



# Session 1 – Opening

## Objectives:

- ☒ Establish rules of confidentiality
- ☒ Make parents aware of body image characteristics, for themselves and their adolescent.
- ☒ Learn aspects of the “Ideal Family” as a basis for the other 3 sessions

## Materials:

- ☒ Flip chart
- ☒ Nametags
- ☒ Markers or pens (colored preferred)
- ☒ 2 lists of adjectives
- ☒ Body Image Notes for Leader
- ☒ Water, coffee, soda, light snacks for break time

## Session Topic:

### 1. Welcome and Introduction

- The group will begin the sessions seated around the table for easy movement into the warm-up activity.
- Each member of the group, including facilitators, will introduce themselves by stating their name and the reason for participation in the group.
- Ask members to also tell what they hope to ascertain from being a member of the group.

### 2. Warm Up Activity

- Each member should be given a nametag.
- *Direction:* “Write your name in the center of the nametag.”
- *Direction:* “From list ‘A’, select choose two (2) adjectives that describe who you are or how you wish to be perceived and write the words on your nametag.”
- *Direction:* “From list ‘B’, choose one (1) adjective that describes who you are or how you wish to be perceived and write the word on your nametag.”
- Let the members know they will have three (3) minutes to complete this task.
- *Questions:*
  - “What adjectives did you choose and why?” *Each member should be asked this question.*
  - “What do you notice about the word choices you were given?”
    - (All choices were positive; I would never choose these to describe myself; etc.)
  - “Was the process of picking the positive adjectives difficult or easy for you to do?” (Encourage answers for all members).

### 3. Set Ground Rules (As these rules are given, write them on the flip chart paper so they can be displayed during each session).

- Confidentiality
  - Ask for participants’ agreement to this, but emphasize the counselors cannot guarantee confidentiality from group members, only from themselves.

- Personal information shared in group about other adolescents CANNOT be discussed with anyone outside of group. This will result in termination of that person's group membership.
  - Be sure and state when you, the counselor, would have to disclose information to others.
- Respect others
    - No side conversations
    - Not talking when someone else is speaking
    - Etc.
  - Generate other ground rules from group members. This is critical to insure individual buy in of the rules.

#### 4. What is body image?

- Have parents generate a list of what they think this means. (Use list entitle "BODY IMAGE" for guidance).
- As the list is generated, write the responses on the flip chart.
  - How you see yourself when you look in the mirror or when you picture yourself in your mind.
  - What you believe about your own appearance (including your memories, assumptions, and generalizations).
  - How you feel about your body, including your height, shape, and weight.
  - How you sense and control your body as you move.
  - How you feel in your body, not just about your body.

#### 5. What is negative body image?

- Have parents generate a list of what they think this means.
- Write responses on the flip chart.
  - A distorted perception of your shape – you perceive parts of your body unlike they really are.
  - You are convinced that only other people are attractive and that your body size or shape is a sign of personal failure.
  - You feel ashamed, self-conscious, and anxious about your body.
  - You feel uncomfortable and awkward in your body.

#### 6. What is positive body image?

- Have parents generate a list of what they think this means.
- Write responses on flip chart.
  - A clear, true perception of your shape – you will see the various parts of your body as they really are.
  - You celebrate and appreciate your natural body shape and you understand that a person's physical appearance says very little about their character and value as a person.
  - You feel proud and accepting of your unique body and refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
  - You feel comfortable and confident in your body.

-----BREAK-----

7. **Family Relationships** (precede by saying this is one approach that has been very helpful for many people, not only in parenting but in their lives outside of home. Just try to listen with an open mind because we are going to talk about some principles that have worked for others.)

- Describe the four aspects of the “Ideal Family”
  - **Democratic Process** – All people are created the same but not equal. Each has a different place and different roles to perform to contribute to the whole. These positions and functions are subject to change as time goes on. Each person has a voice in and some influence over those things that concern her. We’ll talk more about this in our 3<sup>rd</sup> session.
    - Questions: What feelings go through your mind when we talk about the democratic family? Has shifting roles and responsibilities been hard to do as your child grows older?
  - **Growth and Development** – The family is dedicated to the growth and development of itself as a unit and of each member. The members strive for excellence but have the courage to be imperfect. They are optimistic in dealing with the challenges of life. They recognize that the need is to solve and overcome problems, NOT PEOPLE.
    - Questions: This is a description of the family we don’t often hear. Does it give you optimism in your own life? Are there changes you would like to make?
  - **Social Interest and Social Feeling** – Social Interest in the well-functioning family provides important bonding. The parents begin with a well-developed social interest about the family and the world and model this for the children in their beliefs and behavior. Respect and courtesy are hallmarks in this kind of family. Each person is accepted and affirmed and knows that she counts. Parents model listening carefully. Through social interest we attend to the boundaries of individuality, personal property and privacy. We teach our children concern for others and commitment to the common good.
    - Questions: Do you try to model some of these behaviors in your home? What gets in the way of being about to fit this description?
  - **Rules, Discipline, and Consistency** – Family rules should be arrived at by discussion and agreement. An agreement is a contract that can be changed only by renegotiation. Bullying (on either side) is disrespectful and undemocratic and shows a lack of social interest. Rules are firm and followed through. Natural and logical consequences (explain if necessary are established.
    - Questions: Have you used agreements at home? What was the outcome? Strengths and weaknesses of this approach?

**Journal Assignment:** (This assignment will be discussed first ten (10) minutes of next session.)

Part I. Ask each member of the group to journal where they see themselves in regard to body image, negative body image, and positive body image. Which group do they see themselves in? What is their perception of their body image? Use the adjective lists for ideas.

Part II. Follow the directions for Part I but base it on their perceptions of their adolescent and her body image. What group do you see her in? What group do you think she feels she’s in? How do you feel these descriptive words compare with the way you usually view her in terms of behavior and appearance?

#### **Closure/Dismissal:**

- Check in with each member to make sure they are ok.
- Does anyone have anything to say?
- Remind parents of our confidentiality agreement.
- Make sure they have lists of adjectives and will purchase a journal to keep in a secure location.
- Remind parents of when the group will meet next.

Source for the Ideal Family: Sherman, R. and Dinkmeyer, D. (1987). Systems of Family Therapy. Brunner/Mazel, Inc.: New York.



## List

### A

Creative	Interesting	Strong
Gentle	Affirming	Delightful
Intriguing	Mysterious	Ambitious
Intelligent	Resourceful	Sensitive
Kind	Wise	Open
Insightful	Energetic	Pioneering
Charming	Funny	Honest
Joyful	Amazing	Wild
Succulent	Courageous	Practical
Optimistic	Inspiring	Peaceful
Respectful	Encouraging	Awesome
Spiritual	Capable	Independent
Innovative	Confident	Introspective
Colorful	Brilliant	Active
Dedicated	Free Spirited	Dependable



# List

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B

Voluptuous	Graceful	Tall
Lean	Muscular	Strong
Bountiful	Beautiful	Radiant
Powerful	Svelte	Zaftig
Petite	Adorable	Cute
Attractive	Gorgeous	Lanky
Elegant	Lovely	Exquisite
Pretty	Agile	Robust
Athletic	Dynamic	Sensual
Willowy	Supple	Mighty
Sweet	Striking	Unusual



# Body Image

## Notes

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### *Body image is . . .*

- ↳ How you see yourself when you look in the mirror or when you picture yourself in your mind.
- ↳ What you believe about your own appearance (including your memories, assumptions, and generalizations).
- ↳ How you feel about your body, including your height, shape, and weight.
- ↳ How you sense and control your body as you move. How you feel in your body, not just about your body.

