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BODY IMAGE: A THEORETICAL FRAMEWORK

Alexandra NEAGU

"Francisc I. Rainer" Institute of Anthropology, Romanian Academy, Bucharest, Romania
Corresponding author: Alexandra NEAGU, E-mail: alexandra_elena.neagu@yahoo.com

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The growing autonomy which man requires in relation to nature has become evident during the last century. As pointed out by David Le Breton, 'liberation of the body' involved cultivating a pleasant, attractive appearance (through diet, cosmetics, plastic surgery), setting new limits to the physical effort (via body building), and the much-awaited control of reproduction (by means of the contraceptive pill, abortion, maternity delegation). It was not long before the increasingly common resort to cosmetic corrections, the large scale use of drugs (diuretics and vomitives for weight control purposes; steroids to increase muscle mass), and the widespread eating disorders (anorexia, bulimia, compulsive eating) came to the attention of academics who tried to understand both the underlying reasons for those body practices and their heath consequences. The concept of body image (investigated before Paul Schilder only with reference to the distorted perceptions of the body caused by a brain injury) has been the subject of numerous approaches coming from psychology, sociology and gender studies. Sociologists are particularly interested in the cultural relativity of the beauty norms (polemizing with the evolutionary psychologists), while the contribution of gender studies lies in denouncing the weight and shape ideals as products of phallocracy. The purpose of this article is to review the current body of relevant literature on body image, highlighting the specific of anthropological approach to subject: the variability of the phenomenon according to sex/gender, age/ stage of ontogenetic development, race / ethnicity and medical context.

Key words: Body image dimensions, weight status, gender, health.

IN SEARCH OF A BEAUTIFUL BODY: THEORETICAL ASSUMPTIONS

During the last decade, research embracing evolutionary perspective have focused on how natural selection influenced human appearance not only by modeling phenotypes in order to adapt them to mesological conditions, but also by valuing those traits that seemed to maximize the chances of reproductive success. The desirable characteristics do not confer any advantage in the fight for survival, but are used in sexual competition as clues for evaluating relevant qualitative aspects of the virtual pairs or other competitors – especially health. From the point of view of evolutionary psychology, beauty and attractiveness cease to be mere cultural conventions, the results of some ephemeral and arbitrary projections – which lie in the eye of the beholder – and become strong biologically based standards. Our preferences for a particular appearance are evolutionary adaptations related to mate choice[1].

Empirical evidence supporting this theory covers both the emergence of these preferences in a very early ontological stage (before the cultural assimilation of beauty standards) and the quasi-general agreement about what is attractive. A high consensus in evaluating the attractiveness both within and across cultures/ethnic groups was confirmed by meta-analysis; results have shown no significant gender differences[2]. Concordance was recorded in evaluating both the attractiveness of the opposite-sex faces and those of the same sex (reflecting similar criteria in evaluating the competitors or a general response to certain stimuli). A series of studies undertaken among babies has highlighted their ability to discriminate (translated in different times of contemplation) between attractive and unattractive faces, regardless of their gender, age or race[3].

Among the universal beauty norms, averageness, bilateral symmetry, sexual dimorphism, and waist-hip ratio were considered the best candidates[4]. However, many other appearance-related preferences (such as those for a youthful look, a particular aspect of the skin or teeth, and certain odors) seem to be influenced by sexual selection[5].

