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APPEARANCE CULTURE AND DISORDERED EATING BEHAVIOUR AS A MEANS OF SHAPING THE IDEAL BODY IN ADOLESCENTS

Abstract: Western appearance culture promotes the importance of the body and appearance. An attractive, slim body ensures success and acceptance in society. Images of perfectly shaped bodies create dissatisfaction with one's own body and encourage the desire to achieve an ideal appearance. Physical appearance has become an important construct among young people and adolescents. The majority of them regard their appearance as an important part of their personality. To achieve a socially accepted slim appearance, young people adopt unhealthy eating habits. Strict diets and unhealthy eating habits can lead to the development of eating disorders. This paper aims to demonstrate the influence of the culture of appearance on the body image perception of adolescents, emphasizing the unhealthy eating habits used to shape the body. A socio-cultural approach was used. The following environmental factors are seen as causes of body dissatisfaction and risks for the development of eating disorders: media, the family environment and peer groups. To summarize, among the socio-cultural risks, significant peer pressure stands out, underlining the need for further research.

Keywords: adolescents, body dissatisfaction, family environment, media, peers

INTRODUCTION

The ideal of beauty is a historical and cultural phenomenon. The norms that define beauty have changed throughout history according to cultural, social and environmental influences. Unlike in the past, when a curvaceous female body signified health and beauty, there was a sudden shift in the 1960s when beauty and attractiveness were defined by a slim appearance and a harmoniously shaped body.

Research has shown that the beauty of the face and body plays an important role in social life (Dimitrov and Kroumpouzos, 2023). An attractive appearance has it numerous advantages and privileges. A body shaped according to modern beauty ideals guarantees richer social interactions and networking. Beauty ensures acceptance and success in professional and private life. Beautiful people find jobs faster, get better grades and advance in their careers. Adults and children prefer attractive people to unattractive people (Gryphon and Langlois, 2006). Dion et al. (1972) referred to positive beliefs and attitudes towards attractive people as the stereotype "beauty is good".

Today, more than ever before in history, the benefits of good looks motivate people to continually work on their bodies and improve them through exercise, diet and other means. To this end, the beauty and slimming industries offer almost unlimited opportunities, with a continuous increase in profits if the forecasts are positive. In addition to already well-known advertising channels, they are increasingly benefiting from social networks and influencers, especially those who are influential among younger age groups.

The importance of appearance and the body, a phenomenon originally associated with Western culture, is becoming increasingly global. With the universalization of cultural norms, the body is becoming a powerful tool in the private and social lives of people worldwide, transcending cultural differences. Cultural norms related to appearance and body weight are communicated through the media and social channels and are aimed primarily at the female population; however, more recently, they have also increasingly affected men. While women strive to lose weight and achieve a slim appearance, men try to achieve an ideal, muscular body. Not only gender, but also age boundaries are shifting, and awareness of the importance of appearance and body is emerging at an earlier and earlier age. Young people realise the connection between appearance and personal and social well-being. To this end, they choose different, sometimes rigorous and unhealthy ways to mould their bodies.

Although they are not mutually exclusive, social and cultural factors are important influencing factors that promote the beauty ideal of slimness and the perfect body and raise awareness of one's own physical differences from the propagated ideal. By internalising images of a body shaped according to the contemporary ideal of beauty, individuals evaluate their bodies, often

resulting in dissatisfaction with their appearance, which can lead to unhealthy forms of weight control, including disordered eating behaviours. This paper aims to present the influence of contemporary beauty culture on adolescents' perceptions and ways of body shaping, highlighting disordered eating patterns as a body shaping behaviour. The first part of the paper discusses the contemporary appearance culture and the importance of the body in today's society from a social science perspective, observing social factors of body perception. The second part of the paper focuses on the development of body dissatisfaction in the young population and disordered eating behaviours that serve to achieve a socially promoted and valued appearance mediated by socio-cultural risk factors, media, peers and the family environment.

APPEARANCE CULTURE AND THE BODY IN SOCIAL THEORY

Western culture, which promotes the importance of the body and appearance and perceives the body as a presentation of a person, is called the culture of appearance (Serna, 2018, p. 129). According to Serna, Western culture is a powerful structure that constantly encourages individuals to view health and appearance as primarily personal choices and encourages them through various means to work constantly to improve their bodies. In the culture of appearance, the media asserts that the body is the measure of overall happiness and personal worth in society. The body should be seen as an object that requires constant attention and care. The culture of appearance appeals to women to be slim and attractive. At the same time, the appearance culture insists that such an appearance is something that every woman should strive for as a moral obligation, while considering it a personal choice and freedom.

