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The Influence of Digital Media Consumption on Disordered Eating and Body Image

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**The Influence of Digital Media Consumption
on Disordered Eating and Body Image**

A thesis submitted in partial fulfillment for the Bachelor's in Science Degree in Psychology

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Trinity College

Fall 2022 - Spring 2023

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Abstract

Previous research states that disordered eating is a growing and concerning issue. With the rise in disordered eating, there has been a consistent rise of the media, especially in reports of time spent online. The key to understanding, and hopefully ending, the development of disordered eating may lie in understanding the media, and how it influences a need for perfection and the necessity of a thin-body ideal. To examine this, 83 students at Trinity College completed a questionnaire consisting of questions from the Eating Disorder Inventory -3 (EDI-3) and modified questions from the Sociocultural Attitudes Towards Appearance Scale - 3 (SATAQ-3). Analyses of averages, bivariate correlations and multiple linear regression analyses were done to measure the presence of disordered eating at Trinity College, the strength of its correlation to the media-influenced thin body ideal, and potential factors mediating these findings. It was found that disordered eating is significantly present on college campuses and there is a significant correlation between disordered eating symptoms and an internalized thin body-ideal from the media. Gender, Greek life involvement, and athletic involvement were all tested as moderating factors of this relationship, and only gender and Greek life involvement were found to be significant moderators of the correlation between an internalized thin-body ideal from the media and disordered eating symptoms.

Keywords - disordered-eating, media, body-ideal, moderators

Introduction

There seems to be nothing more important to an individual's health than what they choose to eat on a day-to-day basis. The basis of this decision could be simple: hunger, regularity, or what time of day it is. The decision could be even more nuanced than a simple habit, such as driven by curiosity about a new taste, boredom, or planning ahead. What about situations that are social - eating with friends, popcorn during a movie, snacks at a game? To add complexity to this idea, it is not just about why a person is eating but what they are eating. Their favorite tastes? Food that gives them the most energy? The food they have available in their house or restaurant?

To many, this idea of what to eat and why they are eating can be so simple, almost to a biological point of hunger and satisfaction. To others, it is much more complex. For many individuals, food does not signal a satisfaction of hunger, but a calorie amount, a change it would make to a person's body, a "good" or "bad" thing. Their behaviors with eating become connected to how it will affect their appearance, their self-worth. For some, this attitude can continue to the point of a diagnosed eating disorder like anorexia, bulimia, binge eating, etc., but for many it stays in an area of obsession not yet diagnosable but just as prevalent and damaging. This area of disordered eating affects many individuals around the world, and researchers are still trying to find out why so many people develop these unhealthy eating habits and obsessions and how these behaviors can be prevented.

Disordered eating - what is it?

Definitions

Disordered eating can manifest in a variety of ways in different people. Its symptoms consist of unhealthy dieting (e.g. caloric restriction, meal supplements, meal skipping) and

unhealthy eating (e.g. large consumptions of food past the point of hunger) (Neumark-Sztainer 1996). Disordered eating symptoms can also be similar to those of eating disorders, especially anorexic and bulimic behaviors (Neumark-Sztainer, 1996) These behaviors consist of laxative use, diet pill use, cycles of binge eating and dieting, purging behaviors like self-induced vomiting, etc.

Other symptoms of disordered eating include feelings of guilt and shame associated with eating, a preoccupation with food, weight and body image, rigid routines and rituals with food and exercise, and compulsive eating habits (Academy of Nutrition and Dietetics, 2018). Those with disordered eating often feel a loss of control around food, and their strict restriction may act as their way of gaining back that control. They use exercise, skipping meals, and purging as a way to reverse the damage of the “bad foods” they have consumed. Many with disordered eating have experiences of intense anxiety around mealtimes; some of these individuals feel that they spend their day planning what to eat and when to maintain their rigid rituals and routines. (Academy of Nutrition and Dietetics, 2018).

Disordered eating is not a cut-and-dry diagnosis. It can present in a variety of ways to a variety of people. For some individuals, disordered eating symptoms begin on a path to a full diagnosis of an eating disorder, while for others, disordered eating symptoms are a part of one’s life that persists for years (Fuller, K, 2022).

While symptoms present in complex ways, it is also incredibly hard to identify and diagnose individuals with disordered eating because denial is a very common symptom (Fuller, K, 2022) This denial may be even stronger in adolescent populations, one of the most important areas of diagnosis if any change is to be made (House et al., 2008).

How is disordered eating different from eating disorders?

Disordered eating and eating disorders are linked in a multitude of ways. To look at the criteria from the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), disordered eating is different from anorexia nervosa, bulimia nervosa, and binge eating disorder, but it often shares many characteristics of these diagnoses.

Anorexia nervosa. Anorexia nervosa is characterized by a restriction of energy intake which leads to a significantly low body weight. Individuals with anorexia nervosa tend to experience intense fear at the idea of gaining weight, and their weight tends to be how these individuals value their self worth. These individuals oftentimes deny they have any serious issue with their eating habits, making it hard to diagnose or treat (American Psychiatric Association, 2013; McCallum Place, 2023).

Bulimia nervosa. Bulimia nervosa is characterized by recurring binge eating episodes in which individuals eat large amounts of food within a two hour period while feeling a sense of lack of control, followed by compensatory behaviors such as purging, laxative-use, exercising, fasting, etc. For someone to be diagnosed with bulimia nervosa an individual must have these binge eating and compensatory behaviors occur together at least once a week for three months. Like the individuals with anorexia nervosa, individuals with this diagnosis tend to evaluate themselves based on their body weight and shape (American Psychiatric Association, 2013; McCallum Place, 2023).

Binge eating disorder. Binge eating disorder (BED) is characterized by recurring episodes of eating abnormally large amounts of food in a very short period of time. It is similar to bulimia nervosa in that way, but without the specific time intervals and the purging behavior that follows. An individual with binge eating disorder will continue to eat rapidly despite being

full, and may eat secretly. Like the individuals with bulimia nervosa, these individuals with this disorder feel a lack of control while these episodes happen. To diagnose an individual with this disorder, these episodes must happen on average at least once a week for three months (American Psychiatric Association, 2013; McCallum Place, 2023).

Prevalence of disordered eating

The presence of disordered eating, especially throughout the United States, has risen significantly in the last 20 years (Littleton & Ollendick, 2003). In the United States, 10 million men and 20 million women experience having an eating disorder (Wade, 2011). This number is likely much higher for those with disordered eating, as many with these unhealthy habits and attitudes do not meet the diagnostic criteria for those specific eating disorders. Cases of disordered eating (especially with symptoms of anorexia in women 15-20 years old) have risen each decade since the 1930s (Hoek & van Hoeken, 2003).

While research has often focused on those with specific eating disorders, Reba-Harrelson et al. (2009) assessed women without a history of anorexia or bulimia, and found that 31% of women reported having purged to lose or control their weight and 74.5% of women reported that their happiness is significantly affected by their concerns about shape and weight. This continues to show the prevalence of disordered eating symptoms left undiagnosed or treated. 16% of high schoolers in the US indicated that in the last 30 days they had taken diet pills or laxatives, vomited, or significantly reduced their food intake to lose weight (The Center for Disease Control and Prevention, 2007). Not only is disordered eating prevalent in today's society, but it has also been found that eating disorders and disordered eating can appear prior to adolescence, especially among females (American Psychiatric Association, 2013).

Not only are these numbers significant, but they could be detrimental to the health of these individuals especially if these behaviors and attitudes continue. Untreated, bulimia can lead to gastrointestinal problems, electrolyte imbalances and cardiovascular diseases, and anorexia can cause muscle wasting, heart and brain damage, and multiorgan failure (Wier, 2016). Individuals engaging in behaviors similar to those of eating disorders can lead to these same detrimental physical consequences.

Furthermore, the future of disordered eating prevalence is growing more and more concerning as the effects of the COVID-19 pandemic has dramatically increased disordered eating symptomatology (Katella, 2021). Many of those who developed these disordered eating symptoms during the pandemic may continue these behaviors throughout the next few years. The National Eating Disorders Association (Noguchi, 2020) has reported increases as high as 70% to 80% in calls to its helpline in the past year.

Disordered eating on college campuses

College campuses, an environment of academic stresses, freedom, parties, drinking, and new meal schedules, can be a place that heightens and exacerbates the comparisons individuals make of themselves, their peers, and the disordered eating symptoms they engage in (Jacobson 2023). Longitudinal studies showed that individuals view themselves as significantly heavier in their first year of college as compared to their last year of highschool, despite such a short time passing and little change existing (Vohs et al., 2001).

Involvement in athletics

While the increased presence of alcohol and drugs at college may account for some rises in disordered eating symptoms in college, another possible reason for this increase is the way athletics are conducted in college settings. One in four college female athletes have disordered

eating symptoms and often use exercise to control their weight (Greenleaf et al., 2009). While most of the college athletes Greenleaf et al. (2009) studied have symptoms that are subclinical, they are still detrimental and problematic for their health and mental well-being.

It has also been found that levels of anxiety increased and eating psychotherapy decreased when athletes were in season with their peers as compared to when they were out of season (Scott, 2022). It is not just being in-season that may negatively impact an athlete's mental health, but individuals who engage in more sports throughout their childhood have also been shown to exhibit more disordered eating symptoms later in life (Scott, 2022).

Findings of disordered eating among college athletes (females in particular) are so common that new measures are being created to identify and evaluate these individuals to try to decrease these attitudes and behaviors. Black et al. (2003) worked to create new physiologic screening tests to diagnose eating disorders and disordered eating among college female athletes in an attempt to intervene earlier in their development.

Involvement in Greek life

While college may increase everyone's chances of developing disordered eating, research shows that participation in certain groups (like sororities) may increase your chances even more (Barsow, Foran & Bookwala 2007). Greek life involvement may create an in-group sensation that not only allows for conforming to certain norms (like diet and exercise plans) but also can pressure one to internalize a need to look and behave a certain way. Research like the one done by Kirk (2015) has looked at Greek life participants to study how ingroup pressures can change one's eating habits. Kirk (2015) found that after studying 10 female college sorority members, these members not only experienced disordered eating, but also felt pressure through their

sorority to engage in these behaviors (group gym sessions, diet plans, athletic intramural teams. etc).

Being in a sorority can also increase one's awareness of dieting and a need for a thin body-ideal (Allison & Park 2004), and being in this organization can make one align with values of thinness and dieting, which can lead to a change in attitudes and behaviors associated with disordered eating (Forney & Ward 2013). Very little research has examined males in Greek life and how fraternity involvement may affect their disordered eating development and manifestation.

