



Opinion

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Body Image Disturbance and Disordered Eating Behaviours: we must Invest in Public Health Policies to Promote People's Quality of Life



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Abstract

Studies on body image and eating behaviors are of paramount importance for the development of people's health and quality of life. In particular, research on body image disturbance, such as body dissatisfaction, and disordered eating (i.e., eating restraint, purging and fasting) are prominent. We now know that such aspects have a strong relationship with depression, low self-esteem, negative affect, social maladjustment, suicidal thinking, sexual problems, body dysmorphic disorders (i.e., muscle dysmorphia in men), among others. Although preventive intervention studies have demonstrated efficacy in reducing body image disturbances, eating restraint and bulimic symptoms, the access to these programs remains limited in some contexts. In this sense, we alert researchers and health professionals about the urgency of expanding these preventive programs, through a public health policy that addresses these problems, minimizing their effects on the population and promoting health and quality of life for the population.

Keywords: Body image; Feeding and eating disorders; Public health policy; Quality of life; Health promotion

Opinion

Body image refers to the multifaceted psychological experience of embodiment, especially but not exclusively one's physical appearance [1]. The construct is composed of affective, cognitive and behavioral aspects, as well as perception about the body itself. Important to note that how we look like "on the outside" affect our lives. Related with the construct of body image is disordered eating, which could be defined as troublesome eating behaviours, such as purgative practices, bingeing, food restriction, and other inadequate methods to lose or control weight, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder [2]. Commonly people dissatisfied with their body image may resort to body change behaviours, such as the adoption of disordered eating.

Healthy relationships with one's own body, as well as a healthy eating behaviour, are fundamental to people's health and quality of life. However, a large part of the world population is dissatisfied with their body image [3], which we call body image disturbance. The same occurs with disordered eating, which is presented in many subjects. Once a large number of people perform body image disturbance and disordered eating, the perception may shift to an acceptance of both as normal. That is, in the perception of many people, body dissatisfaction becomes a normative discontent, just as fasting

is decharacterized as a disordered eating behaviour, since it could help to maintain body weight and thus health.

However, the importance of body image disturbance over disordered eating and eating disorders cannot be neglected. Body dissatisfaction is the main risk factor for eating disorders [4], a psychopathology that affect approximately 10-12% of the population of Western countries [5]. Body image disturbance is still associated with depression, low self-esteem, negative affect, social maladjustment, suicidal thinking, sexual problems, body dysmorphic disorders (i.e., muscle dysmorphia in men), among others.

Despite the growth in the number of studies on body image disturbance and disordered eating, there are few preventive intervention studies aimed at reducing these problems. Most individuals with eating disorders do not receive treatment and treatment is only effective for a subset of patients.

The most recent prevention programs are based on the cognitive dissonance theory and focus on the reduction of the thin-ideal internalization [6]. Such programs were designed primarily for adolescent girls, although recent studies have focused attention on men, as they consider that this population is also afflicted by body dissatisfaction, eating disorders, and social body-ideal internalization [7-8]. Body-ideal internalization refers to the extent to which

an individual cognitively “buys into” socially defined ideals of attractiveness and engages in behaviours designed to produce an approximation of these ideals. Belief in an ideal body is problematic, since body-ideal internalization has been considered a mediator factor between sociocultural influences (i.e., parents, peers and media) and the development of body dissatisfaction, which would lead to eating disorders [9].

Meta-analytic reviews of published prevention trials indicated that significantly larger intervention effects tended to emerge for programs that target high-risk individuals (vs. a universal population), were interactive in nature, focused on risk factors shown to predict future onset of eating disorders (e.g., body dissatisfaction), and utilized a multisession format (vs. single-session) [10].

In other words, it is known that such programs have the potential to mitigate the effects of body image disturbance and disordered eating behaviors on health and quality of life. An important public health priority is to develop and disseminate effective prevention programs.

Some Fruitful Directions for Public Health policies:

- a) Offer specialized training to health agents and clinicians for the implementation of intervention programs.
- b) Investing in epidemiological studies on eating disorders (e.g., many authors point out that these disorders are under diagnosed).
- c) Expand the resources to treat these pathologies;
- d) Promote campaigns that devalue the bod-ideal spread through the media (i.e. thinness for women and muscularity for men).

If we are able to enter into some of these aspects, we will certainly be on the way to providing better health conditions and quality of life for the population.

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