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Social Media Influences Restrictive Eating Disorders

Even when explicitly told that my heart was about to give out, I did not understand that I was sick. It did not matter that I was being wheeled across a hospital in a wheelchair, with a heart rate barely gracing thirty-nine beats per minute, or that I relied on hundreds of milligrams of caffeine per day just to stay awake. Over six months, I had lost a large percentage of my total body weight, my period, and any control over my thoughts. Yet, at my worst, I felt my best; I was the strongest, healthiest version of myself, or so I thought. After all, social media has told millions of other young girls this for years.

Western media has the dangerous capability to evoke and construct disordered and restrictive eating behaviors in individuals, beginning in childhood. Young girls are taught to aspire to be princesses, who are adorned for their beauty, and look up to celebrities whose appearances are constantly criticized in the media. Research conducted by Riccardelli finds that “the influence of the media was found to be a significant predictor of body dissatisfaction and weight loss strategies” and those “who perceived that the media gave stronger messages to lose weight placed greater importance on body image and were engaging in weight loss strategies” (Ricciardelli 220-221). Thus, children who grow up surrounded by weight loss propaganda will grow up believing that weight loss is important. A society that reinforces this teaches children to demonize food, exercise more, and fear gaining weight for it will diminish their worth.

The media’s romanticization of weight loss has remained constant, regardless of whether

the medium is television advertisement, magazines, or more recently, social media. In the nineties, heroin-chic, size-zero bodies were ideal. In the 2000s, it was large breasts and washboard abs, and in the 2010s, thin transitioned into the impossibly-proportioned slim hourglass figure. Social media has reduced the length of trend cycles, including that of the female body (which should never be viewed as a trend in the first place). In the present, it is easier than ever for consumers to find weight loss instructions and consume misinformation about nutrition and fad diets. This ever-evolving scene causes a cycle of self-criticism, as no one person will forever embody the beauty standard. Just after someone has lost the weight, they are told to put it back on because their butt is too small or their chest is too flat but they are warned not to gain so much that their stomach will protrude. As soon as a goal is attained, there is a new, “better” way to appear. This places immense pressure on children whose bodies are in the middle of development.

A large problem with social media is its algorithm. The computer ““gets confused”” and can “mistakenly [consider] body positivity and diet content as synonymous, presenting a barrier to enacting recovery” (Nikolava). Clinical treatment for both anorexia and avoidant-restrictive food intake disorder (ARFID) requires exposure and consumption of fear foods, which often contain less nutritional value and are denser in calories. This contrasts with lifestyle content, which glamorizes “clean” and lower-calorie diets while demonizing certain ingredients and food groups. Children, the primary consumers of this content, are especially vulnerable as they adapt to changes in their bodies, build their identities, and make sense of the world around them. Since 2018, the abundance of pro-anorexia hashtags on sites such as Twitter, Instagram, and Tumblr has decreased due to public complaints; despite this, triggering content continues to target users by hiding in misspelled and related hashtags such as “#fitnessmotivation, #healthylifestyle,

#healthyliving, and #weightloss” (Feldman). Because the content I was exposed to used altered phrases, I was unable to recognize that I was starving myself. My generation has grown up surrounded by endless “thinspiration,” tricks, and tips that have become normalized and encouraged. In my eyes, it was necessary to lift weights and do excessive cardio workouts each day, even when it meant waking up at four in the morning. I was encouraged to skip meals and miss out on memories because I was told it would bring me closer to my goals. The lifestyle influencers whom I believed were saving me were in reality encouraging physical and psychological harm.

While restrictive behaviors have been normalized in the media, there is minimal coverage of the health risks extreme weight loss can cause, especially for young girls. Researcher Dr. Jolien De Coen of Ghent University finds that girls as young as eight years old show concerning behaviors, hypothesizing that “increases in fat associated with puberty can lead to more body image concerns and weight change” (De Coen). This is especially dangerous as these years are critical for female development. I became aware of my appearance around third grade, and began exhibiting disordered behaviors shortly after I began to menstruate at eleven; left unrecognized and untreated, they nearly killed me at at seventeen. When health complications are not caught, they intensify and become more threatening. Malnutrition associated with anorexia can cause anemia, osteoporosis, kidney dysfunction, and heart failure (Mayo). Before I was taken to the hospital, I spent months being dizzy, having irregular electrolytes, and heart palpitations. While short-term issues like bradycardia and anemia can be resolved, “poor mental health, substance abuse, altered menstrual function, infertility, unplanned pregnancies, and pregnancy complications” may persist long after individuals have recovered (O’Brien 1). The frail thirteen-year-old girl I sat beside in an outpatient recovery program, whose developmental delays

left her appearing closer to ten, likely will not reach menarche for a long time. Anorexia has the highest mortality rate of any mental illness, with nearly sixty percent due to natural causes such as “circulatory collapse, cachexia, and organ failure” (Fichter 395). No Instagram video warned me I would lay awake in agonizing pain, freeze, or be unable to keep my eyes open during the day. Once these symptoms arose, I believed they were the price of beauty. The severity of these issues, largely unaddressed on social media, leads individuals to feel they are insignificant and something that can be pushed through.