While it seems as if college campuses may be the perfect environment for disordered eating symptoms to thrive, conflicting research (Thomas et al., 2019) shows that disordered eating symptoms do not start in college, but remain consistent from high school and even earlier throughout individuals lives. As adolescents age and their eating habits become more ingrained, their disordered eating symptoms tend to grow and strengthen, but many theorize that disordered eating does start in that adolescent stage, not the start of college.

Does disordered eating begin in adolescence?

While behaviors associated with disordered eating may be more present as individuals age (especially with the freedom that comes with it in terms of food-choices and exercise freedom) the internalized ideas may begin much earlier on.

Girls as young as six years old report wanting to be thin (Herbozo et al., 2004). By age 6, girls start to express dissatisfaction and concern for their body, and 40-60% of elementary school girls (ages 6-12) reported being afraid of becoming "too fat" (Smolak, 2011). These notions are not only dangerous for the children experiencing them at the time, but also for their future as these concerns are shown to persist throughout an individual's life.

Lowes & Tiggemann (2003) have shown that girls as young as seven have gone beyond wanting to be thin to actually starting to make decisions off of these ideals and begin dieting. Through Lowes & Tiggemann's (2003) research, it has been found that girls aged 6-8 already have an internalized idea of what their body should look like, as they rate their ideal body figure as significantly thinner than their current figure. These children are already beginning to internalize societal beliefs concerning the body shape they should have, and they are surprisingly aware of how dieting can be a means to achieve this ideal (Lowes & Tiggemann, 2003).

Not only are these internalizations detrimental to an individual's mental health, but they may begin a cycle of wanting to be thin and feeling ashamed at not achieving that goal because the younger one begins dieting, the more weight gain they tend to experience as they age (Shunk & Birch 2004).

Presence of disordered eating in adolescence

Despite the image of disordered eating appearing commonly in adult women, the number of adolescents presenting with these symptoms is surprisingly high. Grigg, Bowman, and Redman (1996) found in their study with adolescent girls that 33% reported engaging in disordered eating behavior (binge eating, purging, or dieting) when their Body Mass Index (BMI) suggested that they were already very underweight. In Paxton's (1993) sample of 14-year-old girls, 25% reported fasting, 12% engaged in self-induced vomiting, 14% reported using diet pills, and 6% used laxatives as forms of weight control at least occasionally. Similarly, in a study done by Neumark-Sztainer et al. (1995) with 15-year-old girls, 39% reported engaging in disordered eating in the last 2 months. The girls in this sample reported behaviors such as fasting, restricting one's diet to one or two foods, engaging in self-induced vomiting, and using food substitutes (Neumark-Sztainer et al., 1995). In agreement with these findings, Greenfield et

al. (1987) found that 81% of girls and 26% of boys stated that they often felt fat, and 46% of girls described themselves as overweight when only 12% of the girls actually met the criteria for being overweight.

These results can also begin much earlier in adolescents. Children as young as 8-10 are already frequently thinking of becoming thinner (Thomas et al., 2000) and are reporting being dissatisfied with their weight (Wood et al., 1996). These dissatisfactions can directly affect a child's self-esteem and self-view, which may continue to affect them, their relationships, and their eating and exercise habits as they age.

The development of disordered eating

The question of how disordered eating develops is a crucial one to answer if any hope of prevention is possible. Studies have looked at multiple variables to see if there are risk or protective factors to this development. These studies have looked at individual variables (like temperament, personality characteristics, pubertal timing, and self-esteem) to see if there are correlational links to the development of disordered eating (Littleton & Ollendick, 2003). Beyond these individual variables, aspects like one's exposure to media, parental and peer components, genetic factors, and other exposures that may increase the predictability of developing unhealthy eating attitudes and behaviors.

In addition, certain experiences may be linked to the development of disordered eating. Katella (2021) finds that many with disordered eating report being bullied at one point in their life. Her findings also suggest that bullying may be a risk factor leading to the development of disordered eating in the way that oftentimes individuals believe that the bullying will stop if they lose weight. This misunderstanding becomes internalized, becoming behaviors and thought

processes where weight and weight loss becomes associated with happiness and being accepted, not health or food (Katella, 2021).

Katella's (2021) research also suggests that there may be other predictors of disordered eating and eating disorders. There may be some genetic basis and environmental factors playing a role in the development of these symptoms. Additionally, psychological factors (e.g. feeling out of control within the world and trying to gain back that control) may also be a part of this development. Personality characteristics like perfectionism can also contribute to the development and presentation of disordered eating symptoms. As an example, this can be seen and exacerbated when emotional eating comes into play.

Comorbidity with other disorders

One way to approach the question of disordered eating development is looking at it from the lens of comorbidity. What other characteristics or disorders do those with disordered eating (or eating disorders) also present? Are there common correlations between disordered eating and other mental illnesses?

While eating disorders and disordered eating are not the same thing, many of the symptoms are shared among the different cases through preoccupations, food, control, etc. Comorbidities found with eating disorders are still a significant consideration when addressing disordered eating.

Binge eating disorder (BED) has been found to be associated with personality disorders and substance use disorders (Becker & Grilo 2015). In Brecker & Grilo's (2015) study with 347 patients diagnosed with BED, their results showed that 129 had co-occurring mood disorder, 34 had substance use disorder, and 60 had both.

Eating disorders in general have been significantly linked to anxiety disorders. A study done by Swinbourne et al. (2012) found that 65% of the women in their study presenting with an eating disorder also presented with a comorbid anxiety disorder. The majority of these cases of anxiety preceded the onset of an eating disorder, suggesting a directionality to this comorbidity. When looking further at the anxiety disorders presenting, they found that social phobia, post-traumatic stress disorder, and generalized anxiety disorder were the most common (Swinbourne et al., 2012).

Early experiences of trauma may also be linked to disordered eating and eating disorders. Neumark-Sztainer et al. (2000) found that trauma, specifically sexually and physically abusive experiences, may be correlated with those who develop disordered eating at younger ages. Trauma can have a profound impact on an individual's life and disordered eating symptomatology if there is no close family contact, communication, or care to buffer this reaction (Neumark-Sztainer et al., 2000). Strong familial relationships may serve as a protective factor against the relationship between abuse and disordered eating development.

Does development differ depending on individual characteristics?

Certain individual characteristics may be what causes one individual rather than another to develop disordered eating. Is there a certain trait that allows for some people to be more prone to the development of disordered eating? Is one individual more susceptible to the development of disordered eating based on their gender or race? Does someone's economic status put them at risk or protect them from potentially developing disordered eating in the future?

The dominant research in this field has examined white individuals, specifically white middle-class women. It is crucial to understand if that research predominantly focuses on this one group because of a greater presence of disordered eating here, or simply because of a lack of

variety and importance given to other groups throughout the history of psychological and medical research.

Race and culture. Race and culture are two variables that may be linked to the development of disordered eating, but research continues to find conflicting information as to how they play a role in disordered eating development. Some research has found that eating disorders, and the symptoms of disordered eating, are widely experienced by all women - not just white women as previously thought (Reba-Harrelson et al., 2009). On the other hand, other research (Bucchianeri et al., 2016) has found that body dissatisfaction does differ significantly across racial and ethnic groups especially in its comparison of Asian-American boys and African-American boys. While this difference may be due to other individual or cultural differences, this study does highlight the significance of addressing culture and norms when treating individuals with disordered eating and body dissatisfaction.

Gender. There seems to be a significant difference in the presence of disordered eating among males and females, but one reason for this difference may simply be the way disordered eating symptoms present differently in these two groups. Eating disorders among men may not be found in the data because of the way men's body issues and women's body issues are stigmatized and diagnosed in incredibly different ways (*The Prevalence of Eating Disorders in America*, 2018). While one group may be skipping meals, the other may be hyper fixated on muscle growth or hormone supplements. Despite the drastic difference in the two, the mental aspects and dangers remain the same for an individual's mental-wellbeing and health.

Research, especially that of Ricciardelli & McCabe (2004), shows that there are many similar factors consistently associated with disordered eating among both girls and boys. These include body mass index, negative affect, self-esteem, perfectionism, drug use, perceived

pressure to lose weight from parents and peers, and participation in sports that focus on leanness. These variables remain consistent across gender, highlighting that the cases and prevalence of disordered eating may not be as different as has been predicted by research in the past.

One huge gap in this literature that remains is the focus on any gender that is non-binary in the development of disordered eating. The research in this field has not caught up to the changes in today's culture and acceptance. Findings on disordered eating for all sexual identities need to be studied in order for all individuals to have research and treatment more focused on every individual's needs.

Socioeconomic class. While there can be differences in the development of disordered eating based on these previously mentioned individual variables, it remains unclear if this information comes from research that tests the presence of disordered eating and the mental toll it takes on an individual, or the specific presentation of symptoms that the creators of these measurements are used to. In previous research, disordered eating and eating disorders have been mostly isolated to upper- and middle-class individuals living in western countries. Research today proves that these disorders exist in a much wider number of cultures (Pate et al., 1992).

It is clear that the characteristics of disordered eating and the physical and mental detriments it takes on a person can exist in anyone. This is especially clear as we begin to find research addressing the physiological, social, and familial influences on the development of disordered eating. Changes in cultures and the way an individual was raised may be the true predictors and risk factors in the potential development of disordered eating.

Physiological predictors and influences in the development of disordered eating

The physical aspects of disordered eating, specifically the brain and the way our circuits are supposed to function, may also contribute to the development of disordered eating. While

much of research has been used to argue disordered eating as a culturally guided phenomenon, other researchers argue that the brain regions and neural circuits are actually what lie underneath the development of eating disorders and disordered eating.

Brain regions and circuitry

Disordered eating and eating disorders may be a product of a faulty reward-processing system, especially with the involvement of dopamine. In normally functioning brains, dopamine is released as a reward in our circuits, teaching our brain what we want more of (Weir, 2016). The first time you have a bite of the chocolate cake your brain teaches you that you want more. When your body needs nutrients, this circuit system is used to teach you what to eat and give you a dose of dopamine to encourage you to obtain the fuel and energy needed.

With those with disordered eating, the dopamine component of the reward processing system is altered. In her research with women with bulimia at the American Psychological Association, Weir (2016) found that these individuals are overly sensitive to punishment and have a weaker response in brain regions that are part of the dopamine-related reward circuitry. In her research with individuals with anorexia, Weir (2016) found that the reward circuits in these individuals are overly sensitive to food-related stimuli; when these individuals eat, the release of dopamine in the dorsal striatum triggers anxiety rather than pleasure.