Contrary to this line of interpretation, the socio-cultural approach to the beauty problem assigns to culture a major role in establishing and enforcing body ideals[6]. The explanation can be summarized as follows: each culture develops specific social ideals of human appearance; these are transmitted through cultural channels, then internalized by individuals; body satisfaction or dissatisfaction depends on the extent to which individuals respond or not to these requirements. It is the experience of body as social and cultural construct that which explains the discrepancy between the biological characteristics of the body and the satisfaction towards them. As a biological entity, the body has a functional role, but as a social entity it is the most visible way of expressing and presenting someone's identity. It conveys important messages about social status and subculture membership; in turn, it receives messages from the outside. Since birth, the socialized body is subjected to cultural norms. The attitude towards the body and the bodily practices (including appearance-management behaviors) reflect the value constellation of each particular society. For example, while fat is a symbol of health and welfare within traditional cultures, in modern ones it signifies a low level of self-discipline, laziness, and lack of control. The explanation for this different decryption lies not in an arbitrary change of aesthetic and moral criteria; complex reasons related to food availability, energy intake to energy expenditure ratio involved in traditional and modern occupations, and some ethical, political, ideological assumptions (as the prevalence of individualism or collectivism or the dominant beliefs about gender roles) as well as the personal adherence to the dominant cultural ideals are responsible for these contrasting interpretations[7].

The most prominent theoretical approach to the socio-cultural creation of body dissatisfaction and associated food pathology is the tripartite influence model that includes three direct sources of influence (family, peers, mass media) and two mechanisms that mediate these influences (internalization of societal appearance standards and social comparison processes regarding body appearance)[8]. As we will see in the following sections, the influence of these sources of pressure varies throughout life, according to gender and ethnic appartenance.

Any unilateral explanation of the preferences for a certain look, based on biological criteria or socio-cultural influences, is wrong. Although the mentioned characteristics are universal, their attached importance can be culturally modeled. Socio-cultural approaches certify the existence and evolution of body ideals, highlighting their cultural component. A simple glance at the press, cinema and television productions, cyber-space, toys and video games, reveals that body representations followed certain trends (female silhouette has thinned, male muscle mass has increased). More and more experts warn against the danger of creating exceptional prototypes and against the growing resort to body modifications in order to achieve unrealistic expectations. Plastic surgery produces misleading results that do not ensure the biological quality of the offspring(s) and are incongruent with the rest of the attributes that cannot be adjusted (voice, movement, pheromones). The current cultural ideals encourage what was called the normative discontent towards the real body. This negative body image could not be easily resisted. Understanding the concept could, however, provide a better strategy towards its adverse physical and psychological consequences.

BODY IMAGE – DEFINITION, DIMENSIONS AND ASSESSMENT

Body image is a multidimensional, subjective and dynamic concept that encompasses a person’s perceptions, thoughts, and feelings about his or her body[9]. Body image is not limited to the aesthetic characteristics of the person, taking also into consideration his or her state of health, skills, and sexuality[10]. Despite being relatively constant over time, body image does change in certain contexts (specific age vulnerabilities and variations after media exposure or health status alterations being highlighted by longitudinal and experimental studies). Body image does not simply reflect the biological endowment of the individual or the feedback received from the significant others. While these factors might indeed influence the level of body satisfaction, what is decisive is the way the body is experienced and evaluated by the

subject himself. The final result depends on personal factors (personality, self-esteem), interpersonal factors (family, peers and media messages), biological factors (genetic traits, increased BMI, a series of pathologies), and cultural factors (social values and norms).

Each aspect of body image (perceptual, attitudinal and behavioral) is now assessed by a wide range of dedicated instruments.

The perceptual component of body image refers mainly to body size estimation. Distortion of body size that goes in the direction of overestimation was long time considered a predictor factor in the development of eating disorders. However, when researchers were able to evaluate separately the sensory components of self-perception (meaning the visual system responses) and the non-sensory components (meaning those cognitive and affective elements that interpret the visual input), they concluded that distortion in body size recorded among anorexic patients was not due to the differences in sensory sensitivity, but to the disturbances in body and weight attitudes. To measure the difference between the actual size of a person's body and his/her subjective judgment of that size, experts use methods developed to assess specific areas of the body like chest, waist, hips, thighs, etc. or the whole body. Among the formers could be included the movable caliper technique (Reitman & Cleveland, 1964), the visual size estimation procedure (Ruff & Barrios, 1986), the quite similar adjustable light beam (Thompson & Spana, 1988), the image-marking procedure (Askevold, 1975) or computer-based methods of distorting body images (Hennighausen & Remschmidt, 1999; Harari and Furst, 2001; Sands, Maschette & Armatas, 2004; Aleong & Duchesne, 2007). Within the latter class falls the digital photography technique (Shafran and Fairburn, 2002), the distorting video software (Gardner and Boice, 2004), and several figural silhouette scales designed to determine both body dissatisfaction and body size distortion such as the BIAS-BD Figure Drawing Scale developed by Gardner and colleagues in 2009. The errors of anticipation were also eliminated using the method of constant stimuli, the signal detection theory, or the adaptive probit estimation[11].

