

CALIFORNIA STATE UNIVERSITY, NORTHRIDGE

ME AS I AM:
A PSYCHOEDUCATIONAL GROUP WORKSHOP ON ENHANCING
BODY IMAGE AND SELF-ESTEEM

A graduate project submitted in partial fulfillment of the requirements

For the degree of Masters of Science in Counseling,

Marriage and Family Therapy

By

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DEDICATION

I dedicate this graduate project to all those who have a passion for the betterment of our youth. I dedicate this graduate project to all student advocates, mental health professionals, loving parents and those that envision a rich and fulfilled future for the youth where they aren't merely surviving, but yet, thriving. I dedicate this graduate project to any individual intending to make a difference in a young person's life, helping them to recognize that they are beautiful in every single way.

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ABSTRACT

ME AS I AM: A PSYCHOEDUCATIONAL GROUP WORKSHOP ON ENHANCING BODY IMAGE AND SELF-ESTEEM

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Master of Science in Counseling,

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The perception of our bodies, better known as our body image, plays a significant role on our self-esteem, and our self-esteem impacts our body image. Particularly in adolescence, a period of time wherein the teenager is are prone to internalizing thoughts, and feeling as though the bright light is always on them, body image can be detrimental to ones self-esteem. While being an adolescent in today's world isn't challenging enough, media, cultural, and societal pressures are making it all too easy for the female adolescent to develop body dissatisfaction, thus diminish her self-esteem

It is imperative for female adolescents to gain a higher understanding of body image and self-esteem, where accepting and loving yourself no matter what size or shape you are is of the essence. As educators we must teach the impressionable adolescent rather than committing drastic measures to lose weight and attempting to conform to unrealistic standards driven by society, building a positive relationship with your body is means for a positive self-esteem, and ultimately the best you.

It is important to address this issue by facilitating such eight week workshop where student advocates and counselors or mental health professionals of all kind can

educate the youth on pertinent problem areas and prevent self-esteem and body image issues from deteriorating the struggling adolescents today.

Chapter 1

Introduction

Statement of Need/Problem.

According to researchers for the Dove Movement for Self-esteem, “When girls feel bad about their looks, 70 percent disconnect from life avoiding normal daily activities like attending school or even giving their opinion which can put their dreams on hold, and jeopardize their potential as future leaders, decision makers, and role models.”

A frightening majority of individuals, mainly being female, are dissatisfied with the shape, size, and weight of their body. Many of them are on constant diets and or use extreme measures such as taking laxatives, exercising, fasting, purging, and even under go surgery to decrease their weight and or to alter the appearance of their physical body, shape, or size. Pressures from society and media regularly reinforce the ill-fated phenomenon of obtaining a thin body. “Thin is in” and anything else, has been set up to be the subject of ridicule and discontent. The mass society is communicating convincing messages linking being thin and skinny to feelings of success, happiness, and self-worth (Levine, 2000). Although most individuals do not develop eating disorders, numerous young females are consumed with feelings of low self esteem, insecurity, and self-doubt about their bodies, and experience significant psychological distress (Phelps, Sapia, Nathanson, and Nelson, 2000). According to the Fed Up Inc. video produced by founder and executive director Bridget Loves, approximately 11 million Americans suffer from an active and destructive eating disorder including anorexia, bulimia, and binge eating disorder. Ninety percent of those eating disorder sufferers are female (2010). What happens to the female adolescent when she is taught to hate her body? It can affect her

self-esteem, among several other things. According to the Fed Up Inc. website, “over 50% of teenage girls use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives.” According to the website, researchers have revealed that 40-60% of females in high school perceive themselves to be overweight and are actively trying to lose weight. As researchers have shown that negative body image can lead to poor self-esteem, anxiety, depression, and eating disorders in the young female, it is of utmost significance to take action and assist in preventing such cases from occurring to the young female (2010).

Purpose of the Project

The purpose of the project is to develop a workshop that aims to strengthen the body image and self-esteem relationship. It is important to set up a workshop in the middle/high school level where education prevention on body image and self-esteem will be presented. Student advocates, school counselors, psychologists, and therapists can educate young students and give support to the prevention of self-esteem and body image issues that are so widely prevalent today.

The objective of this project is to provide an educational awareness on the risk-factors of eating disorders and engage in curriculum that supports strengthening the relationship between body image and self-esteem in adolescent females. This project’s aim is to provide a channel for students with or without eating disorders, and body image and self-esteem issues to participate in group sessions so that they will obtain the education, support, and tools to develop healthier eating habits, as well as a higher positive sense of self. Ultimately, the goal of this project is to educate young people on

body image, self-esteem and healthy living to prevent eating disorders and other pitfalls. Enhancing awareness and promoting prevention not only hinders the young female from acquiring unhealthy symptoms and or disorders, but can also enhance the possibility of having higher overall success as a result of her positive body image, positive self-esteem, and unoccupied mind.

Additionally, this project will work towards creating a collective and societal advancement venturing away from this ill-fated phenomenon of “thin is in” and ultimately aim to lead a healthy and balanced life, while being happy in one’s own skin and size, whatever that may be.

Significance of the Project

This work will contribute to educational awareness and prevention regarding healthy living to masses of young females who face a daily struggle of accepting their own body and battle with low self-esteem. Moreover, once these young students have been sufficiently educated and trained, they will help in spreading the message across in the community as junior ambassadors. As the need for awareness and prevention of this major issue becomes known, it is imperative to take action and put into place this workshop to assist in preventable and detrimental cases from occurring to young females.

Bridge

In light of these goals, the purpose of the literature review, found in the following chapter, is to better understand this issue and examine previous research on contributing factors to negative body image, and the relevance of body image dissatisfaction on self-

esteem and eating disorders, in order to gain a better understanding of its prevalence and negative ripple-effect on the individual.

This chapter will first present definitions of the terms involved when focusing on issues of body image, followed by a discussion of female adolescents and self-esteem.

Important concepts/terminology

There are terms that are unique to this project and need definition as related to the research. For purposes of clarity, the following are definition of terms that will appear in text throughout this project.

Focusing on the body image as a physically related construct, Thompson (1990) breaks down the definition as:

Body image is viewed as having a perceptual component, regularly referred to as size perception accuracy, a subjective component, which deals with facets such as satisfaction, concern, cognitive evaluation, and anxiety; and a behavioral component, which focuses on avoidance of situations that cause the individual to experience physical appearance related discomfort.

Self-Esteem/Self-concept: According to O'Dea (2002), self-esteem refers to the considered opinion and judgments that we make about ourselves and about our overall value. Those with high self-esteem are usually content with who they are and have the capability to recognize their own weakness and strengths. On the other hand, individuals with low self-esteem regularly feel poorly about themselves, their aptitude, and have a limited worth, respect, and self-acceptance. Persons with low self-esteem have been

known to be associated with depression, substance abuse, suicide, and eating disorders (2002).

Eating Disorder: An eating disorder involves severe disturbances in one's eating behavior. According to the Diagnostic Statistical Manual Fourth Edition, three categories of eating disorders take place: Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified.

Anorexia Nervosa: The Diagnostic Statistical Manual of Mental Disorders (4th ed., text revision) describes it as follows:

1. Refusal to maintain body weight at or above a minimally normal weight for height and age (e.g., a weight loss leading to maintenance of body weight less than 85% of that expected, or a failure to make expected weight gain during period of growth, leading to a body weight less than 85% of that expected).
2. Intense fear of weight gain or becoming fat, although being underweight.
3. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

Bulimia Nervosa: According to the Diagnostic Statistical Manual of Mental Disorders (4th ed., text revision):

1. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following: A) eating, in a discrete period of time, an amount of food that is definitely larger than most people would eat during a similar period of time and under similar situation, and B) a sense of lack of control during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).

2. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, or other medications; and fasting or excessive exercise.
3. The binge eating and inappropriate compensatory behaviors both occur, on average at least twice a week for three months.
4. Self-evaluation is unduly influenced by weight and shape of body.
5. The disturbance does not occur during episodes of anorexia nervosa (2000) (p. 594)

Eating Disorder Not Otherwise Specified: refers to the partial-syndrome disorder for those who do not meet the criteria for neither Anorexia Nervosa nor Bulimia Nervosa, but suffer from disordered eating (2000).

Body Dysmorphobia/ Body Dysmorphic: According to the APA (2000), the essential feature of dysmorphobia/dysmorphic is a preoccupation with a defect and or a fixation on an imaginary flaw in the physical appearance, which causes significant impairment in daily life.

Body Image Disturbance: According to the APA (2000) "body image disturbance" is defined as a "disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self evaluation, or denial of the seriousness of the current low body weight" (p. 510). Jasper and Maddocks (1992), claim the term 'disturbance' as vague in that it does not clarify whether the disturbance is a perceptual or cognitive distortion or a disparagement of one's body size. Kearney-Cooke (1998), defines "body image disturbance" as a multifaceted phenomenon including all issues such as size distortion, dissatisfaction with body size and concern with body shape.

Body image distortion: refers to a significant discrepancy between one's perception of, and beliefs about the shape or size of one's body and its actual shape or size. (Jasper & Maddocks, 1992; Kearney-cooke, 1989) For instance, an emaciated individual who believes him or herself to be fat or an individual who underestimates the size of his/her body perceptually or cognitively acquires body image distortion.