### *Negative body image is . . .*

- ↳ A distorted perception of your shape--you perceive parts of your body unlike they really are.
- ↳ You are convinced that only other people are attractive and that your body size or shape is a sign of personal failure.
- ↳ You feel ashamed, self-conscious, and anxious about your body.
- ↳ You feel uncomfortable and awkward in your body.

### *Positive body image is . . .*

- ↳ A clear, true perception of your shape--you see the various parts of your body as they really are.
- ↳ You celebrate and appreciate your natural body shape and you understand that a person's physical appearance says very little about their character and value as a person.
- ↳ You feel proud and accepting of your unique body and refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
- ↳ You feel comfortable and confident in your body.

*We all may have our days when we feel awkward or uncomfortable in our bodies, but the key to developing positive body image is to recognize and respect our natural shape and learn to overpower those negative thoughts and feelings with positive, affirming, and accepting ones.*

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## Session 2 - Perceptions/Conformity/Media

### Objectives:

- ✂ Explore how we look at our relationships with the members of our families, and how our perceptions effect not only our behavior, motivation and intentions, but each individual in the family as well.
- ✂ Explore the concept of conformity and how it impacts interpersonal relationships among adolescents.
- ✂ Identify images of women in the media and evaluate the effects of those images on women's self esteem, body image, and lifestyle.
- ✂ Tie together how parental perceptions, pressure to conform and the pull of the media influence adolescents view of who they are and who they must become in order to belong.

### Materials:

- ✂ Attribute Cards
- ✂ Name Cards
- ✂ 1-2 sheets of chart paper, marker, tape
- ✂ Copies for each group member:
  - The Media & Body Image fact sheet
  - Tips for Becoming a Critical Viewer of the Media information sheet
  - What are they really trying to sell?
- ✂ Several current teen and/or fashion magazines (at least one per group member)
- ✂ Scissors, glue
- ✂ Construction paper (at least two sheets per group member)
- ✂ Markers
- ✂ Water, coffee, soda, light snacks for break time

### Session Topic:

#### 5. Welcome

- Review homework assignment from previous meeting. Address any concerns or questions.
- Tell the group there are several topics for the meeting but ALL will be useful in helping their adolescent, selves and family.

#### 6. Family Constellation

- It is important to understand the logic behind how somebody identifies themselves as someone, how they create a place for themselves and how they see themselves in relation to others. The family influences individuals' notions about life, others and themselves. Using this family constellation exercise, we can begin to explore how we look at our relationships with the members of our families, and how our perceptions effect not only our behavior, motivation and intentions, but each individual in the family.
  - i. Distribute a set of Attribute Cards & Name Cards to each person in the group
  - ii. Have each parent(s) write the name the each child in their family on individuals cards.
  - iii. Ask the group members to assign each attribute card to the child in their family that is the "highest" in that attribute. If they feel an attribute does not fit any child, they can put that attribute aside. (5-7 minutes)
    - For only children, have the parent(s) include themselves, their spouse or any applicable "family member" that is influential in that child's life.
  - iv. Reconvene the group as ask the following questions for them to think about as reviewing their attribute placements:

- What child has the most attributes?
- What child has the least?
- Do you see differences by gender?
- Do you see patterns of attributes in any of your children? What are they? Are they positive or negative?
- Do you think others look at your children through the same lens?
- For couples: Did you have any disagreements in regards to placing attributes?
- Look specifically at the child you are concerned with? Review her attributes. Are they more positive or negative? What attributes might factor into her view of body image? Try to form a mental picture of what her typical day might be like.
- How might your perceptions of each of your children be affecting your behavior, motivation or intentions?
- How might your perceptions be affecting your child's behavior, motivation or intentions? (Conformity/ Self Fulfilling Prophecy ) – Mention conformity will be covered in the next segment.

v. Invite the participants to discuss their findings with the group if they feel comfortable doing so.

----- BREAK -----

### 3. **Conformity**

- Begin by asking how much each generally conforms to the majority in the situations below.
  - At work
  - In social situations
  - At home
- Ask them to break into dyads to discuss what conformity means to adolescents in similar situations for 5 minutes.
- Bring the group together and pursue these questions
  - How do you feel about your adolescent conforming to your way of thinking? To her peers way of thinking? To the media's portrayal of the perfect teen?
  - Is there a right way to behave in each situation?
  - What price might we pay for conformity?
  - Are you a better person if you conform? If you don't?
  - Are you mostly a conformist or nonconformist? Your teen?
  - What does your family value most? Conformity or nonconformity?
  - Does conformity differ by gender?
- For closure on this section ask:
  - Did the way you see yourself/your teen change during the course of this discussion?
  - How did you feel during the discussion – uneasy, proud, comfortable?
  - Tell the group that media issues will be discussed in the next section.

### 4. **Media**

- Various forms of contemporary media function as premier sources of information for adolescents. Adolescence marks a time when individuals begin to individuate and separate from the norms of the family and the immediate social system. Different forms of media serve as guides to adolescent social development, construction of norms, and formation of identity through the images presented in print and television advertisements, billboards, popular television shows, music videos, etc. Popular media are readily available to provide individuating adolescents with images of idealized body forms, socially constructed norms and expectations, and stereotypes that are unrealistic and against the norm. These powerful messages from the media have potentially profound negative effects on the female adolescent's development of self-respect, self-esteem, and body image.

1. **Discussion of Facts:** Present the concept of media and its effects on women and adolescent girls by passing out and discussing *The Media & Body Image* fact sheet and the *Tips for Becoming a Critical Viewer of the Media* information sheet.

- Ask group members for their responses (positive or negative) to this information regarding functions and tactics of media, statistics, etc. Encourage them to use their own experiences as consumers of popular media to validate or challenge the information presented.
2. Present the handout “*What are they really trying to sell?*” and, as a large group, ask members for their reactions to the advertisements—allow them to create their own responses. Ask a progression of questions like:
    - What products do these advertisements represent?
    - Is there a logical connection between the products and the advertisements?
    - What messages do these advertisements send to adolescents? (e.g. If you buy this product, you will look like/be like this)
    - What types of stereotypes are perpetuated in these advertisements?
    - How do you think these advertisements affect how your daughter views herself?
    - How do images like these affect your ideas and your daughter’s of beauty, women’s roles, and cultural norms related to appearance and body size?

Allow the group to process the subtle and not-so-subtle messages from the advertisements for 5-10 minutes.
  3. Next, pass around copies of popular teen and/or fashion magazines and ask group members to flip through the pages and cut (or tear) out advertisements that emphasize women’s bodies, beauty, or image. Ask group members to look critically at the images represented in the magazines and decide what messages they are sending about women, women’s bodies, and/or beauty. Ask each member to select two images to glue onto construction paper (one image per sheet) and have them come up with a title that accurately represents what each image is really selling or saying to female consumers. Ask them to write their title on the construction paper using markers or pastels. Conclude the activity by asking each group member to share what they found with the group, including a brief explanation of their titles.

