

The Media's Influence on Body Image Disturbance and Eating Disorders: We've Reviled Them, Now Can We Rehabilitate Them?

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Survey, correlational, randomized control, and covariance structure modeling investigations indicate that the media are a significant factor in the development and maintenance of eating and shape-related disorders. One specific individual difference variable, internalization of societal pressures regarding prevailing standards of attractiveness, appears to moderate or even mediate the media's effects on women's body satisfaction and eating dysfunction. Problematic media messages inherent in existing media portrayals of eating disorders are apparent, leading researchers to pinpoint intervention strategies that might counteract such viewpoints. Social activism and social marketing approaches are suggested as methods for fighting negative media messages. The media itself is one potential vehicle for communicating productive, accurate, and deglamorized messages about eating and shape-related disorders.

Many influences have been noted as formative in the development and maintenance of shape- and weight-related disorders (Fairburn, Welch, Doll, Davies, & O'Connor, 1997; Thompson, Heinberg, Altabe, & Tantleff-Dunn, 1999). These factors include, but are not limited to, teasing or critical comments about one's appearance from parents, peers or other significant individuals, early pubertal maturation, sexual abuse, psychiatric disturbance, negative emotionality,

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poor interoceptive awareness, developmental challenges, academic pressures, and elevated social comparison tendencies (e.g., Franko & Orosan-Weine, in press; Leon, Fulkerson, Perry, & Early-Zald, 1995; Levine, Smolak, Moodey, Shuman, & Hessen, 1994). However, sociocultural factors, in particular the role of the media, have recently received perhaps the most attention as a possible contributor to body image disturbance and eating dysfunctions (Fallon, 1990; Heinberg, 1996). In this article, we selectively focus on this factor and the data suggestive of the toxic impact that print, TV, cinematic, and electronic media have on body satisfaction and maladaptive eating patterns. We also focus on the central role of *internalization* of media messages as a problematic dispositional feature that may help explain why some individuals are disproportionately affected by the media. Social activism and social marketing methods are offered as two recent strategies for offsetting the pernicious negative effects of media influences.

Mass Media: A Brief Review of the Evidence

Eating disorders theorists and feminist scholars have long indicted fashion magazines, movies, television, and advertising for their advocacy of disordered eating (Levine & Smolak, 1998). A sociocultural model emphasizes that the current societal standard for thinness, as well as other difficult-to-achieve standards of beauty for women, is omnipresent and, without resorting to extreme and maladaptive behaviors, all but impossible to achieve for the average woman (Fallon, 1990; Heinberg, 1996). Although sociocultural pressures may be exerted by a variety of sources (e.g., peers, parents, and partners; see Thompson, Heinberg, et al., 1999), it has been suggested that the mass media are the most potent and pervasive communicators of sociocultural standards (Heinberg, 1996; Mazur, 1986). The mass media are defined as modes of communication that generate messages designed for very large, heterogeneous, and anonymous audiences with the goal of maximizing profit (Harris, 1994; Levine & Smolak, 1998). Although images of beauty have historically been communicated through art, music, and literature, it is the ready accessibility and universality of today's print and electronic media that have been most harshly criticized by body image and eating disorders researchers.

Freedman (1986) explains that the impact of today's visual media is different from the effect of the visual arts of the past. Historically, figures of art (e.g., Botticelli's Venus) were romanticized as otherworldly and unattainable. In contrast, print and electronic media images blur the boundaries between a fictionalized ideal and reality, and often the subtextual, if not the overt, message is that one need only comply with provided guidelines to achieve the ideal. Photographic techniques such as airbrushing, soft-focus cameras, composite figures, editing, and filters may blur the realistic nature of media images even further, leading consumers to believe that the models the viewers see through the illusions these techniques create are realistic representations of actual people rather than carefully manipulated, artificially

developed images (Stormer & Thompson, 1995, 1998). Somewhat ironically, the mass media may also provide one of the most successful venues for primary prevention of eating disorders (discussed at length later), although currently this potential is almost entirely unrealized (e.g., Levine & Smolak, 1998).

