the relationship between the effects of acculturation, body change strategies and disordered eating. The majority of studies reviewed have been conducted with minority groups of males living in Western countries like the U.S. and using non-standardised and non-validated measures amongst males.

It is noteworthy to point out several shortcomings in the methodology of these studies. Most utilised administered self-report questionnaires designed for and validated in samples of females, which may not be appropriate for measuring the nature of men's body dissatisfaction and a possible eating psychopathology. In this regard, several new self-report instruments specific for assessing body image disturbance amongst the male population have been recently developed. Table 1 presents an updated review of some new instruments developed for assessing body image in male samples.

The majority of these tools were developed and validated in samples in the United States, and very few translated or validated in other countries. It is, therefore, possible that research illustrating the differences in eating disorder psychopathology between muscle dysmorphia and anorexia nervosa may have drawn premature or invalid conclusions because of the insensitivity of the measures in detecting men's body image and eating concerns (Murray et al. 2010; Ricciardelli et al. 2007).

## **6. Recommendations for health promotion: towards a positive body image**

The next step after obtaining a bigger picture of the global trend in body image and eating concerns over the last decades is to question whether this complex context can be altered. The effects of globalisation go beyond economics with digital mass media and new technologies exporting Western cultural standards around the world. This theoretical perspective suggests that modifying the context may also be able to change the psychological distress associated with body image disturbance (Calado, 2011).

Year	Author/ Country	Instrument	Description	Sample
2000	Edwards & Launder (Wales, UK)	Swansea Muscularity Attitudes Questionn. (SMAQ).	20 items on a 7-point Likert scale. Grouped: Drive for muscularity and Positive attributes of muscularity.	303 male students.
2000	McCreary & Sasse (Canada)	Drive for Muscularity Scale (DSM).	15 items on a 6-point Likert scale. Grouped: Muscularity-oriented body image and Muscularity behaviour.	197 male and female college-age.
2002	Mayville et al. (U.S.)	Muscle Appearance Satisfaction Scale (MASS).	19 items on a 5-point Likert scale. Grouped: Bodybuilding Dependence, Muscle Checking, Substance Use, Injury and Muscle Satisfaction.	372 male weightlifters.
2004	Hildebrand et al. (U.S.)	Muscle Dysmorphic Disorder Inventory (MDDI).	13 items on a 5-point Likert scale. Grouped in 3 subscales: Drive for Size (DFS), Appearance Intolerance (AI), and Functional impairment (FI)	237 male weightlifters
2004	Hildebrand et al. (U.S.)	Bodybuilder Image Grid-Original (BIG-O).	Figure-rating scale of 30 male figures that vary in body fat and musculature.	237 male weightlifters
2005	Tylka et al. (U.S.)	Male Body Attitudes Scale (MBAS).	24 items on a 6-point Likert scale. Grouped: Muscularity, Low body fat and Height	294 undergraduate men
2010	Hildebrand et al. (U.S.)	Male Body Checking Questionnaire (MBCQ)	19 items on a 5-point Likert scale. Grouped: Global muscle checking, Chest and shoulder checking, Other-comparative checking, Body testing.	196 undergraduate men

Table 1. Instruments of assessment body image disturbances in male sample

What appears to be true is that an effective society should aim to endorse measures that create healthy environments, which in turn promote health rather than concentrate resources solely on dealing with treatment. The World Health Organisation (2004) argues that individual health programmes rarely have a long-term impact on health problems. However, the majority of programmes carried out in this direction have targeted risk populations with the hope of reducing later cases, instead of addressing the root causes of these disorders. The question is whether individual interventions have the capacity to modify health risks or unhealthy lifestyles and habits. Hesse-Biber et al. (2006) argue that it is important to take into account the sociocultural, political and economic context as well as the psychological process, in order to understand how an individual operates in a given

social context. All of these approaches analysed together provide a holistic explanation of the impact of socialcultural pressure in body image and eating disorders.

Studying both the social as well as the psychological factors can help determine why some people develop body image and eating disorders and others do not. Solutions cannot be found in the separation of the private life and public sphere of individuals. In the case of women, as long as they are focused on their appearance, the public space they are allowed to occupy will be limited. Hesse-Biber et al. (2006) emphasise that efforts must be made to change our current anthropocentric thinking. Changes that allow for a healthier society regarding eating behaviours, body image and social self-esteem should be sought through holistic interventions. This point of view is important as depending on the perspective adopted, researchers can tailor the indexes that in turn assess programme outcomes.