**Journal Assignment:** : (This assignment will be discussed first ten (10 ) minutes of next session.)

As you now well aware, your perceptions of your child, the pressure or conformity and the influence of the media all play into your daughters conception of who she is and what she has to become in order to belong. These false notions of self are unconscious messages your daughter tells herself each day. Your realization and acknowledgement that these notions exist and are false is the first step in helping your daughter. Now it is time to act!

Use your new knowledge as a critical viewer of advertising and the media with your adolescent. Watch a 30 minute television show geared towards adolescents (e.g. Dawson’s Creek, Roswell). As you and your child watch the show, make sure you both pay close attention to the characters in the show and the commercials during that show. Afterwards discuss: How are the characters portrayed? What are the messages this show is sending adolescents? What types of products are the commercials trying to sell your child? How many advertisements focus your attention on a women’s appearance, body parts or body image? What types of stereotypes are perpetuated? How do these ads “push” conformity? Write down ads and your perceptions of them throughout the show and after the show discuss them with your daughter. Write a response to that interaction.

Remember, with this assignment is also a chance to spend some one on one time with your child, so make the experience enjoyable for you both. Let your child pick the show, give him or her choices to respond or not respond to questions or make observations on their own. Also remember that this is a discussion, NOT a lecture, make sure not to dominate the conversation. Your tone of voice, body language and your approach to the evening set the stage.

#### **Closure/Dismissal:**

- Check in with each member to make sure they are ok.
- Does anyone have anything to say?
- Remind parents of our confidentiality agreement.
- Remind parents of when the group will meet next.



## Attributes Cards

Intelligence	Hardest Worker	Best Grades in School
Helping Around the House	Conforming	Rebellious
Perfectionist	Pleasing	Critical of Others
Considerate	Selfish	Having Own Way
Sensitive – Easily Hurt	Bossy	Temper Tantrum
Sense of Humor	Idealistic	Materialistic
High Moral Standard	Most Friends	Least Friends
Independent	Most Athletic	Most Artistic
Strongest	Tallest	Prettiest
Feminine	Masculine	Loving
Honest	Responsible	Free Spirit



# Name Cards

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Name:	Name:
Name:	Name:
Name:	Name:



# The Media & Body Image

## The Media & Body Image Fact Sheet

Media messages screaming "thin is in" contribute to a context within which people learn to place a value on the size and shape of their body. To the extent that media messages like advertising and celebrity spotlights help our culture define what is beautiful and what is "good," the media's power over our development of self-esteem and body image can be incredibly strong. Media images create a societal standard of beauty that encourages women and girls to compare themselves to these idealized body forms, often leaving them with negative views of their own bodies, contributing to negative self-talk, and leaving them with a compromised sense of self-esteem. These pressures to conform to unattainable images of beauty are often acknowledged as being among those factors contributing to the rise of eating disorders.

### Some Basic Facts About the Media's Influence in Our Lives:

- ◆ According to a recent survey of adolescent girls, the media is their main source of information about women's health issues (Commonwealth Fund, 1997).
- ◆ Researchers estimate that 60% of Caucasian middle school girls read at least one fashion magazine regularly (Levine, 1997).
- ◆ Another study of mass media magazines discovered that women's magazines had 10.5 times more advertisements and articles promoting weight loss than men's magazines did (as cited in Guillen & Barr, 1994).
- ◆ A study of one teen adolescent magazine over the course of 20 years found that: All of the articles contained in these magazines included statements highlighting that weight loss would improve appearance.
- ◆ In articles about fitness or exercise plans, 74% cited "to become more attractive" as a reason to start exercising and 51% noted the need to lose weight or burn calories. (Guillen & Barr, 1994)
- ◆ The average young adolescent watches 3-4 hours of TV per day (Levine, 1997).
- ◆ A study of 4,294 network television commercials revealed that 1 out of every 3.8 commercials send some sort of "attractiveness message," telling viewers what is or is not attractive (as cited in Myers et al., 1992). These researchers estimate that the average adolescent sees over 5,260 "attractiveness messages" per year.

Images in the media do not represent real images of people with positive messages about health and self-esteem. They present images that pressure many people to make their bodies conform to one ideal, and in the process, reduce feelings of body satisfaction and ultimately increase the potential for eating disorders.

### References:

- The Commonwealth Fund. (1997, March). In their own words: Adolescent girls discuss health and health care issues (Publication # 235). New York, NY: Author.
- Guillen, E., Barr, S. (1994). Nutrition, dieting, and fitness messages in a magazine for adolescent women, 1970-1990. Journal of Adolescent Health, 15 (6), 464-472.
- Levine. (1997). Plenary Presentation at the Third Annual Eating Disorders on Campus Conference, Penn State University.
- Myers Jr., Philip N., Biocca, F. (1992). The elastic body image: The effect of television advertising and programming on body image. Journal of Communication, 42 (3), 108-133.

Fact sheet adapted from: The Media, Body Image, & Eating Disorders Fact Sheet  
For more information, contact Eating Disorders Awareness and Prevention, Inc. at 603 Stewart St., Suite 803, Seattle, WA 98101,  
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## Tips for Becoming a Critical Viewer of the Media

Media messages about body shape and size will affect the way we feel about ourselves and our bodies only if we let them. One of the ways we can protect our self-esteem and body image from the media's often narrow definitions of beauty and acceptability is to become a critical viewer of the media messages we are bombarded with each day. When we effectively recognize and analyze the media messages that influence us, we remember that the media's definitions of beauty and success do not have to define our self-image or potential.

To be a critical viewer, remember:

- ◆ All media images and messages are constructions. They are NOT reflections of reality.
- ◆ Advertisements and other media messages have been carefully crafted with an intent to send a very specific message.
- ◆ Advertisements are created to do one thing: convince you to buy or support a specific product or service.
- ◆ To convince you to buy a specific product or service, advertisers will often construct an emotional experience that looks like reality. Remember, you are only seeing what the advertisers want you to see.
- ◆ Advertisers create their message based on what they think you will want to see and what they think will affect you and compel you to buy their product. Just because they think their approach will work with people like you doesn't mean it has to work with you as an individual.
- ◆ As individuals, we decide how to experience the media messages we encounter. We can choose to use a filter that helps us understand what the advertiser wants us to think or believe and then choose whether we want to think or believe that message. We can choose a filter that protects our self-esteem and body image.