It is unclear if these differences in brain circuitry are a cause of disordered eating or a result, as the severe malnutrition associated with disordered eating can alter the brain making scans and research difficult. Despite the difficulty in researching this, it is clear that there is some biological component to disordered eating, especially as suggested through the consistencies across culture and gender and families in the ability to develop these disorders.

Temperaments

Individuals with symptoms of disordered eating, as well as individuals with eating disorders like anorexia and bulimia, have also been shown to have similar temperaments, reinforcing the idea of physiological underpinnings to disordered eating development.

Usually, as these individuals grow up (before being diagnosed clinically with an eating disorder or disordered eating), they tend to be anxious, obsessive, achievement-oriented and have a need for perfection (Weir, 2016). In a study with 234 early adolescent girls in 7th to 8th grade, it was found that one's emotional abilities and awareness may mediate the connection between body dissatisfaction and disordered eating (Sim & Zeman, 2006). Individuals, especially adolescents, with a stronger emotional understanding and security may have the cognitive abilities to halt the progression of disordered eating and the obsessions and anxieties that come with it.

Heredity

Oftentimes when a parent presents with an eating disorder, a child will experience a similar development. While the disorders could seem dissimilar, for example a bulimic mother and an anorexic child, the genetic link of disordered eating still presents despite differing manifestations (Weir, 2016).

While a hereditary link is suggested through the inheritance of disordered eating traits, the research discussed throughout this paper suggests that it might be environment, parenting style, and cultural influences that allow for parents and children to possess the same traits.

Social influences on the development of disordered eating

Peer relations

Beyond the impacts of biology and physiology, the way individuals interact with the social world around them may have critical impacts on the development of disordered eating. Peer relations, having varying degrees of salience and importance throughout different individuals' lives, can have a significant influence on the development and presentation of one's disordered eating symptoms. This can be seen in friends throughout middle school, high school, and college, especially throughout the transitional times in one's maturation and growth. In looking at attachment styles in preadolescence and adolescence to peers and family, Cortés-García et al. (2019) found that closer and healthier attachments led to less pronounced disordered eating symptoms among girls.

The effects of these attachments and peer relations can be even more prevalent throughout athletic teams (Scott, 2022). As discussed earlier, teammates can have not only an immense impact on one's anxiety, depression, and self-esteem, but also on the way one behaves and examines one's own body. This study showed that disordered eating symptoms are more present when individuals are in-season with their peers than when they are off-season (Scott, 2022).

Sibling and family relationships

There seems to be nothing more important to a parent than the health of their child, making the food they eat critical to a parent's job (Scaglioni et al., 2008). Where is the line between keeping your child healthy and connecting a child's food intake and body shape to their self-esteem? For many, a child's vulnerability begins with inadequate parental nurturing as body

image dissatisfaction and disordered eating arises in response to feelings of ineffectiveness (Littleton et al., 2003).

Food control and commentary. When it comes to trying to keep a child healthy, controlling the food a child eats may seem like the best solution. Unfortunately, parental restriction of food, and pressure to eat certain foods, is counterproductive as it reduces a child's ability to regulate their energy intake (Scaglioni et al., 2008). Furthermore, regulation of food turns off the child's ability to know when they want to eat. Attempting to regulate a child's food intake can lead to more snacking and higher body dissatisfaction, especially when food is used as a way for a parent to attempt to control a child's attitudes and behaviors (Brown & Ogden, 2004).

Time spent with one's family is important for much more than just the development of disordered eating. For middle schoolers and high schoolers, something as simple as having mealtime with your family on a regular basis can improve one's entire psychosocial health, substance use, and disordered eating behaviors (Neumark-Sztainer et al., 2010). Through these meals with one's family, much of the modeling behaviors with food can happen, especially throughout an individual's youth (Fisher et al., 2009).

More specifically, as children age, the comments one gets from parents and siblings about one's body can play a significant role in the development of disordered eating. While this is rarely done in a malicious way, more so from generational misinformation, it can still have continually critical results on one's self-esteem and the way it links to one's body shape and food intake. Keel et al. (1997) found that parental comments about a daughter's weight were associated with disordered eating development and body image dissatisfaction. This relationship was also found by Vincent & McCabe (2000) when looking at how parental comments in regard

to encouragement to lose weight are associated with dieting, body image dissatisfaction, and disordered eating. These comments are often coming from a desire for perfection (Goel et al., 2020) from a child, and these expectations of perfection may persist and manifest as disordered eating as a child does what they can to maintain a “perfect” body.

Maternal disordered eating influences

While families in general can have an impact on an individual’s development of disordered eating, mothers in particular may have the greatest impact. Mothers are historically the parent more involved in the caretaking and feeding practices, which may be what allowed for them to have more influence on a child’s disordered eating development. What specifically tends to have the greatest impact on a child’s potential development of disordered eating is the presence of maternal disordered eating symptoms. This is especially the case in mother-daughter relationships. Mothers who have their own disordered eating symptoms and experiences are more likely to attempt to restrict their daughter’s food intake and encourage their daughters to lose weight (Francis, Hofner & Birch, 2001; Shunk & Birch, 2004). In agreement with this, Pike & Rodin (1991) found that mothers of high school girls who were exhibiting disordered eating symptoms also engaged in high ratings of disordered eating themselves.

Maternal eating disorder symptoms may be the most important predictor of disordered eating development (Norton et al., 2021). Symptoms like inhibited eating, secretive eating, overeating, and purging behaviors like vomiting all present in kids raised by mothers who had disordered eating symptoms (Harrison & Hefner, 2000). These symptoms can begin as early as the age of five and grow annually (Harrison & Hefner, 2000). This maternal body dissatisfaction may be passed to daughters through the creation of an internalized body-ideal (Lowes & Tiggemann, 2003). Furthermore, the reasoning behind the commentary tends to be greatly

influenced by the mother's own distortions of weight; non-overweight mothers tend to feed their children based on distorted perceptions of their own body shape and their child's, not on the child's actual health and needs (Francis et al., 2001).

The hope is that parents can work with this knowledge to combat the development of disordered eating among their children. In research done by Damiano et al. (2016), it was found that mothers with the knowledge of strategies to promote positive child body image and eating patterns actually had children growing up with lower weight restriction, less forceful feeding practices, and a much smaller amount of disordered eating symptoms. With more of an education on how feeding practices and modeling affect children, parents may be able to halt the influences on the development of disordered eating.

The growing impact of media - social and televised - on the development of disordered eating

The media as a component of national culture has grown more and more important in its ways of influencing individuals. Individuals are spending more time online, and in 2022, hours online went as high as 8 hours a day (Lebow, 2022). In addition to the hours spent online, individuals also have more ways of accessing the internet in an immediate and consistent way through smartphones and gadgets.

Not only are people on the internet more often than ever before, but the age at which individuals get access to that internet is lowering every year as children now own personal cell phones and have unrestricted and unsupervised time on the phone. According to Auxiler et al. (2020), 71% of parents are growing more concerned about the time children spend on smartphones and media, especially through its unrestricted access.

The disordered eating we are seeing in girls as young as 6 years old may be from an internalization of an idea that they are supposed to look a certain way. This internalization may arise from specific stereotypes and body preferences aimed at children in the media (Herbozo et al., 2004). Television shows, advertisements, movies, social media, and other online platforms have created images and ideals of not only the life you are supposed to want, but the body you are supposed to have to achieve that success and happiness. These images present in videos and pictures aimed not only for adults, but for children as well. Movies like *Cinderella* and *The Little Mermaid* create an internalized ideal of what kids think they should look like early on in their development (Herbozo et al., 2004). Television puts an importance on physical appearance and a need for specific body stereotypes in the majority of the videos aimed at children (Herbozo et al., 2004).

The recent COVID-19 pandemic, with its increase in screen use in schools and at homes, strengthens the importance of studying these messages from the media. This recent increase in screen-time is intensifying body dysmorphia and disordered eating behaviors (Kilicaslan & Bakirci, 2021). In Kilicaslan & Bakirci's (2021) study, they found that this internalization and increased screen use may account for the 104% increase of anorexia nervosa patients younger than 16 in the previous three years.

This powerful influence of the media continues to persist throughout individual's lives. While many harmful messages are targeted towards children, new messages and platforms continue to target adults as well. The time undergraduate students spend online correlates negatively to self-esteem and magazine exposure has been found to lead to body dissatisfaction (Tiggemann, 2003). The relationship between time spent online and high levels of body dissatisfaction is consistent (McLean et al., 2016). This relationship between media and

disordered eating development may be mediated by the internalization of a thin-body ideal, and research (Tiggemann, 2003) has found that this internalization happens differently through different media platforms.

Social media

Comparisons. When looking at social media, the increasing hours spent on media platforms becomes a heightened issue for the development of disordered eating. The association between a high volume and frequency of social media platform engagement and eating concerns (Chung et al., 2021) may be due to the comparisons individuals make between themselves and the people they see while scrolling. These comparisons can either be made with real-life peer's people see on platforms or influencers and celebrities. Through a study with 7,172 adolescents, Haines et al. (2010) found a correlation between individuals who feel a desire to look like a media figure and purging behaviors. The desire to be as thin as the characters they see on screen was directly associated with binge eating behaviors as well (Haines et al., 2010).

Unrealistic presentations. One of the reasons this social comparison to influencers and media figures may lead to disordered eating is because what one sees on media is not realistic or achievable. The media presents an unrealistic standard through filters and technological editing that viewers try to achieve. This creation of an ideal that is not physically attainable exacerbates the negative consequences social media use can have on one's mental health and disordered eating symptoms (Hendrickse et al., 2017).

Mills et al. (2018), looked at how filtered posts can affect an individual's body image. This study looked at how photographic self-retouching doesn't just affect other individuals seeing the photos, but the people posting the retouched photos themselves. In examining this behavior of taking and posting selfies that have been edited to be more attractive, Mills et al.

(2018) found that posting these selfies on social media actually resulted in worsened moods and negative self-body esteem.

Posting and liking. Another condition of social media, beyond the filtering and posting, is the action of liking and commenting on photos. This interaction dynamic of social media may contribute to the development of disordered eating and eating disorder psychopathologies. The way individuals can interact in such a public and exclusive way in front of everyone can affect the body image of all individuals involved (Tiggemann et al., 2018).

