2000

Prevention of eating disorders : a video for junior high school teachers

Denee Signorelli Schakow
San Jose State University

Follow this and additional works at: https://scholarworks.sjsu.edu/etd_theses

Recommended Citation

Schakow, Denee Signorelli, "Prevention of eating disorders : a video for junior high school teachers" (2000). *Master's Theses*. 2015.
DOI: <https://doi.org/10.31979/etd.ppeu-5esd>
https://scholarworks.sjsu.edu/etd_theses/2015

This Thesis is brought to you for free and open access by the Master's Theses and Graduate Research at SJSU ScholarWorks. It has been accepted for inclusion in Master's Theses by an authorized administrator of SJSU ScholarWorks. For more information, please contact scholarworks@sjsu.edu.

INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

**Bell & Howell Information and Learning
300 North Zeeb Road, Ann Arbor, MI 48106-1346 USA
800-521-0600**

UMI[®]

NOTE TO USERS

The videocassette is not included in this original manuscript. It is available for consultation at the author's graduate school library.

This reproduction is the best copy available.

UMI

**PREVENTION OF EATING DISORDERS:
A VIDEO FOR JUNIOR HIGH SCHOOL TEACHERS**

A Project

Presented to

The Faculty of the Department of Human Performance

San Jose State University

In Partial Fulfillment

of the Requirement for the Degree

Master of Arts

by

Denee Signorelli Schakow

May 2000

UMI Number: 1399819

Copyright 2000 by
Schakow, Deneé Signorelli

All rights reserved.

UMI[®]

UMI Microform 1399819

Copyright 2000 by Bell & Howell Information and Learning Company.
All rights reserved. This microform edition is protected against
unauthorized copying under Title 17, United States Code.

Bell & Howell Information and Learning Company
300 North Zeeb Road
P.O. Box 1346
Ann Arbor, MI 48106-1346

© 2000

Denee Signorelli Schakow

ALL RIGHTS RESERVED

APPROVED FOR THE DEPARTMENT OF HUMAN PERFORMANCE

Dr. David Furst, Thesis Chair, Department of Human Performance

Dr. Emily Wughalter, Department of Human Performance

Nancy Black, Nutritionist, Health Services

APPROVED FOR THE UNIVERSITY

ABSTRACT

PREVENTION OF EATING DISORDERS: A VIDEO FOR JUNIOR HIGH SCHOOL STUDENTS

by

Denee Signorelli Schakow

This video addressed the promotion of positive self-body image and the prevention of eating disorders at the junior high school level. The video, It's O.K. to be You: The Promotion of Healthy Self Body-Image and the Prevention of Eating Disorders, was produced so that teachers will now have a teaching tool to use in their classrooms. The video and a questionnaire were sent to 12 physical education teachers, three eating disorder specialists, and four health professionals. The questionnaire consisted of 12 questions, and a Likert Scale allowed for a quantitative analysis of the responses. Total scores and percentages were calculated for each question, and the responses were further divided into three categories. Space was left for comments, and responses were reported if they represented a majority of the responses. The overall feedback from the evaluators regarding the focus and presentation of the video was extremely positive.

ACKNOWLEDGMENTS

I would like to thank my thesis advisor, Dr. David Furst for believing in my video. Not only did he assist me with all aspects of this project, Dr. Furst stood behind me 100% while doing so. His encouragement, humor, and support helped me through the "rough times", and his willingness to be there for me through thick and thin will forever be appreciated. I would also like to thank Dr. Emily Wughalter for her superb editing skills and invaluable feedback, and Nancy Black for her helpful expertise in the fields of nutrition and eating disorders. Thanks also to Nancy Black for the time that she so graciously gave to appear in the video.

The patience, time, support, and encouragement exhibited by John Haymes of Media Madness was also instrumental in the making of this video.

I would also like to thank my husband and my family; they were with me every step of the way. Without the input, emotional support, and understanding of these special people, the completion of this video and paper would not have been possible.

TABLE OF CONTENTS

<u>CHAPTERS</u>	<u>Page</u>
I INTRODUCTION	1
Statement of Problem	4
Statement of Purpose	7
Delimitations	7
Limitations	8
Definitions	9
II REVIEW OF LITERATURE	10
Eating Disorders and the Repercussions of Dieting	10
Garner and Garfinkel's Multi- Determined Model	14
Societal Factors that Affect Our Youth Population	20
Adult, Peer, and Media Behaviors Which Influence Adolescents	24
The Definition of a Healthy Body	28
Athletes and Eating Disorders	33
Physical Education Curriculum Development	38
Video/Curriculum Review	40

Summary	41
III METHODOLOGY	43
Judges	43
Video Content	44
Video Script	44
Video Speakers	44
Video Production	44
Video Editing	45
Questionnaire	46
Data Analysis	46
Summary	46
IV RESULTS	47
Table 1 - Questionnaire Response Rate Divided by Categories	48
Table 2 - Judges Responses to Question 1	49
Table 3 - Judges Responses to Question 2	50
Table 4 - Judges Responses to Question 3	51
Table 5 - Judges Responses to Question 4	52
Table 6 - Judges Responses to Question 5	53
Table 7 - Judges Responses to Question 6	54
Table 8 - Judges Responses to Question 7	55

Table 9 - Judges Responses to Question 8	56
Table 10 - Judges Responses to Question 9	57
Table 11 - Judges Responses to Question 10	58
Table 12 - Judges Responses to Question 11	59
Table 13 - Judges Responses to Question 12	60
V DISCUSSION AND RECOMMENDATIONS	61
Discussion	61
Summary	65
Recommendations	67
REFERENCES	68
APPENDIX A (Garner and Garfinkel's Multi-determined Model)	79
APPENDIX B (Eating Disorder Curriculum List)	81
APPENDIX C (Eating Disorder Video List)	83
APPENDIX D (Evaluation Questionnaire)	86
APPENDIX E (Cover Letter Sent to Evaluators)	92
APPENDIX F1 (Agreement Form-Evaluator)	94
APPENDIX F2 (Agreement Form-Talent: Child & Adult)	96
APPENDIX G (Video Script)	99
APPENDIX H (Video-See Enclosed)	117

CHAPTER 1

INTRODUCTION

In a 1984 study, 30 pre-adolescent and adolescent girls were asked the following question: If you were given three magic wishes, what would they be? According to Kilbourne (1994), Surry found that the number one wish of most of his participants was not to be more popular, to have more clothes, or even to win the lottery. The number one wish for a majority of these young girls was to lose weight.

Losing weight, however, is not easy for many females, and too many unsuccessful diet attempts or failed weight maintenance efforts can lead to more serious eating disorder symptoms or problems (Levine, 1994). The prevalence of eating disorder symptoms specifically among junior high school females is problematic (Friedman, 1996). Although only 3-5% of these adolescents suffer from clinical eating disorders, a majority of them diet (Smolak, Levine, & Gralen, 1993). Moreno and Thelen (1995) studied eating behavior habits of junior high school girls and discovered that by the time they had turned 12 years old, 63% of these girls had dieted in an unhealthy and problematic manner. Further, Purcell and Steiner-Adair (1996) found that 52% of 14-year old girls felt better about themselves if they were on a diet.

There is a need to address disordered eating patterns at the junior high school level by offering instructional materials which focus on positive self body-image and eating disorder prevention (Carney, 1986; Garner & Rosen, 1991; Levine, 1994; Moreno & Thelen, 1993; Moriarty & Moriarty, 1986; Paxton, 1996; Peters, 1984; Petrie, 1993). Although weight and hunger preoccupation consumes 65% of adolescent girls, little has been done to educate our youth about self-acceptance or preventative efforts (Kater, 1998). In 1996, the U.S. Department of Health Task Force on Eating Disorders reported that such curriculum was needed for the upper elementary school grades, but, with the exception of Kater's (1998) curriculum (for grades four through six), Healthy Body Image: Teaching Kids to Eat and Love their Bodies too!, little has been done to help upper elementary and junior high school teachers educate our youth about the importance of positive self body-image and the prevention of eating disorders.

Schools should inform students about these issues because they are in an ideal position to play a role in establishing these programs (Peters, 1984). With the lack of grade level appropriate curriculum and information concerning these topics, however, educators are seldom required to teach about positive self body-image and eating disorder prevention (Omizo & Moriarty, 1992).

A year-long survey indicated that only 13 out of the 50 states educated

students about eating disorders. Vivian Hanson, the president of The National Association of Anorexia Nervosa and Associated Disorders stated that, "Public schools should be a first line of defense in the effort to quell these disorders...the lack of information available to students is shocking" ("ANAD", 1997, p. 1). This fact is bothersome because teachers and other school personnel are in a powerful position to advocate realistic and healthy attitudes towards weight maintenance (Peters, 1984). Further, their help "is crucial for helping adolescents learn to accept their changing bodies" (Collins, 1988, p. 230).

Physical education teachers specifically should implement the teaching of awareness and prevention since many researchers conclude that physical activity may play an important role in the development of eating disorders (Davis, Kennedy, Ravelski, & Dionne, 1994), female athletes have been identified as a population at risk for developing eating disorders (Petrie, 1993), and the sports environment may nurture the onset of eating disorders (Benson & Taub, 1992; Burckes-Miller & Black, 1988; Blinde & Taub, 1992; Brickell, 1996; Davis, 1992; Davis et al., 1994; Garner & Rosen, 1991; Petrie, 1993, 1996; Slavin, 1987). Physical education teachers are in the fortunate position to influence athletes and non-athletes, and, unlike other teachers, they interact with the entire student population. Thus, their department should become educated and teach a preventative curriculum to their students.

In the 1930's, nutrition information was introduced in schools in order to educate undernourished, underweight adolescents; in the 1980's, school health curriculum emphasized the need to fight the war on fat and obesity (Gordon & Tobias, 1984). Now, at the turn of the century we need to quell the onset of eating disorder behavior. Doing so starts with prevention efforts in the classroom (Piran, 1995).

Statement of Problem

There are studies which offer adolescent awareness and female preventative suggestions, but materials for teachers are limited in choice and selection. Only a few eating disorder organizations and specialists in the United States and Canada have developed secondary level materials which discuss positive self body-image and eating disorder prevention.

Susan Giarratano (1991) has written an interactive curriculum entitled, Entering Adulthood: Looking at Body Image and Eating Disorders, and its preventative component is relevant and appropriate. The curriculum's inclusion of the discussion of eating disorders, however, is debatable, as some eating disorder specialists question the inclusion of such material (Garner, 1985). Mindy Dirks, psychologist at the Palo Alto Mental Health Clinic, Every Body's Beautiful, thinks that showing charts which display characteristics and techniques used by anorexics and bulimics is useless and harmful during preventative education (M.

Dirks, personal communication, October 9, 1997). Others believe that listening to personal experiences may be detrimental toward preventative efforts as well. In fact, one study questioned the wisdom of having women who had "recovered" from an eating disorder speak to students about their eating disorder experiences. Traci Mann, a psychologist at UCLA, studied 800 freshman females at Stanford University and found that those who had listened to eating disorder lectures (with speakers) had slightly more symptoms of eating disorders than those who had not seen the presentation (Mann, 1997).

Nancy Black, Nutritionist at San Jose State University, further stated that presentations must be carefully planned so as not to encounter unexpected, adverse effects (N. Black, personal communication, September 25, 1997). The effort of introducing curriculum which focuses specifically on eating disorders can unintentionally give its viewers information on how to obtain and sustain a similar, unhealthy lifestyle. An anonymous student at San Marcos High school explained how an eating disorder education lesson taught her how to become a bulimic as she stated, "I am a bulimic....I got the idea when our seventh grade health teacher gave a lecture on different eating disorders. I never even knew people did that until then.....I figured I would binge and purge until I lost twenty pounds and then stop" (Hammond, 1991).

The problem of focusing too much discussion on the clinical aspects of

eating disorders plagues available curriculums. Knowing that this is potentially detrimental, materials should limit discussion regarding signs and symptoms, and focus instead on other preventative efforts (Garner, 1985).

Another problem with available eating disorder curriculum is that it is often limited to student handouts and teacher overheads. There are no engaging videos which cover positive self-body image, prevention and awareness. Video material concerning eating disorder issues is available for the general public (there are bibliography lists available from different eating disorder organizations), but none of the videos are produced for classroom use (primary or secondary), and none specifically address the adolescent audience. Therefore, a limited number and kind of resource material is available for schools and educators.

There is a need for an engaging video that will interest a critical, media-oriented, male and female adolescent audience (K. Kater, personal communication, July 10, 1999). Educators need to take advantage of one of the most powerful tools a teacher can use: a video. A well done, eye-opening video will capture its audience in a more convincing manner than any other form of curriculum available. For, when the television is on, so too is the power of persuasion (Hiebert & Reuss, 1984).

Statement of Purpose

The purpose of this project was to develop a video called, It's O.K. to be You: The Promotion of Healthy Self Body-Image and the Prevention of Eating Disorders. Educators, specifically physical education teachers, should be given preventative materials such as this to use in their classrooms. A video like this did not exist, and it needed to be produced because too many adolescent females feel bad about what they look like. An anonymous girl stated that she felt good about her body until the sixth grade. After that, she noticed that everyone else hated their bodies, so she thought she should hate her body too. This girl is now a woman; a 21 year old woman with bulimia (Kater, 1998).

A video which promotes positive self-body image will help educators better assist those who feel that they do not meet our society's "thinness" standard. This preventative effort will also help adolescents become more critical of accepting such unrealistic standards. Our youth population needs to feel better about who they are, and this project will help educators facilitate such an effort.

Delimitations

The following delimitations were encountered while creating this project:

The video. Although the video's content is appropriate for all secondary level classes (junior high school and high school), it was delimited to viewing by

only junior high school teachers. Its content was further delimited to one factor (the socio-cultural element) of Garner and Garfinkel's (1980) multi-dimensional theory.

The judges. A questionnaire was sent to a sample of the following judges (n=20): 12 junior high school physical education teachers, four eating disorder specialists, and four health educators.

Limitations

The following limitations were encountered while creating this project:

The video. The video included selected material concerning awareness, socio-cultural factors, and preventative measures, thus some information was excluded. It was further limited to one of Garner and Garfinkel's (1980) multi-dimensional factors; the other two factors which concerned familial and individual issues were not addressed specifically on the video. Due to the hypersensitivity concerning these two factors, discussion should occur in a less threatening environment where intimate conversation can occur (Piran, 1996).

The evaluation method. A questionnaire was used, and judges may have responded in a biased manner according to their individual experiences and backgrounds. They may have also been tempted to respond in a socially desirable manner (Upshaw, 1988).

Although a variety of judges were sought, participation was solely

on a voluntary basis, and participants were selected according to certain criteria. Thus, results may not have generalized to the entire population of teachers, specialists, and organization representations.

Definitions

Eating disorder. Anorexia nervosa and bulimia (Michalek, 1988).

Anorexia nervosa. When one refuses to maintain a normal body weight, is extremely afraid of gaining weight, and exhibits a significant disturbance in the perception of the shape or size of his or her body (American Psychiatric Association, 1994).

Bulimia. When an individual partakes in reoccurring episodes of binge eating and self-induced vomiting and/or laxative abuse (Lucas, 1981).

Multi-determined model. A model developed to indicate the relationship between predisposing, precipitating, and perpetuating factors of an eating disorder (Garner & Garfinkel, 1980).

