



Bullying or fat shaming? The risk factors of Body Dysmorphic Disorder (BDD) in teenage girls

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Abstract

Aim: This research aims to examine the extent to which fat shaming contributes to the development of Body Dysmorphic Disorder (BDD) in adolescent girls.

Method: Teenage girls with BDD were surveyed using a qualitative, case-study approach, with initial screening involving the use of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) to establish a diagnosis of BDD. The data in this study were also analyzed using a holistic Yin perspective.

Findings: The data from this study shows that everyone who participated in the survey endured some form of negative bullying because of their weight, most notably from members of their own family and friends (schoolmates and playmates). Confidence, pride, self-acceptance, self-conception, social interaction, eating disorders, camouflage, and BDD are all negatively impacted for those respondents who are subjected to fat-shaming regularly.

Implications/Novel Contribution: The study results imply that people should be taught to value themselves and others regardless of their size, shape, or appearance. Additionally, one should stop trying to improve themselves or others by measuring themselves against artificial benchmarks or other people.

Keywords: BDD, Bullying, Fat Shaming, Teenage Girls

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INTRODUCTION

Women deemed attractive in modern-day Indonesia are typically thin, fair-skinned, have long, glossy black hair, full, red lips, and oval faces. In contrast to the traditionalists' view, women with fertile bodies, dark skin, and long black hair were considered to be the most beautiful (Savitri, 2012; Wanninayake, 2016). Moreover, Savitri (2012) explained that the positive connotations related to beauty standards developed from its denotative meaning will form a metaphor of images of beautiful women, which, once accepted by the community, will form the myth of beautiful women. Because of this modification, women who are overweight are now viewed negatively rather than positively.

Someone with excess body weight is considered not in accordance with the standards of beauty in Indonesia and has a high risk of experiencing body shaming, or more specifically, fat shaming, due to the stigma attached to being overweight (Lestari, 2018a). A survey of junior and senior high school students in Malang, Indonesia, surveyed over 1,000 students. 46% of teenage girls and 33% of teenage boys said they had been subjected to body shaming. This suggests that women are more likely than men to be victims of this form of bullying. Articles published on Huffingtonpost.com, CNN.com, and Vice.com confirmed that 95% of adolescent girls and 65% of adolescent boys had been subjected to body shaming.

Teenagers who are overweight and subjected to body shaming, or fat shaming, are more likely to suffer from low self-esteem, social isolation, and anxiety. High school students who are overweight are more likely to suffer from depression and suicidal thoughts than their normal-weight peers, according to research from the Center for Advancing Health. The study also shows that engaging in fat-shaming behavior can lead to an increase in weight

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gain. Puhl, deputy director of the Rudd Center for Food Policy and Obesity at the University of Connecticut, echoed this point by saying that obese people need help from the environment to live healthily and not be humiliated by weight or fat shaming because they try to lose weight through diet and exercise but are always unsuccessful. According to neurologist Gariel Gavin's article in *Psychology Today*, fat shaming can increase the risk of eating disorders like anorexia nervosa, bulimia, nervousness, and binge eating, as well as other mental health problems like anxiety, depression, isolation, and the like (Hestianingsih, 2017; Inraksa, Sungkhapong, & Pochana, 2017).

LITERATURE REVIEW

Theory

Phillips (2009) explained that BDD is a preoccupation with an imagined body defect, with an excessive response or a significant distortion of a minimal, small or even non-existent preoccupation. In DSM IV there are three symptoms that must be upheld to diagnose a person experiencing BDD, whereas in DSM V there are four symptoms that must be enforced to diagnose individuals experiencing BDD. In this study the guidelines used were DSM V (Quilty, Ayearst, Chmielewski, Pollock, & Bagby, 2013).

Fat shaming was originally carried out to provide motivation to obesity in order to have the motivation to lose weight, but they did not lose weight instead they experienced an increase in food consumption in their bodies (Hasan, 2016). Fat shaming is a negative comment on someone who has excess weight, fat or plus size (Big Indonesian Dictionary). Furthermore Yin (2014) stated that fat shaming is a mocking behavior or stigmatization of one's excess weight and forces someone to meet the standards of body perfection.

Fat shaming is a part of body shaming, where fat shaming is more specifically a humiliated body part, insulted or ridiculed, while body shaming is a negative behavior as a form of negative emotional response to appearance, body shape and or body part in yourself and others (Lamont, 2015). Body shaming occurs as a form of negative evaluation of individuals because they are not able to achieve the idealistic standards of beauty that develop in society (Mackay & Fredrickson, 1997).

