There was once a time when voluptuous and full figures were considered to be the most beautiful features in the women and made them attractive. However, the current trends are quite opposite to it. Ever since the western impact of thinness has travelled across seven seas, the women of this country are baffled in their minds as how to emulate these figures. They hence have developed some peculiar eating habits they are trying to achieve the unachievable figure type of the western origin. The contemporary fashion models perceived to be the representation of female appearance are becoming slimmer and slender, below the suggested average female body size if women in the media become thinner, thinness is linked to attractiveness, whereas larger body size is equivalent to unattractiveness.

The complex relationships between Mass media, body image, and self esteem and eating attitudes have been the subject of considerable research. Many women have disturbed eating attitudes and subsequently disturbed eating behaviors such as excessive dieting and striving for thinness. This review article provides the complete road map for determining different attributes of this peculiar behavior.

The mass media shapes and transmits images of the socio-cultural ideal of beauty and thinness. Recent research supports a relationship between the images presented in the media and women’s body satisfaction (Cusumano and Thompson, 2002; Tiggeman, 2002). Pervasive

media images powerfully convey the message that women’s happiness can be found only through the attainment of an unrealistic standard of beauty (Levine and Smolak, 2002; Thomsen et al., 2001). Many girls in early adolescence rely on magazine and television advertisements for information on weight loss and appearance, and the girls who highly value these sources possess the most negative body image (Levine and Smolak, 2002).

Disordered eating attitudes and behavior, elevated body mass and body dissatisfaction are common in Western populations as being thin is highly valued in this society, particularly among women (Stice et al., 1998). Stice (1994) has proposed a sociocultural model of eating pathology. The sociocultural perspective links disordered eating to current cultural trends, emphasizing thinness as an essential component of beauty (Striegel-Moore et al., 1986). Stice’s (1994) model posits that internalized sociocultural pressures to be thin adversely affect eating attitudes (Stice, 1994).

For many adolescent females, beauty is just out of reach (Mayo, 1992). The media constantly bombards us with messages about how they can adorn or alter their bodies and thereby enhance the qualities of their lives (Mayo, 1992). The media contributes greatly to this distortion, along with peers, society, and family. In other cases, a distorted body image leads adolescent females to the extremes of eating disorders such as anorexia nervosa and bulimia.

The mass media’s role in the aetiology of young women’s body image and eating behaviour disturbances is believed to stem from its prolific over-representation, objectification, and idealisation of female models that homogenously adhere to an unrealistic and artificial body and beauty ideal – the ‘body perfect’ (Fouts and Burggraf, 1999, 2000; Martin and McCracken, 2001; Spyeck et al., 2004; Wallis, 2011). A substantial body of psychological research has demonstrated that both acute and habitual exposure to such biased media depictions of female models may lead girls to experience a combination of both pressure and desire to conform to it (Thompson and Stice, 2001). The unrealistic nature of this ‘body perfect’ ideal makes it impossible for the majority of girls and women to attain it, leading them to experience negative feelings towards their own bodies and also to engage in strategies aimed at modifying the appearance of the body, including dietary restraint (Thompson, 2004; Shroff and Thompson, 2006; Stice et al., 1996).

According to Body Image and advertising (2000), the idealized female body images presented by the media represent standards of femininity that are unrealistic for most women to attain. These mass images create frustration and disappointment for women. They perpetuate unattainable, ideal body standards that can lead to unhealthy eating behaviors in some women.

Mass media such as magazines promote these idealized body images and produce insecurities and body dissatisfaction (Body Image and Advertising, 2000; Stice and Shaw, 1994; U.S. Department of Health and Human Service’s Office on Women’s Health, 2000).

Beauty and perfection promotes great self-worth. The media constantly bombards us with messages about how we can adorn our bodies and thereby enhance the quality of our lives. Self-Mastery offers a sense of control in the world where we feel increasingly disconnected. The self-improvement industry and the media have significant financial reasons for wanting us to believe that being beautiful, thin, handsome, or muscular will give us more
According to the National Eating Disorders Association, individuals with negative body image perceptions convince themselves that only other individuals are attractive and that their body shape and size is a sign of personal failure. People with a negative body image have a greater likelihood of developing an eating disorder and are more likely to suffer from feelings of depression, isolation, low self-esteem, and obsessions with weight loss (National Eating Disorders Association [NEDA], 2004). A study conducted by Mossavar-Rahmani, Pelto, Ferris and Allen (1996) found that the more inaccurate a woman’s perception of her body size, the more likely she was to be dieting. Because dieting and self-esteem can influence body image perceptions and body dissatisfaction, it has been suggested that several sociocultural factors can influence individuals, especially in young adult women.