In the culture of appearance, the body is unclothed and shown to others as often as possible. The media is used to convince people that these standards are their own. Duncan (1994, p. 49) distinguishes two main mechanisms by which magazines influence women's attitudes to their bodies. The first is the "efficacy initiative", which encourages women to commit to change. The second is the "feeling good means looking good" mechanism, which emphasizes the importance of health but places appearance at the forefront. In the appearance culture, considering the advantages associated with an attractive appearance, the body is seen as a tool, while at the same time, it is objectified and becomes a project that requires constant work to achieve perfect measurements.

In line with the affirmation of the culture of appearance since the 1980s, the body has become the object of study of many sciences that analyze and understand the body in different ways. In the same period, the body has also become a subject of sociological interest. Nettleton (2021, pp. 44-45) distinguishes three sociological perspectives to explain the body. The first relates

to the social regulation of the body, i.e. the ways in which institutions regulate, control, monitor and utilize the body. Although individuals are convinced that they control their bodies, they are politicized. A good example of this is the debate on abortion or euthanasia. The second approach relates to the ontology of the body, which reflects on what the body actually is. The authors of this perspective believe that in late modern society there is increasing uncertainty about what the body represents. For most, it is socially constructed. However, there are also differences. While some believe that it is simply a creation of the discursive context, others believe that bodies have certain characteristics that are influenced by social and cultural factors. The third approach focuses on the subjective experience and lived embodiment of the body. This phenomenological approach acknowledges that the body is, to some extent, socially constructed; however, it emphasizes the importance of examining the actions and experiences of the embodied individual. As this is more about embodiment than the body, the social regulation and social construction of the body remain central to understanding the body.

Giddens (1991, p. 102) explains the extraordinary importance of the body in the identity crisis that occurs in post-traditional society. A secure and stable identity no longer results automatically from the position of the individual in the social structure. In postmodern society, identity and self-image cannot be taken for granted. Individuals cannot rely on their traditional place in society, which was determined by class, gender or family. Instead, there is a reflexive "self" that is the result of what comes from a variety of sources in the environment. Ontological uncertainty and reflexive concern for the body have arisen through the weakening of tradition. Identity is rooted in the body, encompassing both what an individual possesses and who they are. The body becomes a means of expressing individuality, aspirations and group affiliation.

Featherstone (1982) observes the body in a consumer culture in which a new relationship between the body and the "self" has been established. In consumer culture, the inner body, which is concerned with maintaining the health and functioning of the body to be restored in the event of illness, abuse or ageing, and the outer body, which refers to the appearance, movement and control of the body in the social environment, become conflated. The main purpose of caring for the inner body is to improve the appearance of the outer body. Awareness of appearance arises through comparison with idealised images of the human body reproduced in advertising and the visual media. Images invite comparison; they are a constant reminder of who we are and what we could become with some effort. In modern society, the body has become a passport to everything good in life. Health, youth, beauty, sex and fitness are positive attributes that can be achieved and maintained by taking care of the body. Since appearance is a reflection of the self, neglecting the body may lead to reduced social acceptability and be perceived as a sign of laziness, low self-esteem, or

even moral failure. Cooley's (2017) concept of the *looking-glass self* explains the social significance of appearance and the body. According to this author, society and the individual are not separate phenomena, but aspects of one and the same thing. The "looking-glass self" implies that a person's identity is based on how others perceive that person. In other words, individuals develop their knowledge of themselves based on how others see them and are moulded by the opinions of others. In the case of the body, the perception of one's own body is the result of our image in the eyes of others. According to this theory, the reason for dissatisfaction with one's own body could be the negative judgement of other people or groups.

The interpretation of the concept of body image[1] also reflects the transference from the perception of one's own body to the perception of the body by others. While Schilder (1935) interprets body image as the way the body is presented to ourselves, i.e., the image we have of our own body, Featherstone (2010) believes that body image can be perceived as a visual sense of the image that others have of a person based on their appearance. In the absence of mirrors, recording the face and body with a camera becomes the predominant way of presenting body image and imagining one's own body in modern culture. In modern consumer culture, a new individual who pays considerable attention to appearance and manages impressions, something that could be called *body image* management, emerges.

In terms of body dissatisfaction and associated eating disorders, sociological research focuses particularly on the socio-cultural approach. The basic premise of this approach is that social factors strongly influence the development of body image through an appearance culture that values and promotes cultural ideals of beauty and body shape. Media images have been identified as key elements of the appearance culture that strongly influence the formation of appearance standards (Field et al., 1999). Socio-cultural influences convey the beauty ideal of slimness and have a strong influence on the stigmatisation of overweight appearance. These factors are important variables for the occurrence and development of disordered eating behaviour and eating disorders.[2]

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[1] According to Quittkat et al. (2019), body image is a multidimensional construct that encompasses body-related behaviours (control behaviours), perceptions of body characteristics (appearance, weight) and a cognitive-affective component that includes knowledge, attitudes and feelings about the body. Negative thoughts and feelings about one's own body lead to body dissatisfaction.

