

# Substance Use, Recovery and Body Dissatisfaction

Peer-reviewed University of Nevada, Reno FS-24-05

Body dissatisfaction is an aspect of body image that's generally defined as having negative thoughts or feelings about one's physical appearance. Such dissatisfaction results from a perceived discrepancy between their actual body image (perceptions, thoughts and feelings about their physical appearance) and their ideal body image. Cultural values and appearance ideals can strongly influence people's body image by affecting what they perceive to be the ideal appearance. The extent to which an individual cognitively "buys into" socially defined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideals is referred to as thin-ideal internalization<sup>1</sup>. In Western cultural contexts, thin-ideal internalization can lead to body dissatisfaction, as women often focus on improving their appearance through dieting and other more serious extremes.<sup>2</sup>

Research suggests that body dissatisfaction is a key factor in predicting [dieting behavior](#), negative effect, and the causation and maintenance of [eating disorders](#). In fact, it is one of the strongest predictors of eating pathology and can precipitate extreme measures to decrease body weight.<sup>3</sup>

Body dissatisfaction commonly coexists with substance use and recovery, especially for women.<sup>4</sup> Stimulants, popular drugs among women, are often used for weight loss when an individual dislikes their physical appearance. If the individual then attempts to stop using, it can lead to increased body dissatisfaction or even more extreme appearance-based concerns and behaviors. Some of these include:

- **Fear of weight gain** – Stimulant users accustomed to being thin can develop a [fear of gaining weight](#) during detoxification and recovery that may lead to dietary restriction and disordered eating patterns or prevent them from getting treatment at all. Since many prescription medications have weight gain side effects, individuals in recovery may stop taking prescribed medications. Many women report concern about weight gain during recovery.<sup>4</sup>
- **Fear of reoccurrence** – For many women, especially those who commonly [use drugs to lose weight](#), gaining weight during recovery may lead to reoccurrence. Many have drug use expectancies, meaning they believe using the drug will help them

lose weight, including weight that has been gained during treatment.

- **More extreme behaviors and co-occurring conditions** – Body dissatisfaction is associated with low self-esteem, depression, obesity, [eating pathology](#) and more severe body image conditions, including clinically diagnosed [eating disorders](#). For example, body dissatisfaction is associated with Body Dysmorphic Disorder (BDD), which is described in the DSM-5 as a "preoccupation with one or more perceived defects or flaws in one's physical appearance that are not observable or appear slight to others." This preoccupation often causes social anxiety and avoidance; repetitive behaviors (mirror checking, excessive grooming, skin picking, or reassurance seeking); and mental behaviors (comparing one's appearance with others).

## What causes body dissatisfaction?

There are a variety of factors that can lead to a negative image of one's body, some of which include:

### *Media/Entertainment*

directly viewing and internalizing cultural messages from the internet, social media, screens, etc. about beauty

### *Social Pressure/Peers*

peer pressure from friends, coaches, co-workers, and other distant or close peers. including social media and school-based trends

### *Family*

the relationship an individual's parents/caregivers have with their own body, which can be learned through familial cultural pressures

### *Unique Factors*

an individual's response to current or past physical, sexual or emotional trauma

## Recognize the symptoms

Some behavioral tendencies that can be an indication of body dissatisfaction include:

- heightened focus on appearance, including body checking behavior such as looking in the mirror repeatedly
- extreme, obsessive social media use and comparing oneself to idealized images or celebrities
- frequent conversations regarding weight and body shape
- avoidance of social situations involving food
- wearing excessively loose fit clothing or clothing not appropriate for the weather (e.g., long sleeves or pants outside during summer months)

## Effective communication with those struggling

Helping individuals struggling with body dissatisfaction to appreciate their physical appearance and develop a healthy body image is not an easy task. That said, guide individuals away from persistent negative thinking about their body to focusing on what they can appreciate about their body and being healthy can help. For those in recovery for substance use, health providers and educators should use caution when making weight-related recommendations to ensure they aren't too restrictive and weight changes are monitored. Communication and education for those suffering from body dissatisfaction is critical and will aid in understanding and help avoid more extreme conditions (e.g., eating disorders, BDD, etc.). Focusing on health instead of weight is key.

Some specific suggestions to help those in recovery who may be experiencing body dissatisfaction include:

- Focus on active listening and don't judge or disregard one's body image concerns
- Practice empathy and understanding, instead of being critical, shaming or guiltning
- Recognize when individuals "buy into" social media pressures and trends
- Practice conversations that challenge self-comparisons to others or idealized weight-related comments
- Help individuals:
  - limit obsessive self-weighing, scale watching and mirror checking

- embrace their natural shape
- identify other unique qualities, unrelated to their body, to build self-esteem
- Promote social media and digital wellness by helping individuals:
  - be more mindful and intentional when using social media
  - be their own social media filter (don't expect anyone to filter for them)
  - set limits on time, people and activities as dictated by their own mental health
  - protect their own interests
  - follow positive influencers and unfriend/unfollow those that pose further risk

Finally, promote positive family communication and self-talk with participants and their children. Mothers' and daughters' fat talk (e.g., statements such as "I'm not in shape," "I'm fat," "I don't like my hips," etc.) are significantly correlated. This means daughters may be modeling their mothers' weight-related communication and body image behaviors. Guide individuals towards recognizing their familial influences and being a positive role model for themselves and others (e.g., children). Promote the importance of building strong family communication and using positive body talk. Recognizing and addressing body dissatisfaction concerns is critical for those in recovery, especially from stimulant use. Failure to do so may lead them to self-medicate and focus on improving their appearance through [dieting](#) or more severe practices.

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## REFERENCES

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