



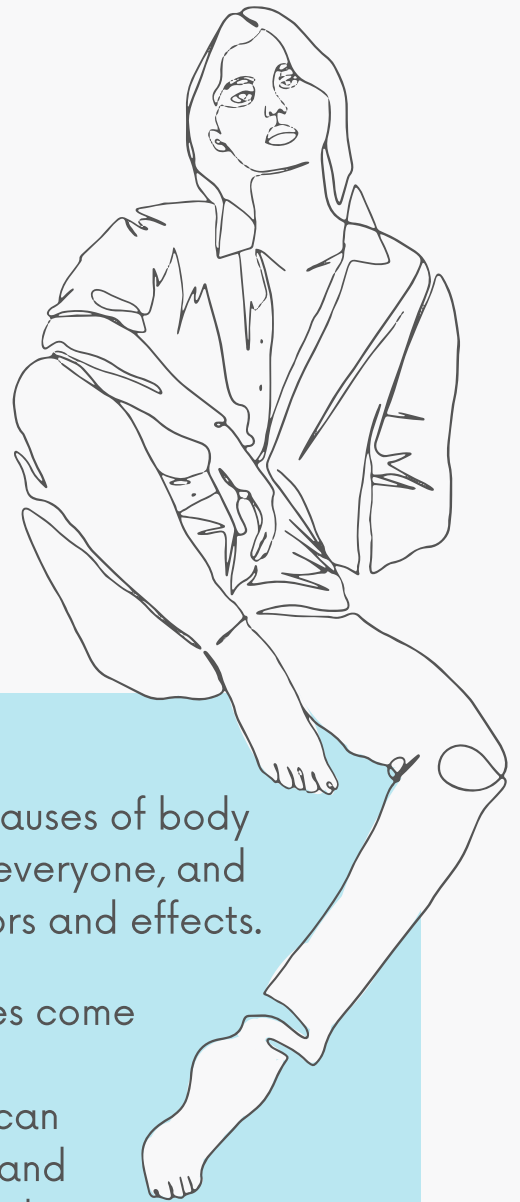
UNDERSTANDING BODY IMAGE

CAUSES & CONSEQUENCES

Genetics
Childhood
Trauma
Media
Gender
Culture
Privilege
Disability
Weight Stigma
Real Stories



WELCOME BACK!



Here we're talking all about the possible causes of body image problems. Causes are different for everyone, and there can be a mix of many different factors and effects.

Understanding where body image struggles come from can help us explore our feelings and understand why we act in certain ways. It can help us become more aware of any myths and stories we've believed about our bodies and un-learn some unhelpful narratives.

Before we get started! Make sure you have worked through our first guide, [Understanding Body Image and Perception: The Basics.](#)

GENETICS

If you have a parent or relative who struggles with their body image and/or disordered eating, you're more likely to experience these issues too. This is called a "**genetic predisposition**", whereby the genes you inherit can make you more likely to develop the same difficulties as a family member.

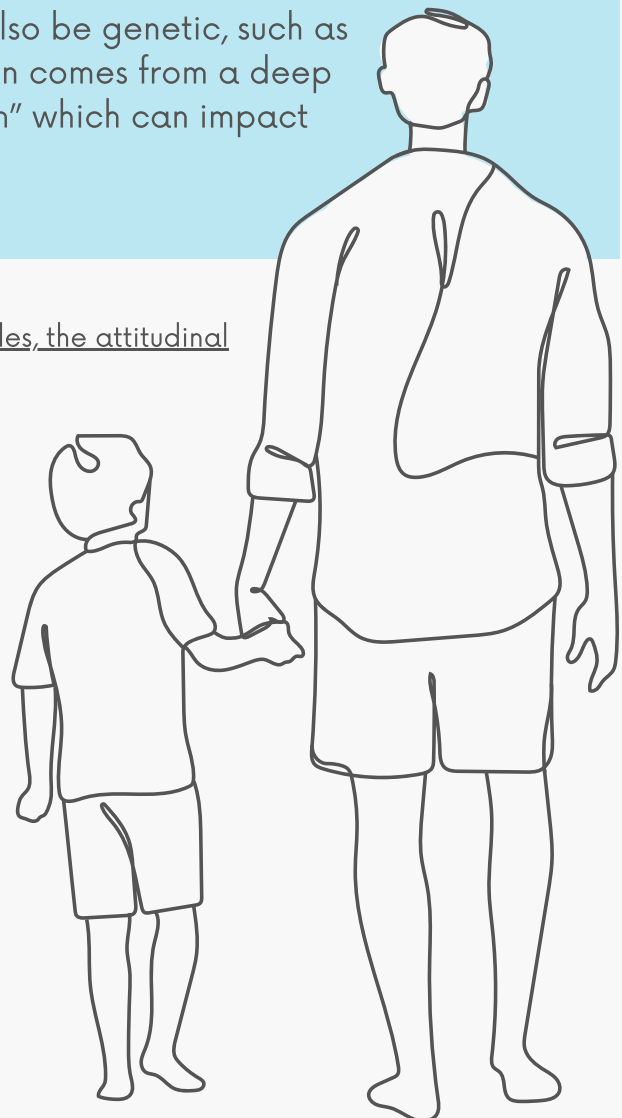
Ideas about bodies, food and weight can also be passed down through learned behaviors and attitudes too (we'll cover this in more detail later).

Research suggests that your genes can account for up to 50% of body image issues and related eating problems.*

Personality characteristics can also be genetic, such as perfectionism. Perfectionism often comes from a deep place of not being "good enough" which can impact your view of yourself.

*Source: [The genetic epidemiology of body attitudes, the attitudinal component of body image in women](#)

Genetics also influence our body shape and weight. Based on things like our skeletal structure and natural distribution of fat and muscle, we might be tall, short, fat, thin, or anything in-between. We're all genetically and anatomically individual. Not everyone has the capacity to be thin, and this focus on thinness in our society often isn't attainable for many people because we have what is called a "set point range".



SET POINT RANGE

This means your body naturally tries to keep you in a weight range that is good for you. Your set point is the weight range you settle around (there are always fluctuations) when you're not restricting or dieting, bingeing or using any kind of purging or compensatory behaviours (over-exercise, laxatives, diet pills etc).

Your body tells you when it's cold and need to put on a jumper, so in the same way it tells you to eat when it's hungry. You'd never deny yourself a jumper, yet many people feel they have to deny themselves food. Your body is trying to help and protect you by keeping you at your own ideal, comfortable weight. This can be why it's so hard for people who diet to maintain weight loss in the long run; your body will always be trying to get you back to your set point range.

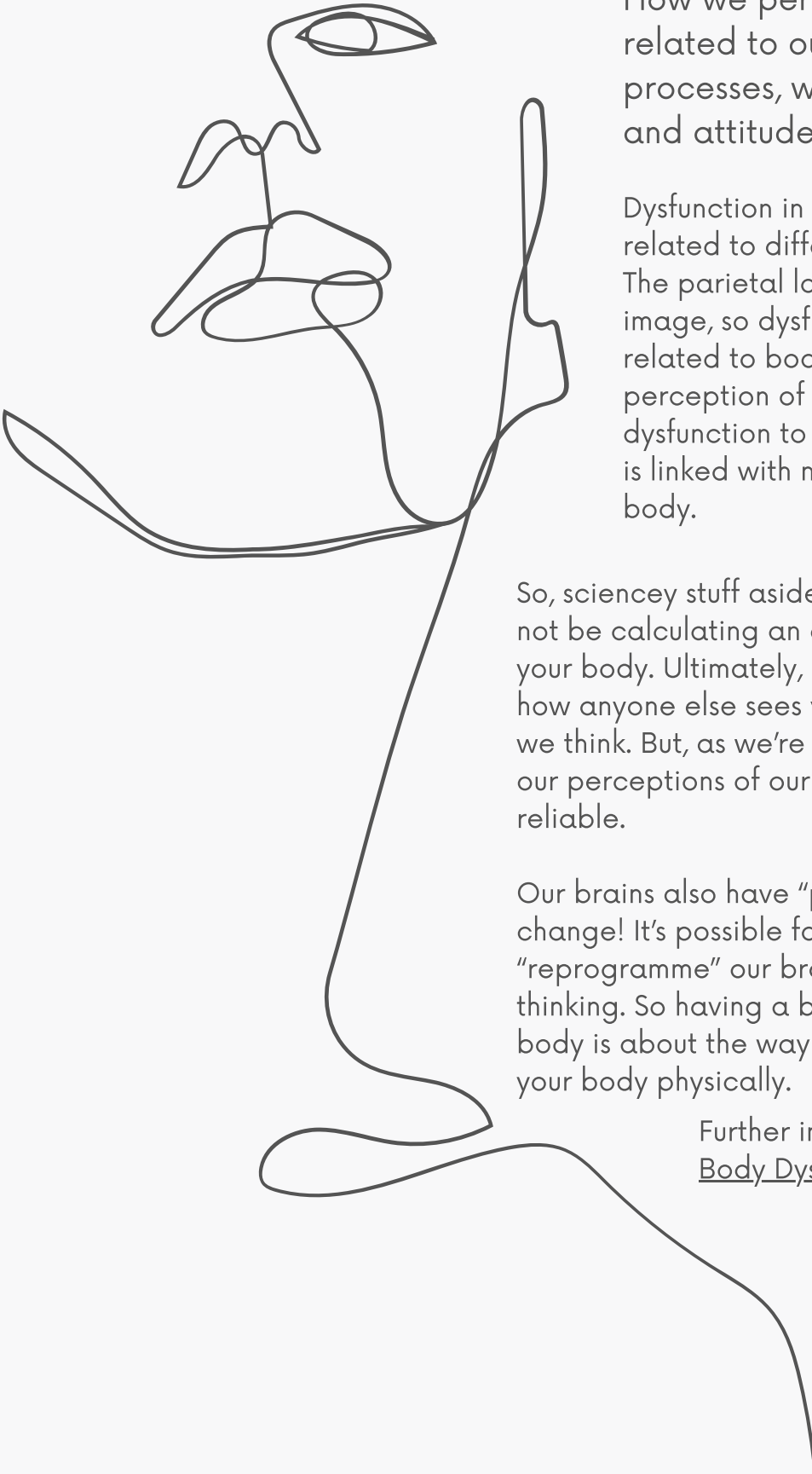
For more information, check out [Zoe's TED Talk](#) about her experiences and set point range.

Mel Ciavucco had a chat with Zoe as part of the "In Conversation" video series ([click here to watch!](#))



NEUROSCIENCE

WHAT IS HAPPENING IN YOUR BRAIN?



How we perceive our bodies is related to our internal cognitive processes, which affect our thoughts and attitudes towards our own bodies.

Dysfunction in certain areas of the brain is related to different body image concerns. The parietal lobe helps generate body image, so dysfunction in this brain area is related to body dysmorphia and an altered perception of the body. As well as this, dysfunction to the insula, another brain area, is linked with negative attitudes towards the body.

So, sciencey stuff aside, this means your brain might not be calculating an accurate representation of your body. Ultimately, it's very hard to ever know how anyone else sees you, we can only go on how we think. But, as we're exploring in these resources, our perceptions of our bodies may not be entirely reliable.