[2] Eating disorders are caused by psychological, biological, familial, environmental, social and cultural factors (Garner, 1993; Tothova, 2019). Barakat et al. (2023) identified nine groups of risk factors based on an analysis of 284 studies: genetics, gastrointestinal microbiota and autoimmune responses, childhood and early adolescent exposure, personality traits and mental health, gender, socio-economic status, ethnic minority affiliation, body image, social influence and elite sports.

Disordered eating behaviour can be explained by the theory of encouragement and social comparison (Festinger, 1954). Social encouragement is the process by which individuals adopt and internalise attitudes and behaviours that are endorsed or practised by other respected members of society. In the case of body shaping, this refers to the comments and activities by others that promote or support the ideal of slimness. Encouragement can come from the media that portray and promote slimness, but also from individuals around them who are concerned with their weight, practice dieting and other weight control behaviours and criticize overweight individuals. By comparison, they imitate others around them. This behaviour is particularly significant for peers. For example, if a girl uses weight control methods and they result in success, this behaviour can become a role model for her peers. Encouragement to become preoccupied with body image, dieting, or other body shaping methods and weight control behaviours can come from the social environment or group.[3]

On the basis of environmental risks, Thompson et al. (1999) developed a tripartite socio-cultural model of influence on body image and the development of eating disorders. This model shows the mechanisms of influence of social and cultural risk factors: media, peer groups and the family environment, which influence the internalisation of the ideal of a slim appearance and the comparison of appearance with others, causing a person to develop body dissatisfaction, which can trigger the development of eating disorders (Ata et al., 2015; Stice, 2002; Rymarczyk, 2021).

BODY DISSATISFACTION IN ADOLESCENCE

In the appearance culture, the body is depicted on posters, in magazines and in films. Perfectly sculpted and digitally manipulated, it promotes unrealistic beauty standards that have a negative impact on the viewer, causing discomfort and dissatisfaction with one's own appearance.[4] Research has confirmed that depictions of perfect bodies in advertising, fashion, and the beauty industry are associated with body dissatisfaction, desolation, low self-esteem, and an increased risk of disordered eating behaviours (McBride et al., 2019).

The depiction of a perfect appearance particularly influences the understanding and perception of the body in adolescents. In this age group, physical appearance is an important construct and many consider it an

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[3] In recent decades, the influence of the internet and social networks has emerged, enabling the communication of beauty ideals, but also communication between people with eating disorders. One well-known example is the websites "pro-ana" and "pro-mia", which bring girls together to share experiences and ideas on how to lose weight and deceive their families, who forbid them to do so (Ambrosi-Randić et al., 2008).

[4] Body dissatisfaction is a negative subjective evaluation of the entire body or its specific features, such as size, shape, musculature and weight (Grogan, 2016).

important part of personality (Grosick et al., 2013). Adolescents know that a good appearance ensures attractiveness, popularity in the group, success in life and boosts self-confidence. In order to achieve a perfect body that is acceptable to them and their peers, they often choose different ways to manipulate their body weight (Ata et al., 2015).

The period of adolescence is vulnerable. Numerous physical changes characterise the transition to adulthood, with self-evaluation of physical appearance being particularly pronounced and rigorous. Adolescents become aware of the importance of the body and physical appearance, which become part of personal identity and a means of gaining social acceptance and reputation. Research confirms the importance that young people attach to the body. Young people between the ages of 11 and 24 state that the appearance of their body is one of their main concerns, before family conflicts, stress or alcohol addiction. Their thoughts confirm the importance of appearance and indicate its problematic perception (Tiggerman, 2012). A study conducted in the UK showed that as many as 79% of young people aged 11 to 16 consider their appearance important, while 52% are concerned about it (Be Real, 2017). Due to the discrepancy between publicized beauty standards and their bodies, adolescents develop a negative body image (Voelker et al., 2015). Girls who are dissatisfied with their bodies become even more dissatisfied when they are exposed to images of an ideal, slim body (Rodgers and Chabrol, 2009).

Earlier studies on body dissatisfaction were gender-specific and focused on adolescent girls, confirming that a large proportion of them were dissatisfied with their bodies (Thompson et al., 1999). More recent studies have increasingly included boys. For example, Dion et al. (2016) found that 50.5% of girls and 35.9% of boys aged 11 to 14 wanted a slimmer body, while Quittkat et al. (2019), who studied pre-adolescent girls and boys, showed similar percentages; 50% of girls and 30% of boys were dissatisfied with their bodies. Jones et al. (2004) showed that exposure to visual images of bodies in magazines leads to body dissatisfaction in girls, while conversations with friends about appearance and peer criticism of appearance influence body dissatisfaction in girls and boys.