This correlation between the social dynamics of media platforms and disordered eating was also found in individuals comparing themselves online to people they know in real life (Ferguson et al., 2014). Social media use not only increases peer competition but also affects body esteem, life satisfaction, and disordered eating behaviors and attitudes (Ferguson et al., 2014). Exposure to peers through social media, especially ones labeled as ‘attractive’, also contributes significantly to one’s development of a negative body image (Hogue & Mills, 2019). This research highlighted the point that social media effects depend on the way you use it, as its use with family had no negative impact on one’s body esteem or mental well-being. It also depends on one’s motivation for using social media as Kim (2020) found that, when posting, those with a low need for popularity experienced positive effects on their self-esteem. It was only those in the group having a high need for popularity that were negatively impacted by the act of posting and scrolling through social media.

Facebook has also been found to be linked to body-image concerns in adolescent girls, especially in the way that increased use correlates with an increased drive for thinness and an increase in body-image dissatisfaction (Howard et al., 2017; Tiggemann & Slater, 2017). Overall, these image related platforms seem to be strongly associated with problematic eating attitudes

and behaviors, suggesting that certain media exposure may be a significant risk factor in the development of disordered eating.

Television

Media exposure grows every year, and with that comes an increased amount of time spent watching television and movies. Millions of young children watch Disney and Nickelodeon, and this exposure happens at the age when children are developing an awareness of self and comparing that self to the ideals presented in the media (Northup & Liebler, 2010). Children at this age are developing a sense of how attractive they are which increases not only the amount of comparisons they will make, but also the effects those comparisons will have on their self-esteem and development. Through the media, children model behaviors and learn about definitions of what a culture thinks is beautiful (Northup & Liebler, 2010).

Television shows, like *Hannah Montana*, show the way that the media represents more thin people than are in the actual population, normalizing a standard that is not representative of the viewers (Northup & Liebler, 2010). Northup & Liebler (2010) also found that in these productions all successful ‘good’ characters were beautiful and thin. This creates a “beauty is good” notion and promotes it to all those exposed to these types of shows.

This promotion of the notion “beauty is good” might be exactly what allows media exposure to cause the development of disordered eating. It is this idea that perfection is necessary, and that perfection can only be achieved through obtaining that ideal thin body that the media promotes and profits from. As longitudinal research suggests, the media may precede body ideals, leading to disordered eating (Harrison & Hefner, 2006). As media platforms are used more every year, this correlation may be the area research needs to target to stop many individuals from falling down this path.

Gaps in the research

While much research has gone into what disordered eating is, what may lead to it, and who may develop it, one major growing concern that demands attention is the influence that the media will have on this illness. Movies, television shows, social media platforms, and celebrities have an influence that grows exponentially. Children watching Disney movies and shows are not aware of how they will begin to internalize the rampant fat jokes and body-type-dependent casting present throughout these industries. With skinny actors playing the successful, good, beautiful characters and larger actors playing the funny, asexual side characters, many of us have begun to internalize the body type we need to have this romanticized happiness.

Can we change this development?

Can we work to stop the progression of disordered eating? One way to handle this could be to address the media, and the way the media keeps affecting our perceptions of how we are supposed to look and the idealized perfection needed to acquire happiness.

To study the influence of the association between skinny “perfect” characters and happiness, a survey on disordered eating, and a survey on the internalization of the thin body ideal as influenced by the media have been correlated and combined to study college students specifically.

Through this survey and study, I hypothesize that there will be a large percentage of college students, specifically college students at Trinity College that present with disordered eating symptoms. I also hypothesize that those who present strongly with disordered eating will also show a stronger internalized thin body ideal than those who do not present with disordered eating symptoms, and this body ideal will be influenced by the media. Thirdly, I hypothesize that this association between disordered eating and one’s sociocultural attitudes towards appearance

will be moderated by factors like gender, involvement with Greek life, or involvement in athletics.

Methods

Participants and procedures

Participants were 83 students attending Trinity College in Hartford, Connecticut who were recruited for a study of media influences on eating behaviors. Recruitment took place through classroom presentations in introductory psychology and music classes. Inclusion criteria were being at least 18 years old. There were no exclusion criteria.

After providing informed consent, participants completed questionnaires via Qualtrics assessing their demographic information, sociocultural attitudes towards appearance, and eating behaviors. Questionnaires were presented to each participant in a random order. Participants were compensated by receiving course credit or the chance to enter a raffle to win an Amazon gift card worth 25 USD.

Measures

Disordered eating behaviors

Participants completed 16 items from the Eating Disorder Inventory -3 (EDI-3) (Garner, 2004) which assessed the presence of disordered eating habits. Example EDI-3 questions include: “*I eat sweets and carbohydrates without feeling nervous or guilty,*” “*Only outstanding performance is good enough for my family,*” “*If I gain a pound I worry that I will keep gaining,*” “*I am preoccupied with the desire to be thinner,*” and “*I am terrified about gaining weight.*” Participants responded to each item using a 6-point Likert with response options of

Never, Rarely, Sometimes, Often, Usually, and Always. Consistent with EDI-3 scoring instructions, responses of never, always, sometimes were all scored as a 0, often was scored as a 1, usually was scored as a 2, and always was scored as a 3.

Our preliminary analyses of these items examined whether scale reliability could be improved by omitting any single item. Based on these analyses, we removed one item (“*I feel extremely guilty after overeating*”) from the final composite measure of disordered eating behaviors which included the other 15 items (Chronbach’s $\alpha = .83$).

Sociocultural attitudes towards appearance

Participants completed 9 modified items from the Sociocultural Attitudes Towards Appearance Scale - 3 (SATAQ-3) (Thompson et al., 2004) which assesses the media’s influence on an individual’s internalized body ideal and eating habits.

Original questions from the Sociocultural Attitudes Towards Appearance Scale - 3 (SATAQ-3) included: “*TV programs are an important source of information about fashion and being attractive,*” “*I’ve felt pressure from TV or magazines to have a perfect body,*” “*I compare my body to that of people who are athletic,*” and “*I’ve felt pressure from TV and magazines to be thin.*” We decided to modify these questions to include different types of media that people use today because of concern that words like ‘magazine’ and ‘TV’ would feel outdated or irrelevant for our participants. Examples of modified questions are: “*Movies and shows I watch influence or make me want to adjust the way I dress/present myself especially in ‘being attractive,’*” “*I’ve felt pressure after watching movies and shows to change my diet or exercise habits to look more like characters on screen,*” and “*I make changes in my diet and exercise to look like sports athletes and/or fitness influencers.*” Participants responded to these questions using a 5-point

Likert scale with response options of *Definitely Disagree*, *Mostly Disagree*, *Neither Agree Nor Disagree*, *Mostly Agree*, and *Definitely Agree*.

The modified scale was found to be reliable ($\alpha = .83$) with another wide range of answers from all participants (Mean = 33.9, SD = 7, minimum = 15, maximum = 47). However, one question had to be left out of the data analysis because of a programming error when creating the survey.

Data analysis

To test our first hypothesis, we examined the average of scores on the Eating Disorder Inventory-3 where 0 represented no disordered eating symptoms, and 3 represented the highest level of disordered eating symptomatology. Data was split between different genders to examine if a gender difference in scores on the EDI-3 existed.

To test our second hypothesis, we examined the bivariate correlation of sociocultural attitudes towards appearance and disordered eating behavior.

To test our third hypothesis, we used a multiple linear regression to examine the statistical interaction of demographic moderators (gender, involvement with Greek life, involvement with athletics) x sociocultural attitudes towards appearance predicting disordered eating behaviors. We conducted planned follow-up analyses of statistically significant interactions by calculating the bivariate correlation for each demographic subgroup.

Results

Hypothesis 1 : Is there a significant presence of disordered eating on college campuses?

This study's first aim was to analyze the overall presence of disordered eating on a college campus. Mean EDI-3 scores indicated that disordered eating was observed in our sample ($M = 0.6$, $SD = 0.5$, $n = 83$; see Figure 1). Mean EDI-3 scores were higher in female students ($M = 0.7$, $SD = 0.5$, $n = 54$) than male students ($M = 0.4$, $SD = 0.4$, $n = 29$) with different distributions as well. (See figure 2 and 3).

Hypothesis 2: Are sociocultural attitudes towards appearance associated with disordered eating?

We tested the bivariate correlation of sociocultural attitudes towards appearance and disordered eating behavior. Consistent with Hypothesis 1, we found a positive correlation between the sociocultural attitudes towards appearance scale and disordered eating, ($r = .44$, $p = <.001$, $n = 83$). This suggests that understanding the media's influence on an individual's body ideal may help us to explain disordered eating (See Figure 4).

Hypothesis 3: Is the association of sociocultural attitudes towards appearance and disordered eating moderated by gender or involvement with Greek life or athletics?

Results of linear regression analyses indicated that there was a statistically significant interaction of sociocultural attitudes towards appearance x gender in predicting disordered eating behaviors ($p = .004$) Next, we conducted planned analyses to examine the correlation between the sociocultural attitudes towards appearance scale and disordered eating in female participants ($n = 54$), male participants ($n = 26$), and non-binary participants ($n = 3$).

We observed a positive correlation between the sociocultural attitudes towards appearance scale and disordered eating in female participants, $r = .53, p < .001, n = 54$, but no correlation between these variables in male participants, $r = -.010, p = .962, n = 26$. There were too few non-binary participants to detect a correlation between these variables in this subgroup, $r = .50, p = .67, n = 3$.

This suggest that male identified individuals do not have an internalized body-ideal from the media influencing eating and exercise habits or behaviors associated with disordered eating, but female-identified individuals do have an internalized body-ideal from the media influencing eating and exercise habits or behaviors associated with disordered eating. (See figure 5).

Second, the results of linear regression analyses indicated that there was a marginally significant interaction of sociocultural attitudes towards appearance x Greek life involvement in predicting disordered eating behaviors ($p = .12$). Based on this marginally significant interaction term, we conducted planned analyses to examine the correlation between the sociocultural attitudes towards appearance scale and disordered eating in participants involved with Greek life ($n = 19$) and participants not involved with Greek life ($n = 64$) We found that the correlation between MBI and DE was found to be more significant among participants involved in Greek life ($r = .634, t = .004, n = 19$) than among participants not involved in Greek life ($r = .38, p = .002, n = 64$). This difference persisted in follow-up analyses that controlled for gender. (See Figure 6).

