



How do eating disorders relate to the way we see our bodies?

The way we see the form and shape of our bodies reflects the positive and negative experiences we've had with our bodies as children and adults, and our social attitudes and cultural ideals.¹

Many people develop a healthy body image as young children. They perceive their physical dimensions accurately and realistically, and are generally satisfied with how they look. They're able to grow and develop normally, and their parents support and accept these changes. And despite media messages that glorify thinness and perfection, their self-image remains accurate and whole.

Children with strong self-awareness are confident and have high self-esteem. They enjoy feeling unique, and can accept their own bodies and the bodies of others. Children who have trouble accepting their own bodies because of how their family or society reacts to them will not feel the value of their special qualities.

The history of eating disorders and body image.

13th to 16th Centuries.

Bodily perfection and thinness were something people related to spiritually in the lives of saints and pious women. St. Catherine of Sienna was known to restrict her food and fast for spiritual fulfillment. She eventually died of "holy anorexia," starving herself to rid herself of sin.² Some medieval women were rewarded with a highly valued place in society for purifying their bodies.

15th Century.

Paintings reveal a fuller woman's body shape that emphasizes the breasts and hips. Rubens' figures were the height of this ideal.

18th and 19th Centuries.

The 1700s brought Classicism and Romanticism, and a return to earlier medieval models of perfection, stressing lines that were straight and bodies that were clothed. During the middle 1700s, women needed strong bodies to participate in America's colonization. French painter Jean-Francois Millet captured this realism in his 1830s paintings.

Early to mid-20th Century.

Fuller figures in Matisse and Renoir continued into the 1900s. A recent 1997 study³ describes the 20th century seeing a dramatic, historic shift in the ideal body image. In 1942, curved and full body types were considered desirable. This might have been due to WWII and the post-war baby boom, which placed a high value on women maintaining a domestic lifestyle and remaining fertile. During this time, negative qualities such as nervousness, submissiveness and social withdrawal were associated with the tall and thin body shape.

Mid to late-20th Century.

From the 1960s through the 1980s, perceptions changed again. A lean build was considered to be the most sexually appealing. The female and male ideal portrayed in popular magazines gradually shrunk. Women became smaller, specifically in the bust and hip area. This historic information is particularly important when you consider that most of the children that clinicians and health care providers treat were born in the late 1970s and 1980s, and have parents who became adults at the same time.

Early 21st Century.

The ideal female body type is now at the thinnest 5% of normal weight distribution. In other words, it excludes 95% of the female population, which greatly distorts what "normal" is. Males, too, are increasingly targeted as consumers for body image perfection through fitness, muscle and body sculpting magazines. What's the message? Only physical perfection is acceptable.

How The Center for Eating Disorders perceives body image in American culture.

In our culture, the body and the self have become indistinguishable. Physical attractiveness has taken on a great deal of importance.³ We only seem to accept a limited range of body types, so boys and girls who want to be socially accepted feel more and more pressure to live up to this ideal. At The Center for Eating Disorders, we strongly believe that therapy can turn an individual's poor self-image into a healthy one.

Eating disorders, body image and the family.

The image a parents have of a child is often measured by the image they have of themselves.⁴ If the parent's self-image matches the baby's actual appearance at birth, they will welcome the child. The parent will communicate positive feelings and the child will feel worthy. A secure bond will form.

A mother's attitude toward her own body affects the daughter.

There have been studies that look at the relationship of mothers' attitudes toward their own bodies and those of their daughters. They conclude that daughters respond to what they observe and hear from their mothers. Some questions mothers can ask themselves: "Am I dissatisfied with my body image?" "Do I talk about my unhappiness around other people?" "Do I judge others by their body size?" "Do I feel superior to others because of my body shape?"

A study from the Royal Society of Medicine in London examined mothers who breast fed their infants and those who did not.⁵ It found that women who were preoccupied with their body shape were less child centered, and were less likely to breast feed. This study validated other studies that looked at maternal attitudes toward eating and nurturing, and the relationship between mothers with eating disorders and daughters who develop eating disorders. It is likely that body image attitudes are transferred through non-verbal body cues.