Awareness of the discrepancy between the publicized ideal and the real body is causing an increasing number of adolescents to desire body modifications. The more young people believe that their appearance is important, the more they want to change their appearance and lose weight (Pokrajac-Bulian et al., 2007). A study by Aanesen et al. (2017) showed that as many as 50% of boys and 74% of girls aged 14 want to change something about their bodies. A study by Grosick et al. (2013) found that both boys and girls are dissatisfied with their bodies; in contrast to boys, however, girls showed a higher tendency towards dieting behaviour, depression due to appearance and a tendency towards risky eating behaviour. A study among high school students in Croatia found that

65.5% of adolescents are dissatisfied with their bodies and have a desire to look slimmer, with the majority of them, 48.6%, being girls (Livazović and Mudrinić, 2015).

In order to change their bodies and achieve a socially acceptable appearance, young people often choose risky methods of weight control. A study by Pokrajac-Bulian et al. (2007) showed that 39.4% of girls and 14.1% of boys dieted to improve their appearance. Among them, 59% of girls and 59.4% of boys say that someone in their family is dieting, and 89% of girls and 71.1% of boys say that someone they know is dieting.

The age limit for dieting behaviour has decreased to childhood years. Schur et al. (2000) have shown that children aged 11 to 12 years are well informed about diet. For them, dieting means changing their food choices and exercising, while 50% of them want to lose weight and 16% have already tried.

Depending on their intensity and frequency, strict diets and unhealthy eating behaviour can lead to the development of eating disorders. According to a study by Patton et al. (1999), which involved 1,699 children aged 14,8% of the girls were on strict diets, while 60% were on moderate diets. Girls who followed a strict diet were 18 times more likely to develop an eating disorder within 6 months than those who did not restrict their diet. In a one-year study of 960 girls, Johnson and Wardle (2005) found that girls who were unhappy with their bodies were more prone to emotional eating, negative attitudes towards food and weight, lower self-esteem, stress and depression. A recent study by Dzielska et al. (2020), involving 26 European countries and 639,194 adolescents aged 11, 13 and 15, showed that the prevalence of weight loss behaviour was 18.0% in girls and 10.2% in boys.

Dieting and other weight-control behaviours are used to become slim. A four-year study by the McNight Investigators (2003) of 1103 girls followed up from the 6th to 9th grade in primary schools found that 2.9% of the girls developed a partial or full eating disorder during follow-up, with most of them showing symptoms of bulimia nervosa. Purging behaviour was also found in the study by Field et al (1999). Over the course of the year, 74 of the 6,982 girls aged between 9 and 14 years began vomiting or taking laxatives at least once a month to control their weight.

The study by Croll et al. (2002), which involved 81,247 students, showed that 56% of girls and 28% of boys aged 14 to 15 showed disordered eating behaviour, while the percentages were slightly higher in older adolescents aged 17 to 18, with 57% of girls and 31% of boys. A meta-analysis by López-Gil et al. (2023), which included data from 32 studies with 63,181 participants from 16 countries, also showed that 22% of children and adolescents showed signs of disordered eating behaviour. The incidence was higher among girls, older adolescents, and those with a higher body mass index.

Although they appear to be opposing conditions and disorders, eating disorders are associated with being overweight and can develop due to body weight and obesity, especially during adolescence. An elevated body mass index and an overestimation of the importance of body weight are major factors that increase the risk of weight-loss behaviour in both sexes (Dzielska et al., 2020). Excessive body weight as a factor in the development of eating disorders was confirmed by Ferguson et al. (2014). The body mass index of 237 adolescent girls aged between 10 and 17 years was compared with the degree of body dissatisfaction. The results showed that body dissatisfaction increases with increasing body mass index; adolescents with the lowest index expressed the highest satisfaction with their bodies and vice versa.

FREQUENT EATING DISORDERS IN ADOLESCENTS

Eating disorders are behavioural disorders characterized by severe and persistent disordered eating behaviour and associated disturbing thoughts and feelings. Eating disorders can be serious illnesses that impair physical, psychological and social functioning. The types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive eating disorders, other specific eating disorders, pica disorders, and rumination disorder (American Psychiatric Association, APA, 2013).

Eating disorders are a common medical and psychological problem in adolescence and can occur as early as infancy and toddlerhood (Vidović, 2009). Eating disorders are considered the third most common chronic illness in adolescents with a high mortality rate (Knez et al., 2008; Perše et al., 2022).