Socio-cultural factors. The norms, standards and values of a society. Risk factors regarding the onset of eating disorders include: the value of a thin physique, the value of perfection, the norm of dieting, the influence of the media on these values, and the changing roles of women (Moriarty & Moriarty, 1986).

CHAPTER I I

REVIEW OF LITERATURE

The review of literature will focus on the following: eating disorders and the repercussions of dieting; Garner and Garfinkel's (1980) multi-determined model; societal factors that effect our youth population; adult, peer, and media behaviors which influence adolescents; the definition of a healthy body; athletes and eating disorders; physical education curriculum development, and a review of available positive self body-image and eating disorder preventative videos/curriculums.

Eating Disorders and the Repercussions of Dieting

According to Garner (1997), eating disorders afflict the young and the old, the rich and the poor, the weak and the strong. Although few females are affected to clinical level extremes, eating disorder symptoms usually appear in girls who are between the ages of 12 and 17. Women are further affected after adolescence, and females have been treated for symptoms who were well into their 60's.

Males are less prone to developing such disorders because factors concerning biological makeup and societal acceptance are more favorable for men than they are for women. Whereas adolescent males welcome pubertal weight gain and view it as a healthy, normal occurrence, females fear the

uncontrollable, natural weight gain that occurs with the onset of puberty (Kilbourne, 1994).

During their pre-adolescent stage, both sexes maintain similar body compositions. When boys exit adolescence, however, they possess (on average) 12% body fat, whereas girls (on average) carry 23% or more body fat (Parr, 1988). According to Casper (1995), boys also gain more lean tissue and expend more metabolic energy, thus, their demand for caloric intake is higher than females. Society accepts these facts and encourages males to eat more, add bulk, and gain strength. Females, however, are blamed for the natural weight gain experienced during this normal stage of adolescence (Kilbourne, 1994). Instead of acknowledging the normalcy of puberty, our society stresses appetite control and weight loss techniques to its young, female population. If pre-pubertal females succumb to this societal pressure, and they consistently maintain an extremely low body weight, they will not experience the normal progression of puberty (Lifshitz & Moses, 1988). Inadequate food consumption can result in nutritional deficiencies that interfere with normal growth, weight gain, and sexual maturity (Pugliese, Lifshitz, Grad, Fort & Marks-Katz, 1983).

Nutritional deficiencies can affect older female dieters as well, as most low calorie liquid and food diets are unhealthy, and most do not provide 100% of the

USA recommended daily allowances of vitamins and minerals. Many of these "fad" diets fail to meet the daily requirements from the food pyramid (Fisher & Lachance, 1985). To the dismay of many women, starving the body is often to no avail. If a female does happen to lose weight by significantly lowering her intake of food, she will often gain most or all of the weight back. Of those who do lose weight, the long term failure rate is high; only five percent manage to keep from gaining weight back by the end of 5 years (Mahan, 1996). Caloric restriction is usually unsuccessful because after weight is lost, one's metabolism slows down significantly (Aronne, 1998). In order to compensate for insufficient food intake, the body goes into "starvation mode" by rationing its level of energy expenditure. This makes weight loss even harder to attain and maintain. In fact, in order to keep weight off, one must eat even less than they did before their initial weight loss (Bessard, Schutz & Jequier, 1983). Thus, our body's natural defense against weight loss often prevents success (Mahan, 1996).

Even with repeated failed attempts, however, many women continue to diet. In fact, at any given time, one out of two women are on a diet (Gilday, 1993). Ward (1998) stated that the diet industry capitalizes on this fact, as it makes billions of dollars each year from profits that are a direct result of the low success rate of its clients. In 1996 alone, eight million Americans "opted for

the likes of Diet Center, Optifast, and Weight Watchers" (Ward, 1998, p. 1).

Even more disturbing is the fact that although studies have shown that pulmonary hypertension and valvular heart disease can result when Fenfluramine-Phentermine ("fenphen") are taken together, some weight reduction programs have offered these drugs to their patients (Connolly et al., 1997; Mark, Patalas, Chang, Evans, & Kessler, 1997). This fact confirms that some diet programs will do anything to make money, and consumers will go to any length to weigh less (Ward, p. 1, 1998).

Even if they do lose weight, most dieters can never be "too thin". Sometimes "successful" dieters even eat so little that they continue their unhealthy weight loss routines well beyond their "target weight". This obsession with dieting can lead to a female's vicious cycle of unnatural, unhealthy weight loss, and anorexic and bulimic tendencies are often the result of such overcautious dieting efforts (Carney, 1986).

Although both anorexia nervosa and bulimia deal with eating patterns and psychological distress, their characteristics differ. Anorexics exhibit the following behaviors: deliberate self-starvation and drastic weight loss, refusal to eat, a denial of hunger, compulsive exercise, abnormal weight loss of 25% or more, and absent or irregular menstruation. Anorexics are also very fearful of weight gain, have a distorted body image, and can be sensitive or moody (ANAD, 1997;

Emmet, Unknown).

Like anorexics, bulimics are highly preoccupied with the thought of food, and are known to engage in compulsive exercise behaviors. Unlike those with anorexia nervosa, however, bulimics secretly binge on large amounts of food. This behavior is usually followed by vomiting and/or an abuse of laxatives or diuretics. After bingeing and purging, the participant often feels extremely guilty for engaging in such behavior. The bulimic also experiences physiological repercussions, such as broken blood vessels in the eyes, a loss of tooth enamel, and often chronic digestive problems and abdominal pain. Death can be the drastic result if bulimia or anorexia nervosa are left untreated (ANAD, 1997; Emmet, Unknown).

Garner and Garfinkel's Multi-determined Model

Anorexia nervosa and bulimia are often viewed as multi-determined disorders that possess three predisposing factors: individual, familial, and socio-cultural. According to Garner and Garfinkel's (1980) multi-determined model, individual factors "have been identified to include personality traits, perceptual and conceptual disturbances, and a proclivity towards overweight or early maturity" (p. 654). The second factor, familial patterns, include "personality features in parents and parental attitudes toward weight control, shape, and fitness" (p. 654) as determinants. The last factor, socio-cultural elements, can

lead females to feel the following pressures: high performance expectation, an abnormal obsession with thinness, and the overwhelming responsibility to please others.

Garner and Garfinkel (1980) suggested that these predisposing factors can become "pathogenic within the context of stressors (precipitating factors) which initiate dieting, weight loss, and the pursuit of thinness" (p. 654). The stressors include one or more of the following: personal loss or separation, sexual conflict, elevated achievement expectations, and distress due to puberty changes. When initiated, the precipitating factors can trigger the onset of eating disorder behaviors in vulnerable females (see Appendix A).

The first factor of the multi-determined model concerns individual factors. Many researchers and health professionals believe that people who possess anorexic and bulimic tendencies tend to be overachievers and are brought up in middle class, upwardly mobile families (Tobias, 1988). They further stated that individual characteristics often differ between the two eating disorders in that bulimics tend to be aggressive and socially active, while anorexics tend to be passive and compliant.

Although this overview concerning the personality traits of eating disorder victims has been proposed by many, one must caution against making such generalizations because, "These stereotypes lack empirical support and are

generally based on anecdotal observations or biased samples" (Gibbs, p. 1106, 1985). Gibbs further stated that we must remember that people with eating disorders are individuals first, and that they affect a broad range of personality types. Thus, we must be careful not to stereotype those who have such disorders.

Gibbs' (1985) statement of caution gains validity as we see that eating disorders affect women of all backgrounds and races. In his article entitled, "Eating Disorders Go Global", Los Angeles Times writer Sonni Effron (1997) discovered that within the last 5 years, an anorexia-like starvation syndrome had spread to women of all socio-economic backgrounds in Seoul, Hong Kong, and Singapore. The origin of this explosive wave of disorders is unclear, and experts debated whether these problems have been caused by the Western influence, or if "they are a generic ailment of affluence, modernization, and the conflicting demands now placed on young women" (p. A9). Either way, the author stated that the effects were obvious; eating disorders now plague women of many racial, social and economic backgrounds.

We also see the spread of disorders across racial lines in the United States. Thompson (1996) studied the socialization processs among African-American, Latina, and white women and found that none of the races are devoid of eating disorder problems. In fact, many African-American and Latina women

feel that they are excessively pressured by family members and peers to fit the mold of a successful, thin, upper-middle class, white woman. Thompson concluded that all women, whether they are white, Latina, Asian or African-American, risk the chance of developing these disorders. Gone are the days when one can assume that a woman with anorexia is a perfectionist, white, and middle class.

Eating disorders are becoming more common amongst all races, and they often affect those who fail to possess a thin, "ideal" physique. Females who are more prone to weight gain due to a slow metabolism, genetics (biological make-up), or early maturation, are quicker to realize that their body type does not fit into the standard mold of perfection. Killen et al. (1993) found that these particular females are often characterized by a disturbed body image, preoccupation with weight, excessive concern with dieting, dissatisfaction with body shape, and pursuit of thinness. Thus, self-esteem problems are often enhanced, and weight loss efforts begin, and are encouraged at an earlier age for these females (Garner & Garfinkel, 1980). Further, in an article written by Smolak et al. (1993), the authors quoted Brookes-Gunn's belief that those who enter puberty early may be less positive about their bodies and have a tendency to diet more than their classmates. Brookes-Gunn also stressed that the effects of early maturity are long-lasting, and the symptoms often do not disappear as one enters adulthood.

The normal process of puberty in general has been correlated to the perpetuation of weight concerns and eating problems among middle school girls (Smolak et al., 1993). Therefore, those who mature "normally" and later than their peers may also contend with fears of uncontrollable weight gain (Casper, 1995). This fear further affects adults because, "As long as females fear weight gain and are convinced that appearance in the form of thinness promises social acceptance, they are at risk of developing an eating disorder" (p. 218). Therefore, no female is excluded from this socially driven fear of weight gain.

According to Garner and Garfinkel's (1980) multi-determined model, the attitudes, actions and words that come from parents and family members also have a significant affect on eating disorder victims. Paxton et al. (1991) stated that parental influence is so strong that, "Diet behaviors are related more to parental encouragement to lose weight than the encouragement of friends" (p. 377). The researchers found that if parents model and encourage unhealthy eating beliefs and practices, their daughters will most likely engage in similar dieting behaviors.

A mother's attitude in particular can have a huge impact on her daughter's behavior. Researchers studied 2,379 nine and ten year old girls and found that a girl is more than twice as likely to be a dieter if her mother told her she was too heavy. On the contrary, if a mother has a more relaxed attitude

about food, the likelihood that her daughter will become fixated with losing weight diminishes tremendously ("Mom, Weigh Your Words", 1996).

Although the attitudes of parents alone are extremely influential, many studies focus on the family unit as a whole to uncover clues about eating disorder problems. Pike and Rodin (1991) found that there are usually a wide range of functional problems in the household of a disordered eater. Their study stated that on the average, bulimic families are more disorganized and disorderly, and less cohesive, trusting and nurturing than families who did not have a bulimic family member. On the contrary, "Anorexic children are said to have families that manifest conflict, intrafamilial stress, discordant family relationships and over-involvement" (p. 198). Thus, while the family environment of a bulimic is believed to be more disorganized and disgruntled, the anorexic's household is supposedly more controlled and constricted.

As was true with stereotyping the personality characteristics of eating disorder victims, however, one must be careful not to make drastic generalizations about a family's perceived status. The family and the victim should not be labeled and stereotyped, and assumptions about individuals must be treated with great caution. For, every family is different, and each familial situation should be viewed as individual and unique in nature (Gibbs, 1985).

The final factor of Garner and Garfinkel's (1980) multi-determined model

concerns societal factors and their affect on eating disorder victims. Although this issue has been briefly discussed, an in-depth look at many socio-cultural factors will be reviewed next.

Societal Factors that Affect Our Youth Population

According to Moriarty and Moriarty (1986), "Our generation faces a social and biological conflict, for as our population becomes healthier and heavier, our idealized female becomes thinner, even emaciated" (p. 5). In order to understand the development of this problem, one must look at the socio-cultural risk factors (the norms, standards and values) that contribute to this paradoxical situation.

According to White (1992), Kilbourne (1994), and Moriarty and Moriarty (1986), several factors perpetuate the onset of eating disorders in American women: the value of a thin physique, the influence of the media towards this thinness ideal, the value of perfectionism, and the high standards women are pressured to maintain.

American women have always been told how to act and how to look (Kilbourne, 1994). Our society's social standards, however, are forever changing. For example, from the 1500's to the 1900's, a robust figure was correlated with health and wealth. And, although a corseted look appeared in the 1800's, the

ample figure was still the more desirable and accepted physique of that decade. It was not until the 1920's that a thinner, slighter frame became the fashionably dominate standard. Its popularity was short lived, however, as shapely, voluptuous pin up girls like Betty Grable (during World War II), and later Marilyn Monroe and Jayne Mansfield, captivated America. For a short while, women were appreciated for having healthier, curvaceous, more biologically attainable bodies (Raphael & Lacey, 1992).

The sixties and seventies, however, demanded women obtain an often unattainable physique. Fashion changed dramatically, and women were expected to replicate the look of models like 98 pound Twiggy and Jean Shrimpton. Society once again saw thinness as desirable and fashionable, and many women in America attempted to achieve a biologically impossible goal.

The eighties and nineties have since maintained this thinness standard, but now our society also desires a woman to be fit, shapely and strong. Woscyna (1991) noted that the media perpetuates this demand as, "Magazine photographs suggest that our society has merely added one more criteria; in addition to being slim, we [the American woman] must now have a fit and muscular body" (p. 147). Using various forms of the media, our society has encouraged women to be thin, yet strong, and to add muscle, but not weight. This physique is seen in every known form of media, and every female and male

in America is influenced by this societal ideal (Irving, 1990).

Harmatz (1987) specifically faulted the advertising industry's presentation of the ideal figure as he stated that, "Female figures in particular are abnormally thin and would be classified as falling in the lowest percentile of the population of females in weight and clothing size in regards to height" (p. 52). The researcher stressed that although the self-esteem of all women is affected by this thinness idealization, adolescents who are developing their body self-perceptions are most vulnerable to the effects of advertising.

Whereas males are encouraged to eat, gain weight, and be healthy and strong, women (young and old) are expected to maintain this standard while also maintaining an often impossible, low body weight. Therefore, while males strive for a biologically forgiving and often attainable goal, females are expected to reach a state of physical perfection (Casper, 1995). The intense pressure of striving to (and then often failing to) reach this level of perfection often perpetuates the onset of eating problems and eating disorders in females of all ages (Collins, 1988; Harmatz, 1987; Irving, 1990; Kilbourne, 1994; Moore, 1988; Piran, 1996; Purcell & Steiner-Adair, 1996; Ross, 1986; Smolak et al., 1993; White, 1992).

In a similar manner that it sets standards regarding a woman's looks, our society also dictates how a woman should act. Today's female is expected

to maintain a successful career, raise a family, and stay fit and trim. Kilbourne (1994) stated that in the nineties, women are expected to be "superwomen". Whereas the media endorses plenty of products that "supposedly" help make this lifestyle possible, few women can keep up with such a rushed, frantic pace (Levine, 1994).

Many females (specifically at a young age) also encounter role confusion. Our young girls are told to work hard in school and to excel in academics and athletics. They are also told, however, to maintain a traditional, often subordinate level of femininity (Kilbourne, 1994). Collins (1988) stated that while, "Boys are encouraged to compete and achieve, girls are raised to value relationships...but with rapid social change, girls are also being asked, in adolescence, to become like boys; to break the ties and become independent high achievers" (p. 229).