Our brains also have "plasticity" meaning they can change! It's possible for us to somewhat "reprogramme" our brains, changing our patterns of thinking. So having a better relationship with your body is about the way you think, not about changing your body physically.

Further information: Watch this video - [Body Dysmorphia and Your Brain](#).

CHILDHOOD

Issues with body image typically start in early teenage years but research has found that the way a child feels about their body begins to develop as early as three years old. (Source: McCabe et al. 2016)

Small children take in more than we think, their brains are like little sponges, absorbing lots of information all the time. Regardless of actual appearance or weight, children are more likely to develop body image problems (and maybe also eating problems) when they are in an environment where friends and family have eating or body issues. One study showed that 81% of 10 year olds are afraid of being fat (Source: Mellin et al., 1991).



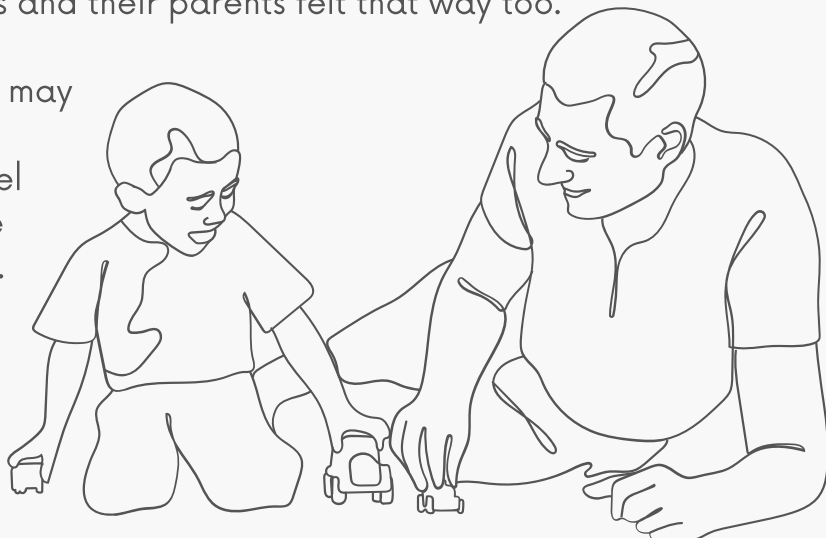
"I thought fat was the worst thing you could ever be from as young as I can remember. I was so wrong. Being a bully is worse than being fat. Having that kind of prejudice and hatred against people 'different' to you is much worse. My body size has nothing to do with my character, and I deserve respect no matter how I look."

ANON

Body expectations from parents and caregivers can be strongly internalised (meaning we absorb the ideas as being normal, often without even knowing it). This focus can lead to children feeling like they have to "fit in" and if they don't they may feel guilt and/or shame around their body or appearance. The feeling of not being 'good enough' can carry on throughout your life and as you grow older, and it's likely that your parents and their parents felt that way too.

This may have happened to you and may have led to you feeling as though you need to change your body to feel loved and accepted, to fit in and be liked and, ultimately, "good enough".

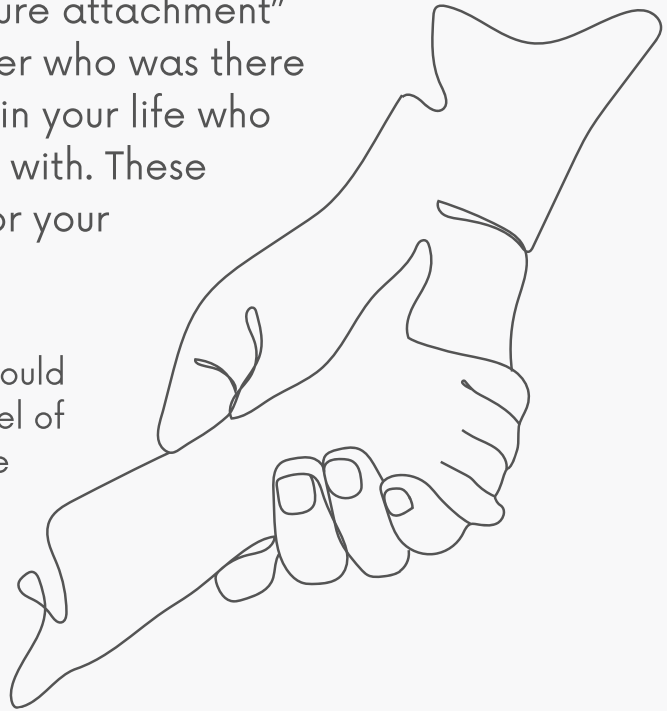
Unfortunately, changing the way you look won't ease these painful childhood narratives and feelings.



ATTACHMENT

Our “attachment style” is about the way that we relate to people, stemming from very early childhood, even from birth. A “secure attachment” means you had a parent/caregiver who was there to comfort you, plus other people in your life who you formed different relationships with. These early bonds act like a template for your relationships when you’re older.

People with secure attachment styles would likely approach relationships with a level of confidence and security. They may have higher self-esteem, and be able to communicate their own emotions more effectively. Those with anxious, avoidant or disorganised attachment styles, however, may struggle.



If a parent or caregiver has been unstable, unreliable, neglectful or abusive, this can leave us with various relational problems such as:

- Being scared of being abandoned
- Avoidant of relationships
- Fear of getting hurt
- Afraid to ask for help
- Being chaotic in relationships
- Finding coping mechanisms to cope with difficulties

We have no control over how we were raised, but having awareness of this might help us better understand our behaviours and emotions and why we might struggle with body image or eating. Our parents or caregivers will also have their own attachment styles, which are formed from bonds to their parents/caregivers, so cycles of behaviour can repeat in families.

[Click here](#) for further reading about attachment.

PAUSE FOR THOUGHT

Reading this, did any memories from early life come up for you? The questions below might be useful as prompts:

Do you feel you had your needs met as a child?

What can you remember from your childhood about how you felt about your body?

How did people in your family feel about their bodies and food?

What rules and expectations were there?
(these might be spoken or unspoken)

Are there any patterns you notice in your relationships and friendships with people?

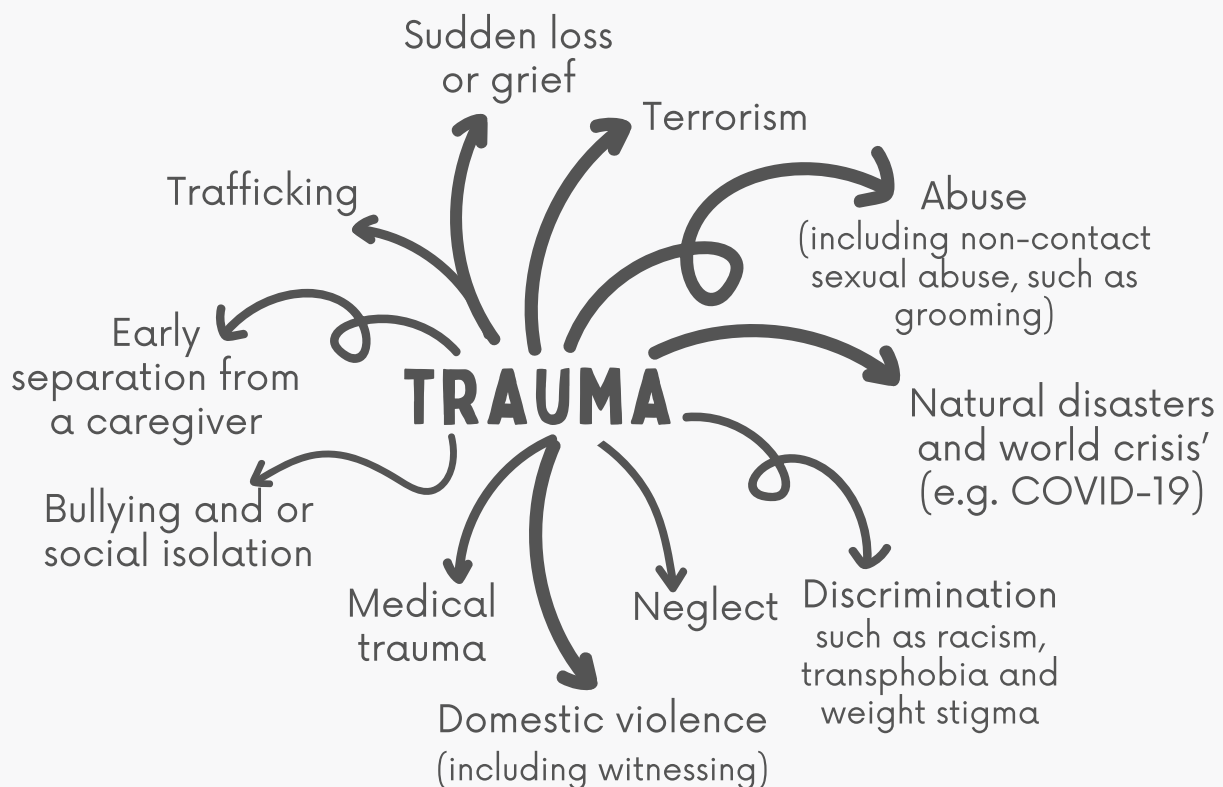
For example, you might push people away or find it difficult to make friends.



If you like these activities, don't forget to check out our '[Support and Self Care](#)' guide.

TRAUMA

Many people think of trauma as very serious experiences such as rape, sexual abuse or being involved in war conflict. These things are very traumatic and can result in PTSD (post-traumatic stress disorder) but traumatic experiences can come in many different forms and may be a mix of factors, built up over time:



Problems with body image or eating can be a way to try to control your body and numb difficult emotions. Some traumatic experiences leave people feeling as if they're to blame, and may feel ashamed and out of control. Projecting these feelings into your body, and trying to change or control it, can be a way of attempting to cope. You may hope you'll feel a bit better if you just lost weight/had a cosmetic procedure/had bigger muscles e.t.c.

Unfortunately, it's a surface-level solution that rarely works. It's more likely to keep you in a cycle of disliking your body. Trying to change your body keeps the focus on the surface, avoiding the painful emotions underneath.

INTERGENERATIONAL TRAUMA AND COLLECTIVE TRAUMA

Intergenerational means passed down through families, so an example of this kind of trauma might show in descendants of Holocaust survivors. An example of collective trauma is slavery and racism, and the continued impact today. We'll cover more about the [impact of race and culture later](#).

According to trauma expert Bessel Van Der Kolk, trauma is about "our body getting stuck in sensations which are intolerable" and he talks about how "re-owning" your body is integral. He talks about how yoga can be helpful for trauma in [this video](#).

First Steps offer gentle yoga classes, online or in-person, [click here](#) to learn more.

SELF-WORTH

Trauma or difficult early relationships can leave you feeling like you're not good enough, and it's easy to start seeking assurance from others. But your self-esteem is fragile when it's based on other people's views. Building your own self-worth and self-esteem can help to recognise how experiences in your life have impacted you. Often experiences are minimised in order to be able to cope - we can see them as "no big deal" or just "normal". Trauma is painful, but if not dealt with can cause further mental and physical health issues. It's tough, but for many people the way to start healing is to start talking about it.