There is a whole spectrum of eating disorders in children and adolescents. Nicholls and Barrett (2015) list the most common disorders in childhood and early adolescence: early anorexia nervosa, bulimia nervosa, emotional avoidance disorder, selective eating and pervasive food refusal. The most common and best-researched disorders in young people are anorexia nervosa, bulimia nervosa and binge eating disorder.

Eating disorders affect the social and emotional lives of young people. Adolescents who suffer from eating disorders have greater levels of social difficulties than their peers who do not suffer from eating disorders (Patel et al., 2016). Socio-emotional difficulties have also been identified in young people, particularly in recognizing and regulating emotions (Boscoe et al., 2021).

Anorexia nervosa is characterized by a distorted body image in which a person perceives themselves to be heavier than their actual body weight. It is characterized by a permanently disturbed relationship with food and an altered perception of one's own appearance, resulting in restrictive eating behaviours that, sometimes with compensatory behaviours (exercise, vomiting, use of diuretics and laxatives), lead to significant health damage, both physical and

psycho-emotional, and severely impaired social functioning (Perše et al., 2022, p. 115). People suffering from anorexia nervosa often engage in strenuous physical activities in the form of exercise. They may be obsessed with food even if they avoid eating it. They prepare new recipes, study cookery books, and cook meals for others (Krleža, 2020).

Nunn et al. describe people who suffer from anorexia. They may have a determined avoidance of food, fear of gaining weight, preoccupation with body weight and shape, distorted body perception, significant weight loss, mood disturbances, severe anxiety, obsessive-compulsive behaviour, and altered processing of information derived from external or internal stimuli, such as increased pain threshold, loss of taste, inability to integrate thoughts and feelings, and low self-esteem (2011, p. 353). Girls who suffer from anorexia withdraw from society, are irritable and do not enjoy their favourite activities. They are regularly successful at school, with a tendency towards perfectionism, and often exaggerate their expectations of success (Vidović, 2009, pp. 187–188).

Anorexic girls may appear prematurely aged, frail and thin, but they also look like perfectly groomed models, as if to attract attention and admiration. Some have adopted an athletic appearance, while others hide their attractiveness. Some fanatically control everyone around them, others are prone to self-harm (usually in the bulimic form of anorexia) and develop a sense of disgust with themselves. Finally, some of them can become so preoccupied with their bodies that they take on psychotic traits (Nunn, 2001, according to Vidović, 2009, p. 187).

In terms of the prognosis for recovery, it is estimated that 50% of patients achieve a full recovery, 30% improve and 20% remain chronically ill (Steinhausen, 2002, according to Neale, 2020). Anorexia has a high mortality rate, it is the highest among other psychiatric disorders and five times higher than in the population of a given age and gender. On average, fatal outcomes occur most frequently between the ages of 25 and 34 (Jassogne and Zdanowicz, 2018). People with anorexia die from medical complications due to starvation, while suicide is the second most common cause of death (APA, 2013).

Once significant for young women and adolescent girls in the upper and middle classes in urban areas of the Western world, anorexia is now "globalized". It is spreading in less developed countries and environments and across all social classes and ethnic groups (Bordo, 2002). In recent years, the prevalence of the disorder has increased in younger age groups. Children with anorexia nervosa have been described as young as seven years of age (Vidović, 2009, p. 186). "New" subtypes of the disorder with atypical features that are no less severe are also being recognized. This is atypical anorexia, which has all the features of classic anorexia (severe restriction of food intake, dysmorphophobia, fear of weight gain, loss of body weight), but the key difference is that malnutrition is not detected at the time of diagnosis. Since patients do not fit the typical image

of anorexia as a disease of "slim people", a typical anorexia is often difficult to recognize (Perše et al., 2022, p. 116).

Bulimia nervosa is a serious, potentially life-threatening eating disorder that usually develops in adolescence and early childhood. Bulimia is characterized by recurrent episodes of eating objectively large amounts of food (i.e. binge eating), with an associated loss of control as well as inappropriate compensatory behaviours (e.g. self-induced vomiting, abuse of laxatives or diuretics, fasting or excessive exercise) and an overestimation of body shape and weight (APA, 2013). Studies show an alarmingly high number of adolescents with bulimia nervosa. According to data, 1% of young women will develop symptoms of bulimia nervosa in their lifetime (Hoek & Hoeken, 2003). Bulimic behaviour is typical of girls in adolescence, between the ages of 13 and 14 (Nicholls & Barrett, 2015).

People who suffer from bulimia usually strive for perfection and feel that they cannot fulfill their parents' expectations and feel isolated. Bulimia is largely a hidden eating disorder. It is difficult to tell if someone has bulimia by their appearance, and it is also difficult to tell if the person has binge eating or controls their eating in any way through vomiting or excessive exercising. Bulimic behaviours, binge eating and compensatory behaviours occur in secret and are accompanied by feelings of shame.