Shisslak and Crago (1994) suggested that the role destabilization which results from the conflict between traditional and non-traditional female roles is the main sociological factor that has been blamed for an increase in eating disorders. For, when our society encourages this unrealistic "superwoman ideal", young adolescent girls entering adulthood cannot fulfill this expectation. Eventually in their unsuccessful quest to raise children, nurture others, maintain a successful career, and look trim and attractive, many women strive to control the one thing

that they can gain power over; their bodies. Unfortunately, the end result of the efforts of many are disappointing, and when they fail to achieve this unrealistic standard, many women experience feelings of low self-esteem and depression (Kearney-Cooke, 1990). A majority of females experience these feelings to varied extremes because only a small percentage of women can attain a perfect body; and even if they do succeed, most females feel that they can "never be too thin or too beautiful". They have a distorted body image, and "they are caught in the tyranny of slenderness" (Fairbanks, 1987, p. 378).

This thinness standard is unattainable for most of our female population for many reasons. In order to counterbalance this situation, we must educate our youth about these factors. They must become aware so that they do not help perpetuate the problem, and females must realize that they cannot expect themselves to maintain "the superwoman ideal" (Levine, 1994). Education which concentrates on self-acceptance and awareness will help counterbalance our society's demands which are harmful to its female population (Kilbourne, 1994).

Adult, Peer, and Media Behaviors

which Influence Adolescents

While the "superwoman ideal" and parental influence do affect our youth population, female adolescents may feel pressured to maintain physical perfection due to other influences as well. Respected adults, role models, and

fellow peers also can affect the way a young female feels about herself (Piran, 1996).

Bandura and Walters (1963) stated that although teenagers are still greatly affected by the actions of their mother and father, adolescents attempt to emancipate themselves from the guidance of their parents. Puberty marks a time when teens strive to develop a sense of independence, and most teens do this by allying themselves with non-familial influences such as peer groups and role models.

This hypothesis was supported when Crockett, Losoff, and Petersen (1984) did a longitudinal study regarding the effect of peer relations in early adolescents, and found that over a period of 3 years, the importance of these interactions grew significantly from the sixth to the eighth grade. Levine, Smolak, Moodey, Shuman and Hessen (1994) also examined the power of peer influence and discovered that direct messages from other peers can affect how a female thinks and acts. The researchers found a positive correlation regarding direct messages and actions. Specifically, Levine et al. (1994) discovered that if peers stressed thinness and dieting, these actions directly increased the probability of eating disordered behavior habits among middle school girls.

There is also a correlation between teasing and weight preoccupation

among the adolescent population. Hoelter (1984) found that if peers emphasized the importance of appearance, this behavior led to a female adolescent's lowered self-esteem, increased self-consciousness, and an "increased vulnerability to others opinions" (p. 260). Paxton (1996) stated that if teased about her weight, a young female will most likely be affected by such harsh words. Perhaps even more harmful, Paxton stated, is that fact that, "Teasing may be viewed as another, less subtle, way in which peers influence the thin body-image ideal" (p. 338).

In order to counterbalance the problem of adolescent dieting and low self body-image due to the repercussions of teasing, positive peer interaction techniques need to be promoted in our schools (Piran, 1996). Revisions in peer relations among students are essential if our society wishes to prevent the harmful psychological repercussions which are directly related to a female adolescent's quest to reach, and then maintain, the thinness standard: Adolescents greatly influence each other, and efforts to enhance positive peer interactions can empower our entire youth population (Piran, 1996).

While she encouraged revisions in peer relations among students, Piran (1996) also encouraged revisions among student/teacher relations. Although peers can help each other feel better about themselves, personal interactions with respected adults and/or role models can also affect how an adolescent

feels and acts. Adults should become aware that their words can directly affect the beliefs and actions of adolescents (Bandura & Walters, 1963).

Just as adults can affect kids, messages from the media can also greatly affect our youth population. The influence of television is so powerful, in fact, that Bandura and Walters (1963) stated that parents are becoming less influential, and media influences are becoming even more influential in the lives of adolescents. These two researchers examined the relationship between our youth population and the mass media 37 years ago, and since then, their beliefs have been well established (Feldman, Feldman & Goodman, 1988; Zuckerman & Zuckerman, 1985).

The impact that the media makes specifically on females has also been documented, as in one study, Tiggerman and Pickering (1996) discovered that certain television programs and movies are positively correlated with body dissatisfaction. The researchers found that if young females watched programs which portrayed women in certain stereotyped roles, these viewers felt more dissatisfied with their bodies.

Knowing the influence that the media has on our society, children and adolescents should be assisted to resist the unhealthy thinness messages that plague all forms of medium (Gustafson-Larson & Terry, 1992). Studies show that if a young girl feels inadequate and unable to achieve societal norms, her

self-esteem will be affected by such failure (Shisslak, Crago, & Neal, 1990).

Further, low self-esteem affects an adolescent's ability to use her own judgment, and to question such unrealistic "norms". Our youth population should be taught to think critically, and to not let other influences dictate their thoughts and actions (Piran, 1996). We need to encourage adolescents to think for themselves, because the standards of perfection that are idealized in the media do, and will continue to, influence the self-esteem, attitudes, beliefs and behaviors of our youth population (Feldman et al., 1988; Kilbourne, 1994).

The Definition of a Healthy Body

Our society has readily accepted the "thinness standard", but a perplexing question remains, "How attainable is this ideal?". For most of the female population, reaching and maintaining this level of physical perfection is not possible, and it is not healthy (Levine, 1994). It is so unattainable, in fact, that many photographers and editors use digital manipulation in order to perfect images of models and movie stars (Spindler, 1997). Margaret Phanes, Professor of Digital Imaging at the University of California, Santa Cruz explained that, "Many of the photos used in magazines and in other forms of the media are not real. Most have been digitally manipulated so that media personalities appear even thinner than they are, and blemishes have been removed from complexions so that models and movie stars appear to be perfect in every way" (M. Phanes,

personal communication, September 24, 1999).

Why then, has our society accepted this idealization of women? Fairbanks (1987) would argue that our society is caught in a tyranny of slenderness and physical perfection. Even though a thin, "ectomorph" physique is biologically impossible for most women to attain, this body type is socially desirable (Fairbanks, 1987). It has been proposed that, in reality, females are one of, or a combination of, several different body types. Sheldon (1963) believed that human beings could be categorized into four somatotypes: ectomorph, endomorph, mesomorph, or a combination of all three. According to Sheldon, ectomorphs are thin and angular, while endomorphs tend to be more round and soft. The third body type, the mesomorph frame, is muscular and athletic looking, while the fourth is a combination of either two or three of the suggested somatotypes (Sheldon, 1963). While his theory has been challenged by some, it is generally accepted and acknowledged by the scientific community (Harris, 1978).

Although a large majority of the population does not possess a thin physique, studies show that pre-adolescents and adolescents prefer thinner figures (Cohn et al., 1987). Collins (1991) studied perceptions of body figures in a cross sectional survey of 1118 preadolescent children and found that 42% of the females surveyed desired to be thinner. Similarly, Garner (1997) found that

57% of females ages 13-19 said that they were dissatisfied with their appearance; 62% of these females stated discontent regarding their weight.

Adolescents need to realize and acknowledge that there are different body types, and that being thin does not always mean that one is healthy (Kater, 1998). In fact, studies have shown that having a little extra body fat seldom causes health problems. Researchers examined a large sample of Norwegians over a period of 10 years and found that those who were 10-35% over the "ideal weight" lived longer than those who were 10-25% below the "ideal weight". In support of this study, there are 12 other studies that have revealed similar results (Gilday, 1993).

Even though the presence of extra body fat alone is not an accurate indicator of how healthy someone is, many females believe that they should attain an extremely low body weight (Bennet & Gurin, 1982). This mind frame has plagued women of all ages for many previously discussed reasons, but one remains to be examined. The existence of height/weight charts which are found in magazines, diet program brochures, and other published materials have also prompted many females to ask themselves, "How much should I weigh?"

What women and girls need to realize is that these charts are not based on any real medical evidence (Bennet & Gurin, 1982). The charts were first developed in 1940 by the New York Life Insurance Company after it was

discovered that some of the company's obese clients died at a younger age than did thinner clients. Bennet and Gurin have since argued that this company failed to examine clients who were only slightly overweight, therefore, a majority of the company's clientele may not have been a health risk.

Since 1940, a variety of different height/weight charts have been published by a number of life insurance companies. The ideal weights in these charts, however, have fluctuated according to the specific needs of the company. Thus, the validity of these charts has been questioned by many researchers (Knapp, 1983; Myers & Biocca, 1992; Weigley, 1984). Keys, Brozek, Henschel, and Mickelsen (1950) further questioned the fact that none of the published charts have taken fat vs. lean tissue into account. The researchers argued that a person who has more muscle weighs more than a person who possesses a significant amount of fat. They further stated that height/weight charts are flawed because they do not acknowledge this important fact. Keys et al. (1950) criticized the original charts more than 40 years ago, and many researchers maintain the same arguments today (Bennet & Gurin, 1982).

Our general population is ignorant of the fact that height/weight charts are not based on medical findings, thus, such information is usually interpreted as a credible source of how much one should weigh (Bennet & Gurin, 1982). What is supported by the medical community, however, is the fact that being

healthy depends on one's eating habits and fitness level (Anderson-Parrado, 1998). In order to maintain a healthy, balanced diet, the U.S. Department of Agriculture (1992) suggested that one should eat the following from the food groups; two to three servings from the meat/protein group, two to four servings from the fruit group, three to five servings from the vegetable group, six to eleven servings from the grain/cereal group, and two to three servings from the dairy group.

The U.S. Department of Agriculture (1992) also suggested that in order to maintain a healthy diet, fats, oils, and sweets should be eaten sparingly. No one, however, should deprive themselves of any specific food source because it is considered "bad" (Kater, 1998). Living a life of food deprivation will most likely lead to binge eating; high fat foods should simply be eaten in moderation, so that one can attain and/or maintain a healthy body (Holliman, 1991).

While eating right is a crucial component of health maintenance, an individual's participation in physical fitness is another important factor when assessing an individual's state of health (Anderson-Parrado, 1998).

Merleau-Ponty (1963) examined the importance of a female's engagement in activity, and stated that a woman's exclusion from sport is hurtful because she will not know a fundamental aspect of her humanity. The philosopher further stated that a female will not experience personal wellness if she does not

experience the physical benefits of exercise.

While being fit enhances one's physical state in many ways, research indicates that even minimal activity has a positive effect on one's self-esteem and other mood states as well. Jaffe and Wu (1996) studied the responses of 953 girls concerning exercise and self-esteem and found that physical activity is a factor that positively influences self body-image. The researchers concluded that exercise "offers girls numerous activities to view their bodies outside of the content of appearance" (Jaffe & Wu, 1996, p. 20). Thus, instead of focusing on the body as merely a physical representation of their identity, active girls usually view their bodies as strong, able components of themselves.

In a like manner, Erbst (1984) stated the importance of physical fitness, but he emphasized that being healthy depends on one's level of mental, social, and spiritual fitness as well. Instead of focusing solely on the body as an indicator of health, the author theorized that the holistic self should be acknowledged, and that mind and body are equally important to a person's state of wellness. Health, Erbst concluded, is a multidimensional construct that encompasses both mental and physical components.

Athletes and Eating Disorders

The physical and mental benefits of physical activity have been well documented, therefore, getting an adequate amount of fitness should be

encouraged (Erbst, 1984). The practice of overexercising, however, should be discouraged for many reasons. Athletes in particular tend to engage in this behavior due to elevated aesthetic demands and high performance expectations (Burckes-Miller & Black, 1988). Often, an athlete's intense, time-consuming exercise regime is like that of an anorexic's. Katz, Gorzynski, and Weiner (1978) found that 21 out of 25 anorexia patients were extremely active prior to the onset of the problem. In order to maintain their thin physiques, people with eating disorders have to partake in high levels of intense exercise in an effort to expend calories and stay slim (Davis et al., 1994). Likewise, athletes who are concerned about their weight will often do anything to attain, and then maintain their low weight goals. In time, if an athlete combines overexercising with undereating, eating disorder symptoms often turn into more extreme problems (Davis et al., 1994).

Although their reasons for losing weight can be somewhat different, and an athlete may eat more to counterbalance the energy expenditure of his or her sport, the goal of the weight-obsessed athlete and disordered eater is often the same; get thin, and remain thin (Slavin, 1987). Knowing the similarities between the exercise habits of anorexics and athletes, physical educators should be careful not to encourage exercise routines which are elevated to extreme levels (Davis et al., 1994). Further, physical educators should implement education

which focuses on eating disorder prevention since athletes may be at risk for developing disordered eating habits (Burckes-Miller & Black, 1988; Epling & Pierce, 1988; Moriarty & Moriarty, 1986; Petrie, 1993; Rhea, Jambor & Wiginton, 1996; Slavin, 1987; Thornton, 1990), and the sports environment may nurture the onset of eating disorders (Benson & Taub, 1992; Burckes-Miller & Black, 1988; Blinde & Taube, 1992; Brickell, 1996; Davis, 1992; Davis et al., 1994; Garner & Rosen, 1991; Petrie, 1993, 1996; Slavin, 1987).

As with the general population, the number of athletes who are clinically diagnosed as being anorexic or bulimic is low (Beals & Manore, 1994). The number of athletes who possess eating disorder symptoms, however, is extremely high. In fact, Smith's (1984) study found that almost all athletes surveyed (male and female) at some point in their careers were concerned with losing weight because they believed that doing so would enable them to achieve peak performance levels. Many competitors are driven, goal oriented, and compulsive by nature, and they are capable of pushing themselves to uncomfortable, unhealthy extremes while attempting to achieve low, unnatural body weights (Thornton, 1990).

Female athletes are especially vulnerable to developing disorders "because they use exercise, pathogenic weight behaviors, and food as tools to control their athletic performance" sometimes to excessive levels (Rhea et al.,

1996, p. 66). Researchers have further suggested that sports which emphasize low body weight and/or are aesthetically judged tend to increase the prevalence of eating disorders among participants (Burckes-Miller & Black, 1988; Fairbanks, 1987; Moriarty & Moriarty, 1986; Shisslak et al., 1990; Thompson & Sherman, 1993). Thornton (1990) found that, "In sports such as gymnastics, diving and figure skating, performances and appearance are often linked in the minds of judges, adding further pressure to achieve the hyper-lean look idealized in the media" (p. 119). Thus, women in these particular sports try to excel physically and still maintain an extremely thin, attractive physique.

Female athletes who do not participate in aesthetically judged activities are not exempt from a coach's critical comments, however. Rosen, McKeag, Hough and Curley (1986) found that in an attempt to achieve an athlete's peak performance levels, many coaches establish weight goals for their athletes and require weekly weigh-ins. This occurs because coaches often believe that reducing fat stores will increase strength, speed and endurance. Thus, many coaches encourage and expect their athletes to maintain low body weights.

Athletes often comply with demands such as these because they respect their coaches. Although coaches can be very positive figures in the lives of athletes, they are also capable of doing harm. Morris (1988) pointed out that, in general, "The attitudes, comments and gestures of coaches [had] a

profound effect on an athlete's self esteem" (p. 14). Thus, athletes under pressure to make weight will often take extreme measures to do so, or risk disappointing their coach, and themselves.

