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Elaine M. Eshbaugh
University of Northern Iowa

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Introduction

Body dissatisfaction has become the norm among women in our culture. The unyielding pressure on females to be stereotypically beautiful in order to be accepted and desired is prevalent and often damaging. What is considered beautiful is a narrow concept: young, athletic, light-skinned, able-bodied, and above all, thin. To achieve this goal, most women attempt to alter their shape by dieting or even more extreme methods such as self-induced vomiting, starvation, laxatives, or over-exercising. Some researchers argue that dieting is so common that is should be re-labeled "normal eating" to reflect that it is practiced by the majority of women in the United States (Polivy & Herman, 1987). Poor body image begins long before females hit adulthood. About half of adolescent girls think they are too fat and 50% are dieting at any particular time (Day, 1990), while 77% of female high school students want to lose weight (Adolescent Health Survey, 1993).

I have chosen to develop an intervention intended to improve body image in middle/junior high school girls. This project has been conducted in four parts: 1) literature review, 2) initial screening, 3) college interviews, and 4) middle school group interview. My goal in interviewing college women was to compare the ideas and experiences of those with positive and negative body images and incorporate these findings into my intervention. My motivation for interviewing middle school girls was to explore more fully their culture, in particular the media images that are most influential in their lives. I will detail each of these stages separately before revealing my own suggestions for the curriculum. After discussing my ideas for an intervention, I will outline several additional programs to improve body image in girls and women that reach beyond the scope of an intervention.

Though not addressed directly in this project, body image and eating disorders also affect men, particularly gays males and athletes. My reason for limiting this research and curriculum to young women is that there is little research available on men with these types of problems and, from what is known, the motivations for dieting may vary between women and men, particularly male athletes. Also, women are often more directly affected by the media, which plays a key role in the intervention I have designed. My project may focus solely on females, but it is not my intent to imply that these problems do not exist in males. It is simply the case that designing an intervention for both genders or two separate interventions is beyond the scope of this project.

Literature Review

Body image is an individual's experience of his/her body (Rice & Langdon, 1990). It is the mental picture a person has of his/her body as well as the individual's associated thoughts, feelings, judgments, sensations, awareness, and behavior. Body image is a dynamic concept. It is developed through interactions with others and the social world, changing across the life span in response to constant feedback from the environment. Body image is shaped by many factors, such as comments from others, stigmatization, social values, physical changes, socialization, self-concept, violence, and the actual condition of the body (Rice & Langdon, 1990).

When a person's mental picture of her body is accurate and she has a healthy relationship with her body, she probably has a positive self-concept. She probably also has a healthy self-esteem. Self-esteem is the general attitude of approval or disapproval that indicates whether a person believes herself to be worthy and capable. While self-esteem is shaped by many factors, healthy body image has become a key facet of positive self-esteem, especially for women in our culture. This is because we live in a society that places any incredible amount of

emphasis on appearance and women's bodies. I will discuss research on two factors: 1) socialization and the media, and 2) eating disorders and prevention.

Socialization and the Media

Those growing up in Western culture seem to be socialized to link physical appearance with success and power. Numerous studies suggest that young children have clear preferences for thin bodies, and research has suggested that most children would rather have a chronic illness than be fat (Goodman, Dornbusch, Richardson, & Hastorf, 1963). The effect of socialization on body image may be stronger among women than men. Beauty and attractiveness are associated with being female from the earliest days of a girl's life. Young girls quickly learn that beauty is a basic dimension of the female gender role. For instance, parents are likely to describe infant girls as beautiful and cute, while they describe infant boys as strong. Also, parents mention attractiveness when talking about the kind of person they want their child to be more when talking about their daughters than sons (Hoffman, 1975).

In a culture where a woman's value is determined by the attractiveness of her body, her identity becomes closely connected with her appearance. This causes the culture to view women's bodies as objects, and it is common that this societal perspective causes women to see themselves as objects. In being made objects, women are dehumanized--their intelligence, abilities, and feelings are neglected and they are valued solely for their bodies (Kano, 1987). Objectification may leave women vulnerable to acts of sexual violence. Seeing a woman as less than human makes it easier to insult, degrade, harass, and abuse her. Women who objectify themselves often engage in self-harming behaviors such as self-starving, bingeing, purging, and over-exercising (Rice & Langdon, 1990). This demonstrates that the concept of body image has far-reaching and important cultural implications.

Socializing girls to invest so heavily in appearance contributes to serious emotional and physical health problems during adolescence. Cultural preoccupation with female appearance has led to extreme negative body image among adolescent women (Offer, Ostrov, & Howard, 1981). Because unattractiveness is associated with personal worth, an unattractive body translates into low self-esteem. The connection between appearance and self-worth may be so deep that it contributes to feelings of shame, insecurity, ineffectiveness, and worthlessness throughout a woman's life (Freedman, 1984). In addition, weight preoccupation and body dissatisfaction have been strongly linked with depression (Johnson & DeCourville, 1999). Preoccupation with female beauty also causes serious physical health problems. These may include eating disorders, excessive exercise, and other behaviors. In some cases, young women who have financial resources seek out options that bring unnecessary risks, such as cosmetic surgery and liposuction (Freedman, 1984). In addition, adolescent girls sometimes use cigarettes as a substitute for food (Crisp, Sedgwick, Halek, Joughin, & Humphrey, 1999; Day, 1990).

Adolescence is a key period in what is titled the "Body Image Cycle" (Rice & Langdon, 1991). Carla Rice, who is currently conducting research on the formation of body image at the Canadian Centre for Research on Women's Health and Women's College Hospital, suggests that women typically perceive their bodies and selves in three stages. The following stages are based on extensive in-depth interviews with 60 women:

1) Innocence and freedom: Before hitting puberty, girls tend to feel free of body consciousness or shame. They sense a mastery over their own bodies. They rarely think about their body shape and weight.

2) The lost self: Moving from adolescence to young adulthood, women undergo a series of crises surrounding their sexuality and attractiveness. Many in this stage experience sexual violence or harassment and begin to lose confidence in what their bodies can do. Body consciousness and shame begin to occur.

3) The self reconciled: Finally, reaching adulthood, women resolve some of their confusion about identity and construct a sense of self from many conflicting feelings about their bodies. For many women, this third stage marks the arrival of acceptance.

Rice (1991) acknowledges that a woman's body image continues to evolve, especially in the face of childbearing and aging, and therefore, body image is always a work in progress. However, the "Body Image Cycle" presented by Rice suggests that often women struggle the most with body image during the adolescent years. It has been suggested the most common diet triggers among young girls are body dissatisfaction, social comparison, and teasing (Muir, Wertheim, & Paxton, 1999). Reasons for not dieting include a conscious resistance to pressure to diet, a belief that dieting is bad, and acceptance by other people (Muir et al., 1999).

