Body Image & Self-Perception

Seeing ourselves through more than one reflection



A compassionate guide for the Eating Disorders Library

Body image is not simply what we see in a mirror. It includes how we **think** about our appearance, how we **feel** in our body, how we imagine others see us, and what we believe our body says about our worth. These experiences can shift from one day to the next, sometimes without any physical change.

The different reflections in the artwork represent different emotional viewpoints, not different bodies. A critical thought may feel convincing; it is still a thought, not a measurement of your value.

This guide is for people experiencing eating disorders or body-image distress, as well as families, carers and professionals. It is not a diagnostic test or a substitute for specialist treatment. You can skip any reflection exercise that feels uncomfortable.

Inside this guide

Understanding perception • How body image becomes difficult • Eating disorders and body checking • Sensory and neurodivergent experiences • Social comparison • Body neutrality • Supportive conversations • Seeking help

A starting thought

You do not have to feel positive about your appearance to care for yourself. Eating, resting, wearing comfortable clothes and receiving support are needs and rights, not rewards for liking your body.

How perception changes



1 What shapes body image?

Body image has several layers: **perceptual** (how you picture your size or shape), **cognitive** (beliefs and judgements), **emotional** (feelings such as shame, fear or pride) and **behavioural** (what you do in response, such as hiding, checking or avoiding). They influence one another but do not always agree.

Family comments, bullying, racism, disability stigma, gender expectations, cultural beauty ideals, trauma and changing bodies can all influence these layers. Puberty, ageing, illness and recovery can make the body feel unfamiliar. A difficult body-image day may say more about stress and context than appearance.

2 The difference between a feeling and a fact

Feeling “too big”, “wrong” or “unacceptable” can be intensely real. But an emotional impression is not reliable evidence about the body. Anxiety may narrow attention to one feature; low mood can make self-judgement harsher; repeated checking can make perceived flaws seem more important.

Instead of debating whether the thought is true, try: “I am noticing a distressing body thought.” Then ask: “What happened before it? Am I tired, anxious, overwhelmed, hungry, full or comparing myself?” The aim is not to force reassurance, but to create room between the thought and the next action.

Reflection: name the lens

Consider what changes your self-perception: certain mirrors, lighting, photographs, social situations, clothing, comments or stressful days. What helps you feel safer or less preoccupied? You can write privately, discuss with a trusted person or simply reflect without recording anything.

Body image & eating disorders



3 When body distress affects eating

Body-image distress can contribute to restrictive eating, rigid food rules, compulsive exercise, purging behaviours or cycles of distress around eating. These patterns may briefly reduce anxiety while strengthening fear over time. Eating disorders are serious mental illnesses and are not choices or vanity.

Not everyone with an eating disorder experiences weight or shape concerns. For example, ARFID may be driven by sensory differences, fear of adverse consequences or low interest in eating. People of any body size, gender, age or background can experience an eating disorder, and appearance alone cannot tell you how unwell someone is.

4 Body checking and body avoidance

Checking can include repeated mirror use, comparing photographs, pinching or measuring, or seeking reassurance about appearance. Avoidance may involve covering mirrors, refusing photographs, withdrawing from activities or wearing only certain clothes. Both can become understandable attempts to manage fear, but may keep attention fixed on the body.

A gentler approach is to notice the urge, identify its trigger and consider a small alternative with support: step away from a comparison, choose comfortable clothing, or return attention to a valued activity. If checking or avoidance is part of an eating disorder, plan changes with your treatment team rather than forcing exposure alone.

5 Fullness and changes during recovery

After eating, normal sensations such as fullness, warmth, bloating or pressure may feel emotionally loaded. In recovery, body sensations and changes can be particularly unsettling. Feeling uncomfortable does not mean food was wrong or that you should compensate for it.

You may find it helpful to wear comfortable clothing, use a soothing environment and follow your agreed meal or recovery plan. Persistent pain, severe digestive symptoms or medical concerns deserve assessment; they should not be dismissed as anxiety.

A kinder relationship



6 Neurodivergence, sensory needs and identity

For autistic people, ADHDers and others with sensory differences, clothing seams, temperature, touch, movement, digestion and internal body signals can strongly affect comfort. Difficulty identifying hunger, fullness or emotion may also shape the experience. Body distress is not always about wanting a different appearance.

Practical accommodations can include predictable routines, sensory-friendly clothing, reducing overwhelming mirrors or lighting, and allowing different ways to communicate distress. Support should respect autonomy, identity, disability and gender rather than assume a single experience of body image.

7 Comparison and the “ideal” body

Photographs, filters, selective posting, advertising and algorithmic repetition can make a narrow body ideal appear normal or attainable for everyone. Comparing your everyday body with curated images is an unequal comparison. Even “wellness” content may reinforce rules about how bodies should look or behave.

Consider muting accounts that trigger checking, seeking diverse and non-appearance-focused content, and noticing how you feel after scrolling. You do not have to explain or justify a digital boundary. Body image improves for some people when their attention has more room for relationships, creativity, learning and pleasure.

8 Body neutrality and self-compassion

Body positivity can feel unreachable when distress is high. **Body neutrality** offers another route: your body does not have to be beautiful, impressive or loved to deserve respect and care. It is enough to recognise that you are a person with needs, feelings and a life beyond appearance.

Try replacing a harsh verdict with a workable statement: “I am having a difficult body-image day, and I can still eat.” “I do not need to solve how I look before I leave the house.” “My worth is not decided by this reflection.” These are practices, not tests you can fail.

Support & next steps



9 Talking with someone who is struggling

Begin with concern about their wellbeing rather than comments on their weight or looks. For example: “I have noticed you seem distressed around meals and mirrors. I care about you. Would you like to tell me what has been difficult?” Listen without arguing, diagnosing or demanding disclosure.

Avoid saying “You look fine,” commenting on weight changes, praising restriction or offering diet advice. Instead ask what would feel supportive: sitting together, helping arrange a GP appointment, reducing appearance talk at home or being present after a difficult meal. Respect privacy while taking safety concerns seriously.

10 When professional help matters

If body-image distress is interfering with eating, daily life, relationships or safety, seek help from a GP or an eating-disorder specialist. Early assessment matters even if someone does not appear underweight. A clinician may review physical health, eating patterns, psychological distress and any immediate risks.

Seek urgent medical advice for fainting, chest pain, marked weakness, dehydration, confusion or other serious physical symptoms. In the UK, call 999 for an immediate emergency or NHS 111 for urgent advice when it is not life-threatening. Eating-disorder charity Beat offers information and support at **beateatingdisorders.org.uk**.

11 A practical personal support plan

Notice: What situations or sensations make my body image harder? **Name:** What thoughts or emotions arise? **Needs:** What support or sensory adjustments would help? **Next step:** What one compassionate action can I take without changing or punishing my body?

Consider a short list of trusted people, calming activities and professional contacts. Your plan can change. If reflection increases distress, pause and return to something grounding; you do not have to complete every question.

Closing reflection

A mirror can show an image, but it cannot show your courage, relationships, experiences, creativity or worth. You are more than any one reflection.