People are exposed to innumerable mass media images in the form of billboards, television and magazines. Although not all advertising images are idealized and some advertising show relatively ordinary people in everyday situations, most advertising present on unrealistic or idealized picture of people and their lives (Richins, 1995). The use of technology and special effects allows for images to be yet more perfect and idealized images play a significant role in facilitating self comparisons among women, resulting in an upward shift of individual personal image expectations (Blowers et al., 2003). In this way images in the media are problematic for women, especially adolescent and pre adolescent women viewing thin and beautiful models in advertisements create self doubt and body dissatisfaction among many young women concerning their bodies and faces and can undermine their self confidence. As a result, they indulge in unhealthy eating disorder (anorexia nervosa, bulimia nervosa, and binge) and also to engage in strategies aimed at modifying the appearance of the body including dietary restraint (Freedman, 1984).

During a time of heavy involvement with the media, an adolescent female’s negative body image can lead to the development of eating disorders (Thompson et al., 2002; Smolak and Striegel-Moore, 1996; Arnett et al., 1995; Steele and Brown, 1995). The Development of eating disorders typically happens during early adolescence through early adulthood. During this period female adolescents are susceptible to cultural pressure to thin, and are heavily involved with and influenced by the media (Thompson et al., 2003).

**Body image:**

Body image dissatisfaction is “a discrepancy between the individual’s perception of their body size and their real body size, a discrepancy between their perception of their actual size or as feelings of discontent with their body size and shape”. According to Stice and Shaw (1994), body image dissatisfaction refers to “a negative subjective evaluation of one’s physical body, such as figure, weight, stomach, chest and hips”.

Body image refers to a person’s perceptions, thoughts and feelings about his or her body and the psychological importance they place on their appearance (Cash et al., 2004; Grogan, 2008). A core facet of this is a person’s overall evaluation of their body – body satisfaction. Body dissatisfaction is defined as a person’s negative evaluation of their body shape, masculinity/tone, weight or size (Grogan, 2008). This usually involves a discrepancy between the person’s evaluation of their body and their ideal body (Cash and Szymanski,
While the prevalence of body dissatisfaction is difficult to quantify due to the lack of definition of the concept across studies (Cash, 2002b), evidence indicates that a high proportion of individuals struggle with body image concerns (Cash and Pruzinsky, 2002; Striepe, Field, 1997; Neighbors and Sobal, 2007). The extent of body dissatisfaction in Western populations is such that the desire for thinness in women has been labelled a “normative discontent” (Rodin et al., 1985).

**Self-esteem:**

Self esteem is defined as a “positive or negative attitude toward the self” (Rosenberg, 1965) and can be viewed as a key indicator of psychological well being, at least among people in western cultures (Baumeister et al., 2003; Oishi et al., 1999).

Self-esteem, a measure of how one feels about oneself, can also affect how one feels about his or her weight. Having a high level of self-esteem can also help prevent the negative effects of the media’s influence. Low self esteem on the other hand can cause one to be more susceptible to media images. Research has shown that low levels of self esteem in both men and women are predictive of more weight concern compared to those who have high levels of self esteem (Hatoum and Belle, 2004; Posavac, 2002).

The self image of subjects was devalued negatively when they compared their self image with pre selected images of thin models in magazines (Pinhas et al., 1999) undermining the self esteem of women exposed (Groesz et al., 2002). In addition, these pictures serve as inspiration (thinspiration) and enhancer of food restriction (Joshi et al., 2004).

One variable sometimes affected by exposure to media images is self esteem (Martin and Kennedy, 1993). Self esteem is a critical psychological factor that is closely related to mental and physical health and social behaviors (Mann et al., 2004).

Rosenberg (1965) defined self esteem as “a favorable attitude toward the self”. Coopersmith (1967) defined self-esteem as either positive or negative self assessment. High self esteem is related to better health, positive social behavior, success is associated with risky health behaviors and social problems such as depression, anxiety, eating disorders, and suicidal tendencies (Mann et al., 2004) one of a broad range of critical factors that determine self esteem is physical attractiveness, an attribute considered particularly important by adolescents. High self esteem is shown in numerous research studies to protect against body dissatisfaction (Tiggemann and Williamson, 2000). In addition as compared to women who were satisfied with their body size and shape, female college students who were dissatisfied had lower self esteem and more eating disorder symptoms (Geller et al., 2002).