The father's role in a daughter's body image.

A father's unconditional love and acceptance have more influence than any cultural message about female appearance.⁶ A father must convey to his daughter that he accepts and loves all of her physical, emotional and intellectual qualities, and that he is neither threatened nor tempted by them. This is important, as female patients will often idolize their father, and seek his attention and approval.

Body image develops from birth.

The birth and infant stage begins with the experience of touch between mother and child. The mother's hands establish the first body boundary with many distinct qualities including firmness, gentleness and predictability. The first hours and weeks of life are important in establishing close communication between mother and

infant. The child experiences herself as merely a bodily extension of the mother, having a common boundary with no separate distinction. There is an illusion of oneness, and the infant lacks awareness of her own body.

With close contact, especially during feeding, the mother begins to mirror the child's expressions and movement. This affirms the child's existence, and the infant responds to the mother's sound, face and touch. Clinical studies show that at two months, an image of the mother develops. The accuracy of the mother/infant mirroring is important, because it links the body with the mind. When the mother's image is held in the infant's mind, it becomes a basis for the body/self.

It is not until pre-adolescence that the child begins to question the accuracy of this inner experience. When the child cannot vividly experience and strongly sense the body, the psychological experience of the body remains underdeveloped. This is where eating disorders can originate.

Without distinct body boundaries, patients must rely on other people, external feedback or mirror images to validate their self-worth. Symptoms are seen in the need for self-mutilation, excessive exercise, and impulsive or compulsive behavior.

Are physical and emotional contact related to eating disorders?

A 1994 study found that there was a direct relationship between early touching and nurturing, and a disturbed body image.⁷ The authors developed a questionnaire that posed the following choices:

- I have fond memories of being hugged or cuddled by my parents in early childhood.
- I wish I had been hugged or cuddled more.
- I often wish I could get more hugs from others.

Individuals, primarily female, show a connection between a perceived deprivation of touching and nurturing during childhood and being dissatisfied with their body. These individuals also had a longing for touch.

We've learned that the sense of body boundaries is based on touch. Without it, a sense of physical distinction from the mother is prevented. Brief absences of the mother increase a child's tolerance for frustration, force her to recognize body boundaries and healthy separateness.

Long absences of physical or emotional contact will cause deeper reactions. The infant's ability to "image" her mother remains incomplete. The result is a state of "non-self." Mothers who are depressed, inattentive, ambivalent or hostile, leave the infant feeling overwhelmed, helpless and ineffective. The lack of self or sense of inner void is a common theme in treatment. Often the patient feels that his or her body is a shell with nothing inside. Their eating disorder becomes their identity.

The "holding experience"⁸ is very important for the infant, where it senses the "me" and the "not me." Consistent, supportive handling promotes the child's experience as a unit existing within his or her body, bound by his or her skin.

How can a lack of nurturing influence how an infant relates to food?

Without consistent, reliable comforting, infants do not develop the ability to soothe themselves. Body cues of hunger and fullness are also undeveloped. They must rely on external means to regulate the body sensations and functions. In the 1980's, this was described as a "failure to thrive."

As the child begins to separate from her mother, she may assert herself by reacting to rigid feeding schedules or quality of feeding. If the mother cannot empathize with her infant, it can be very frustrating to the child. This may be a cause of the child's unresolved struggle for independence from her mother.

Where a distorted body image begins: an excerpt from *Wasted: A Memoir of Anorexia and Bulimia*.

Author Marya Hornbacher vividly describes the onset of her body image distortion:

By the time was five or so, I began to believe in some articulate way that if I could only contain my body, if I could keep it from spilling so far out into space, then I could by extension, contain myself. If I could be a slip of a thing, a dainty, tidy, boney little happy thing, then the crashing tide of self within skin would subside, refrain from excess, be still. I locked myself in the bathroom, stood on the sink, stared at the body before me and cried. And then pinched myself hard, telling myself to quit being a baby! Crybaby, I thought ... fat little pig!