As mentioned above, the media plays an important role in influencing body image. Over the past thirty years, more than any time in history, women have been confronted by an impossibly thin standard of female beauty (Sheinin, 1990). A study of three women's magazines reported that the percentage of extremely thin female models rose from 3% in the1950's to 46% in the 1980's (Gagnard, 1986). Models in magazines were 55% thinner in the 1980's than in the 1950's, whereas the average woman actually got heavier (Snow & Harris,1986). This suggests a growing disparity between actual body sizes and the cultural

standard. An increase in the prevalence of anorexia, bulimia, and other eating problems has been

closely linked to socio-cultural pressures on women to be thin (Bruch, 1978; Garner & Garfinkel,

1980; Gordon, 2000).

Eating Disorders and Prevention

Eating disorders have not always been prevalent. Anorexia nervosa was rare until this

century. Bulimia was virtually unknown until the last three decades (Hsu, 1988). Gordon (2000)

proposes four cultural reasons why eating disorders have become more common in the previous

three decades:

1) conflicts in the contemporary female gender role,

2) the cult of appearance, weight control, and thinness in contemporary society,

3) the emphasis on exercise and fitness in the modern world, and

4) the glamorization of conditions such as anorexia in the mass media.

Anorexia and bulimia are overwhelmingly female problems: 90 to 95% of those with

these diseases are girls and women. Early research on eating disorders suggested anorexia and

bulimia were primarily problems of upper middle class, white women. However, research is

now reporting an increase in the numbers of Black, Asian, and working class women struggling

with eating problems (Hsu, 1988).

Many studies have compared ethnic groups in regards to eating disorders, body

dissatisfaction, and negative body image. Lippincott and Hwang (1999) compared female

college students in Pennsylvania and South Korea and found similar symptomology of eating

disorders. A study of female college students in the United States found that Asian Americans

were only slightly less likely than Caucasian students to show disordered eating (Mintz &

Kashubeck, 1999), while Gardner and colleagues (1999) found no differences in ideal body shape or body dissatisfaction in Caucasian and Hispanic young women. Interestingly, a literature review by Geller and Thomas (1999) demonstrated that women who immigrate to Western countries are at risk for developing eating disorders because the experience of rapid culture change increases the vulnerability of adolescent and adult women to eating disorders. These studies debunk previous ideas that eating disorders only threaten Caucasian women.

Though often glamorized, eating disorders are serious health problems. Anywhere from 5 to 21% of women hospitalized for an eating disorder will die in treatment (Garner & Garfinkel, 1982). Medical effects of eating problems can be severe, ranging from hypothermia to dehydration and kidney failure. The increased prevalence of disordered eating and the use of unhealthy and extreme weight loss behaviors has led to calls for prevention strategies within school systems (Abraham & Mira, 1988; Lachenmeyer & Muni-Brader, 1998). In May of 1996, the U.S. Department of Health Task Force on Eating Disorders published a report indicating that curricula focused on precursors to eating disorders is needed for late elementary and early junior high grades. While a small percentage of females have clinical eating disorders, many more show disturbed eating patters and weight control problems (Rosen & Gross, 1987). Also, the use of extreme weight loss habits is usually a forerunner of anorexia or bulimia (Wertheim & Weiss, 1989). Obviously, the reduction of extreme weight loss behaviors is a justifiable goal in itself.

Canada and Australia have been more focused on prevention programs that target unhealthy eating behaviors than the United States. While the U.S. is a pioneer in medical research regarding eating disorders, it lags behind other countries in exploring the cultural and social influences that impact anorexia and bulimia and specifically designing ways to combat

these factors. It should be noted that many of the authors cited in this section of the paper are Canadian and Australian.

Crisp (1988) and Shisslak and colleagues (1987) have focused on major risk factors for eating disorders to identify targets for prevention programs. These include demographic characteristics (e.g. females aged 12-20 years), personality factors (e.g. low self-esteem, depression), family type (e.g. enmeshed and overprotective), socio-cultural influences (e.g. media images of thin women), and inappropriate eating habits (e.g. emotional eating, repeated dieting). It is probably unreasonable to focus on changing personality factors, family type, and socio-cultural influences in a classroom intervention setting. However, it would be reasonable to provide participants with information on more appropriate eating habits.

Some researchers (Vardereycken & Meerman, 1984) have been critical about the success of prevention programs because little is known about the etiology of anorexia and bulimia and it is nearly impossible to change socio-cultural influences such as media images of waif-thin women. However, one might find success if strategies for interpreting these media images differently were incorporated into an intervention. For instance, changing the media ideal of waif-like women may be beyond the scope of the classroom setting, but young women could be taught to look at these images more skeptically using critical thinking skills.

Papers by Shissack et al. (1987), Crisp (1988), and Rosen (1989) have addressed appropriate content for an intervention for young females. Their ideas include:

1) Information regarding female physiology, changes in body composition in adolescence and awareness of body needs.

2) Information regarding nutrition, body weight regulation, and binge eating.

3) Guided decision-making regarding the appropriateness of weight loss or weight gain attempts.

4) Awareness of body image and modification of negative body image.

5) Exploration of the concept of the ideal body; discussion of media portrayal and stereotyping

of women and the role of women in society.

6) Exploration of the connection between eating and emotion.

7) Communication, assertiveness, and problem-solving skills with parents and peers.

A model of an eight-week body image group has been developed by Carla Rice (Rice &

Langdon, 1990). This outline is adaptable for pre-adolescent girls, adolescents, and women.

This model is for use when group goals include dealing with current and future pressures,

education and support for making personal changes, and training peer leaders and advocates.

The following is a list of the theme for each week:

Week 1: Introduction

Week 2: Media literacy

Week 3: Body image and identity

Week 4: Body prejudice

Week 5: Sexuality and your body (focus on sexual harassment)

Week 6: Nutrition

Week 7: Self-care and celebration (including exercise)

Week 8: School-based or personal action plan

Paxton (1993) evaluated an intervention program to reduce and moderate extreme weight

loss behaviors, disordered eating, and low body image in tenth-grade girls in Australia. This

program consisted of five specialized classes addressing media images of women, determinants

of body size, healthy and unhealthy weight control methods, and emotional eating. Measures of

disordered eating and frequency of use of extreme weight loss behaviors remained constant before and after the program. The author points out that many students were already using various unhealthy weight loss behaviors at the start of the study and that tenth grade may be too late for an effective intervention. He believes that educational programs such as this are likely to be more effective if they start early and are reinforced in an aspect of the curriculum each year through high school graduation.

These suggestions serve as a base for my own research and ideas. The purpose of this project is to expand upon previous body image research on young women, as well as to incorporate these findings into an intervention appropriate for middle school/junior high age girls. First, I conducted an initial screening to distinguish those with positive and negative body images. Those with the most positive and the most negative body images were contacted for a follow-up interview. My hope was that, by interviewing college women, I could determine factors that have been influential in body image development. In other words, what has gone right with those with positive body images? What has gone wrong with those negative body images? I also conducted a small informal study with eight middle school girls to delve into teenage culture and help determine what kind of intervention would be most effective.

Initial Screening

Method

Participants. Participants were female Introduction to Psychology students (n = 95) who received course credit for their involvement with the study. The mean age of the sample was 18.4 years. Most students were classified as college freshmen (85%). Virtually all (97%) reported they were White/Caucasian. Six athletes (6.3% of the sample) were included in the study.