The athletic environment supports unhealthy body weights because the compulsive behavior of athletes often goes unnoticed. Since coaches and athletes believe that optimum performance levels can be easier obtained when one possesses a low body weight, those who reach this level of weight are often applauded for their often unhealthy accomplishment (Thompson & Sherman, 1993).

The sports environment is further conducive to eating disorder problems because the compulsive exercise behaviors of at-risk participants is also acknowledged in a positive manner. The "no pain, no gain" philosophy is widely accepted, and athletes (male and female) often choose, or are encouraged, to push themselves to extreme levels of exertion (Thompson & Sherman, 1993).

If driven to excel physically to extreme levels, and in combination with disordered eating habits, the female athlete is also at risk of developing the "athletic triad" symptoms (Overdorf & Gill, 1994). A female may experience the loss of her period (amenorrhea) if her body weight is too low for this normal function to occur (Nattiv & Lynch, 1994). Further, decreased estrogen levels due to amenorrhea may lead to premature bone loss (osteoporosis).

Untreated, the amenorrheanic athlete may end up in her 20's having the bone density of a woman in her 50's (Nattiv & Lynch, 1994).

Although there are slight differences between anorexia nervosa and anorexia athletica (the athletic triad), the similarities are apparent, as both disorders exhibit the following symptoms: amenorrhea, weight loss, low fat content, osteoporosis, decreased levels of sex hormones, and elevated cortisol levels (Huberland, Seddick, Marcus, & Bachrach, 1995). Knowing the harm that anorexia can cause, physical educators should counteract this behavior using positive self-body image and eating disorder preventative materials (Powers & Johnson, 1996).

Physical Education Curriculum Development

A position statement by the California Alliance for Health, Physical Education, Recreation and Dance (CAHPERD) Representative Assembly (1993) stated that the discipline of Physical Education should be focused on the holistic development of each student. The assembly proposed that an effective program would achieve the following goals: movement skills and movement knowledge, self-image, self-esteem and self-realization, and social development and interaction. Sterne (1991) examined the curriculum development process and suggested that curricular objectives should be aligned with state goals, as

well as professional standards such as those that were proposed by the CAHPERD Representative Assembly. A comparison of the curricula initiatives of the Physical Education Framework for California Public Schools (California State Board of Education, 1994) and the CAHPERD Committee found both to suggest similar objectives and goals.

Although experts in the field of Physical Education stress the importance of teaching kids about positive mental and physical well being, materials which educate about the importance of positive self body-image, self-esteem, and peer/self-acceptance have not yet been published for secondary level educators. This lack of curriculum, in California, specifically, has been due to the fact that the Physical Education Framework for California Public Schools merely provides planners and developers of physical education with suggestions concerning objectives, concepts, and strategies (California State Board of Education, 1994). Maureen Fullerton, former physical education curriculum developer for the Cupertino Union School District, explained that the framework is there as a guide; in actuality, it is the responsibility of each district in the state of California to abide by such guidelines (M. Fullerton, personal communication, October 26, 1999). Thus, if educational materials that acknowledge such topics as self/peer acceptance, positive self-body image, or eating disorder prevention are unavailable, such concerns will not likely be addressed in our schools.

Video/Curriculum Review

Although many eating disorder specialists, educators, and a variety of journal sources state the need for positive self body-image and eating disorder preventative education, a junior high school teacher has a limited number of curriculum materials to choose from.

Kathy Kater has published an excellent positive self-body image curriculum entitled, Healthy Body Image: Teaching Kids to Eat and Love their Bodies too!, but her material has been specifically written for elementary school children, therefore, such curriculum is not appropriate for students beyond the sixth grade. An appropriate secondary level video which emphasizes self-body acceptance and eating disorder prevention does not exist.

A few sources have published eating disorder curriculums and videos (see Appendix B and Appendix C), but most emphasize education which focuses on defining the problem rather than preventing it (The Department of Food Science's, Healthy Growth: Nutrition Lessons for 9- to 12 Year Old Children). Even more limiting is the educator's selection of appropriate preventative videos (see Appendix C). Besides the fact that video prices are very expensive (Disney's-26 minute, Skin Deep is \$199.00; Brock's-59 minute, A Season in Hell is \$199.00; and Kilbourne's-30 minute, Slim Hopes, is \$250.00), most available videos focus on a female victim's personal experiences, and not on preventative

measures (Emmett's, In Our Own Words: Personal Accounts of Eating Disorders).

Further, the content of many eating disorder videos is often not conducive for the secondary school educator. For example, Jean Kilbourne's engaging video, Slim Hopes, exhibits an excellent portrayal of how the media manipulates its viewers, yet some of the video's material introduces strong sexual overtones which are inappropriate for classroom use. Similarly, a scene of a female who binges and purges in Ryan's, Deadly Reflections, may give at-risk students ideas concerning eating disorders. If a video explains eating disorder techniques, the information obtained could possibly work against future preventative efforts (Garner, 1985).

With all of these limitations, the educator is left with only a few options. A review of the available material exhibits the need for a junior high school level video that educates adolescents about positive self body-image and prevention strategies. This proactive effort can help stop eating disorders before they start (Nagel & Jones, 1993).

Summary

Educators, specifically physical education teachers, should have an audio-visual tool that holds adolescents responsible for their part in the preventative process, and educates all students about positive self body-image and self/peer acceptance. Writers and specialists from a number of different journals state

the need to educate our youth about this information; it can, and should take place in our schools (Kater, 1998).

Carney (1986), vice-chairman of Bulimia and Anorexia Nervosa Association of Windsor, Ontario, believed that the vulnerability of at-risk females "could be curbed if there were greater awareness of the superficiality of many of our society's attitudes", such as, "You can't be too rich or too thin" (p. 11). She further stated that preventative education in schools is the way to achieve this goal. Carney's statement was written in 1986, however, and not much has been done to educate our youth.

Levine (1994) stated the importance and need to inoculate adolescents against the pressures which promote the thinness standard, but educators need an engaging tool to do so. If a video were produced, such an effort would help teachers promote positive self- body image in their classrooms. The production of this curriculum item would also aide educators in the effort to prevent eating disorders among our adolescent population (K. Kater, personal communication, July 10, 1999).

CHAPTER III

METHODOLOGY

A video entitled, It's O.K. to be You: The Promotion of Healthy Self Body-Image and the Prevention of Eating Disorders, was produced as an educational tool for junior high school teachers. The content of the video focused on four specific areas of concern: the argument that being thin does not necessarily mean that one is healthy, the dangers of dieting, the importance of thinking for oneself, and the suggestion that negative body image messages from peers, significant others, and the media should be viewed critically.

Judges

In order to get a wide range of critique and feedback, and to establish face validity, the video and an evaluation questionnaire were sent to the following judges (n=20): 12 junior high school physical education teachers, four eating disorder specialists, and four professionals who work in health-related fields.

All judges were selected according to their willingness to watch the video and then to answer a questionnaire. A wide range of professionals were asked to evaluate the video so that knowledge-based critique could be included in the assessment process.

Video Content

A 34 minute video was produced so that it can be used as a teaching tool in the classroom. The video was designed specifically for the junior high school audience, and the video's content was introduced using the following techniques: live interview, still photo/letter listing, straight lecturing, auditory sections without visual, and visual sections without auditory.

Video Script

The video script was written according to suggestions from eating disorder specialists, professionals who appeared in the video, and those who had published preventative articles in academic journals. All of the information that was used in the video was academically supported (please refer to Appendix G to view the script). Approximately 400 hours were spent on data research, scripting, and collaborating with the experts.

Video Speakers

The professionals in the video were selected according to their expertise and willingness to appear in the production. Some of the experts were personal contacts, and others were recommended by authorities in their prospective fields.

Video Production

The video was shot on 3/4 " SP video tape using a 3CCD (chip) Sony

DC-D30 video camera. All segments were filmed in different locations, according to the needs and requests of the talent (two segments were shot in Los Angeles, California). The shooting process took approximately 50 hours.

Video Editing

With the exception of two expert sections, all of the video segments were scripted and teleprompted. Most of the segments were time-equivalent, and most did not exceed 2 minutes. Mindy Dirks, speaker for "How Dieting Effects your Mind" (Questions #2) and "Expectations" (Question #3), however, did not wish to use a script or teleprompt. Her segments were longer and more difficult to edit (one segment was cut from 17 to 2.5 minutes).

The video was edited non-linear (digitally) on a Casablanca digital editing machine. Twenty-four bit graphics were created by using the programs Adobe Photoshop, Macromedia Director, and Adobe Premiere. A Panasonic WJ-MX 50 Digital Mixer was used to electronically transfer the original master footage and graphics to the final edited master. A digital master was also produced using a Betacam SP editor. All music selections are of digital quality and were added to the video soundtrack by using a Sony CDP-550 compact disc player. The final product was duplicated on VHS videotape for evaluation and general distribution. The video took approximately 200 hours to edit.

Questionnaire

The video's evaluation questionnaire (given to all evaluators) consisted of 12 questions concerning the focus, presentation and clarity of the video (See Appendix D). Questions 1-11 were a Likert scale of measurement numbered 1-4 (1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree), while question 12 asked for further suggestions/comments regarding the video.

Data Analysis

A Likert scale of measurement allowed for a quantitative analysis of the responses. Each question was analyzed categorically, and then total scores and percentages were documented. Individual responses were also recorded if participants chose to comment, and if such feedback was representative of a majority of the responses.

Summary

The video, It's O.K. to be You: The Promotion of Healthy Self Body-Image and the Prevention of Eating Disorders, was produced for junior high school physical education teachers and their classes. The video was evaluated by physical education teachers, eating disorder specialists, and health professionals, and a Likert scale of measurement allowed for a quantitative analysis of the responses.

CHAPTER IV

RESULTS

The purpose of the video was to offer junior high school teachers a teaching tool which would help them promote positive self body-image in their classrooms. Twenty videos (Appendix H- see enclosed) with cover letters (Appendix E), self-addressed envelopes, agreement forms (Appendix F), and questionnaires (Appendix D) were sent or hand delivered to the following, pre-selected evaluators (n=20): 12 junior high school physical education teachers, four eating disorder specialists, and four professionals who work in health related fields. Nineteen evaluators sent back their questionnaires, and all were usable for analysis. Two weeks were allowed for responses, and a reminder phone call was made during the response period.

The judges were instructed to sign the agreement form, review the video, and then answer the questionnaire. Questions 1-11 used Likert Scales denoting 1=strongly agree, to 4=strongly disagree, and space was left after each question for comments. Question 12 asked for further suggestions and/or comments about the video. Of the nineteen completed questionnaires, total scores and percentages were calculated for each question. The data were further categorized into three categories, and total scores were documented. The results of the data analysis are found in Tables 1-12.

Table 1

Questionnaire Response Rates Divided by Categories**Overall Questionnaire Response Rates**

	<u>Female</u>	<u>Male</u>	<u>Total</u>	
Sent Out	13	7	20	
Returned	12	7	19	Returned = 95%
Usable	12	7	19	Usable = 100%

Judges Response Rates

	<u>Physical Education Teachers</u>	<u>Eating Disorder Specialists</u>	<u>Health Professionals</u>	<u>Total</u>
Sent Out	12	4	4	20
Returned	12	3	4	19
Usable	12	3	4	19

Table 2

Judges Responses to Question 1

1. Does the video help adolescents understand how our society places high expectations on females (the "thinness standard")?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	10	9	0	0
Totals (%)	53	47	0	0

Separate Categories

Physical Education Teachers (n=12)	4	8	0	0
Eating Disorder Specialists (n=3)	2	1	0	0
Health Professionals (n=4)	4	0	0	0

Representative Comments:**Supportive:**

- ...Margaret Phanes (digital manipulation section) did an excellent job actually showing how magazines manipulate photos in order to meet this societal expectation.
- ...The inclusion of somatotypes was really smart-I think kids will be more accepting when they see that there is a science to it as well.
- ...Great comments from male psychologist.

Critical and/or Suggestive:

- ...Perhaps a comparison to the "realistic" expectations of the past would have been effective (compare today's "average" model with a 1950's model, for example).
- ...Use more student examples; have kids talk about the issue at hand.

Table 3

Judges Responses to Question 2

2. Does the video emphasize that adolescents should NOT perpetuate the problem (the "thinness standard")?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	11	8	0	0
Totals (%)	58	42	0	0

Separate Categories

Physical Education Teachers (n=12)	7	5	0	0
Eating Disorder Specialists (n=3)	1	2	0	0
Health Professionals (n=4)	3	1	0	0

Representative Comments:**Supportive:**

- ...Gives a positive look at why not to follow the thinness standard.
- ...Lots of good examples of other choices rather than thinness; being strong mentally and physically are two great examples offered!
- ...I'm glad you addressed that making fun of someone's weight can cause real harm and perpetuate the problem.

Critical and/or Suggestive:

- ...This is not so easy; it takes a true "countercultural" girl to resist such pressures.
- ...Address that it is easier to "go with the cultural flow", but that these pressures will only be resisted when we all start resisting them.
- ...I would have liked to see more encouragement for them to get active in actually changing the culture.

Table 4**Judges Responses to Question 3**

3. Does the video sufficiently explain that being thin does not necessarily mean that one is healthy?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	14	5	0	0
Totals (%)	76	26	0	0

Separate Categories

Physical Education Teachers (n=12)	8	4	0	0
Eating Disorder Specialists (n=3)	2	1	0	0
Health Professionals (n=4)	4	0	0	0

Representative Comments:**Supportive:**

...Examples from former dieter were really good.

...Use of body types will let kids know that people have different bodies, and that we should appreciate all types.

Critical and/or Suggestive:

...Your use of statistics is effective; use more in this section.

Table 5

Judges Responses to Question 4

4. Does the video emphasize that being healthy depends on many factors?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	14	5	0	0
Totals (%)	76	26	0	0

Separate Categories

Physical Education Teachers (n=12)	7	5	0	0
Eating Disorder Specialists (n=3)	3	0	0	0
Health Professionals (n=4)	4	0	0	0

Representative Comments:**Supportive:**

...I like how the height/weight tables and diet industry were challenged in this video.

...The speaker in this section was excellent. He doesn't preach to the kids, he just invites them to be healthy.

...Some say that kids don't care about their health at this age, but I think that's exactly the reason why it needs to be addressed!

Critical and/or Suggestive:

...You could have spelled this out using more examples and naming specifics of not only physical, but emotional health as well.

...Discuss the benefits of physical exercise more!

...The term "four food groups" hasn't been used for a while (food pyramid).

...Take out the boy saying, "Be strong"-very gender biased.

Table 6

Judges Responses to Question 5

5. Does the video clearly explain the dangers of dieting?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	5	12	2	0
Totals (%)	26	64	10	0

Separate Categories

Physical Education Teachers (n=12)	3	8	1	0
Eating Disorder Specialists (n=3)	1	1	1	0
Health Professionals (n=4)	1	3	0	0

Representative Comments:**Supportive:**

- ...Just enough information-you don't want to give them a recipe for dieting.
- ...The nutritionist's information was really useful. It gave a clinical description of why diets don't work, which is powerful.
- ...Mindy's story was effective because it personifies the problem. She is believable because she's telling us about her actual experiences.

Critical and/or Suggestive:

- ...I wanted to hear about more psychological repercussions.
- ...You did not comment that the body will break down muscle in order to function in starvation mode.
- ...Not explicit enough to explain the "dangers" of dieting.
- ...Use a former anorexic to get your point across.
- ...Dangers were given, but this part needed more punch.
- ...Discuss that death can occur if you starve your body-shock them!