The eating behaviour of people with bulimia is specific. They may avoid eating with others or behave in a restrained and controlled manner. They often eat alone and hide their food. They also frequently go to the toilet during or after eating and use laxatives or other preparations that can control weight. They avoid fats, sweets and unhealthy foods, while eating vegetables, fruit and small amounts of lean meat, so that their diet can even give the impression of a healthy diet.

The public display of self-control masks the private, chaotic and uncontrolled eating behaviour of bulimics and their anxiety about food. Social isolation is a common behavioural feature of bulimia. People with bulimia often withdraw from family and society because binge eating and purging take up a significant amount of their time and energy (Cavanaugh & Lemberg, 1999).

Binge eating disorder is defined as the consumption of objectively large amounts of food in a short period of time, much more than most people would consume under similar circumstances, accompanied by a loss of control overeating (APA, 2013). Binge eating disorder is characterised by recurrent episodes of binge eating associated with stress over food, secrecy of eating or eating without hunger, and may be associated with bulimia nervosa. However, while people with bulimia attempt to control their weight in disorganised ways, people with binge eating disorder sometimes use such strategies. Therefore, if they do not use compensatory behaviours, people with binge eating can become obese.

Binge eating disorder often occurs in adolescence. However, it is sometimes more difficult to recognise this disorder in adolescents, as the need for food may be greater depending on their developmental stage. Estimates of prevalence in adolescents vary, ranging from 1.6% (Swanson et al., 2011) to 5% (Marzilli et al., 2018), with girls being slightly more likely to be affected than boys (Bohon, 2019, p. 549). A study conducted in Croatia found that 5.1% of girls overeat and feel like they are losing control, while 1.3% feel the need to vomit after eating (Pokrajac-Bulian et al., 2007).

Binge eating often occurs during dieting, a common and widely accepted form of weight control behaviour today. According to some authors, this behaviour is so common among adolescents, especially girls, that it can be considered normative.

EATING DISORDERS RISK FACTORS

Based on the socio-cultural approach, or more precisely, the tripartite model of influence, the media, peers and the family are presented as risk factors for the development of eating disorders.

The media has played an important role in the adolescent culture in recent decades. The use of social media in particular has increased significantly.[5] The consumption of media content can have positive and educational effects. Regarding nutrition, the media can be a tool to convey productive, timely, and unglamorous messages about dieting and body-related disorders (Thompson and Heinberg, 1999). However, the media has a strong influence on the promotion of a slim appearance. An analysis by Guillen and Barra (1994) of nutrition and fitness content in magazines for adolescent girls published between 1970 and 1990 showed a visible change in the female body becoming more androgynous. The messages in magazines for girls emphasize body shape and appearance, like those for adult women, contributing to a cultural milieu in which women are expected to look slim.

Advertising that portrays ideal slim bodies harms body satisfaction in girls who have become concerned and dissatisfied with their appearance and who engage in weight-control behaviours (Rodgers & Chabrol, 2009). It has been confirmed that negative body attitudes increase after their exposure to the photos and videos of slim female bodies. This effect is more pronounced in girls under the age of 19, indicating a more pronounced vulnerability in girls of

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[5] A survey of American teenagers between 13 and 17 showed that TikTok is the most popular platform. As many as 67% use this social network, while 16% use it almost constantly (Pew Research Center, 2022). Among children under 17, video-sharing platforms have become an almost universal activity practiced by 96% of them. The most used platform is YouTube (88%), followed by WhatsApp (55%), TikTok (53%), Snapchat (46%), Instagram (4 1%) and Facebook (34%) (OfCom, 2023).

this age (Groesz et al., 2002). Depictions in the media can have a particularly negative effect on children and adolescents who already have weight problems or disordered eating behaviour. The preoccupation with body and weight often leads them to seek out media content and advertising that promises them an attractive appearance with the promised effects of self-satisfaction and social acceptance. The media pressure is so strong that girls believe they are overweight and want to lose weight, even though most of them are of normal weight.

Tiggemann et al (2000) have shown that adolescent girls have a strong understanding of the socio-cultural and other pressures that lead to the desire to be slim. Mostly they want to lose weight to achieve the body measurements propagated by the media, while at the same time expressing a desire to be attractive and draw attention. They are aware that a beautiful body contributes to self-esteem and self-confidence, that thin girls wear nicer clothes, have control and are popular and attractive to boys. They also know that a slim body is socially desirable, that it is easier to belong to peer groups if you are thin, and that women should be smaller and more delicate than men.

Peers and peer groups are important in the lives of children and young people as they form a social environment that leads to the establishment of strong bonds. Like the media, peer groups can have a dual effect. On the one hand, the influence of peers can be positive. For example, information and advice on healthy eating can be shared among peers. In this case, the peer context can be a beneficial tool and a good way to prevent the development of eating disorders (Keel and Forney, 2013).