Research Evidence

There is little doubt that media reach their audience. Women's magazines, probably more than any other form of mass media, have been criticized as being advocates and promoters of the desirability of an unrealistic and dangerously thin ideal (Wolf, 1990). For example, 83% of teenage girls report spending a mean of 4.3 hours a week reading magazines for pleasure or school (Levine & Smolak, 1996), and Levine, Smolak, and Hayden (1994) found that 70% of girls who read magazines on a regular basis endorse them as an important source of beauty and fitness information. Research strongly indicates that a thin ideal is promoted by the print media, particularly magazines aimed at teenage girls and adult women (Cusumano & Thompson, 1997; Nemeroff, Stein, Diehl, & Smilack, 1994; see Levine & Smolak, 1996, for a review). For example, in a study by Nichter and Nichter (1991), adolescent girls endorsed their ideal as the models found in fashion magazines aimed at teenage girls. This ideal teenage girl was described as being 5'7", 100 pounds, and size 5 with long blonde hair and blue eyes. Reaching such an extreme ideal is quite unrealistic for most women and also dangerous, given that the body mass index of someone with such proportions is less than 16, clearly in the anorexic and amenorrheic range.

Television may also be a powerful influence: In the average home, the television is on for more than 7 hours per day (Harris, 1994), and unrealistic ideals similar to those found in the print media can be found on television shows. The vast majority of female television characters are thinner than the average American woman, with less than 10% of women appearing on television being overweight (Gonzalez-Lavin & Smolak, 1995; Heinberg, 1996). These trends may be even more typical in television programs favored by younger women and adolescents. Gonzalez-Lavin and Smolak (1995) demonstrated that middle-school-aged girls' favorite television characters were rated as much thinner than the average woman. The advocacy organization Children Now and the Kaiser Family Foundation found that 71% of adolescent girls ages 16 and 17 believed that female actors on television were unrealistically thin (Labi, 1998).

A recent *Psychology Today* survey indicates the significant impact the mass media have in promoting the cultural ideal of thinness and beauty, at least for women (Garner, 1997). Of 3,452 women responding, 23% indicated that movie or television celebrities influenced their body image when they were young, and 22% endorsed the influence of fashion magazine models (Garner, 1997). In contrast, only 13% and 6% of men reported an influence of movie/television celebrities or

fashion magazine models. Why adult women see such targets of comparison as appropriate is unclear (Heinberg & Thompson, 1992). As Levine and Smolak (1998) note, the social comparison motives that lead a working-class girl from Kansas to choose an older, successful New York fashion model as a standard for self-evaluation and self-improvement are not well documented or understood.

Correlational studies support the above survey work. Levine et al. (1994) demonstrated that the self-reported influence of magazine advertisements and articles on personal conceptions of ideal shape and how to obtain it accounted for significant variance in weight management behavior, disordered eating, and drive for thinness in adolescent girls. Taylor and colleagues (1998) found that "trying to look like girls/women on TV or in magazines" (p. 41) was one of the strongest predictors of variance in level of weight concerns for middle-school students. Gonzalez-Lavin and Smolak (1995) found that girls who watched more than 8 hours of television per week reported significantly greater body image dissatisfaction than girls with less television exposure. Other studies have suggested that although frequency of television exposure does not correlate with body image disturbance, amount of exposure to specific types of programs (e.g., soap operas, music videos) is related to body image problems and restrictive eating (Tiggemann & Pickering, 1996). Individuals who endorse television as an appropriate source of influence with appropriate comparison targets regarding attractiveness may also be more vulnerable. Gonzalez-Lavin and Smolak (1995) found that middle-school-aged girls who perceive higher peer influence and more television influence on the importance of attractiveness reported greater body image dissatisfaction, use of weight management techniques, and pathological beliefs about eating.