Table 7

Judges Responses to Question 6

6. Does the video encourage adolescents to feel better about their bodies?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	12	7	0	0
Totals (%)	63	37	0	0

Separate Categories

Physical Education Teachers (n=12)	8	4	0	0
Eating Disorder Specialists (n=3)	2	1	0	0
Health Professionals (n=4)	2	2	0	0

Representative Comments:**Supportive:**

- ...This video does as good as a job as any. It's not an easy thing to get across effectively.
- ...The UC Santa Cruz part was great. The visual is more powerful than words.
- ...Very encouraging and motivating.
- ...The champion weight lifter addressed this issue using personal examples.

Critical and/or Suggestive:

- ...Use some normal weight kids in your skits. All of the kids are thin.
- ...More skits using teens would be a nice addition so that kids can see kids feeling good about their bodies.
- ...An unresolved paradox-"Think for yourself" vs. all of these adults telling kids to like their bodies ("Here's what you should think").
- ...Under "Expectations", Mindy states that "All women hate their bodies". This is giving girls the wrong message. Goes against what you're trying to accomplish. I'd definitely reconsider this statement!

Table 8**Judges Responses to Question 7**

7. Does the video sufficiently address the premise that everyone needs to become aware that their actions/words can have a strong impact on others?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	10	9	0	0
Totals (%)	53	47	0	0

Separate Categories

Physical Education Teachers (n=12)	7	5	0	0
Eating Disorder Specialists (n=3)	0	3	0	0
Health Professionals (n=4)	3	1	0	0

Representative Comments:**Supportive:**

- ...A majority of my clients have stated that they started their eating disorder after hearing a negative passing comment by a boy/man.
- ...Pointing out the effects of teasing is so important to address.
- ...Peers often cause the problem; good job discussing this in the video.
- ...Excellent example using kids-the skit was effective and not fake.

Critical and/or Suggestive:

- ...I would have liked to have seen more role-playing on how to handle teasing.
- ...I wanted to hear more from boys and girls about their own experiences and thoughts regarding teasing, and how it makes them feel.
- ...More suggestions regarding, "What to do if you are teased" are needed.

Table 9

Judges Responses to Question 8

8. Was the video understandable for the junior high school student?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	11	8	0	0
Totals (%)	58	42	0	0

Separate Categories

Physical Education Teachers (n=12)	7	5	0	0
Eating Disorder Specialists (n=3)	2	1	0	0
Health Professionals (n=4)	2	2	0	0

Representative Comments:**Supportive:**

...Just right.

...It can even be used in high school and junior college, which is quite an accomplishment!

...Very organized format and good pace so that Jr. high kids can follow along.

...Short interview format was good.

....Personal experiences will draw the kids in.

Critical and/or Suggestive:

...Certain sections, although interesting, are a little long for the junior high student attention span (add some visuals).

...Use more personal experiences and more kids.

...You needed to include more information regarding the problems that males encounter in our society as well.

Table 10

Judges Responses to Question 9

9. Should adolescents be educated about the issues that were presented in this video?

	Strongly Agree-1	Agree-2	Disagree-3	Strongly Disagree-4
All Judges (n=19)	17	2	0	0
Totals (%)	89	11	0	0

Separate Categories

Physical Education Teachers (n=12)	10	2	0	0
Eating Disorder Specialists (n=3)	3	0	0	0
Health Professionals (n=4)	4	0	0	0

Representative Comments:**Supportive:**

...Yea!

...Definitely; this is an extremely important topic to address.

...I strongly agree with this!

...I've treated patients for a long time, and in the last few years, it's become evident to me that many young girls and boys are falling into the thinness trap. We need education in order to counteract this problem!

...Every student should see this.

Critical and/or Suggestive:

...We should educate kids when they are younger as well.

Table 11

Judges Responses to Question 10

10. The length of the video should be:

	Shortened	Kept as is	Lengthened
All Judges (n=19)	11	7	1
Totals (%)	58	37	1

Separate Categories

Physical Education Teachers (n=12)	8	3	1
Eating Disorder Specialists (n=3)	0	3	0
Health Professionals (n=4)	3	1	0

Representative Comments:**Supportive:**

...I think you pace this just right.
 ...Good timing, good music, good messages.

Critical and/or Suggestive:

...I would shorten Mindy's "Expectations" part-it's way too long.
 ...A little too much information for junior high kids to watch at one time.
 ...Break it up a little-use some more pictures during expert sections.
 ...Shorten it. Young kids don't have a long attention span.

Table 12

Judges Responses to Question 11

11. The quality (clarity, sound, professionalism) of this video was:

	Very Good-1	Good-2	Poor-3	Very Poor-4
All Judges (n=19)	11	8	0	0
Totals (%)	58	42	0	0

Separate Categories

Physical Education Teachers (n=12)	9	3	0	0
Eating Disorder Specialists (n=3)	0	3	0	0
Health Professionals (n=4)	2	2	0	0

Representative Comments:**Supportive:**

- ...This is very close in quality to the professionally produced video I just reviewed before this one!
- ...Super! Outstanding! Let's get it published and out there!
- ...I am impressed with all of the graphics, music, pictures and professionalism.
- ...This is much better than the videos I have purchased and shown in my classroom.
- ...Denée was very personal and led us right along! Good format.
- ...Speakers were clear and presented themselves well.
- ...Excellent quality and information.

Critical and/or Suggestive:

- ...The experts look off to the side. This distracts-not connecting enough.
- ...I think that the kids won't hear the messages of certain speakers because a couple of them look scripted.
- ...The sound fluctuated some during a couple of the music sections.

Table 13

Judges Responses to Question 12

12. Are there any other comments/suggestions you would like to make?

Representative Comments:**Supportive:**

- ...The "Points to Remember" sections were a great review of material.
- ...The poem at the beginning of the video was powerful.
- ...I've seen many eating disorder videos, and "Perceptions" has never been covered; I'm so glad you discussed it here.
- ...The speakers were to the point, but positive...and not preachy!
- ...Denee did an excellent job-her disposition was warm and polished. I liked the fact that she looked at the audience and was very personal.
- ...Good cultural and gender diversity. I appreciated Darin and Rich!
- ...I liked your theme-"It's O.K. to be You!"
- ...Kids may think twice before they tease (after watching this).
- ...I really liked the format used; giving info., discussion, and review.
- ...This would be an excellent teaching tool to use in the classroom.
- ...The photo manipulation part of the video was great.
- ...The video encourages critical thinking; this is so important.
- ...This info. is so important for kids this age. This video gives a modern look at this topic and kids can relate to this...superb!
- ...I felt so good about myself after watching this that I went out and had some ice cream (which is something I never allow myself to do)!

Critical and/or Suggestive:

- ...Your speakers need to make eye contact at least once with the audience.
- ...How about some "Success Stories" from young people?
- ...Sign behind your head was distracting. I kept wondering about "eggs".
- ...Interview more teens! Kids listen better to other kids!
- ...I wanted to see the power lifter lift, not just talk.
- ...Shorten the video; it's too long in certain sections (i.e. "Expectations"), and you risk losing the attention of less mature kids.
- ...Have you thought about doing a video for teachers and coaches? Many of us don't know what to do if a student starts to show eating disorder symptoms.

CHAPTER V

DISCUSSION AND RECOMMENDATIONS

The video, It's O.K. to be You: The Promotion of Healthy Self Body-Image and the Prevention of Eating Disorders, was sent out to 20 evaluators to be analyzed for its content, presentation and clarity. The video focused on four specific areas: the argument that being thin does not necessarily mean that one is healthy, the dangers of dieting, the importance of thinking for oneself, and the suggestion that negative body image messages from peers, significant others, and the media should be viewed critically.

The overall responses from the evaluators regarding the focus and content of the video were positive (see Tables 2-13). Questions were answered on a Likert Scale (1 = strongly agree through 4 = strongly disagree), and additional comments were noted. The majority of the responses for all questions were "strongly agree" and "agree", and two evaluators answered "disagree" (on question 5). No one answered "strongly disagree" on any of their responses. The most highly rated questions were: the video sufficiently explained that being thin does not necessarily mean that one is healthy (question 3); the video emphasized that being healthy depends on many factors (question 4); the video encouraged adolescents to feel better about their bodies (question 6); and adolescents should be educated about issues that were

presented in the video (question 9). The lowest rated questions were: the video helped adolescents understand how our society places high expectations on females (question 1), the video clearly explained the dangers of dieting (question 5); and the video sufficiently addressed the premise that everyone needs to become aware that their actions/words can have a strong impact on others (question 7). Interesting is the fact that although question one and seven rated among the lowest of the questions, 53% of the evaluators responded to these questions with "strongly agree".

Responses were anonymous, but evaluators specified their job position and sex at the top of the questionnaire. The judges' results were further divided into three categories: junior high school physical education teachers, eating disorder specialists, and health professionals. Even though the video was well received, the eating disorder specialists were more critical of the video than the physical education teachers and health specialists. The eating disorder specialists tended to answer "agree" more than "strongly agree". This group thought that the dangers of dieting examples were not explicit enough to make an impact on adolescents. They also believed that the video should have suggested more ideas regarding how adolescents can be more proactive in counteracting the "thinness standard". The eating disorder experts also agreed that the quality of the video was "good", and not "very good", and that the

video would have been more effective had the experts spoken directly to their viewers. Each specialist commented that they had reviewed many eating disorder videos in the past; perhaps this was the reason why the eating disorder specialists rated this question (question 11) lower than the other groups.

Based on their comments, however, the video was well received by the eating disorder specialists. Each expert stated that the video sufficiently addressed: all aspects of health, the fact that being thin does not necessarily mean that one is healthy, and the importance of thinking for yourself. The eating disorder specialists further stated that there was a great need to get a video like this in the schools because they believed that kids need to feel better about who they are.

The physical education teachers also expressed the belief that too many kids feel bad about themselves, and that this video would be a powerful tool to use in the classroom in an effort to help counteract this problem. Further, many stated that the sections in the video which covered the topics of health, the fact that being thin does not necessarily mean that one is healthy, and thinking for yourself, were helpful and encouraging.

As did the eating disorder specialists, however, many of the physical education teachers thought that the dangers of dieting were not covered sufficiently. Further, an overwhelming majority of the teachers stated that the

video was too long and not visual enough in certain sections. Many suggested that more role play situations or visuals be added to the video. Like the eating disorder specialists, the teachers also believed that the experts in the video should have been looking at the camera more in order to make a "personal connection" with the viewers. Interestingly enough, however, many of the physical education teachers stated that this video was as good as, if not better, than most of the educational videos that they had shown to their classes.

The health professionals agreed with the other groups concerning the dangers of dieting section, and the fact that the experts would have been more effective had they acknowledged the viewers. This group, however, differed from the other two groups in that they unanimously responded "strongly agree" to the question, "Do you feel that the video would sufficiently help students understand how our society places high expectations on females?"

The health professionals agreed with the other groups in that they believed that the sections regarding health, the fact that being thin does not necessarily mean that one is healthy, and thinking for yourself, were all well done. Like the eating disorder specialists, the health professionals unanimously agreed that there is a great need to get a video like this out to the schools. A majority of the physical education teachers also stated this need (10 responded "strongly

agree" and two responded "agree"). Thus, a message from all groups is clear; there is a great need to make a video like this available for teachers and their adolescent classes.

Summary

In summary, a majority of the evaluators (from all groups) believed two things: the video did not discuss the dangers of dieting sufficiently, and the experts should have made more of a personal connection with the audience. The eating disorder specialists further suggested that more proactive efforts among the adolescent population be encouraged, and the physical education teachers felt that the video was a little long for the junior high school attention span (they suggested adding more role-plays or visuals). The health professionals differed from the other two groups in that they "strongly agreed" that the video did an excellent job discussing cultural expectations.

Changes to the video should be to:

1. show the dangers of dieting using more explicit examples;
2. lay visuals on top of expert parts (so we hear the speaker and see more visuals);
3. have the experts in the video talk to the audience part of the time;
4. show examples of how women's bodies have changed throughout the decades;

5. fix volume fluctuations for the music in the video (two songs are too high);
6. shorten section on expectations; it is too long and repetitive of past material;
7. have more students in the video; create more role play situations; and
8. suggest more proactive ideas so that kids can become more involved in the preventative process.

The similar positive feedback between all of the groups was that they:

1. thought the need for this type of a video was extremely important;
2. liked that students were talents in the video;
3. thought that the video sufficiently covered most of the material;
4. enjoyed the narrator's enthusiasm and concern regarding all topics;
5. felt that critical thinking was encouraged; the video didn't preach to adolescents;
6. liked that "teasing" was addressed;
7. enjoyed the photo manipulation segment;
8. stated that "points to remember" was a good review of material; and
9. thought that the video was as professional or better than videos they've used in the past.

Overall, results were positive, and the constructive criticism was helpful.

In the future, the goal will be to re-evaluate and re-edit the video. Suggestions

from the evaluators will be taken into consideration before the video is submitted for possible publication.

Recommendations

Future projects of this type should consider the following recommendations:

1. adolescent role plays/examples should be used if the audience is younger;
2. speakers should talk directly to the audience at least part of the time;
3. all segments should be time equivalent; none should be too long;
4. the adolescent attention span should be acknowledged;
5. volume fluctuations should be carefully monitored and fixed; and
6. explicit examples should be shown to emphasize important points.

References

A guide to the primary prevention of eating disorders. (1993). Eating Disorders Awareness and Prevention (EDAP). [Brochure]. Seattle, WA: EDAP. Levine, M., & Maine, M: Coordinators.

American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (DSM-IV) (4th ed.). Washington, DC: Author.

ANAD monitors states' education activities. (1997, Summer). National Association of Anorexia Nervosa and Associated Disorders, 1-5.

Andersen-Parrado, P. (1998). Common sense approaches to weight and health. Better Nutrition, 60, 26-36.

Aronne, L. J. (1998). Modern medical management of obesity: The role of pharmaceutical intervention. Journal of the American Dietetic Association, 98, S23-S26.

Bandura, A., & Walters, R. H. (1963). Social learning and personality development. New York: Holt, Reinhart, and Winston.

Beals, A., & Manore, M. (1994). The prevalence and consequences of subclinical eating disorders in female athletes. International Journal of Sport Nutrition, 4, 175-195.

Bennet, W., & Gurin, J. (1982). Do diets really work? Science, 82, 42-50.

Benson, R. A., & Taub, E. (1992). Weight concerns, weight control techniques, and eating disorders among adolescent competitive swimmers: The effect of gender. Sociology of Sport Journal, 9, 76-86.

Bessard, T., Schutz, Y., & Jequier, E. (1983). Energy expenditure and postprandial thermogenesis in obese women before and after weight loss. The American Journal of Clinical Nutrition, 38, 680-693.

Blinde, E., & Taub, E. (1992). Eating disorders among adolescent female athletes: Influence of athletic participation and sport team membership. Adolescence, 27, 833-846.

Brickell, T. (1996). Anorexia and bulimia: A ballet prospective. The ACHPER Healthy Lifestyle Journal, 43, 17-22.

Brock, W. A. (1990). A season in hell [Video]. (Available from New Day Films, 22-D Hollywood Ave., Hohokus, NJ 07423)

Burckes-Miller, M., & Black, D. (1988). Male and female college athletes: Prevalence of anorexia nervosa and bulimia. Athletic Training, 23, 137-140.