The attitudinal dimension of body image comprises evaluative, affective, and cognitive subcomponents. The global subjective satisfaction or dissatisfaction could be easily measured using figural scales (such as one developed by Stunkard *et al.* in 1983) that allow the calculus of a positive, negative or zero discrepancy score (meaning the difference between the silhouette assigned to represent most accurately the subject's current size and the one representing his/her personal body shape and size ideal. Other possibility involves questionnaires regarding body dissatisfaction towards overall appearance or specific body areas, which use likert-type scales or agree/disagree statements (such as the *Self Image Questionnaire for Young Adults* designed by Petersen *et al.* in 1984, or the *Body Parts Satisfaction Scale* developed by Berscheid, Walster & Bohrnstedt in 1973). Appearance-related distress (including anxiety, shame or discomfort) could also be examined by the means of scales, such an instrument being developed Reed *et al*., 1991; the *Physical Appearance State and Trait Anxiety Scale evaluate* how anxious, tense, or nervous a subject feels about his body or specific parts of it. The scale has two versions: one that captures the distress at one time or another (State Version) and another that captures this feature in general (Trait Version). The cognitive component subsumes beliefs and thoughts about the physical attributes of weight, body shape and size, and appearance, as well as their significance; it also contains appearance ideals and self-schema. Examples of assessing instruments are *Body Image Automatic Thoughts Questionnaire* (Cash, Lewis, and Keeton, 1987) and the *Assessment of Body-Image Cognitive Distortions Scale* (Jakatdar, Cash, and Engle, 2006)[12].

The behavioral manifestations of body image disturbance include actions intended to monitor the condition of the body (such as repeatedly weighing or mirror checking), to correct the defects (such as weigh-control practices or applying a lot of make-up) or to avoid the situations that might generate body image distress (such as wearing baggy clothes or voluntary social isolation). One of the first instruments developed to assess avoidance of tight-fitting or revealing clothes, avoidance of social outings or physical intimacy, food restriction, grooming and weighing, was *The Body Image Avoidance Questionnaire* (Rosen, Srebnik, Salzberg, and Went, 1991), but newer tools (The Body Image-Acceptance and Action questionnaire developed by Sandoz, Wilson, Merwin, & Kellum, 2013) are now available[13]. Another useful instrument, dealing with general appearance checking, verification of specific body parts and control idiosyncratic rituals, is *The Body Checking*

Questionnaire (Reas, Whisenhunt, Netemeyer and Williamson, 2002).

BODY IMAGE AND GENDER

As a unanimous conclusion, studies recorded lower level of body satisfaction among female subjects in comparison with their male counterparts. Poor image is influenced by gender socialization and cultural beauty expectations, adherence to traditional gender roles, ethnicity, profession etc.