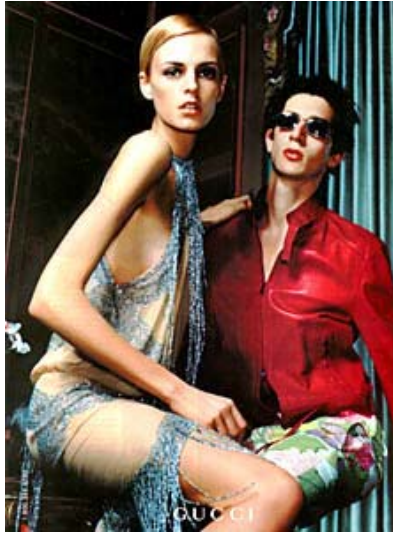
To help promote healthier body image messages in the media, you can:

- ◆ Talk back to the TV when you see an ad or hear a message that makes you feel bad about yourself or your body by promoting only thin body ideals.
- ◆ Write a letter to an advertiser you think is sending positive, inspiring messages that recognize and celebrate the natural diversity of human body shapes and sizes. Compliment their courage to send positive, affirming messages.
- ◆ Tear out the pages of your magazines that contain advertisements or articles that glorify thinness or degrade people of larger sizes. Enjoy your magazine without negative media messages about your body.
- ◆ Talk to your friends about media messages and the way they make you feel.
- ◆ Make a list of companies who consistently send negative body image messages and make a conscious effort to avoid buying their products. Write them a letter explaining why you are using your "buying power" to protest their messages.

For more information, contact Eating Disorders Awareness and Prevention, Inc. at 603 Stewart St., Suite 803, Seattle, WA 98101, 1-800-931-2237.  
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# What are they really trying to sell?

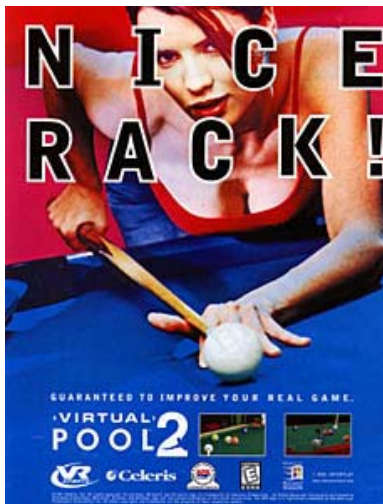


Ad#564 from Gucci's "Sponsor Starving Models by Buying our Clothes" advertising campaign.

Eating disorders rank as the 3rd most common illness among adolescent females in the U.S. and it is estimated that 5-10% of girls and women in the U.S. struggle with eating disorders.



Images such as this suggest that women are taught that they are to be slaves to beauty, no matter how limiting, uncomfortable, fake, or dangerous it is. Women are objects to be admired or to be on constant display. Rarely in images do we see women looking straight at us, meeting our gaze, unless they are crouched, nearly naked, or otherwise restricted or vulnerable.



At least 2 million American women have had breast implants in the last 25 years. Silicone leaks (even when not ruptured) may contribute to swelling of the joints, skin, hands and feet, hair loss, arthritis like pain, lupus and other immune system diseases.



African American women are often made to look wild, threatening or animal-like. These types of images are linked to age-old American stereotypes about black women. Start noticing how often the African American woman is shown in the "animal print."

\* Logo/Image courtesy of NEDIC – National Eating Disorder Information Centre





# Session 3 – Encouragement/Goals/Conformity

## Objectives:

- ☒ Teach value and process of encouragement.
- ☒ Parents understand how a Family Meeting is conducted.
- ☒ Parents compare rational versus irrational thinking and how it helps/hinders achieving positive goals.
- ☒ Parents explore faulty goals of adolescents and examine CARE model.

## Materials:

- ☒ Flip chart
- ☒ Nametags
- ☒ Markers or pens (colored preferred)
- ☒ The Encourager handout
- ☒ Principles of Encouragement Handout
- ☒ Faulty Goals of Adolescents handout
- ☒ CARE handout
- ☒ Rational Thinking Worksheet
- ☒ Family Meeting handout
- ☒ Water, coffee, soda, light snacks for break time

## Session Topic:

### 1. Welcome

- Review homework assignment from previous meeting. Address any concerns or questions.
- Tell the group there are several topics for the meeting but ALL will be useful in helping their adolescent, selves and family.

### 2. Encouragement

- Distribute the handouts.
- Point out that encouragement in this context means any act that is given genuinely as an expression of appreciation, recognition, or acceptance of another person's qualities, talents, or behavior that can be encouraging to that person. It can be verbal but nonverbal can be even better.
- Focus on:
  - i. What
  - ii. The present
  - iii. The deed
  - iv. The effort
  - v. Intrinsic
  - vi. What is being learned
  - vii. What is being done correctly
- *Direction:* "Break into small groups and come up with as many forms of encouragement as you can in 5 minutes."
- *Direction:* "Come back together and share 2 of your best encouragements."
- Conclude this section by pointing out that discouraged persons have difficulty setting goals and having faith in themselves.

### 3. Family Meetings

- Distribute handout

- Review guidelines.
- Ask what the group sees as benefits of Family Meetings (Help build strong families, strong families are dedicated to the well-being of each other, they communicate effectively, they have stronger coping skills, etc.)
- Take concerns or questions from the group.
- Hold a 5-7 minute mock family meeting demonstrating constructive and encouraging family meeting skills.

----- BREAK -----

#### 4. Rational Thinking

- Begin by explaining the concepts of rational and irrational thinking:
  - Rational thinking is based on realistic expectations and helps you attain goals.
  - Irrational thinking does not help you attain goals because you are overwhelmed by disturbing emotions such as anger, guilt, or depression, which result from thinking irrational thought.
  - There are three basic types of irrational beliefs: How you see yourself when you look in the mirror or when you picture yourself in your mind.
    - i. “Shoulds,” or demands for others or for yourself: believing that others should always treat you exactly as you think you should be treated
    - ii. Self-downing: equating who you are with what you do (if you don’t perform well, you think you are a worthless person)
    - iii. Low frustration tolerance: thinking that everything should be easy for you, that you shouldn’t have to tolerate any frustration or discomfort in your life

- In addition, people who think irrationally “awfulize” and over-generalize. They blow things out of proportion and assume the absolute worst. They also may use what is called tunnel vision, taking a small detail and using it as the basis for making all other judgments. Or they may take arbitrary inferences, assuming even when there is no basis for it. All-or-nothing thinking is also very common: things are either one way or the other; there is no in-between.

The following are examples of irrational thinking:

- My boyfriend should always call me exactly when he says he will. If he doesn’t, it must mean that he’s going to break up with me, that I’m not good enough for him, and that he’s a real jerk. If he breaks up with me, I won’t be able to stand it.
- This algebra teacher is so boring, and the work is way too hard. I’m just going to drop the course because I can never put up with this.
- If my parents don’t let me have the car tonight, I will run away. They are so strict with me, and they never let me do anything. They should be like everyone else’s parents.
- **Identifying Rational & Irrational Thoughts:** Distribute the *Rational Thinking Worksheet* to each parent. Ask them to read through the statements on the handout and identify the irrational beliefs. These are common dilemmas in an adolescent’s life. On the lines below each statement ask them to indicate what is irrational about them and identify how these thoughts may affect a person’s behavior.
  - Behavioral/psychological effects may include:
    - i. depression
    - ii. stress
    - iii. anxiety
    - iv. anger
    - v. reduction in ability to do well
    - vi. guilt
    - vii. withdrawal
    - viii. feelings of inadequacy
    - ix. feelings of imperfection

Allow about 10 minutes for group members to complete that *Rational Thinking Worksheet* and process their responses as a group. Sheet can be completed at home if need be.

