

What new ideas would you like to bring to the field of eating disorders which can help our patients and their carers?

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Social media and eating disorders

I come from the part of the world where a vast majority of the population faces unavailability of food due to political and economic factors. The self-image is related to one's profession, skin tone and position in the professional or relationship hierarchy. In our South-East Asia, the body mass is usually indicative of how rich or poor the family is. The people who are extremely lean are looked down upon as being poor and those with chubby features are considered to be from well-to-do families. When a chubby lady is spotted, they say, '*Yeh Khate peete ghar se lagti hain*' (She appears to be from a well-off family). I was happy with my self-worth as I trained to be a dentist, kept protecting my skin through branded moisturisers which kept the tone light, and I was blessed to come from a very loving family. I left that part of the world and got married to a Psychiatry registrar in Oxford (the co-author of this essay), without any unconscious reasons to get analysed by him. He got attracted to my chubbiness, but a few months before the marriage, I made an Instagram account to find out some trending ideas about our wedding photographs. It was there in those constant upward movements of my thumb on screen that I somehow convinced myself to lose some weight to look like those models in fancy wedding dresses. After marriage, I came to live with my husband in Oxford and started working with the Community Eating Disorders team. At work and at home, I experienced a different paradigm that changed my perception about the social media and its effects on body-image and eating habits.

At work, my Eating disorder (ED) patients would tell me horrible stories about how they lost their teeth due to constant purging. It was interesting to hear from them that the ideas of purging were obtained from the accounts and pages they follow on their social media. Their moderate sense of low self-worth was precipitated by their constant observation of their favourite slim and trim Instagram models, the Tik-Tok videos of how to use laxatives for detoxification and rapid beautification, and their Facebook communities where members keep each other accountable for unhealthy weight loss. I worked with patients with horrible BMIs (Body Mass Index) – numbers as low as 13.1, 14.2, 15.3, and so on. I worked with patients who had horrendous fears of climbing on that weight machine with their shaky legs. While most patients had traumatic and changing lives, there was one thing that was quite pronounced and constant in their day-to-day life – the excessive use of social media.

At home in the evening, my husband, would often tell me about the horrible effects of social media on the mental health of young adults who self-harm, get bullied, get body shamed, and compare their lives to other people's happy moments. We would get into these discussions, while sipping cups of Kadak chai, about how powerful the social media algorithms are and how people stay glued to their phones for long as if their brains are being constantly force-fed with

easy-to-absorb information. I remember the conversations over dinner with Indian curries about how it should be a priority of the body of doctors, and mental health organisations, to plan targeted strategies to get people to have a better sense of self-image and start having healthy eating behaviours. So, we started looking at literature and earlier work to see what has been done already in the field of social–media-driven prevention. We also investigated what innovative ideas can be implemented by psychiatric and eating-disorder organisations for the benefits of patients and their carers.

We found that a lot of experts seem to claim that social media use in the West is a huge contributing factor to the increase in the number of adolescents being diagnosed with eating disorders. We turned to PubMed where we found a large systematic review while searching for the theme ‘ED and social media’ published in the year 2020. It remarkably showed that the social media engagement or even exposure to image-related content is likely to have a negative impact on body image and the choice of food in some healthy young adults (1). There is no doubt that there are genetic components to EDs however, the current socio-cultural environment including the social media plays a significant role in the development as well as the maintenance of eating disorders (2). Not only does viewing the images of people with low body fat result in low self-esteem, but also in the lowering of calorie intake (3).

A perfect marketing strategy is used by capitalists to target users by paying Facebook to find the vulnerable users and show them their weight-reducing-diet advertisement. These billions of dollars spend on advertisements create a barrage of digital content which encourage people to be dissatisfied with their bodies and energise them to change the way they look. In contrast, the medical faculty and researchers spent hours (and a few thousands of pounds) looking for solutions in the clinical or experimental psychology laboratory or in collaborations with pharmacological companies to get that ‘perfect cure’ to fix the ED patients. It feels like we are constantly trying to be the firefighters for that burning building which is housed on a huge reservoir of sparkling oil. So, how can use the same innovative strategy as the unhealthy influencers or capitalists sitting behind the curtains of social-media algorithmic windows? We have mentioned a few solutions below, but wait, let us look in a bit more depth at how social media distorts our self-image without us being aware of it.