Procedure. Participants, in groups of twenty-five, read and signed an informed consent form before participating in the study. Students completed demographic, eating disorder inventory, weight attitude, and media exposure measures. Participants were fully debriefed and thanked for their involvement following their completion of the study.

Measures.

Demographics. Participants completed a demographic questionnaire that included information on ethnic background, age, grade classification, sexual orientation, current height and weight, and ideal weight. Participants were also asked to indicate if they were a college athlete, if they were currently on a diet, and if they had been in treatment for any kind of disordered eating or overexercising.

Eating disorder inventory. Two scales of the eating disorder inventory (EDI; Garner, Olmstead, & Polivy, 1983), drive for thinness and body dissatisfaction, were used to identify participants who had negative body image. Each subscale contains eight items. Participants rated each item on a scale of 0 (never) to 5 (always). The following are sample items from the drive for thinness subscale: "I think about dieting," and "I am terrified of gaining weight." Sample items from the body dissatisfaction scale include: "I think that my buttocks are too large," and "I think that my stomach is too big." The coefficient alpha in the present study for the drive for thinness subscale was .75, whereas the coefficient alpha for the body dissatisfaction subscale was .78.

Weight attitude measure. The weight attitude measure was created to gain more information about participants' eating and exercise habits and attitudes. Participants circled T for true or F for false after reading each statement. Sample statements include "Other people say my body is fine, but I see many flaws in my shape," and "I am able to accept my body shape."

Media exposure measure. A measure was designed to assess how much television participants watched, what kinds of television participants watched, and what magazines participants read. Students estimated the number of hours of television they watched in an average week. They also put a checkmark by the types of television they usually watched from a list including daytime soap operas, nighttime soap operas, situation comedies, talk shows, and dramas. In addition, they put a checkmark by the magazines they usually read. The list included Seventeen, Glamour, Cosmopolitan, Fitness, and others. Participants could write in magazines that were not listed.

Results

The mean current weight of participants was 136.6 pounds ($\underline{SD}$ = 20.2), whereas the mean ideal weight of participants was 125.9 pounds ($\underline{SD}$ = 13.1.) On average, participants wanted to lose 10.7 pounds ($\underline{SD}$ = 11.3). About one quarter of the participants, or 24.2% ($\underline{n}$ = 23), were dieting at the time of the study. Six participants (6.3% of the sample) had been or were currently in treatment for anorexia ($\underline{n}$ = 4), bulimia ($\underline{n}$ = 1), or over-exercising ($\underline{n}$ = 1). No additional steps were taken to ensure that athletes and those who had been in treatment would or would not be included in the interview participants. Among those who were not college athletes, 52.8% ($\underline{n}$ = 47) indicated that they regularly exercised. The mean time spent exercising among those non-athletes who regularly exercised was 5.30 hours per week ($\underline{SD}$ = 3.22). The group regularly read an average of 2.19 fashion magazines ($\underline{SD}$ = .80).

Body mass index (BMI) was computed using height and weight data. BMI is a mathematical formula that correlates with body fat. It is a better predictor of health risk due to obesity than body weight alone. However, certain people, such as body builders and some

athletes, should not use BMI as an indicator of health risk because their BMI will be high due to large amounts of muscle. The following steps were used to calculated BMI:

A) Multiple weight in pounds by 703.

B) Multiple height in inches by height in inches.

C) Divide the answer given in formula A (above) by the number given in formula B to find final BMI.

For instance, someone who is 5 feet 8 inches tall and weighs 150 pounds would have a BMI of 24. A person who is 5 foot 4 inches tall and weighs 180 pounds would have a BMI of 30. According to most sources, 19 to 24 indicates a BMI in the minimal risk range, while 25 to 26 is low risk. BMIs of 27-29 are in the moderate health risk range. Those having a BMI of 30 or over are at high, very high, or extremely high risk for obesity related diseases.

The mean BMI of the sample was 22.45 ($\underline{SD}$ = 3.26), which indicates minimal risk. BMI was positively related to EDI score ($\underline{r}$ (93) = .35, $\underline{p}$ = .001), indicating that those who had higher risk BMI scores were at greater risk for an eating disorder than those with lower risk BMI scores. Those with higher risk BMI scores also wanted to lose more weight ($\underline{r}$ (93) = .86, $\underline{p}$ < .001) than those with lower risk BMI scores. Women with higher BMI scores were more likely than those with lower scores to indicate that they were not able to accept their body weight and shape ($\underline{r}$ (93) = .331, $\underline{p}$ = .001) and that they were less secure about themselves in general ($\underline{r}$ (93) = .234, $\underline{p}$ = .02). However, those with higher BMI scores were no more likely to be on a diet ($\underline{r}$ (93) = .10, $\underline{p}$ = .33) or have taken laxatives or diet pills ($\underline{r}$ (93) = -.13, $\underline{p}$ = .22) than those with lower BMI scores.

Though the main purpose of the initial screening was to gain information about candidates for possible future interview, statistical analysis revealed some interesting findings

that are worth noting. Those with more negative body image, as measured by the EDI, were more likely than those with more positive body image to report that they categorized foods into "good foods" that are safe to eat and "bad foods" that are not safe to eat (r (93) = .34, p < .001) and that they compete with other women to be thinnest (r (93) = .36, p < .001). They were also more likely to indicate that they believe staying thin is just a matter of willpower (r (93) = .27, p < .01) and that their weight and body shape influence the important relationships in their lives (r (93) = .37, p < .001).

Those with more positive body image were more likely than those with more negative body image to report that most of their female relatives seem comfortable with their bodies even if they are not perfect (r (93) = .28, p < .01). In addition, they tended to think that they would be worthwhile person even if they gained a lot of weight (r (93) = .24, p < .05) and that they feel secure about themselves in general (r (93) = .57, p < .001).

Women who regularly read one or more fashion magazine (n = 60), compared to those who do not regularly read a fashion magazine (n = 35), were more likely to report that they envy women who seem to have the ideal body (t (93) = 2.47, p < .05, d = .51) and that they have considered surgery to improve their body shape (t (93) = 1.88, p < .05, d = .39). They were also more dissatisfied with their bodies (t (93) = 2.17, p < .05, d = .45), though they were no more likely to be overweight (t (93) = .40, p = .69, d = .08).

Method

Participants. Participants were female Introduction to Psychology students selected from the previous study (n = 41). Participants who were eligible for a follow-up interview were determined by a strict criteria. Those eligible for the positive body image interview group met the following criteria:

1) They had a body mass index of 20 or greater than 20.

2) They had never been in treatment for an eating disorder or over-exercising.

3) They indicated that their weight was "just right" or they would like to lose a few pounds but were "okay with the way I am."

4) They had never forced themselves to vomit after eating or used laxatives or weight loss pills.

After narrowing the positive body image interview group from these criterion, final candidates were chosen by EDI score. Those with the 25 most positive EDI scores were contacted for an interview.

Participants eligible for the negative body image group met the following criteria:

1) They had a body mass index of less than 26 and a weight less than 170 pounds.