Furthermore, it is surprising that regardless of the evidence suggesting a strong association between social agents and body image and eating disorders, the corresponding authorities have been lax when considering implementing initiatives aimed at addressing these attitudes and behaviours. Efforts carried out in most western countries, such as Spain, aimed at promoting positive body images, have been few and weak. Moreover, when compared to the resources the different socialising agents have to respond to these interventions (i.e. the cosmetics industry via mass advertising campaigns can override most public health campaigns).

The steps that have been taken by all concerned in the direction of promoting healthy and positive body images and preventing disorders are clearly insufficient. Hence, a clear association should be made between research, public policy and good practice, so to establish clear directives for interventions and programmes. However, although this task will not be easy given the amount of economic interests vested in body appearance in Western society, robust awareness campaigns are required since at present there does not appear to be many public policies that protect and promote a common good associated with a positive body image. The argument for or against image regulations and sociocultural pressure is not a specific topic in the arena of public health. Nevertheless, as in other fields of research and treatment, there is an increasing awareness of these issues by various organisations, professionals in the field of health and education and patients and their relatives, who are willing to support initiatives that lead to health promotion. But the underlying question that remains is whether or not society as a whole is in agreement. Are the actors involved concerned enough to agree to change? And are industries that profit from increased body awareness and obsessions willing to adopt measures for change?

On the other hand, the implementation of assessment procedures for adopted health promotion measures would require a common focus and language (Calado, 2011). This would also call for the collaboration of different sectors with the required conceptual and practical know-how in the area of health, research and society. Furthermore, this collaboration would allow the development of previously proposed health determinants and individual indicators that could provide information on the effects of possible measures to be implemented. Establishing specific indicators is essential for an evaluation of interventions in priority problems with the aim of finding solutions. The results of promoting health through scientific research are particularly important. This means that we

are able to learn from previous positive and negative experiences, and to replicate those projects, programmes and plans that have proven most cost-effective. Taking into account the changing nature of reality, follow-up monitoring is an essential procedure in determining not only the degree of acceptance and compliance with those measures but also future courses of action.

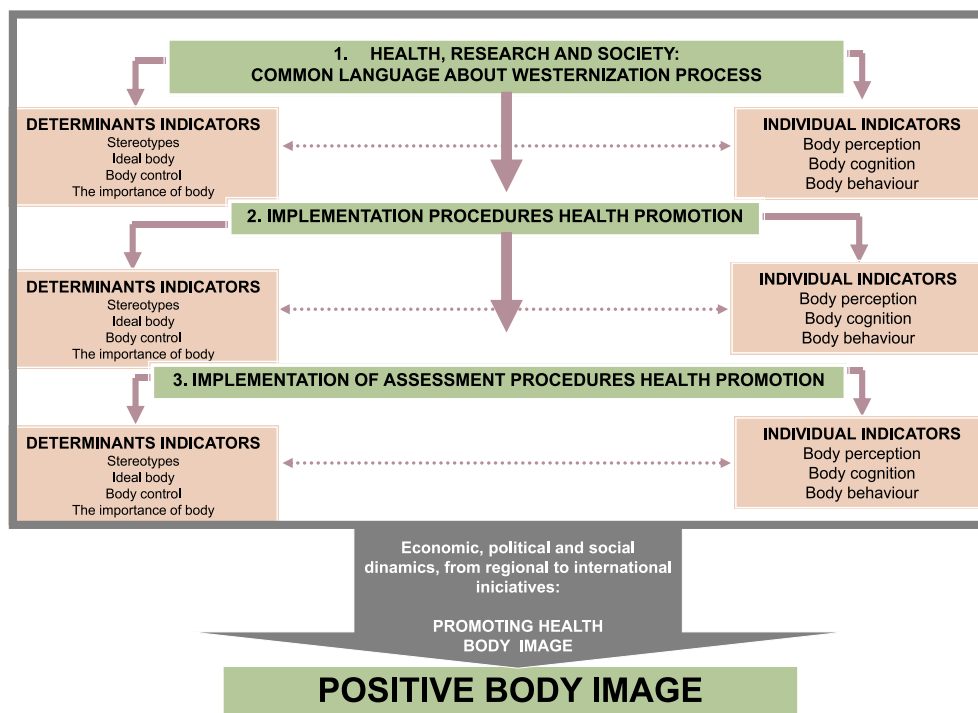


Fig. 3. Promoting health for a positive body image.