Body image dissatisfaction: According to Kearney-cooke, (BID) refers to disparaging or a dislike of one's body. Dissatisfaction occurs when an individual's ideal body size differs from its actual size (1989).

Chapter 2

Literature Review

Female Adolescents, Mass Media, and Body Image

In a world where the media and societal influences promote attractiveness by being thin, skinny, and gaunt looking, the growing adolescent is drawn closer to acquiring self-esteem and body image issues; chiefly for females. There has been a rapid rise of eating disorders in the adolescent population. The eating disorder Anorexia Nervosa is the third most common chronic illness among adolescents (Fed Up Inc., 2010). According to the Fed up Inc. website (2010), approximately 40-60% of girls in high school feel themselves to be overweight and are vigorously attempting to loose weight. Adding on to the long list of worries the female adolescent experiences, she is also actively stressing over her body image and self-esteem. Additionally, girls are particularly vulnerable to the development of body dissatisfaction, unhealthy dieting behaviors, as well as, eating disorders (2010).

Phelps et al. (2000) notes that many of them are on constant diets and/or use extreme measures such as the taking laxatives, exercising, fasting, purging, and even surgery to decrease their weight and/or alter the appearance of their physical body shape or size. Pressures from society and media regularly reinforce the ill-fated phenomenon of obtaining a thin body. "Thin is in" and anything else is can be the subject of ridicule and discontent. The mass society is communicating convincing messages linking being thin and skinny to feelings of success, happiness, and self-worth. Although a greater part of individuals do not develop complete eating disorders, numerous young females are

consumed with feelings of low self esteem, insecurity, and self-doubt about their bodies, and experience significant psychological distress (2000).

According to Choate (2007), the fact that body image dissatisfaction is such a pervasive problem for adolescent females, “school counselors need to develop effective prevention programs in this area” (p. 317). As the American socio-culture and mass media pressure its youth regarding thinness, the urge to lose weight and gain the body that appears acceptable becomes more critical to the young adolescent. Consequently, on top of striving for high grades and maintaining peer relationships, the young female is also struggling with major issues of self-esteem and body image. Since all girls in the United States are inundated with messages pertaining to the importance of thinness for women’s success in the Western culture; eating disorders, and negative body image and negative self-esteem do not discriminate against any one and no ethnic or racial group is immune to these influences (2007).

Choate’s research articulates the significant importance of body resilience in a period where it’s most needed. As body image dissatisfaction has become such an extensive issue for adolescent girls, it is being viewed as vital for school counselors to develop an effective program to target this matter. Accordingly, he introduces a model as a tool to promote girls’ body image resilience. The model illustrates five protective factors that add to girls’ abilities to resist socioculture pressures and ideals of being thin. The body image resilience protective factors include: family and peer support, gender role satisfaction, global and physical self-esteem, coping strategies and critical thinking skills, and finally, holistic wellness and balance. In conclusion, it is found imperative for school counselors to work closely with young girls and help them in comprehending the

value they hold apart from their physical appearance, hence building their body image resilience.

Adolescence represents a period of extensive developmental challenges for girls. While they encounter the beginning of puberty, with its accompanying psychological and physical changes, girls also deal with the surfacing of dating relationships, school transitions, and conflicting gender role expectations. Hence, it is during adolescence that girls also become more focused on their appearance, weight and shape as essential facets of their self. Thompson, Heingberg, Altabe, and Tantleff-Dunn (1999) have found that as a result of the weight increase that is associated with puberty, many girls become worried about the discrepancy between their maturing bodies and the societal ideal for female thinness that is depicted throughout Western cultures. Thus, a girl's physical appearance becomes the most significant to her during the exact period that her figure is changing in directions that are gradually more discrepant from the thin epitome. Consequently, such pressures can effortlessly produce girls vulnerable to body image dissatisfaction (BID) and eating-related problems (1999).

According to Levine and Smolak (2002), among 40% and 70% of adolescent girls are dissatisfied with two or more parts of their bodies, most commonly with the buttocks, thighs, hips, and stomach. Kostanski and Gullone (1998) discovered that over 80% of girls questioned felt dissatisfaction with their bodies, while Thompson et al's study (1999) indicated that 42% to 45% of 9th to 12th grade girls had been dieting to shed weight. With such a large number of teenage girls experiencing feelings of dissatisfaction and unhappiness towards their bodies, it is important to note that body image dissatisfaction is related with depression, poor self-esteem, emotional distress and

anxiety, obsessive thought patterns linked to appearance, unnecessary use of cosmetic surgery, and maladaptive eating practices (Stice & Whitenton, 2002). Moreover, it is significant to take in that such body image dissatisfaction can be a precursor for the development of eating disorders, particularly during the period of adolescence since girls' psyche and socio-emotional states are especially vulnerable at this time.

Levine (2000) indicates an increasing preoccupation of mass media with ideals such as beauty, thinness, and dieting. The media encourage and support messages that entice the young adolescent to uphold unhealthy and unrealistic body expectations. Achieving thinness and practicing strict weight management are several of the many detrimental messages encouraged by the media. Being fat is associated with a distinct negative stigma such being unfit, ugly, or unhealthy. Femininity is associated with physical appearance and other pieces of sexual objectification. Often, the mass media reveals impressions of what it means to be a "real woman". According to Levine (2000), media promotes a view of beauty as a woman's endeavor in life, and being slender as significant for contentment and happiness, and dieting as the technique to revitalize one self. Resentment and offensive remarks toward those who do not fit the mold for the perfect physique have slowly poisoned the minds of many adolescent females. Much of the influence injected into popular culture actually promotes surgical modifications to enhance or to correct one's appearance, in association with several distinct ways of dieting. Unfortunately, the wounds lay deeper than most would think. Deeply situated insecurities perpetuated not only by the mass media, but by ones' own peers, family and or culture and society, impels the adolescent with low self-esteem to keep up with the demands of our societal views while disliking her very body (2000).

According to Grabe, Ward, Hyde (2008), “body dissatisfaction had reached normative levels among American girls and young women. Approximately a 50% of girls and undergraduate college women report being dissatisfied with their bodies” (p. 460). Perceptions such as these can begin to be observed early, emerging in children as young as seven years, and surfacing amongst all diverse levels of body size and race. Such feelings are major and have been linked to critical physical and mental health problems. Grabe et al. (2008) state, “Research from prospective and longitudinal designs has identified body dissatisfaction as one of the most consistent and robust risk factors for eating disorders such as bulimia and as a significant predictor of low self-esteem, depression, and obesity” (p. 460).

These researchers (2008) conducted a study of a systematic inquiry regarding the general association of the thin-ideal media exposure and three areas of women’s body image, including internalization, eating behaviors, and beliefs. The results indicate consistent associations across both experimental and correlational designs and across multiple measures of women’s body image and eating behaviors and beliefs. Hence, the study provided strong support for the idea that exposure to mass media portraying the thin-ideal body is correlated to women’s vulnerability to disturbances related to body image. Media exposure was found to be related to internalization of the thin ideal as well as between media and women’s eating behaviors and beliefs. “The small to moderate effect sizes found for these outcomes were comparable to the effect sizes for media exposure on body dissatisfaction” (2008, p. 470). These answers provide reason to believe that the thin-ideal media exposure is connected to “higher levels of body

dissatisfaction, stronger internalization of the thin ideal and more frequent bulimic and anorexic attitudes and behaviors” (2008, p. 470)

Striegel-Moore and Bulik (2007) were able to link exposure of the media to disordered eating behaviors and beliefs. As dangerous and critical as eating disorders are, such results should call for the publics’ attention, starting with educators and those dealing with children (2007). “Eating disorders are among the 10 leading sources of disability among young women, and anorexia nervosa has the highest mortality rate of all mental disorders” (Striegel-Moore & Bulik, 2007, p.181).

According to Costin (1999), the course and outcome of anorexia nervosa vary across individuals: some fully recover after a single episode; some have a fluctuating pattern of weight gain and relapse; and others experience a chronically deteriorating course of illness over many years. The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population. The most common causes of death are complications of the disorder, such as cardiac arrest or electrolyte imbalance, and suicide. Traditionally, anorexia has been considered as a disorder of affluent white women, a group that considers self-worth and happiness as being determined largely by physical appearance. The frequency of the occurrence of anorexia reported among other ethnic groups is on the rise. This research reports an association between its prevalence and level of acculturation (1999).

Furthermore, Striegel-Moore, Silberstein, and Rodin (1986) contend of the variables thought to promote and maintain anorexia and bulimia, socio-cultural factors

are considered paramount. The researcher imply that the socio-cultural influences thought to contribute to eating disorders include the thin ideal body image espoused for women, the centrality of appearance in the female gender role, and the importance of appearance for women's societal success. Thus it appears that mass media has become one of the strongest messenger of dispensing socio-cultural pressures and influences.

