

# [Television advertisements and their effects on body image](https://assignbuster.com/television-advertisements-and-their-effects-on-body-image/)

Media has an impact on children through the explicit messages sent by advertisements regarding body image. The media depicts body image by displaying thin models and emphasizes messages that are directed toward beauty and success. Children watching television compare their own bodies to the images they see within advertisements. After viewing the advertisements, children can develop a negative self-perception of their appearance and weight, which could lead to body dissatisfaction. If a child progresses into body dissatisfaction, then are is a risk for developing unhealthy eating behaviors and low self-esteem and this could increase the chances of advancing into Anorexia Nervosa.

## INTRODUCTION

The media is everywhere and delivers millions of messages a day to all individuals regardless of location (Goodman, 1992). The internet, television, billboards, commercials, and any other form of communication are engulfed with ads and messages directed to the consumer (Harrison & Hefner, 2006; Kilbourne, 1999). Advertisers within the media have developed a way to communicate with the consumer in a way that may affect how the consumer reacts to the messages and images seen within the advertisements. Advertisers communicate to the consumer what is perceived to be socially accepted images and messages. Therefore, the consumer assumes that other people think and behave the way media addresses within the advertisements (Wykes & Barrie, 2005). In order for the consumer to buy a product, the media first has to get the consumer to evaluate themselves and then develop dissatisfaction. The consumer ideally feels specific desires related to the ads and these desires drive them to purchase the product based on wants rather than needs (Bishop, 2000; Spurgin, 2003).

## Rationale

Unfortunately, there is a negative side to the advertisements and it begins with the media’s significant role in the perception of body image (Bishop, 2000; Kilbourne, 1999; Martin & Gentry, 1997). The advertisements consist of thin models that are depicted as beautiful and successful, which targets young girls and leads them to feel insignificant and insecure mentally and physically (Gustafson, Popovich, & Thomsen, 2001; Harrison & Hefner, 2006). What children do not understand is that the advertisements that they are watching are influencing them to evaluate their own body image. These images within the media are mostly computer generated images depicting unrealistically thin models that do not represent true body image (Wykes & Barrie, 2005). The result of such negative self perceptions of body image influenced by the media leads to eating disorders such as Anorexia Nervosa (Downs & Harrison, 1985; Killian, 1994, Gustafson et al, 2001; Martin & Gentry, 1997).

## Purpose

Therefore, the purpose of the literature review is to examine the effects of television advertisements on body image in children with Anorexia Nervosa. The following report is an overview of findings relevant to the media’s influence in negative self-perceptions on body image involving young girls who fall victim to the advertisements of unusually thin women and relating them back to the ideal woman. Research shows that young women, specifically Caucasians, have a tendency to resort to dieting to fit into cultural ideals of the perfect woman (Goodman, 1992). As result of dieting, the negative self-perceptions lead to unhealthy eating habits which often transitions into eating disorders (Downs & Harrison, 1985; Goodman, 1992; Harrison & Hefner, 2006). In this case, the focus of the research will be to examine Anorexia Nervosa and how it is tied to the media.

## Summary

This review will not discuss in depth certain ethnic backgrounds, men’s issues with weight or Anorexia Nervosa, or older women with Anorexia Nervosa. The research within these areas is either limited or does not directly relate to children and the problems children encounter as a result of media’s influences on body image. Within the review of literature will be: a discussion on media’s influence on body image, how the perception of body image can lead to evaluation, evaluation can lead to dissatisfaction with body image, and negative perceptions of body image can cause unhealthy eating habits leading to Anorexia Nervosa. In this case, the primary focus will be on children and how children are affected by media’s images and how this could lead to disturbances in body perception and progress into Anorexia Nervosa.

## REVIEW OF LITERATURE

This literature review examines the connections between Anorexia Nervosa to children and how television advertisements can impact a child’s perception of body image. The impact of television on body image includes children using the social comparison theory to evaluate their own image. Depending upon how much of the message within the media of being thin includes being beautiful and successful is internalized determines the development of low self-esteem and body dissatisfaction in children. Low self-esteem and body dissatisfaction increases the possibility of children developing eating disorders and symptoms of Anorexia Nervosa.