In recent years, a tendency to *internalize* media messages regarding ideals for attractiveness has been suggested as one potential mediator between exposure to those messages and the development of eating and shape-related disturbances (Heinberg & Thompson, 1995; Thompson, Heinberg, et al., 1999). Heinberg, Thompson, and Stormer (1995) developed the Sociocultural Attitudes Towards Appearance Questionnaire (SATAQ), which contains two scales: internalization (endorsement or acceptance of media and societally based pressures regarding appearance) and awareness (acknowledgement that such pressures exist). In a series of studies, we found that internalization is a significant correlate of body dissatisfaction and eating disturbance and predicts variance beyond that associated with simple awareness of pressures and other risk factors, such as negative feedback (teasing) about appearance (Cusumano & Thompson, 1997; Heinberg et al., 1995; Stormer & Thompson, 1996).

Similar findings have been demonstrated using structural equation modeling. For instance, Stice, Schupak-Neuberg, Shaw, and Stein (1994) measured media exposure (print media and television exposure), gender role endorsement, ideal-body stereotype internalization, body dissatisfaction, and eating disordered symptomatology among undergraduate women. In addition to finding a direct

path between media exposure and eating disordered behaviors, the researchers discovered that media exposure led to internalization of a slender ideal body shape, which in turn led to body dissatisfaction and eating-disordered symptoms (Stice et al., 1994).

A few controlled laboratory investigations have been conducted with similar findings. Waller, Hamilton, and Shaw (1992) found that women with eating disorders demonstrated a significant increase in perceptual body image disturbance (i.e., size overestimation) following exposure to photographs of models from popular fashion magazines. In a similar study, participants with varying levels of self-reported bulimic symptomatology were exposed to photographs of thin, average, and oversized models (Irving, 1990). The participants shown photographs of thinner models reported significantly less self-esteem and weight satisfaction than subjects shown photographs of larger models, independent of the level of bulimic symptoms (Irving, 1990). In a study on non-eating-disordered college females, Stice and Shaw (1994) reported that a 3-minute exposure to 12 photographs of models taken from popular women's magazines led to transitory increases in depression, stress, guilt, shame, insecurity, and body image dissatisfaction that were not evident for controls who viewed photographs of average-sized models. Kolodner (1997) found that college women exposed to photographs of thin models from *Cosmopolitan* and *Vogue* reported significantly higher levels of private body self-consciousness and state anxiety than females who viewed control photos. Interestingly, this study also tested the effects of the two exposures for men: There were no significant effects, however, the sample sizes were quite small for the male experimental ($n = 22$) and control ($n = 20$) conditions.

Much of our work has centered on the aforementioned role of internalization as a dispositional factor linking exposure to heightened distress (Cattarin, Thompson, Thomas, & Williams, in press; Heinberg & Thompson, 1995). In the first study, we showed 10-minute videotapes of commercials to college females that either contained stimuli emphasizing societal ideals of thinness and attractiveness (e.g., diet advertisements, women in bikinis used to sell beer) or contained neutral, non-appearance-related images (e.g., commercials for pain relievers). Higher levels of depression, anger, weight dissatisfaction, and overall appearance dissatisfaction were found for the women who viewed the videotape that contained images reflective of thinness and the importance of attractiveness (Heinberg & Thompson, 1995). Further, women who possessed high dispositional levels of internalization had increases in dissatisfaction with both weight and overall appearance following exposure to the experimental tape, whereas low-internalization participants showed decreases in dissatisfaction with both weight and appearance. In a second study, we replicated these findings, demonstrating that women who viewed TV ads with images reflecting the current societal ideal reported greater increases in anger, anxiety, and depression, and these findings were moderated by dispositional levels

of internalization of societal ideals for thinness and attractiveness (Cattarin et al., in press).

Conclusions

It has been clearly demonstrated that print media and television affect how individuals feel about their bodies. Exposure to magazines and television may lead to body image dissatisfaction and eating disordered symptomatology among girls and women. Given that minimal exposure to these images results in transitory increases in psychological distress and body image dissatisfaction, long-term, daily exposure is potentially even more damaging. Based upon the findings for persons high in internalization, this high dose of exposure may be considered “toxic.”