2) They indicated they were not able to accept their body shape.

3) They reported that they would like to lose weight.

4) They indicated that they either compete with other women to be the thinnest or see flaws in their shape even though others said their body was fine.

After narrowing the negative body image interview group using these criterion, final candidates were selected by using the EDI score. Participants with the most 25 negative EDI scores were subsequently contacted and asked to undergo a follow-up interview. Eighteen participants were eventually interviewed because they demonstrated positive body image, whereas 23 participants were interviewed for their negative body image. Students were given the option of receiving a participation point or being eligible for a prize drawing. The mean age of the sample was 18.6 years. Most participants were college freshman (76%), and all were White/Caucasian.

Procedure. Participants were contacted by electronic mail or telephone if they were selected for a follow-up interview. The interviewer was blind to whether the participant was selected for negative or positive body image. Upon arrival, students read and signed an informed consent form. They were told that they may be quoted in a paper or presentation, but their name would not be associated with their quote. The interview was conducted in an informal manner. A series of questions in the interview were related to four magazine images shown to the women. The images were of extremely thin models wearing, for the most part, little clothing. The following is a list of sample interview questions:

- What do you consider to be some of your best qualities? In what areas are you talented?

- Where did your image of what a woman should look like first come from?

- When you were younger, did you have any female role models? Who were they?

- How did you feel about your body when you were in elementary school? Junior high? High school?

- What impact have your parents had on how you see your body shape?

- Did or do your parents criticize themselves or each other about their weight? What kinds of things would they say?

- Were you involved in sports when you were younger? How did this impact how you felt about your body?

- Has a past or present romantic partner influenced how you see your body shape, either positively or negatively?

At the conclusion of the interview, participants were fully debriefed and thanked for their participation. Many participants had encouraging comments for the interviewer when they were

told about the idea of an intervention for middle school girls. Most interviews were completed in twenty to thirty minutes.

Results

In general, differences between those with positive and negative body images were evident. As I will demonstrate by quoting participants, those with positive body images seemed more confident overall than those with negative body images. Many women with positive body images reported that they had mothers and sisters who were comfortable with their bodies, whereas those with negative body images were likely to say that their mothers were often dieting and were more concerned with their appearance. In addition, women with positive body images seemed more resilient to media images displaying waif-like models.

Negative and positive body image groups also showed similarities. Most participants in both groups reported that they first became concerned with their appearance in middle school or junior high. This is evidence of the "Body Image Cycle" discussed above by Rice & Langdon (1990). In addition, no women in the study reported that a previous or present romantic partner had negatively influenced how they felt about their body. Many thought that their male partners had actually improved how they felt about their bodies. Most women also felt better about their bodies when they participated in sports and/or physical activity.

Women with positive and negative body images responded differently to the first question presented: What do you consider to be some of your best qualities, and in what areas are you talented? Those with negative body image often hesitated in answering this question and gave answers that were more other-oriented than self-oriented, such as these responses, both from 18-year-old freshmen:

I don't know...What do you mean? Like, anything? I guess I am a good listener and a good friend. I try to be anyway. My friends say they come to me with their problems sometimes.

I guess I try to be there for people, my friends and my family. I'm usually pretty understanding. I don't know. Is that what you want? I like to help people when they are having a tough time. Is that enough?

Those with positive body images were more bold and unashamed in talking about their best qualities. They were likely to smile as they talked about themselves and looked directly at the interviewer.

I am good at school, generally. Let's see...I like to write--poetry and stuff like that. I'm good at math and I'm good at learning foreign languages and I play the piano. I can get along with lots of kinds of different people, and I'm somewhat athletic.

My hair. I have great hair. I'm friendly and out-going and a people person. And I have a great sense of humor and I'm good at making people laugh.

Music. I've played the clarinet since I was little, and I also play some other instruments. I come from a musical family, I guess you could say...I know how to dress to look good, like if I'm going somewhere special. My friends will ask me for help picking out clothes because I have pretty good fashion sense.

There were also differences in how women with positive and negative body images assessed where their image of what a woman should look like first came from and what that image was. Several women with negative body images reported their first lesson came from the media.

I guess from TV. (I learned that) you should be blond and beautiful and all that. If you're not all that, you should at least be trying to be.

Maybe from TV. You had to be skinny to be on TV and wear makeup, too, so I guess the image was that you should be skinny and look nice all the time. That it's really important to look your best if you're a girl or a woman. Maybe I learned that from playing with Barbies, too. I don't know. But that was the message anyway.

Among those who said a mother or older sister, those with a negative image were likely to report that the message was not an overwhelmingly positive one.

From my mom. The image was that you have to work at it. Women just aren't naturally beautiful, well, most aren't anyway, unless they do their hair and wear lipstick and stuff like that. I don't know if that's true, really, but that's the message I got from her.

From my mom, probably. The thing I remember most is that she would spend forever curling her hair and then complain that she looked terrible. Now she has super-short hair, but she still always says it looks terrible, but at least it doesn't take as long to do. I guess the image of what

a woman is supposed to look like that she gave me is that you should take a lot of time and look your best.

I guess my older sister. The image was that it was important to be skinny and pretty and popular. She was like the homecoming queen type, you know?

Many of those with positive body images also reported that their mother gave them their first idea of what a woman should look like, but often the messages were quite different. The following examples are typical:

My mom. She basically just taught me to be comfortable with myself and not worry what other people think. She's pretty confident and she doesn't really care what people think about her.

I think I got my idea from my mom. The image was positive. That you should just be natural and be you.

When shown four pictures on waif-like models, those with negative and positive body images often had different reactions. Women with negative body images displayed insecurity and usually admitted comparing themselves to the models.

Looking at that stuff makes me feel not toned...and that my stomach is too big. I know I shouldn't compare myself, but I still do. I know those aren't, like, real people.

It makes me wish I had a body like that. Of course, I never will. It just makes me feel really fat

and obese. I wouldn't even have to be that thin, just a little closer to that.

Women with positive body images were more likely to report that they felt secure with

their own bodies, even when looking at media images.

It makes me feel lucky! They look sick, and they don't look happy. I'd rather have my body.

They're too thin. I wouldn't trade my body for their bodies.

(Looking at the pictures) doesn't make me feel anything. It doesn't make me feel bad about

myself, if that's what you want to know. I just don't really care how thin they are. I'm me, so

screw them, I guess.

Most participants in both groups reported that they did not become concerned with

appearance until middle school or junior high school. When the interviewer asked participants

how they felt about their bodies in elementary school, most responded that they did not have

strong feelings about their bodies in elementary school. The exception was if they were

unusually short or tall.

I didn't really feel one way or another. I just didn't think about it back then. That didn't start

until later.

I didn't think about how fat or skinny I was, but I was always called "String Bean" and stupid

stuff like that, so that was hard. I hated it. Looking back, I was super skinny, but I didn't really

notice it then.

I didn't really feel good about myself then, but not because of my weight or anything. I just

didn't like myself, but I never thought about being overweight or thin.

By middle school or junior high, most participants reported that they had become conscious

of their looks and, in particular, their weight. This was the trend among both groups.