Third, we conducted planned analyses to examine the correlation between the sociocultural attitudes towards appearance scale and disordered eating in participants involved with campus athletics ($n = 34$) and participants not involved with campus athletics ($n = 49$). We did not observe a statistically significant interaction of MBI x athletic team involvement in

predicting DE. A weak, but not statistically significant difference was found between those involved in athletic teams ($r = .273$, $p = .12$, $n = 34$) and those not involved in athletic teams ($r = .502$, $p = <.001$, $n = 49$).

Disordered eating reports were assessed specifically with athletes to see if disordered eating symptoms without media influence were significantly different comparing athletes ($M = 0.7$, $SD = 0.5$, $n = 26$) to non-athletes ($M = .45$, $SD = .4$, $n = 37$). (See Figures 7 and 8).

Discussion

The Hypotheses - What do these data mean?

Hypothesis 1- There is a significant presence of disordered eating on college campuses.

The results gathered in this study show that understanding the media, and the way it influences the creation of a thin body ideal, helps us to understand who does and does not have disordered eating. The results from this study show that disordered eating is prevalent on college campuses, especially on the campus where this study was conducted (Trinity College in Hartford, Connecticut), supporting the first hypothesis of this research. This current study expands previous work linking experiences during college years to an increase in disordered eating symptoms. The link may be due to the increase in stresses, comparisons (Jacobson 2023), problem-drinking behaviors (Striegel-Moore & Huydic 1993), and a distorted view of weight gain throughout the first year of college (Vohs et al., 2001). This current study strengthens the evidence that disordered eating is significantly present on college campuses.

Results from this study also show that disordered eating differs largely depending on gender. Females reported significantly higher levels of disordered eating than males. This supports the research emphasizing gender as a moderating factor in disordered eating reports.

Hypothesis 2 - Sociocultural attitudes towards appearance are associated with disordered eating.

In analyzing the correlation of disordered eating and a media-influenced thin body ideal, the data also supports the second hypothesis that sociocultural attitudes towards appearance, influenced by television and other media formats, is associated with disordered eating. This evidence shows that the media exerts a strong influence on the way individuals perceive themselves and the body they believe they are supposed to have. Influence from the media is strongly correlated to disordered eating habits and may be what causes individuals to change their eating and exercise habits. These changes likely come from a desire to reach the body ideal that the media promotes as necessary if an individual wants to have the perfection and happiness the characters seem to possess.

As discussed earlier in the paper, this influence is not a surprise. Television shows like Hannah Montana normalize standards and expectations that are unrealistic, with words like “good”, “successful”, and “beautiful” used only with the skinny characters (Northup & Liebler, 2010). Watching shows like this while growing up can have detrimental impacts on how an individual views and values themselves. These impacts can be especially significant in influencing a change in looks and behaviors because individuals are now spending more than 8 hours online every day (Lebow, 2022). While the current study supports previous research (McLean et al., 2016; Tiggemann, 2003) finding that time online is negatively associated with

self-esteem and body dissatisfaction, the current study expands upon these results by examining specifically the perfection promoted in media and how that may affect college students' ideals.

The questions in this study's survey focused on television shows and influencers, not peers and family members. This choice was made so that the perfection that is represented in the media can truly be captured and analyzed to see if this is what is causing an internalized need for a certain body. Television shows, celebrities, and influencers represent a certain lifestyle of continual bliss and perfection. The advertisement of that perfection to viewers involves the use of thin actors and perfectly edited bodies, and this perceived connection may allow thinness to become an internalized requirement for that happiness. In linking perfection with a petite and skinny body for female-identifying individuals, and a tall and muscular body for male-identifying individuals, this ideal becomes associated not only with perfection, but the ability to reach happiness as well.

Physiological factors in the need for perfection. This presentation of perfection may affect some individuals more than others. Certain physiological characteristics, like perfectionism, may cause a susceptibility to the media's influence. Certain characteristics have been associated with individuals who develop disordered eating and eating disorders and these characteristics may also allow for the media to influence them more strongly. As Weir (2016) found, individuals who are diagnosed with an eating disorder tend to grow up being anxious, obsessive, achievement oriented and have perfectionist attitudes.

Hypothesis 3 - The association of sociocultural attitudes towards appearance and disordered eating is moderated by a third variable like gender, involvement with Greek life or athletics.

Data were divided into three separate groupings, the first based on gender, the second based on Greek life involvement, and the third based on athletic involvement. Through looking

at the correlations between disordered eating prevalence and a thin-body ideal influenced by the media separately, the third aim of this study was examined. This third hypothesis, stating that the association of sociocultural attitudes towards appearance and disordered eating is moderated by the potential third variable of either gender, involvement with Greek life or athletics was partially supported.

Gender as a moderating factor. The results supported the hypothesis that gender is a moderating factor between the relationship between disordered eating and the influence of the media. This means that the vulnerability an individual has to the media in the way it influences a thin body ideal and perhaps developed into disordered eating depends strongly on one's gender. As shown through this study's measures, those identifying as females are much more susceptible to the influence of the media, and this may be what accounts for their stronger development of disordered eating. The influence the media has on a thin body ideal for females does manifest in a change in eating and exercise behaviors and attitudes associated with disordered eating.

For those identifying as male, no correlation existed between disordered eating and reports on their sociocultural attitudes towards appearance. This shows that any influence from the media on a thin body ideal does not manifest in a change towards eating behaviors and attitudes associated with disordered eating. This could be due to the way men and women are socialized differently. Men and women are raised to not only desire different things but feel pressured into engaging in different activities and behaviors as well. While women may be raised to need perfection, men have been raised to learn from mistakes (Saujani, 2016). This may be why men (less than women) may not be influenced by the perfection advertised in the media. Furthermore, it may be that the media's messages of perfection, success, and body ideals are

targeted to female characters, and the pressures from the media for males may manifest in entirely different desires and behaviors.

Not enough participants volunteering to take this study identified as any gender beyond female or male, which hindered our ability to draw any clear conclusions on how this correlation presents in non-binary communities. Despite not being able to conclude any significant results, it should be noted that of the 3 participants identifying as non-conforming, the results seemed more consistent with the correlation present in the female group rather than the non-existent correlation in the male-identifying group. This suggests that it may be males that uniquely escape this association and vulnerability to the media, and those who are in any identification beyond male are subject to these influences from the media in determining their exercise and eating habits.

While previous research does agree that there is a large difference in disordered eating, new research suggests that this may be because of a certain way that disordered eating is stigmatized differently in different genders, and therefore measured incorrectly by using only one general scale (*The Prevalence of Eating Disorders in America*, 2018).

Involvement in Greek life as a moderating factor. The results supported the hypothesis that Greek life involvement acts as another moderating factor between the media's influence and disordered eating symptoms. Involvement in Greek life additionally allows individuals to be more susceptible to the influence of the media on one's eating and exercise habits. There are two plausible causes for this correlation. One, students involved in these organizations are subject to certain pressures that allow the media to influence them further. Two, those already influenced by the ideal present in the media are the individuals that sign up for these organizations.

This research supports the previous research done by Kirk (2015) which found that female members within sororities often feel pressure to appear a certain way. This pressure includes normalizing eating certain foods, going to the gym and participating in athletic teams as a group and following diets together. Sorority membership has also been known to increase female's awareness of dieting and the necessity of dieting to look a certain way (Allison & Park 2004). Being in an in-group that not only values thinness but also certain diets and disordered eating can be what makes these eating behaviors and attitudes so easy to fall into (Forney & Ward 2013).

Involvement in athletics as a moderating factor. Results from this current study show that there are no differences in terms of media influence in disordered eating when comparing athletes and non-athletes. These results were shocking, especially when considering the huge amount of research showing that athletic involvement may increase your likelihood to have disordered eating behaviors and attitudes. As previous research has shown, one in four female college athletes present with disordered eating symptoms (Greenleaf et al., 2009), and the teammate environment characteristic of athletic teams may actually play a large role in causing anxiety, depression, and disordered eating (Scott et al., 2022).

It is likely that disordered eating among college students was not measured in a way that one's true manifestation could be shown. Furthermore, it is possible that the scale measuring the media influences did not measure the way athletes tend to be influenced by the media the most, making this correlation nonexistent in my data. For example, athletes may be more preoccupied with exercise routines, strength, and protein instead of weight loss and thinness. While these present in very different ways, the mental energy used and the value one puts on their body remains just as significant.

The earlier start of disordered eating

While this research was done using college students as participants, it must be noted that there is a strong likelihood these disordered eating symptoms began before college and have continued and increased long before the questionnaire was completed. To bring it back to the research discussed throughout the introduction of this paper, disordered eating likely starts long before individuals enter a college campus. For some individuals, these manifestations can begin as early as six (Herbozo et al., 2004) or seven (Lowes & Tiggemann, 2003) years old. Symptoms like dieting and even purging behaviors (Thomas et al., 2000) can start in adolescence (Grigg, Bowman, and Redman 1996) and a desire to be thinner may begin here (Neumark-Sztainer et al., 1995) and grow past one's college years.

Despite this study being done with college students, the presence of their disordered eating symptoms and vulnerability to media influences likely began and grew for years to get to the point where it could be measured in these scales.

Limitations

Through the constraints of the resources available, there were limitations involved in participants gathered for this study. No longitudinal analyses were able to be conducted through the time constraint of one year, and in retrospect the scales may not have measured disordered eating in the way some people manifest these symptoms.

Participant numbers

Participants were all gathered through class discussion and word-of-mouth to voluntarily complete the survey. While reverse-ordered questions were used to try to engage people to pay attention, there is no way of knowing which people were paying attention and which were not. Furthermore, one main incentive of completing this project was the extra credit certain teachers

gave, allowing a majority of participants to come from these psychology classes instead of a broader representation of majors and interests on a normal college campus. Only 83 participants completed the whole survey, and ideally a study with more participants would allow for more applicable analyses and conclusions.

Gender. The majority of participants who volunteered to complete this study identified as male or female, not allowing enough data to analyze any non-binary gender. Three participants identified as non-binary and while certain ideas can be stipulated about the results gathered from these participants, no significant conclusions can be drawn through this number constraint.

Most research has been done on how disordered eating manifests in females or males, and little to no research has been conducted for any non-binary gender. Further research needs to examine this underrepresented group to understand more about eating disorders, disordered eating, and gender differences.

