
| RESEARCH ARTICLE**The Social Construction and Monitoring of the Body: Implications for Eating and related Disorders and the Behaviour–Belief–Impairment Framework****Fiona McNicholas¹²³ ✉ and Elizabeth Barrett¹⁴**¹*Dept of Child & Adolescent Psychiatry, SMMS, UCD*²*CHI, Crumlin, Dublin 12*³*Lucena Clinic Rathgar Dublin 6, Ireland*⁴*CHI, Temple St, Dublin 2***Corresponding Author:** Fiona McNicholas, **E-mail:** fionamcn2008@gmail.com

| ABSTRACT

Eating disorders are traditionally conceptualised as disorders of eating behaviour, body image and weight regulation. While these frameworks remain essential, they may not fully account for broader societal transformations that have reshaped contemporary relationships with food, weight and the body. This perspective article proposes that contemporary eating psychopathology can be understood within the context of three interrelated historical transitions. First, the body has evolved from a vehicle primarily concerned with survival to one increasingly focused on longevity, with a new focus on technological monitoring and so – called optimisation and performance. Second, the body has shifted from a biological entity to a social symbol through which identity, discipline, attractiveness and self-worth are communicated. Third, technological developments, particularly social media and wearable technologies, have transformed self-evaluation from a private and intermittent process into one of continuous and often shared digital surveillance, one which has become “performative” when communicated using technology and other monitoring methods. Simultaneously, food environments have changed dramatically, characterised by unprecedented availability of highly palatable, commercially engineered foods that interact with biological systems originally designed to protect against starvation rather than obesity. The COVID-19 pandemic appears to have accelerated rather than created many of these trends. In this context, eating disorders may represent extreme manifestations of broader cultural processes in which health, appearance, identity and self-worth become increasingly intertwined. The Behaviour–Belief–Impairment (BBI) framework may offer a useful conceptual approach for understanding how culturally valued behaviours, such as dieting, exercise and health optimisation, when driven by increasingly rigid beliefs and behaviours can lead to clinically significant impairment in vulnerable individuals.

| KEYWORDS

Eating disorders; body image; obesity; social media; optimisation; surveillance; wearable technology, COVID-19; behaviour-belief-impairment

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1. Introduction

Eating disorders are frequently conceptualised through psychological, psychiatric and biological frameworks. Research has highlighted the importance of genetic vulnerability, temperament, neurobiology, family factors and sociocultural influences in the development and maintenance of eating psychopathology (Treasure, Duarte & Schmidt, 2020). These perspectives remain essential. However, they may not fully capture the broader societal conditions within which contemporary relationships with food and the body have evolved.

Human relationships with food and the body are neither fixed nor purely biological. Instead, they evolve in response to historical, cultural, economic and technological forces that influence what bodies are expected to do, what they are expected to represent, and how individuals evaluate themselves in relation to these expectations. Across history, bodies have served different functions and carried different symbolic significance. Technological, economic and cultural developments have altered not only how individuals eat and move, but also how they think about, monitor and evaluate themselves. The expectations placed upon the body have expanded considerably. Increasingly, individuals are expected not simply to survive, but to optimise, perform, self-monitor and continually improve.

This article proposes that contemporary eating psychopathology may be better understood through three interrelated cultural transitions. First, the body has evolved from a vehicle of survival to one increasingly associated with longevity and performance. Second, the body has transformed from a biological necessity into a social symbol through which identity and self-worth are communicated. Third, technological developments have transformed self-evaluation from an intermittent often private process into one of continuous, visible and projected digital surveillance. Together, these developments may provide an important context for understanding contemporary eating disorders and related body-focused psychopathology.

2. The Body as a Vehicle for Survival, Longevity and Performance

For most of human history, the primary function of the body was survival. Evolutionary pressures favoured physiological systems that promoted energy acquisition, protected against starvation and facilitated reproduction. Human appetite regulation evolved in environments characterised by relative scarcity, where obtaining sufficient energy represented a central challenge. Under such conditions, mechanisms that promoted food seeking, energy conservation and fat storage conferred substantial survival advantages.