I guess in middle school is when it hit me: You should care what you look like. It's when guys

started to be guys and say stuff and the other girls got all into appearance.

That's when I started to think about my weight. Before that, I couldn't care less, but in middle

school it was different. Everything changed.

No participants reported that a male romantic partner (all were heterosexual) had negatively

influenced their body image. Interviewees said that their past and present boyfriends had either a

neutral or positive effect on how they feel about their bodies.

All my boyfriends have had a positive effect. Just by compliments. Everyone has said I'm

beautiful. When I ask, "Why do you go out with me?", they've all said, "Because you're

beautiful."

(They've had a) positive effect. They like the way I look. Or that's what they've all said anyway.

In general, women noted that they felt better about their bodies when they were physically active, even if they did not participate in competitive sports. This demonstrates that those who have an instrumental (seeing what the body can do) perspective versus an ornamental (seeing the body as an object for others to admire) perspective have healthier body image. The following are examples of women explaining their feelings about their bodies while they are being physically active:

Working out or doing sports make me feel strong. It makes me feel like I'm healthy and beautiful, and I can do anything, like I'm capable of all sorts of stuff.

When I'm being active, I just like my body a lot more. I see it as athletic, and I like that. And I like that I'm doing something that I know is good for me, not just lying around watching TV or eating Doritos.

Conclusions

Though many interesting statements were made in interviews, most important are the trends that shed light on intervention ideas:

1) Those with positive body images were more likely to be self-confident in other areas than those with negative body images. They appreciated their own talents and accomplishments more. Perhaps valuing one self's as more than a body leads a woman to have a lessened sense of

perfection when it comes to her body. An intervention may be improved by focusing on how to appreciate one's self for more than appearance.

2) Those with positive body images were less likely to indicate they are regularly influenced by media images of waif-thin women than those with negative body images. Of course, this is not evidence that resilience to media pressures causes positive body image, or that positive body image causes resilience to media pressures. Perhaps the relationship is bi-directional. However, it seems that an intervention should address methods of resisting unrealistic media influences.

3) Supporting the "Body Image Cycle," most young women reported becoming self-conscious of their bodies when they entered middle school/junior high school. Though eating disorders and nutrition should certainly be addressed in elementary school, grades 6-9 seem an appropriate time for more extensive body image interventions.

4) No participants reported that a past or current male romantic partner had had a negative effect on their feelings about their body. Though it can be argued that men have negative effects indirectly, this is encouraging. Perhaps an intervention should address how body image and relationships are related. Younger women may benefit from the knowledge that many male partners are encouraging and realistic about their mates' appearances, and that all women are deserving of this type of partner.

Middle School Group Interview

<u>Method</u>

    <u>Participants.</u> Participants were eight female seventh-graders who were recruited by a family friend of the author. The mean age of participants was 13.25, and all were White/Caucasian. Seven attended the same middle school, and all were active in sports and extra-curricular activities.

    <u>Procedure.</u> All participants were given signed consent to attend the one-hour session by a parent. Questionnaires were completed before the young women engaged in a group discussion with the investigator. After the study, participants were given pizza and brownies, and the investigator expressed her thanks.

    <u>Measures.</u> The young women completed a 14-item short-answer questionnaire. Questions addressed issue in media, peer, and family culture. Sample items included:

- Name magazines that you regularly read.

- Write the names of 3-5 female actors that you admire.

- Is your mother/father dieting? Has she/he dieted in the past?

- Do you know anyone who you think has a problem with an eating disorder or excessive dieting? How old are they? Are they male or female? What makes you think that they have a problem?

- Do boys at your school ever comment about girls' bodies? If so, what kinds of things do they say?

    After seven of eight participants had completed the questionnaire, the investigator

provoked a group discussion concerning the pressures to be thin on this age group. Lunchroom

eating habits, "fat" stereotypes, and the ideal female body were discussed. Next, photos of

models from fashion magazines were passed around. These images were also discussed.

Results

First the written answers to the questionnaire will be discussed. Most participants

indicated that they were not currently dieting. Three girls reported that they were not dieting but

were trying to watch what they eat. One reported that she was dieting now, although she had not

in the past. She wrote the following:

I don't eat much for lunch, just yogurt. I have just toast and fruit for breakfast. I am trying to

eat healthfully and not eat fat.

All agreed that many girls at their school were dieting, and several girls in the group

wrote about a friend or peer that they felt had a problem with an eating disorder. The following

are responses to the questions: Do you know anyone who you think has a problem with an eating

disorder or excessive dieting? How old are they? Are they male or female? What makes you

think that they have a problem?

14—female. She's always trying to compete or act like someone else cause they are thin.

Yes. My age. 13 or 14. Lots of girls at my school never eat lunch cause they think they're fat.

They're actually really skinny.

Yes. Lots of girls only drink water for lunch. They're like 14 or 13 (years old).

Yep. Female. 13 or 14. They only drink water and eat a small cookie for lunch---and don't finish it.

Yes...13...female...She wants attention and when she gets depressed she fights with her mom and won't eat...was in the hospital once.

Four of eight girls reported that their mothers were currently on diets, while all except one reported that their mothers have been on diets in the past. No one indicated that their father was currently dieting or had dieted in the past.

To design an intervention, it is important to gain some insight into the culture of middle school girls. Regularly read magazines included Teen, Teen People, Seventeen, and YM. Among the group, commonly admired female actresses were Jennifer Love Hewitt, Neve Campbell, Drew Barrymore, Courtney Cox, and Julia Roberts. Female role models named included family members, Shania Twain, Elizabeth Dole, Tyra Banks, and Julia Roberts.

Nearly all participants indicated that boys at their school comment about girls' bodies. According to all but two participants, the boys talk mostly about the girls' breasts and sometimes about who is fat. One girl reported that the boys either say girls are hot or fat.

During discussion, there were mixed comments about whether it was possible to be both overweight and popular as a middle school girl. Most girls agreed that those students who are overweight are often ridiculed at school. One participant summed up the importance of being

thin in one word: boys. The group discussed the pressure that girls feel to be thin and indicated that much of the motivation for dieting was to be attractive to the boys.

The group engaged in two activities. First, they listed characteristics of the ideal body type in our culture. These brainstormed ideas were written on a blackboard by the investigator. Some of the concepts brought up by group members were: thin, athletic, big "boobs," "perky butt," toned, muscular legs, tan, small waist, and hourglass figure. The pressure society instills in women to conform to these standards was discussed.

Next, the group was asked to name some stereotypes of "fat" and "thin" people. The group agreed that people are often judged by their weight and looks. According to the participants, fat is often associated with being lazy, stupid, eating way too much, unathletic, and not working out. Thin is associated with being beautiful, in shape, working out a lot, being healthy, and being conceited.

Finally, images of women found in various magazines were passed around. Girls were asked to think critically about the pictures. Participants were asked to discuss the similarities and differences of the women in the pictures. It was generally decided that most women fit the cultural ideal of beauty discussed before. While some women looked healthy, others did not. Several girls also mentioned that the models looked tired, unhappy, or drugged out, which is a common image described as "heroin-chic." Most participants said that they knew the images were unrealistic (perhaps the photos were touched-up), although some said they still occasionally compared themselves to the models and tried to emulate them in some ways.