Stice, Schupak-Neuberg, Shaw, and Stein (1994) conducted a study which focused on measuring the relationship of media exposure to eating disorder symptomatology and as well as seeking out possible mediating mechanisms. Stice and his associates not only established and confirmed the connection amongst the thin ideal internalization and increased body dissatisfaction and eating disturbances, but also focused on the fact that exposure to images of thinness emanating from the media paves the way to possible eating disorders. This finding supports the allegation that exposure to the media-rendered thin ideal is related to eating pathology and that women can directly model disordered eating behaviors such as fasting and purging, which are represent in the media. These researchers evaluated the connection of media exposure such as print media and television exposure, to eating disorder symptoms and examined whether gender role endorsement, ideal body stereotype internalization and body dissatisfaction arbitrate this effect. Information from the 238 female college students in the study disclosed a direct effect of media exposure on eating disorder symptomatology (such as fasting or purging) through gender-role endorsement, ideal-body stereotype internalization, and body dissatisfaction. The findings did not support the predicted direct effect from media exposure to ideal-body stereotype internalization, although there was little correlation between ideal-body stereotype internalization and eating pathology, and the direct

pathway between them was not significant in the larger model. The data implies that the outcome and effects of internalization of the thin ideal on eating pathology are predominantly mediated by way of body dissatisfaction (1994).

These findings indicated that internalization of the thin ideal mediates the adversative effects of exposure to the thin ideal and to ideal body images exposed via the media. The results of this study affirm that internalization of socio-cultural pressures mediates the adverse outcomes of the thin ideal. Additionally, the results back up the contention that body dissatisfaction is an important mediator of the effects of these socio-cultural pressures and influences. Furthermore, this study proved findings to be accurate with theories in which body dissatisfaction exists as a primary determinant of eating disorder symptoms. It was uncovered that with greater ideal-body stereotype internalization, increased body dissatisfaction was expected, which brought concern to intensified symptoms of eating disorders (1994).

In another study, Thompson and Stice (2001) it was stated that “body-image disturbance and eating disorders are a significant physical and mental health problem in Western countries” (p.181) These researchers conducted a food deal of observation and analysis in labs over the past decade, including scale development, correlational studies, prospective risk-factor studies, randomized experiments, and randomized prevention trials have all been completed using the internalization of societal standards of attractiveness as the variable. Trying to live up to these standards can thus become a potential risk factor for the development of body image disturbances and eating disorders. The researchers concluded that internalization is indeed a causal and underlying risk factor for body-image and eating disturbances, and that it seems to function in

combination with other established risk factors for these outcomes, including dieting, body dissatisfaction, and negative influence in promoting eating-disorders symptoms (2001).

Thompson et al. contend that eating disorders are one of the most common psychiatric problems women face, and are described as having a persistent course, co-occurrence with other psychopathology, medical complications, and high mortality. Moreover, body-image dissatisfaction, typically consisting of an individual's unhappiness with some feature of one's appearance, is also tremendously common and may be associated with psychological distress (e.g., depression) and functional impairment. Internalization of the societal ideal of attractiveness, that being the thin-ideal plays a key role in the development of these problems. According to Thompson et al., thin-ideal internalization refers to the extent to which an individual cognitively "buys into" socially defined ideals of attractiveness and engages in behaviors designed to produce an approximation of these ideal.

Thompson and Stice (2001), suggest that theoretically, thin-ideal internalization results because individuals internalize attitudes that are approved of by significant or respected others. This process is commonly referred to as social reinforcement. Socializing agents such as family, peers, and media, are considered to reinforce and encourage the thin-ideal body image for women by means of comments, remarks, or certain acts that support and propagate this ideal (e.g., criticism or teasing targeted at weight, encouragement to diet, and deification of extremely slim models). According to Tompson et al. (1999), thin-ideal internalization is believed to directly foster body dissatisfaction because the ideal is practically impossible to attain for most females.

Thus it appears from the aforementioned studies that body dissatisfaction which results from thin-ideal internalization, tends to promote dieting and eating-disordered symptoms. The studies conducted by Thompson and Stice (2001) seem indicate that internalization is indeed a causal risk factor, and not a substitute for another variable being that “manipulation of thin-ideal internalization would not have influenced body image if a proxy effect were operating” (p. 183). Moreover, Thompson et al. (1999) concludes that variables that have been discovered to control the destructive effects of internalization include self-esteem, exposure to the media, and tendency to compare one’s appearance with other people’s appearance.

Moreover, Goldfield, Moore, Henderson, Buchholz, Obeid, and Flament (2010), stress adolescence as a critical time with the potential of developing obesity and mental health problems. The researchers conducted a study investigating the association of weight on body image, eating behavior, and depressive symptoms in youth. Participants, consisting of 1,490 students in grades 7 – 12, completed questionnaires pertaining to body image, eating behavior, and mood. Additionally, students were measured for height and weight in order to calculate their body mass index (BMI), based on the International Obesity Task Force guidelines. The researchers performed several multivariate analyses of variance (MANOVAs) to investigate the relationships. They were able to obtain lucid results indicating a definite relationship between body image and weight classification. It was concluded that the higher ones weight is, such as those with obesity, puts them at increased risk for body image dissatisfaction, depressive symptoms, and negative self-esteem, when evaluated with overweight and normal weight youth. The results of Goldfield et al.’s study (2010), point toward valuable implications for the implementation

better health promotion, and prevention and intervention programs for youth at risk of unhealthy eating behavior, poor self-esteem, and symptoms of depression.

Finally, Richardson and Paxton (2010) examined the efficacy of a theoretically developed school-based body image intervention for adolescent girls, Happy Being Me. The participants consisted of 194 female 7th grade students from two Catholic Secondary schools in Melbourne, Australia. One school was assigned to the intervention group and the other school was allotted as the control group. Accordingly, the intervention group had partaken in three 50 minute body image intervention sessions, while the control group was involved with only their regular courses. Furthermore, all participants were given baseline, post-intervention, and 3 month follow-up questionnaires to complete. Results indicated that students who participated in the body image intervention sessions stated considerably higher positive outcomes than the control group on degrees of intervention topic knowledge, risk factors for body dissatisfaction, body image, dietary restraint and self-esteem, at post intervention and follow-up. Specifically, Richardson et al.'s (2010) findings suggest that Happy Being Me had a positive impact at post-intervention and 3-month follow-up in subjects addressed during the intervention such as, intervention topic knowledge, internalization of the thin ideal, body comparison, appearance conversations, body satisfaction, and body dissatisfaction. The research states the outcomes measure favorably with other body image interventions for adolescents. In conclusion, this experiment grants support that efficient body image interventions are of great necessity for female adolescents and can contribute to their positive well-being.

Feminism, Women Sexual Objectification, and Body Image

Objectification Theory (Frederickson and Roberts, 1997) maintains that the body of a woman is viewed as an object to be evaluated and such societal objectification can lead to self-objectification when women regard their own bodies as objects. In their study of empowerment and powerlessness illuminating the relationship between feminism, body image, and eating disturbance, Peterson, Grippo, and Tantleff-Dunn (2008) conducted a study theorizing that empowerment is a significant factor in reducing self-objectification. Empowerment is a pivotal concept of feminist theory and such theorists argue for a reconceptualization of power as a capacity or ability, specifically, the capacity to empower or transform oneself and others. Thus, these feminists have been able to conceptualize power not as power-over but as power-to.

It has become widely apparent that body image and eating disturbances continue to be pervasive concerns in American society. Researchers have found a contributing factor to body image and eating disturbance is the objectification that women encounter in both the media and in everyday life. Objectification Theory purports that self-objectification and internalization of cultural ideals of beauty can result in a plethora of negative psychological, or not, consequences. Accordingly, women's self-worth becomes dependent on their evaluation of their appearance, and they begin to consider their bodies as objects to be evaluated. Elucidating the identifiable factors that may protect women from body image and eating disturbance will assist as important information for determining which components of feminist intervention programs are most helpful and inform future program developer's critical elements to accentuate for utmost efficacy and effectiveness.

These researchers gathered 276 undergraduate women participants from a large Southeastern university in the United States. Following imparting informed consent, participants, placed in groups of about ten completed a battery of tests and questionnaires, and specified demographic information, and Body Mass Index, and their diverse ethnicities were noted. The assessments administered produced data needed to examine empowerment as a potential protective factor in reducing self-objectification and body image and eating disturbance in a sample of US women. Such measurements included: the Eating Attitudes Test, Empowerment Scale, Feminist Identity Composite, Multidimensional Body Self Relations Questionnaire, Physical Appearance State and Trait Anxiety Scare, and Sociocultural Attitudes Toward Appearance Questionnaire.

The results of the study indicated that empowerment, and especially power/powerlessness, was considerably related to body image and eating disturbance. Empowerment was more generally and significantly correlated with measures of disturbance than was feminist identity. Of particular interest were the results of the powerlessness subscale of the Empowerment Scare and levels of disturbance. The researchers gathered the more powerless individuals felt, the more likely they were to have body image and eating disturbance. Hence, Objectification theory implies that because of society's focus on beauty and the thin ideal, women begin to assess themselves physically from an external and critical viewpoint (Fredrickson and Roberts, 1997). These experiences may well lead women to sense powerlessness over the external valuation of their body. Such feelings of powerlessness may lead women to maintain control over their eating, such as to a disordered level.