California Alliance for Health, Physical Education, Recreation and Dance. (1993). Position statement- physical education. Sacramento, CA: Author.

California State Board of Education. (1994). Physical education framework. Sacramento, CA: Department of Education.

Carney, B. (1986). A preventative curriculum for anorexia nervosa and bulimia. CAHPERD Journal, 52 (4), 1-11.

Casper, R. (1995). Fear of fatness and anorexia in children. In D. S. Cheung & J. Richmond (Eds.), Child health, nutrition, and physical activity (pp. 211-234). Champaign, IL: Human Kinetics.

Cohn, L. D., Adler, N. E., Irwin, C. E., Millstein, S. G., Kegeles, S. M., & Stone, G. (1987). Body-figure preferences in male and female adolescents. Journal of Abnormal Psychology, 96, 276-279.

Collins, E. (1988). Education for healthy body weight: Helping adolescents balance the cultural pressure for thinness. Journal of School Health, 58, 227-231.

Collins, E. (1991). Body figure perceptions and preferences among preadolescent children. International Journal of Eating Disorders, 10, 199-208.

Connolly, H. M., Crary, J. L., McGoon, M. D., Hensrud, D. D., Edwards, B. S., Edwards, W. D., & Schaff, H. V. (1997). Valvular heart disease associated with fenfluramine-phentermine. The New England Journal of Medicine, 337, 581-588.

Crockett, L., Losoff, M., & Petersen, A. C. (1984). Perceptions of the peer group and friendship in early adolescence. Journal of Early Adolescence, 4, 155-181.

Davis, C. (1992). Body image, dieting behaviors, and personality factors: A study of high-performance athletes. International Journal of Sport Psychology, 23, 179-192.

Davis, C., Kennedy, S. H., Ravelski, E., & Dionne, M. (1994). The role of physical activity in the development and maintenance of eating disorders. Psychological Medicine, 24, 957-967.

Department of Food Science. (R. D. Terry, project director). (Unknown). Healthygrowth: Nutrition lessons for 9-to12-year old children [Video]. (Available from R. D. Terry, Human Nutrition, Iowa State University, Ames, IA 50011).

Disney Educational Productions. (1993). Skin deep [Video]. (Available from Disney Educational Productions, 105 Terry Dr., Suite 120, Newtown, PA 18940)

Eating Disorders Awareness and Prevention. (1997). Eating disorders awareness and prevention-curriculum. [Brochure]. Seattle, WA: EDAP. Griffin, R: Coordinator.

Eating Disorders - Danger signals and treatments. (1997). National Association of Anorexia Nervosa and Associated Disorders. [Brochure]. Highland Park, IL: ANAD.

Effron, S. (1997, October 18). Eating disorders go global. The Los Angeles Times, pp. A1, A9.

Emmett, S. (Unknown). In our own words: Personal accounts of eating disorders [Video]. (Available from EDAP, 603 Stewart Street, Suite 803, Seattle, WA 98101)

Epling, W. F., & Pierce, W. D. (1988). Activity-based anorexia: A biobehavioral perspective. International Journal of Eating Disorders, 7, 475-485.

Erbst, R. M. (1984). Defining health: A multidimensional model. Journal of School Health, 54, 99-104.

Everybody's beautiful. (1997). [Brochure]. Palo Alto, CA: Mental Research Institute. Dirks, M., Willis, K., & Neal, J: Coordinators.

Fairbanks, G. (1987). Eating disorders among athletes. The Physical Educator, 44, 377-380.

Feldman, W., Feldman, E., & Goodman, J. T. (1988). Culture versus biology: Children's attitudes toward thinness and fatness. Pediatrics, 81, 190-193.

Fisher, M. C., & Lachance, P. A. (1985). Nutrition evaluation of published weight-reducing diets. The American Dietetic Association, 85, 450-453.

Friedman, S. (1996). Girls in the 90's. Eating Disorders, 4, 238-244.

Garner, D. (1985). Iatrogenesis in anorexia nervosa and bulimia nervosa. International Journal of Eating Disorders, 4, 701-706.

Garner, D. (1997, January/February). The 1997 body image survey results. Psychology Today, 28-84.

Garner, D., & Garfinkel, P. E. (1980). Socio-cultural factors in the development of anorexia nervosa. Psychological Medicine, 10, 647-656.

Garner, D., & Rosen, L. (1991). Eating disorders among athletes: Research and recommendations. Journal of Applied Sport Science Research, 5, 100-107.

Giarratano, S. (1991). Entering adulthood: Looking at body image and eating disorders: A curriculum for grades 9-12. Santa Cruz, CA: Network.

Gibbs, R. (1985). Social factors in exaggerated eating behavior among high school students. International Journal of Eating Disorders, 5, 1104-1107.

Gilday, K. (Producer and Director). (1993). The famine within [Video]. (Available from Kandor Productions, P. O. Box 1003, Santa Monica, CA 90410)

Gordon, J. B., & Tobias, A. L. (1984). Changing concepts of childhood and adolescent obesity. In K. Clark, R. Parr, & W. Castelli (Eds.), Evaluation and management of eating disorders: Anorexia, bulimia, and obesity (pp. 31-60). Champaign, IL: Life Enhancement.

Gustafson-Larson, A., & Terry, R. (1992). Weight-related behaviors

and concerns of fourth-grade children. Journal of the American Dietetic Association, 92, 818-822.

Hammond, M. (1991). I am a bulimic. Unpublished manuscript.

Harmatz, M. (1987). The misperception of overweight in normal and underweight women. The Journal of Obesity and Weight Regulation, 6, 38-54.

Harris, A. (1978). Human measurement. London, England: Heinemann Educational Books.

Hiebert, R. E., & Reuss, C. (1984). Impact of mass media. White Plains, NY: Longman.

Hoelter, J. W. (1984). Relative effects of significant others on self-evaluation. Social Psychology Quarterly, 47, 255-262.

Holliman, S. C. (1991). Eating disorders and athletes. Dubuque, IA: Kendall/Hunt.

Huberland, C. A., Seddick, D., Marcus, R., & Bachrach, L. K. (1995). A physician survey of therapy for exercise-associated amenorrhea: A brief report. Clinical Journal of Sports Medicine, 5, 246-250.

Irving, L. (1990). Mirror images: Effects of the standard of beauty on the self-and body-esteem of women exhibiting varying levels of bulimic symptoms. Journal of Social and Clinical Psychology, 9, 230-242.

Jaffee, L., & Wu, P. (1996). After-school activities and self-esteem in adolescent girls. Melpomene Journal, 15, 18-25.

Kater, K. J. (1998, September/October). Healthy body image: Teaching kids to eat and love their bodies too! New Moon Network, 8-9.

Katz, L., Gorzynski, J., & Weiner, M. (1978). Eating disorders and exercise. Psychological Medicine, 14, 65-72.

Kearney-Cooke, M. (1990). Women and body image: A feminist perspective. NAAS Newsletter, 13, 1-2.

Keys, A., Brozek, J., Henschel, A., & Mickelsen, O. (1950). The biology of human starvation. St. Paul, MN: North Central.

Kilbourne, J. (1994). Still killing us softly: Advertising and the obsession with thinness. In P. Fallon, M. Katzman, & S. Wooley (Eds.), Feminist perspectives on eating disorders (pp. 395-418). New York: Guilford.

Kilbourne, J. (1996). Slim hopes [Video]. (Available from Media Education, 26 Center Street, Northampton, MA 01060)

Killen, J., Taylor, C., Hammer, L., Litt, I., Wilson, D., Rich, T., Hayward, C., Simmons, B., Kraemer, H., & Varady, A. (1993). Factors associated with eating disorder symptoms in a community sample of 6th and 7th grade girls. International Journal of Eating Disorders, 15, 358-366.

Knapp, T. R. (1983). A methodological critique of the 'ideal weight' concept. Journal of the American Medical Association, 250, 506-510.

Levine, M. P. (1994). Beauty myth and the beast: What men can do and be to help prevent eating disorders. Eating Disorders: The Journal of Prevention and Treatment, 2, 101-113.

Levine, M. P., Smolak, L., Moodey, A. F., Shuman, M. D., & Hessen, L. D. (1994). Normative developmental challenges and dieting and eating disturbances in middle school girls. International Journal of Eating Disorders, 15, 11-20.

Lifshitz, F., & Moses, N. (1988). Nutritional dwarfing: Growth, dieting, and fear of obesity. Journal of the American College of Nutrition, 7, 367-376.

Lucas, A. R. (1981). Bulimia and vomiting syndrome. Contemporary Nutrition, 6, 323-327.

Mahan, K. (1996). Krause's food, nutrition and diet therapy. Philadelphia, PA: Harcourt Brace.

Mann, T. (1997). Volunteer power. UCLA Magazine, 9, (3), 46-47.

Mark, E. J., Patalas, E. D., Chang, H. T., Evans, R. J., & Kessler, S. C. (1997). Fatal pulmonary hypertension associated with short-term use of fenfluramine and phentermine. The New England Journal of Medicine, 337, 602-605.

Merleau-Ponty, M. (1963). The structure of behavior. Boston, MA: Beacon.

Michalek, L. (1988). Attitudes and family environments of female intercollegiate athletes who are "at risk" from an eating disorder. Unpublished master's thesis, Southern Illinois University at Carbondale.

Mom, weigh your words. (1996, November). Ladies Home Journal, 148.

Moore, D. (1988). Body image and eating behavior in adolescent girls. American Journal of Diseases of Children, 142, 1114-1118.

Moreno, A., & Thelen, M. (1993). A preliminary prevention program for eating disorders in a junior high school population. Journal of Youth and Adolescence, 22 (2), 109-124.

Moreno, A., & Thelen, M. (1995). Eating behavior in junior high school females. Adolescence, 30, 171-174.

Moriarty, D., & Moriarty, M. (1986). Sport fitness programs and socio-cultural influences in eating disorders: Intervention techniques and coping strategies. CAPHER Journal, 52, (4), 1-9.

Morris, K. (1988). Eating disorders: Implications for the coach. Gymnastic Coach, 7 (4), 12-14.

Myers, P. H., & Biocca, F. A. (1992). The elastic body image: The effect of television advertising and programming on body image distortions in young women. Journal of Communications, 42, 106-133.

Nagel, K. L., & Jones, K. (1993). Eating disorders: Prevention through education. Journal of Home Economics, 85 (1), 53-63.

Nattiv, A., & Lynch, L. (1994). The female athlete triad: Managing an acute risk to long-term health. The Physician and Sportsmedicine, 22, 60-68.

Omizo, A., & Moriarty, M. (1992). Eating disorders: The school counselor's role. The School Counselor, 39, 217-225.

Overdorf, V. G., & Gill, K. S. (1994). Body image weight and eating

concerns, and use of weight control methods among high school female athletes. Women in Sport and Physical Activity Journal, 3, 69-79.

Parr, R. (1988). Weight loss: Its effect on normal growth patterns. In K. Clark, R. Parr, & W. Castelli (Eds.), Evaluation and management of eating disorders: Anorexia, bulimia, and obesity (pp. 91-104). Champaign, IL: Life Enhancement.

Paxton, S. Weithelm, H., Gibbons, K., Szmukler, G. I., Hillier, L. & Petrovich, L. (1991). Body image satisfaction, dieting beliefs, and weight loss behavior in adolescent girls and boys. Journal of Youth and Adolescence, 20, 361-379.

Paxton, S. (1996). Prevention implications of peer influences on body image dissatisfaction and disturbed eating in adolescent girls. Eating Disorders, 4, 334-347.

Peters, C. (1984). Anorexia and bulimia: Focus on schools. National Anorexic Aid Society, Inc. Newsletter, 7, 1-6.

Petrie, T. (1993). Disordered eating in female collegiate gymnasts: Prevalence and personality/attitudinal correlates. Journal of Sport & Exercise Psychology, 15, 424-436.

Petrie, T. (1996). Differences between male and female college lean sport athletes, nonlean sport athletes, and nonathletes on behavioral and psychological indices of eating disorders. Journal of Applied Sport Psychology, 8, 218-230.

Pike, M., & Rodin, J. (1991). Mothers, daughters, and eating disorders. Journal of Abnormal Psychology, 100, 198-203.

Piran, N. (1995). What it takes for eating disorder prevention to make a difference. NEDO-National Eating Disorders Organization Newsletter, 18, 1-12.

Piran, N. (1996). The reduction of preoccupation with body weight and shape in schools: A feminist approach. Eating Disorders, 4, 323-333.

Powers, P., & Johnson, C. (1996). Small victories: Prevention of eating disorders among athletes. Eating Disorders: The Journal of Treatment and Prevention, 4, 364-376.

Pugliese, M., Lifshitz, F., Grad, G., Fort, P., & Marks-Katz, M. (1983). A cause of short stature and delayed puberty. The New England Journal of Medicine, 9, 513-517.

Purcell, A., & Steiner-Adair, C. (1996). Approaches to mainstreaming eating disorders prevention. Eating Disorders, 4, 294-309.

Raphael, F., & Lacy, H. J. (1992). Socio-cultural aspects of eating disorders. Annals of Medicine, 24, 293-296.

Rhea, D., Jambor, E., & Wiginton, K. (1996). Preventing eating disorders in female athletes. Journal of Physical Education, Recreation, and Dance, 67 (4), 66-68.

Rosen, L. W., McKeag, D. B., Hough, D. O., & Curley, V. (1986). Pathogenic weight-control behaviors in female athletes. The Physician and Sportsmedicine, 14, 79-82.

Ross, S. (1986). Eating disorders, physical fitness, persons, and physical education. CAPHER Journal, 52 (4), 16-20.

Ryan, C. (1995). Deadly reflections [Video]. (Available from Ryan Enterprises, 7301 Girard Ave., Suite 302, La Jolla, CA 92037)

Sheldon, W. H. (1963). The varieties of human physique. New York: Hafner.

Shisslak, C., & Crago, M. (1994). Toward a new model for the prevention of eating disorders. In P. Fallon, M. Katzman, & S. Wooley (Eds.), Feminist perspectives on eating disorders (pp. 395-418). New York: Guiliford.

Shisslak, C., Crago, M., & Neal, M. (1990). Prevention of eating disorders among adolescents. American Journal of Health Promotion, 5, 100-105.

Slavin, J. (1987). Eating disorders in athletes. Journal of Physical Education, Recreation, and Dance, 58 (3), 33-36.

Smith, N. J. (1984). Weight control in the athlete. Clinical Sports Medicine, 3, 639-704.

Smolak, L., Levine, M., & Gralen, S. (1993). The impact of puberty and dating on eating problems among middle school girls. Journal of Youth and Adolescence, 22, 355-367.

Spindler, A. (1997). Making the camera lie, digitally and often. The New York Times, pp. B7 (L), B8 (N).

Sterne, M. L. (1991). Conception to realization: A curricular development process. Journal of Physical Education, Recreation, and Dance, 32 (3), 35-37.

Thompson, B. (1996). Multiracial feminist theorizing about eating problems: Refusing to rank oppression. Eating Disorders, 4, 104-114.

Thompson, R. A., & Sherman, R. J. (1993). Helping athletes with eating disorders. Champaign, IL: Human Kinetics.

Thornton, J. (1990). Feast or famine: Eating disorders in athletes. The Physician and Sportsmedicine, 18, 116-119.

Tiggerman, M., & Pickering, A. S. (1996). Role of television in adolescent women's dissatisfaction and drive for thinness. International Journal of Eating Disorders, 20, 199-203.