Perhaps one of the most interesting parts of this study was that two girls refused to eat pizza and brownies offered by the interviewer. One eventually ate one piece of pizza after picking off the cheese and meat.

Conclusions

This session reiterates the need for an intervention. The group was anxious to talk about eating issues and particularly excitable when talking about the eating behaviors of their peers. They were animated and (I felt) enjoyed discussing their ideas.

More importantly, several findings may prove to be helpful in designing an intervention. The purpose of designing an intervention is to combat negative body image. In order to do this, it is useful to know the pressures facing this group that make this task difficult. First of all, the media makes this task difficult. Knowing the specific magazines read by girls in this demographic group is pertinent because examples and images from these magazines can be used in an intervention. It is useful to know what female actors these girls admire and (possibly) emulate. Learning more about the specific media that influences these girls can only help in designing ways to moderate the negative effects of media on body image.

Participants also indicated that many girls felt they needed to be thin to attract the opposite sex. It may be difficult to moderate this pressure, but it is important to be aware of girls' motivations in dieting. Perhaps helping girls feel better about themselves in general would make them realize they have more to offer boys than a body. It may also be helpful to discuss that most boys will mature into men with realistic expectations and can eventually be a tool in increasing body esteem.

Intervention

The following intervention has been designed based on previous research and the findings discussed above. It was not my purpose to devise a curriculum to fit every groups' needs, but to outline an intervention and focus on main themes that will be valuable to most or all groups. My hope is that this intervention could be easily adapted for different age groups.

The themes would even be useful to a group of adult women. The lessons could also be adjusted to fit into various lengths of time. However, about an hour and a half seems an appropriate time frame for each lesson. They could be conducted in succession or spread out over a week or several weeks.

Ideally, lessons would be led by a facilitator who is specifically trained to administer the intervention. It would be beneficial to have a woman who travels from school to school, spending perhaps a week on each intervention, and specializes in body images issues in middle school girls. However, lessons could be led by a health educator or a physical education teacher. With understanding of the subject matter, most teachers would be able to effectively lead these sessions. It is imperative that these lessons are led by a female. If possible, it would be beneficial to hold a workshop or in-service to teach educators the most effective ways to administer the lessons if it is not possible to have a specially trained facilitator to administer the sessions.

Before discussing the themes, the methods of the intervention should be noted. The group should be kept as small as realistically possible. The number of participants should not exceed twenty-five. Lecture format has been minimized, and discussion-based exploration has been maximized. Every effort should be made to welcome comments and questions. For this reason, confidentiality should be stressed. The facilitator should emphasize that what is said during the intervention stays within the group. Participants should be given several opportunities for creative projects, either individually or in small groups. The girls should be encouraged but not forced to share their creative projects with the rest of the group.

The themes I have chosen to focus on and the reasons related to my research that I have chosen each theme are discussed below. More specific information is detailed later in this paper.

1) **Concepts of health and wellness**

Too often, as the middle school group pointed out when discussing stereotypes of fat and thin people, fat is equated with unhealthy, whereas thin is equated with healthy. There is more to the picture of health than simply weight.

2) **Body perspectives**

Most women in the college interview sessions reported that they felt much better about their bodies when they were physically active. This indicates that an instrumental body perspective, as opposed to an ornamental body perspective, is helpful in developing healthy body image. (These terms will be discussed in greater detail later in this paper.)

3) **Terminology/Eating disorder education**

Though most middle school girls included in the group interview reported that they felt they knew about eating disorders from magazines and other sources, it is important to define eating disorders and other terminology so that participants may explore where they lie on the continuum of body image. This lesson is also important because eating disorders are often unknowingly glamorized by the popular press (Garner, 1985), which is where most middle school girls interviewed reported that they learned a lot about eating disorders. This theme will serve as a sort of debriefing of sources that may have glamorized eating disorders to girls in the past.

4) **Dieting myths and healthy eating**

Only one girl interviewed in the middle school session reported that she was currently dieting, but all members of the group indicated that a lot of girls at their school were dieting. Many of these young women are operating under the dieting myths, and do not realize dieting if an ineffective way of reaching their goal of losing weight (even though their goal

may be misguided). It is important that girls understand the effects of dieting on their metabolism and that restrictive eating often leads to bingeing.

5) Valuing the person

Of the women in the college interviews, those with positive body images seemed to value themselves more for qualities unrelated to appearance than those with negative body images. This is, of course, a correlational, not causal, relationship, but it deserves consideration. The middle school group indicated that overweight students are often teased and not valued for their personal qualities.

6) Media pressures

The group of middle school participants read an average of 3-4 fashion magazines regularly. According to the college screening done for this project, college women regularly read 2.19 (SD = .80) fashion magazines. It is beyond the scope of this project to examine ways to change the images in fashion magazines or to prohibit their reading, but it is viable to teach young women ways to interpret the media that will preserve their positive body image.

<div align="center">Themes/Lessons</div>

Concepts of health and wellness

Important points:

- **Health is more than weight.**

- **Health and wellness are broad terms that are unique to each individual.**

- **Health has both mental and physical components.**

The goal of this lesson is to encourage participants to explore their own idea of what it means to be healthy. Ideally, each girl would make a list of what it means to her to be healthy. Then participants share their ideas with the rest of the group. Potential answers might be: to get

enough sleep, to eat fruits and vegetables, to be able to lift a lot of weight, to not take drugs, or to have good relationships. The purpose of this exercise to broaden views of health and wellness and understand that health is concept that is unique to each individual. Next the group would discuss the importance of health to their quality of life, with the facilitator mentioning that health is much more than a number on a scale. The group should discuss how our society often equates thinness with health, but this is an inaccurate perception. It should be stressed that health and wellness have mental and physical components. Health includes having healthy relationships as well as a healthy body. Health involves managing stress effectively and having a solid self-esteem.

Body perspectives

Important points:

- **Our bodies not objects for others to admire.**

- **We should appreciate our bodies for what they do for us.**

The facilitator should explain the difference between ornamental and instrumental body perspectives to the group. An individual has an ornamental perspective about her body when she sees it as passive. She experiences her body in terms of how it appears to others. This makes her vulnerable to others' opinions. In contrast, someone with an instrumental perspective about her body sees it as active. She judges her body on what it can do and its possibilities. She sees her body as functional (This can even be true for people with disabilities.) This perspective leaves her less vulnerable to outside messages about her body's appearance. Women who see their bodies as instrumental have a much healthier body image than those who see their bodies as ornamental (Rice & Langdon, 1991).

The facilitator should ask each girl to name one positive function of her body that has nothing to do with weight or appearance. It should be explained to the participants that these are things that make them appreciate their bodies and the way their bodies feel. Examples would be going for a walk, swimming, getting a hug, kicking a soccer ball, taking a bubble bath, and getting a massage.