Scale measuring of media influences for athletes

When using any scale, no matter how reliable, there may be aspects of a disorder that the scale does not measure. When studying how the media impacts individuals, all individuals are going to be influenced by different things. Individuals in families where achievement and success are important may be influenced more by the pretty bookworm than the muscular soccer player, while individuals in families where athletics are valued may be more influenced by the videos posted by fitness influencers and action movies than the skinny singers. While different values and influences exist, the influence affecting these different ‘groups’ holds equal strength in creating and influencing a body ideal. As the research suggests, disordered eating does exist and present in male-identifying individuals (Ricciardelli & McCabe 2004), it just may not present in the exact way that these scales measure.

The Sociocultural Attitudes Towards Appearance Scale - 3 (SATAQ-3) may not have captured the body ideal imposed upon athletic individuals well enough. Furthermore, the Eating Disorder Inventory -3 (EDI-3) may not have captured the nuances involved in athletic disordered eating (like protein supplements, over-exercising, etc.) in a way that could show us the internal thinking that may be in line with their disordered eating symptoms.

Scale measuring of media influences for males

In the same manner, these scales may not represent the way males exhibit disordered eating symptoms. Research shows that disordered eating does exist in males (Greenfield et al., 1987; Ricciardelli & McCabe 2004; Thomas et al., 2000), however it may be that this scale (and many others) do not accurately measure the way male-identifying individuals exhibit these symptoms.

Correlation or causation

The main limitation of this study is that, while a significant relationship can be found between a media-influenced thin body ideal and a disordered eating presence, within the confines of this study we cannot say which causes the other. It was hypothesized that the façade the media presents of a perfect life with a necessary perfect body is what develops into disordered eating symptoms. With the current research, we cannot say with any certainty if this media influence comes before the disordered eating symptoms. Only longitudinal data can show us if disordered eating allows for a stronger susceptibility to influence from the media, or if that media-influence causes disordered eating. Furthermore, it could be a third variable like perfectionism (Brown et al., 2012) or certain adverse childhood experiences (Yoon, Mason & Jacobs 2022; Oppenheimer et al., 1985) that cause this relationship.

Further research

An additional study examining these longitudinal effects would be an important addition to the field to find out if this causality exists. Not only would this be beneficial to the academic world, but for parents and families in general as one can be more aware of the media in how it either causes or cyclically affects disordered eating and the development of disordered eating in children.

Further research also can be done using this modified scale at different universities and colleges to add more participants of hopefully different majors and interests to continue broadening the scope of this participant pool. Additionally, recruiting more non-binary volunteers to take the survey would allow for a deeper understanding of how the LGBTQ+ community is affected by the media and disordered eating.

Children and causation

Initially I had wanted to study children to see this causation effect, but the constraints of the resources through this thesis did not allow this to be a possibility. Past research has shown that disordered eating can begin in adolescence (Grigg, Bowman, and Redman 1996; Neumark-Sztainer et al., 1995) or even childhood (Herbozo et al., 2004; Lowes & Tiggemann, 2003), so a five or ten year longitudinal study of children would be instrumental to understanding how the media affects developing children and how disordered eating is developed. Variables like family involvement, peer influences, temperament, etc. can all be included in a study like this.

Conclusion

Disordered eating is not a small nor rare combination of symptoms. Research has examined many issues relating to these symptoms and attitudes, but there has yet to be an answer as to how to stop its development and cure these symptoms. The research done here takes the first step into seeing what may be causing this development by first looking at the potential correlational factor of the media. We theorized that the media (television, tik tok, etc.) works to create an ideal body, and represents it as a necessity for happiness and perfection, influencing many young minds in a way that manifests through a change of eating and exercise habits. In understanding if this is true, the first step to this research was to see if this relationship exists correlationally.

The data shows that this correlational relationship does exist, showing that the media influences a thin body ideal. This understanding may help us to understand how and why the symptoms of disordered eating present and manifest.

In examining this relationship, our research also showed that certain variables may moderate this correlation. Understanding these correlational factors shines a light on who may develop disordered eating and how it may present. The research shows that, like much research presented before this study, females (when compared to males) have stronger disordered eating symptoms and are more susceptible to the influence of the media. For males, disordered eating reports were present but less significant, and no relationship existed between the media influenced thin body ideal and their disordered eating reports.

Furthermore, involvement in Greek life organizations also may increase one's chances of presenting with disordered eating, and while we expected to see this same relationship with

involvement in athletics, the current findings showed that involvement in athletics may actually buffer one's influence from the media, preventing manifested disordered eating.

All of these findings bring us closer to understanding disordered eating in today's world and how to potentially stop it. Not only is disordered eating a prevalent and concerning issue among college campuses, but now we are one step closer to understanding what might lead to the development of these symptoms. If we as a field can understand more about what is connected to disordered eating, we can find out which factors are causing this development and hopefully end this illness. Knowing the connection the media has to disordered eating, we can work towards educating people on this connection.

Parents should be informed of how the media may be related to the development of disordered eating. Informational platforms could be created emphasizing open conversations among households and a more watchful eye on the television shows children choose to watch. If parents are more aware of how television shows and other media platforms affect their child's development (especially among girls), they may be able to help halt this development. A further study looking longitudinally at children and the media would also help bolster the funding and education we could give towards this issue.

Adults identifying with the symptoms of disordered eating can be made more aware of how their media engagement may be cyclically affecting their disordered eating symptoms. The current research takes us one step closer to educating individuals and bringing awareness to how this help can be found. Perhaps a break from the media all together could be helpful. Maybe a more educated awareness of which choices are helpful and which are not. Often just a greater understanding, and maybe a new conversation with a therapist, might put one on the path towards recovery.

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Figure 1

Bar-graph of the scores on the Eating Disorder Inventory -3 (EDI-3) in all College Student

Participants

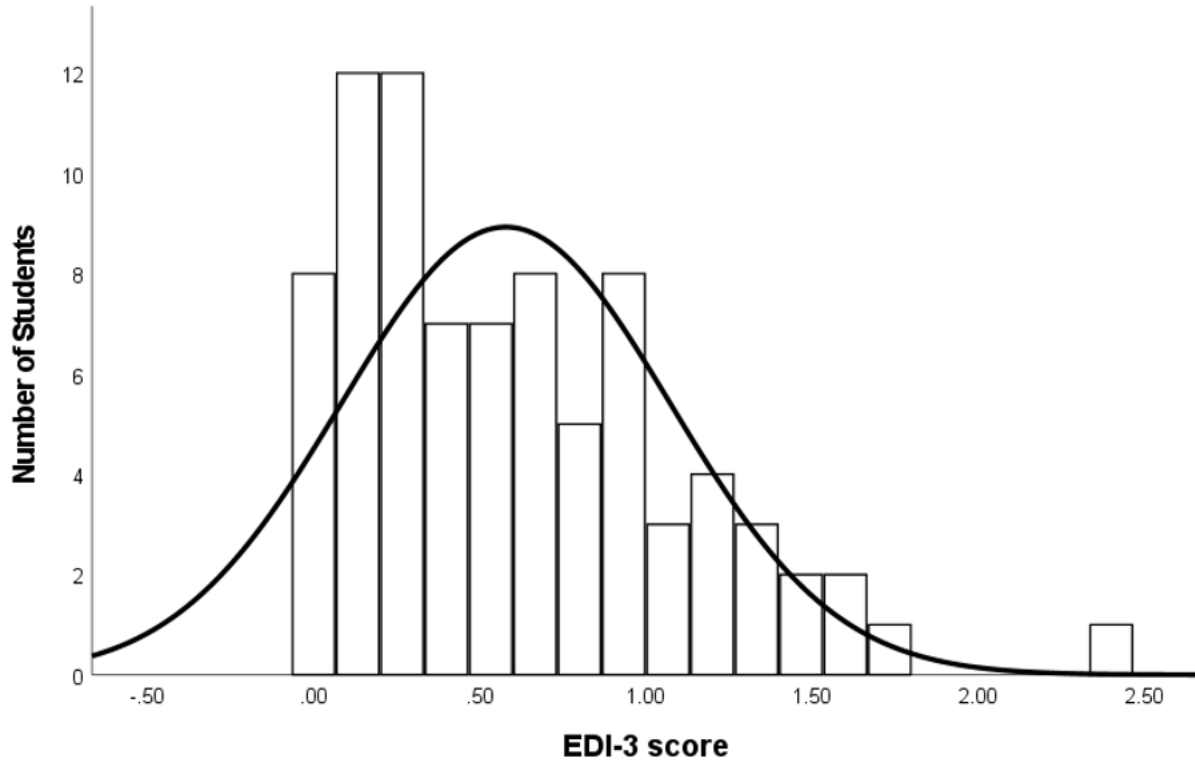


Figure 2

Bar-graph of the scores on the Eating Disorder Inventory -3 (EDI-3) in all Female College Student Participants

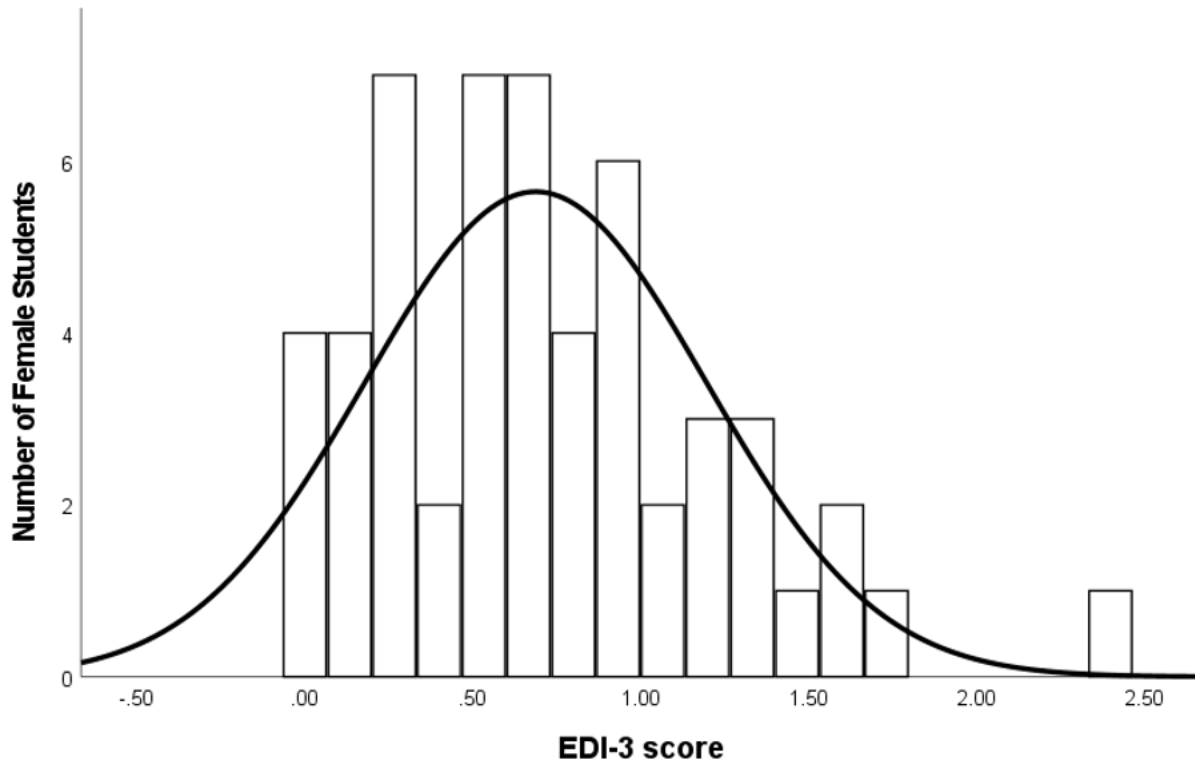


Figure 3

Bar-graph of the scores on the Eating Disorder Inventory -3 (EDI-3) in all Male College Student Participants