After analyzing individuals' self-esteem/self-efficacy and feminist identity, feelings of power/powerlessness notably predicted disordered eating, and to a greater degree, body image disturbance. The results are of striking importance as numerous studies have indicated body image disturbance is predictive of the development of eating disorders (e.g., Calogero et al. 2005; Greenleaf and McGreer 2006; Tylka and Hill 2004, etc.). Thus, psychoeducation prevention programs such as "Girl Talk" (McVey et al, 2003), "Full of Ourselves" (Sjostrom and Steiner-Adair 2005; Steiner-Adair et al. 2002), and "Go Girls" (Piran et al. 2000) indeed are in the right direction.

Consequently, current findings propose intervention and prevention programs are vital in enhancing girls' feelings of power in their lives. Programs attempting to instill a sense of internal power may restructure body image disturbance and prevent the development of eating disorders. Results further credibly point out an individual's feelings of empowerment or power may decrease their likelihood of internalizing society's messages regarding beauty and developing schemas that include the importance of appearance. Such reduction of mass society's "thin ideal" messages and lofty significance of appearance is essential to the destruction of women's sexual and body objectification. Thus, this study blatantly demonstrates the negative correlation surrounding body image, body disturbance, eating disorders, with incorporating guiding principles that emphasis a high regard for beauty and value in appearance. Women who usually feel powerless seem to passively internalize unhealthy societal standards of beauty. For that reason, it is pivotal to set in place a prevention and intervention program empowering woman, as feeling empowered in most women may translate to reduced self-objectification and, and thus, in decreased body image and eating disturbance.

Rubin, Nemeroff, and Russo (2004) conducted a qualitative investigation exploring feminist women's body consciousness. They report the results of their qualitative analysis of young feminists' personified experiences, examining how feminist women negotiate ideologies that define mainstream cultural ideals of female beauty (i.e., White, upper and middle-class). The researchers were predominantly concerned in studying risk, resiliency, and resistance among feminist women. Resistance was described as rejecting ideologies of women's bodies that defend women's subordination. Regularly conveyed cultural ideologies about women's bodies in Western culture that advocate, substantiate, and perpetuate women's subordination consist of: "(a) Women's bodies are never fine as they are; (b) Women should be constantly aware of, and attending to, their bodies; (c) Women should suppress their bodily appetites (i.e., for food, sex, emotions); (d) Women's bodies- their size, shape, style, and comportment- are instruments through which their morals and values will be read; (e) Women's bodies are objects and commodities; (f) Women's bodies exist to serve others; and (g) Beautiful women are thin and Anglo-featured" (p. 28).

The study explores how women challenge such messages. In it, the researchers aim to comprehend how feminists attempt to uphold positive feelings about their bodies while living in a culture that objectifies female bodies and connects women's economic and social power to their external appearance. In addition to investigating how participants portray their feelings about their bodies, particular strategies that feminist young women utilize to oppose cultural ideologies and to surmount barriers to resistance they have encountered have also been examined.

Participants included a total of twenty-five undergraduate and graduate women from several Women's Studies courses, various woman-centered campus organizations, and student list-servs at a large, Southwest, state university, who self-identified as a "feminist" or "womanist". The participants were advised by the researcher, a graduate student in Clinical Psychology, that the focus group discussions were intended to discuss beauty ideals in our culture, specifically about "representations of women, beauty norms, and body image in American culture...aimed at developing a better understanding of the feminist experience of body, beauty, and culture" (p. 29). Participants were not screened with measures evaluating feminist identification, yet rather, their determination to join, knowing such condition, was deemed sufficient confirmation of their identification. The partakers varied in age from 19 to 43 years old (median age = 24). Twenty-two women identified as White, 1 identified as African American, and 2 identified as both Latina and White. Fifteen participants identified as heterosexual, 5 women as bisexual, and 3 as lesbian. Two participants declined their sexual orientation. All members were compensated monetarily at the end.

The senior author, along with one other female doctoral student, facilitated each focus group discussion in the Clinical Psychology Center on campus. Participants were presented with the following sorts of questions: "What kinds of things make you aware of your body? How does being a feminist affect what you notice about mainstream culture's beauty ideals? How has your ethnic background or sexual orientation shaped your feelings about your body? Do you ever try to resist or shield yourself from cultural messages about beauty?" (p. 29). An entirety of six, one-session focus groups, where five groups had four members, and one arranged of five members, were conducted.

Discussions lasted roughly sixty to ninety minutes, and were audiotaped to create verbatim transcripts for analysis.

The results of the study demonstrated that participants expressed themselves as constantly aware of and attending to their bodies. Their accounts were coherent Fredrickson and Roberts' (1997) theory of objectification, which explicates how through experiences of sexual objectification, women learn to objectify themselves, and as this study shows, to objectify other women additionally. Group members explained their bodies as continually closely controlled by others through looks, comments, and actions, "that make you realize that your body is not acceptable in society" (p.34). The researchers gathered body consciousness is one of the methods women use to manage with others' reactions to their body, and thus to protect their self-concept. Participants further articulated how experiences of objectification during adolescence had shaped their conceptions of what it means to be a woman in this society. Sure enough, as adolescents and young women, participants in this study gleaned that being a woman meant living with sexual objectification. Accordingly, women in this study placed efforts to refuse to accept internalizing cultural messages about women's bodies, such as those that define what beauty is and who gets to be beautiful.

Participants in this study described confronting messages that insinuate that their bodies are flawed or inadequate, and rebuffed the idea that they should be demarcated by their appearance. Utilizing cognitive strategies grounded in feminist thought, they were able to distinguish and reframe such complicit views. Although valuable, these cognitive strategies were considered as limited and substandard to counter the years of omnipresent aesthetic conditioning that shaped their concepts of beauty. These ideas helped

participants cultivate more adaptive thoughts about their appearance, but did not fully alter their feelings of guilt, or shame, for being feminist and still “buying into” cultural and commercial messages about beauty ideals. Indeed, despite their body shame and ambivalence, participants were vigorously seeking new patterns of actually inhabiting their bodies. A few participants expressed resistance strategies, such as celebrating their bodies through dance or self-affirmations that seemed to hold assurance in terms of helping women actually experience their body in more positive ways.

Evidently, there are enormous social forces supporting women’s engagement with beautification habitues and numerous terrifying consequences of resistance, especially for young women. The power of mere exposure to idealized thin bodies should in no way go underestimated. Time and again, researchers have confirmed that repeated representation of a stimulus, with no associated outcome, either positive or negative (hence “mere” exposure) increased participants’ preference for that stimulus (Kunst-Wilson and Zajonc, 1980). Aesthetic conditioning tugs at the internal core of women and such conditioning will doubtlessly be best dealt with by producing alternative positive images for women and presenting them as ubiquitously as possible.

Body Image and Eating Problems in Minority/Ethnic Cultures

In the study of the differences in body Image and eating problems among African American and white women, Lovejoy (2001) discusses an emerging breadth of knowledge comparing body image disturbance and eating problems among African American and white women. The research indicates that there are major ethnic differences in these areas. African American women seem to be more content with their

weight and appearance than are white women, and they are less probable to partake in unhealthy weight control practices, nevertheless they are more liable to have high percentages of obesity. Lovejoy draws on both Black and white feminist literature on body image and eating problems, adducing three arguments that may elucidate these differences: (1) Black women may develop a strong positive self-valuation of their appearance and an alternative beauty aesthetic to resist societal stigmatization and counteract societal devaluation of their looks and character, (2) Black women may be less likely than white women to acquire eating disorders associated with a drive for thinness due to differences in the cultural construction of femininity in African American and white communities, and (3) positive body image among Black women may sometimes reflect a defensive need to deny health problem such as compulsive overeating and obesity (p. 239).

Disturbances in body image and eating arise inside individual bodies and psyches, yet they also may well be regarded as expressions of trouble in the social body, such as racism, sexism, and classism. Scheper-Hughes and Lock (1987) use the term social body to describe the body as a “natural symbol” for thinking about relationships between nature, society, and culture. Accordingly, sociological investigation into body image and eating problem between women from diverse ethnic and class backgrounds may disclose plenty about the relationships between gender, race, and class inequality as they are experienced in the social and psychological lives of women.

This article has uncovered that differences between Black and white women in their experiences of oppression and in the cultural construction of food, femininity, and the female body usually result in different kinds of eating problems and body images for

the two groups. Case in point: a study conducted by Becky Thompson (1994) demonstrates both groups utilize food and eating as a way to deal with oppressive life situations. Therefore, both groups exhibit disturbances in the social body via disturbances within individual bodies. Exploring the relationship between psyche, body, and culture, as observed through the prism of body image and eating problems, the author proposes that much of our disturbances may be contributed to our culture and ethnicity as much as our consciousness. Lovejoy (2001) urges the need for additional feminist sociological examination into the study of ethnic differences in body image and eating disturbances between different groups of women to examine the relationship among these problems and the historical, social, and cultural framework in which they develop.

A crucial subject for feminist sociological research is the part played by class in interceding ethnic differences in body image and eating disturbances. Lovejoy (2001) asserts that class is an aspect that has greatly been disregarded by plenty of the literature in this subject matter. Although parallel configurations of ethnic differences in body image and eating disturbance have been discovered throughout middle and lower class groups in the previously reviewed studies, there needs to be more cautiously controlled studies to verify if such pattern will show constancy across more diverse populations. Correspondingly, the author suggests, however, that class is not necessarily a confounding factor in the findings of ethnic differences in body image and eating disturbance.