## 6. Goal Setting

- Remind parents that Encouragement, Family Meetings, Conformity (or lack thereof) and Rational Thinking all contribute to our next topic of Goal Setting. One of our greatest responsibilities as parents is to guide our children in identifying and setting appropriate, attainable goals. Review “Faulty Goals of Adolescents” handout
  - Typical faulty goals of adolescents reflect a lack of self-respect, respect for others, shared responsibility, or constructive cooperation.
  - Effective corrective efforts include control of your own anger and hurt reaction.
  - Effective Corrective Action can be remembered easily by the acronym CARE.
  - Dreikurs frequently emphasized that before the adult can begin doing something correctly, he or she must stop doing that which is incorrect. Parents and teachers alike tend to behave toward their children the way their parents and teachers behaved toward them (Ask if this is the case and if this is effective).

**Journal Assignment:** (This assignment will be discussed first ten (10) minutes of next session.)

Option 1. Identify an issue of conformity for your teen and journal about it. Discuss it with them if possible.

Option 2. Implement 2 true encouragements this week with your adolescent and journal about its impact.

Option 3. Identify rational and irrational thinking patterns in your adolescent and journal about it.

Option 4. Write a Family Meeting scenario for a fictitious Family Meeting in your home. Imagine it really taking place and exactly how each family member would behave. Journal about the experience. Consider having a Family Meeting with your family.

Option 5. Set a small, attainable goal for the week involving your teen. Journal about its implementation and effectiveness.

### Closure/Dismissal:

- Check in with each member to make sure they are ok.
- Does anyone have anything to say?
- Remind parents of our confidentiality agreement.
- Remind parents of when the group will meet next and that it will be the last session.

Rational Thinking Session Adapted from: Vernon, A. (1989). Thinking, feeling, behaving: An emotional Educational Curriculum for Adolescents. Illinois: Research Press.



# Principles of Encouragement

## PRINCIPLES OF ENCOURAGEMENT

There are seven principles of encouragement. Each is followed by an example of an encouraging statement (E) and an example of a discouraging statement (D).

★ *What* one is doing is more important than how one is doing it.

E: That's a beautiful shine on our car. What did you do to get it that way?

D: I'll bet you take better care of your car than anyone else in town. (Comparing)

★ The *present* is the focus more so than the past or future.

E: It's obvious that you're really enjoying this project by the time and energy that you're giving to it.

D: now why don't you work this hard all the time?!

★ The *deed* is what is important rather than the doer.

E: I really appreciate your help. Thanks!

D: You're such a good boy. You always do the right thing!

Or when correcting

E: I really feel angry when you ask for food and then don't eat it.

D: You're always wasting food – you're just plain irresponsible.

★ The *effort* is to be emphasized rather than the outcome.

E: By golly, I enjoyed that game. If I can just learn to be more patient and not rush the ball, next time I should be able to give you a better match! (Emphasis on progress, what to do, and enjoying increased competence)

D: You were lucky this time, but I'll beat you for sure next time, no matter what it takes! (It's winning that counts!)

★ *Intrinsic* motivation (i. e., satisfaction, enjoyment, or challenge) rather than extrinsic motivation (i.e., reward or punishment) is expressed.

E: I spend hours taking pictures. Nothing gives me more pleasure than capturing a moment in time that reflects the beauty in life!

D: What do I get for doing it? What's in it for me?

★ What is *being learned* matters more than what is not being learned

E: You've just about mastered addition and subtraction. That will be very helpful to you in learning division and multiplication. Now let's look at a couple of problems that give you difficulty and get you help mastering them.

★ What is *being done correctly* is stressed more than what is not being done correctly.

E: You got 84 out of 100 correct on the addition and subtraction problems. With just a little more effort, I know that you'll be able to go on to division and multiplication.

D: You missed 16 out of a 100.

Adapted from: Sweeney, T. J. (199). Adlerian counseling: a practitioner's approach. Hamilton Printing Company: New York. p. 140.



# The Encourager

## THE PERSON WHO ENCOURAGES:

1. Respects individuals as they are (even though you may not approve of specific behaviors)
2. Shows faith, which enables people to have faith in themselves
3. Has an expectancy that the person's ability will be sufficient to function satisfactorily
4. Recognizes effort as worthwhile
5. Works through and with groups (family, classmates, co-workers) to free and enhance the development of individuals
6. Helps each person experience a sense of belonging in the group
7. Helps develop skill and attitudes needed by others for coping through sequencing and pacing of experiences and knowledge to ensure success
8. Uses individuals' interests and assets to further their development
9. Volunteers encouragement to others without any effort or behavior necessary on their part.

## ILLUSTRATIONS OF ENCOURAGEMENT

- \* Listening to your teen describe a hobby, even or book she wants to share
- \* Keeping busy and remaining patient while someone else completes a task he or she found difficult
- \* Offering to do a favor without being asked
- \* Celebrating birthdays
- \* Sending letters of appreciation, thanks, or remembrance, especially when it might easily be overlooked
- \* Sharing a book or item of value to you.



# Faulty Goals of Adolescents

**Superiority:** Adolescents with this goal strive to be the best at everything from the highest grades to winning school elections. Their peers generally admire them but might be annoyed at such superachievers. Avoid blanket approval of achievements that are feeding the excessive need to achieve. Make them pay attention to enjoyment, satisfaction, and sharing with others. Foster the courage to be imperfect.

**Conformity:** Living up completely to the standards of established society is the goal. They have adopted the styles and manner of establishment adults rather than their peers. They receive approval from adults but annoyance from peers. Complete approval of this behavior should be avoided. Encourage increased social activities with peers and independent activities.

**Popularity:** Teenagers with this goal are accumulators of friends and social contacts. Want to be widely accepted and recognized by all. Avoid blanket approval of popularity behavior and encourage independent and personally self-assertive activities.

**Defiance:** Defiant teenagers want to be in complete control. 1. Can be expressed by the *independent struggle* with many arguments over dress, curfews, etc and is greeted with anger and annoyance by adults. Avoid arguing during times of provocation and, during pleasant moments, use indirect suggestions that respect the teenager's right to choose for oneself. 2. Can be expressed with an *aggression goal* where teens strike out with fighting, vandalism, and delinquency. Although difficult, effective corrective efforts include control of the angry and hurt reaction and avoidance of angry striking back. Patient building of a positive relationship, a mutual understanding of a positive relationship, a mutual understanding of reasonable limits, and a nonpunitive use of natural and logical consequences are called for. 3. Defiance can also be expressed by *attempted suicide*. In adults, these teenagers evoke a mixture of fear and concern, usually with some anger. They are usually out of touch with the predominant peer group and, although they may receive some sympathy, are often treated with indifference. Effective correction blends avoidance of a hysterical reaction with a focused program of encouragement that uncovers and builds personal strengths.

**Sexual Promiscuity:** Teenagers with this goal are seeking a feeling of belonging and selfhood by proving themselves sexually. They are not only sexually active, but highly active in a defiant about their sexual behavior. Adults typically react with disgust and shock and most peers reaction with disapproval and rejection. Effective correction includes an avoidance of the shock or disgust reaction a program of interaction that encourages a desire for a personal self-respect and the respect of others.