Further reading:

The Body Keeps the Score (by Bessel Van Der Kolk)
It Didn't Start with You (by Mark Wolynn)



REAL STORIES



"I didn't think my life had been hard as I knew other people had it tougher. I grew up in an environment where we just 'pulled our socks up' and got on with it. I just threw myself into working 50-hour weeks, going to the gym and trying to control what I ate. I thought I was doing the right thing by pushing and being strict with myself. I thought that's what success was.

Now I see I was just hurting myself even more. I was minimising and ignoring my childhood experiences, telling myself not to feel sorry for myself. Going to see a counsellor meant having to re-address and re-frame experiences in my life. I had many realisations - "hang on, that's not normal?" and "wait, that wasn't my fault?" I had to shift my perspective many times and it felt weird, but good in the end, like I was finally waking up and seeing things for what they really were."

ANON



MEDIA

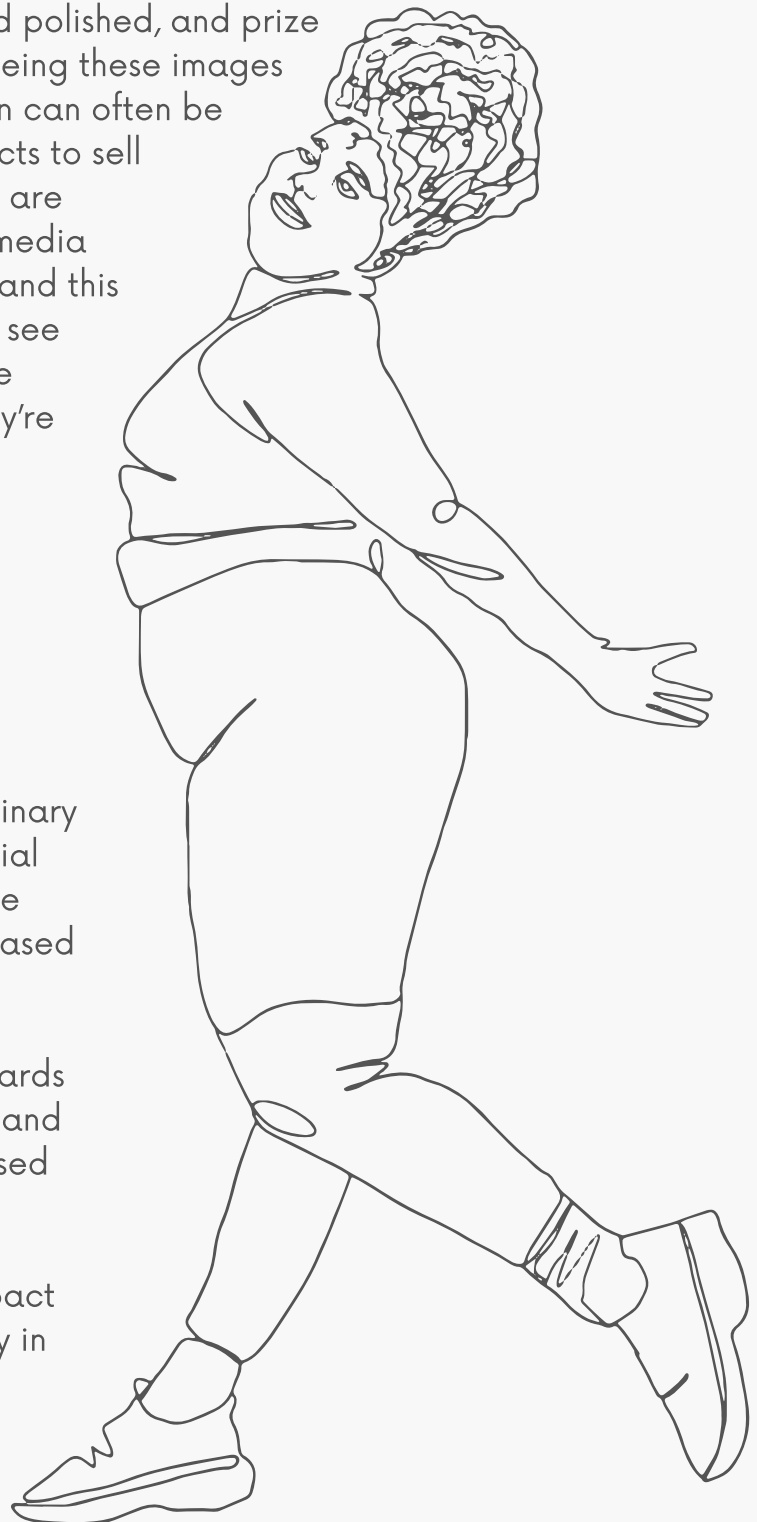
Most of us are aware that the media (TV, films, magazines, newspapers, social media e.t.c.) has a huge impact on our body image and self-esteem, but it's a big part of our everyday lives. Images can be so heavily edited that it's impossible to attain that level of perfection, which can severely affect your self-worth.

Images in the media are often edited and polished, and prize youth and slimness. We've all grown up seeing these images so often we don't even question it. Women can often be sexualised in the media, used as sex objects to sell products. Gender roles and expectations are encouraged through the media too. The media often report negatively on larger bodies and this can affect our views of people. When we see women on TV or in films, they can often be younger than their male co-stars, and they're usually thin.

REPRESENTATION

The people shown in the media are not always fully representative of our diverse society. There is often very little media representation of transgender and non-binary people, or disabled people. Although racial diversity has increased in recent years, the "ideal" and "normal" image is still often based on being white, thin and able-bodied.

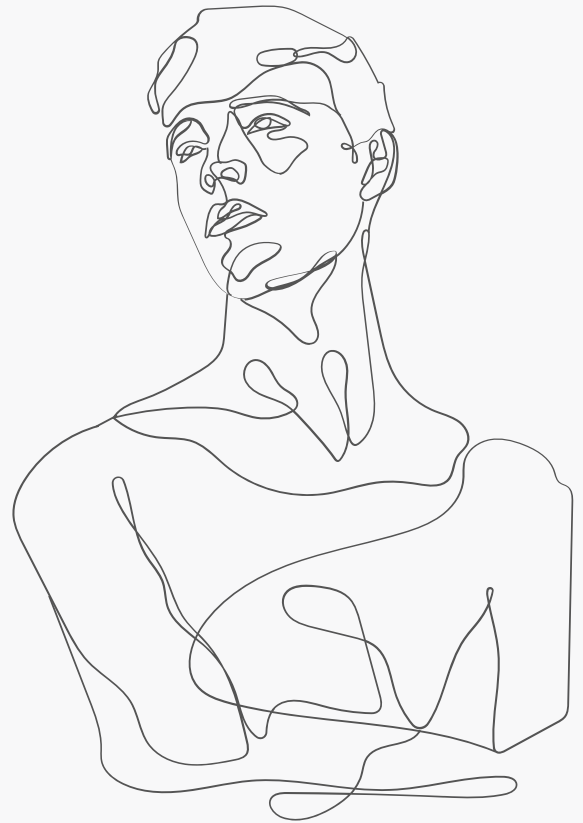
More recently, there has been a shift towards more diversity, with a rise in more writers and directors being female or from marginalised groups (check out TV series like *Pose*, *Sex Education* and *We Are Lady Parts*!) There is further information about the impact of Hollywood films on the trans community in the Netflix documentary, [Disclosure](#).



"TOO SKINNY"

Although slimness can be prized, it's important to also note that some people may also be deemed "too skinny" and face bullying and abuse. Thin people may have assumptions made about the way they eat, or it may be assumed that they have an eating disorder.

It's important to remember that we can never tell if someone has an eating disorder just by looking at them. If you've been affected by this, know that being shamed for your body size, no matter what size, is never okay. Body standards, rules and expectations hurt so many people of all sizes.



"As a petite woman who has always been naturally slim and small, with a fast metabolism making it difficult to gain weight, I've experienced negativity about my weight, even sometimes from people I hardly knew, with comments like 'you need to eat more', 'a burger won't hurt' and 'you look so skinny'. This really hurt me as someone who struggled gaining weight and was just trying to accept the body I was born into. There is so much more to life than worrying about what you look like and what people think of you. Over the years as I've begun to understand my set point weight, appreciate my natural form and move attention away from my image, I've learnt to love and cherish my body and everything it does for me!"

ANON

SOCIAL MEDIA

Social media is a complicated and vast thing - it's never simply good nor bad, it's very much about how we use it. We can connect with people, keep in touch, make new friends, follow inspirational people and keep up to date with current events. Joining communities to do with your hobbies or body positivity can be helpful, but sometimes it's easy to find yourself following accounts and pages that don't make us feel good about ourselves.

Below are some suggestions to help create positive social media spaces for yourself:

Have a clear-out!

Go through the list of accounts and notice what makes you feel good or bad about yourself. Don't be afraid to unfollow/unfriend/mute accounts or people if their content negatively affects you. Follow accounts that make you feel good about yourself and promote reliable, positive content.

Avoid being pressured by "likes".

It's easy to start comparing the number of 'likes' your posts receive to those of others. This might make you feel "not good enough", but remember that social media is not reality and it does not determine your worth.

Be aware of filtered photos.

Many people use filters or edit photos of themselves on social media to make them look better, or even 'perfect'. These photos are unhelpful and promote unrealistic beauty ideals.

Social media is often a 'highlights reel'.

People often only post the best parts of their life on social media but real-life includes good times and bad times, and that's okay.

Understand the dangers of having a big following:

If you are an influencer, an activist, or have a lot of followers on social media, this can have a big impact on your mental health. You might feel under pressure to always look or behave in a certain way, so it's important to recognise when you need to take a break and look after yourself.

Make time for activities away from social media:

It can be easy to spend hours and hours on social media. Make a list of activities you enjoy offline, such as reading, meeting up with a friend in person, or spending time in nature.