According to the psychologists, within the context of the general developmental process, a pronounced sexual dimorphism, accompanied by increasing divergent psychosocial experiences leads to gender differences in the attitudes towards the body, self-identity and individual relationships[14]. Body image, subsumed under the general notion of self-image, largely results from internalizing the opinions of significant others (family, friends, media) regarding the attributes and behaviors appropriate for each gender, within the genetically determined physiological limits of the individual. Traditional gender roles link femininity with beauty and the desire for an attractive appearance, while masculinity is connected with power, control and force, the male body being regarded as a means to act effectively on the external environment[15]. These conscious or unconscious assumptions about body functionality have different effects on body image and self-identity (and upon the interrelation between them) in the two sexes / genders. The focus on aesthetic qualities of the body, to the detriment of those functional, generates a low level of body esteem and dissatisfaction; it is associated with depression, low self-esteem, body shame, anxiety and checking, fixing and avoidance behaviors.

Western society not only places a much higher price on women's physical attractiveness than on men's, or encourages them to evaluate their social value in terms of how they look, but also perpetuates this societal objectification by continuous cultural scrutiny. This gendered social context shapes among women a self-critical orientation toward their physical appearance that is manifested in certain comparison tendencies associated with negative body esteem. Women are more likely than men to engage in upward social comparisons, perceiving other same-sex persons as being more attractive, having better physical qualities than theirs. Men instead are less affected by rigid physical appearance norms and have the tendency to resort to downward social comparisons, a more self-hopeful strategy that enhances self-esteem. The same gender differences were noticed as regards temporal comparisons: when projecting the future, men usually envision possible self-improvement; women, on the other hand have more pessimistic expectations about achieving the desired appearance; they equate perfection with youth and aging process with an imminent and fatal decline (slowing metabolism and weight gain following pregnancies)[16].

However, a growing (even if not similar) body dissatisfaction was observed during the last two decades among the men. Some of them want to be thinner (to get rid of the abdominal fat in particular), while others wish for an increased muscle mass, using the protein supplements, steroids and bodybuilding. These two sources of discontent represent important risk factor for developing anorexia nervosa or muscle dysmorphia. Experts believe that men' race after an enhanced musculature does not reflect a genuine concern for how the body looks, but for how it works. A well developed muscle mass increases the perception that a man is dominant and competitive, which are important attributes of masculinity. Yet, this feature is not constitutive for the specific gender role: a man could affirm his masculinity in the total absence of this proof. Besides adiposity and muscles, psychologists have identified other important facets of male body image (though often neglected in research): height (more important for men than for women); capillary hair (bald men perceive themselves less attractive and prematurely aged, though, paradoxically, shaving the scalp is a successful coping strategy); body hair (traditionally associated with virility, this feature has recently become unattractive, especially if chest, back or buttocks are involved); penis size (a 2005 study conducted on a sample of 25.000 American men reported a percentage of 45 dissatisfied subjects). Not all these aspects generate equal dissatisfaction or are treated with equal concern (because some of them are posited outside individual control). Penis size, for example, although not visible, nor controllable, is considered a major symbol of masculinity/virility and causes considerable distress[17].

In both genders there are more vulnerable categories than others to body dissatisfaction and

associated pathology. Among women, less exposed to body image pathology are some sport practitioners, lesbians, women of color, those who do not adhere to gender stereotypes, feminists; others, like athletes, gymnasts, and ballerinas have a higher risk of developing eating disorders. Among men, the drive to muscularity is higher in sportsmen since they embrace male stereotype of winning the competition; homosexuals monitor and compare their bodies more frequently than heterosexuals; black men, although aspiring to larger body frame, report greater body satisfaction (in particular towards weight) than whites.

BODY IMAGE AND AGE

International research has highlighted the importance of body dissatisfaction during adolescence and the associated risks for depression and eating disorders, but very few studies have focused on the development of body image in childhood. In recent times body dissatisfaction was tested positive in preschool children (about 5 years)[18]. The evidence called for a serious reconsideration of the role of this phase in building a healthy body image.

Beginning with early years, weight-related prejudices proved to be very powerful: even 4-year-old children eliminate plump figures from their preferences, and 6-year-old children choose normal weight rather than overweight companions/friends. Weight discrimination is gendered: already in elementary school, tolerance of overweight boys is higher than that of overweight girls. The effects of peers teasing are particularly significant among overweight children. In fact, an increased BMI proved the strongest risk factor for body dissatisfaction.

