

Media's Role in Eating Disorders

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A Mother's Torment

As I looked upon my little girl's angelic face lying in the hospital bed, it was hard to believe the finality of the moment. She would not be going home with us. As I gazed at the frail body, I could see her bones protruding through the thin sheet. Remarkably her face had not changed. Still the same sweet innocent look about her. A flood of memories came to me as my heart broke: a toddler giggling as she took her first steps; a three year old running to me with open arms; a teen going out on her first date. How could this happen? A child whose only flaw was desperately wanting to be accepted. How cruel when a parent survives a child. How sad when a beautiful life is ended needlessly. How could the vision to be attractive become so twisted?

INTRODUCTION

You see them everywhere: stick figured fashion models on runways, gaunt supermodels on the covers of magazines, emaciated actresses selling beauty products on television. The implied message is that in order for you to be attractive, happy and successful in life, you have to be thin. But the question comes up of when is thin too thin? And when does the desire to be accepted as attractive become a life-threatening eating disorder?

In recent years, the media has been filled with stories of women struggling with eating disorders. Many of those have resulted in serious health problems and even death. Celebrities ranging from the Olsen twin to the late princess Diana have succumbed to societal pressures to be thin by developing eating disorders. Polls have shown that 80% of American women are dissatisfied with their appearance and that 42% of 1st thru 3rd grade girls wanted to be thinner ("Statistics: Eating Disorders and Their Precursors"). We obviously live in a society that is obsessed with thinness. From early on we are taught that looks matter and whether it's playing with a Barbie doll (with her impossible proportions) or watching our favorite TV show, the message is clear. "Thin is In."

Media has become a very powerful and manipulative tool in today's world and what is portrayed in the media is often placed on a pedestal above reality. Researchers estimate that the average adolescent watches between 3-4 hours of television daily, and over the course of a year sees over 5,000 "attractiveness messages" from TV commercials alone ("The Media, Body Image, and Eating Disorders"). As a parent of two daughters (age 12 and 16) myself, I know first hand the pressures the media places on our children. Even though neither child is overweight, the comments of "I need to go on a diet," "I need to

lose weight,” and “I’m fat” are far too common in our household. Even though we can try to reassure our children that they are perfect as they are, we cannot compete with countless images that are being thrown at them on a daily basis saying “you don’t measure up because you’re not thin enough.” The joiner in advertising has always been to create a need (a paranoia?) and then offer a solution for it. Although there is no doubt that attaching emotions to a product is an effective way of selling, the price to our youth is far too great.

When you consider further influences from fashion magazines, billboards and other forms of media, it is not difficult to understand why our children are growing up with a distorted idea of what they should look like. Society creates extreme pressure for young girls to be accepted, and at a time when they are the most vulnerable, they are bombarded by unrealistic ideals of beauty. Although the issue of eating disorders is much more complex than blaming the media, many victims of the disorder cite the media as a major contributory factor in their condition. Studies support this and show that a distorted body image is the first step on the road to eating disorders (“The Media, Body Image and Eating Disorders”). One study showed that eating disorders develop in three distinct stages:

- Stage 1: Women absorb the ideal body images that the media repeatedly bombards them with.
 - Stage 2: Women begin to envision themselves with the same unrealistic ideals.
 - Stage 3: They become depressed with their own bodies and in some cases, resort to eating disorders in an attempt to attain this “perfection.”
- (“Television Ads: Info”)

Although the fashion industry and associated media refute any accusation of contributing to eating disorders, we know that adolescence is an extremely susceptible time in a person’s life. Teenagers’ self image and confidence generally diminish, leaving them susceptible to ad persuasion no matter how unrealistic it is. Over the years models have become thinner and thinner, with the average weight at about 15 to 20% below what is considered to be healthy for their height and age. The average American woman is 5’4” and weighs 140 pounds. The average model is 5’11” and weighs 117 pounds and by medical standards, is considered to be anorexic. Modeling agencies have been reported to actively pursue anorexic models (“Statistics: Eating Disorders and their Precursors”). In addition, many of the pictures are digitally altered to make the model look even thinner (“Statistics: How Many People Have Eating Disorders?”). Unfortunately, our young girls look to these individuals as role models. Our youth has become obsessed with trying to attain the ideal body type that in many cases even the supermodels can’t achieve.