However, peer groups can also be exclusive and victimize or stigmatize individuals who differ in some way from most group members. Identification with a peer group is widespread. Adolescents try to belong to peer groups in order to build their identity. Attractive appearance and slimness can be a prerequisite for acceptance in the group. Young people are willing to adjust their appearance and behaviour to better connect with group members. Teasing or ridicule from peers about body weight can also lead to dissatisfaction with one's own body and encourage changes in eating behaviour.

Research primarily points to peer groups as significant predictors of eating disorders and indicates significant positive correlations between the influence of peers and eating disorders in girls and boys (Meyer and Gast, 2008). A comparative study by Field et al (1999) examined the influence of peers and the media on purging behaviour, laxative use and vomiting in adolescent girls aged 9 to 14 years. Both risk factors were found to influence weight control behaviour. The appearance of models in magazines, television and films has been shown to be a role model for girls, who began vomiting at least once a month to achieve the model's appearance. However, this study has shown that the influence of peers is stronger than that of the media, as evidenced by the importance of a thin appearance among peers and the changes in eating habits

under the influence of peers. The more the peer group to which a girl belongs places importance on slimness, the greater the risk of developing bulimic behaviours.

Al-Sheyab et al (2018) confirmed the link between peer pressure and disordered eating behaviour in adolescents aged 13 and 16. Peer pressure was measured in the form of teasing, peer interactions (conversations about appearance, exercising together and comparing body proportions) and slimness as a criterion for popularity among peers. The results showed that disordered eating behaviour was most strongly influenced by peer interactions, which included conversations about appearance with peers, exercising together and comparing appearance and body proportions.

The strong influence of peers was confirmed by the McNight Investigators (2003) study, which examined the influence of several variables, including the influence of peers and parents. Peer competition and peer comparison of appearance were found to be more significant predictors than parental influence, parental teasing and parental concern about the child's weight. A comparative study by Ferguson et al. (2014), which examined media, parental environment and peers, also confirmed a more significant influence of peers, while on the other hand, exposure to thin ideals on TV and social media and parental care did not appear to be influential variables in the development of eating disorders.[6]

About the family environment as a risk factor for eating disorders, it should be noted that the family is neither the only nor the primary mechanism for the initiation and development of eating disorders in children (Le Grange et al., 2010). Risk factors and mechanisms for the transmission of eating disorders from parent to child may include genetic influences, the influence of parental eating psychopathology, parental preoccupation with food and body image, the weak role of parents as role models in teaching healthy eating habits, and dysfunctional relationships in the family (Pattel et al., 2002, p. 16).

Some studies have found no association between parental attitudes and the family environment and the development of disordered eating habits in children (Attie and Brooks-Gunn, 1989; Grigg et al., 1996), while other studies have shown that other factors, particularly peers, have a greater influence than the family environment (McNight Investigators, 2003; Ferguson et al., 2014). One possible explanation for the findings on the influence of peers and the family environment can be found in the study by Striegel-Moore and Cachelin (1999), who developed a model of a dual pathway of body dissatisfaction. The first path consists of the internalisation of social ideals of beauty and slimness, which leads to eating restrictions in order to overcome the discrepancy between

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[6]   Since the research was conducted in 2014, social media has had a lesser influence. More recent studies confirm a strong influence of social media on body shaping (Aparicio-Martinez et al., 2019; Chae, 2017).

one's own body and social ideals. The second pathway is mutual vulnerability, which begins with inadequate parental education that can lead to body image and social functioning disorders. Body dissatisfaction and eating disorders can arise from either of these pathways, but most often they occur because of their interaction and synergistic effect.

On the other hand, the studies that exclusively investigated the influence of the family on eating behaviour showed positive correlations. The study by Allen et al. (2014), for example, focused exclusively on the influence of the family, more specifically on the role of the mother in the development of eating disorders in daughters. Mothers who suffer or have suffered from eating disorders are more concerned about their children's weight. Their children reported a higher frequency of emotional eating than others. In this study, the educational status of the mother was found to have more influence. The children of mothers without a high school diploma exhibited higher levels of eating disorder psychopathology during the two-year study period than children of mothers with a high school diploma.[7]

The study by Stice et al. (1999) is remarkable because it follows the first five years of a child's life. The authors concluded that eating disorders occur in the first five years of a child's life and that they may be due to the influence of the parents, particularly the mother. The children of mothers who were dissatisfied with their bodies and internalized the ideal of slimness, as well as mothers who exploited the child and showed symptoms of bulimia, were more likely to develop disordered eating behaviour such as secret eating, binge eating, vomiting or abstaining from food.