Then the facilitator will discuss ways for the girls to see their bodies as more instrumental. Though physical activity often makes people see their bodies are instrumental, it is not the only way to shift perspectives. Often body relaxation exercises or body indulgence exercises can serve the same purpose. Yoga may be particularly helpful. Any activity that makes someone appreciate their own body for something other than appearance can help them to gain an instrumental perspective. This lesson will end with a relaxation exercise where the facilitator leads the group in a dark, candle-lit room with music playing. The facilitator should tell the group to lie on their backs (preferably on mats or a soft floor) and then proceed in a session in which participants tense and relax each body part. After this, the group should stretch before ending the session.

Terminology/Eating disorder education

Important points:

- **People experience body image problems in varying degrees.**

- **Eating disorders have severe short and long-term physical and psychological consequences.**

The third lesson focuses on helping the participants decide if they have a body image or eating problem. The following terms should be defined and discussed:

Body distortion: the inability to accurately judge one's body or particular body parts

Body dissatisfaction: not liking one's body or particular body parts

Weight-schematic: judging one's self and/or others based on weight

The facilitator should give more information about each term. For example, she should tell the group that many people suffer from body distortion. Perhaps someone thinks she has a big nose, though it is actually not abnormally large. A woman may obsess over her thighs and see them as huge, although they are of normal size. Body dissatisfaction and body distortion often exist together. For instance, if a woman sees her hips as unusually large, she is not likely to be satisfied with them. It should be explained that both of these terms may apply to one or more body parts for an individual, but not to her entire body. For the group to grasp the term weight-schematic, it might help for the facilitator to explain that a schema is a mental shortcut that makes us classify things mentally. Those who are weight-schematic classify people by their weight rather than personality or other factors. The goal of defining and discussing these terms is to allow participants to think about if any of the terms apply to them.

The facilitator should educate the group about anorexia nervosa and bulimia nervosa at this time. Care should be taken as to not glamorize these illnesses. It should be stressed that anorexia and bulimia have severe short and long-term physical and psychological consequences. Anorexia and bulimia are life-threatening illnesses. Anorexia is characterized by deliberate self-starvation with weight loss, intense fear of gaining weight, refusal to eat, denial of hunger, greater amounts of hair on the body or the face, absent menstrual periods, loss of scalp hair, dehydration, kidney problems, electrolyte imbalances, and damage to the reproductive system. Perhaps it would be useful to emphasize that anorexia has one of the highest rates of death among mental illness. Bulimia, which can also be life-threatening, is characterized by recurrent episodes of binge eating, feeling of lack of control during binges, regular self-induced vomiting,

use of laxatives or diuretics, over-exercising, dehydration, menstrual irregularities, severe tooth

decay, marks on fingers, discolored fingernails, bad breath, and stomach damage. It should be

stressed that eating disorders are far from glamorous and are extremely unattractive. It may be

helpful to emphasize those aspects of eating disorders that are far from the chic image often

presented, such as bad breath, severe tooth decay, marks on fingers, discolored fingernails, bad

breath, loss of scalp fair, and greater amounts of hair on the body or the face. Participants should

also be made aware of the link between eating disorders and future fertility problems.

At this point, the facilitator should make let participants know of resources available to them

regarding eating disorders. In most schools, there is a guidance counselor who students should

seek out if they believe they or a friend has a problem. Also, local hospitals and clinics may

have nurses, physician's assistants, or physicians experienced in the area of disordered eating.

Ideally, the facilitator should prepare hand-outs with the names and phone numbers of people

available to be contacted for help.

Dieting myths

Important points:

- **Healthy living changes are much more effective than traditional diets in maintaining an appropriate weight.**

- **Our body weight and shape is determined in part by genetics.**

- **Healthy eating is variable and unique to each person.**

In this lesson, the facilitator will present information to dispel myths about dieting. Three

important myths that deserve attention are: 1) Overeating causes overweight; 2) Dieting is

effective; and 3) Everyone can be slim. The facilitator should focus on presenting facts that

contradict inaccurate perceptions of dieting and body weight.

For instance, the participants should be informed that *overeating does not necessarily cause someone to be overweight* (myth 1). Several studies (e.g., Stunkard, 1980) have suggested that overweight people do not necessarily eat more than those of average sizes. Genetic, metabolic, and other factors are involved (Scalfani et al., 1984).

Also, the facilitator should point out that *dieting is not effective* (myth 2). Research has shown that 95% of dieters regain the weight lost, usually within the first year (Polivy & Herman, 1983). Also, 2/3 of consumers of commercial weight loss programs regain the weight lost within a year, and virtually all regain the weight lost within five years (Stalonas et al., 1984). In discussing why dieting is not effective, the facilitator should explain that an attempt by a person to limit calories slows that rate at which calories are burned (Keys et al., 1950). In essence, dieting slows the metabolism.

The facilitator should give the participants information about why *it may not be possible for everyone to be thin* (myth 3). The set point theory, which has been supported by much recent research (e.g., Liebel et al., 1995), claims that weight is partially pre-determined by genetics, even though our societal belief is that being thin is just a matter of willpower. The set point theory states that the body resists reduction of weight below the set point, which explains why people often "plateau" when dieting.

Next the concept of healthy eating should be discussed. The purpose of talking about healthy eating is to encourage young women to see that the concept of healthy eating is broad and to not be critical of their own eating habits. Healthy eating involves paying attention to the body's signals and eating when one is hungry. Overeating sometimes is natural and acceptable. It is not cause for alarm. Healthy eating means eating different foods and different amounts depending on the day and situation. It is different depending on the person. It is unrealistic to

compare food intake with even people of the same age and gender. Participants should also know that being too restrictive in eating often leads to bingeing.

Before proceeding to the next lesson, participants should be given the opportunity to make a public-service poster about an aspect of positive body image, eating disorder prevention, or healthy eating. This may either be done in groups or individually. A poster might include a slogan and a picture. Participants could also use images from magazines to make a collage. Sample slogans are "Don't weigh your self-esteem," "Be happy that you're you," and "You are more than a number on a scale." Ideally, these posters will be hung around the school or possibly at a public place such as a mall or doctor's office.

Valuing the person

Important points:

- **Each person should be appreciated for their personal internal qualities.**

- **Prejudice on the basis of weight is common and often unconscious.**

This lesson should begin with each girl writing a list of her good qualities that have nothing to do with appearance. For instance, girls might include smart, out-going, friendly, good at sports, and good with computers. The goal of this activity is to encourage participants to focus on thinking about themselves and other people in terms of personal internal qualities independent of appearance and weight.

Next, the facilitator will use a chalkboard or overhead projector to write down the group's brainstormed ideas of what our culture considers to be the ideal body. Potential ideas are hourglass figure, thin, tan, tiny waist, narrow hips, and small feet. After a list is generated, the facilitator should ask the group to explore where this image comes from. In essence, why do we see this as the ideal body? Is it because this image is the norm in magazines or on televison?

Is it from our mothers? Where did our mothers learn this? It is not important to come to a consensus, but to think about the issue. It should be pointed out by the facilitator that cultural differences exist in the standards of beauty, and that thinness is viewed as unhealthy and unattractive in some cultures.