Social comparison theory

When people make comparisons with their peers who are perceived as being thinner or more attractive, that becomes a starting point for body dissatisfaction (4, 5). Enormous amount of time spent on social media with constant comparison with others, thus, catalyses the initiation and maintenance of body image dissatisfaction (4, 6).

Objectification theory

People often engage in self-objectification by internalising another-person perspective of themselves. This ‘another person’ is an ideal image made by amalgamation of several peers or influencers whose bodies are considered superior as seen on the social media. Thus, people

An innovative algorithm-based approach could include asking patients to help patients identify and follow 10 such accounts which give healthy, scientific information about diet and body image and unfollow 10 accounts which keep them in the negative loop of body image dissatisfaction. The algorithm is designed to feed people more of what they like or follow, so, it would show them more of the healthy content.

Social prescribing

One of the approaches on a national or global mental health level would be to create or authenticate 10 such social media accounts, to begin with. In addition, the mental health charities could start having active professionally regulated online communities where people can be educated about harmful effects of restrictive behaviours and how to develop a positive self-image. Social prescribing has already started to be the next best medicine and we see a lot of books and apps being prescribed, besides long walks and cups of tea to counter loneliness, for example. It is now an established fact that people have online lives, and we can't get keep our head stuck in the sand by ignoring that fact and be just a medication prescribing ostrich.

Hitting the initial phases of behaviour change cycle

The psychoeducational material based on CBT (cognitive behavioural therapy) for ED can be turned into short reels or shorts on social media platforms like Facebook, Instagram, TikTok and YouTube. These can take the form of animated videos with voiceovers or simple videos with experts on eating disorders (or experts by experience) talking in those videos. Tweets and Retweets of these materials can be powerful. These videos can then be targeted via advertisement campaigns to people who are in pre-contemplation or contemplation phase of change. You can't get people in these two phases to engage in any NHS (National Health Service) workshops effectively. In the near future, the Metaverse will be a powerful platform for delivering online talks where such people can be easily motivated to engage in psychoeducation around seeking help for transforming their ED cognitions as it doesn't require you to move from the comfort of your home, but your avatar can in the Metaverse world. The capitalists who want to sell those slimming teas detox potions have already started their preparation for the Metaverse marketplace, we wonder why the eating-disorders mental-health professionals should stay behind?

More powerful ideas from what has already been done

In 2001, Yahoo was able to remove 113 websites from its servers which promoted development of anorexia-nervosa. Tumblr blogs on 'thinspiration' were exposed by Huffington-Post and they had to remove the same. We need to set up campaigns to force the contemporary platforms to remove such content although majority of these networks do state in their terms and conditions that users must not glorify eating-disorders. Thanks to some of the campaigners, the advertisement policy has forced few networks to ban weight loss advertisements. Some of the search terms like 'thinspiration' are now unsearchable but we still need to push for more of such unhealthy-content to be removed.

Some more Innovative ideas about what could also be done

We need to spread a positive message to carers and ED service users to unfollow or unsubscribe those people who are obsessed with food, exercise or appearance and motivate them to actively block and report those who engage in the activities like body shaming.

Individuals who also need to be reported or blocked are influencers who give extremely dangerous diet and exercise related advice, and the Royal colleges or mental health or medical charity organisations should openly respond to such viral content by putting the screenshots of 'unhealthy-immature-influencer-advice' on their own media feed alongside the scientific facts. With time, general public will start fact searching before going on to follow the 'life changing advice', which usually turns out to be a life destroying one.

Finally, if patients could be guided to either spend their time in nature and face-to-face socialisation, if possible, that would be better. But we realise that won't be workable for everyone. So, even educating them to structure their day and limiting their time on this harmful media machine would be helpful for patients. This is also true for their overburdened carers who try and search for solutions online and get trapped in detrimental sponsored content.

Summary

While it is almost impossible to get people to cancel their online lives, it is important for the medical field to keep up with the changing technological catalysts for etiological factors. The more proactive we are now, the smaller number of people with psychological burden of diseases like ED would be encountered ten years from now. Despite currently available potent medication or effective talking therapies, we must think about the above-mentioned innovative ideas to lessen the harmful effects of social media on eating disorder patients and their carers.

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