Tobias, A. (1988). Bulimia: An overview. In K. Clark, R. Parr, & W. Castelli (Eds.), Evaluation and management of eating disorders (pp. 173-186). Champaign, IL: Life Enhancement.

Upshaw, J. (1988). A guide for parents and children: The joy in kids sports. Unpublished master's thesis, San Jose State University.

U.S. Department of Agriculture, Human Nutrition Information Service. (1992). The food guide pyramid (Leaflet No. 572). Pueblo, CO: Author.

Ward, E. (1998). Winnowing weight-loss programs to find a match for you. Environmental Nutrition, 21, 1-14.

Weigley, E. M. (1984). Average, ideal, desirable? A brief overview of height-weight tables in the United States. The American Dietetic Association, 84, 417-423.

White, J. (1992). Women and eating disorders, part 1: Significance and socio-cultural risk factors. Health Care for Women International, 13, 351-362.

Woscyna, G. (1991). Nutritional aspects of eating disorders: Nutrition education and counseling as a component of treatment. Athletic Training, 26, 141-147.

Zuckerman, D. M., & Zuckerman, B. S. (1985). Television's impact on children. Pediatrics, 75, 233-239.

APPENDIX A
GARNER & GARFINKEL'S
MULTI-DETERMINED MODEL

D.M. Garner and P.E. Garfinkel's

Multi-Determined Model

Upshaw, 1988

APPENDIX B
EATING DISORDER
CURRICULUM LIST

Curriculum List

Carney, B. (1986). Preventive curriculum for anorexia nervosa and bulimia [Video]. (Available from BANA, University of Windsor, 401 Sunset Avenue, Ontario, Canada)

Center for the Study of Anorexia and Bulimia. (1983). Teaching about eating disorders: Grades 7-12 [Video]. (Available from New York: CSAB, IW., 91st Street, New York, NY 10024)

Department of Food Science (R. D. Terry, project director). (Unknown). Healthy growth: Nutrition lessons for 9- to 12- year old children [Video]. (Available from Dr. R. D. Terry, Human Nutrition, Iowa State University, Ames, IA 50011)

Education Department, National Live Stock and Meat Board. (1992). Mirror, mirror [Video]. (Available from the National Live Stock and Meat Board, 444 North Michigan Avenue, Chicago, IL 60611-9909)

Friedman, S. (1994). Girls in the 90's [Video]. (Available from EDAP, 603 Stewart Street, Suite 803, Seattle, WA 98101)

Giarrantano, S. (1991). Looking at body image and eating disorders: A curriculum for grades 9-12 [Video]. (Available from ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830)

Kater, K. J. (1998, September/October). Healthy body image: Teaching kids to eat and love their bodies too! New Moon Network, 8-9.

Levine, M. P., & Hill, L. (1991). A 5 day lesson plan book on eating disorders: Grades 7-12. (Available from Gurze Books, P. O. Box 2238, Carlsbad, CA 92018)

Levine, M. P. (Unknown). How schools can help combat student eating disorders [Video]. (Available from Gurze Books, P. O. Box 2238, Carlsbad, CA 92018)

Zebe, K. (1993). The body betrayed [Video]. (Available from Gurze Books, P. O. Box 2238, Carlsbad, CA 92018)

APPENDIX C
EATING DISORDER
VIDEO LIST

Video List

Aims Media. (1980). Anorexia nervosa: The covert rebellion [Video]. (Available from Aims Media, 9710 DeSota Avenue, Chatsworth, CA 91311)

Aims Media. (1986). Eating disorders: The slender trap [Video]. (Available from Aims Media, 9710 DeSota Avenue, Chatsworth, CA 91311)

Aims Media. (1987). Bulimia: Out-of-control eating [Video]. (Available from Aims Media, 9710 DeSota Avenue, Chatsworth, CA 91311)

Brock, W. A. (1990). A season in hell [Video]. (Available from New Day Films, 22-D Hollywood Ave., Hohokus, NJ 07423)

Disney Educational Productions. (1993). Skin deep [Video]. (Available from Disney Educational Productions, 105 Terry Dr., Suite 120, Newtown, PA 18940)

Emmett, S. (Unknown). In our own words: Personal accounts of eating disorders [Video]. (Available from EDAP, 603 Stewart Street, Suite 803, Seattle, WA 98101)

Gilday, K. (1990). The famine within [Video]. (Available from Direct Cinema Limited, P. O. Box 1003, Santa Monica, CA 90410)

Hourglass Productions. (1994). Beyond the looking glass: Self-esteem and body image [Video]. (Available for Mental Health Professionals from EDAP, 603 Stewart Street, Suite 803, Seattle, WA 98101)

Hourglass Productions. (1994). When food is an obsession: Overcoming eating disorders [Video]. (Available for Mental Health Professionals from EDAP, 603 Stewart Street, Suite 803, Seattle, WA 98101)

Kilbourne, J. (1996). Slim hopes [Video]. (Available from Media Education, 26 Center Street, Northampton, MA 01060)

Kilbourne, J. (1997). Still killing us softly [Video]. (Available from Cambridge Films, P. O. Box 835, Cambridge, MA 02139)

Medstar Communications. (1987). Anorexia and bulimia [Video]. (Available from Films for the Humanities & Sciences, P. O. Box 2053, Princeton, NJ 08543)

Pierson T. V. (1991). An anorexics Tale: The brief life of Catherine [Video]. (Available from Films for the Humanities & Sciences, P. O. Box 2053, Princeton, NJ 08543)

Ryan, C. (1995). Deadly reflections [Video]. (Available from Ryan Enterprises, 7301 Girard Ave., Suite 302, La Jolla, CA 92037)

Sunburst Communications. (1989). Real people: Coping with eating disorders [Video]. (Available from Sunburst, 39 Washington Ave., Pleasantville, NY 10570)

Sunburst Communications. (1991). Feeling good about me [Video]. (Available from Sunburst, 39 Washington Ave., Pleasantville NY 10570)

Therapeutic Education, Inc. (1994). Eating disorder myths vs. realities [Video]. (Available from Therapeutic Education, Inc., 514 South Livingston Ave., NJ 07039)

T. Z. F. International. (1997). Eating disorders [Video]. (Available from Films for the Humanities & Sciences, P. O. Box 2053, Princeton, NJ 08543)

Universal T. V. (1997). Pregnancy and eating disorders [Video]. (Available from Films for the Humanities & Sciences, P.O. Box 2053, Princeton, NJ 08543)

APPENDIX D
EVALUATION QUESTIONNAIRE

Questionnaire

Please circle which group best describes you:

1. Junior high school Physical Education teacher
2. Health specialist
3. Eating disorder specialist

Please circle your sex: Male Female

Directions: Please answer the following questions by circling the number that best represents your answer. Additional comments are welcome!

1. Does the video help adolescents understand how our society places high expectations on females (the "thinness standard")?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments:

2. Does the video emphasize that adolescents should NOT perpetuate the problem (the "thinness standard")?

strongly agree	agree	disagree	strongly disagree
1	2	3	4

Comments:

3. Does the video sufficiently explain that being thin does not necessarily mean that one is healthy?

strongly agree	agree	disagree	strongly disagree
1	2	3	4

Comments:

4. Does the video emphasize that being healthy depends on many factors?

strongly agree	agree	disagree	strongly disagree
1	2	3	4

Comments:

5. Does the video clearly explain the dangers of dieting?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments:

6. Does the video encourage adolescents to feel better about their bodies?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments::

7. Does the video sufficiently address the premise that everyone needs to become aware that their actions/words can have a strong impact on others?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments:

8. Was this video understandable for the junior high school student?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments:

9. Should adolescents be educated about the issues that were presented in this video?

strongly agree

agree

disagree

strongly disagree

1

2

3

4

Comments:

10. Should the length of the video be:

shortened

kept as is

lengthened

1

2

3

Comments:

11. The quality (clarity, sound, professionalism) of this video was
(circle answer):

very good

1

good

2

poor

3

very poor

4

Comments:

12. Are there any other comments/suggestions you would like to make?

.....I know you are busy- Thank you for your time!!

APPENDIX E
COVER LETTER SENT
TO EVALUATORS

Dear Evaluator-

Thank you so much for taking the time to watch and evaluate my video. The video is geared towards junior high school kids, and It is my hope that it will some day help teachers as a tool to promote positive self-body-image in their classrooms.

After viewing the video, please respond to the questionnaire, and then send it back in the stamped, self-addressed envelope. Please do not write your name on the return envelope, or anywhere on the questionnaire, as your response is to be anonymous. There are also two "Agreement to Participate in Research" forms in your packet; please sign both and send one back along with the questionnaire (keep one for your records).

**** I will not be looking at your signed agreement forms - my husband has agreed to open all envelopes and to file agreement forms for me so that responses will remain anonymous.**

Thanks again - please send your evaluation back by November 17. Any responses after this date will not be used due to time constraints.

Feel free to keep the video; you do not have to send it back.

Thanks again, I really appreciate your interest in my project.

Sincerely,

Denee Signorelli Schakow

APPENDIX F1
AGREEMENT FORM
EVALUATOR

Agreement to Participate in Research-Evaluator Form

Responsible Investigator: Denee Signorelli Schakow

Title of Protocol: "It's O.K. to be You: The Promotion of Healthy Self-Body Image and the Prevention of Eating Disorders"

1. I have been asked to evaluate a video which will be used as a teaching tool in the classroom. The video is being made as an effort to quell the onset of eating disordered behavior in adolescent and pre-adolescent students.
 2. I understand that the video will be shot at various locations during the months of September and October.
 3. There are no foreseeable risks anticipated.
 4. I will receive no benefits for evaluating the video.
 5. The video may be published, and I agree to the release of the video.
 6. I will receive no compensation for evaluating the video.
 7. Questions about the video may be addressed to Denee Schakow at (408)749-9224. Complaints about the video may be presented to Dr. David Furst, thesis advisor, at (408)924-3039, or Dr. Carol Christensen, Department Chair, at (408) 924-3012. Questions or complaints about research, subjects' rights, or research-related injury may be presented to Nabil Ibrahim, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.
 8. No service of any kind, to which a person is otherwise entitled, will be lost or jeopardized if I choose not to evaluate the video.
 9. Consent to evaluate the video is given voluntarily. I may refuse to evaluate the video. If I decide to evaluate the video, I am free to withdraw at any time without prejudice to my relations with San Jose State University or any other participating institutions.
 10. I have received a signed and dated copy of the consent form.
- The signature of a subject on this document indicates agreement to evaluate this video.
 - The signature of a researcher on this document indicates agreement to include the above named subject as an evaluator and attestation that the subject has been fully informed of his or her rights.

Subject's Signature

Date

Investigator's Signature

Date

APPENDIX F2
AGREEMENT FORM-TALENT
CHILD & ADULT

Agreement to Participate in Research-Child Form

Responsible Investigator: Denee Signorelli Schakow

Title of Protocol: "It's O.K. to be You: The Promotion of Healthy Self-Body Image and the Prevention of Eating Disorders"

1. My child has been asked to appear in a video which will be used as a teaching tool in the classroom. The video is being made as an effort to quell the onset of eating disordered behavior in adolescent and pre-adolescent students.
2. My child will read from a pre-written script, and the video will be shot at various locations during the months of September and October.
3. There are no foreseeable risks anticipated for my child.
4. My child will receive no benefits for appearing in the video.
5. The video may be published, and I agree to the release of the video.
6. My child will receive no compensation for being in the video.
7. Questions about the video may be addressed to Denee Schakow at (408)749-9224. Complaints about the video may be presented to Dr. David Furst, thesis advisor, at (408)924-3039, or Dr. Carol Christensen, Department Chair, at (408) 924-3012. Questions or complaints about research, subjects' rights, or research-related injury may be presented to Nabil Ibrahim, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.
8. No service of any kind, to which a person is otherwise entitled, will be lost or jeopardized if my child chooses to "not participate" in the video.
9. Consent to be in the video is given voluntarily. My child may refuse to be in the video. If my child decides to participate in the video, he or she is free to withdraw at any time without prejudice to his/her relations with San Jose State University or any other participating institutions.
10. I have received a signed and dated copy of the consent form.

The signature of a parent or guardian on this document indicates approval for the child to participate in the video and a statement that the child is freely willing to participate.

Name of Child	Parent or Guardian's Signature	Date
Relation to Child		Date
Full Mailing Address		
Investigator's Signature		Date

Agreement to Participate in Research-Adult Form

Responsible Investigator: Denee Signorelli Schakow

Title of Protocol: "It's O.K. to be You: The Promotion of Healthy Self-Body Image and the Prevention of Eating Disorders"

1. I have been asked to appear in a video which will be used as a teaching tool in the classroom. The video is being made as an effort to quell the onset of eating disordered behavior in adolescent and pre-adolescent students.
 2. I will read from a pre-written script, and the video will be shot at various locations during the months of September and October.
 3. There are no foreseeable risks anticipated.
 4. I will receive no benefits for appearing in the video.
 5. The video may be published, and I agree to the release of the video.
 6. I will receive no compensation for being in the video.
 7. Questions about the video may be addressed to Denee Schakow at (408)749-9224. Complaints about the video may be presented to Dr. David Furst, thesis advisor, at (408)924-3039, or Dr. Carol Christensen, Department Chair, at (408) 924-3012. Questions or complaints about research, subjects' rights, or research-related injury may be presented to Nabil Ibrahim, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.
 8. No service of any kind, to which a person is otherwise entitled, will be lost or jeopardized if I choose to "not participate" in the video.
 9. Consent to be in the video is given voluntarily. I may refuse to be in the video. If I decide to participate in the video, I am free to withdraw at any time without prejudice to my relations with San Jose State University or any other participating institutions.
 10. I have received a signed and dated copy of the consent form.
- The signature of a subject on this document indicates agreement to participate in this video.
 - The signature of a researcher on this document indicates agreement to include the above named subject in the video and attestation that the subject has been fully informed of his or her rights.

Subject's Signature

Date

Investigator's Signature

Date

APPENDIX G
VIDEO SCRIPT

Title: "It's O.K. to be You"

Girl on the beach shown-voice over of
Cassie's poem, Dying of Fat

Dying of Fat

I started out a wee little one,
With just a little chubs,
That was the age of coloring books,
Baby food, and those tiny blue bathtubs.

At that age nothing matters to you.
No matter what you look like,
Someone will think you're cute.

But as you grow older,
Things will start to change,
From Barbie dolls to boyfriends,
From Sesame Street to Shania Twain.

Then my friends would start to tell me,
"Those jeans make you look fat!"
I was very amazed
when someone told me that.

I called it just a diet,
But I knew what it was,
It was a deathwish to my body,
and I put it in my blood.

Weeks went by with nothing to eat,
It was only exercise for me.
I just kept thinking ten more pounds,
And then I would be free.

My sizes dropped from 7 to 6 to 5,
Then one day I was running and I
Felt my life slip by.

A flash in my mind to the memories
Went down to the ground,
As I fainted to the floor,
Everyone was standing around.

A nurse, a doctor,

My teacher, some friends,
Right now in the hands of these people,
My life it does depend.

That quickly I woke up,
And I knew what I had to do,
Tell them the truth,
But I told them I had the flu.

More weeks passed,
Sizes 3, 2, 1.
Then finally I reached zero,
And I told myself I was done.

But I couldn't stop now,
I was doing so "good",
The scale read 90 lbs,
so 90 lbs I stood.