Oddly enough things are further complicated due to the fact that even though we are obsessed with thinness, we are actually becoming fatter as a nation. We are the fattest country in the world, and Houston has had the dubious distinction of being the fattest city in the nation on more than one occasion. The World Health Organization declares obesity to be in epidemic proportions, and believes it will soon be the number one cause of all preventable deaths in the world, beating cigarette smoking and drug use (“Women Suffer from Obsession with Weight”). Certainly our youth are affected as well, with more and more children being diagnosed with weight-related illnesses that were once only seen in adults. Schools are trying to respond by focusing more attention on the weight issue. Soda machines are being taken out, school lunches are being scrutinized, and exercise programs are being developed to help students become fit. Although all of this attention is meant to be positive (and I can’t argue that it isn’t needed), we have to be very careful what message we are sending to our impressionable youth. As medical professionals worry about the ramifications of our ever-increasing waistlines, fuel is inadvertently

being added to the fire of our eroding self-image. Although there is no doubt that being overweight presents health risks, both physically and mentally, it is important to strike a healthy balance and to also encourage self acceptance.

According to the National Eating Disorder Association (NEDA), 10 million females and 1 million males are battling a major eating disorder such as anorexia or bulimia. Of these 50,000 will die as a direct result. Many other cases are probably not being reported due to the stigma attached to it. Of new cases of anorexia, 40% are in girls 15-19 years old. There has been an increase in reported anorexic cases in every decade since the 1930's, and the incidence of bulimia tripled between 1993 and 1998. Another interesting statistic reported by NEDA is that for females between the ages of 15 and 24, the mortality rate with anorexia is twelve times higher than the death rate of **all** other causes ("Statistics: Eating Disorders and Their Precursors"). Despite the prevalence and severity of eating disorders, it continues to be one of the most under funded areas of research. According to the figures put out by the National Institutes of Health, research dollars spent on eating disorders averaged only \$1.20 per affected person, whereas, \$159.00 per affected person was spent on schizophrenic illness ("Statistics: Eating Disorder and Their Precursors").

Until the media accepts some responsibility, and starts to provide readers and viewers with more realistic role models, the only recourse we have is to make certain that our youth is well educated and can make the distinction between what is real and what is not. This unit on eating disorders has several main objectives:

1. To allow the students to objectively examine how the media affect their self-image and, in turn, their dietary habits.
2. To help promote a positive self-image in the student by allowing them to see what the norm is versus what the media portrays.
3. To educate the students about the most prevalent types of eating disorders and the health risks associated with them.

OVERVIEW OF EATING DISORDERS

In order to understand eating disorders, we need to first define what they really are, and to examine the risk factors associated with them. Eating disorders are not diets, although dissatisfaction with body type and the attempt to alter it frequently precedes them. According to the National Eating Disorder Association, all eating disorders involve "extreme emotions, attitudes, and behaviors surrounding weight and food issues" ("Anorexia, Bulimia, and Binge Eating Disorder"). There are two main types of eating disorders, anorexia nervosa and bulimia nervosa. A third type, binge eating, also known as compulsive overeating, has been suggested but has not yet been approved as a formal psychiatric disorder ("Eating Disorders: Facts About Eating Disorders and the Search for Solutions"). In addition, there are many variants on the above eating disorders, such as purging without bingeing or individuals who meet most but not all of the criteria for anorexia nervosa. The American Psychiatric Association's Diagnostic and Statistical Manual classifies these simply as Eating Disorders Not Otherwise Specified (EDNOS) ("Diagnosis for Eating Disorders").