Lovejoy (2001) draws from her research that Black women's higher body-esteem may develop from numerous healthy sources, such as their resistance to negative societal images of Black women, the supports they obtain from within the Black community, and

a feminine gender role that offers greater agency. Though, for some Black women, a positive body image may be a manifestation of denial of psychological and physical health problems, such as obesity and compulsive overeating. In a racist society, Black women may have a unique necessity for seeking self-acceptance. Out of a course of struggle and negotiation, this pursuit for self-validation may produce an authentic and realistic appreciation of body and self, however if frustrated it may also end in self-doubt and the need to disavow vulnerabilities under an appearance of strength and confidence.

The author asserts that societal and cultural racial assumptions that Black women have innate capabilities to cope with all modes of adversity without breaking down, physically or mentally, is a myth that may make it exceptionally difficult for Black women to acknowledge both psychological vulnerabilities cultivating from internalized racism and sexism (which may include body hatred and low self-esteem) and the mental health problems that may arise, such as addictions to food and or other substances. A defensive need to repudiate emotional conflicts and to shed strength and toughness may serve as an essential temporary survival tool for many Black women in the deficiency of other types of social and emotional supports. Yet, the long-standing psychological and physical health results of such a coping strategy may be detrimental and can be a factor to the high rates of issues such as compulsive eating and obesity among Black women, in addition to the successful cover of such grave health problems. Consequently, positive body image for black women is viewed as a double-edged sword. Information of positive body image and high self-esteem among Black women in reports studied must be more carefully scrutinized if we are not to collude in the silencing of Black women's health problems.

Body Image and Self-Esteem in Family Dysfunction

Time and again psychologists have ascertained in accordance with plentiful research that much of who we are is cultivated within our family and home environment. Family theorists and therapists have taken a broader view of human problems focusing on the family context in which individual behavior currently occurs rather than as recalled from the past. Segregating away from the notion that our behaviors stem from our intrapsychic, family theorists attach themselves to an interpersonal perspective, where behavior is part of a sequence of ongoing, interactional, recursive, or recurring events with no obvious beginning or end, and thus is contributed to individual behavior. With such a framework, all family members are embedded in a network of relationships, structures, interactive patterns, belief systems, and transaction patterns in which all influence each member's behavior as part of a tightly-knit system. Rather than being interested in the content of such transactions, systems-oriented clinicians are more interested in the process of what they are observing, concerning themselves with what is occurring, how it occurs, and when it occurs, instead of searching for why it is occurring. From this wide-lens perspective, psychopathology or dysfunctional behavior can be transformed as more the result of a struggle between persons than merely the outcome of opposing forces within each of the participants (Goldenberg and Goldenberg, 2008).

Leung, Schwartzman, Steiger (1995) conducted a study testing dual-process family model in understanding the development of eating pathology. These researchers indicate dysfunctional family relationships and self-concept deficits have sustained implications in the development of eating disorders (EDs). In addition to general family dysfunctions such as low cohesion, poor conflict resolution, and disorganization, Bruch

(1973) also observed that parents of ED patients were often overly concerned with weight and physical appearance themselves. Studies indicate researchers have found this parental motif accurate in the case of anorexic patients, bulimic patients, and adolescent girls with disordered eating. Several researchers noted believed that the basic pathology in these patients lies not in eating disturbance, but in underlying deficits in the sense of self, thus low self-esteem is one of the most major psychological features found among such patients. Garner and Bemis (1985), while also specifying that one of the most reliable findings in ED patients is their self-concept deficits, they point out that such deficits are manifested through at least three correlated facets: (1) low self-esteem, (2) self-worth which is rigidly tied to others' evaluations, and (3) body dissatisfaction.

To explore the roles played by familial factors and self-concept deficits in the etiology of EDs, the present study evaluated a dual-process family model which features familial and self-concept variables in understanding the relationships among dysfunctional family relationships, family preoccupation with weight and appearance, and body- and self-esteem problems in the development of eating and associated psychiatric symptoms in a non-clinical sample of adolescent girls. Leung and his colleagues mention the causative relation between eating and psychiatric symptoms has been a continuous subject of debate. To test the effects of competing hypothesis, two separate causal directions were examined.

The subjects consisted of 918 adolescent girls from eight high schools in Montreal. Of those, 393 consisted of French-speaking and 525 English-speaking girls. The subjects age varied from 12-17, and participating schools were located in a range of neighborhoods (urban and suburban). All participants in the study completed measures

assessing familial factors (e.g. family functioning), body- and self-esteem problems, and eating and general psychiatric symptoms, such as depressive and obsessive-compulsive symptoms were assessed. The students completed the battery of tests at their schools in groups of 30 to 40 during a regular class period needing approximately 30 minutes, with the help of a research assistance.

Attempting to understand the development of eating and associated psychiatric symptoms in adolescent girls, through structural equation analyses these researchers obtained results which confirm that family environment may increase vulnerabilities to eating and psychiatric disturbances through two interconnected pathways. In one aspect, directly contributed to the development of body dissatisfaction and eating symptoms is family preoccupation with weight and appearance. Body dissatisfaction had direct influence on self-esteem deficit and eating symptoms, and secondary effects mediated by self-esteem deficit on eating and psychiatric symptoms. Leung et al., note such findings are coherent with earlier studies which signify that girls who part of from families with intensified concerns about weight and appearance issues tend to internalize a “thin idea” to a larger degree. Consequently, they experience an increased level of body dissatisfaction, and are more prone to eating pathology. What the researchers found were findings confirming with previous reports which reveal that body image problems in girls frequently have harmful affects on their self-esteem and psychological well-being. On another aspect, dysfunctional family relations factored directly to development of negative self-esteem, and indirectly effects due to negative self-esteem the progression of eating and psychiatric symptoms.

Based off of the findings of other studies examined, the results that family dysfunction had an unequivocal outcome on self-esteem deficiency, and indirect effects mediated by self-esteem deficiency on eating and psychiatric symptoms, are additionally coherent with accounts which point out that families marked by rigidity and a lack of cohesion encumber the progress of self-esteem in children. These researchers of this study note, Polivy and Herman (1987) contend that general self-esteem issues are rudimentary to numerous psychopathologies. This general susceptibility is apt to be common by individuals in danger for EDs and those who are vulnerable to other psychiatric disorders. In accordance with this concept, it could be reasoned that family preoccupation with weight and body dissatisfaction characterizes significant particular domain variables within the family and the individual that guide this vulnerability into eating pathology.

As the researchers of this study note, “It is possible that girls who eventually develop more serious eating pathology may come from families which simultaneously display both general family dysfunction and preoccupation with weight and appearance issues. A girl growing up in such a family may develop both self- and body-esteem problems, and is more likely to translate her feelings of inadequacy into feeling fat” (Leung et al., 1995, p. 374). Consequently, she will depend greatly on manipulating her body to compensate for her inadequate sense of self. Presumably, a hindrance of any kind to her delicate self-esteem organization will show her the way to a readily accessible target for action, her body and dieting. As the young female continues to develop, losing weight may turn out to be the only norm she apprehends by which to control her inadequate sense of self.

Conclusion and Synthesis of Literature Review

The research presented in this chapter has made evident that body image issues are highly powerful concerns for massive number of students. Several studies have been performed to examine and understand the preoccupation and obsession with the “thin-ideal”, body image, body shape, body size, and weight. This research indicates the fixation on looks and appearance has become such a developing crisis for the youth that prevention and intervention techniques are indeed necessary. It is also apparent that the American socio-culture plays a substantial role in the growth of disordered eating, poor body image, and the maturity of full-blown eating disorders. A major factor in the development of body image is the influence of the mass media, the family, and peers. As increasingly younger children struggle and face pressures with body image difficulty and poor self-esteem, it is imperative that they given assistance and education in interpreting the messages and images they obtain from the mass media and their environment regarding their bodies. Since adolescence is such a vulnerable time in ones life, where both physical and emotional growth takes place, it is critical to create a workshop designed to help individuals develop a positive body image and a healthy self-esteem/concept in order to prevent eating disorders. The curriculum for this workshop can also include education materials and information that promote good health in all areas. The workshop will enable student advocates, counselors, and therapists to educate young students, focusing on self-esteem, body image, and body dissatisfaction issues that are so widely prevalent today.

Chapter 3

Need for Project

As the female adolescent is growing up it is highly likely the thoughts of her body will affect her self-esteem, and correspondingly, her self-esteem will affect her body image. Brutal statistics and facts have led me to believe that it has deplorably become an epidemic for high school female adolescents to mutate themselves, at times nearly to death, in hopes of achieving a body image that is practically impossible to attain. The ever so detrimental preoccupation with attaining a thin body and dieting is beginning at younger and younger ages. As if the worries of achieving and maintaining academic success, coping with life at home with parents and siblings, sustaining healthy peer relationships, and dealing with the many complications that come with being a teenager in this great big world isn't enough, the female adolescent is being steered to constantly worry and distress about the very image of her own body, possibly obsessing over it, and how it should or should not be.