But then when I reached 89,
my friend, she did find out,
She brought my hopes up,
and talked me into stoppin' this right now.

Now my pant size is one,
100 pounds I stand,
I think to myself every day,
how lucky I really am.

Introduction:

(Denee) Many of us can relate to this poem...I sure can. As a teenager, I too felt the pressures of trying to look a certain way and it led me into the destructive world of anorexia.

As a teacher, I've seen a lot of healthy students worry about their weight. Too many of them, like some of you, are fighting a battle that shouldn't be fought.

I'm going to ask you four questions...how would you respond to them?

(Denee-Audio only) Number one: Are healthy people always thin?

Two: Have you ever been on a diet?

Three: Do you feel Ashamed of your body?

And finally, four: Do you think for yourself, or do you let others think for you?

(Denee) These are important questions regarding an important person...YOU! Let's check them out.

Question 1:

(Music): Visual-Photo Montage

Statistics:

"In Norway, researchers found that women 20-35% over the "ideal" weight lived longer than those who were 10-25% below the "ideal" weight."

"Massive weight gain followed by massive weight loss can cause health problems; a little extra body fat seldom does."

(Denee) Take a look at these four drawings. Which person do you think looks the most healthy?

(Denee-audio only)

Is it contestant #1: Tammy?

Contestant #2: Nicole?

Contestant #3: Rachel?

Or, Contestant #4, Annie?

(Denee) What if they were all healthy?... can you really tell?

Rich Tubbs, Jr. High School Science Teacher

No-you can't really tell. Human beings can be categorized into three different

body types:

(Rich-audio only)

Tammy is an example of a mesomorph; she is muscular and athletic.

Or, take Nicole...some of us, like her, are endomorphs...that means we're more round and soft.

Rachel, on the other hand, is an ectomorph; she is thinner and more angular.

And sometimes, we can be a combination of all three, like Annie. Whatever the body type, this alone cannot determine whether you are healthy or not.

(Rich) Being healthy often depends on what you eat. Are you getting a balanced diet from each of the four food groups?

It also depends on your fitness level. Are you getting at least 30 minutes of strenuous exercise three times a week? Last, your health can depend on your mental outlook! Meaning, how you feel inside.

In addition, remember-girls and boys mature differently. Puberty is a time when adolescents are supposed to gain weight-girls gain more weight in fat, and boys gain more weight in muscle and get taller. Boys are usually happy with this weight gain, while girls usually hate it.

(Show Pierre on scale yelling:)

"Yes! I love gaining weight!"

(Show Tanya on scale yelling:)

"I hate gaining weight!"

(Rich) And speaking of weight, a lot of kids ask me, "How much should I weigh?"

You know those height/weight charts you see in magazines? Well, the "ideal weights" listed in these charts change from decade to decade. Don't put your faith in them because often times they are not accurate. These charts do not take body composition, or fat tissue vs. lean tissue, into account. Remember, muscle weighs more than fat. So, being muscular and fit is a good thing, regardless of your weight.

(Denée) So, are healthy people always thin? What do you think?

(Graphic-Points to Remember)
(Denée-audio only)

- Don't Judge by Appearance

Know that different people have different body types. Be respectful of this fact...to yourself and others.

- Be Healthy

Eat a balanced diet. Make sure you get nutrients from all of the food groups, and don't eat excessive amounts of high fat foods.

- Don't Trust Height/Weight Charts

Don't let weight be an indicator of how healthy you are.

Quick statements:

1. "We are all unique"-Rich
2. "Be strong"-Pierre

Question 2:

(Music)

Statistics: Visual-Photo Montage

"At any given time, 1 out of 2 women are on a diet."

"Of those who do lose weight, only 5% of these women manage to maintain their weight loss by the end of 5 years."

(Denée) Have you ever seen those commercials that claim that, "You can lose this much weight!" Do you think it's possible? (Jeans)

(Denée-audio only)

Which diet do you think works the best? Is a liquid diet the way to go? How about a high protein/no carb diet? Does cabbage soup for breakfast, lunch and dinner sound appetizing? Can a no-fruit diet really help you lose weight?

(Denée) The fact is that most low calorie diets, whether liquid or solid food, are unhealthy. Most do not provide enough vitamins and minerals, and many fail to meet the daily requirements from all four food groups.

How healthy are these dieting practices for your mind and body?

(Graphic-How Dieting Affects Your Body)

Nancy Black, Nutritionist, San Jose State University

Many adolescents engage in unhealthy eating behaviors when trying to lose weight. What they don't realize is that inadequate food consumption can result in malnutrition; and this can interfere with normal growth during puberty.

Studies have shown that dieting lowers the metabolism, or, your ability to expend calories by using energy. So in order to maintain weight loss, one must eat even less food after losing weight. At this point, it also becomes easier to gain weight back.

Realizing that losing weight is difficult, some adolescents try to compensate for their slowing metabolism by over-exercising. They do this in hopes that exercise will make their metabolisms faster, and that they'll burn more energy. When this happens, with the combination of not eating enough, plus overexercising, these adolescents can face fatigue and depression.

Further, females can experience the loss of their period. A loss of the period signifies a body weight that is too low for the normal functions of puberty to occur. At this point, calcium can be lost from the bones as well, leading to a condition called "osteoporosis".

(Graphic-How Dieting Affects Your Mind)

Dr. Mindy Penzias Dirks, Ph.D., Director of Everybody's Beautiful

Testimonial-Mindy:

- a. discusses the human psychology of dieting. Mindy looks at her own dieting experience.
- b. explains how dieting can chip away at self-esteem due to feelings of failure.
- c. suggests that advertisers are the real experts at human psychology. She states that they make millions by profiting off of our insecurities.

(Denee) As you can see, dieting can be harmful in many ways.

(Pick up pill bottle)

Let me ask you, are all diets based on food consumption? How about diet pills....are they healthy? Have you ever read the "Warning" label on the bottle....?

(Denée-audio only)

"Candidates for certain diet pills should be informed about serious potential adverse effects, including pulmonary hypertension and valvular heart disease."

(Denée) Wow! This is dangerous stuff. People have died from these pills! What's even more scary is that there are many kinds of diet pills out there and no one knows the effect they will have on our body in the future.

So, do diets work-and is it really worth it?

(Graphic-Points to Remember)

(Denée-audio only)

- Don't Deprive Yourself

Your body needs food to live. Depriving yourself triggers excessive hunger which can lead to binge eating.

- Like your Body

Your body is not your enemy. The enemy is anything or anyone that tells you that you are not good enough.

- Don't be Fooled

Realize that the diet industry wants you to fail. Their main motivation is to make money; and they do so if you fail.

Quick Statements:

3. "Food is O.K."-Nancy
4. "Don't buy the lies"-Mindy

Question 3:

(Music)

(Graphic: Are You Ashamed of Your Body?)

Statistics: Visual-Photo Montage

"Among young women ages 13-19, 57% say that they are dissatisfied with their appearance; 62% are dissatisfied with their weight."

"75.5% of girls and 36.7% of boys surveyed thought that specific parts of their bodies were too fat."

(Denee) Do you feel ashamed of your body? Why do you feel this way? Is it due to the influences that surround you?

(Graphic: The Influence of Peers)

Fran Johnson, Elementary School Principal

Students greatly influence each other. If the importance of looking a certain way is stressed in a particular group, kids will try to achieve that look in order to be a part of that group.

Kids need to realize that not everyone was made to look a certain way, and that not stressing things like weight loss and thinness can help a large majority of their peers.

Further, if teased, children and adolescents can be greatly affected by these harsh words.

We all need to realize that what we say *does* count. At the end of the day if someone is teased about being fat or looking differently than others, they will not easily forget such treatment.

(Graphic-Other Influences)

Darin Signorelli, MD, Psychiatrist

Peers do influence each other, but parents, coaches, teachers, and other adults also greatly influence the beliefs and actions of

adolescents. For example, if a respected adult tells an adolescent that they look fat, the adolescent will often believe that adult, because he or she trusts that certain individual.

Our youth population is also affected by the influence of adult role models such as athletes, singers, models and movie stars. Since adolescents can't know these people on a personal level, children are more influenced by the way that the famous look, and act.

Being that most of these role models are thin, kids try to emulate this look. Adolescents, then, often equate thinness with success and fame. They often believe that if they are skinny, they too can be a success. The media plays a big part in how these role models are portrayed. They also play a great part in affecting and influencing the view of teens, as newspapers, magazines, television shows, the movies, and other forms of media promote that "thin is in". It is often stressed that to be accepted and famous, one must be thin-and viewers accept this as reality. What our youth population needs to realize is that this is not reality.

(Denee) Let's look at how magazines can manipulate or change photographs so that models and movie stars can appear different than they really are.

(Denee doing interview with Margaret)

Margaret Phanes, U.C. Santa Cruz Professor of Digital Photography

D-I'm here with Margaret Phanes, professor of Digital Photography at U.C. Santa Cruz. Margaret specializes in photo manipulation.

D-Margaret, can I ask you a few questions?

M-response.

D-what exactly is photo manipulation?

M-response.

D -are the pictures of models and movie stars that you see on magazine covers often altered images?

M-Margaret demonstrates how one can manipulate body size.

D-can you show me some other alteration techniques?

M-response and demonstrate on computer.

D-so in actuality, very few models and movie stars have picture perfect faces or bodies?

M-reality isn't always reality.

(Denée)...and all those years I thought models and actresses were perfect. Well, everyone expects them to be that way. Which brings up the topic of expectations. Can expectations, those that you place upon yourself, or those that have been placed upon you, play a role in how you feel about yourself?

(Graphic-Expectations)

Dr. Mindy Penzias Dirks, Ph.D., Director of Everybody's Beautiful

Testimonial-Mindy:

a. covers expectations and societal pressures to look thinner ("thinness standard").

b. introduces a story about a group of nine year olds who decide to lose weight.

c. examines, what's wrong with that? Asks, why does a healthy group of kids feel this way?

d. suggests that the media gives us so many messages to lose weight, that we feel the need to do so.

e. stresses that most of these messages are lies, and that we should all question them; advertisers want us to feel bad about ourselves, and we shouldn't.

(Denee) The power of influences and expectations can play a huge role in how you feel about yourself and your body. Remember, expectations change. Our society has always dictated how a woman should look and act, and these expectations have changed many times over the past century. So ask yourself, how credible are they?

(Graphic-Points to Remember)
(Denee-audio only)

- Like Who You Are

Resist against societal pressure and realize that our cultural standards are always changing.

- Beware of the Media

Don't believe everything you see and hear. Photos and other forms of media can be altered and manipulated. What the media gives you isn't always reality.

- Choose Influences Wisely

Don't spend time with people who criticize or belittle you. They steal from your positive energy.

- **Be More**

Have more to your identity than your body.
It's what's inside that really counts.

- **Watch What You Say**

Knowing the low success rate and possible harm caused by dieting, don't encourage others to diet, and never tease anyone about their weight.

Quick Statements:

5. "What you say does effect others"-Fran

6. "Reality isn't always reality"-Darin

Question 4:

(Music)

(Graphic-Do You Think for Yourself, or do You Let Others Think for You?)

Statistics: Visual-Photo Montage

"The brain is a "use it or lose it" machine-what it can do depends on whether or not it is used."

"Your brain's growth depends on how much it is stimulated; it's up to you to keep it challenged."

(Denee) Do you think for yourself, or do you let others think for you? This is your brain and it works like a computer; it is very complex, and it's capable of processing high levels of information. Let's examine just one facet of this amazing computer; let's look at how the brain lets you interpret information we refer to this process as "perception".

(Scenario-girl comments on a friend's jeans-"Those jeans make you look fat!")

(Denée) Have you experienced a similar situation? You can let a comment like this effect you negatively or positively. It's all about perception.

(Graphic-Perceptions)

Chante Fields, Motivational Speaker

Your thoughts and reactions depend on how you perceive a situation. How you perceive things depends on your values, beliefs, and past experiences.

Your perceptions are unique to you, and you have control over them. For example, you can't change the outcome of a terrible event, but you can change how you feel and think about it. Your perceptions effect your views on life.

Your perception also effects your self-esteem or, or how you feel about yourself. If you remember that you have value, and you focus on your strengths, and not your weaknesses, you'll be better able to cope with unpleasant situations. The key to happiness is finding the good inside of you.

If you realize the value that you possess, you will be more apt to think for yourself, because your confidence will allow you to analyze situations, and to come to your own conclusions.

(Denée) Let's hear from two people who have faced difficult challenges, and have succeeded.

(Graphic-Success Stories)

a. Marisa Munoz- Hollywood free agent.

b. Janelle Day- Weight lifter-National champion.

Testimonial Dialogue:

Goal: To emphasize that you are who you are (and are successful at it) because you thought for yourself, and didn't let other negative influences (i.e., people or situations) dissuade you from reaching your goal. Please:

1. explain who you are and share your special talent.
2. explain the path that you took in order to develop your talent (a brief history of how you got started).
3. share some or one "troubled spot(s)" that could have stopped you from reaching your goal.
4. explain how you overcame these challenges.
5. give our young audience encouraging advice on how to reach their goals, and to think for themselves and not let others think for them.

(Denée) There are many obstacles that one faces throughout their lifetime. How you perceive things greatly influences the way you feel, and it's how you feel that often determines if you think for yourself, or let others think for you. In the end, it's up to you.

To think or not to think...that is the question!

(Graphic-Points to Remember)
(Denée-audio only)

- Use Your Brain

Be responsible for your own thoughts.
Remember, they make up who you are.

- **Don't be Taken**

Don't believe everything that you see and hear. Process information, and come to your own conclusions.

- **Perceive the Positive**

If someone puts you down, realize that you are in control. Your perception of the situation makes the difference.

- **Have a Plan**

If you someone does tease you, have a plan before it happens.

a. First, don't react with anger. Count to ten slowly and silently- getting mad only makes the situation worse.

b. Second, don't believe them. Often, people tease because their self esteem is so low that they have to make others feel bad just to feel good about themselves. Those who tease are usually not very comfortable with who they are! Realize this, and don't take their comments to heart!

Quick Statements:

7. "Think"-Chante

8. "Like yourself"-Tanya

Closing: (Denee)

a. We've examined many things today and it's my hope that you have a better understanding of yourself and the challenges that you may face.

What you look like or how much you weigh does not represent what's really important in this world. It's who you are inside, and how you treat others that truly dictates who you are.

If you remember nothing else, just
remember one thing...

"It's O.K. to be You!"

**Quick comments from students/
experts:**

1. "Be healthy"-Rich
2. "Value who you are"-Chante
3. "Look inside"-Marisa
4. "Know it, live it"-Junny
5. "Believe in you"-Janelle
6. "Don't get sucked in"-Mindy
7. "You are in control"-Kids

How to Get Help:

1. National Association of Anorexia
Nervosa & Associated Disorders
(847) 831-3438
www.members.aol.com/anad20
2. Eating Disorders Awareness and
Prevention
(800) 931-2237
www.edap.org
3. Overeaters Anonymous
(505) 891-2664
www.overeatersanonymous.or
4. Vitality Inc. Promoting Wellness and
Respect for All Shapes and Sizes
(860) 521-2515

Credits

APPENDIX H
VIDEO
(SEE ENCLOSED)

NOTE TO USERS

The videocassette is not included in this original manuscript. It is available for consultation at the author's graduate school library.

This reproduction is the best copy available.

UMI