**Inadequacy:** Teenagers with this goal enjoy the victim role and seek much consolation for their shortcomings. Effective correction builds on the avoidance of a discouraged or pitying reaction and provides a program of opportunities for small successes with encouragement for improvement and achievement.

**Charm:** Charmers find their place not through genuine cooperation or productivity, but with smooth talk and pleasing manners. To redirect, adults must not be taken in by the smooth behavior and must expect, with patience and without insult, productive behavior.

**Physical Beauty or Strength:** These teenagers rely completely on their good looks, physical strength, or abilities to define their place with others. They preen. For effective correction, the tendency to admire and praise physical attributes must be tempered and a program of nonphysical activities should be developed and encouraged.

**Sexism:** This goal is a variation on the previous two and involves an overdevelopment of stereotypical masculine or feminine characteristics and behaviors. For boys, it's macho behavior and for girls it's clinginess and manipulation. Corrective strategies involve avoidance of blanket approval of the behavior and encouragement of positive attitudes and behaviors that are stereotypically associate with the opposite sex.

**Intellectuality:** These teenagers gain their feelings of value and belonging completely from "book" learning and from discussing ideas. They have the approval of adults but most of their peers are indifferent toward them. Effective correction avoids simple approval of the overintellectual approach to life and encourages nonbookish social and leisure activities, greater awareness and acceptance of feelings, and openness to nonintellectual values generally.

**Religiosity:** Teens with this goal seek belonging through an immersion in religious ideas and activities. In effective corrections, both simple approval and arguments are avoided, and independent and exploratory thinking and conversations are encouraged.

Adapted from: Sweeney, T. J. (199). Adlerian counseling: a practitioner's approach. Hamilton Printing Company: New York. p. 189.

\* Logo/Image courtesy of NEDIC – National Eating Disorder Information Centre



## CARE

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### Corrective Action

Catch Yourself – don't act impulsively

Assess goals: What goals are served by the behavior?

Respond with consequences and encouragement

Execute with consistency, friendliness, and respect



# Rational Thinking Worksheet

**Instructions:** Read the following thinking patterns and identify the irrational beliefs. On the lines provided, indicate what is irrational about them (IRB's) and identify how these thoughts might affect a person's behavior (what feelings or behaviors might likely come from this type of thought: guilt, anger, stress, reduction in ability to do well, low self-worth, withdrawal, feelings of inadequacy, loss of motivation, feelings of imperfection, etc.).

1. I'm going to break up with my boyfriend. He shouldn't be so inconsiderate. He always goes out with his friends and never pays any attention to me. He's my boyfriend; he should spend more of his time with me.

IRB's \_\_\_\_\_

\_\_\_\_\_

Possible Behavioral Effects \_\_\_\_\_

\_\_\_\_\_

2. I've tried everything to lose weight and nothing works—I might as well forget it and eat whatever I want.

IRB's \_\_\_\_\_

\_\_\_\_\_

Possible Behavioral Effects \_\_\_\_\_

\_\_\_\_\_

3. My life sucks! My parents never let me do anything I want.

IRB's \_\_\_\_\_

\_\_\_\_\_

Possible Behavioral Effects \_\_\_\_\_

\_\_\_\_\_

4. I hate the way I look! This is so unfair. You have it made—everybody likes you, but nobody likes me.

IRB's \_\_\_\_\_

\_\_\_\_\_

Possible Behavioral Effects \_\_\_\_\_

\_\_\_\_\_

5. I can't stand it if my boyfriend (or girlfriend) breaks up with me. I'll never find anyone like him (or her) again.

IRB's \_\_\_\_\_

\_\_\_\_\_

Possible Behavioral Effects \_\_\_\_\_

\_\_\_\_\_



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6. I didn't get invited to Maria's party. I should have been nicer to her, but it probably wouldn't have mattered anyway. I never get invited to the good parties.

IRB's \_\_\_\_\_

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Possible Behavioral Effects \_\_\_\_\_

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7. I'll never fit into my prom dress. It's useless; nobody will want to go to the prom with me anyway.

IRB's \_\_\_\_\_

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Possible Behavioral Effects \_\_\_\_\_

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8. He's really cute—I would love to go out with him. If he doesn't go out with me, it will prove what a big loser I am.

IRB's \_\_\_\_\_

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Possible Behavioral Effects \_\_\_\_\_

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9. I'll never be happy. None of my clothes fit and I 'm so weird looking. I hate my body!

IRB's \_\_\_\_\_

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Possible Behavioral Effects \_\_\_\_\_

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\* Rational Thinking Session Adapted from:

Vernon, A. (1989). Thinking, feeling, behaving: An emotional Educational Curriculum for Adolescents. Illinois: Research Press.

\* Logo/Image courtesy of NEDIC – National Eating Disorder Information Centre



# The Family Meeting

*The family meeting is a regularly scheduled gathering of all members of the family. Its purpose is to discuss ideas, values, and complaints and to plan family work and play.*

- ✧ The family meeting provides opportunities for:
  - Being heard
  - Expressing positive feelings about one another and giving encouragement.
  - Distributing chores fairly among members.
  - Expressing concerns, feelings, and complaints.
  - Settling conflicts and dealing with recurring issues.
  - Planning family recreation.
- ✧ Rotate chairperson and secretary.
- ✧ Attendance is not mandatory for anyone who is unwilling to attend but the group can meet and make plans without that person.
- ✧ Record plans and decisions made. Post the record as a reminder.
- ✧ Parents should model the communication skills of reflective listening, I-messages, and problem solving so the children can learn more effective ways to communicate.
- ✧ When progress is blocked, pinpoint the real issues (such as a member's desire for winning power, control, or special privilege).
- ✧ Take time to recognize the good things in the family. Encourage each other!
- ✧ Plan the amount of time you will meet, and stay within those limits.
- ✧ All members participate as equals.
- ✧ The family meeting is not a gripe session, but a resource for solving problems.
- ✧ Focus on way the group can do rather than on what any one member should do.
- ✧ Follow through on agreements.
- ✧ Try to see and understand each other's point of view.
- ✧ Remember to plan for family fun and recreation.

Adapted from: Adlerian Class ECHD 8110 handout, July 22, 2001.