Consequently, when the female adolescent is struggling with body image dissatisfaction, it not only affects her self-esteem, yet can perpetuate an ugly cycle inward and outward. Rather than being taught to hate her body and insist on following the ill-fated phenomenon "thin is in", it is crucial to convey the message of being happy in your own skin, however it may be. For so long now body image dissatisfaction has resulted into eating disorders, anxiety, depression, and even death amongst our growing youth. It is disheartening that when the female adolescent is distressing about the mere image of her body while puncturing at her self-esteem, she leaves little time to focus on fulfilling her potential and applying herself in school, as well as other important areas in her life.

Furthermore, the female adolescent is living in a society that increases ones' chance of body dissatisfaction and being susceptible to getting an eating disorder. An additional disturbing thought in appendage to several others that wears the female adolescent down is bound to generate a negative effect, if not a downward spiral that may in fact be prevented. Thoughts pertaining to setting unrealistic body goals and practicing various measures in order to achieve them stem from ones' self-esteem. Hence, body image and self-esteem play a significant role on the female adolescent. As the tremendous pressure on women to look a certain way increases, and as the stereotypes become ever so negative, the battle of being content in your own skin becomes excruciatingly attainable. Alas, it is evident women are taught to break themselves down and analyze themselves, yet what many do not recognize is that the dissection that occurs is both physically, and mentally. Conclusively, according to the research, and after understanding these major issues I have decided to develop a workshop for female high school adolescents to combat such issues and ultimately empower them and encourage them to feel assertive away from the thought that the body makes them who they are, which is exceedingly needed in today's crass world.

Method

The process of developing the project consisted of many steps. I began by reviewing copious amounts of literature discussing self-esteem, body image, body dissatisfaction, and eating disorders pertaining to females. While doing such, I also researched for various activities and interventions used in similar workshops or programs addressing the same core issues. After gathering and looking into numerous resources for implementing the workshop I collected the most pertinent information that would be most

beneficial to the workshop participants. There after, I contemplated on an appropriate time frame for the workshop and set up the criteria for each session.

Intended Audience and Personal Qualifications

The target population for the project is any student advocate who is empathetic, sensitive to the adolescent world, and eager to work with female adolescents in issues related to self-esteem and body image. The target population for this workshop should be credentialed school counselors, licensed school psychologists, licensed psychologists, licensed marriage and family therapists, licensed professional counselors, licensed social workers, trainees and interns in the mental health field who are in a master's degree program and are receiving proper supervision, or a credentialed teacher. Ideally, the conductor of the workshop will be a female of any age, ethnicity or race, who will have experience running process groups with high school students, or implementing programs within schools or clinics, and is able to create and maintain a safe and comfortable environment for all. It is not required for the facilitator to have recovered from an Eating Disorder, yet it can serve helpful in matters of relating and overcoming such pertinent obstacles discussed with the participants. Such incumbents will be keenly aware of social messages in the adolescent's world pertaining to bodily appearance as well as the harsh realities and difficulties of resisting them. While remaining sensitive, it is vital for the leader to challenge the group members against such messages and stereotypes from a strong and confident stance. It is also important for the workshop leader to be compassionate, attuned to one's feelings and thoughts, and readily offers validation, acceptance, and support. Standard skills possessed should consist of promoting healthy and effective coping mechanisms and an ability to aid in correcting cognitive distortions.

Additionally, it is essential for the student advocate to not only be able to follow their legal and ethical guidelines, but to be fervent about empowering the youth to change for their betterment. This intended workshop is flexible and adaptable to fit the goals of a school or clinic, and to target the intended age population being adolescence. It is important for this psychoeducational workshop to include no more ten members.

Environment and Equipment

The physical space in which the workshop may be held is anywhere that is a large enough quiet room, such as a counseling room, classroom, multipurpose room, private practice, or clinic facility. Special equipment needed is a laptop with internet access, a projection screen, and a sound system to show audio video clips.

Chapter 4

Conclusion

Women and girls wasting away their time, brainpower, and money in desperate attempts to achieve unattainable beauty standards has become a harsh reality. These same resources can instead be placed toward the pursuit of balanced health behaviors and activities rich with meaning and purpose. As the impressionable years surface, it is plain that puberty and adolescence are periods of significant physical and psychological change in young people. An awareness of one's appearance is quick to intensify during these years. In today's society that is exceedingly focused on appearance, body image becomes central to a young person's feelings of self-esteem and self-worth. Accordingly, their achievements in other facets of life (academics, sports, volunteerism, friendships, extracurricular activities, etc) tends to pale in significance as the concentration on how

they look overshadows all else. Compounding this problem exist media messages that underpin the illusion that self-worth should be established upon achieving an ideal body, one that is very thin for the female.

With the stage set, as described above, there is no surprise that many young females take on feelings of shame, dissatisfaction, embarrassment, rejection, and even hatred toward their developing bodies. For these individuals, food may be one way of coping with the stressors of not achieving such unattainable ideal. They may start to spend the bulk of their waking hours fixating on food, obsessing about their weight, comparing themselves to others, thinking about exercise, and ruminating on the mere image of their body, all at the expense of a diminished self-esteem.

Evidently, body dissatisfaction, fear of fat, being teased and ridiculed, dieting and utilizing food to manage stress, along with low self-esteem are all major risk factors associated with disordered eating. Once disordered eating has occurred, individuals frequently move back and forth among normal eating and disordering eating, during which bouts of dieting, binge eating, or purging take place. Vulnerable individuals engaging in disordered eating may go on to acquire a full-blown eating disorder, a psychiatric illness in which they cannot recover alone. Whether or not an individual develops a full-fledged eating disorder via struggling with issues of self-esteem and body image, their ability to learn, amongst others, is compromised.

Discomfort or lack of satisfaction with one's body is pervasive in our culture and can have detrimental affects on the cognitive and non-cognitive development of our growing youth. Furthermore, added to the anxiety that appears with the bodies natural changes of puberty, the formula for poor body image and poor self-esteem thoroughly

gets a boost. Consequently, it is of paramount importance for schools to alter policies to support acceptance of diversity and zero tolerance for harassment, and the school environment can serve as a foundation on which to foster positive self-esteem and body image, and ultimately decrease the incidence of poor self-esteem, poor body image, and eating disorders among this population. It is of the essence for psychoeducational group workshops to be available for female adolescents where training in media literacy may help members analyze media messages and reject those that convey the message that human value is equated with the thin ideal. In addition, it is pivotal to empower them to live a life of healthy diet and regular exercise. Above all else, it is not only necessary, yet substantial for every youth advocate keenly interested in the welfare of the youth, to purely illuminate one key message reasonable enough to buy into: you are beautiful in every single way, shape, or size.

Suggestions for Future Work/Research

This project will be used in a high school, and may also fit for middle school. It can be utilized in a clinic, a private practice, summer camp, or anywhere that interested adolescents gather. In the future, it would be ideal to design an evaluation instrument for participant feedback, as testimonials help to fine-tune the workshop. It would benefit the group facilitator to administer pre and post-test surveys to evaluate the effectiveness of the program. This would allow the facilitator to rate the success of the group workshop from the derived statistics. Though it is advantageous for a mental health professional or school counselor to lead this group workshop, an interested parent volunteer, or nurse practitioner may also prove to be a great asset. Lastly, a couple research questions that may be answered throughout the literature review are: what are protective factors for

positive body image and what are protective factors for positive self-esteem? These questions would be answered via research of professional journal articles, and on other note, by determining and exploring the risk factors involved with negative body image and negative self-esteem.

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Appendix

The following are worksheets that are required for the curriculum of Me as I am:

A Psychoeducational Group Workshop on Enhancing Body Image and Self-esteem.

Worksheet 1: Defining Body Image

Most of us have heard the term “**body image**” before. But do we really know what that means? Take a minute and write down what you think is the proper definition of the term, **body image**:

What are some things that you think might affect a person’s body image?

If a person has a negative body image, what does that mean? Think of an example of how negative body image might impact a person in their daily life? On the contrary, how might a positive body image impact a person?

Worksheet 3: The Making of a Model

After viewing the video, *The Making of a Model*, please answer the following questions:

1. What did you learn about the visual images that we see in the media (magazines, TV, movies)?

2. Why do you think the advertising companies choose to alter the images of the models rather than present them as they really are?

3. With what you now know about the definitions of **body image** (both positive and negative), do you think that by altering the true appearance of the models the advertising companies have an influence on the body image of people viewing the final advertisement? Why or why not?

4. If you could send a message to advertising companies regarding this practice of altering the images of the models, what would this message be?

Worksheet 4: Truth in advertising? Yeah, right!

Discussion Questions

1. How do you think the average person feels after looking through this magazine?

2. What message do these ads send (other than "buy my product")?

3. Does this magazine celebrate/honor the differences in people? How or why not?

4. Think of a person you admire. Below, list the characteristics about this person that makes him/her a "beautiful person".

5. List your best characteristics

Worksheet 5: Truth in Advertising? Yeah, right!

Redesigning an Advertisement

Instructions: Select an advertisement in your magazine that conveys an "attractiveness message" - a message telling readers what is or is not attractive. Using the space below, redesign this advertisement so that it attempts to sell the product; but uses healthy, non-harmful messages in doing so.