Anorexia involves excessive weight loss to the extent of self-starvation. An estimated .5 to 3.7 percent of females suffer from anorexia in their lifetime ("Eating Disorders: Facts about Eating Disorders and the Search for Solutions"). People with this disorder see themselves as fat even when they are extremely thin and become obsessed with food and dieting. NEDA has posted the following as some of the warning signs of anorexia:

- Dramatic weight loss
- Preoccupation with weight, food calories, fat grams, and dieting

- Refusal to eat certain foods, progressing to restrictions against whole categories of food
- Frequent comments about feeling “fat” or overweight despite weight loss
- Anxiety about gaining weight
- Denial of hunger
- Development of food rituals (e.g. eating foods in certain orders or rearranging food on plates)
- Consistent excuses to avoid mealtimes or situations involving food.
- Excessive, rigid exercise regimen despite weather, fatigue, illness or injury
- Withdrawal from usual friends and activities
- In general, behaviors and attitudes indicating that weight loss, dieting and control of food are becoming primary concerns. (“Anorexia Nervosa: NEDA”)

Anorexia is an extremely serious condition that affects mostly females and typically appears in early to mid-adolescence. Heart failure or kidney failure from dehydration are the most common fatal complications of anorexia, and it has one of the highest death rates of any mental health conditions with 5-20% of affected individuals dying (“Health Consequences of Eating Disorders”).

Bulimia Nervosa is a condition that involves bingeing on large quantities of food followed by purging through vomiting, laxative use or excessive exercising. An estimated 1.1 to 4.2 percent of females have bulimia in their lifetime (“Eating Disorders: Facts About Eating Disorders and the Search for Solutions”). NEDA’s posted symptoms include:

- Repeated episodes of bingeing and purging
- Feeling out of control and eating beyond the point of comfortable fullness
- Purging after a binge, (typically by self-induced vomiting, abuse of laxatives, diet pill and/or diuretics, excessive exercise or fasting)
- Frequent dieting
- Extreme concern with body weight and shape. (“Anorexia, Bulimia and Binge Eating Disorder”)

Because of the compensatory purging that accompanies bingeing, bulimics usually are of normal weight but like anorexics, tend to be preoccupied with weight and very dissatisfied with their bodies. As with anorexia, there are severe health consequences to purging. Gastrointestinal ulcerations, erosion of tooth enamel, dehydration and gland infections are all common. The most serious of the consequences is electrolyte imbalance which can lead to cardiovascular complications resulting in death (“Health Consequences of Eating Disorders”).

Binge Eating Disorder (BED) is characterized by bingeing on large quantities of food without any compensatory measures such as purging. Individuals who suffer from BED can be of normal to heavier than average weight and frequently struggle with depression (“Anorexia, Bulimia, and Binge Eating Disorder”).

According to the National Eating Disorders Association, the warning signs for Binge Eating Disorder include:

- Frequent episodes of eating large quantities of food in short periods of time
- Feeling out of control over eating behavior
- Feeling ashamed or disgusted by the behavior
- Eating when not hungry
- Eating in secret. (“Binge Eating Disorder”)

Some the health consequences of BED include high blood pressure, high cholesterol, heart disease, Diabetes, and gallbladder disease (“Health Consequences of Eating Disorders”).

Interestingly, this disorder tends to be more prevalent in men than other types of eating disorders and about 40% of sufferers are male (“Binge Eating Disorder”).

CAUSES OF EATING DISORDERS

Having already looked at media’s influence on eating disorders, it is of prime importance to understand that other factors also play a role. Most authorities agree that eating disorders are complex conditions (although there is disagreement as to which other factors are involved) that involve more than just dissatisfaction with one’s body. Therefore it is important to explore the question of “What causes eating disorders?” further. The National Eating Disorder Association has 4 categories of factors that they believe contribute to eating disorders (“Causes of Eating Disorders”).

The first category contains psychological factors such as low self-esteem, feelings of inadequacy, depression, anxiety, anger or loneliness (“Causes of Eating Disorders”). Although there is no universal agreement there have been a number of attempts to profile individuals who are prone to eating disorders. One theory is that these individuals lack a sense of identity and are trying to manufacture themselves into a socially approved exterior (“What Causes Eating Disorders?”). It has also been stated that these individuals have a pathological need to control everything in their lives, especially one’s body. It is also believed that they are perfectionists with unrealistic expectations of themselves and others. In addition to restricting food, classic anorexics also tend to restrict other areas of their lives. They take few risks preferring to stay with what is known and comfortable (“Who Is at Risk for Developing an Eating Disorder?”).

The second category contains interpersonal factors such as troubled family and personal relationships, difficulty expressing emotions and feelings, history of being teased or ridiculed based on size or weight, or history of physical or sexual abuse. In these types of situations, the eating disorder becomes a coping mechanism. The key to recovery is finding out what the person is trying to achieve or avoid with the behaviors and almost always professional counseling is required (“Causes of Eating Disorders”).