Parents influence children's body image by providing models of attitudes toward body and appearance, by making comments on their appearance, but also by family food habits. Research showed that parental attempts to control children' weight through food choices were later associated with disorder eating patterns among children). Parents' choices regarding ideal child silhouette vary by ethnicity (Caucasian parents exclude plump figures, while those African Americans and Latinos are more flexible).

Media messages contribute to creating negative stereotype and prejudice against overweight. For example, cartoons portray overweight characters as unattractive, unintelligent and antisocial. The observation can be extrapolated to video games or children's literature. Toys promote unrealistic body ideals and cultivate gendered pursuits: girls are investing more in physical appearance and clothes (preoccupations that are reinforced by other agents of influence such as mothers, sisters or female characters on TV), while boys are more concerned with action. After a long period of speculation about negative effects of identifying with dolls, Dittmar et al. decided in 2006 to test the hypothesis, using both neutral pictures and images of Barbie and Emme dolls (size US 16 – 46 EU). The findings were clear: 5- to 8-year-old-girls reported a lower body esteem and increased body size dissatisfaction after exposure to images of Barbie doll; there was no difference in body satisfaction after exposure to images of Emme doll compared with exposure to neutral images [Dittmar *et al*., 2006: 288]. In turn, soldier or hero figurines for boys (GI Joe and Luke Skywalker) represent the embodiment of ideal masculinity. In their case also, studies have revealed an escalating enhance of muscle mass, to a level that exceeds the biological normality.

Children and girls in particular are growing as part of a youth- and appearance-oriented culture that glorifies slenderness. Current social representations support a pervasive objectification of women. As a consequence, starting from prepubertal age, girls begin to engage in self-objectification. No wonder then, that nearly half of teenage report weight concerns and a history of food restriction. The "normative" weight-related dissatisfaction places women at increased risk of eating disorders.

Puberty comes along with a series of hormonal and physical changes whose final results are an adult appearance and the ability to reproduce: a "growth spurt" (accelerated skeletal increase followed by slowdown), some increases and / or redistribution of fat and muscle mass, the development of circulatory and respiratory systems (which provide strength and increased resistance), the maturation of secondary sexual characteristics and reproductive organs, and modifications in endocrine systems that regulate and coordinate other pubertal events[19]. In parallel, a cognitive development takes place. The rapid intellectual progress and the development of insight ability can lead to adolescent egocentrism. Teenagers pay a lot of attention to their bodily selves and examine intensely their physical appearance. As regards social relations, adolescence brings important

changes in status and role, involving enhanced freedom, independence and responsibility. As teens develop their own identity, a distancing from parents and a shift towards relations with peers / friends occur.

The establishment of close and friendly relations provides mutual aid in managing daily problems and pressures associated with maturation. In this context, group integration becomes a paramount concern. In order to be accepted, a teenager is willing to make any sacrifice. Thus, friends and peers become extremely influential social agents in shaping adolescents' thoughts about their bodies. How they are evaluated (including their look) by the significant others will have a tremendous impact on the development of self-concept and body image.

Managing physiological and psychological changes as well as reactions coming from family, friends and significant others, is one of the major tasks of this stage of age. To incorporate the physically transformed body into a restructured body image, and to develop a new, stable and complex self-identity accompanied by a strong feeling of self worth are difficult processes.