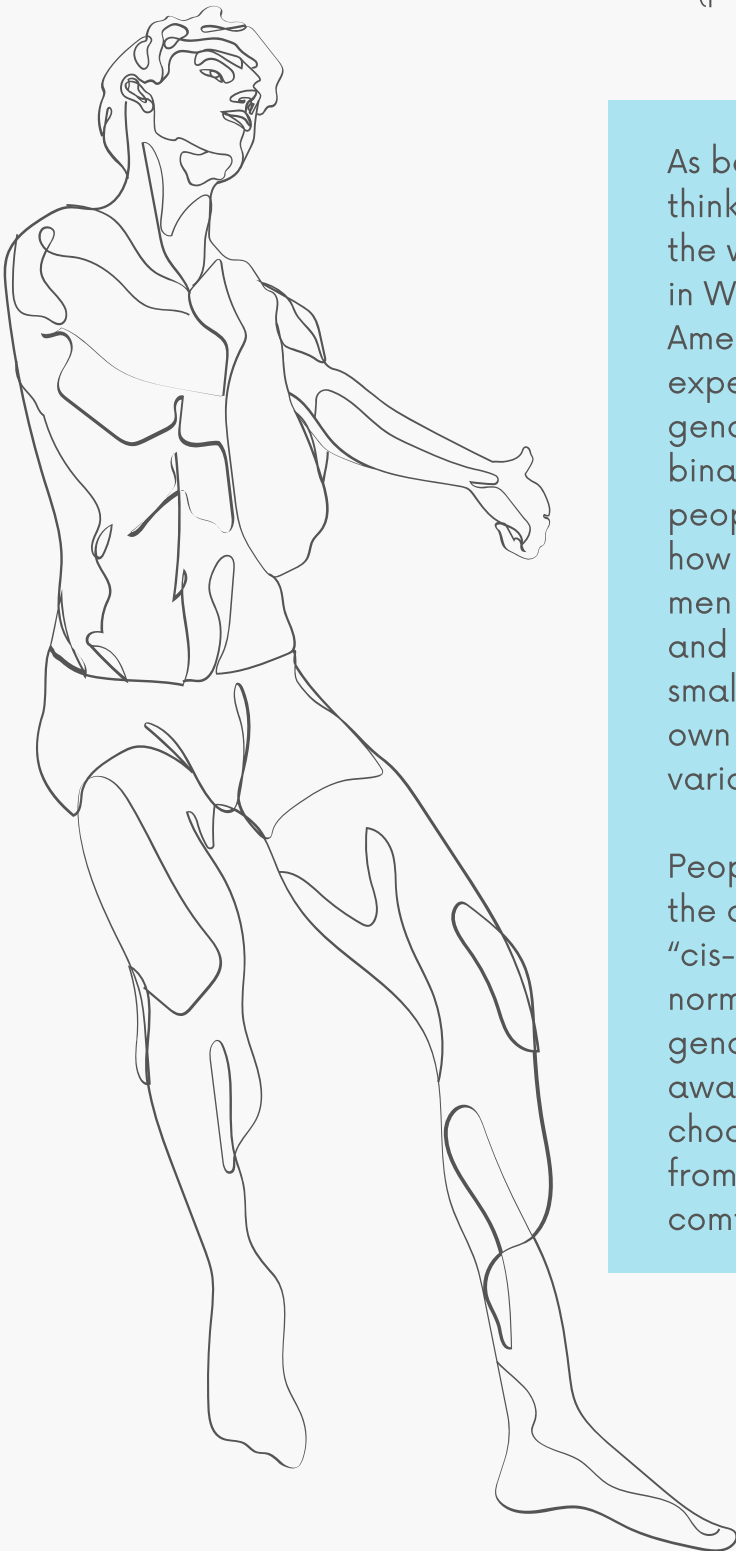
Further reading about social media -

Check out this video ["Social Media, Food and Me"](#) and BBC article ['How Social Media Affects Body Image'](#). There is also some posts on the [First Steps ED blog](#), such as ['Think Before You Scroll'](#).

GENDER

"Women, people with a disability and transgender people are at higher risk of experiencing negative emotions around their appearance."

Body Image Survey Results - Women and Equalities -
House of Commons (parliament.uk)



As body image is about the way you think about yourself, this is influenced by the world around us. If you've grown up in Western culture (e.g. in the UK, America, Australia) our beauty expectations and standards are very gendered. This means we have a limited binary of male and female, and what people in each are meant to wear and how we're meant to act. For example, men can be expected to have muscles, and women to have big breasts and a small waist. These ideas come from our own cultural norms but are different in various areas of the world.

People whose gender identity matches the one assigned at birth are known as "cis-gender". This is often seen as the norm, but there are many other forms of gender identity and expression. Being aware of our own gender, how we choose to present and the influences from our lives is very important in feeling comfortable in your own body.

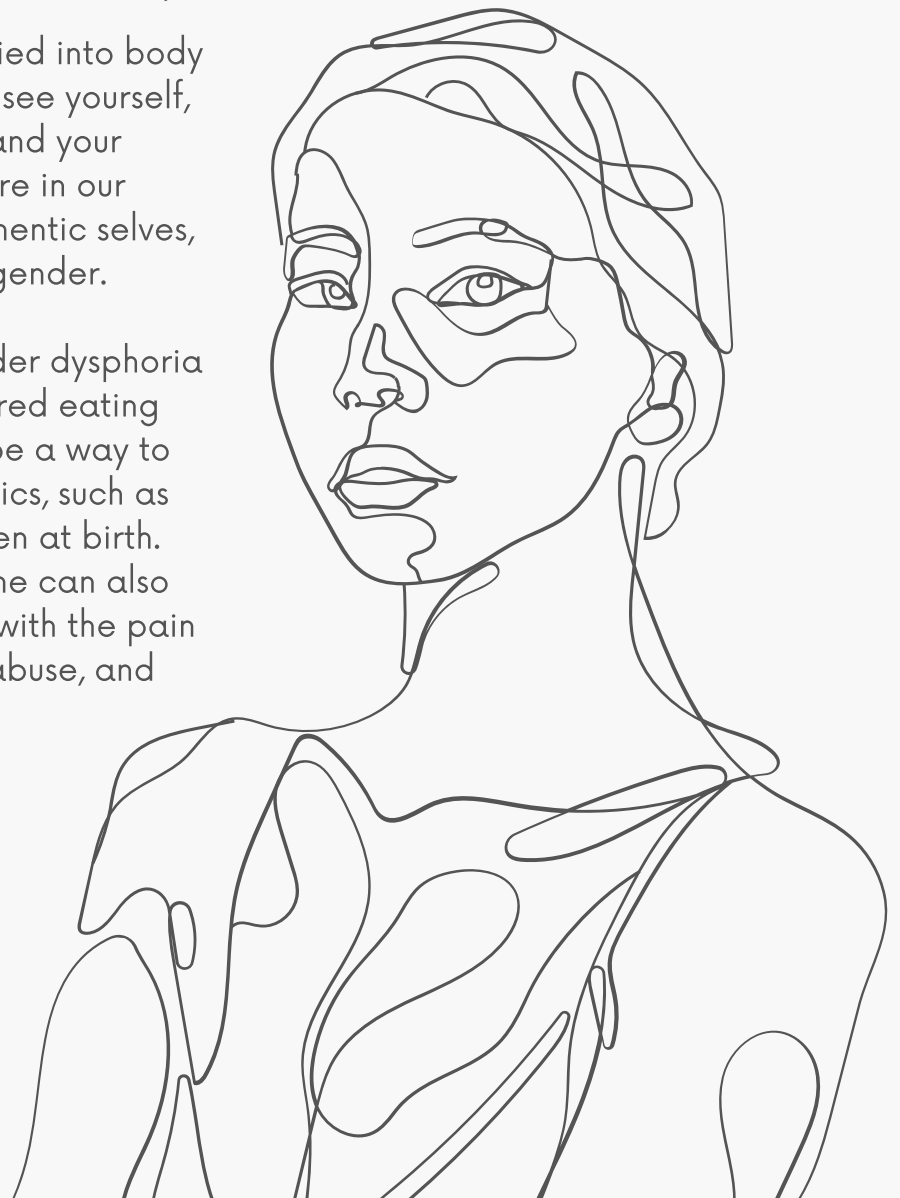
Many cultures in the world have more than two genders. For example, there are “two-spirit” people in native American culture, Hijra in South Asia, and the Muxes of Mexico. Many cultures have a “third gender” or have “gender fluidity” or some people prefer not to label themselves at all. For more information, [click here](#).

The number one reason why kids are bullied in school is for straying from gender norms (girls being too masculine, boys being too feminine) irrelevant of their sexuality or gender. (Source - [YouTube link](#).)

The discrimination and abuse faced by anyone who doesn't fit the binaries - people who are Gender Non-Conforming (GNC) or transgender or non-binary people - shows us how strongly rooted these gender ideals are in Western culture. Being “othered” can be a trauma in itself, so if you've been affected by these issues please reach out for appropriate support - there are some suggestions in the next section (LGBTQIA+).

Gender identity is very closely tied into body image as it affects the way you see yourself, how you experience the world and your sense of self-worth. To feel secure in our bodies, we need to find our authentic selves, so this means reflecting on our gender.

Body image problems and gender dysphoria can increase the risk of disordered eating and eating disorders as it can be a way to suppress gendered characteristics, such as curves in people assigned women at birth. Eating problems and body shame can also be coping mechanisms to deal with the pain of not fitting in, discrimination, abuse, and shame.

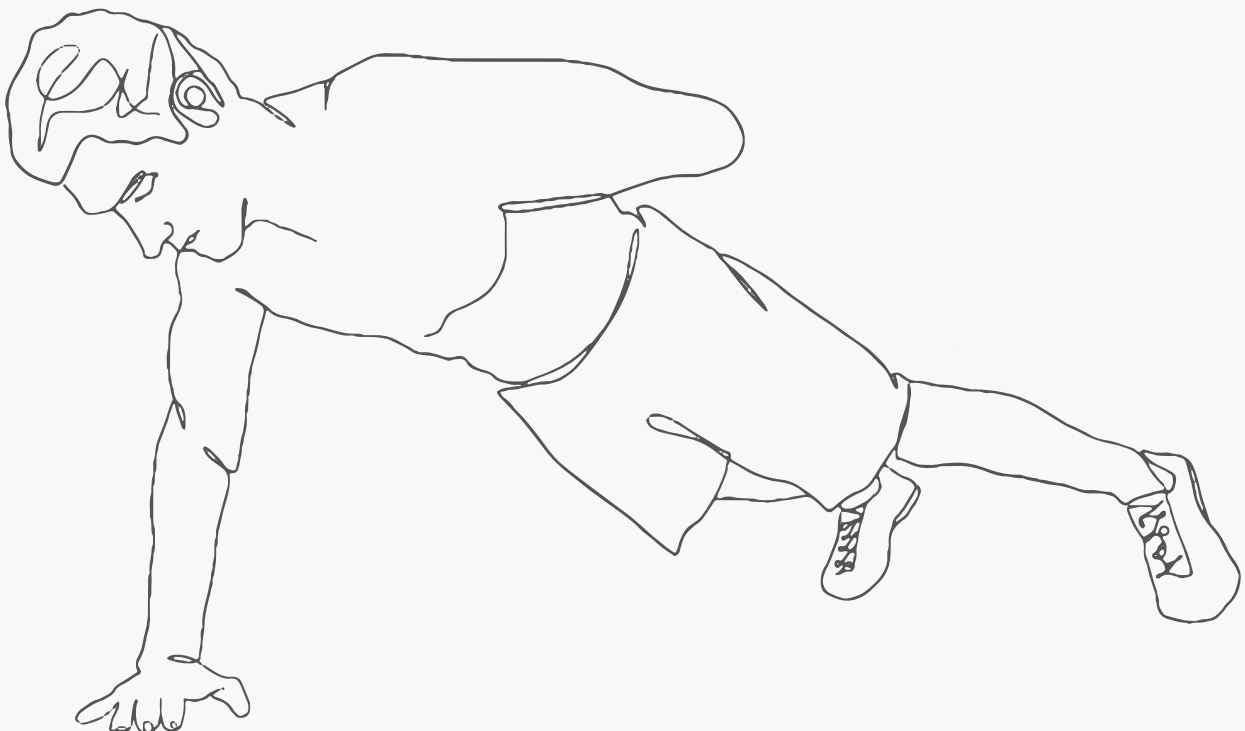


MUSCLE DYSMORPHIA

Men are increasingly affected by body image problems and eating disorders. Muscle dysmorphia can affect men (people of other genders too, but mainly men) as this can stem from the pressure to look “like a man” and to live up to perceived standards of masculinity. Often toys like Action Man and Ken dolls don’t help this as they encourage an “ideal” in a similar damaging way that Barbie dolls may encourage unrealistic ideals in girls and women.