## Session 4- Eating

### Disorders/Nutrition/Closing

#### Objectives:

- ↳ Learn facts about anorexia, bulimia and binge eating disorder.
- ↳ Identify thoughts, feelings and behaviors of persons at risk of eating disorders.
- ↳ Recognize common misconceptions of eating disorders.
- ↳ Identify some of the causal factors and conflicts which are precursors to eating disorders.
- ↳ Understanding eating habits and environmental factors influencing eating habits
- ↳ To provide parents with resources for further counseling, if necessary

#### Materials:

- ↳ Chalkboard
- ↳ Copy for each group member:
  - Eating Disorder Fact Sheets
  - Warning Signs
  - Test Your Knowledge
  - Common Misconceptions
  - Preventing Eating Disorders
  - Websites
  - Mental Health Resources
- ↳ Copy for group leaders:
  - Case Study Vignettes
  - Causes of Eating Disorders
- ↳ Pencil & sticky notes for each student
- ↳ Here's to Your Health student information sheet, one for each student
- ↳ Your Eating Habits worksheet, one for each student
- ↳ Water, coffee, soda, light snacks for break time

#### Session Topic:

1. **Welcome**
  - Review homework assignment from previous meeting. Address any concerns or questions.
2. **Eating Disorders**
  - Stereotypes of the perfect body image exert a great deal of pressure on adolescents. In their quest to conform to the ideal standard of beauty, increasing numbers of adolescent females are at risk for developing eating disorders. Eating disorders -- such as anorexia, bulimia, and binge eating disorder -- include extreme thoughts, feelings and behaviors surrounding weight and food issues. Eating Disorders are serious emotional and physical problems that can have life-threatening consequences.
    1. Begin by asking the group what they know about eating disorders and their causes and how have they heard of these diseases. Divide the board into 2 columns (Facts, Causes,) and have the group members use their sticky notes to add their insights to the board.

2. **Discussion of Facts:** Take this opportunity to define anorexia, bulimia and binge eating disorder and review symptoms, health consequences and statistics (*Eating Disorder Fact Sheets*).
  - After review ask group members to share anything that might have surprised them about this information.
  - Field any questions that may come from this information. (Note: Ideally, this portion of the session could be run by a local eating disorder specialist.)
3. Next, hand out the *Test Your Knowledge* sheet. Tell the group based on what they know about eating disorders and what they have just learned, they are going to test their knowledge on the subject. Give them 5 minutes to complete this exercise and 5 more minutes to discuss their answers with a partner.
4. Come back together as a group and discuss the items on the sheet as **common misconceptions** about eating disorders. Hand out the *Common Misconceptions* explanation sheet and allow the group time to read the information.
  - Ask the group if there are any specific misconceptions they wish to discuss or need further explanation.
5. **Discussion of Causes:** Refer back to the causal factors the group has listed on the board. Discuss that each of the causes listed usually fits within 4 areas (Biological, Familial, Social & Psychological), give a brief explanation of each and where some of the causes the group came up with fit into these areas.
  - Use the *Case Study Vignettes* and have the group respond to the causes they perceive, the gains each girl felt she would receive as a result of their dieting and the effect on healthy development. Encourage students to comment on their own experiences similar to those presented.

### 3. Eating Habits and Nutrition

Good nutrition is important for health. Point out that no single meal or type of food supplies all of the nutrients the body needs. Suggest that eating a variety of healthy foods and enjoying a variety of activities are the best ways to develop and maintain a healthy body.

- Distribute the “Here’s to Your Health” information sheet and also distribute the “Your Eating Habits” worksheet and have each member complete it. Ask the members to compare their eating habits to the suggestions on the “Guidelines for Healthy Eating” transparency.
  - Are any areas that they’d like to change? What are they?
  - How does your day to day life effect your eating habits? Your adolescent’s?
  - How does your environment effect your eating habits?
  - How might your eating habits effect your adolescent’s eating habits?

### 4. Resources

- One important step for parents is to educate yourself about eating disorders. There is now excellent on-line information on a number of websites about eating disorders. There are also a number of national organizations (e.g. National Association of Anorexia and Related Eating Disorders or ANAD) which act as referral sources to low cost treatment. These organizations all have websites. (**Appendix S**)
- Also, your local mental health clinic and pediatrician will most likely be able to help you. Recent studies have shown that primary care physicians, when educated about eating disorders, are key treatment team members.
- Parents should approach an eating disorder like any other illness. It is a serious matter and they can communicate that to their children. They can also point out that there are professionals who will be gentle and supportive with them in proposed treatment.

### 5. Closing

- Go through the session topics and discuss what group members feel are the most important concepts they learned in the group. The following questions may be helpful:
  - What are some things that you are going to take away from this group and try at home?
  - What has changed for you since starting this group?
  - What new things did you learn about eating disorders?
  - How does conformity/nonconformity impact your child?
  - How does the media effect your perception of yourself and others?
  - Why is encouragement so important?
  - How might faulty notions affect your adolescent?
  - How do family members perceptions influence your adolescent's life?
- Remind members of the confidentiality rule. Thank them for participating and tell them that, even though the group is ending, you will continue to be available to them and that you wish them success in reaching their goals to improve their image of self. Give them a copy of Mental Health Services (**Appendix T**).
- Model saying something encouraging about each member as a way of saying goodbye. For example: “Jill, your genuine reflective nature always helped stimulated deeper discussion. I am glad to see such exploration of yourself, you seem to have gained a lot from it.”



# Eating Disorder Fact Sheet -Anorexia

## Nervosa

### Anorexia Nervosa

Anorexia nervosa is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.

Anorexia Nervosa has five primary symptoms:

- Refusal to maintain body weight at or above a minimally normal weight for height, body type, age, and activity level.
- Intense fear of weight gain or being "fat."
- Feeling "fat" or overweight despite dramatic weight loss.
- Loss of menstrual periods in girls and women post-puberty.
- Extreme concern with body weight and shape.

Health Consequences of Anorexia Nervosa:

Anorexia nervosa involves self-starvation. The body is denied the essential nutrients it needs to function normally, so it is forced to slow down all of its processes to conserve energy. This "slowing down" can have serious medical consequences:

- Abnormally slow heart rate and low blood pressure, which mean that the heart muscle is changing. The risk for heart failure rises as heart rate and blood pressure levels sink lower and lower.
- Reduction of bone density (osteoporosis), which results in dry, brittle bones.
- Muscle loss and weakness.
- Severe dehydration, which can result in kidney failure.
- Fainting, fatigue, and overall weakness.
- Dry hair and skin, hair loss is common.
- Growth of a downy layer of hair called lanugo all over the body, including the face; in an effort to keep the body warm.

About Anorexia Nervosa:

- Approximately 90-95% of anorexia nervosa sufferers are girls and women
- Between 1-2% of American women suffer from anorexia nervosa
- Anorexia nervosa is one of the most common psychiatric diagnoses in young women
- Between 5-20% of individuals struggling with anorexia nervosa will die. The probabilities of death increases within that range depending on the length of the condition
- Anorexia nervosa has one of the highest death rates of any mental health condition.
- Anorexia nervosa typically appears in early to mid-adolescence.

\*Adapted from Eating Disorders Awareness and Prevention, [www.edap.org](http://www.edap.org) . Permission to be copied for educational purposes only.

\* Logo/Image courtesy of NEDIC – National Eating Disorder Information Centre



# Eating Disorders Fact Sheet-Bulimia Nervosa

## Bulimia Nervosa

Bulimia nervosa is a serious, potentially life-threatening eating disorder characterized by a secretive cycle of bingeing and purging.

Bulimia Nervosa has three primary symptoms:

- Eating large quantities of food in short periods of time, often secretly, without regard to feelings of "hunger" or "fullness," and to the point of feeling "out of control" while eating.
- Following these "binges" with some form of purging or compensatory behavior to make up for the excessive calories taken in: self-induced vomiting, laxative or diuretic abuse, fasting, and/or obsessive or compulsive exercise.
- Extreme concern with body weight and shape.