The Perfect Body Myth

A Look at Teen Body Size & Growth Patterns

The Perfect Body? Forget About It!

Guess what the big news is? There is no **one** perfect body size! Yes, that's it! We are all unique and these differences are a reason to celebrate! One thing that is common to all of us, however, is that our bodies change as we grow into adulthood. If you are currently a teenager or a preteen, you've probably noticed many changes in your body over the past few years. The teenage years are a time of life where we grow faster than any time other than infancy. About twenty percent of adult height and anywhere from 40-80 percent of adult weight is gained between the ages of 12 and 18. Not only is the mere size of the body changing but the shape and proportions are shifting as well during this time. Much of this change, particularly if we don't expect it, can make us feel anxious or worried. But, as they say down under...."No Worries"...it happens to everyone!! Let's take a moment here to investigate exactly what body changes often occur during adolescence.

The Growing Adolescent:

Between the ages of 9 and 12, the body is readying itself for the explosive growth that is about to take place. During these years, extra fat is deposited to provide for additional energy during the rapid growth phase of the teenage years. In a society such as ours, that has become so fat-phobic (meaning: afraid of fat), these normal changes at puberty changes cause some kids to worry or be disgusted by their own body. However, this temporary fat accumulation during puberty is a normal, expected stage of growth and should **not** be interpreted as obesity or a weight problem. This extra fat usually disappears by the late teen years.

The age that your adolescent growth spurt begins varies among individuals and definitely is different when comparing males and females. Generally, girls begin their growth spurt two years earlier than boys. However, this growth spurt is shorter in length among girls. In girls, the growth spurt usually begins between ages 10 and 12. Elevations in the female sex hormone (estrogen) occur resulting in the widening of the hips and an increased deposition of fat in certain areas of the body (hips, buttocks, breasts).

In fact, these hormonal changes cause the percent of body weight from fat to increase by about 20% in teen girls. Muscle mass also increases in girls during the adolescent growth spurt - although not to the same degree as this increases in boys.

Growth Patterns

In boys, the adolescent growth spurt usually begins around age 12 to 14. This growth spurt lasts longer in boys and they also grow faster. In fact, during the peak year of adolescent growth, a boy's height can increase about 4 inches and his weight by leaps and bounds! As is the case with girls, the height, weight and body proportions all change dramatically during the growth spurt years for boys. The growth begins with the lengthening of the legs and ends with the broadening of the shoulders and chest. Contrasting to the situation with girls, the percent of body weight made up of fat decreases in boys by about 12 to 15 percent during the adolescent growth spurt. The amount of muscle and other lean tissue increases, thus making up for the lost fat.

Healthy Eating and an Active Lifestyle - A Winning Combination!

What is described above is the typical growth pattern for adolescent girls and boys. However, every individual is different and genetics play a large role in the individual's growth schedule. One thing we know that is not different among teens is that if you adopt unhealthy eating patterns during these important years of growth you can really do harm to your full growth potential. Eating smart is an important part of growing healthy! Using the Food Guide Pyramid as your guide, try to eat at least the minimum number of servings from all five of the major food groups. If you do this, and avoid eating too many foods from the tip of the pyramid, you are giving yourself the best chance possible to grow into the healthy and active adult body that is soon to be you.

Some More Facts Related to Healthy Eating, Regular Exercise and Growth!

Calcium intake during adolescence is particularly critical as this is a very important phase in bone density formation (calcium is a major mineral found in bones). In fact, it is during these rapid growth years that about 45% of adult skeletal mass is gained. Not getting enough of calcium during the growing years a person can cause gradual bone loss and can ultimately result in the crippling disease osteoporosis later in life. According to a survey conducted by the United States Department of Agriculture, 9 out of 10 teen girls and 7 out of 10 teen boys are not meeting their recommended calcium intake. What can you do to be sure you are getting enough calcium each day?

Did you know that healthy eating and regular physical activity affect your ability to think and learn? It's true! Studies have shown that when children and teens diet or restrict their intake of healthy foods, their scores on tests actually drop! Are you setting yourself up to do well in school by eating a healthy breakfast and keeping your mind and body active? What goal can you set for yourself to do better here?

Did you know that children and teens today are less active than any generation that has come before? Why?? Well, there are many activities that are really entertaining that do not require much physical exertion...consider television, video games, computer time for example. How much time do you spend doing these sedentary activities? What goal could you set for yourself so that you can mix in some moderate to high energy activities in your day? Being active keeps you healthy!

Worksheet 6: Body Changes Discussion Guide Questions

Individually or in a small group, address the following questions. Please take the time to discuss the answers to these questions as a class.

1. What do you think may be a reason that many pre-teens and teens get deposits of fat just prior to their big growth spurt?

2. What may be a risk of restrictive dieting during this time when your body wants to naturally add on some fat reserves?

3. On the average, what percentage of a person's skeleton (bones) is established during puberty and adolescence?

4. What nutrient is vitally important in order for healthy bone growth and good strong bone density?

5. What advice might you have for a friend who has not yet had their growth spurt but is complaining about being "too fat"?



Just Say “NO” to Dieting!

In the previous section, you learned about the many changes that are happening regarding the growth of your body during your teen years. Although some of these changes may be uncomfortable and there may be times where you feel as though you are “chunking out”, the best advice for you is --- DON’T DIET! Just forget the word **diet** ever existed. Restrictive diets do **not** work. In fact, in many cases restrictive diets leave people fatter, with slower metabolisms and less healthy than when they started. And for you, the growing teen, skipping meals or following weird diets can actually keep you from getting the nutrients you need to grow as healthy as you can be. It is just not smart to try to lose weight when your body is changing and growing.

The following is a Top 10 Countdown for why you should **not** diet!

1. You can slow down your growth. That includes your muscles and your bones.	2. Because you are not getting enough calories, you probably are not getting the vitamins and minerals you need. You may weaken your immune system and get sick more often.
3. If you are skipping meals, you may actually lower your metabolism. When you skip meals, your body thinks you are starving and conserves extra calories. That means what you eat may be stored as fat more easily.	4. Let’s face it. You don’t have that great looking glow when you diet. Your skin and hair look dull, and your nails can become brittle.
5. You can hurt your metabolism by constantly gaining and losing. Each time you lose weight, you lose muscle. When you gain, you mostly gain fat, not muscle. When you lose muscle, you lose some of your metabolism – or lower it! That means your body does not need as many calories for energy. So preserve that metabolism by NOT dieting!	6. You feel LOUSY when you diet – mostly from lack of good nutrition, but also from being hungry all the time. You get irritable, cranky, and your ability to cope decreases. You explode at friends and family.
7. You’re definitely NOT in top mental and physical condition. Do you feel like competing in sports or even rollerblading when you are starved and your stomach is growling? What about studying for that big TEST? I DON’T THINK SO!	8. Don’t set yourself up for that vicious diet-goround. That means, telling yourself you are NOT going to eat any of those very favorite cookies that your mother made...then giving in and eating some...then feeling so lousy, that you eat again. Don’t even get on that merry-go-round! You end up feeling depressed and lower your self-esteem or confidence in yourself. Go ahead, have a couple of cookies. It’s okay. Really!
9. Did you know that when you deprive yourself of the foods you love, you actually overeat on other foods? Remember how we talked about moderation? That’s the key – eating all the foods you want in sensible quantities! That doesn’t mean 3 cups of ice cream, but rather, ½ cup.	10. BE YOUR BEST! EAT WELL, BE ACTIVE AND DON’T DIET!

Note: in this space the handout “Just for You” from Team Nutrition is linked.

“Just for You” is to be handed out with the “Just Say No to Dieting” sheet.

<http://www.fns.usda.gov/tn/Educators/yrs1f09.pdf>

Worksheet 7: The Healthy Eating Behavior Check

So, dieting is clearly out of the picture. Yet, you're not quite sure if your eating habits are truly healthy. By completing this healthy eating behavior checklist you will increase your awareness of your current eating behaviors and you will likely find some areas for improvement (we all have areas for improvement!). This checklist is a way of "getting honest" with yourself regarding:

- What you eat
- When you eat
- Why you eat

Get started on the road to healthier, happier eating!