Muscle dysmorphia can be a way of changing and controlling the body to control problems in life or difficult emotions. It can be a way of handling trauma, as a coping mechanism. Unfortunately, muscle dysmorphia can often be overlooked, seen as normal or even praised as our culture prizes strong physical appearance. It’s important for fitness professionals, or fellow gym-goers, to recognise when they or someone else may be struggling with body image problems, or using exercise as a form of compensatory behavior.

We’ll be creating more resources about exercise in the future, but you might like to check out the “In Conversation” video between Mel and fitness professionals, Carly and Leah ([click here to watch!](#)) Or for further reading about muscle dysmorphia, [click here](#).



PAUSE FOR THOUGHT

What rules (spoken or unspoken) did you experience as a child about your gender?

Girls might have been given different toys to boys (e.g. toy kitchens vs guns). Girls may be comforted when they cry, whilst boys may have been told that "boys don't cry" and to "man up".

How do these statements make you feel?

What aspects of your appearance do you feel are masculine and feminine now?

How have they been influenced?

How do you feel about those parts?



If you like these activities, don't forget to check out our '[Support and Self Care](#)' guide.

LGBTQIA+

The term LGBTQIA+ means - Lesbian, gay, bisexual, transgender, queer (or questioning), intersex and asexual, plus other marginalised identities.

When people step outside of the perceived “normal” gender and sexuality roles they can unfortunately be subject to bullying and discrimination, abuse and isolation. This “othering” can make life very challenging for many people.

If you’ve experienced this, you might feel hurt, ashamed, angry, or a whole range of emotions. You may feel bad about your body because it doesn’t look how you feel, or how you’d like it to look, or because other people place heavy expectations on you. Know that none of this is your fault. You have a right to be who you are. It’s important to find people who support you and build a community of people around you who can help you feel safe and supported. Remember, a chosen family can be just as strong as a biological family, if not stronger.

If you’re affected by these issues please reach out for support. There are various options listed here:

Mind UK

Pink Therapy.



Further reading and watching:

Video - [Jay on dysphoria, eating disorders and gender identity.](#)

Eating Disorder Hope: [Why transgender people are more likely to develop an eating disorder.](#)

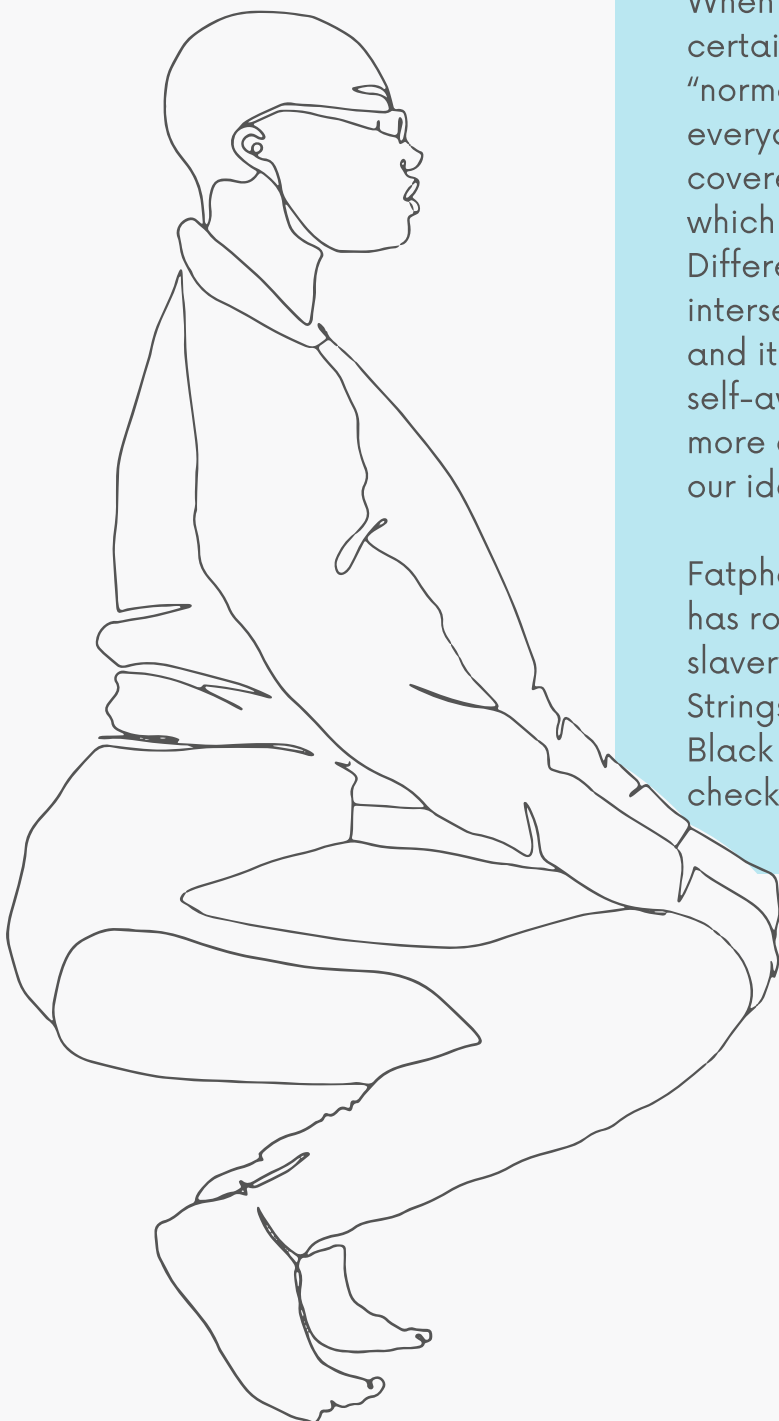
Eating disorders in lesbian, gay and bisexual people, [click here](#) to read.

What it means to be non-binary, [click here](#) to read.

BBC Documentary: [Transitioning Teens documentary, with Charlie Craggs.](#)

ETHNICITY AND CULTURE

As part of thinking about body image, reflecting on our heritage and ethnicity is important for all of us. We all have a race and culture and it's important to consider how that impacts the way we live, any discrimination we may or may not face, and how we view our bodies and sense of selves.



When people in our society think a certain ethnicity or culture is “normal” it only serves to “other” everyone else, which as we’ve covered is connected to trauma, which is connected to self-worth. Different aspects of ourselves intersect and are interconnected, and it’s important here to build self-awareness to be able to feel more authentic and confident in our identities and bodies.

Fatphobia, which we’ll cover later, has roots in racism linking back to slavery, according to Sabrina Strings, author of “Fearing the Black Body”. For more information, check out [this video](#).

EATING DISORDERS IN ETHNIC MINORITY GROUPS

Health professionals and society as a whole are less aware of eating disorders and body dysmorphia among ethnic minority groups, partly due to the stereotype that eating disorders are just for thin white girls. This means that eating disorders are under-diagnosed and under-treated among ethnic minority groups. People from ethnic minority groups are more likely to have inconsistent and unreliable access to food (called "food insecurity") due to being economically worse off. Food insecurity can lead to disordered eating.

If you're affected by these issues, you may be concerned that health professionals who are not from your culture may not understand your challenges, and your family may not understand eating or body issues. Your cultural background may lead you to believe that having problems with body image or food isn't real, or is shameful. If you've experienced this, seek support from someone you feel is non-judgemental, who you feel safe with. It's important to know that you are worthy of help and reaching out is a scary but crucial step to getting that help.

WHITENESS

If you're a white person, it's important to reflect on "whiteness" - what that means to you, and how that may have affected your body and your identity. Often white people don't stop to think about their own race very much, but it's important to consider how that impacts the way we live, treat others, and how we view our bodies and sense of selves.



REAL STORIES



"As a white person, I never thought about race and never thought about having my own race and culture, until I left the UK. I grew up in quite a small town so I wasn't used to seeing anyone who wasn't white British. I had a very fixed set of ideas about what I should look like as a woman and that I should be attractive so I could find a man and settle down. Attractive meant thin, blonde hair, perfect teeth, flawless skin. This is all I'd grown up with, so I never saw any other option.

Leaving the UK meant my eyes were suddenly open to other cultures different from my own. It made me start to question everything I thought was "normal". I realised that my culture was only one way of doing things, not the only 'correct' way and that I'd had certain privileges growing up white in the UK. I realised I had a lot to learn, but that also there was no 'right' way to have a body."

ANON



PAUSE FOR THOUGHT

To help you reflect on race, you might like to think about the following questions:

What were you taught about race when you were growing up, if anything?

Did your parents/caregivers talk about race?

When you think of your own race and culture, what messages were you given about your body and food as a child?

Did you feel pressure to look a certain way because of your ethnicity?

How does this impact your life now?



Further reading:

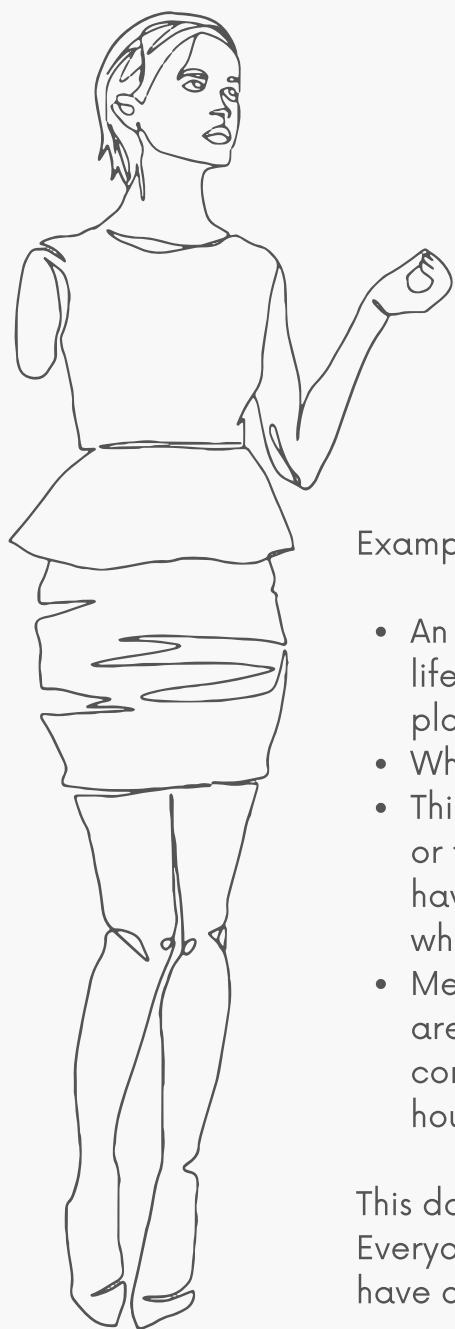
People of colour and eating disorders.
"We Are Failing at Treating Eating Disorders in Minorities".

The whitewashing of ED recovery.
NEDA BLM resources.