Without excluding the influence of other risk factors, family members and the family environment can increase the risk of eating disorders in childhood and adolescence. Disagreements and stressful situations in the family can act as negative factors, while a positive atmosphere and satisfaction with family life are protective factors (Allen et al., 2014). Eating disorders can occur in early childhood and can be linked to the eating behaviour of parents. Maternal eating disorders such as binge eating, starvation, body dissatisfaction, bulimic behaviour and obesity in the family appear to be predictors of secret eating in children (Stice et al., 1999).

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[7] The authors offer two possible explanations. The first arises from the socio-demographic status of the family, according to which children from lower-income families are more prone to increased concerns about diet, weight, and body shape. It is assumed that the dietary restrictions are due to poverty. The second explanation is that mothers who have not completed secondary school education differ from other mothers in their ability to communicate messages about healthy eating and body appearance, and that they place more emphasis on body weight and acceptable body shape.

CONCLUSION

Slimness has been the ideal of beauty for decades. Originally, it was only accepted in Western societies, but today it is almost universally accepted. Beauty criteria have become standardized and the boundaries between cultures and traditions have blurred, diminished or almost disappeared (Dimitrov and Kroumpouzous, 2023). Slimness has become a condition for access and popularity in social groups and success in work and life. Body grooming characterizes today's modern and postmodern society, where physical appearance is important in defining identity and roles and constructing social differences (Volonte, 2019).

Today's children are growing up in a social and cultural environment that is increasingly focused on physical appearance and the important role of attractiveness in achieving life goals. Awareness of the importance of physical appearance develops at a young age. By following cultural standards of beauty, adolescents become preoccupied with their physical appearance and are often dissatisfied with their body weight. This can sometimes lead to dangerous weight loss practices to achieve a perfect body (Morris and Katzman, 2003).

In addition to other risks, social and cultural factors also play an important role in the development and reinforcement of the phenomenon of body dissatisfaction. They may therefore be partly responsible for the increase in the incidence of eating disorders. Eating disorders are serious health and psychological problems that can threaten a young person's health and life. In recent decades, these disorders have increased in prevalence among adolescents in particular, with the age limit decreasing towards childhood years. Age and gender are no longer the determining variables, so that slimming behaviour is increasingly common among boys.

The media conveys the ideal image of slimness through various mechanisms, such as women's increasingly slim bodies, emphasizing dieting, body shaping, exercise, and other ways of controlling weight and achieving slimness. Such media portrayals have a strong influence on young people. Recently, the risks of social networks, which often promote unrealistic standards by idealizing slimness and giving advice on how to achieve these standards, have attracted particular attention.

Research on media and social networks and other socio-cultural risk factors for eating disorders is widely present in foreign literature, and there are important data and findings. On the other hand, there is an obvious lack of social science research on this topic in Croatia, especially among children and adolescents. The lack of research and the increasing prevalence of this disorder in the young population of Croatia require scientific interest and attention. The need for future research in Croatia and preventive measures as well as strengthening media literacy is confirmed by research on children's media exposure which

shows that children start using screens before the age of two and use them for more than two hours a day (Roje Đapić et al., 2020), while adolescents consume media mainly for entertainment purposes (Labaš and Marinčić, 2018).

Parental attitudes and the family environment can also be factors in the development of eating disorders in childhood and adolescence. Contemporary changes in the family (Giddens, 2007, pp. 180–189), conflictual relationships and disruptions in family life, parental pressure or criticism regarding weight, the mother's biography and her encouragement to be thin are positively correlated with the development of eating disorders in adolescents. In modern society, the importance of success in life as a path to individual fulfilment is increasingly present. This is why parental pressure on children and the expectation of being a successful as possible is so evident, as is the parental pursuit of the child's well-being. However, defining a child as a "parental project" can cause great pressure and stress, especially if the child's potential is overestimated. On the other hand, family stability as an environment of close people who offer understanding, support and security acts as a protective factor against the onset or development of eating disorders. In view of the family crisis and the weakening of family ties, a weakening of the family's protective function is likely expected.

Based on the research findings presented in this paper, it can be argued that the influence of peers on body image and body dissatisfaction is strong, which points to the importance and necessity of prevention programmes at the peer group level (Lieberman et al., 2001). During adolescence, there is a strong desire to belong to a peer group. At this age, young people often divide themselves into homogeneous groups on the basis of which they build specific identities and lifestyles (Corsaro, 2005, pp. 171–188). Peer groups often function exclusively as places of cultural reproduction (James et al., 2010, pp. 94–96). Teasing, peer pressure and even the communication of appearance and weight, as well as the conditions of access to the group, can be incentives for disordered eating behaviour. Just as media and family influence eating behaviour, peer groups may also pose a challenge for future research in Croatia.

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