Hunger was a highly adaptive biological signal motivating individuals to seek food before energy stores became critically depleted. In environments where food was scarce and unpredictable, responding to hunger was essential for survival, while feelings of fullness helped regulate energy intake once immediate nutritional needs had been met. Together, these homeostatic mechanisms promoted energy balance and increased the likelihood of survival and reproduction. Modern understanding of appetite regulation reflects these evolutionary origins (Morton, Meek and Schwartz, 2014).

As societies became increasingly successful at securing reliable food supplies and reducing mortality from infectious disease, the relationship between humans, food and the body began to change. Food was no longer valued solely as protection against starvation, and the body was no longer viewed simply as a vehicle for survival. Improvements in sanitation, nutrition, public health and medicine contributed to substantial reductions in mortality and unprecedented gains in life expectancy, creating the opportunity to think beyond immediate survival. Questions that had previously centred on obtaining sufficient food gradually expanded to include health, disease prevention, physical functioning and the prospect of living longer. In this context, the body acquired a new function: longevity. Global life expectancy at birth has increased from 46 years in 1950 to over 70 years in 2023. (Gianfredi, Nucci, Pennisi et al.2025).

As the prospect of a longer life became increasingly attainable, attention shifted from simply extending life to maximising its quality, function and duration. Exercise, nutritional choices and health behaviours increasingly became valued not because they ensured survival as in the past, but because they promised improved health decades into the future. Societally, health has moved from merely a long-term investment, and questions of health increasingly became questions of optimisation.

Contemporary culture has further extended this transition through the emergence of geriatrics as a discipline, longevity research, precision medicine and health optimisation movements (López-Otín, Blasco, Partridge, et al., 2023).. Advances in the biology of ageing have shifted attention towards identifying biomarkers that may predict biological age, future disease risk and functional decline. Increasing numbers of individuals now monitor physiological and behavioural markers—including sleep, physical activity, metabolic health and other indicators of biological ageing—with the aim of extending health span as well as lifespan. While many such practices may be beneficial, they also reflect a broader cultural shift in which the body is increasingly viewed as something that can be measured, optimised and continually improved.

Importantly, individuals vary considerably in how they negotiate the balance between present wellbeing and future health. While many engage flexibly with health-promoting behaviours, others may place increasing value on future risk reduction, optimisation or control, sometimes accepting significant restrictions in the present. Such variation may help explain why cultural messages regarding health and self-improvement are adopted differentially across individuals and why some may be particularly vulnerable to more rigid or extreme interpretations and pursuits of these ideals.

Another expectation has now emerged- the issue of performance. Contemporary societies place substantial value on productivity, achievement and measurable outcomes. The wearable technology allows us to benchmark our performance, whether from self-assessment or report or indeed from the technology itself. The body is increasingly expected not merely to function but to excel. Over the past number of years, objective measures of human performance continue to improve, with marathon times falling, high jump records increasing, and ever greater weights being lifted across competitive and recreational settings. Physical activity is no longer simply recreational or health-promoting. It is frequently framed in terms of personal achievement, optimisation and self-improvement. Whether through elite sport, endurance events, bodybuilding or recreational fitness, the body increasingly becoming a vehicle through which individuals pursue excellence and demonstrate commitment, discipline and success.

3. The Body as Symbol Rather Than Function

Perhaps the most profound transformation concerns meaning rather than function. Contemporary bodies function not only as biological entities but also as social symbols (Shilling, 2020). They communicate identity, belonging, competence, attractiveness, discipline and self-control.