These intense memories express the author's struggle to control the body's natural impulses and feelings. In the book, the author explores early memories of a chaotic family environment and a desire to control unpredictable behaviors. Ms. Hornbacher was not physically or verbally or sexually abused. But she describes her parents as non-nurturing and at times absent. Ms. Hornbacher associated the need for nurturing and comfort with food. She developed both anorexia and bulimia in attempts to establish control within her body, build body/self-boundaries and create a viable identity.

When a body image takes a turn for the worse.

Researchers studying body image disturbances have found that each individual carries a body image history that holds all subjective experiences. At The Center for Eating Disorders, we base treatment goals on information gathered from this body image history.

According to Ann Kearny-Cooke, director of the Cincinnati Psychotherapy Institute and a conductor of body image research, these subjective experiences interfere with an individual's ability to perceive herself realistically, and to accept any part of her body as positive. This is what leads to a negative and distorted view of the body.

Body image and eating disorders in school-age children.

School staff members play an important role in a child's body image development. Teachers who are preoccupied with dieting and eating fat-free foods send messages that these behaviors are encouraged. A conversation that begins with "Have you lost weight?" will communicate that a person's weight or size is her most important quality. The message should be about acceptance and tolerance.

School administrators and teachers can help create and promote a school environment that tolerates body size differences. Rules should reflect acceptance and diversity. A healthy body image is central to the development of self-esteem. It's important that a child be:

- Reassured about body shape without being criticized
- Educated about normal body development and healthy eating
- Given non-judgmental support if body image conflicts develop

Am I Fat? is a book designed for elementary school children. It contains lesson plans and descriptions of activities to explore body image differences.

The timing of puberty can bring body changes and anxiety.

How quickly or slowly adolescents physically mature can affect how they emotionally respond to their own bodies. Children who develop signs of sexual maturation ahead of their peers are more vulnerable to body image conflicts.

In a study measuring body image satisfaction among pre- and post-menstrual girls, the post-menstrual girls overestimated the size of their thighs.⁹ This reaction was directly related to a history of being teased. Those girls who matured later encountered less teasing and were more satisfied with their bodies. Adequate preparation for body changes and sexual development can contribute to a healthier attitude toward the body.

Typically, eating disorders are discovered during adolescence. An average child goes through significant body changes and identity formation during this time. An adolescent demonstrating an eating disorder and a disturbed body image is developmentally arrested at the time when they should be forming their own identity.

During pre-adolescence, when bodies begin to mature, the child has a visual means of growth. However, a self that remains undifferentiated continues to be either asexual or prepubescent. In anorexia, the body follows the self. Because the self cannot tolerate the meaning of sexual development, it controls the body to remain pre-pubescent. Issues of control express the child's struggle to slow physical development. This is an entirely different experience from the normal growth spurts of teens.

Body images in the media: unrealistic and damaging.

Individuals seeking a self-image don't have far to look. People who need to search for an identity can certainly find one through the images they'll find in magazines, cable TV and the Internet. As people continue to redefine their roles in society, and shift identities without adequate time to reflect on these changes, their self-image will continue to waver.

There are organizations that challenge a thin body image as the ideal.

About-Face encourages us to question the motives of the fashion industry, toy manufacturers and women's magazines that perpetuate thinness. Go Girls! examines the effect of media images on girls' thoughts and feelings about their bodies.

A hopeful, realistic message from *Wasted: A Memoir of Anorexia and Bulimia* by Marya Hornbacher.

There is never a sudden revelation, a complete and tidy explanation for why it happened, or why it ends, or why you are who you are. You want one, I want one, but there isn't one. It comes in bits and pieces, and you stitch them together wherever they fit, and when you are done you hold yourself up, and still, there are holes, and you are a rag doll, invented, imperfect. And yet you are all that you have, so you must be enough. There is no other way.

¹Fisher & Cleveland, 1968

²Bell, 1985

³Turner, et al

⁴Hayslip, Cooper, Dougherty & Cook, 1997

⁵Fisher & Stark, 1989

⁶Barnes, Stein, Smith & Pollock, 1997

⁷Zerbe, 1980

⁸Gupta & Schork

⁹Winnicott, 1965

¹⁰Fabian & Thomson, 1989