However, there are significant limitations to the research to date. The vast majority of studies examining the influence of television are correlational in nature and the direction of relationships is unclear. That is, it is not known whether exposure to electronic media is an etiological factor in body image and eating disturbance or whether women with body image disturbance or eating pathology choose to expose themselves to such images at a higher rate than their less distressed counterparts. More structural equation modeling and prospective studies are certainly indicated, and research designed to track the persistence of laboratory-induced distress would add greatly to the suggestive findings in this area.

The consistency of findings in this area, however, strongly suggests that we should focus sharply on theoretical perspectives for understanding the media effects. In addition, preventive and intervention work that targets the media should become a top priority. In the next sections we outline recent work in this area.

Mechanisms for a Mass Media and Body Image Link

Theoretical explanations for the specific mechanisms by which the media produce their negative effects are just beginning to appear in the literature. Stice and colleagues have proposed a Dual-Pathway Model that asserts that maladaptive messages in the mass media predispose individuals to bulimia nervosa when those messages are condoned and reinforced by family and peers and when this occurs in the setting of low self-esteem, a poorly developed self-concept, and perceptions of being above an ideal weight (Stice, Nemeroff, & Shaw, 1998; Stice et al., 1994). In addition, it is proposed that media influence may play a secondary role by providing information on problematic means of achieving the idealized body size, such as fasting, overexercising, and purgative techniques (Levine & Smolak, 1998). A second theory is derived from the work of Levine and Smolak (1998), whose Developmental Transitions Model suggests that childhood predispositions such as beliefs about the importance of thinness are developed and maintained by teasing and by family and peer modeling of weight concerns. At adolescence, these

predispositions interact with simultaneous developmental changes (e.g., weight increase at puberty, academic stress). In turn, a social context of messages about the importance of thinness, the societal support of dieting for weight control, and further teasing may lead to the development of disordered eating (Levine & Smolak, 1998). A third approach emphasizes Social Comparison Processes as a possible mechanism connecting media exposure or pressures to the development of heightened internalization of media values or, possibly, body dissatisfaction and eating disturbance (Faith, Leone, & Allison, 1997; Heinberg & Thompson, 1992; Stormer & Thompson, 1996; Thompson, Covert, & Stormer, 1999). Levine and Smolak (1998) have emphasized the importance of multifactorial models for understanding the complex connection between disparate media influences and negative sequelae related to eating disturbed cognitions and behaviors. More empirical work in this area is certainly indicated.

Modification of Media Influence

Given the relationship between the mass media and internalization of socio-cultural standards for appearance, researchers have proposed possible interventions specifically targeting the negative effect of mass media messages promoting the thin ideal (Jasper, 1993; Shaw & Waller, 1995). Suggestions include helping individuals be more discriminating in their use of the mass media, developing strategies to reduce social comparison, and addressing indiscriminating acceptance of the media presentation of the ideal (Shaw & Waller, 1995). Some primary prevention strategies have been developed targeting children and adolescents with the hopes of preventing the later development of eating disorders, and some of these interventions have focused on a critical evaluation of media messages along with a focus on nutrition, dieting, body esteem, exercise, and reducing the stigma regarding obesity (Levine, 1999; Smolak, Levine, & Schermer, 1998). Unfortunately, the results of such studies have been less than overwhelming, generally finding an increase in knowledge but little effect on body image or eating-related attitudes and behaviors (Smolak et al., 1998).

In our work, we have used a psychoeducational intervention that challenges an acceptance of media pressures by communicating, among other facts, just how fictionalized images of beauty are generated through the use of airbrushing, computer generated images, and other technology (Stormer & Thompson, 1995, 1998). This intervention has been compared to a control condition of health education information, such as the importance of brushing teeth, adequate nutrition, and regular medical checkups. Results indicated that only the experimental group demonstrated significant declines in indices of appearance and weight-related anxiety and internalization of the sociocultural ideal of thinness and attractiveness promoted by the mass media. In addition, we found that internalization level moderated the effects of the intervention: Only individuals high in level of internalization became more satisfied with appearance after receiving the psychoeducational information.