Body image is never simply private or individual. Rather, it is shaped by culture, gender, medicine, economics, technology and prevailing moral ideas regarding responsibility and self-regulation. Throughout history, body ideals have shifted considerably. In some eras and cultures, larger bodies signified fertility, prosperity and social status. In others, thinness became associated with refinement, restraint and attractiveness. By the twentieth century, particularly within Western societies, slenderness had become increasingly intertwined with notions of status, attractiveness and self-discipline, epitomised by the oft-cited expression that one could "never be too rich or too thin". Thinness increasingly came to signify more than appearance alone; it was often interpreted as evidence of restraint, self-control and personal virtue.

Over subsequent decades, these associations expanded rather than disappeared. Appearance increasingly became a proxy for broader psychological and moral qualities, with body shape serving as a visible marker through which discipline, effort and social value could be inferred. Conversely, individuals with overweight or obesity increasingly became subject to stereotypes of laziness, lack of self-control and personal responsibility, reflecting the same moral framework viewed from the opposite direction. While the female ideal remained centred on thinness, it gradually evolved towards a leaner, fitter and more toned physique. At the same time, increasing attention was directed towards the male body, with muscularity becoming an increasingly prominent cultural ideal. Analyses of popular toys, action figures and media representations have demonstrated a marked increase in male muscularity over recent decades, mirroring the way in which female ideals became progressively narrower and more difficult to attain.

The emergence of the contemporary lean-muscular ideal reflects this broader shift. Women are increasingly encouraged to be simultaneously slim, toned, and fit, while men are encouraged to be lean, muscular and athletic. Importantly, these characteristics are often framed not merely as attractive, but as visible evidence of health, determination, self-control and achievement. Individuals are therefore encouraged not simply to be healthy, but to appear healthy, with the body becoming a visible demonstration of lifestyle, values and self-worth. The body thus becomes a social text through which identity is communicated, displayed, compared and increasingly subject to public evaluation.

As body habitus and appearance became increasingly linked not only to attractiveness but also to health, discipline and social value, opportunities arose for commercial industries to monetise the pursuit of bodily enhancement. The resulting growth of the diet, fitness and wellness sectors has both reflected and reinforced contemporary expectations

that bodies should be actively managed, monitored and refined. The global wellness economy alone is now estimated to exceed US\$6 trillion annually, while worldwide gym membership exceeds 200 million individuals (Global Wellness Institute, 2024; IHRSA, 2024). Such growth reflects not only increasing interest in health and wellbeing, but also the commercialisation of bodily optimisation itself. While many of the products and services offered may provide genuine benefits, commercial incentives may also encourage persistent dissatisfaction by positioning the body as an ongoing project requiring continual attention, investment and improvement, to be started at ever younger ages, rather than something to be valued and accepted as it is.

Of more concern perhaps, has been the increasing use of cosmetic procedures to alter the body directly in pursuit of aesthetic ideals rather than medical necessity. While many surgical and non-surgical interventions are undertaken for reconstructive, functional or medical reasons, growing numbers are performed in the absence of medical indication and are intended primarily to modify appearance and align the body more closely with personally or culturally valued ideals. Over the past decade, aesthetic procedures have increased steadily worldwide, with particularly marked growth since 2021 (Triana, Palacios Huatuco, Campilgio & Liscano 2024).

Exposure to thin ideals in women, increasingly muscular and lean ideals in men, and growing emphasis on aesthetic modification and optimisation may contribute to the normalisation and internalisation of these standards, increasing body dissatisfaction and appearance-based self-evaluation in some individuals. Emerging evidence suggests that social comparison, peer influences and social media exposure may further reinforce these processes by repeatedly presenting particular bodily ideals as both desirable and attainable. The fact that such exposure is now almost universal, given the majority of individuals do not develop eating disorders, engage in excessive exercise, pursue cosmetic interventions, or otherwise become preoccupied with altering their bodies, suggest those who do have additional vulnerabilities. These include variances in body image investment, personal beliefs and social context to determine how such ideals are interpreted, internalised and ultimately acted upon.

These trends also occur within a broader cultural context in which appearance increasingly functions as social capital. The body is no longer simply something individuals inhabit; it is increasingly something they present, curate and manage. In this sense, the body has moved beyond biology to become a symbolic object through which social, psychological and moral meanings are communicated.