## Anorexia Nervosa

Anorexia Nervosa (AN) is medically interpreted to mean the “ loss of appetite” (Costin, 2007, p. 29). AN is the inability of an individual to maintain normal or expected weight, which is categorized as less than 85% of their age and height (American Psychiatric Association, 2000). AN is an eating disorder that is often the result of dieting, but not always. Individuals begin with a goal to lose weight, but as time progresses the drive becomes intensified and often positively reinforced leading to excessive weight loss (Gustafson et al., 2001). The result of negative eating behaviors for an extended period of time is missing menstrual cycles and growing short hairs all over the body (Costin, 2007; Goodman, 1992; Killian, 1994). To be diagnosed, they must present with three consecutive months without periods, known as amenorrhea, to be classified with AN (American Psychiatric Association, 2000).

Individuals with AN become medically too thin, resulting in the appearance of bones through the skin, especially along the ribs and spine. Despite being thin, individuals with AN still are dissatisfied with their appearance and weight. These individuals often have an unusual amount of fear regarding weight and shape, have low self-evaluations, and deny any problems with their current weight or size. Individuals with AN are often characterized as overachievers, as perfectionists, people pleasers, and unassertive (Costin, 2007; Goodman, 1992; Walsh & Cameron, 2005).

Subtypes. AN has two different subtypes, which include restricting and binge-eating/purging (Broderick & Blewitt, 2010). The restricting subtype of AN includes the individuals who will go without eating or excessively restrict calories and are not engaging in binge eating or purging behaviors. Binge eating/purging subtype of AN will often include consuming large quantities of food and using various methods to eliminate food from the body. An individual with AN will use methods like vomiting, laxatives, diuretics, or excessive amounts exercise to rid food from their bodies. The problem with using methods to emit food is the damage it can cause mentally and physically (Broderick & Blewitt, 2010).

Signs and symptoms. Anorexia Nervosa is difficult to determine in the beginning stages unless an observer can recognize the early signs and symptoms of the disorder. The beginning signs can range from a preoccupation with being fat, calories, and food intake. Later, it can progress into refusing to eat and excessive weight loss leading to an unnecessary preoccupation with food (Walsh & Cameron, 2005).

Individuals with AN will use certain tactics to cover up their preoccupation with food such as: cooking food for others, but not eating for themselves and watching others eat, wearing baggy clothes to hide significant amounts of weight loss, sorting and mashing food to make it appear as if they were eating, avoiding social events that may involve food, and isolating themselves from friends and family. These individuals often have a change in attitude and become increasingly irritable, hostile, and have difficulty concentrating (Walsh & Cameron, 2005).

Medical consequences. Some of the medical consequences of AN include feeling weak, faint, and blacking out (Walsh & Cameron, 2005). Severe medical symptoms or complications can include numbness of feet and hands, heart irregularities, kidney failure, low blood pressure, dental problems, and fatality (Siegel, Brisman, & Weinshel, 2009; Walsh & Cameron, 2005). AN fatality rates can exceed 10% within the population (Siegel, Brisman, & Weinshel, 2009). According to Martin (2007), “ 5% of those who have AN for up to ten years and 20% of those who battle the disease for twenty years eventually die as a result of it” (p. 26). Therefore, the individual with AN and the individual’s family should seek medical attention as well as psychological treatment to decrease the possibility of fatality. Unfortunately, there are also many complications that coincide with AN and testing must be done to disregard any serious illnesses not associated with AN.

## Children with Anorexia

Anorexia Nervosa is more common among female adolescents and young adult women between the ages of 15 and 35 years (Lask & Bryant-Waugh). However, it is suggested that AN can occur in both male and females and range from childhood to adulthood. Most research on anorexia has been directed toward adolescents and young women, and newer research is just now concluding that children are developing eating disorders at an early age (Scime, Cook-Cottone, Kane, & Watson, 2006).

The reason for limited number of studies regarding children with Anorexia Nervosa is simply because the disorder can be hard to pinpoint in young children. Children often go through phases during development where they may eliminate or refuse certain foods while selecting others, which can be quite normal. It is important to note that each child’s eating habits, healthy and unhealthy, will need to be treated differently. Therefore, a child’s eating habits become unhealthy, and should be monitored, when the child displays an obsession or fear regarding weight, body image, or calorie intake. A child’s eating habits can be unstable, but most will transition into normal eating habits as they develop and age, which most individuals refer to as stages or phases (Bryant-Waugh & Lask, 2007; Walsh & Cameron, 2005).