The following is a list of eating behaviors. Put a check mark in the box next to the ones that describe eating behaviors you believe you have:

- Do you plan ahead what you will eat? If you do, you are more likely to eat healthier foods rather than grabbing just anything that's available.**
- Are you sure to eat breakfast each morning? Remember – it gets your metabolism going for the day and you won't get as hungry before lunch.**
- Do you take your time when you eat? Time yourself the next time you are eating. Do you take 20 minutes to finish your meal? If not, slow down. It takes 20 minutes for the signal that your stomach is full to reach your brain – kind of like a slow computer!**
- Do you drink plenty of water? Water is a magical nutrient for keeping all of our body systems (including our brains) working well. Also, drinking water rather than soda limits the amount of empty sugar calories you take in each day.**
- Do you listen to your body signals when you are hungry or full? You don't need to eat all the food on your plate. Cue into your hunger. If you are not hungry, don't eat. Before you eat a snack right after dinner, ask yourself, "Am I really hungry, or am I eating out of boredom, stress, or whatever reason I am creating?"**

So, are there any check marks in the boxes above? If so, congratulate yourself on your healthy eating behavior. For those boxes without check marks, select one you'd like to focus on improving. If you start by trying to change just one behavior, you are more likely to have success than if you try to change many behaviors at once. Write in the space below how you might begin to remember to adopt this behavior each day:

Worksheet 8: Your Personal Food Diary

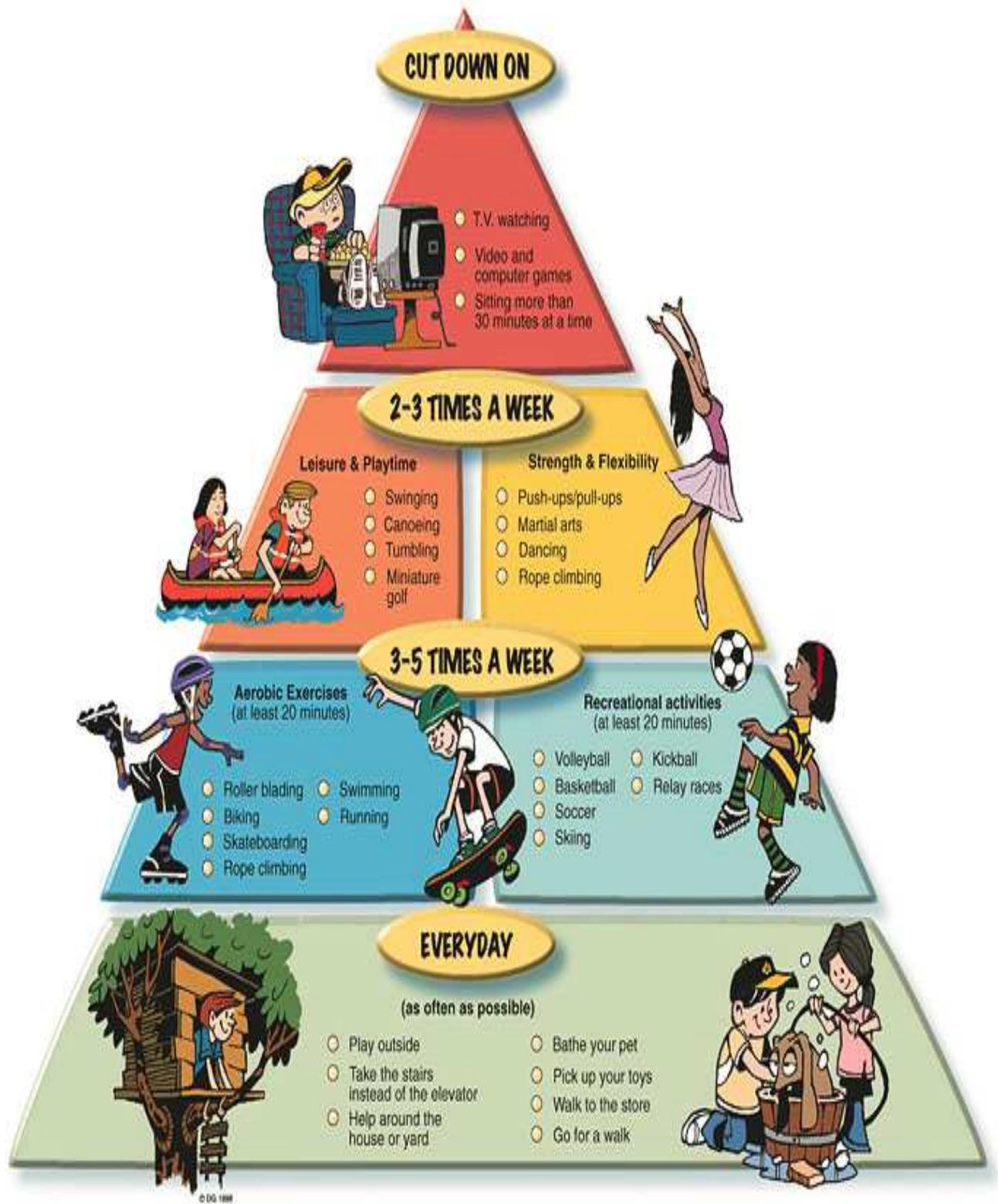
Directions: In the table below, keep track of all foods and beverages consumed for a period of three days. Be sure to record exactly what food was eaten and the amount. You can use this information to analyze how you are doing in terms of getting all of the nutrients you need for proper growth and development.

	Food Eaten	How Much?	Pyramid Servings
Example: Morning	Orange Juice Ham on English Muffin	1 ½ Cup 2 ounces 1 muffin	2 fruit group servings 1 meat group serving 2 bread group servings
<u>Day 1:</u> <u>Morning</u>			
<u>Mid-day</u>			
<u>Evening</u>			
<u>Snacks</u>			
<u>Day 2:</u> <u>Morning</u>			
<u>Mid-Day</u>			
<u>Evening</u>			
<u>Snacks</u>			

	Food Eaten	How Much?	Pyramid Serving
<u>Day 3:</u> <u>Morning</u>			
<u>Mid-day</u>			
<u>Evening</u>			
<u>Snacks</u>			

After you have analyzed your 3 day food diary...in the space below write down a few goals you would like to set for yourself in order to have healthier eating habits:

Activity Pyramid:



The above activity pyramid was adapted from: University of Missouri, University Extension. Publication GH1800

Activity Information

According to the Centers for Disease Control (a national agency of our government that monitors health issues), the following are the activity recommendations for pre-teen and teens in America:

- All adolescents should be physically active daily, or nearly every day, as part of play, games, sports, work, transportation, recreation, physical education, or planned exercise, in the context of family, school, and community activities.

[Note: Current recommendations say be active for 60 minutes each day! Keep in mind that doesn't mean run for an hour a day, it means just get off the couch and play!]

- Adolescents should engage in three or more sessions per week of activities that last 20 minutes or more at a time and that require moderate to vigorous levels of exertion.

Worksheet 9: Are You Moving Enough?

Now that you have had a chance to look over the activity pyramid, you probably have some idea of what “the health experts” agree is a healthy level of daily activity for a person your age. Basically, this is it...Get at least 60 minutes of moderate activity most days of the week. This amount of activity can usually be achieved by simply turning off the TV, unplugging the Nintendo System, turning the computer off and stepping away from it, hanging up the phone and getting off your couch or bed, and heading outside for some playtime/physical activity with a friend. You don't need to necessarily head to the gym. You can simply go jogging/running around your very own neighborhood, and or do exercises like push-up, crunches, sit-up, and lunges in your very own room. You can also go for a bicycle ride, skate, swim, jump rope, or shoot some hoops. Dancing and doing yoga is a great choice too! Teenagers have a huge advantage when it comes to fitness...teens can integrate play in fitness and make it fun!

OK, now it is time to get real. What is your current level of physical activity? In order to figure this out, you need to keep track of your activities for a week. Then, you'll have a better idea whether or not you need to make some changes.

Use the following table to keep track of your activity for a week. Be sure to record what the activity was and how much time you spent doing it.

Have fun!

Worksheet 9: Are you Moving Enough?

(continued)

Activity Diary

Day of the Week	Physical Activity	How Long?
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Worksheet 9: Are you Moving Enough?

(continued)

Please answer the following questions after you have completed your activity diary:

1) On average, how many minutes of moderate activity do you get a day according to your Activity Diary?

2) When you consider that recommendations are that you get be active for at least 60 minutes each day, do you think you are getting enough physical activity each day? Why or why not?

3) Please list two things you are willing to change so that you can fit in more physical activity into your life:

10 Steps to Improving Body Image

The following is taken from the National Eating Disorders Association's website:

1. Appreciate all that your body can do. Every day your body carries you closer to your dreams. Celebrate all of the amazing things your body does for you- running, dancing, laughing, dreaming, etc.
2. Keep a top-10 list of things you like about yourself- things that aren't related to how much you weigh or what you look like. Read your list often. Add to it as you become aware of more things to like about you.
3. Remind yourself that "true beauty" is not skin-deep. When you feel good about yourself and who you are, you carry yourself with a sense of confidence, self-acceptance, and openness that makes you beautiful regardless of whether you physically look like a supermodel. Beauty is a state of mind, not a state of your body.
4. Look at yourself as a whole person. When you see yourself in a mirror or in your mind, choose not to focus on specific body parts. See yourself as you want others to see you- as a whole person.
5. Surround yourself with positive people. It is easier to feel good about yourself and your body when you are around others who are supportive and who recognize the importance of liking you just as you are.
6. Shut down those voices in your head that tell you your body is not "right" or that you are a "bad" person. You can overpower those negative thoughts with positive ones. The next time you start to tear yourself down, build yourself back up with a few quick affirmations that work for you.
7. Wear clothes that are comfortable and that make you feel good about your body. Work with your body, not against it.
8. Become a critical viewer of social and media messages. Pay attention to images, slogans, or attitudes that make you feel bad about yourself or your body. Protest these messages; write a letter to the advertiser or talk back to the image or message.
9. Do something nice to show appreciation for your body. A bubble bath, a back rub, or even a nap will do.
10. Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others. Sometimes reaching out to other people can help you feel better about yourself and can create the momentum for change.