4. The Obesity Paradox

Alongside increasing cultural pressure towards thinness, leanness, fitness and wellness, the prevalence of overweight and obesity has risen substantially worldwide. According to the World Health Organization 8, the prevalence of obesity among adults has more than doubled since 1990, while obesity among children and adolescents has increased approximately fourfold over the same period. More than one billion people worldwide were living with obesity in 2022, including approximately 159 million children and adolescents (Phelps, Singleton, Zhou et al. 2024).

This creates a striking paradox. At the very time that body ideals have become increasingly narrow, disciplined and difficult to attain, many contemporary environments have become progressively more conducive to weight gain. The modern food environment with highly processed foods, aggressively marketed and frequently engineered to maximise palatability and reward, compounds these challenges (Morton, Meek & Schwartz, 2014). At the same time, daily life has become increasingly sedentary for many individuals, with greater reliance on screen-based work, entertainment and transport. As a result, individuals are often exposed simultaneously to powerful pressures to consume and powerful pressures to restrict.

The consequences extend beyond physical health. Persistent tension between biological drives, food abundance and cultural expectations may contribute to body dissatisfaction, shame, repeated dieting attempts and ultimately disordered eating behaviours. Importantly, the experience of living in a larger body is also shaped by social responses, with overweight or obesity frequently encountering stigma within healthcare settings, educational environments, workplaces, media representations and interpersonal relationships. Such experiences are associated with increased psychological distress, avoidance of healthcare, social isolation and disordered eating, independent of body weight itself.

The obesity epidemic and the pursuit of thinness could therefore be viewed not as opposing phenomena, but rather as interconnected consequences of the same social, economic and cultural environmental changes. Both reflect broader tensions between biological predispositions, commercial interests, cultural ideals and individual attempts to navigate increasingly complex relationships with food and the body, alongside increasingly pervasive opportunities for social comparison and self-evaluation.

5. From Intermittent Comparison to Continuous Digital Surveillance

Just as the body evolved from being viewed primarily as a vehicle for survival and physical function to an object of optimisation, the significance attached to physical appearance also shifted—from signalling evolutionary advantages such as health, fertility, strength, and protection to reflecting culturally constructed ideals of attractiveness, discipline, self-control, success and social value. Historically, body comparison and ideals occurred through relatively limited channels. Individuals encountered idealised bodies through art, fashion, cinema, magazines, television and advertising. While these influences were often powerful, exposure was intermittent and largely one-directional. Contemporary digital technologies have fundamentally altered this landscape. Social media platforms have transformed comparison from an occasional experience into a near-continuous process. The average adult now spends approximately 2.5 hours per day on social media globally (Morton, Meek & Schwartz, 2014), with adolescents often reporting substantially higher levels of use (Twenge, Martin & Spitzberg 2019). Unlike traditional media, social media invites active participation. Individuals are no longer passive observers of idealised images; they are encouraged to photograph, edit, share and evaluate their own bodies while simultaneously comparing themselves with peers, influencers and celebrities. Digital tools increasingly allow individuals not only to consume idealised images but also to curate, filter and modify their own appearance, potentially blurring the boundary between authentic and aspirational identities and reinforcing pressures to attain increasingly unrealistic standards.

These digital platforms also transform appearance from something that is simply seen into something that can be continuously measured, compared and socially validated. Social media creates systems through which appearance becomes measurable and publicly evaluated. Likes, comments, shares and follower counts function as quantifiable indicators of social approval. Individuals may therefore experience their bodies not only as physical entities but also as digital objects subject to ongoing scrutiny and comparison. Algorithms further intensify this process. Engagement-driven platforms preferentially expose users to content similar to that with which they have previously interacted. For individuals expressing interest in weight loss, fitness, beauty, wellness or dietary practices, algorithms may repeatedly present increasingly similar content, potentially reinforcing appearance-focused beliefs, social comparison and body dissatisfaction (Fardouly & Vartanian, 2016). Exposure to idealised physiques, "before-and-after" transformations, dietary advice and fitness challenges can therefore become both personalised and persistent.