Furthermore, in Lestari (2018b) explained that some of the effects of teenagers experiencing body shaming are having low self-esteem, feeling embarrassed, worried, anxious, eating disorders and avoiding the social environment. This was confirmed by Gariel Gavin, a neurologist, in his writings published in *Psychology Today*, adding that fat-shaming can increase the risk of eating disorders such as anorexia nervosa, bulimia nervosa and binge eating and other mental health problems such as anxiety, depression, secession from the social environment, and the like (Hestianingsih, 2017).

METHODOLOGY

This study used qualitative research method with a case study approach, the number of informants in this study were 3 teenage girls who experienced BDD with diagnosis enforcement based on DSM V, data collection technique used semi-structured interviews and observation (Strauss & Corbin, 2015). The data analysis used was (Yin, 2014) holistic analysis consists of 3 stages, namely pattern matching, explanation making and time series analysis.

RESULTS AND DISCUSSION

Table 1: Informants' description

No	Informant	Age (Now)	Age (When Experiencing Fat Shaming)	BDD Diagnosis Result Based on DSM V
1	NANA	20 y.o	9 y.o (4th grade of Elementary School)	1. Preoccupation with a shadow of appearance defect, if a small body anomaly is found, the person's concerns are overtly real. The informant has "I'm fat, my sibling and my friends said that I am like pig"

Table 1: Continue...

No	Informant	Age (Now)	Age (When Experiencing Fat Shaming)	BDD Diagnosis Result Based on DSM V
2	NANI	22 y.o	10 y.o (5th grade of Elementary School)	<p>2. There are repetitive behaviors and thoughts (obsessive compulsive behavior), thoughts (comparing oneself with others). "I read more than 8 times per day, and countless weighing my body"</p> <p>3. Preoccupation causes significant suffering or disruption clinically in social functions, work, or other important functions. "I became embarrassed and lazy to leave the house, afraid of being scolded and mocked, even when I am at home, if my sibling is there, I would not be comfortable,"</p> <p>4. Preoccupation is not related to the other mental disorders (i.e dissatisfaction with body shape and size in anorexia nervosa) "no complaints of eating disorders and other disorders"</p> <p>1. Preoccupation with a shadow of appearance defect, if a small body anomaly is found, the person's concerns are overtly real. The informant has "I feel that I am really fat, my friends call me pigsty"</p> <p>2. There are repetitive behaviors and thoughts (obsessive compulsive behavior), thoughts (comparing oneself with others). "I often look at the mirror to ensure myself that my makeup still on point, weighing my body countlessly, often hesitate to eat "</p> <p>3. Preoccupation causes significant suffering or disruption clinically in social functions, work, or other important functions. "I do not want to go when I feel fat, for example when I wear clothes that make me look fatter"</p> <p>4. Preoccupation is not related to the other mental disorders (i.e dissatisfaction with body shape and size in anorexia nervosa) "no complaints of eating disorders and other disorders"</p>
3	NANU	19 y.o	From childhood until now	<p>1. Preoccupation with a shadow of appearance defect, if a small body anomaly is found, the person's concerns are overtly real. The informant has "I am bongsor, often called fat, huge by friends and family"</p> <p>2. There are repetitive behaviors and thoughts (obsessive compulsive behavior), thoughts (comparing oneself with others). "I often look at the mirror 8 times per day, always mind my body posture, when I want to eat I remember to diet "</p> <p>3. Preoccupation causes significant suffering or disruption clinically in social functions, work, or other important functions. "I do not like to go out from home when the weather is hot, fat people tend to sweating easily, and it stinks"</p> <p>4. Preoccupation is not related to the other mental disorders (i.e dissatisfaction with body shape and size in anorexia nervosa) "no complaints of eating disorders and other disorders"</p>

Based on the table above, it can be seen that the three informants experienced BDD and fulfilled the four criteria for symptoms of BDD based on DSM V in the three informants experiencing fat shaming from the age of primary school until adolescence or present.

NANA often experienced fat shaming from the surrounding environment namely their peers, family, especially her older sibling. NANA scolded by her sibling like "you are fat like a pig" and her peers said the same thing, so at that time NANA was convinced that she was fat, ugly and do not deserve to befriend them. As a result, she

locked herself at home and was reluctant to leave the house because she was afraid of being scolded and ridiculed by her friends. The same happened at home, she felt uncomfortable if her sibling was at home because she would be commented on her weight.

Yes, I am comfortable at home when my sibling is not here. My sibling always scolded my appearance, especially my weight ... NANA12072018.

I was scolded like a pig by my sibling and friends ... NANA12072018.