The third category is social factors that include our cultural pressures to obtain the perfect body, narrow definitions of beauty that include only thin men and women, and cultural norms that value people on the basis of physical appearance rather than their inner qualities (“Causes of Eating Disorders”).

The last category is biological factors, which includes genetic contributions and possible chemical imbalances in the brain (“Causes of Eating Disorders”). This area is still being researched but is showing promise in our understanding of eating disorders. There is some evidence that the genetic factors that predispose some individuals to certain personality disorders such as obsessive-compulsive disorder can also preclude an individual to eating disorders. There also appears to be a familial tendency and individuals who had a mother or sister with anorexia are 12 times more likely to than others with no family history to develop it themselves (“What Causes Eating Disorders?”). Twin studies have indicated that heritability of eating disorders is greater than 50% (Keel and Klump).

TREATMENT AND PREVENTION

When it comes to topic of prevention, it is important to not be overly simplistic. The causes of eating disorders appear to be much more varied and complex than previously thought. However by educating our youth about eating disorders and encouraging them to view media in a critical manner, we can help them to avoid many of the pitfalls. Developing a value system based on internal values, instead of weight and appearance, is also essential in the prevention of eating disorders. A healthy self-esteem is perhaps the best defense we have and anything that can be done to boost it can go a long way towards preventing a multitude of problems in our youth.

Schools should develop programs that to work with these types of issues as well as having referral services to health professionals. Finally, more funding needs to be allocated to research these disorders in order to have a better understanding of the cause and effect.

Treatment of eating disorders is varied depending on the duration and severity of the condition as well as an individual's own weaknesses, needs and strengths. Usually a combination of psychotherapy and medical/nutritional intervention is employed. It is recognized that early diagnosis and intervention may enhance recovery and promote long-term success and is therefore ideal. Unfortunately, people with eating disorders often do not recognize (or admit) that they have a problem and thereby strongly resist getting the help they need. Oftentimes it's the family members who first bring the condition to the attention of a health professional after it has progressed to a significant extent. In cases of severe weight loss, treatment is provided in an inpatient hospital setting where the patient's medical and nutritional needs can be met. Intravenous feeding may be necessary in some cases. Once weight gain has been established, using psychotropic medication can help some individuals deal with the anxiety associated with the disorder and help them maintain the weight. Psychotherapy must address both the eating disorder and the underlying psychological interpersonal and cultural factors that contributed to the eating disorder ("Eating Disorders: Facts about Eating Disorders and the Search for Solutions").

CULTURAL AND SOCIAL INFLUENCES

Although Anorexia Nervosa was once believed to be a disease that only affected upper class Caucasian women, more recent research has identified increasing numbers in other ethnic and socioeconomic groups. In some cases such as bulimia, the opposite may actually be true and the groups most affected may be lower socioeconomic groups. Some researchers believe that cultural factors may have a much greater impact on eating disorders than socioeconomic issues do (Miller and Pumariega). A large-scale study of 989,871 participants in Sweden showed the most important risk factors were indeed social cultural. Gender (female) had the highest risk factor followed by sociodemographic factors (northern, central or eastern Europe regions) and lastly psychosocial factors (Lingberg and Hjern). In non-western societies, where thinness is not considered ideal, eating disorders do not appear to the same extent. However, cases of anorexia that have been associated with fasting for religious reasons have been documented throughout the ages and are still prevalent in parts of the world such as India and Hong Kong (Miller and Pumariega). Although there is still much confusion about eating disorders and the factors associated with them, one consistent agreement among authorities is that more epidemiological studies are needed.