Other psychoeducational programs have examined the benefit of teaching skills to combat media influences. Irving, DuPen, and Berel (1998) evaluated a single-session, peer-led media literacy program for high school girls. The students were offered suggestions for ways to carefully evaluate and challenge media images and to challenge and reconsider unrealistic standards, and they were encouraged to develop self-esteem in arenas independent of physical appearance. Posttest evaluations indicated that girls who received the intervention compared to a control group reported less internalization of the beauty ideal and perceived media images as less realistic. No differences were found for body image anxiety, dissatisfaction, the desirability of looking like models or perceived positive associations with being thin. Similarly, Posavac, Posavac, and Weigel (1998) demonstrated the effectiveness of a 7-minute psychoeducational intervention for female college students. They found that women given the intervention were less likely to engage in social comparison and experience body image disturbance following exposure to the thin ideal than women who were exposed without the intervention.

A number of media messages must be identified and challenged in preventive programs (Levine, Piran, & Stoddard, 1999). These include the notion that beauty is a woman's primary objective, that thinness is crucial for success and happiness, and that it is normal and acceptable for a woman to be ashamed and anxious about her body and appearance. Unfortunately, these messages do not emanate just from media sources. Peers, family, coaches, teachers, and others help reinforce this socialization of women (Levine et al., 1999; Thompson, Heinberg, et al., in press). It is therefore not enough to teach girls and women to reject problematic media messages. Rather, positive redefinitions of femininity as multifaceted and self-accepting need to be promoted, along with the desire and skill to resist pressure for thinness and attractiveness (Levine, 1999).

Irving et al. (1998) offer specific questions to be considered by individuals evaluating media messages: (1) Do real women look like the models in a specific advertisement? (2) Will buying the product being advertised make me look like this model? (3) Does the model look like this because of the product? and (4) Does thinness really guarantee happiness and success? We would add the following questions: (1) Does the model really look like the image in a specific advertisement (i.e., is it an artificially produced image, airbrushed, a composite of several women)? (2) What was the likely time necessary to achieve this look? (3) What are motives of advertisers of the fashion industry? and (4) Is making women feel good about themselves among these motives?

All of the previously discussed successful interventions share an emphasis on contrasting the artificial, carefully manipulated nature of media images with the diversity of women's weights and shapes (Levine et al., 1999). Therefore, it stands to reason that widespread education, similar to a public health model, emphasizing these lessons may be the next step in altering girls' and women's internalization of the thin ideal.

Media Activism

We have suggested that treatment of the individual alone will not help resolve the social, political, and economic forces that support and sustain the unrealistic thin ideal (Thompson, Coovert, & Stormer, 1999). Although previously described strategies appear promising, a number of aspects of social activism have been endorsed to help decrease the pervasiveness of body image disturbance. One such strategy, media activism, refers to protesting (or conversely praising) media messages, advertisements, or products that are identified as conveying (or contradicting) unhealthy messages (Levine et al., 1999). For example, Hershey's removed an advertisement for a chocolate bar claiming "you can never be too rich or too thin" after a public interest group, Anorexia Nervosa and Associated Disorders (ANAD), in concert with others engaged in a letter-writing campaign (Jasper, 1993). Women may fight back against media-endorsed images by boycotting and writing letters of complaint to the presidents of corporations whose advertisements are offensive and by occupying media time and space with alternative messages (e.g., press releases, television interviews; Jasper, 1993).