Books about race:

White Fragility by Robin DiAngelo
Why I'm No Longer Talking To White People
About Race by Reni Eddo-Lodge
The Good Immigrant by Nikesh Shukla
Fearing the Black Body by Sabrina Strings

PRIVILEGE AND CLASS



How we see our own bodies is influenced by our race, culture and our position of privilege in the world. "Privilege" in this way doesn't mean how much money you have, it refers to how you're treated within systems in our society due to various types of inequalities and discrimination.

Examples of how this might show up:

- An able-bodied person may have an easier time of life and won't have to think about gaining access to places without special arrangements.
- White people don't have to worry about racism.
- Thin people don't have to worry about being mocked or filmed when they're at the gym, and they don't have to consider if they'll fit into an aeroplane seat when they fly.
- Men are often safer walking alone at night, women are often told to be cautious. Trans women have to consider their safety almost every time they leave the house.

This doesn't take away anyone's feelings or struggles. Everyone's emotions are important, these factors just have an influence on how many people live.

CLASS

Your class can also affect the way you view your body and food. What makes somebody working class is debatable but often isn't to do with income, as trades associated with being working class can be quite well-paid, and people raised in middle-class environments can have minimum wage jobs. It's often more to do with options and limitations on life.



“Being working class, to me, means having caps on my ambitions. There were certain things that I knew just weren’t for me – studying, going travelling, having therapy... I thought these were just things posh people did so I completely pushed them out of my head. There were a whole load of unspoken rules – get a job, find a boyfriend, always be on a diet... Thinness was my main aim. Everyone was always on some kind of diet, so I just thought that was normal. I had no other aspirations, because if I couldn’t be thin, how could I possibly hope to achieve anything else?”

ANON

FOOD INSECURITY

We previously mentioned “food insecurity”, sometimes also called “food scarcity”. This means a lack of, or limit on, food. Growing up with limited food, or in a big family where there’s always a competition to get the most food, can affect the way we see food when we’re growing up. For example, not having enough food may later mean you hide or hoard food, maybe eat in secret or binge eat.

PAUSE FOR THOUGHT

Understanding your social privilege will help you to build your self-awareness, which in turn may help build your self-esteem and help your relationships with others. Take some time to reflect on how you grew up and the barriers that you face, and don’t face, in your life.

If you’re struggling or are not sure where to start, you may also like to check out this article: [Why It's Important to Think About Privilege — and Why It's Hard.](#)

You may like to journal about this, but you might feel some resistance or defensiveness. You may experience anger, guilt or powerlessness, or many other emotions. That’s okay. Notice these feelings. They’re all valid. This is a hard thing to think about!



DISABILITY

"71% of people with a disability reported feeling 'negative' or 'very negative' about their body image compared with 60% of people without a disability."

"People with disabilities also told us of feeling ignored, judged and isolated about their appearance."

Body Image Survey, Women and Equalities - House of Commons

If you have a visible disability, you may have to regularly deal with discrimination and stigma, which may make you feel like your body doesn't fit in.

Body image expectations can often be focussed on able-bodiedness. You may feel pressure to "overcome" your disability, to fit into a world that wasn't made with your needs in mind. This lack of inclusion can feel like a rejection from the world, and can encourage feelings of not being good enough. As we've already talked about, "otherness" can be traumatic and can impact the way we think about and treat our bodies.

Many able-bodied people praise inspirational stories of people doing things "despite" their disability, which only serves to reinforce that disability is something to be "fixed". It might feel like you are losing ownership of your body and that can also make it harder to accept and love your body when you don't feel like it always fully belongs to you.

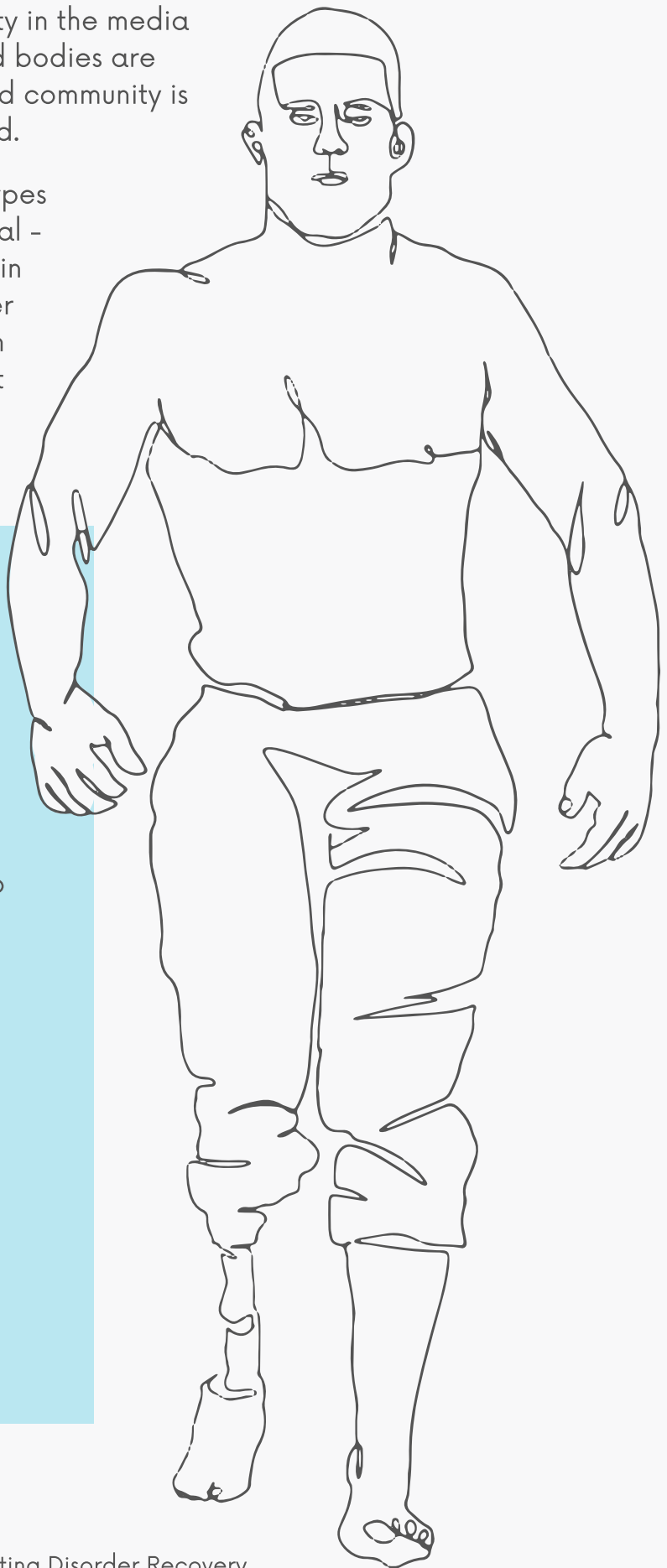


The lack of representation of disability in the media only reinforces the idea that disabled bodies are “not normal” when in fact the disabled community is the largest minority group in the world.

There can also be myths and stereotypes around disabled people being asexual – not having sex or having any interest in it. There is slow but increasingly better representation of disabled people on TV, such as “Special” on Netflix, about a gay man with cerebral palsy who enjoys an active sex and dating life.

If you’re a person with a disability, you may have mixed feelings of anger, frustration, and being misunderstood. You may feel out of control, which has a huge effect on self-esteem, body image and might lead to coping mechanisms like self-harm and eating disorders. If so, reach out and speak to someone who you think will listen and understand. Find a community that knows what you’re going through, maybe a support group online or social media pages and groups that may help.

Whether your disability is visible or not, know that you do not need to fix, change or overcome anything to fit in with the standards of others. Our society should be built to accommodate people, not the other way around.



Further reading:

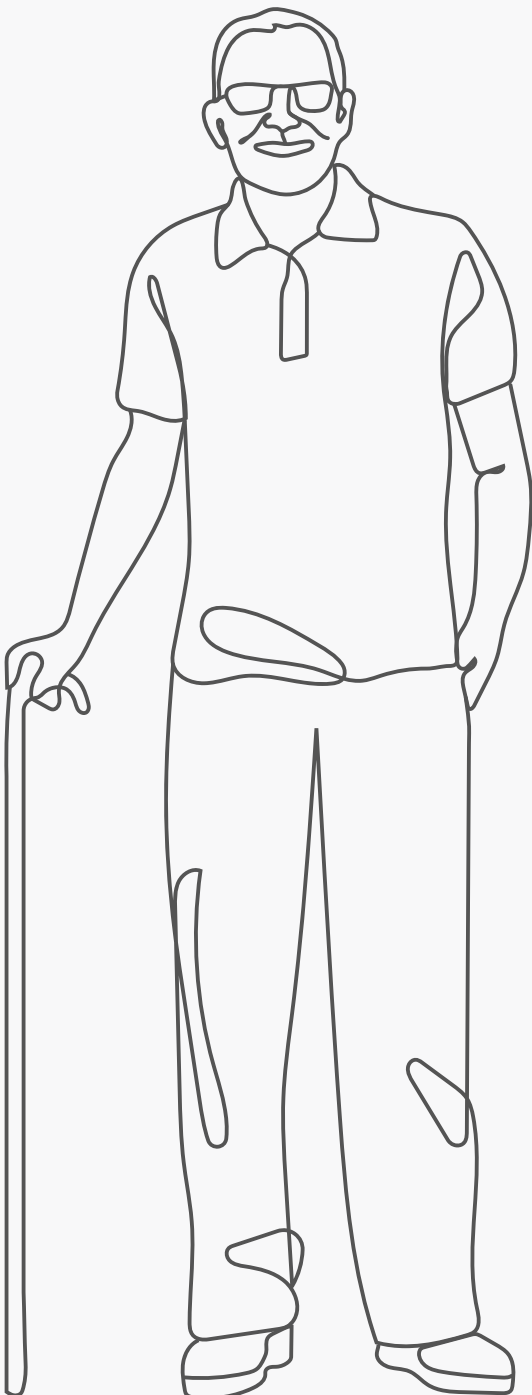
Video - [Disability and body image](#)

Article - [The Intersection of Disability and Eating Disorder Recovery](#).

Article - [“Disabled people have eating disorders too”](#).

BODY IMAGE FOR ALL AGES

The way we perceive our bodies can change through our lives... because our bodies change too! It would be impossible for our bodies to always stay the same - they're not designed that way. Our bodies adapt, grow and shrink, and ageing is a very natural part of that. It's all part of being human. Beauty standards often prize youth but wrinkles, scars, stretch marks and other natural body changes are just signs of having experienced life.



There may be events in life that spark body image or eating problems as a coping mechanism for something deeper. Life can bring us many hurdles such as:

- Bereavement
- Employment changes
- Transitions, such as from education into work, or going travelling
- Menopause
- Dealing with an empty nest (children leaving home)
- Caring responsibilities, e.g. caring for parents
- Pregnancy
- Physical effects of ageing
- Relationships ending/divorce
- Retirement

Having body image problems in mid or later life can also feel different and bring about various emotions:

The stress of adulting

Jobs, life admin, kids, finances... the responsibilities of being an adult can be a lot!

Health anxiety

You may worry about changes in your health as a result of getting older. Your body may not have the same abilities as when you were younger, which can bring about fear, frustration, loss and sadness.