Eating disorders are often thought of as a modern disorder; however, when we go back in time we can find examples of self-starvation dating back to the twelfth century. While some authorities argue that this is not true anorexia because the motivation was not related to weight loss and esthetics, others feel that this is evidence of a genetic basis for anorexia. Pamela Keel from Harvard University and Kelly Klump from Michigan State University researched this very question. A thorough historical review of literature indicated that anorexia was much more prevalent than once believed. Cases of deliberate self-starvation, usually affecting young adolescent girls, had been documented in numerous historical periods. One study by R.M. Bell in 1985 reviewed the vitae of 261 saints who lived on the Italian peninsula from 1200AD on. Data indicated that over half of these individuals demonstrated a pattern of disordered eating. Of those, half exhibited what was later termed "holy anorexia," a condition of self-starvation motivated by what was believed to be divine intervention. St. Catherine of Siena, who died in 1380 due to her refusal to eat or drink, believed that she was physically unable to eat. She wrote, "I prayed continually and I pray to God and will pray that he will grace me in this matter of eating so that I may live like other creatures." Interestingly, self-starvation in the name of religion was

no more sanctioned in medieval times than it is today for those trying to achieve the ideal body type, and there are numerous documentations of force feedings. In the eighteenth and nineteenth centuries there were cases of girls starving themselves to death for no apparent reason. While some medical authorities at that time dismissed this as a deliberate attempt to receive attention and notoriety others attributed it to a “nervous condition.” When we examine eating disorders cross culturally, we also encounter some inconsistencies. There is some evidence that anorexia occurs in every region of the world; however, those areas with the greatest western influence appear to have the highest rates. Ultimately the conclusion that Keel and Klump came to was that although cultural factors may have some influence on the rate of anorexia, genetics may actually play a greater role (Keel and Klump).

Bulimia, on the other hand, appears to be more of a culture bound syndrome with no evidence of historical cases occurring. In addition it seems to only occur in societies with western influence (Keel and Klump). Cultural stereotypes in third world countries differ dramatically from that in our westernized societies. Whereas our standard of beauty is generally thin, many non-westernized societies consider a full figure to be attractive and it is often associated with health and prosperity. As individuals acculturate into westernized societies, we often see a shift in this attitude toward body type. A study done on Kenyan women who migrated to Great Britain revealed that over the course of only four years, they adopted the British ideal of the thinner body type versus the traditional African body type ideal. A separate study of Hispanic migrants came up with a similar conclusion, indicating that the women adopted the westernized values in approximately the same time frame. It appears that when individuals try to fit into a new society, they often adopt the values of that culture (“Cultural Aspects of Eating Disorders”). Additionally, as western values become more widely accepted worldwide, we find that societies on the whole start to shift toward this thinner body ideal.

One study in particular demonstrated this effect when two samples of Fijian adolescents were studied before and after prolonged television exposure. Fiji was selected as the study site due to its low prevalence of eating disorders and because of the fact that western television had only recently been introduced into the culture. In addition the cultural ideal was a heavier body type. The first study was conducted in 1995, only one month after television had been introduced to the province of Nadroga and involved sixty-three adolescent girls. The second study was done three years later and involved sixty-five respondents. Both groups answered questions on the eating attitudes test (EAT-26) that covered dietary habits, attitudes about food, bingeing and purging behaviors, as well as frequency of television viewing. In 1998 additional questions were asked concerning body dissatisfaction, dieting and intergenerational disparities concerning weight and body type.

The results of the two studies were analyzed in regards body mass index, ownership of televisions, eating disorders and EAT-26 scores (indicative of body dissatisfaction). The 1998 samples indicated significant increased body dissatisfaction and disordered eating. Bulimic behavior of self-induced vomiting rose from 0% in 1995 to 11.3% in 1998 and 74% of the respondents reported that they felt fat. Interviews with the participants revealed that they were greatly influenced by the characters of the popular television programs and had tried to emulate them by attempting to change hairstyles, clothes and body shape. Eighty-three % of the interviewees responded that they felt that television had specifically influenced them and their friends to feel differently about their body shape or weight (Becker et al.).

The following are excerpts from the 1998 interviews of the adolescents.

When I look at the characters on TV, I just look at the body, the figure of that body, so I say, Look at them, they are thin and they all have this figure, so I myself want to become like that, to become thin. (Becker et al.)

I just want to be slim because (the television characters) are slim. Like it's influencing me so much that I have to be slim. (Becker et al.)

TV teaches me what I should do and what I should not do. (Becker et al.)

As we look at these cultural studies, we can without much doubt make a strong correlation between the media and disordered eating. Whether it serves as a trigger for anorexic behavior, or more directly affects an individual's bingeing and purging behavior, we know that it has a dramatic impact on how we view ourselves. We live in a thin obsessed society that is creating an environment in which bad choices are constantly being rewarded. Unfortunately some of these choices result in fatal consequences.