Body image within this environment extends beyond appearance. It increasingly encompasses identity, belonging, perceived self-worth and moral value. Visible evidence of dietary restraint, exercise participation, wellness practices or aesthetic enhancement may function as social signals communicating discipline, productivity and self-control. The body becomes both personal project and public performance.

Wearable technologies have introduced an additional dimension of surveillance. The use of smartwatches, fitness trackers and health-monitoring devices has increased substantially over the past decade, with recent estimates suggesting that more than 500 million wearable devices are now in active use worldwide (Lupton, 2017). These technologies transform subjective bodily experiences into quantifiable metrics, including step counts, caloric expenditure, sleep quality, heart rate variability, recovery scores and physiological performance indicators. While such technologies may support health-promoting behaviours, they also contribute to a culture in which bodily value is increasingly measured, monitored and optimised.

Together, social media and wearable technologies have morphed self-awareness into self-surveillance. Individuals increasingly monitor themselves through the same evaluative lens through which they imagine being observed by others. Health, appearance and performance become continuously visible, continuously measurable and continuously open to scrutiny and evaluation. While many individuals navigate these technologies adaptively, for vulnerable

individuals they may contribute to perfectionism, body dissatisfaction, compulsive exercise, dietary rigidity and end with disordered eating behaviours.

6. Food in the Modern Era

As the body's role shifted beyond immediate survival towards longevity, health and optimisation, the function of food also changed. Throughout most of human evolution, hunger primarily reflected biological need, signalling the requirement to restore energy stores and maintain physiological homeostasis. In contemporary societies, however, eating is no longer driven predominantly by these homeostatic processes. Food is abundant, highly rewarding and deeply embedded within social, cultural and commercial environments, meaning that hunger is increasingly shaped by psychological, environmental and hedonic influences alongside biological need.

From an evolutionary perspective, neural reward pathways evolved to encourage the consumption of certain energy-dense foods in environments where calories were scarce, even beyond immediate physiological need. In contemporary food environments, however, this adaptive system is exposed to an abundance of highly palatable foods. Many highly processed foods are specifically engineered to optimise combinations of sugar, fat, salt, texture and flavour, thereby maximising their rewarding properties. Experimental studies have demonstrated the potency of these reward mechanisms, with rats showing a preference for intensely sweet solutions over intravenous cocaine (Lenoir Serre, Cantin & Ahmed 2007). In environments characterised by the constant availability, affordability and effective marketing of highly rewarding foods, these evolved reward mechanisms may contribute to chronic overconsumption and, ultimately, to rising rates of obesity. (Swinburn, Sacks, Hall et al., 2011; Hall, Ayuketah, Brychta, et al. 2019).

Food has also acquired psychological, social and symbolic functions that extend beyond its nutritional value. It may provide comfort during periods of stress, facilitate social connection, communicate cultural identity or function as a source of pleasure and reward. At the same time, food has become increasingly moralised. Certain foods are labelled as "clean", "healthy", "good" or "pure", while others are characterised as indulgent, unhealthy or morally suspect. Consequently, food choices may become linked not only to health outcomes or requirements, but also to perceptions of virtue, discipline and self-control.

These changing roles of food have created environments in which individuals are encouraged to consume while simultaneously being expected to exercise restraint. Messages promoting enjoyment, indulgence and convenience coexist alongside those emphasising dietary control, weight management and health optimisation. For many individuals this tension is manageable. For others, particularly those with pre-existing vulnerabilities, the competing demands of consumption and restraint may contribute to guilt, anxiety, rigid dietary rules and disordered eating patterns.