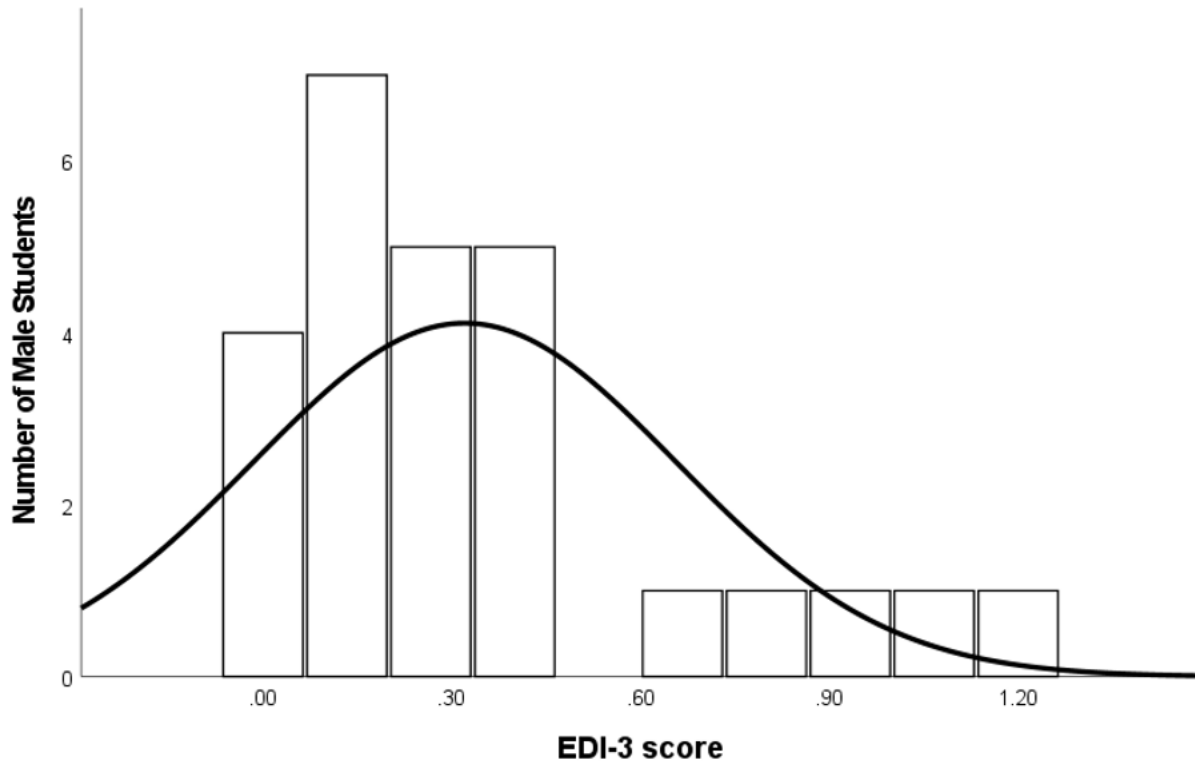


Figure 4

Scatterplot of Media Influence on Body Image and Disordered Eating Behavior in College Students

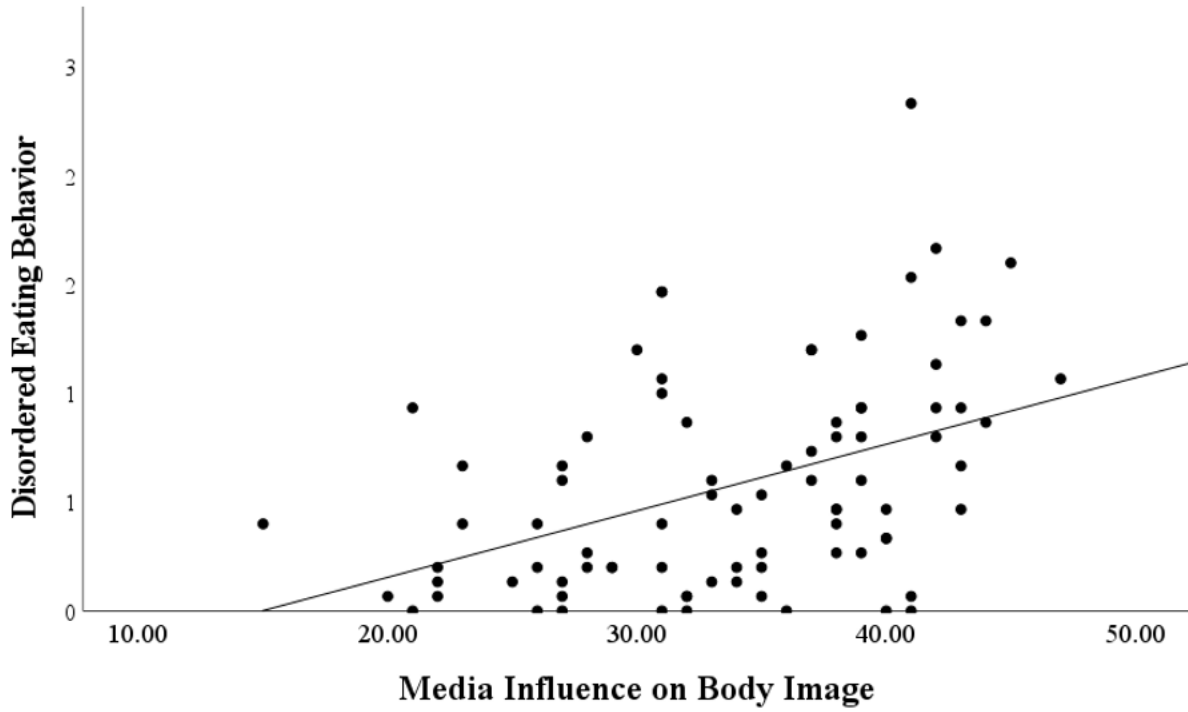


Figure 5

Scatterplot of Media Influence on Body Image and Disordered Eating Behavior in Male and Female College Students

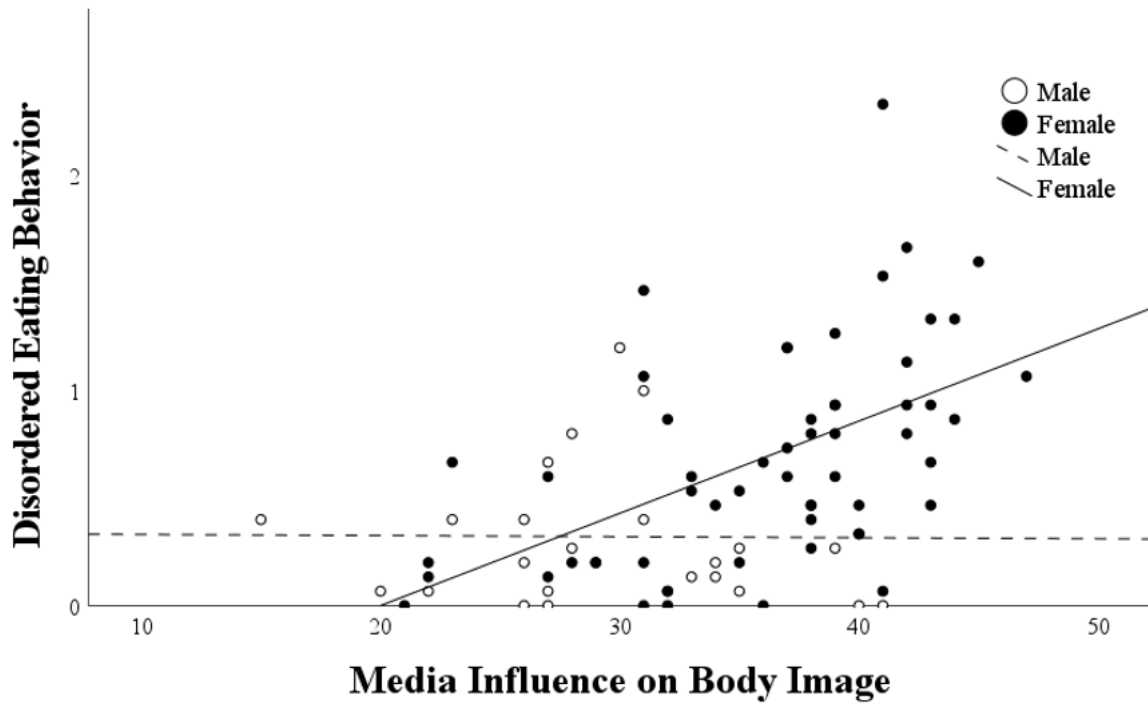


Figure 6

Scatterplot of Media Influence on Body Image and Disordered Eating Behavior in College