CLASSROOM IMPLEMENTATION STRATEGIES

By applying this curriculum unit to the classroom, we can help to generate an awareness of eating disorders by bringing the topic out into the open. Since many cases go undiagnosed, this in itself can save lives, as it will encourage students who have eating disorders to realize that they are not alone and to hopefully seek help early. Teachers through their involvement with children are in a prime position to recognize the warning signs and symptoms and to intervene before the disorder becomes too ingrained. As educators realize the severity of the disease as well as the prevalence, it will make them more sensitive to the possibility of it occurring within their own classroom. In addition, we have to realize that we as educators are also role models for our students. We are not immune to the affects of the media and it is important for us to examine our own value system to see what message we are inadvertently conveying to our students. Living in the thin mind set culture has driven many individuals to try different diets. Rarely can you go to the teachers lounge without hearing somebody talking about some new diet they are trying. According to the National Eating Disorder Association, Americans spend more than 40 million dollars on dieting products (close to what the federal government spends on education each year) (“kNOw Dieting: Risks and Reasons to Stop”). We need to be more aware of how our words and actions are perceived by our students.

Perhaps most importantly, by educating the students about the disease as well as how media plays a role in it, we can prevent students from ever falling prey to this disease. Showing our students how to become critical thinkers and helping them to develop a healthy value system that is based on inner strengths and not appearance is the most important lesson we can teach.

This curriculum unit is to be incorporated into the Health and Wellness topic that is normally taught during the second semester of Introduction to Health Science. In addition to the informational handouts that will be given to students, the students will be asked to research the NEDA site that contains a wealth of information on a variety of eating disorders. Two videos, *Body Image: Lets Get Real* and *The Truth about Body Image*, will be incorporated into the lessons in order to get the students to start examining their own body image and how it was formed. In order to create an awareness and to teach the students how to become critical viewers of media messages, they will be asked to count the number of times that they encounter an ad directed towards body image and to note the feelings evoked by the ad. Ideally, I would also like to bring in speakers who could share their personal stories on battling eating disorders. The unit will conclude with the students writing a research paper on the topic.

LESSON PLANS

Lesson 1: What are Eating Disorders?

Objectives

The primary objective is to promote knowledge about the existence and consequences of the two most known and serious eating disorders, anorexia nervosa and bulimia.

Materials

- Videos: *The Truth About Body Image*, and *Body Image: Let's Get Real*
- Eating Disorder Worksheet

Activity 1

The students will be introduced to the topic of eating disorders by viewing and taking notes on two short videos:

1. *The Truth about Body Image*
2. *Body Image: Let's Get Real*

Both videos discuss the social/cultural contributing factors of eating disorders as well as the symptoms and health consequences of anorexia and bulimia. The videos also share personal accounts of individuals whose lives were changed by their eating disorders. The characters discuss what caused them to start their disordered eating, how it has affected their lives and how they are trying to overcome their affliction. The videos also give important statistics about the disorders and their prevalence in our society.

Activity 2

To reinforce the knowledge gained through viewing the videos and to encourage the students to critically examine the information, the students will be asked to complete a short worksheet that contains the following questions:

1. What do you think was the main factor that caused the individuals in the videos to develop eating disorders?
2. What other factors do you think may have contributed?
3. What symptoms did the individuals exhibit?
4. Were there any warning signs?
5. How did the eating disorder affect their lives?
6. What medical treatment did they receive?
7. How common do you believe this problem is?
8. Do you believe that this could happen to somebody you know? Why or why not?

Evaluation

Once the individual worksheets are completed, the students will be given an opportunity (but will not be required) to share their answers with the class. A general discussion of the results will follow and at the conclusion, the worksheets will be collected and evaluated for completeness. The toll free helpline number for the National Eating Disorder Association (1-800-931-2237) will be posted on the board for students to copy.

Lesson 2: Television's Influence on Eating Disorders

Objectives

This lesson plan is designed to make the student aware of how much influence television advertising media has on self-perception and to critically examine the messages that are being sent. Once we recognize that the messages are not reflections of reality but rather something that is only intended to sell a product or service we can protect our self-esteem from being eroded by these false portrayals.