7. Eating behaviour and stress.

The regulation of eating behaviour is further complicated by the effects of stress. Although hunger and satiety are influenced by homeostatic mechanisms, eating is also closely linked to emotional and psychological states. Acute stress may suppress appetite in some individuals, reflecting evolutionary responses that prioritise vigilance and survival during periods of threat. In contrast, chronic stress is frequently associated with overeating. The COVID-19 pandemic provided an unprecedented opportunity to observe these processes at a population level. Across numerous countries, eating disorder services reported marked increases in referrals, emergency presentations and clinical severity during and following the COVID-19 pandemic (Miniati Marzetti, Palagini, et al., 2021). Individuals with pre-existing eating disorders frequently described worsening symptoms, while healthcare systems observed increasing demand for specialist assessment and treatment (Rafferty, O'Donnell, Campbell et al., 2024). Young people appeared particularly affected, although increases were observed across age groups.

Several mechanisms may help explain this phenomenon. Public health messaging appropriately emphasised exercise, healthy eating and self-care during a period of unprecedented uncertainty. Simultaneously, lockdowns disrupted daily routines, reduced opportunities for social interaction and increased reliance on digital technologies (Pietrobelli, Pecoraro, Ferruzzi et al., 2020). Screen time increased, social media use expanded, and many individuals turned to wearable technologies or fitness applications to provide structure and measurable goals during periods of reduced

social contact. The pandemic also altered relationships with food. For some individuals, food became a source of comfort, pleasure and emotional regulation during periods of anxiety, boredom or isolation. For others, dietary restriction, calorie counting or exercise provided a sense of control during a period of uncertainty and loss of predictability. Meals became less structured, opportunities for social eating decreased and daily routines became disrupted. Hunger, satiety and eating behaviours were increasingly shaped by pandemic-related changes in environment, emotion and circumstance.

Importantly, the pandemic occurred within a cultural context already characterised by optimisation, comparison and surveillance. It intensified forces already present. For vulnerable individuals, increased exposure to social media, heightened body awareness, disrupted routines and increased self-monitoring may have amplified existing tendencies towards perfectionism, body dissatisfaction and compulsive behaviours. The pandemic therefore acted less as a cause of eating disorders and more as an accelerant of broader cultural trends already underway.

8. Eating Disorders as Extreme Manifestations of Broader Cultural Processes

This paper proposes that eating disorders may be understood not simply as disorders of eating, but as disorders arising at the intersection of food, identity, body symbolism and self-regulation. They represent some of the most severe and impairing manifestations of broader cultural processes that influence all individuals to varying degrees.

Anorexia nervosa is characterised by persistent restriction of energy intake, significantly low body weight, intense fear of weight gain or persistent behaviours that interfere with weight gain, and disturbances in body image or self-evaluation (American Psychiatric Association, 2022). Bulimia nervosa involves recurrent episodes of binge eating accompanied by compensatory behaviours such as self-induced vomiting, laxative misuse, fasting or excessive exercise. Binge eating disorder is characterised by recurrent binge eating episodes without regular compensatory behaviours. Avoidant/restrictive food intake disorder (ARFID) involves clinically significant restriction or avoidance of food intake but is not primarily driven by concerns regarding weight or shape (American Psychiatric Association, 2022).

These diagnostic categories remain clinically important and guide evidence-based treatment. However, contemporary eating psychopathology extends beyond formal diagnoses alone. Conditions such as orthorexia, muscle dysmorphia, body dysmorphic disorder and compulsive exercise, not part of any recognised diagnostic classification system, highlight the ways in which culturally valued behaviours may, in some individuals, become rigid, distressing and impairing (McNicholas, 2021). A desire to eat healthily may evolve into obsessive dietary restriction. Exercise undertaken for enjoyment or wellbeing may become compulsive and guilt driven. Efforts to improve appearance may become increasingly central to self-worth and identity. Whilst concern about health, fitness, food and appearance is both common and often adaptive, the challenge lies in identifying when these concerns become excessive, rigid and associated with psychological distress or impairment, as in the case of eating disorders. This distinction is not always straightforward. Many behaviours commonly associated with eating disorders are also present in the general population, making it difficult to determine when normal health-related behaviours transition into clinically significant psychopathology (Figure 1)

