

Is the Body the Self? Women and Body Image

Janet Polivy and Peter Herman

Department of Psychology, University of Toronto at Mississauga, Mississauga, Ontario, Canada

ABSTRACT

This paper discusses how women's body image or experience of the body influences their identity and self-image. What are the implications of this tendency to equate the body and the self? For many women, being a dieter represents not only something that they do, but also an important aspect of how they see themselves. We propose that choosing to become a chronic dieter is a means of regulating not just one's feelings, but also one's identity and self-image when those central aspects of the self feel threatened. Weight-loss dieting is often unsuccessful, however, and repeated dieting attempts may increase weight as often as they reduce it, so using body shape to determine self-worth or identity is a maladaptive strategy for most women.

Key words: *body image, self-image, obesity, woman*

This paper focuses on one small but important aspect of self and identity that has important implications for women's health and for the increasing prevalence of obesity over the last two decades. We will discuss how women's body image or experience of the body (and attempted manipulations of that experience) influence their very identity and view of themselves, and the implications of this tendency to equate the body and the self. The psychological literature abounds with studies of how media images affect young women, as well as speculations about the degree to which these images and the thin ideal that they reflect contribute to the development of eating disorders in these women¹.

At the same time, obesity has become an international epidemic². Data from our lab and others suggests that the rise in disordered eating—both self-starvation and overeating or even binge eating—may reflect this overemphasis of the body in the definition of the self³.

In our society, appearance, and in particular the appearance of one's body, is a major factor in how others react to us and how we feel about ourselves. The prevailing sociocultural preference for thin female body shapes is well-documented, and has been associated with both the rise in prevalence of eating disorders⁴ and the social derogation of overweight⁵.

For young women in particular, concern about weight and appearance has become what amounts to an obsession. Body dissatisfaction has long been described as a »normative discontent« for women⁶ and the prevalence of dieting among adolescent females is reported to be as

high as 65 per cent⁷. In this paper, we will discuss dieting and body dissatisfaction, but we will be referring to these feelings and behaviors more specifically in women, not in the population at large. It is primarily women who are (or feel) pressured to conform to the thin ideal, who see themselves as too fat, and who define their self-worth on the basis of their perceptions of their weight and shape^{8,9}. Not surprisingly then, it is women who go on diets when they feel fat, and perhaps in response to this pressure, it is also women who are more likely to under-report their weights¹⁰. Finally, it is primarily women who develop eating disorders⁸. Thus, this is an issue for women's health rather than for men's. Men seem to feel good about themselves regardless of the realities (and shortcomings) of their appearance. In fact, men are more likely to be overweight, and less likely to diet or try to do something about their weight (e.g., weight-loss surgery¹¹; want to lose 20 pounds¹²; and engage in dieting as adolescents¹³; even though there is evidence that the health risks of obesity are greater for men than for women¹. Adolescent boys are concerned with increasing their muscle tone, rather than with decreasing their weights¹⁴.

All of us know someone who is on a diet. For many women, however, being a dieter represents not only something that they do, but may also be an important aspect of how they see themselves. We have found¹⁵ that for people who are themselves chronic dieters (or what we call restrained eaters), whether or not someone else is also a dieter becomes the most memorable characteristic

of that other person. When given a one-page description of »Donna« that included information about her hobbies, her profession, and her weight and dieting habits, restrained eaters (that is, chronic on again-off again dieters who are concerned about their weight) remembered the weight and dieting information pretty much to the exclusion of everything else, whereas unrestrained eaters (or nondieters, who are not concerned about their weight) remembered the same absolute amount of information, but spread across all the various domains of Donna's existence (or self).

Body weight and appearance are clearly important to women, especially chronic dieters, those women who are engaged in a long-term struggle to sculpt the body into a more desirable shape. Given our societal idealization of a thin female physique, this does not seem particularly surprising. In fact, our research shows⁵ that dieters have strong explicit biases against fatness, and dieters and nondieters alike have negative implicit attitudes toward fatness and positive attitudes toward thinness. This means that when asked directly (explicitly), dieters are more likely to express negative beliefs and attitudes about fatness, and to have internalized these attitudes as their own more strongly than nondieters have; but when tested for their automatic (implicit) responses to »fat« and »thin« words, everyone shows the sociocultural bias against fatness and in favor of thinness. Thus, even nondieters share in the sociocultural preference for thin body shapes, and have implicit attitudes favoring thinness over fatness; but for dieters, these beliefs are identified as their own personal values. When women internalize these body-related attitudes and see themselves in terms of body shape, they often wind up feeling dissatisfied and bad about themselves¹.