The final phase of this lesson regards prejudice. Again the facilitator should used a chalkboard or overhead projector to write down the group's ideas. Participants are asked to list characteristics they attribute with fat and characteristics they attribute with thinness. Fatness is usually associated with being unloved or unhealthy, imperfection, out of control, being stupid, and being lazy. Thinness is usually equated with love, intelligence, beauty, working out, and being in control. After this exercise, it is important that the participants are debriefed. The group then should discuss whether we can accurately make judgments about people based on body size and shape. The group will then brainstorm ways to put an end to this prejudice, such as confronting people who make fun of someone who is overweight.

Media pressure

Important point:

- **The media promotes an unrealistic ideal by comparison can make many women feel unattractive.**

The central mode of education for this session would be in the form of a slide show. A slide show containing images of women from media such as magazines would be provided to the facilitator. While showing these slides, the following issues should be discussed:

1) How realistic or unrealistic are these images? Are they air-brushed or computer-generated?

2) What messages do these images send to girls and women?

3) What does the term "objectification" mean? Do these images objectify women's bodies? In what ways?

4) Why might the advertisers choose to show images like this in advertising their products?

The final lesson would end with the participants forming groups of 3-5 to make a short video production based on an aspect of something they have learned in the intervention. A skit, commercial, or music video would be appropriate. Some examples of themes for this project are:

- A girl stands up to her father who is making fun of a family friend for being overweight.

- A group performs a rap song about how dieting does not work.

- A commercial for jeans designed to fit "real" women instead of stick-thin models.

These video clips would be put together and viewed as a group to end the intervention. If the group is willing, the tape could be shown on a local cable network or school channel.

<div align="center">Additional Ideas</div>

An intervention is limited by time, setting, and target group. Beyond the scope of an intervention, there are many projects, campaigns, and activities that can be planned at various levels. It is my hope that intervention participants will wish to expand on the ideas explored in the intervention. While these may not specifically target middle school girls, young women may be involved in planning and implementing these ideas. Many young women may become interested in these issues through the intervention and want to help organize these events. This would give them an opportunity to explore the subject matter further and be active in their community. While the intervention presented above targets young women, these ideas are targeted toward community and social change. If these possibilities are discussed following the

intervention, and there is interest in pursuing one or more of them, then Project Body Image has reached beyond that classroom and been a catalyst for change in our society.

Setting up a Body Image Support Group

A body image support group could be developed at a middle school, high school, or college. At the middle school level, intervention participants could be responsible for recruiting participants and planning activities. This idea is also appropriate for workplaces, recreational facilities, and health clubs. There is no one right approach for starting or running a group. In middle school or high school groups, an adult facilitator would be necessary, as in the intervention. However, there may be a need for materials to be developed so that adult groups are self-sufficient.

Public Forum

A pubic forum may be a useful tool in making community members aware of body image problems in women. Possible speakers could include women with eating disorders, mental health professionals, physicians, and health educators. This may be a perfect setting for middle school girls to present the videos and posters they created during the intervention. Young girls can also help by designing flyers advertising the event.

Informational Booths

Booths can be set up in shopping malls, community centers, physicians' offices, health clubs, or recreation centers. This activity is most effect in conjunction with a larger campaign such as Eating Disorder Awareness Week or National Nutrition Month. Possible themes for a booth include: cultural pressures to be thin, healthy eating, the effect of body image struggles on women's health, and the dangers of dieting. Books on related issues can be made available for

browsing or purchase. This is an excellent opportunity for younger girls to be creative and share

what they have learned in an intervention.

Letter writing party

Intervention participants may wish to write letters to companies who choose to use

unrealistically thin women in their advertisements. A group, composed of women on all ages,

can write a form letter stating their opinions on ultra-thin models in ads. Then the group can

make a list of the offending companies and find their addresses on the internet. Letters can either

be e-mailed or sent through the U.S. mail.

Discussion

Based on previous data and the studies discussed above, it is clear that young women need

help in standing up to societal pressures of thinness. The best way to reach this demographic

group is within the school system. Several authors have suggested ideas for a curriculum or

program for young female students, but few plans have been implemented in the United States

and fewer have been empirically validated. Canada and Australia have been leaders in this area.

Specific guidelines for an intervention are needed to guide classroom curriculums that focus

on disturbed eating and negative body image. Middle school/junior high school seems an

appropriate time for this intervention because, as examined in the college interviews and

explored in the "Body Image Cycle" (Rice & Langdon, 1990), girls in elementary school are not

heavily invested in physical appearance, and high school may be too late to have an effective

programs, as discussed by Paxton (1993). Classroom conditions, with relatively small class sizes

and the opportunity for small group and individual creative work, would seem to be optimal.

Themes recommended are concepts of health and wellness, body perspectives,

terminology/eating disorder education, dieting myths and healthy eating, valuing the person, and

media pressures. Opportunities for poster-making and the development of a short video would be enjoyable activities that would allow girls to demonstrate their new knowledge and explore the subject matter in a more personal, individualized way.

The next step in the development of this intervention would be to complete a pilot study. Body image dissatisfaction and eating behaviors should be assessed before and after the intervention, and then again after several months to find out if the results of the intervention have been sustained. This would be imperative to explore the effectiveness of this intervention before implementing it in a large number of schools. This is particularly important because of the relatively few eating disorder prevention/body image programs that have been empirically tested (see Paxton, 1993).

While middle school or junior high seems to be an appropriate time for an intervention of this nature, there are a growing number of cases of elementary school girls that involve disturbed eating or even eating disorders. While this is a valid argument for an earlier intervention, these girls may be better served by individual counseling. As discussed above, most young women do not become self-conscious of their bodies until the middle school setting. To teach an extensive lesson such as this to elementary school girls may cause them to examine their feelings about their bodies more negatively than they otherwise would have.

Some may argue that there is a large number of obese young women who do need to focus on weight loss. It is true that some girls would be healthier at a lower weight. However, this intervention should still be useful to this group. Self-hate is not a weight-loss tool. In fact, it is detrimental to weight loss for health reasons. Feeling good about one's self in general, not putting down one's body, is a better weight-loss strategy. Dispelling myths about dieting should be particularly beneficial to overweight girls, as should body perspectives and valuing the

person. Young people who are overweight may need particular help in enhancing their self-esteem, and this intervention may not fulfill all their needs, but it would be a step in the right direction.

It should be noted that the purpose of the messages presented in this paper and intervention are not meant to blame or devalue extremely thin women. All thin women do not have eating disorders; many are simply thin by nature. Women who are very slender should appreciate their bodies just as women of all shapes and sizes. It is not thinness that is a problem; it is using unhealthy methods to diet to thinness.

In conclusion, negative body image in women has presented itself in epidemic proportions in our country. It seems logical to teach young people the risks before it becomes a problem, as our country has approached smoking and AIDs. A one-time school-based program, such as Project Body Image, is likely to be successful when students are exposed to similar ideas throughout their education and when they have supportive family and friends. To put Project Body Image in perspective, it may not be an immediate catalyst for social change, but there is no better way to change the future than to start with the youth.

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