Since experiencing fat shaming NANA tried to lose weight by dieting to control eating and over exercise, after graduating from elementary school NANA was no longer fat and normal, but she felt that she still has excess weight so she always felt worried when she comes out her home, her friends would mock her body and so did her sibling. This condition makes NANA to be very sensitive and give more attention to her body appearance, especially her weight. This condition lasted until now, NANA's weight was below average but she still maintained her diet.

Likewise, NANI experienced fat shaming since the age of 10 from her friends, she was said a "pigsty" because according to her friends her weight exceeded their standard weight. Initially, NANI ignored her friends' comments on her weight, but over time she thought and felt anxious, worried and embarrassed when meeting her friends. Since then she tried to diet with exercise and reduce milk consumption. After dieting, her weight is normal like her other friends, she never did exercise and ate as much as she could. As a result, her weight gains, and that is why she feels need to go on a diet to maintain her weight stability and general appearance. NANI is being more sensitive to her personal appearance and others since experiencing fat shaming, she also compares her weight with other people as well as er appearance.

My friends say that I am fat like a pigsty ... and I am ridiculed every time I play with them ... NANI14072018.

NANI was anxious and worried when eating foods that she thought with high carbohydrates and calories would increase her weight, so she had only consumed vegetables without the carbohydrate content. She feels comfortable eating the vegetables even though her body's nutritional needs were not fulfilled.

In contrast to NANU's case, she was born with a big high posture, from childhood she had an unpleasant experiences to be called as "bongsor" by friends and family. It did not become a problem at first, but over time she thought that herparents were not as big as her and it triggered a thought that she was not the biological child of her parents. The thought was conveyed to her parents until her parents said that her posture was similar to her grandmother and grandfather. NANU cannot receive being born with a bigger body posture than her peers, she tried to go on a diet by taking part in various sports in her school so that her weight was not excessive, until she suffered injuries while attending sports. Since then, her parents and doctors forbade NANU to do sports except run. Every day she is still doing activities as usual but she always wears dark-colored clothes to give the slimmer impression of her body, until now she has never worn striking colored clothes even at a party. Since I was born, I was told "bongsor" Ma'am, I don't know why ... NANU20082018.

My friends body are good, slim, I am jealous with their mediocre posture, Ma'am... not like me, I have a huge body NANU20082018.

"Bongsor" Ma'am, I already diet, Ma'am, but I don't know why I still "bongsor" NANU20082018. I use dark clothes ... NANU20082018. Almost all of my clothes are black ... NANU20082018.

Once I use the brown pants, I feel my thighs and hips are really big and my friends will comment "you are getting bigger, see your hips and your thighs ... NANU20082018.

Discussion

Based on the results of the research stated that fat shaming has the risk of experiencing BDD in teenagers if the condition consistently occurs. This is in line with [Lestari \(2018b\)](#) research which stated that the cause of BDD in emerging adulthood are the psychological factors, unpleasant experiences, related to their body condition, more specifically the presence of body shaming generally, and specially fat shaming. Further, NCBI respondents, victims of fat shaming actually made them unable to control themselves to control their diet and most of them experienced depression, stress and self-esteem dropped. Like a study conducted by Sutin involving 6.157 respondents stated that teenagers who do not have excess body weight but experience fat shaming have a risk of being obese. This

means that the impact of fat shaming is dangerous for the victims (Hasan, 2016).

This study was reinforced by Savitri (2012) research involved 73 female respondents who were overweight (obese), some of them were shown videos containing fat shaming and others were shown videos that did not have fat shaming content. As a result the group that was shown videos without fat shaming content consumed food that had 89 calories afterwards, while the group given treatment watching videos with fat shaming content consumed food with 302 calories afterwards. Thus, it can be concluded that fat shaming will provide stimulation for victims to consume foods that are high in calories and unable to control the desire to eat (Hasan, 2016).

CONCLUSION, RECOMMENDATIONS AND IMPLICATIONS

Conclusion

The conclusions in this study are:

- a. The three informants experienced fat shaming since childhood and the impact was felt until now, the three informants experienced BDD and were very sensitive to the appearance of themselves and others.
- b. Fat shaming has a negative impact on its victims, namely experiencing anxiety, worry and secession from the social environment and experiencing BDD.

Suggestions

- a. Society should learn to respect their body shape and appearance as well as others.
- b. Accept the condition of oneself and others without comparing themselves with other people or existing standards.

Limitations and Future Research Directions

There is no study without limitations. The current research work also has some shortcomings that must be addressed in future research. Sample size was small, and the study was limited to only Indonesia. Future research must increase the sample size to generalize the results. Also, the same study can be conducted in different regions to strengthen its findings.

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