The discussion of solutions should involve regional, national and international initiatives, and it should include economic, political and social aspects of social dynamics. This perspective, therefore, underlines the idea that the concept of prevention and health promotion in relation to body image should be seen as dynamic and multidimensional. This implies a starting point that considers not only gender but also other factors such as age or ethnicity, which have not been as frequently addressed. We must consider that to date the majority of prevention programmes at individual level have not reflected the characteristics of ethnic and cultural minorities, and differences in terms of social status or habitat, such as large cities, urban or rural areas.

Finally, it is necessary that the media takes an active part in promoting a positive and healthy body image. Media advocacy requires an integrated approach drawing from community-based strategies and combining them with innovative media technology to target public policy debate and decisions (Hesse-Biber et al. 2006) and gender equity (Calado, 2011).

## 7. Conclusion

This chapter suggests that mainly social factors can provide a powerful theoretical framework through which to assess the influence of mass media messages of thinness on women and men. The Western thin and muscular ideals are facilitated by cosmetic, fashion, diet and mass media industries, which are crucial structural elements of current global markets. Even if these standards by gender do not have the same impact on everyone, the majority of our populations feel the restraint in one way or another. However, these economic and consumption interests are likely responsible for maintaining unrealistic body ideals, endorsing self-improvement and self-control and influencing the social-economic status of most women and men of different races, classes and ethnicities.

The chapter has offered an overview of the situation of body image in Western societies and highlighted ways of addressing the problems outlined and, more importantly, the steps that need to be taken to create a society free of unhealthy gender-specific body image standards. In conclusion, all these considerations suggest that if certain harmful aspects of lifestyle that contribute to negative body images and eating behaviours are to be altered, it is necessary to carry out social interventions to change personal motivations that can lead to disorders. There is a need, therefore, for a social and health sciences approach, advocating a biopsychosocial model, where psychological distress would be the result of complex interaction between biological, psychological and social variables. The goal would be the acquisition of good health linked to a positive body image in women and men, and understood as the ability to function satisfactorily in different social contexts without interferences associated with body image.

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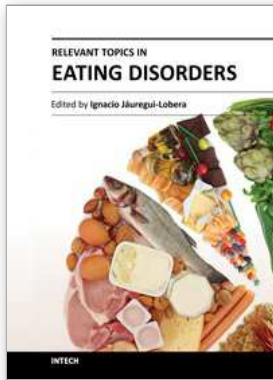
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## Relevant topics in Eating Disorders

Edited by Prof. Ignacio Jáuregui Lobera

ISBN 978-953-51-0001-0

Hard cover, 390 pages

**Publisher** InTech

**Published online** 22, February, 2012

**Published in print edition** February, 2012

Eating disorders are common, frequently severe, and often devastating pathologies. Biological, psychological, and social factors are usually involved in these disorders in both the aetiopathogeny and the course of disease. The interaction among these factors might better explain the problem of the development of each particular eating disorder, its specific expression, and the course and outcome. This book includes different studies about the core concepts of eating disorders, from general topics to some different modalities of treatment. Epidemiology, the key variables in the development of eating disorders, the role of some psychosocial factors, as well as the role of some biological influences, some clinical and therapeutic issues from both psychosocial and biological points of view, and the nutritional evaluation and nutritional treatment, are clearly presented by the authors of the corresponding chapters. Professionals such as psychologists, nurses, doctors, and nutritionists, among others, may be interested in this book.

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Ana R. Sepúlveda and María Calado (2012). Westernization: The Role of Mass Media on Body Image and Eating Disorders, Relevant topics in Eating Disorders, Prof. Ignacio Jáuregui Lobera (Ed.), ISBN: 978-953-51-0001-0, InTech, Available from: <http://www.intechopen.com/books/relevant-topics-in-eating-disorders/westernization-the-role-of-mass-media-on-body-image-and-eating-disorders>

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