Long-term consequences. If the disorder is identifiable and it needs immediate medical attention, then it can lead to other more long term consequences. (Bryant-Waugh & Lask, 2007; Walsh & Cameron, 2005) The long term consequences can lead to further complications in adolescents and adulthood. The children that do present with serious eating disorders are in danger of growth and development complications such as stunting growth, internal complications, and sudden death. If complications in children arise, medical attention should be sought after immediately, because their bodies cannot tolerate the harmful effects of AN (Bryant-Waugh & Lask, 2007).

Defining age and DSM IV-TR criteria. Contrary to Blitzer’s study (1961), a few newer emerging studies conducted by Dohnt and Tiggemann (2006) have shown AN like symptoms occurring in children as young as six and seven years old. In fact, a study by Field et al. (2001) examined girls as young as nine years old are very concerned with their weight and became constant dieters. However, Lask and Bryant-Waugh (2007) suggested that the youngest age is eight years old, which the researchers conclude is too young to diagnosis. They explain that the reason is due to the fact that children this age still have not entered menarche and therefore have not experienced amenorrhea. The importance of amenorrhea is mainly because it is one of the main criteria to diagnosis. Another reason why the research on children with eating disorders often goes unnoticed is because the research is limited (Bryant-Waugh & Lask, 2007). Research on amenorrhea by Attia and Roberto (2009) suggested that amenorrhea should be taken out of the DSM-V, because there was no significant difference between the girls who were experiencing menarche and those who were not. However, Attia and Roberto (2009) did mention that they were unaware of the biological consequences that might be physically impacting the girls who are not experiencing menarche.

## Childhood Development

The importance of early onset AN in childhood is the effect it has on development. Development is the growth and change that occurs as an individual ages throughout their lifespan (Woodhead & Montgomery, 2003). During childhood between the ages of six to nine years old, the important developmental stages are emotional, cognitive, social, and personal growth and understanding (Schaefer & DiGeronimo, 2000). This is a difficult time for children because they are physically growing and by age eleven they are gaining or losing weight as a result, which can make this phase in life awkward (Fieldman, 2003).

As result of awkward phases in growth, young children need love and affection to satisfy emotional health. It is important to have a healthy family support system because children are struggling to find their independence (Schaefer & DiGeronimo, 2000). Family can be emotionally available for their children by showing acceptance, providing positive reinforcement, and giving comfort in times of need. At this age, children are also trying to find their self-consciousness. Children tend to be more aware of the people around them than they are with themselves. Therefore, it can alter how a child develops socially with other peers (Schaefer & DiGeronimo, 2000).

Cognitive development. Cognitive development is extremely important for children to be able to analyze complex problems and increase their awareness of how to cope and enhance their ability to problem solve. According to Fieldman (2003), children’s nutrition has an effect on their cognitive abilities. In fact, this comes with attempts to achieve and the willingness to accept mistakes, which children can learn from playing and being creative. When allowing a child to pursue their own problems and reasonable solutions, it will enable them to gain self-identity, which can be internalized and prioritized for future referencing (Schaefer & DiGeronimo, 2000).

In Erik Erikson’s stages of psychosocial development, he developed two different stages that are pertinent to childhood development and cognition. The first stage relevant to children is industry versus inferiority, and within this stage, children’s ages range from six to twelve years old. During industry versus inferiority, children are trying to successfully develop in social and cognitive development. The child must develop in social skills by learning important aspects that are essential to adulthood and society. If the child masters this stage, then he or she would be considered industrious. If the child does not master skills important to becoming an adult, then he or she is held back into this stage and goes through inferiority. During inferiority, the child feels unworthy and has difficulty dealing with problems related to society (Erikson, 1950).

The next important stage is identity versus role confusion, and the children’s age at the beginning of this stage is twelve years old. During this stage, Erikson explains that a child’s concern is to identify who they are as a person through experiences and interests. The successful child will develop trust, security, and some independence. However, if the child is not successful he or she will develop role confusion. If this occurs he or she will not be able to identify with his or herself, causing them to be unable to define their interests and meaning within life and therefore life becomes confusing to them (Erikson, 1950).