The burden is felt differently by the two genders. Girls and boys do not enter puberty simultaneously (the difference varies between 1–2 years). The gap between chronological and physiological age makes tricky the analysis of same-sex or opposite-sex peers on body image among preadolescents. Frequently, bodily changes that accompany the onset of puberty (breast enlargement, weight gain) trigger opposite reactions (sexual advances or teasing). Becoming a woman could be a source of pride or, on the contrary, of deep shame. Studies led to the conclusion that adolescents' adaptation to their bodily changes was influenced not only by the extent of those transformations (overweight adolescents being more exposed to teasing and ridicule from peers), but also by the pubertal development rate (accelerated development of secondary sexual characteristics was associated with negative emotions among girls) and synchronization of maturation among peers (both early and the late maturation involved increased risks for all the adolescents)[20]. In addition, young women believe that men prefer very thin mates, thus distorting male preferences in order to align them to their own ideal of slenderness. They consider the inevitable weight gain brought by puberty a departure from the desirable silhouette. Young men think that women prefer larger masculine bodies than these actually report. But since this distortion goes in the direction of the natural evolution of male adolescent body, the pressure felt from the opposite sex is considerable smaller in teenage boys.

Investigating body image among adults, researchers reached surprising conclusions, at least at first sight. Despite aging process is associated with significant physical changes (body reshaping by reduction in tonus and muscle mass, weight gain, and skin wrinkling), which remove individuals from the current cultural ideal (represented by a supple, toned and wrinkle-free body), studies have not recorded a radical increase of body dissatisfaction with age. Especially for women, the seventh decade seems to bring an improvement in body image (S. Grogan, 2012: 93). The explanation is based on adjustment of body ideal (becoming more close to reality, age-appropriated and oriented towards comparisons with friends and acquaintances rather than media celebrities) and diminishing importance attached to appearance. As the woman's identity is intimately linked to her role in relation to family, career and community, investment in appearance decreases with growing old; this makes the connection between body satisfaction and self-esteem to be lower among mature ladies than among young women. In contrast, self-esteem predictors at this age are the body functional assessment and the concerns for health consequences of overweight. Studies on variation of body dissatisfaction with age among men have mixed results. However, there are some indications that body ideal changes: around the age of 35–40 years, male concern for physical appearance drops, associating a weight gain; then, around the age of 50 years, the concern for a youthful and attractive (desired or lost) look reoccurs. Compared to women, men reported higher levels of body satisfaction in all age groups. After the age of 60 years, however, gender differences get smaller. As among women, status of body functioning proved to predict self-esteem[21].

BODY IMAGE AND ETHNICITY

Body image among people of color came to the attention of researchers due to its contribution to the maintenance of a different weight status from that of the Caucasian population. The fact that

these subjects (in particular girls and women, but also men) reported a positive body image despite having a bigger weight (in contrast to body weight-satisfaction ratio within the dominant culture) was considered one of major factors responsible for the persistence of high rates of obesity and overweight among this population. In the US, African Americans women are twice likely to become obese compared to Caucasian women. At a higher weight, they have a higher self-esteem in comparison both with Caucasian and Hispanic women and they define attractiveness in ways that exceed simple body shape or size. According to studies, the probability for them to adopt weight control behaviors increases only when their weight reaches extremely high values (> 85th percentile). The results called for a strategy to address the issues of overweight and obesity among African-Americans without affecting their self-esteem.

The proposed explanations for the atypical relationship between weight and positive body image were diverse: a distortion of their body size in the direction of underestimation[22]; family upbringing on various aspects of identity – what it means to be a person of color, history of the community, etc; concentration of same-ethnicity population in the neighborhood that creates a "consonant social context"[23]; development of a critical spirit in relation to the standards of the dominant culture – weak internalization of its body ideals; existence of some different gender stereotypes, less rigid in terms of physical appearance; a relatively low representation of African American women in the media, whose appearance to correspond to the dominant cultural ideal; a different racial ethos that emphasizes the value of self-acceptance ("Work with what you have"), promotes personal care ("Always present yourself as an acceptable person") and spirituality ("Be happy with what God gave you")[24].However, traditional scientific consensus on body image among people of color tends to dissipate as enough data are accumulated, proving the existence of a significant variability within the group. Experts warn that a series of wrong conclusions started from identification of race with culture and the insufficient attention paid to other relevant aspects such as social class, family dynamics, social ties and local history. Researchers also point out that African American women may be vulnerable towards other aspects of appearance (skin pigment, facial features, hair texture), for which the social context in which they live are no longer offering protection against the narrow standards of majority[25].