**Eating disorder:**

An eating disorder is any of various psychological disorders, such as anorexia nervosa or bulimia, which involves insufficient or excessive food intake. They are a silent epidemic and an exceedingly negative response to a misinterpretation of one’s role in the world. These disorders are serious, and, when taken to extremes, can be life threatening as well. Eating disorders have been linked with depression, obsessive-compulsiveness, alcoholism, self-abuse and self-mutilation. Moreover self-esteem thought of as only an anecdotal contention that low self esteem is a trait of eating disorders, this fact has been empirically proven time and
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time again. Researchers have found that low self-esteem occurs very commonly in patients with eating disorders.

Eating disorders (ED) have received growing attention in the past few decades (Polivy and Herman, 2002). They are considered some of the most prevalent and problematic disturbances within psychopathology, especially in Western societies (Shroff and Thompson, 2006; Stice, 2002; Stice and Shaw, 2002). Eating disorders are defined in the Diagnostic and Statistical Manual (DSM) (American Psychiatric Association [APA], 2000, p. 583) as “mental disorders that are characterised by severe disturbances in eating behaviour”, and which are further marked by incidents of relapse (Stice and Shaw, 2002). Disordered eating has been linked to other co-morbidities, such as depression, which substantiate the complexity of the problem (Burton et al., 2007; Stice et al., 2004). Attention should be given to eating disorders as they represent a substantial threat to public health in modern societies. For instance, eating disorders have high rates of treatment seeking, inpatient hospitalisation, mortality and attempted suicide (Newman et al., 1996; Wilson et al., 1996, both cited in Stice and Shaw, 2002). In order to attain a healthier society it will be necessary to study those factors that predict and maintain eating disturbances. These factors evolve from biological, cognitive, social and psychological perspectives and may work together in multifactorial models (Polivy and Herman, 2002). Despite extensive research in the field, the etiology of ED is still indefinite (Tyrka et al., 2002).

Anorexia nervosa can be detected when an individual weighs at least 15% less than what is expected for her age and height, and is scared of gaining weight and becoming fat (ANRED, 2002). Many anorexics count the Calories of everything they eat and weigh their food (Eating Disorders, 2006). Anorexics are generally depressed, irritable, and withdrawn (ARNED). Bulimia nervosa can be detected when an individual engages in binge eating sessions, followed by extreme methods of weight control such as vomiting, fasting, abuse of enemas, laxatives or diuretics, and/or excessive exercising (Bulimia Nervosa, 2005). Other symptoms of bulimia are an extreme concern with weight and level of fitness (Bulimia Nervosa, 2002) and having an extreme fear of gaining weight (Eating disorder, 2006). Weight may be near normal or normal unless anorexia is also involved (ANRED).

Binge eating disorder can be detected when the individual frequently engages in excessive or uncontrollable indulgences of food, consumes food quickly and secretly. Snacks all day long, feels guilty about their binges, has a past filled with unsuccessful diets, tends to be depressed, and is many times obese. Individuals with binge eating disorder do not usually vomit, excessively exercise or use laxatives. They are, however, genetically inclined to weigh more than the thin ideal portrayed in the media. This leads them to diet to lose weight, causing them to be hungry much of the time. Binge eating sessions then occur to alleviate this hunger. Many times individuals with binge eating disorder eat for comfort, numbing emotional pain (ANRED, 2002).

**Conclusion:**

Based on the results obtained from the analysis of the literature review during the period studied, the researcher concluded that media is the factors that influence the development of eating disorders. Researches published in scientific journals have enabled us
to conclude that the content displayed in the media are enhancers of disorders and contribute to body dissatisfaction in relation to the perceived idea of beauty and at the development of weight loss strategies in women. Women are perceived as being more vulnerable, the idealization of stereotypes is considered in several articles as a risk factor linked to eating disorders and this ideal beauty is promoted by fashion and the media. Finally, self-esteem is another factor that has a decisive bearing on the personal perception of the body and satisfaction with the image itself and can be affected by advertising. Studies focusing on this type of exposure suggest that continued exposure to images of models can have negative effects on the perception of people bodies.

Tendencies in the type of media analyzed have also been reviewed, as well as the content mentioned in the studies (Table1) the studies shown in the referenced table, have used television and magazines, and in most cases focus on the same content type.

It has also been found that magazines, television affect body dissatisfaction and body image to a similar degree but not necessarily in the same way. The studies that have been carried out show that television and magazines affect the self-esteem more than any other form of media. It has been concluded that women with low self-esteem are more vulnerable to the effects of media and the perception of one’s own body (Tiggemann, 2003).

This especially applies to female adolescents with self-control problems, which facilitates the development of symptoms of eating disorder when exposed to the bombardment of television images of thin women. As noted there is a correlation between the ideals of beauty, the exposure of these on TV and magazines and the development of symptoms of eating disorder in adolescents (Harrisons, 2001) All these reviews are from the western world. Research should be done in context to the Indian scenario.

REFERENCES


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