Social development. Social development in a child begins with becoming more aware of self-concept and further developing in self-esteem. Self-concept can be determined through evaluation of how the child thinks and feels about the self and then comes to an understanding of personal character (Snodgrass & Thompson, 1997). The evaluation of the self is known as self-esteem (Swann, Chang-Schneider, McClarty, 2007). Once a child becomes conscious of self-concept, then the child can develop self-awareness. During this stage, the child is able to compare the self and other people to personal and social beliefs and values as a means to evaluate social standards (Silvia & O’Brien, 2004). This is a prime example of Leon Fesinger’s (1954) social comparison theory, where he explains that people have a desire to compare themselves to others to evaluate the self. Another example is Abraham Tesser’s (1988) model which includes self-evaluation through social reflection and social comparison of successful people, which effects self-esteem.

A study conducted by Martin & Kennedy (1993) examined the theory of social comparison and advertising and the effects it would have on female preadolescents and adolescents. The advertisements were ads from a magazine and consisted of highly attractive models, moderately attractive models, and advertisements with no models. The research showed that comparisons that were made between the children and the models increased with age. Therefore, the older the child was the more likely she was going to compare herself to the models within the ads. However, if she has low self-esteem or self-perception, then she was more likely to compare herself to the models within the ads.

## Body Image

According to Thompson, Heinberg, Altabe, & Tantleff-Dunn (1999), body image is the “ perceptions, thoughts and feelings” one might have about their own body (p. 3). Measurements can be taken to assess how individuals feel about bodies in general, their own body satisfaction, how much time and effort are put into their body, improvements, and avoiding exposure. Body image is important to everyone. Everyone has an opinion of what their perception of everyone else’s body and their own body should look like (Grogan, 2008). The western culture has a defined image that is perceived as the body image for everyone, when in reality, not everyone can fit into this ideal image (Kilbourne, 1999). People buy into this hype because it is the focus of the society. Society has become preoccupied with the way a person should look instead of encouraging others to find their own individualism (Kilbourne, 1999). Recent research has been directed toward finding a solution for children who are internalizing society’s perception of the ideal body image (Grogan, 2008).

According to Dittmar, Halliwell, & Ive (2006), girls between the ages of five to eight years old that were given a Barbie doll to play with and then answered questions were more likely to have body disturbances such as lower perceptions of body image than the girls that were given either an Emme doll or no doll (control). Girls that were exposed to Barbie also displayed a desire to be thinner in body size. Another study conducted by Dohnt & Tiggemann (2006a, 2006b) examined body image and knowledge of dieting in girls from the ages of five to eight years old. The researchers found that the girls were more likely to look to their peers as a comparison for body image. Therefore, if the peers’ perception of body image was negative the girl’s perception of body image would be the same. The girls that watched music shows on television and read magazines related to appearance were more aware of dieting (Dohnt & Tiggeman, 2006a). If the girl read magazines that were directed toward older women, then she had an increase in body dissatisfaction and appearance.

Body dissatisfaction. According to DeLeel, Hughes, Miller, Hipwell, & Theodore (2009) approximately eleven percent of children age nine and ten years old within the study were within the perimeters for diagnosis of AN. The percentage of children selecting images that were unrealistically thin in comparison to their own was 35% for nine year olds and 38% for ten year olds. Body dissatisfaction has been shown to increase susceptibility to eating disorders, which could lead to low self-esteem, depression, and obesity later on in adolescents and adulthood (Grabe, Hyde, & Lindberg, 2007). In fact, young children are beginning to display body dissatisfaction. Research conducted by Dohnt and Marika (2006) found that girls ages five to eight years old were dissatisfied with their bodies and wanted to be thin. Furthermore, they discussed that six to seven year old girls were looking to peers as a means of conferring with their expectations of the ideal thin perspective (Dohnt & Marika, 2006). According to Schaefer and DiGerinmo (2000) peer pressures can be a good aspect if it creates individuality and nonconformity, but it can become a problem if the child has optimistic bias, or the feelings of the individual that certain circumstances do not apply to them. This feeling can cause the individual, or in this case children, to conform to social norms and to participate in negative behaviors (Schaefer & DiGeronimo, 2000).