If societal acceptance is predicated on a thin body, then women should seek to attain such a body in order to achieve acceptance; thus *all* women should be restrained eaters, striving to be thin. But recent assessments indicate that today only about 35% to 60% of women in general are chronically dieting restrained eaters. Chronic dieting is thus a choice that many women make, but not all; why don't all women make this choice?

The simple answer would seem to be that »only those who aren't already thin choose dieting to become thin, and thus accepted.« But is this really true? Although restrained eaters do tend to be somewhat heavier than are unrestrained eaters, the overlap in the distributions of weight and restraint level is considerable. The restrained eaters whom we study in our lab are generally of normal weight. It is clearly not simply the heavier women who diet. So what do we know about who becomes a dieter (or at least how those who already are dieters differ from those who are not)? Dieters are consistently more neurotic than nondieters are, have more negative moods¹⁶, and have lower self-esteem¹⁷. Dieting may thus be seen by those in distress as a means of improving a self that is already somewhat compromised.

In 1988, we first articulated what we call our »masking hypothesis,« which posits that chronic dieters use

bouts of overeating as a means of avoiding unpleasant emotions, by blaming all negative affect on their (over) eating instead of the real and often more threatening causes such as their own failures and shortcomings. Dieters sometimes use their eating as a means of emotional self-regulation¹⁸. We are now taking this argument a step further and proposing that choosing to become a chronic dieter is a means of regulating not just one's feelings, but one's identity and self-image when those central aspects of the self feel threatened.

For some time now, our work on restrained eating has been used to help researchers to understand those who are the most restrained eaters of all, eating-disorder patients^{18, 19}. College-student dieters have provided a good analogue population for studying eating disorders because chronic dieters and eating-disorder patients share many characteristics. These characteristics include an over-concern with appearance and weight, consequent dieting to reduce or control one's weight, inattention to one's bodily signals for emotion and hunger (possibly to facilitate dieting and weight loss), and underlying personality characteristics such as low self-esteem and neuroticism (which may be what prompt one to try to lose weight in the first place). We shall reverse this perspective now, though, and use what we know about eating-disorder patients to help us to better understand dieters.

One similarity between eating-disorder patients and dieters is the age of onset of the relevant (or symptomatic) behaviors. Both begin during adolescence. In fact, both begin with body dissatisfaction and a desire to be thinner that seems to occur around puberty^{4, 9}. In the eating-disorder field, it is now apparent that this association with puberty is probably not coincidental^{8, 20}. The demands of puberty and maturation coincide with a time of serious transition and identity formation, which can destabilize personality²¹. Young women facing both the challenges of puberty and maturation, and at the same time suffering from personal deficits such as low self-esteem, may be particularly vulnerable to societal pressures concerning appearance^{8, 20}. In an effort to rebuild their identity, they may turn to dieting and become preoccupied with weight. These activities are socially acceptable, and both age-appropriate and permissible within their peer group, thus offering what may appear to be an ideal solution for girls struggling to define themselves and be accepted by others. Dieting may thus become a focus of identity for these young women.

In fact, Striegel-Moore⁹ proposed over a decade ago that young women's pursuit of thinness and beauty via dieting and their focus on the body is a strategy for identity affirmation; the focus on physical appearance provides a concrete means of constructing an identity. Dieting can thus be seen as an adaptive response for those adolescents who are vulnerable owing to an unstable sense of self, self-consciousness, low self-esteem, and/or who lack awareness of internal signals from their own bodies. Dieting and weight concern give them a way to cope with the challenge to their sense of self and femininity produced by puberty and adolescence.

Unfortunately, dieting is often unsuccessful. Our research demonstrates that chronic dieters are likely to overeat in response to actual, perceived, or anticipated overeating, a wide variety of emotional provocations, deprivation-induced craving, or social influences such as models eating large amounts^{22, 16}. Chronic dieters are thus prone to overeating in many situations, making them less likely to lose weight. In fact, over time, chronic dieters do not actually lose weight²³. This tendency toward overeating and failure to achieve weight-loss goals results in distress for restrained eaters, and occasionally in full-blown eating disorders when coupled with other predisposing factors. In addition, dieters' unrealistic expectations about how much weight they are likely to lose^{24, 25} make it even more difficult, if not impossible, to achieve their weight-loss goals, and contribute to giving up on the diet and regaining the lost weight²⁶.

As was already mentioned, chronic dieters are highly prone to disinhibited eating, and thus often overeat, rather than maintaining their diets and undereating¹⁶. Among the triggers to such disinhibited overeating are feelings of dissatisfaction about one's body. In one study²⁷, we manipulated a body-weight scale so that female students believed that they weighed 5 pounds more than their true weight. Restrained eaters exposed to this inflationary information felt worse about themselves, felt more depressed, and subsequently overate in a taste-rating test; unrestrained eaters were unaffected.