The World Wide Web is "the new media" and is a source of health-related information for the lay public (Levine et al., 1999). Although the potential to educate and to achieve goals of media activism and advocacy are beginning to be achieved by excellent sites such as About Face (www.about-face.org) and Eating Disorders Awareness and Prevention (<http://members.aol.com/edapwatch/watchdog.html>), there are literally tens of thousands of sites that feed on body image disturbance, promising unrealistic weight loss. These sites fuel the unrealistic notion that one's body is infinitely mutable with promises such as "Fat burning and weight loss has never been so easy! Lose weight at the fastest rate possible . . . , lose weight while you sleep without starving yourself. 100% success rate for everybody who has used this exciting new fat burning diet" or "I started this diet on March 11, 1998 to get in shape before summer, and by April 7th I have already lost 25 pounds total, including 4 inches off of my waist! If I continue this diet any longer, I will become too skinny for the summer." Unfortunately, as in other forms of media, helpful, responsible messages are currently outweighed by absurd ones.

Change may best be achieved by combining strategies for bolstering individuals' media competence along with teaching skills for media advocacy. Levine et al. (1999) describe a prevention program for adolescent girls designed to combine strategies for changing an individual's interpretation of the media, developing skills for rejecting sociocultural pressures for thinness, and engaging adolescents in social activism to change media directly. The GO GIRLS!TM (Giving Our Girls Inspiration and Resources for Lasting Self-Esteem) program has the goal of helping adolescent girls learn about and challenge the media-communicated unrealistic ideal through education in marketing, media literacy, advocacy, and activism.

During the 16-week program, girls learn about social marketing, complete media analyses, conduct letter-writing campaigns, involve local news media and consult with local department stores. Levine et al. (1999) found that this program increased confidence in expressing opinions, enhanced critical thinking ability, and improved appearance-related thoughts. This program is an exciting first step in combining individual interventions and media advocacy.

Social Marketing

Although still relatively unknown among academic disciplines unrelated to business or public health, the concept of social marketing was actually introduced more than 35 years ago by Kotler and Zaltman (1971). Several factors led to the creation of social marketing (Elliot, 1991), including “pressures within the marketing discipline to be more socially relevant” (Andreasen, 1994, p. 109). Social marketing is often confused with mass communication; the latter, however, is just one potential component of a larger marketing process. Social marketing is not the same as commercial marketing, which is designed to benefit the sponsors of the message, not the recipients. Semantic obfuscation has long been a problem of the field, leading Andreasen (1994) to propose the following definition: “Social marketing is the adaptation of commercial marketing technologies to programs designed to influence the voluntary behavior of target audiences to improve their personal welfare and that of the society of which they are a part” (p. 110).

Social marketing is a process undertaken with the goal of changing a specific behavior in a specific segment of the population. Many applications of social marketing have been conducted in the medical arena. For instance, the Pawtucket Heart Health Program used social marketing principles to modify community levels of blood cholesterol (Lefebvre & Flora, 1988). First, audience characteristics and needs were analyzed and the market segmented. Then specific strategies for each segment were developed using a mix of self-help “nutrition kits,” telemarketing, direct mail, provision of screening and counseling, and dissemination of print media to churches, schools, and work sites. A more recent example consists of the social marketing approach utilized by the Centers for Disease Control and Prevention (CDC; 1997) to enhance physical activity levels. The CDC developed several strategies for reaching and changing exercise behavior, with an emphasis on techniques for working within the media to contact and motivate individuals. Its paradigm is an excellent example of segmenting the audience by particular characteristics and designing a promotion to address this unique feature.

Social marketing has received a great deal of attention (e.g., Andreasen, 1995, Lefebvre & Rochlin, 1997; Maibach & Parrot, 1995), however, it has only recently been mentioned in the context of eating disorders. For instance, Levine and Smolak (1998, p. 46) suggest that the media might present messages addressing “one’s

right to be safe from harassment . . . the need for non-body-related avenues of success for women . . . and the relationship between dieting and binge-eating.”