Students who are Involved or Not Involved in Greek Life

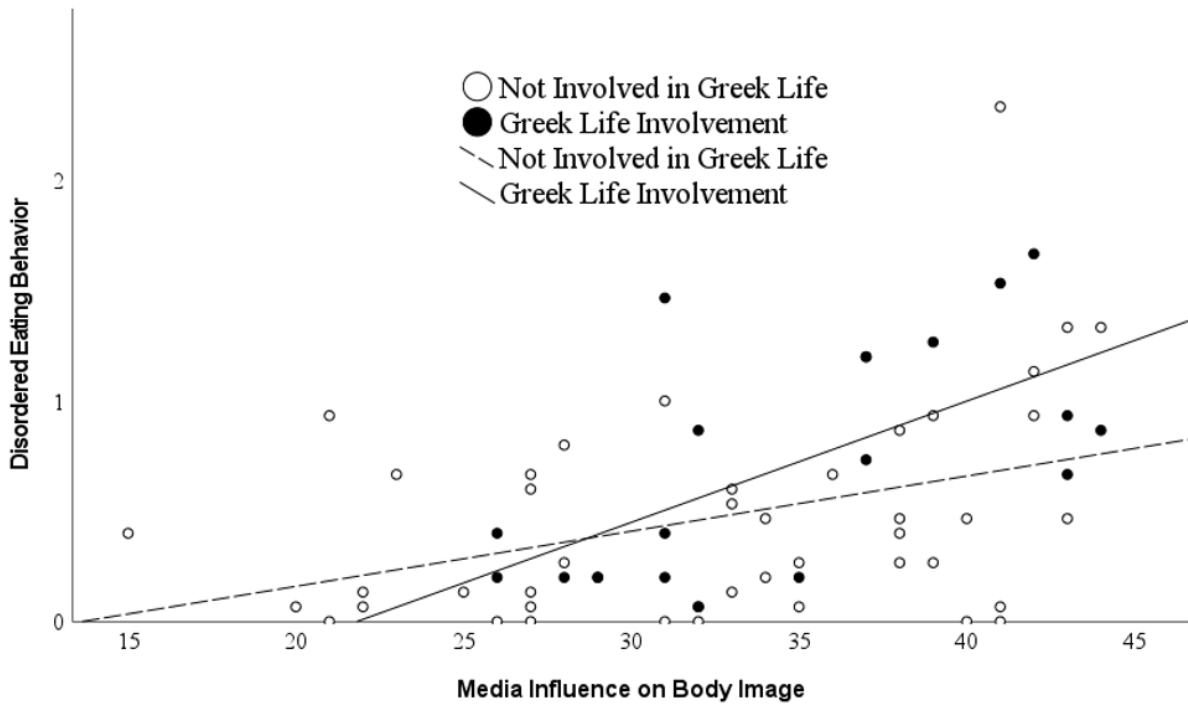


Figure 7

Bar-graph of the scores on the Eating Disorder Inventory -3 (EDI-3) in all college student-athlete participants

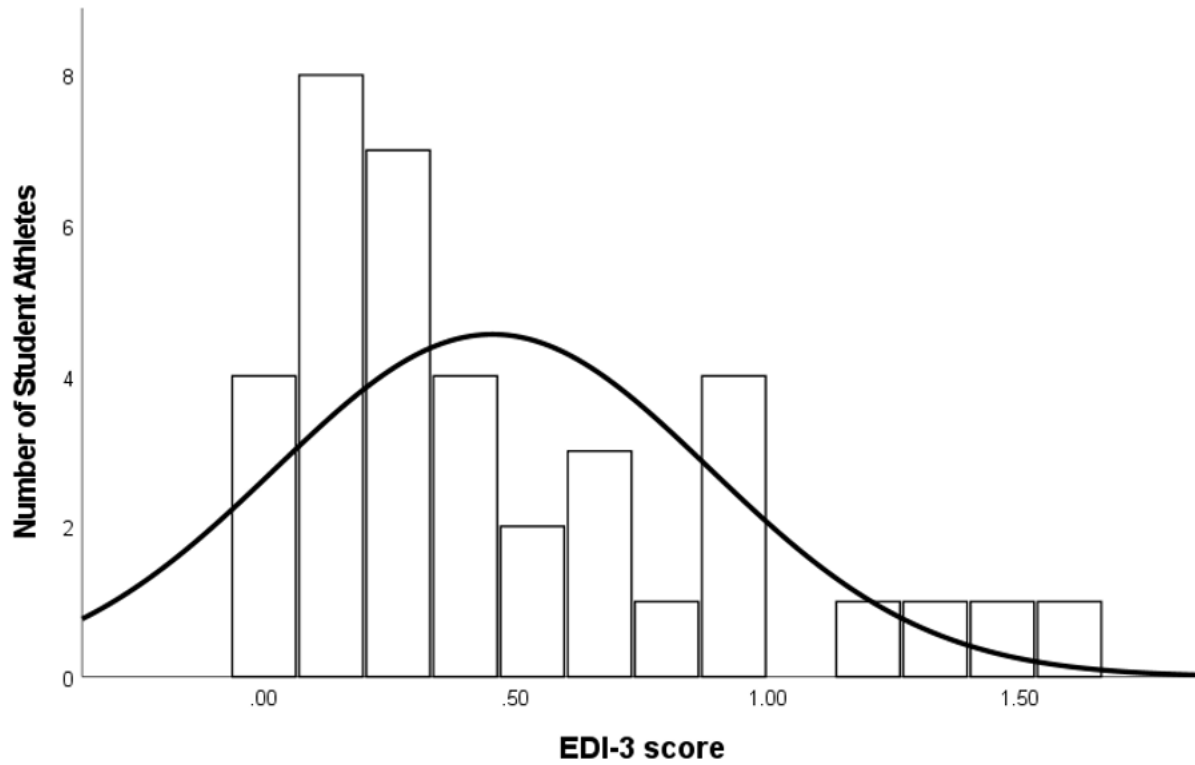
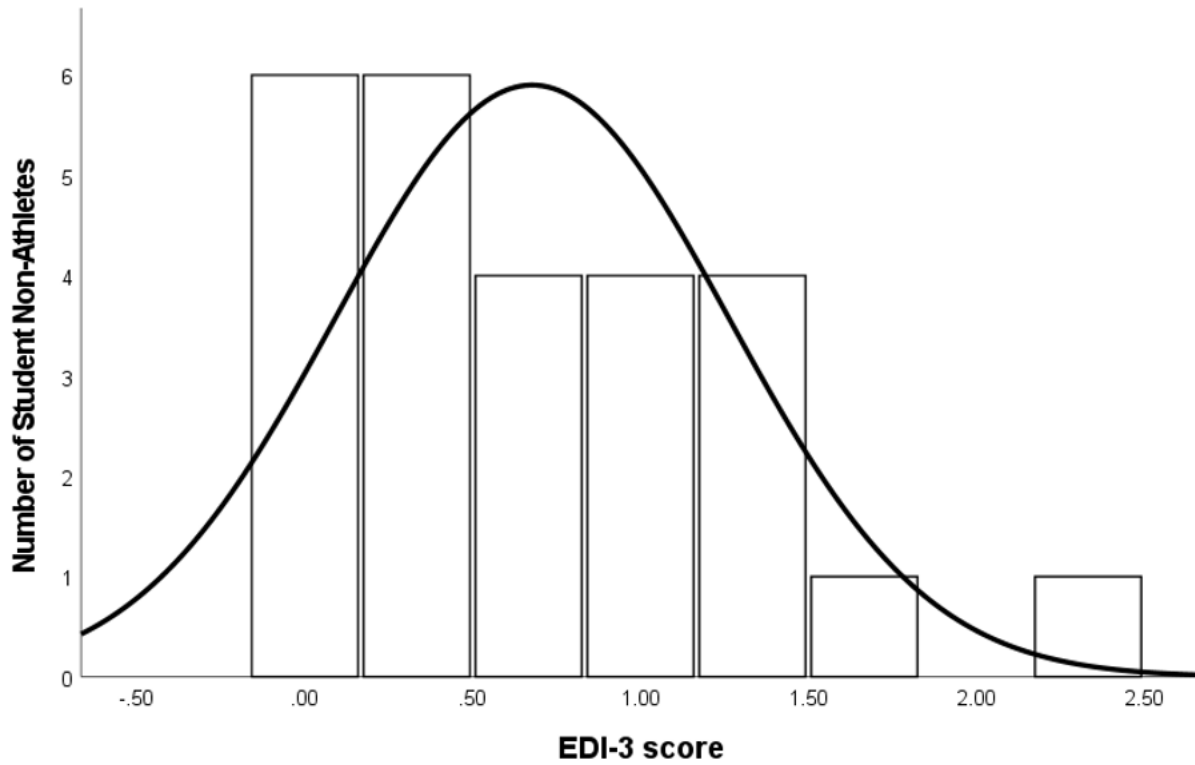


Figure 8

Bar-graph of the scores on the Eating Disorder Inventory -3 (EDI-3) in all college student-non-athlete participants



Questionnaire***Eating Disorder Inventory -3 (EDI-3)***

Questions were responded to on a 6-point likert scale:

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Usually = 5

Always = 6

Questions:

I eat sweets and carbohydrates without feeling nervous or guilty.

I eat when I am upset.

I am terrified about gaining weight.

Only outstanding performance is good enough for my family.

I feel satisfied about the shape of my body.

I have gone on eating binges where I feel I could not stop.

I am preoccupied with the desire to be thinner.

I wish that I could be younger and return to the security of childhood.

I get confused as to whether or not I am hungry.

I feel bloated after eating a normal meal.

If I gain a pound I worry that I will keep gaining.

I feel that I must do things perfectly or not do them at all.

I have thought of trying to vomit or exercise in order to lose weight after a big meal.

I eat or drink in secrecy.

Others would say that I get irritated easily.

Sociocultural Attitudes Towards Appearance Scale - 3 (SATAQ-3)

Questions were responded to on a 5-point likert scale:

Definitely Disagree = 1

Mostly Disagree = 2

Neither Agree Nor Disagree = 3

Mostly Agree = 4

Definitely Agree = 5

Modified Questions:

Movies and shows I watch influence or make me want to adjust the way I dress/present myself especially in "being attractive."

Celebrities and/or social media influencers have no impact on the way I dress or present myself in wanting to look a certain way and be attractive.

I've felt pressure after watching movies and shows to change my diet or exercise habits to look more like characters on screen.

I do not feel pressure from social media like instagram and tiktok to look pretty or change my appearance.

I compare my body to that of people in "good shape."

I do not compare my appearance to the appearance of people in social media like instagram and tiktok.

I would like my body to look like the models and influencers who appear in social media like instagram and tiktok.

I do not wish to look as athletic as fitness influencers or sports stars.

I do not care if my body looks like the body of people who are on TV.

I make changes in my diet and exercise to look like sports athletes and/or fitness influencers.