Shame

You might feel ashamed or embarrassed about having body image or eating problems if this is something you've associated with younger people. Anyone of any age can struggle with body shame and you are just as deserving of help and support.

Anti-ageing pressures

The beauty industry targets anti-ageing products even to young people and sets unattainable standards of staying youthful. The beauty, diet and fitness are all big money-making industries. They will sell anything and try to "fix" the impossible if it means we keep buying things. When trying to change your body, and buying products/services, it can be helpful to ask yourself "who profits off this?" These industries profit off our body shame, but you can choose not to fund them.

A sense of loss

Many people feel they have missed out on/lost part of their youth to body image anxieties and/or disordered eating. Christy Harrison calls dieting "the life thief" - this is the same for disordered eating, eating disorders and body image issues. These struggles take up so much time, energy and headspace, it's natural to feel these strong emotions.

For more information on Christy Harrison, check out her book **Anti-diet**, or podcast - [Food Psych](#)

PAUSE FOR THOUGHT

Imagine you're 80-years old.

What would you want to be able to tell people about your life? What kind of memories would you treasure? What were your best moments?

Think about these for a moment,
or write some ideas down in your journal.

How many of your answers involved anything about your appearance? Probably not many!



When you're 80, you won't worry about your weight when you were 20, 30 or 50.

Nor will you care about the shape of your stomach, or that you didn't have a thigh gap.

What you'll likely remember are the good memories you made with people you care about, or on holiday, or working on something you're passionate about.

If you like these activities, don't forget to check out our '**Support and Self Care**' guide.

HEALTH AND BMI

Health is so much more than a number on a scale or your weight. It's about sleep, mental health, activity, community, self-worth and much more. You probably know the term "healthy weight", but what does it really mean? In medical settings, it generally refers to the section in the middle of the Body Mass Index (BMI chart) where a person's weight is deemed "normal" or "healthy".

THE BMI CHART

We are not using numbers or BMI in this resource as it is often unhelpful and can be triggering for some. Many now consider BMI to be an ineffective tool to measure health. "Healthy weight" according to BMI doesn't tell us anything about your mental health, how well you sleep, how stressed you may be and about your relationships with others.

The Women and Equalities Committee report recently called for people to move away from using BMI to a more size-inclusive approach:

"The use of BMI inspires weight stigma, contributes to eating disorders, and disrupts people's body image and mental health. Public Health England should stop using BMI as a measure of individual health, and instead focus on a 'Health at Every Size' approach."

[Click here](https://www.parliament.uk/wetc/reports/women-and-equalities-committee-reports/2019-2020/2020-01-20-2020-02-03) for source (parliament.uk)

The BMI chart was created in the 1800's by a mathematician who made it for the purpose of statistics, not for individual health. It was based on average white European men only, so it's also not at all inclusive. It's important to know that it doesn't matter what your BMI is, if you're worried about your body or food, you deserve help and support.

Further reading:

[The Bizarre and Racist History of the BMI](#)



Hope Virgo is a dedicated eating disorder campaigner who set up the '#DumpTheScales' campaign from her own experiences of being told she wasn't "thin enough" according to the BMI chart. Mel Ciavucco spoke to Hope as part of the "In conversation" video series ([click here to watch!](#)) Or, [click here](#) to visit Hope's petition.

"HEALTHY WEIGHT"

Lots of people are technically a "healthy weight" but have severely disordered eating behaviours, high anxiety around food and body image problems. Many people drastically restrict their food intake, as well as sometimes bingeing, purging or using compulsive exercise to "burn off" food. This sadly means many people are dismissed by doctors because their weight seems "normal". If you've experienced this, try to persevere. Support is available so please [contact our team](#) at First Steps ED.

There are plenty of people at higher weights who are confident about their bodies and have good relationships with food. We can't tell what someone's relationship with food is like, or how they eat, just by looking at them. Sadly, many larger people are often prescribed weight-loss strategies if they struggle with food and body image. This may only make the problem worse, as changing your body is a surface-level approach that ignores the root causes of disordered relationships with food or body image.

"Healthy weight" is different for everyone and can't be standardised. A "healthy weight" for you is whatever you are when you're not restricting, bingeing or compensating for food in any way. This includes dieting and using exercise as a way to "burn off" food (this is called "compensatory behaviour" and we'll be covering this more in our exercise resource). Don't forget to check out the "In conversation" series where Mel Ciavucco talks to two fitness professionals, Carly and Leah ([click here to watch!](#))

BODY TRACING EXERCISE

In the video conversation, Hope mentions a body drawing exercise whereby she drew her perceived silhouette on a big piece of paper, helping her to realise her body wasn't as big as she thought. This can be a helpful exercise to challenge perceptions.

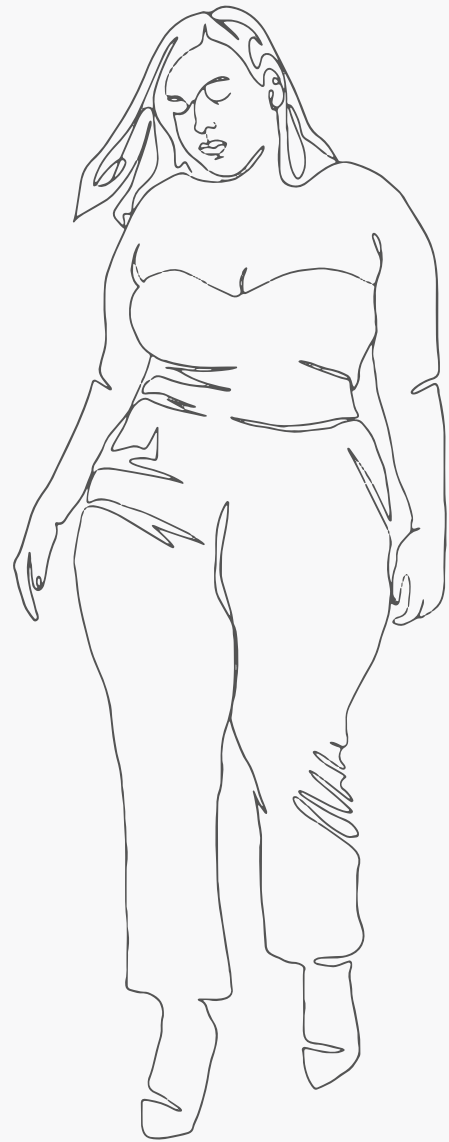
It can, however, be less effective for those with larger bodies. This kind of exercise can create more body image and disordered eating issues if the "proof" of the drawing isn't smaller than their perceived body.

WEIGHT STIGMA AND FATPHOBIA

Many of the problems associated with “healthy weight” come from weight stigma and fatphobia. People at higher weights may be subject to discrimination and abuse, but everyone is affected by weight stigma and fatphobia as most of us have grown up in our culture of praising thinness. In a similar way to people with disabilities, our society doesn’t accommodate people in very large bodies. They may not be able to shop in high street shops, may not be able to sit in waiting room seats, and may face difficulties in gyms that may not have suitable equipment or in fitness classes without sufficient adaptations. This is a “systemic” problem of inclusion in our society, along with other inequalities and discrimination.

If you’re a person in a larger body, you may feel like your weight is your own fault for not having enough willpower or for being out of control. Society often makes assumptions about larger people being lazy, greedy or weak-willed. People may presume you eat too much, or that you must be a binge eater. These assumptions are unfair and harmful, and they’re all part of this weight stigma and fatphobia.

Recommendations of diets or weight loss strategies for people who struggle with food or body image will only make the problem worse, or keep the person in a cycle of guilt and shame. Most diets don’t work and can in fact result in weight gain in the future. The strive to lose weight comes from cultural fatphobia - a widespread fear of fatness.



INTERNALISED FATPHOBIA

Even if you’re not in a larger body, you may have felt the pressure to lose weight, which may have led you to disordered thoughts around eating and exercise. Fatphobia affects everyone - we know this through seeing many people strive for weight loss even when deemed a “normal” weight. Whether we’re in a larger body or not, many of us have internalised our fatphobia, which means we have turned that bias in on ourselves after so long of believing it. This is what creates body shame and disordered eating. These thoughts can be challenged and unlearned. We’ll be sharing some techniques on how to do this in part three of this resource, 'Support and Self Care'.

PAUSE FOR THOUGHT

Many people say they're "feeling fat" when they're feeling bad about themselves, but "fat" isn't really a feeling. People can be fat and happy, and others thin and unhappy. It's about mindset, not body size. "Fat" used in this way is derogatory, and a part of your internalised fatphobia.

If you say you "feel fat", maybe dig a little deeper.

What are you really feeling now? Often when people say they "feel fat" it can really mean "I don't feel good about myself" (shame, embarrassment, disgust)

If "feeling fat" means feeling bad about yourself, it's more about the conditions and narratives about yourself and self-worth from an early age. Counselling can help explore these.

[Click here](#) to learn more about First Steps ED services.



EATING DISORDERS AND WEIGHT STIGMA

Stereotypes and myths about eating disorders and weight are harmful for most people struggling who aren't thin (which is the majority): "Less than 6% of people with eating disorders are medically diagnosed as 'underweight'"

Source: [ANAD](#) (National Association of Anorexia Nervosa and Associated Disorders)

- Thin people can have binge eating disorder, and fat people can have anorexia.
- Anyone of any weight, gender or ethnicity can have any kind of eating or body image problem.
- Anyone of any size can struggle with a negative body image.
- "Obesity" isn't an eating disorder because weight is not a behaviour
- "Atypical Anorexia" is the label given to anyone whose weight is "low enough" to be categorised as anorexia. However, the behaviours, distress and health implications can be the same as for anorexia.

Mel Ciavucco and Zoe Burnett discussed Atypical Anorexia as part of our "In Conversation" series, [click here to watch](#).