Hispanics/Latinos accept a wider range of body types, thanks to a slim but curvy feminine body ideal (with a thin waist, big hips and breasts and round buttocks). Surprisingly, these beauty standards did not impede unhealthy weight-control behaviors to flourish. Even when the reported level of body satisfaction among Latin American adolescents was higher, the rate of disordered eating patterns surpasses that among their Caucasian counterparts. One possible explanation lies in the ubiquitous messages regarding health risks associated with obesity. In the US, Latin Americans are at increased risk of becoming overweight and developing diabetes or coronary heart disease, therefore some of these dieting behaviors may be motivated by a desire to avoid such diseases. During investigations into the etiology of eating disorders, another important variable emerged: the acculturative stress (use of other language than their native one, management of a complex set of cultural norms and prescriptions, or various experiences of discrimination). Thus, subjects who were dissatisfied with their bodies showed an increased risk of developing eating disorders, if and only if a high level of acculturative stress was associated[26].

To better understand the contribution of Latino ethnic identity to the development of body image research has to take into account that there is no single, monolithic and easy to extrapolate "Hispanic" experience. The complexity of negotiating between their own values and those of the dominant culture or other ethnicities (often subjects have dual identity, bringing together cultures, traditions and multiple races), the presence or absence of a broad community to create a supportive network against discrimination and to provide alternative models, the social and economic status in the community or outside, the family background and other variables are actually involved in the shaping body image and self-esteem[27].

A number of Arab states that recorded a rapid development and urbanization during the last 50 years (such as Kuwait, Saudi Arabia, Bahrain and United Arab Emirates) are currently facing some of the highest percentages of overweight and obese subjects in the world and a corresponding rate of chronic diseases. Among the causes, specialists cite the sedentary life; the consumption of high calorie foods; the preservation of

traditional attitudes towards the body (not perceiving fatness as a health risk); the dress code that requires wearing *abaya*, a loose over-garment that camouflage the silhouette).

Nevertheless, at least among educated women a drastic change in body size ideal has been noticed. There is an almost unanimous agreement upon rejection of the old model of corpulence as belonging to their grandparents' time; the respondents also affirm the existence of real pressure (from family, friends and future spouses) to lose weight or to stay slim. These expectations, although they are ascribed to the impact of Western media, are accepted as irreversible and they generate a significant concern related to the possibility of gaining weight. Food surveys in the UAE, highlighted disordered eating patterns (skipped meals, consumption of high energy drinks, low intake of fruits and vegetables) and high inactivity. Although cultural norms in force are restricting freedom of movement (women must be accompanied by a man in order to perform physical activity outdoors), alternative exercise at home or within a gym is not commonly used[28].

Very particular cultural values shape the body image and associated pathology among Asian populations (especially when they are in a minority-like or non-dominant position, e.g. emigrants in US). Traditional Asian cultures are characterized by collectivism (the identity of the individual is subordinate to that of the group); even the appearance of a person is often considered a representation of the family or of the Asian community as a whole. These premises encourage social conformism (any change in body appearance is motivated by the desire to conform to the group's norms, or by the fear to disappoint the relatives or to attract community's disapproval) and frequent social comparisons (what creates serious vulnerabilities in terms of body satisfaction). The emphasis on filial piety, in combination with an authoritative parenting style, can lead to an increase in body dissatisfaction. The typical inhibition of emotional expression receives contrasting interpretations within different cultural contexts: positive (as a sign of strong character and patience within their culture of origin) or negative (as a proof of passivity and weakness within modern western society), producing values conflicts that inevitably affect self-esteem. Appearance-related distress that remains unexpressed tends to increase, transforming eating disorders into indirect means of communicating negative emotions[29].