The 21st century body image: The “ fix it” nation. Today, a vast majority of people live in the “ fix it” nation. However, the New York Times article, written by Natasha Singer (2008), calls this era “ the mass medicalization of attractiveness” (p. E3). It is a place where the fuller framed woman has no place on television or in advertisements. The only glorified image on the television screen is ultra thin girls wearing little to nothing. If a person feels fat it is probably because they are overweight or at least because the advertisements have a way of making people feel fat. According to Grabe, Ward, and Hyde (2008), women are shown to have higher rates of dissatisfaction with their body image because of images seen in the media. A New York Article says that despite economic troubles, the cosmetic surgeries have increased with girls eighteen years old and younger (Sweeny, 2009). Dove’s Campaign for Real Beauty (2010) showed that 7 out of 10 girls felt that their body image did not resemble the ideal image.

There are gastric surgeries that promote the stapling of the stomach to lose weight by allowing individuals with the surgery to eat less. Others rubber band the stomach without major surgery, to ensure a quick recovery so individuals can get back to work in no time. Reconstructive surgery is now available to people who are unhappy with the way they look and with this costly surgery they can alter anything on the face or the body. The same applies to breast augmentation; many women are getting breast surgery to enhance their body image. Unfortunately, these methods to rid the body of any flaws are not a way to mend the troubles that they face on the inside. Rather, this is why so many women are having multiple surgeries, because it is only a temporary way to achieve satisfaction. The American Society for Aesthetic Plastic Surgery (2009) recorded that the rate at which girls from the age of eighteen and younger were having cosmetic surgery tripled between 1997 and 2007. With all these surgeries, girls and young adults are told they can fix their flaws with little to no effort required. The problem is that these girls do not understand that the surgeries are permanent (Sweeny, 2009).

There are plenty of other methods women are seeking to make themselves appear beautiful that do not involve surgery. Now, there are permanent cosmetics for women who do not want to waste time in the mornings putting on makeup. There are shots that paralyze muscles within the face to eliminate wrinkles. Singer (2008) says that Botox has become a huge industry that has been “ normalized” through shows like “ Dr. 90210” and “ Extreme Makeover” (p. E3). There are multiple dyes for coloring the hair to make it a different shade. The color of the eye can be changed by wearing different colored contacts. Women can be beautiful within weeks instead of months.

According to Simis, Verhulst, & Koot (2001), adolescent girls ranging in ages from 12 to 22 were examined for body dissatisfaction, psychosocial problems, and psychological disturbances before undergoing corrective or reconstructive surgery. There did not appear to be serious problems with psychosocial problems or psychological problems after assessment. However, there were disturbances in body satisfaction in relation to low self-esteem. The low self-esteem appeared to be related to appearance, appeal to the opposite sex, global self-worth, self-competence, and internalization. The researchers suggested that the adolescents may need to seek further evaluation and psychological treatment before continuing with surgery.

The problem with living in a “ fix it” nation. Everything that is seen and heard has to do with beauty (Harrison & Hefner, 2006). People do not take others seriously if they refuse to take care of themselves or do not have the body that everyone else idolizes. Beauty is on every TV, movie, billboard, and any other type of advertisement (Harrison & Hefner, 2006; Kilbourne, 1999). The nation has been desensitized to this look (Gustafson et al, 2001). A study that Gustafson et al. (2001) conducted showed that girls and young college aged women were so desensitized by the media’s overuse of ultra thin girls that they did not view this unnatural look as a threat. It has become the mainstream fashion. Almost every young girl dreams of being beautiful like actresses, models, and singers that overwhelm their lives through the media.

Research on disordered eating and media images have found that the images that are seen do have an impact on their viewers. Research conducted by Anschutz, Strien, and Engels (2008) suggested that individuals that were restrained eaters ate less when exposed to television commercials, which promotes the idea that media images have a effect on behavior. Research conducted by Carney and Louw (2006) also found that media images have an impact on eating behaviors. Myers and Biocca (1992) found that television advertisements of the ideal image created unstable self-perceptions within young women.