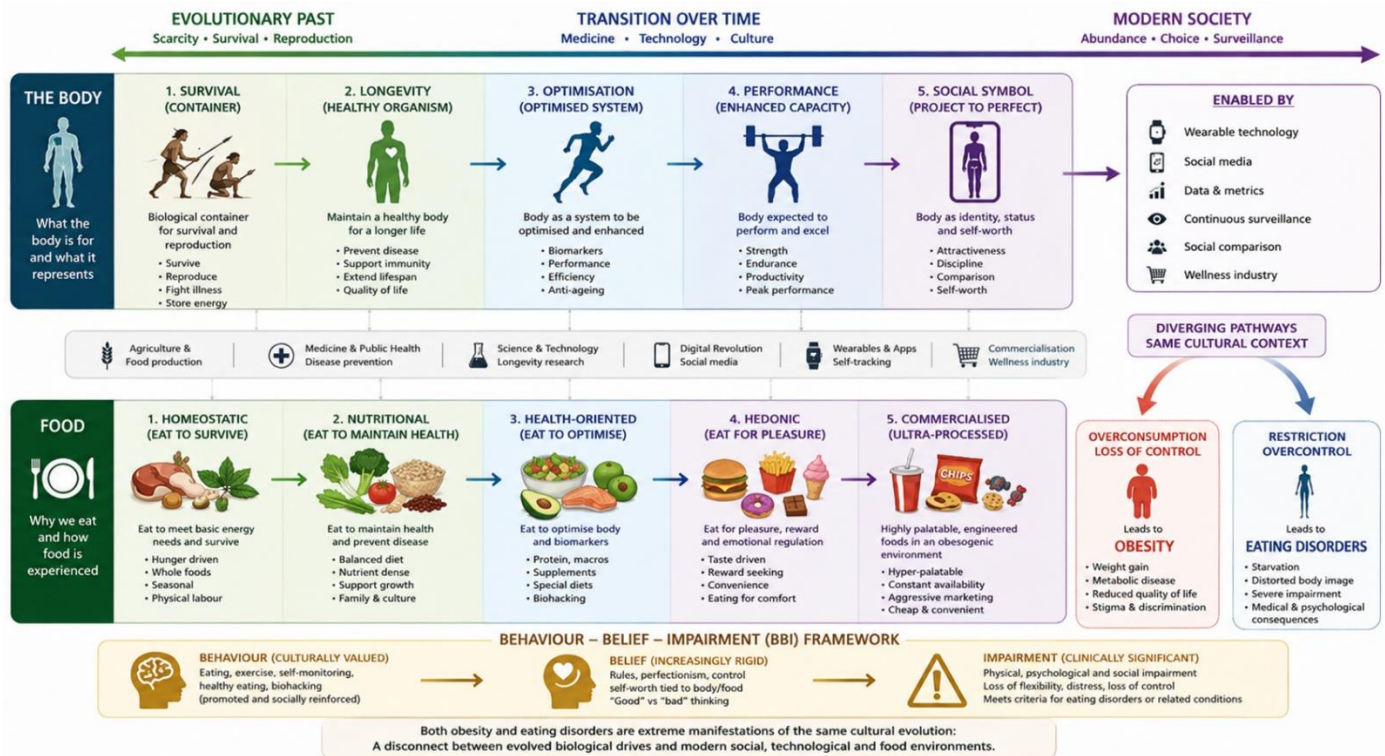


Figure 1: Evolution of the Body and Food: From Survival to Optimisation and the Modern Obesity–Eating Disorder Paradox

A conceptual model illustrating the parallel historical evolution of the body (from survival to optimisation and social symbolism) and food (from homeostatic nourishment to hedonic consumption), culminating in the modern tension between biological drives and cultural ideals that contributes to both obesity and eating disorders.