HEALTH PROFESSIONALS AND FATPHOBIA

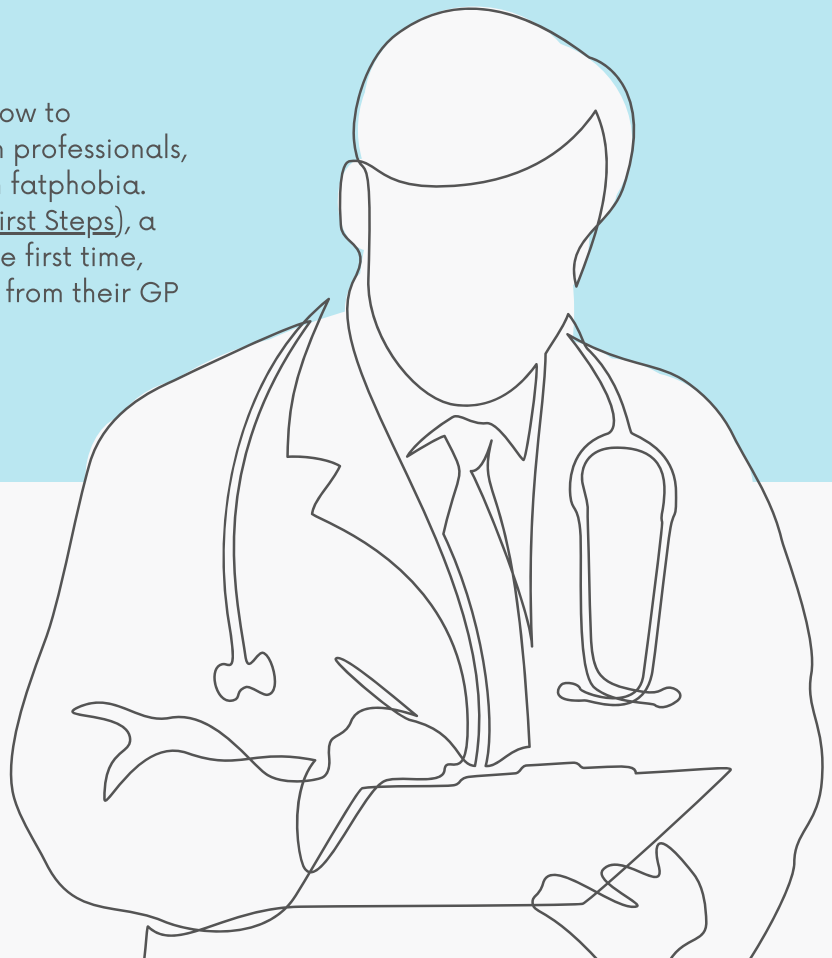
Whether you've been told your weight is "normal" or "healthy", or you're in a larger body and have a restrictive eating disorder, we all deserve support and guidance as much as those of us with a lower weight. If you're struggling, you can [contact us](#) at First Steps for a non-judgmental referral and assessment.

If you're a person in a larger body struggling with eating, it's important to know that you are worthy of help. You may face challenges at the doctors such as being labelled with stigmatising words, being encouraged to engage in unhelpful eating behaviours and potentially being dismissed or ignored. Health professionals do not always have adequate training or understanding of eating disorders, and some will have grown up in the same culture that stereotypes and stigmatises larger bodies, so unfortunately this can sometimes happen. Don't be afraid to ask to see another doctor or nurse.

If you wish, you can also ask not to be weighed, or if they need to, you can ask them not to tell you any numbers.

Further reading:

[Regan Chastain](#) has some resources on how to advocate for yourself when seeing health professionals, as well as other helpful ways to deal with fatphobia. Beat has put together their [GP Leaflet \(First Steps\)](#), a resource for anyone visiting the GP for the first time, designed to help someone get a referral from their GP to an eating disorders specialist.



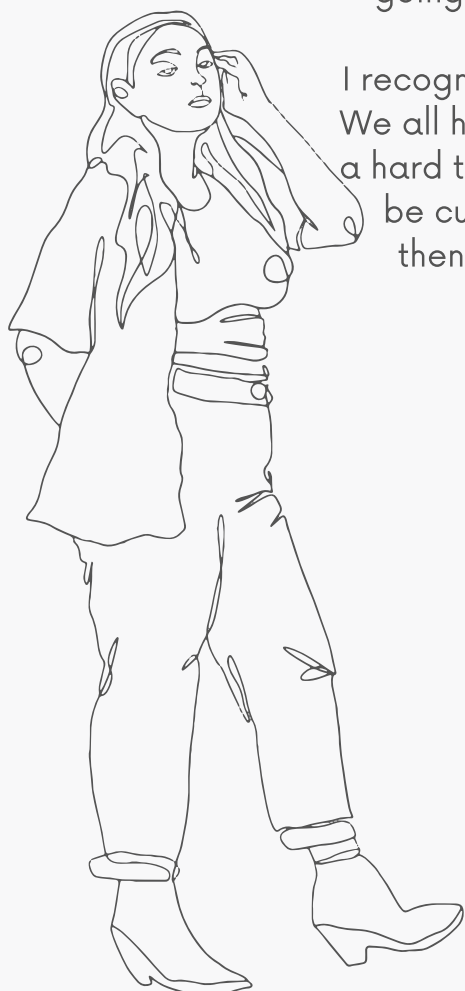
REAL STORIES

“I would never have thought someone could be fat and have an eating disorder. I never even saw my own issues with food and my body as issues, I thought it was just something I had to keep doing – trying to lose weight. I’d never heard the words disordered eating. I thought it was their own fault if people were fat and they had to sort the problem out themselves – that’s what our culture tells us so of course I believed it. Many years later, I realised that thin maybe didn’t mean healthy and I decided to try to take the focus off trying to change my body size.

As I learnt more about diet culture and fatphobia I reflected on my own bad experiences at school, the messages that I’d internalised and the reasons for my low self-esteem. I found out about set point theory and that 95% of diets fail, which is why people are stuck in an awful trap of dieting, failing and guilt. And I realised that my worth was more than my weight and that I was spending too much time and energy on worrying about it. I hated myself because I was fat so I was understandably going to project that on to other fat people.

I recognise that as “internalized fatphobia” now. We all have it, so we don’t have to give ourselves a hard time over it. We need to recognise it, and be curious and compassionate to ourselves, then we can start to make peace with it.”

ANON



HEALTH AT EVERY SIZE (HAES)

The HAES approach is about acknowledging that you can be healthy at any size, based on a large body of evidence by Lindo Bacon. Lindo (who identifies as non-binary and uses They/Them pronouns) has been researching weight stigma and obesity for many years.

Below are some common assumptions that have been debunked:

"Fat people die younger than everyone else"

Evidence shows that "overweight" and moderately "obese" people live at least as long, or longer than those of a "normal" weight.

"Being fat is a health risk"

There are risks that can be associated with higher weights but it's not as simple as "fat is unhealthy". Many other factors not taken into account can create a risk of diseases, such as sleep, nutrition, social status, discrimination, stress, e.t.c.

"Anyone can lose weight, you just need willpower"

We know from set point theory, from biological, environmental and cultural factors, that weight loss just isn't possible for everyone, nor should it need to be. In fact, diets have been shown to be a predictor of weight gain, and a risk factor for eating disorders.

"Weight loss will make you healthier and therefore live longer"

Weight loss can be a sign of illness or an eating disorder and thinner does not always equal healthier. 'Health behaviours' may make you healthier, but intentional weight loss does not always work and can increase the risk of weight cycling and disordered eating.

But we have an 'obesity epidemic' so people are getting less healthy and dying younger!

Research shows that people are only moderately fatter than we used to be, as we are moderately taller too. Life expectancy has also increased in the same period.

Please note: Lindo, like many other body acceptance advocates, uses the word "fat" and not "obesity" or other BMI category terms (unless in speech marks) as they are seen as stigmatising words.

HAES acknowledges that well-being and healthy habits are more important than any number on the scale. Here are the basic principles, by Lindo Bacon:

Accept your size.

Love and appreciate the body you have. Self-acceptance empowers you to move on and make positive changes.

Trust yourself.

We all have internal systems designed to keep us healthy and at a healthy weight. Support your body in naturally finding its appropriate weight by honoring its signals of hunger, fullness, and appetite.

Adopt nurturing lifestyle habits.

Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social, emotional, and spiritual needs restores food to its rightful place as a source of nourishment and pleasure. Find the joy in moving your body and becoming more physically vital in your everyday life. Eat when you're hungry, stop when you're full, and seek out pleasurable and satisfying foods.

Embrace size diversity.

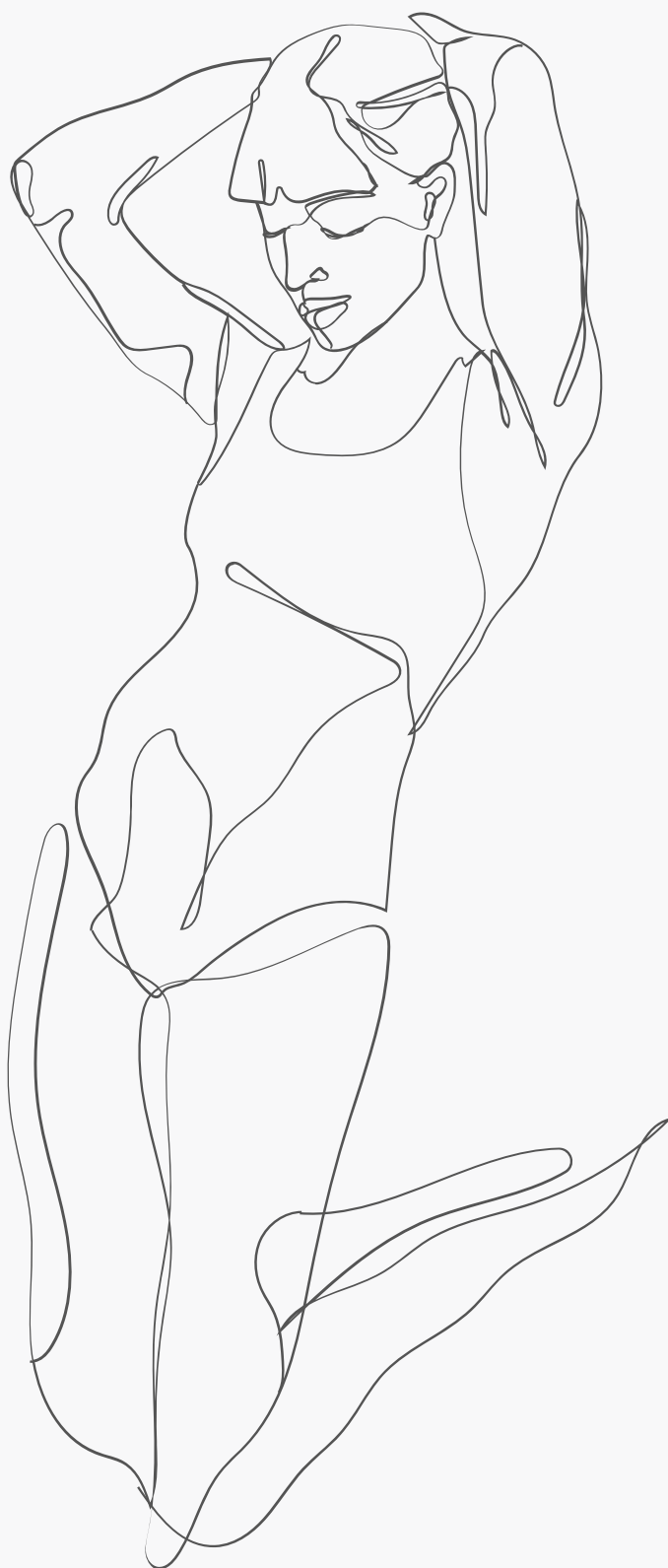
Humans come in a variety of sizes and shapes. Be open to the beauty found across the spectrum and support others in recognizing their uniqueness.

Source: Lindo Bacon

You can check out Lindo Bacon's books:

Health at Every Size

Body Respect



WHAT NEXT?

That's it, you've got the causes and consequences covered!

Thanks for sticking with us. We've covered a lot of ground, and you might be finding it a lot to take in, so do make sure you have a good break. Have a little walk, do something you enjoy, and take your time.

In part three we'll be exploring self-care, support and therapeutic techniques to help you with your body image.

We'll see you there! ([Click here](#))

Don't forget to visit the First Steps ED website for more information and to make a referral.

We understand how difficult it can be to live with an eating disorder and understand the importance of finding the right treatment.

FIND SUPPORT