It is important to note that social marketing need not necessarily use the media as a conduit to challenge and/or change media messages. Other channels of communication might include support groups, on-campus hotlines, teachers, or parents. These and other channels of communication might be used to target such issues as:

1. preventing the behaviors that result from internalization of media images
2. promoting internalization of positive, healthy norms that are present and promoted by the media
3. informing consumers of strategies used to perpetuate unreasonable norms (e.g., airbrushed photos, computer-modified images, etc.)
4. providing information about the negative correlates of extreme weight loss behaviors

We also believe that more basic research may help guide the selection of possible topics for media presentation. For instance, in the past few years there have been numerous media portrayals (magazine articles, TV movies, etc.) of individuals with eating disorders or related concepts, such as heightened appearance concern or negative feedback (i.e., teasing) regarding appearance. By evaluating extant media, we might get some idea of just how the media represent these conditions and, possibly, how the representations are interpreted by viewers/readers.

To further illustrate a possible social marketing approach, consider the possibility that the media may glamorize eating disorders via pairings with celebrities and/or lack of negative consequences. The first step in a social marketing analysis is the collection of data on attitudes and beliefs in a sample of interest. For instance, Levitt (1997) was interested in the associations that women make between eating disorders and media figures. Her survey of magazines had revealed that eating disorder articles often contained a reference to a celebrity or public figure. Therefore, she designed a study that surveyed women’s ratings of how they thought the media portrayed individuals with eating disorders. She asked participants if media portrayals discouraged or promoted eating-disordered behavior. The scale ranged from 1 (*strongly discourage*) to 7 (*strongly encourage*); the average score for the sample was 4.8, putting the mean just below *somewhat encourages* (5) on the scale. The media presentations were rated “extremely encouraging” of eating-disordered behavior by 14% of those surveyed.

If we decide that the issue we want to address is this glamorization of individuals with eating disorders, the first step in a social marketing process is deciding what specific “consumer” behavior or attitude we would like to see modified. For instance, we might want to increase knowledge regarding the “true” negative

consequences of dysfunctional eating patterns, hopefully offsetting the unrealistically “positive” outcomes often portrayed in the media. Or perhaps a more extreme goal might be to prevent exposure to movies or TV shows that contain eating disorder story lines. A second step is to gather information regarding which factors motivate or deter consumers from adopting the behavior. A third, crucial step is to segment the audience, based on factors such as at-risk status, stage of change, benefits of adopting the behavior, and so on (Lefebvre & Rochlin, 1997). Subsequently, such issues as the method of reaching the target audience (i.e., channel analysis) and strategizing a particular intervention are important, followed by process tracking, which involves evaluating the success of the intervention and possibly revising implementation strategies (Lefebvre & Rochlin, 1997).

Our example and, indeed, most social marketing applications define the consumer as the individual person affected by the mass media. Certainly, a social marketing framework might also conceptualize the “gatekeepers” of the mass media as the consumer (e.g., major advertising companies, TV producers, magazine editors, and movie studios that control the creation and placement of toxic messages). In fact, the activist approaches described earlier in this article illustrate this approach. In sum, the methods of social marketing can be applied to a variety of consumers. These targets might include the individuals most at risk for weight and shape disorders, their peers, parents, and teachers, and the controllers of the vast sociocultural media empire.

Summary

There is increasing evidence that the media may play a powerful role in the formation of eating and body image disturbances. In particular, the internalization of societal ideals regarding attractiveness is a potent individual difference variable that explains why some individuals are greatly affected by such messages, whereas other people receive the same messages but may not modify their behaviors in a dysfunctional way to model media-promoted images. Early intervention and prevention programs that contain components of increasing awareness of media methods and skills for rejecting media manipulations show positive initial results. Social activism and social marketing strategies contain great promise for affecting a broad range of individuals and institutions. These approaches offer hope for a paradigm shift away from media that model and promote body image disparagement and eating-disordered behaviors to those that espouse realistic appearance values and nondysfunctional eating patterns. Future research must focus on a variety of targets, from the individuals affected to the “masters of the universe” who control the increasingly megalomaniacal media empires.

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