Materials

- Journal
- Television
- Pen

Activity 1

Students will be assigned a homework project over the course of 1 week. During this period, anytime they watch TV, they are to note any “attractiveness” commercials. They are to document:

1. The date and time the commercial aired
2. What company created the commercial
3. What the commercial was selling
4. What the actors/actresses looked like
5. Whether they felt the message was true and accurate
6. How the commercial made them feel

At the end of the week, the students will tally up the number of times they watched commercials that involved attractiveness

Activity 2

After the week is up the students will break into small groups of 4 or 5 and compare their results. They will then be asked to discuss whether they thought the commercials were truly being honest or whether they were trying to create a paranoia within the viewer in order to get them to buy their product. They will also be asked to share what they think consumers can do to protect themselves? Each group will elect a spokesperson to share their thoughts with the rest of the class.

Evaluation

The evaluation will be based on the journal entries as well as the discussion session.

Lesson 3: Influence of Written Media

Objectives

The primary objective in this lesson is to foster critical thinking about how the average teen magazine can influence body image

Materials

- Any popular teen magazine
- Paper
- Pen

Activity 1

The students will bring a teen magazine of their choice to class. They will be asked to look at all the ads and consider the following questions:

1. How many ads display thin attractive models to sell their products?
2. How many display what they would consider average people?
3. What message are they sending?
4. How would it make the average person feel?
5. Are the ads realistic?

Activity 2

The students will write a one-page paper pertaining to their research.

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- "Treatment and Recovery." *Anred*. 2005. 19 May 2006. <<http://www.anred.com/tx.html>>. The source talks about the resistance to the treatment and behavior change observed in the people suffering from eating disorders.
- "Treatment of Eating Disorders." 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41139>. Defines and discusses several treatments for eating disorders.
- "What Can You Do to Help Prevent Eating Disorders?" 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41170>. Discusses how parents can prevent the development of issues and concerns regarding weight and most importantly eating disorders.
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Supplemental

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- "Fifty Ways to Lose the '3D's': Dieting, Drive for Thinness, and Body Dissatisfaction." 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41163>. Discusses how educators, parents, health professionals, and physicians can prevent the further development of issues and concerns regarding weight.

- “How to Help a Friend with Eating and Body Image Issues.” 2002. National Eating Disorder Association. February 8, 2006. <<http://www.nationaleatingdisorders.org>>. A resource for students.
- “Laxative Abuse: Some Basic Facts.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=96649>. Defines and describes the effects of laxatives and most importantly laxative abuse.
- “Listen to Your Body.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=54933>. Discusses how to keep yourself aware of your own body through signs and symptoms.
- “No Weigh!” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41164>. “A Declaration of Independence from a Weight-Obsessed World”: a contract.
- “Sharing with EEEase.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41156>. Discusses how and why a person with an eating disorder should start talking to someone about it.
- “Ten ‘Will-Powers’ for Improving Body Image.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41159>. Provides a list of positive encouragements to help improve your body image.
- “Ten Steps to Positive Body Image.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41158>. Provides ways to improve your body image.
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- “Tips for Becoming a Critical Viewer of the Media.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41165>. Discusses how one can begin to “filter” out the media to keep your positive body image.
- “Tips for Kids on Eating Well and Feeling Good about Yourself.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=69224>. Discusses how kids can feel good about themselves and prevent the development of issues and concerns regarding weight.
- “What’s Going on With Me?” 2002. National Eating Disorders Association. February 8, 2006. <<http://www.nationaleatingdisorders.org>>. A source for evaluating eating and exercise habits.
- “What Should I Say? Tips for Talking to a Friend Who May Be Struggling with an Eating Disorder.” 2002. National Eating Disorders Association. February 8, 2006. <http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41174>. Provides ways that friends can help.

Video Resources

- Eating Disorders: The Inner Voice.* Cambridge Productions. 2000. Films for the Humanities and Science.
- Body Image for Boys.* Cambridge Education Production. 2002. Films for the Humanities and Science.
- Thin at Any Cost.* 2000. Films for the Humanities and Science.
- Fat Like Me: How to Win the Weight War.* ABC News. 2003. Films for The Humanities and Sciences.