The main sources of body dissatisfaction among Asians are weight (especially in highly industrialized areas of Asia, where the thin ideal is currently taking more radical forms than in the US), height (leg-lengthening surgical operations enjoyed an increasing popularity until 2006, when the Chinese government banned the procedure), and also certain Asian–specific facial features such as epicanthic fold (corrected by cosmetic methods or blepharoplasty), low and flattened nasal bridge (for which they appeal to rhinoplasty) and insufficiently light skin (reflecting a lower social hierarchical position).

Researchers pointed out that the Japanese desire to be thin may not be associated with body dissatisfaction, but with the cultural ideal of cuteness. The phenomenon has continually grown from the 70s, generating practices meant to create a 'neotenous look. According to specialists, the childish appearance and behavior called "burikko" is a form of rebellion against social imperatives (to be mature and responsible) and a nostalgic yearning for a romanticized carefree period of life, but also a pretty successful professional strategy in a highly patriarchal society[30].

BODY IMAGE AND MEDICAL CONTEXT

Research established a direct link between body dissatisfaction and food pathology. Weight-related discontent is associated with frequently unhealthy weight control behaviors such as unbalanced food restriction and use of diuretics and vomitives, leading finally to eating disorders (anorexia, bulimia, compulsive eating or night eating syndrome)[31]. Health consequences of inadequate food intake are varying from reversible deficiencies to fatal complications. The cortege of diseases is impressive: electrolyte imbalance, osteopenia or osteoporosis, anemia, cardiovascular problems, brain damage, increased or decreased bowel activity, esophageal or gastric rupture, kidney dysfunction, pancreatitis, multi-organ failure, infertility and increased risk of miscarriage – to name only a few.

Adverse psychological costs should also be considered since eating disorders frequently coexist with other illnesses such as depression or anxiety disorders. According to statistics, eating disorders have the highest death rate of any mental

disorder, with most of the deaths among patients being due to suicide.

Another potentially health-compromising strategy of controlling body weight involves tobacco use. Studies revealed that poor body image could increase the risk of smoking initiation in teenage girls, while fear of gaining weight could influence the decision to quit smoking[32, 33].

It would be expected that physical activity would be the primary weight-management method, but weight dissatisfaction rarely operates as a motivating factor to exercise. On the contrary, excessive concerns regarding exposing an ungraceful, unfit, chubby body can prevent people from participating in outdoor sports or gym activities[34].

Weight and shape are not the sole sources of body concerns. Starting with the puberty, males experience body dissatisfaction with muscle mass and tonus. Hoping to reach sooner the desirable lean but muscular body, broad shoulders and a six-pack abdomen, they easily get engaged in extreme exercises and use of steroids, ignoring all the detrimental effects on health status such as stunted growth, cardiovascular diseases, liver damage, and some types of cancer.

Facial features such as nose, eyelids, ears or lips, body parts as breasts, tummy or thighs, and skin imperfections like pigmentation marks or scars are also generating appearance-related distress and have become subject to surgical procedures. Data indicate a growing popularity of plastic surgery in both sexes and in all the age categories. According to the Plastic Surgery Statistics Report on 2013 in the U.S., among the 13–19 year olds, there were 220.000 total cosmetic procedures recorded, from which 64.000 surgical and 156.000 minimally invasive. The most common procedures requests by teens were rhinoplasty, male breast reduction, ear surgery, laser hair removal and laser acne treatments[35]. While studies have shown that most cases of body dysmorphic disorder occur in adulthood, evidence is accumulating on its incidence among adolescents; besides, adult patients with this disorder have indicated middle adolescence as the onset of the symptoms[36].

For these reasons we could consider adolescence as a period of increased risk in developing eating and body image pathology. Investigation of all the contributing factors to a poor body image should be treated as top priority by the policy-makers in the field of public health.

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