9. The Behaviour–Belief–Impairment (BBI) Framework

A useful clinical and conceptual framework for understanding this transition, is the Behaviour–Belief–Impairment (BBI) Framework (Ridgeway, Katzman & McNicholas, 2023). Individuals' diet, exercise, avoid certain foods, count calories, pursue fitness goals and care to various degrees about their appearance. These behaviours are not inherently pathological, nor should they be viewed as evidence of an eating disorder in isolation.

The BBI framework provides a way of distinguishing normative behaviours from clinically significant psychopathology by conceptualising eating pathology as existing along a continuum rather than as a simple distinction between health and illness (Ridgeway, Katzman & McNicholas, 2023). On the behavioural dimension, eating and exercise may range from flexible and adaptive to rigid, restrictive, compulsive or compensatory. Individuals may engage in restrictive caloric intake, calorie counting, food avoidance, excessive exercise or body checking to varying degrees. Behaviour alone, however, rarely provides sufficient information regarding psychopathology. The second framework dimension concerns the belief system driving the behaviour. Here the focus shifts from what an individual does to what the behaviour means. To what extent does the person believe that weight, shape, muscularity, food purity, dietary control or exercise influences or determines self-worth? Are behaviours motivated by enjoyment, health and personal preference, or by fear, shame, perfectionism and rigid rules? Two individuals may engage in identical behaviours yet experience profoundly different psychological relationships with those behaviours. The third dimension is impairment. This represents the point at which behaviours and beliefs begin to interfere with physical health, psychological wellbeing or social functioning. Impairment may manifest through medical complications, nutritional deficiency, emotional distress, and family conflict, avoidance of social situations, reduced occupational or educational functioning, financial burden, secrecy or loss of quality of life. It is impairment that ultimately distinguishes many clinically significant eating disorders from non-pathological health behaviours.

The BBI framework also helps address some of the limitations of weight-centred approaches. Individuals may experience severe eating psychopathology at any body size. A person with a high BMI may have no eating disorder, while another with a BMI within the ‘normal’ range may experience profound restriction, compulsive exercise or intense body dissatisfaction. By focusing on behaviour, belief and impairment rather than appearance or weight alone, clinicians can better understand the functional significance of eating-related behaviours. Importantly, BBI situates eating disorders within the broader cultural environment described throughout this paper. Contemporary society increasingly encourages dietary monitoring, self-optimisation, body awareness and health-related self-surveillance. Most individuals navigate these pressures without developing clinically significant psychopathology. However, for vulnerable individuals, culturally valued behaviours may become increasingly driven by rigid beliefs and result in significant impairment. Eating disorders may therefore be conceptualised as the point at which optimisation becomes obsession, self-care becomes self-surveillance and health behaviours become sources of suffering rather than wellbeing.

10. Conclusions

Eating disorders can be understood as influenced by several interconnected historical transformations. The body has evolved from a vehicle of survival to one increasingly associated with longevity, optimisation and performance. Simultaneously, it has transformed from a biological entity into a social symbol through which identity, self-worth and social value are communicated. Finally, technological developments has transformed self-evaluation from an intermittent private process into one often on public display, of continuous digital surveillance. Social media has amplified these pressures by making health, appearance and performance continuously visible and judged.

Alongside these changes, food environments have become increasingly abundant, rewarding and commercially engineered, while cultural expectations surrounding health, appearance and self-improvement have intensified. The distinction between adaptive self-care and eating psychopathology is not always clear-cut. The Behaviour–Belief–Impairment framework provides a useful lens through which to understand this continuum and help clinicians, researchers and policymakers better understand how culturally valued pursuits—including health, fitness, longevity and self-improvement—can, in some circumstances, become excessive, inflexible and harmful. Ultimately, the challenge facing contemporary society is not whether health, performance and appearance matter, but how to pursue them without allowing them to define personal worth or compromise wellbeing, and when to recognise them as psychiatric illnesses amenable to intervention.

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ORCID iD: Fiona McNicholas, 0000-0001-9428-6908

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