When children compare their physical attractiveness to the models, actresses, and singers and it begins to affect how they feel about their body, this is when it becomes a problem (Martin & Gentry, 1997). The images seen within the media can lead girls and young women to evaluate themselves. As a result, 40% to 60% of high school students’ diet and 22% of college aged women have some sort of eating disorder (Gustafson et al., 2001; Serdula et al., 1993). According to Dohnt and Tiggemann (2006), girls between the ages of five to eight look to their peers desires of thinness to mimic their own perception of thinness, appearance, and self-esteem. They also found that watching television correlates with satisfaction with appearance, and low self-esteem follows desire to be thin (Dohnt & Tiggemann, 2006). Clark and Tiggemann (2008) found the same results, but they also found that psychological disorders were present and helped to predict a negative outlook on body image in children between the ages of nine to twelve years old. The role models for girls and young women look to on TV and in magazines are idolized for their glamour, fashion, money, and above all else beauty (Goodman, 1992). Many women feel that it is worth dying for and this is why in America there is a high occurrence of individuals with AN that are dying.

## Negative Self-Perception

Gustafson et al (2001) states that the media is the “ most influential” entity in creating Anorexia Nervosa (p 12). The media has progressively increased in influence across the United States in the eyes of the American girls and young college aged girls. In fact, 38% of women are trying to lose weight because of the images that they see and hear within the media (Serdula et al, 1993). The media has displayed higher society women as a means to idolize even though they are ultra thin and suffer from eating disorders (Goodman, 1992). According to Goodman (1992) women relate back to the ideal woman as those that they see within the media like Princess Diana and Jane Fonda who had eating disorders like themselves.

Schwartz and Barret (1987) found that women are instructed from the time they are little that being thin ultimately leads to further success. By the age of six years, a child already knows the acceptable image types (Levinson et al, 1986). Children already know what is viewed as a negative image or the fuller frame woman and a positive image or the small framed woman. Subsequently, this serves as a guideline to them to evaluate their own body image with only successful people. For example, the thin model is fashionable because she works hard to remain thin and wear stylish clothes that fit her perfectly (Gustafson et al, 2001). She is desired by men and women alike. Men want to be with her because of her poise and glamour and women desire to be her because she is successful and beautiful in appearance (Gustafson et al, 2001; Kilbourne, 1999). Young females do not understand or miss the fact that media is not reality.

## Distorted Images of Models and Messages

Advertisers use technology to modify human images, specifically unwanted imperfections (Spurgin, 2003). Instead of the advertiser selling the product to the television viewer, the advertiser sells the person or object of desire within the advertisement (Bishop 2000; Spurgin, 2003). For example, suppose the advertiser is trying to sell a bar of soap. The advertiser spends more time focusing on the individual or people within the advertisement than they do with the product. Surgin (2003) and Bishop (2000) mention that advertisers deceive their consumers by focusing on their upmost desires rather than introducing the true product. They ask themselves what it takes to get the viewer involved in the advertisement. Their answer is the models, the desire, or the dissatisfactions saturate the consumer with want not need. The message within the advertisement stresses that the consumer can be better in some way (Bishop, 2000; Spurgin, 2003). The consumer is expected to put themselves within the advertisement, and they then become the character that they are visualizing (Bishop, 2000).

Images and the consumer. The consumer becomes entranced with image that the advertiser sells and purchases the product to become something better (Bishop, 2000; Spurgin, 2003). Is it unethical? Possibly, because it makes the viewer feel that they will resemble the model if they purchase the product (Spurgin, 2003). This is a problem for four reasons: 1) The advertisers want to engulf the consumer in a deep emotional state, so they do not think in depth about the messages or information regarding the product (Bishop, 2000; Spurgin, 2003); 2) By way of social comparison, young girls and college aged girls look toward models for comparison (Martin & Gentry, 1997); 3) The media can make the individual feel negative about themselves and feel that they need to continuously enhance their appearance to be satisfied (Levinson et al, 1986); 4) The consumers might receive unwanted, hidden messages within the advertisement (Bishop, 2000). Therefore, it affects their perceptions about themselves and the people around them.

Images cause judgment. According to Bishop (2000), advertisements also lead people to judge others by the attributes that they are trying to sell. For example, people buy hair products to look beautiful. What it implies is that we are being watched, and therefore constantly being judged, which can have serious effects on self-esteem. If the advertisements can persuade females that they are not beautiful, then serious self-esteem issues can result. Research shows that people cannot be perfect, but if they try to become something other than what they are, they risk damaging their self-respect. Once this is done, it allows the advertisers to amplify on individual imperfections, trapping them in an ongoin