What does this say about identity and self-perception in these women? These results reveal the fragility of dieters' sense of self, and the degree to which this fragile identity is tied to their dieting and their success or failure at reshaping their bodies. Only the dieters were vulnerable to external information about their own bodies, and reacted to this information by devaluing themselves. Being a successful dieter has become a defining feature of their identities, and in the absence of dieting success they become dysphoric and self-rejecting.

We examined more directly the degree to which dieting is an integral part of restrained eaters' identities²⁸. Restrained students' diet- and weight-related goals were seen as more important, self-defining, and self-determined than were the diet goals of unrestrained non-dieters. Restrained eaters thus use eating and dieting as a means of demonstrating their values and objectives, with these goals being seen as central to identity. Moreover, the stronger the connection is between students' diet-related goals and their self-definition, the lower dieters' identity commitment is, or, alternatively, the greater their identity confusion. In other words, restrained eating is related to lacking identity commitment and to a tendency to avoid dealing with identity issues; restrained (but not unrestrained eaters) eaters display identity confusion/diffusion.

When we go a step further and challenge restrained eaters' identities by having them write a paragraph describing how their behavior is inconsistent with their diet goals, we find that they act as if they have experienced an ego threat, and eat more than do unrestrained

eat-ers or non-threatened restrained eaters. However, if after threatening them, but before letting them eat, we have them reaffirm their goals by writing about how their behavior is consistent with these goals, they do not overeat. Reinstating her identity as a dieter thus restores the restrained eater's ability to maintain her diet²⁹.

For many young women, then, dieting has become an integral part of their identities and sense of themselves. Threatening this identity by pointing out discrepancies between intentions and actions in this domain disrupts eating behavior, but encouraging a refocus onto successful integration of actions and goals sustains dieting behavior.

What does this mean for the young woman's self-image? Weight- and shape-related self-evaluation—that is, basing one's self-worth on one's perception of one's weight and appearance—has been found to characterize both dieters and eating-disorder patients³⁰. Basing one's self-esteem on weight or shape is associated with disordered eating and other psychiatric symptoms³¹. When they are actively dieting and losing weight (at least in the initial stage of the diet), dieters feel better about themselves³², but then they feel worse when they stop losing weight or start to regain the lost weight. Moreover, their expectations about how much weight they can and should lose tend to be inflated²⁶, making it more likely that they will fail to meet their goal and feel bad. One study found that obese dieters felt disappointed after losing 16 kilograms; this amount was not even close to how much they had wanted and expected to lose³³. People whose weight frequently fluctuates up and down (i.e., yo-yo dieters) exhibit greater stress and reduced general well-being, and lower dieting self-efficacy than do those who simply maintain their weight or who do not lose and gain repeatedly³⁴. Thus, having their identity tied to dieting means that dieters' mood, well-being, and self-image are dangerously tied to increases and decreases in their weight.

Dieting women thus feel defined by their weight, and the ideal weight for Western women is very low, lower than is achievable for most women. The main source of messages promoting such thin body shapes for women is the media¹. A meta-analysis of 25 studies investigating the effect on normal, dieting, and eating-disordered young women of viewing magazine, movie, and television images of thin women found that viewing these images impairs women's body image, and the effect is found even in normal non-dieting women. The problem seems to stem from the negative effects of comparing oneself to an unattainable ideal³⁵. Younger women who are more invested in the slimness ideal seem to be the most susceptible, especially if they already have some dissatisfaction with their own bodies³⁶. But even nondieting women who have been shown pictures of slim models respond to a word-stem-completion task with negative appearance-related words³⁷.

These results raise the question of why women choose to view images that make them feel bad about themselves. Do they not realize that comparing themselves to these ideal women will be a negative experience? Why do

women purchase fashion magazines, go to movies, or turn on the television shows featuring slender women who make them feel bad about themselves? Maybe there is a difference between participating in a study requiring people to look at pictures of idealized women and then describe how they feel about themselves, as opposed to viewing the same images without linking them to oneself and one's own appearance, which is perhaps what most women do when they look at these images. In fact, when we carefully separated viewing the images from rating oneself, we found that women actually felt better after looking at thin images in magazine advertisements^{38, 39}. This phenomenon appears to reflect a »thin fantasy« (like reading about the lifestyles of the rich and famous) that allows women to imagine that they are somehow similar to the models⁴⁰. Work on role models⁴¹ shows that an outstanding role model generally inspires people and motivates them to reach their goals, and even makes them evaluate themselves more positively. This finding fits well with our data indicating that college women actually feel thinner after viewing thin models³⁹.