The mental health implications of restrictive behaviors are often overlooked. The perfectionist eating disorder voice can become uncontrollable, especially for children, who are unable to understand disillusion in the media. Anorexia has a mortality rate that is “much higher than for other mental disorders such as bipolar disorder, schizophrenia, or depression,” with suicide being “the most common non-natural cause of death” (Fichter 391-395). Eating disorders are similar to addictions, and many arise in response to one’s desire for control over stressful or unstable environments. Patients often exhibit traits of or are also diagnosed with anxiety, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), or depression, which can be overwhelming and hard to overcome; for those such as myself, the process of hospitalization and recovery is incredibly unpleasant and traumatizing. It has left me with mental health issues I did not have before. I did not begin recovery because the detrimental health effects motivated me to stop my behavior; it was because my doctor threatened me with the inability to start college three and a half months later. Social media perpetuated the thoughts of my eating disorder. After spending so much time watching “What I Eat In a Day” and “high protein, low calorie” recipe videos, I was convinced that my behaviors made me a healthier, more disciplined person. My illness had become so in control of my autonomy that I ultimately

disregarded my health. Without intervention from my parents and doctors, I would likely be dead.

Social media can also prove detrimental to rehabilitation, as true recovery from restrictive eating disorders involves weight restoration and dramatic changes in appearance. However, the media demonizes weight gain. The most popular recovery accounts are operated by thin women, who quantify their caloric intake, post their meals, and host comparisons to their “sick” bodies (Nikolava). Algorithms are designed to be addictive, and “the lack of trigger warnings combined with the TikTok algorithm means it is likely that individuals seeking help in ED recovery on the platform could be exposed to at least some harmful or triggering content” (Nikolova). Instagram is focused on sharing appearances; the entire site is potentially harmful, including innocent posts from friends and family. To progress through my journey, I had to break the habit of scrolling through meal inspiration and workout routines. Exposure to this media only enticed me to resume old habits, rather than correct them. While social media is largely unavoidable, it is important to be mindful of consumption when in recovery.

Social media can provide some aid to individuals in overcoming their illness. Websites such as Reddit offer users anonymous communities that promote harm reduction, recovery, and offer support to those struggling (Feldman). However, these communities are largely unregulated and include adults. Additionally, some Instagram accounts do offer true encouragement through ways to reshape thoughts and practice body acceptance, but no online guidance will ever replace the necessity of licensed therapy. Nonetheless, when social content is truly recovery-oriented, it can be a productive form of support for the young audiences who largely dominate the platform.

It is unlikely that Western media will stray from promoting thinner bodies and weight loss, as engagement with this content drives the industry. When individuals with larger bodies,

like Tess Holiday, are given the spotlight, society congratulates them for their courage yet places bets on whether they will eventually lose weight. Mattel, who has long been criticized for promoting unrealistic beauty standards to young girls, only recently created the “Curvy” Barbie doll to appease buyers and increase sales. Social media sites are unlikely to remove harmful content because it brings the companies large sums of money and keeps audiences engaged. Without deep-rooted change, adolescent girls, who are naturally at a vulnerable point in their lives, will continue to be exposed to danger. By interacting with social media posts that hide self-destructive, restrictive, and guilt-riddled behaviors, this issue is only further perpetuated.

While there is nothing inherently wrong with the desire to improve one’s physical health, resulting in extremes is counterproductive and will only cause further harm. It is a parent’s job to be proactive and take preventative measures. They should discuss this with their families, whilst being mindful of what their children view online and making a note of any alarming behaviors. During recovery, parental involvement is key to reducing triggers and ensuring long-term success.

Each of the past 186 days of recovery has been met with challenges, which I will likely confront for the rest of my life. Food is essential to survival, and yet the media is powerful enough to convince young girls their lives are better without it, and that their value is determined by the scale or how much weight they can lift. To improve my own life, I no longer engage with harmful appearance-based content on social media. It is time for society to confront the role that the media plays in encouraging restrictive eating habits in young girls, and act accordingly to help them. Doing so will save lives.

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