Media idealization of thinness and the continual presentation of images of slender women as models for normal women thus have complex effects. The models can be inspirational and promote fantasies about the rewards of being thin like them, or, when held up for direct comparison with one's present state, they can impair women's self-image and mood, and make them feel dissatisfied with their body size and shape. These effects appear to be exaggerated in women who are especially invested in becoming thin, and who are dissatisfied with their own bodies. Thus, feelings about one's own body can have a major influence on women's mental health and well-being.

Taking an anthropological perspective, it is important to mention where race and culture fit into this picture. In Western societies, black people are more likely to be obese or overweight⁴², suffer medical complications more frequently and at a lower weight, but are nevertheless at lower risk of developing eating disorders such as anorexia nervosa or bulimia nervosa⁴³ (though not binge eating disorder⁴⁴). In fact, black women have more positive self-images and body images than do white women, even when they weigh more than the white women do⁴⁵. When they do get an eating disorder such as binge eating disorder, the black women are less restrained in their eating, binge less frequently, and have lower levels of concern about their weight and shape⁴⁶. Black women thus seem less inclined to define themselves through their body shapes, at least according to Western, Caucasian standards.

There are distinct cultural differences in what constitutes the ideal body shape. There are still cultures where a more curvaceous, well-nourished female shape is preferred. Women and adolescent girls in South Pacific cul-

tures such as Fiji still prefer to be what Western cultures would see as fat, and this more robust shape is preferred by Fijian men⁴⁷. It is only when these girls move to a Western society such as Australia that they become dissatisfied with their larger figures.

Cross-cultural research indicates that individualistic societies are more likely than are collectivist societies to hold anti-fat attitudes⁴⁸. These attitudes lead to weight-based stigmatization, which is commonly experienced by obese individuals, and contributes to lower levels of mental health adjustment in these individuals, especially those who share these beliefs themselves⁴⁹.

With respect to dieting, even in Brazil females are much more likely to diet than are males (7 times more likely!), despite the fact that they are less than one-third as likely as are men to be overweight⁵⁰. Anti-fat attitudes are not universal even in Latin America, however; research shows that Mexicans, for example, are less concerned about their weight than are Americans, and do not reject fat people⁵¹.

So what can we conclude? Body size, shape, and ornamentation are a means of self-expression and an indication of wealth, status, and even reproductive viability in most cultures. It is thus not surprising that in our society, the body has become a focus for evaluation by others and by oneself, particularly for women. For many women, if the number on the bathroom scale is higher this morning than it was yesterday, the day is already ruined²⁷. Many Western women are investing their body shapes or their weights with the power to determine their self-worth and their very identity. This leads women to diet (in order to improve or repair this self-worth), which in turn promotes overeating. Repeated cycles of losing and regaining weight (so-called yo-yo dieting) increase weight and decrease self-esteem over time, which in turn leads to more dieting, again in an attempt to repair the damaged self-image. Given the lack of demonstrated success of weight-loss dieting (at reducing weight or increasing satisfaction even when weight does go down), and the possibility that such repeated attempts produce weight gain as often as they produce weight loss, it seems that using weight or a thin body shape to determine one's self-worth is a maladaptive strategy for the vast majority of women.

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J. Polivy

Department of Psychology, University of Toronto at Mississauga, 3359 Mississauga Rd., Mississauga, Ontario, Canada, L5L 1C6
e-mail: jpolivy@utm.utoronto.ca

JE LI TIJELO MOJE JA? ŽENE I PREDODŽBA O TIJELU

SAŽETAK

Ovaj rad razmatra kako predodžba žena o tijelu ili doživljavanje tijela utječe na njihov identitet i predodžbu o sebi samima. Koje su implikacije sklonosti poistovjećivanja tijela i doživljaja same sebe? Za brojne žene, držanje dijete nije samo nešto što čine, nego je ujedno važan aspekt kako doživljavaju same sebe. Smatramo da je izbor da se postane osobom koja je kronično na dijete, način reguliranja ne samo vlastitih osjećaja, već i vlastitog identiteta i doživljaja same sebe, kada su ti centralni aspekti ugroženi. Držanje dijete kako bi se izgubilo na težini često je bezuspješno i učestali pokušaji mršavljenja jednako često rezultiraju povećanjem težine kao i mršavljenjem. Zbog toga je određivanje vlastite vrijednosti ili identiteta prema obliku tijela samodestruktivno za većinu žena.