Health Consequences of Bulimia Nervosa:

Bulimia nervosa can be extremely harmful to the body. The recurrent binge-and-purge cycles can impact the entire digestive system and can lead to electrolyte and chemical imbalances in the body that affect the heart and other major organ functions. Some of the health consequences of bulimia nervosa include:

- Electrolyte imbalances that can lead to irregular heartbeats and possibly heart failure and death. Electrolyte imbalance is caused by dehydration and loss of potassium and sodium from the body as a result of purging behaviors.
- Potential for stomach rupture during periods of bingeing. Inflammation and possible rupture of the esophagus from frequent vomiting.
- Tooth decay and staining from stomach acids released during frequent vomiting.
- Chronic irregular bowel movements and constipation as a result of laxative abuse.
- Ulcers

About Bulimia Nervosa:

- Bulimia nervosa affects 1-3% of middle and high school girls and 1-4% of college age women.
- Approximately 80% of bulimia nervosa patients are female
- People struggling with bulimia nervosa will often appear to be of average body weight.
- Often, people struggling with bulimia nervosa will develop complex schedules or rituals to provide opportunities for binge-and-purge sessions.
- Many people struggling with bulimia nervosa recognize that their behaviors are unusual and perhaps dangerous to their health.

\*Adapted from Eating Disorders Awareness and Prevention, [www.edap.org](http://www.edap.org) . Permission to be copied for educational purposes only



# Eating Disorders Fact Sheet-Binge Eating Disorder

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## Binge Eating Disorder

Binge Eating Disorder is a relatively newly recognized eating disorder characterized by frequent episodes of uncontrolled overeating. Researchers are just beginning to understand the causes and health consequences of binge eating disorder.

Binge Eating Disorder has several primary symptoms:

- Frequent episodes of eating large quantities of food in short periods of time often secretly, without regard to feelings of "hunger" or "fullness."
- Frequent feelings of being "out of control" during binges.
- Eating large quantities of food rapidly, without really tasting the food.
- Eating alone.
- Feelings of shame, disgust, or guilt after a binge.

Health Consequences of Binge Eating Disorder:

Binge eating disorder often results in some of the health risks associated with clinical obesity. Some of the potential health consequences of binge eating disorder include:

- High blood pressure
- High cholesterol levels
- Heart disease
- Secondary diabetes
- Gallbladder disease

About Binge Eating Disorder:

- The prevalence of binge eating disorder in the general population is still being determined. Researchers estimate that approximately 25% of obese individuals suffer from frequent episodes of binge eating
- Binge eating disorder affects women slightly more often than men--estimates indicate that about 60% of people struggling with binge eating disorder are female, 40% are male.
- People who struggle with binge eating disorder can be of normal or heavier than average weight.
- Many people who suffer from binge eating disorder have a history of depression.
- People struggling with binge eating disorder often express distress, shame, and guilt over their eating behaviors.

\*Adapted from Eating Disorders Awareness and Prevention, [www.edap.org](http://www.edap.org) . Permission to be copied for educational purposes only.





# Warning Signs

Because everyone today seems concerned about weight, and because most people diet at least once in a while, it is hard to tell what is normal behavior and what is a problem that may escalate to threaten life and happiness. No one person will show all of the characteristics listed below, but people with eating disorders will manifest several.

## Food behaviors

The person skips meals, takes only tiny portions, will not eat in front of other people, eats in ritualistic ways, and mixes strange food combinations. May chew mouthfuls of food but spits them out before swallowing. Grocery shops and cooks for the entire household, but will not eat the tasty meals. Always has an excuse not to eat: is not hungry, just ate with a friend, is feeling ill, is upset, and so forth.

Becomes "disgusted" with former favorite foods like red meat and desserts. Will eat only a few "safe" foods. Boasts about how healthy the meals s/he does consume are. Becomes a "vegetarian" but will not eat the necessary fats, oils, whole grains, and the denser fruits and veggies (such as sweet potatoes and avocados) required by true vegetarianism. Chooses primarily low-fat items with low levels of other nutrients, foods such as lettuce, tomatoes, sprouts, and so forth.

Always has a diet soda in hand. Drastically reduces or completely eliminates fat intake. Reads food labels religiously. If s/he breaks self-imposed rigid discipline and eats normal or large portions, excuses self from the table to vomit and get rid of the calories.

Or, in contrast to the above, the person gorges, usually in secret, and empties cupboards and refrigerator. May also buy special binge food. If panicked about weight gain, may purge to get rid of the calories. May leave clues that suggest discovery is desired: empty boxes, cans, and food packages; foul smelling bathrooms; running water to cover sounds of vomiting; excessive use of mouthwash and breath mints; and in some cases, containers of vomit poorly hidden that invite discovery.

Sometimes the person uses laxatives, diet pills, water pills, or "natural" products from health food stores to promote weight loss. May abuse alcohol or street drugs, sometimes to deaden appetite, sometimes to escape emotional pain, and usually in hopes of feeling better, at least temporarily.

## Appearance and body image behaviors

The person loses, or tries to lose, weight. Has frantic fears of weight gain and obesity. Wears baggy clothes, sometimes in layers, to hide fat, hide emaciation, and stay warm. Obsesses about clothing size. Complains that s/he is fat even though others truthfully say this is not so. S/he will not believe them.

Spends lots of time inspecting self in the mirror and usually finds something to criticize. Detests all or specific parts of the body, especially breasts, belly, thighs, and buttocks. Insists s/he cannot feel good about self unless s/he is thin, and s/he is never thin enough to satisfy her/himself

### Exercise behaviors

The person exercises excessively and compulsively. May tire easily, keeping up a harsh regimen only through sheer will power. As time passes, athletic performance suffers. Even so, s/he refuses to change the routine.

May develop strange eating patterns, supposedly to enhance athletic performance. May consume sports drinks and supplements, but total calories are less than what an active lifestyle requires.

### Thoughts

In spite of average or above-average intelligence, the person thinks in magical and simplistic ways, for example, "If I am thinner, I will feel better about myself." S/he loses the ability to think logically, evaluate reality objectively, and admit and correct undesirable consequences of choices and actions.

Becomes irrational, argues with people who try to help, and then withdraws, sulks, or throws a tantrum. Wanting to be special, s/he becomes competitive. Strives to be the best, the smallest, the thinnest, and so forth.

Has trouble concentrating. Obsesses about food and weight and holds to rigid, perfectionistic standards for self and others.

### Feelings

Has trouble talking about feelings, especially anger. Denies anger, saying something like, "Everything is OK. I am just tired and stressed." Escapes stress by turning to binge food, exercise, or anorexic rituals.

Becomes moody, irritable, cross, snappish, and touchy. Responds to confrontation and even low-intensity interactions with tears, tantrums, or withdrawal. Feels s/he does not fit in and therefore avoids friends and activities. Withdraws into self and feelings, becoming socially isolated.

### Social behaviors

Tries to please everyone and withdraws when this is not possible. Tries to take care of others when s/he is the person who needs care. May present self as needy and dependent or conversely as fiercely independent and rejecting of all attempts to help. Anorexics tend to avoid sexual activity. Bulimics may engage in casual or even promiscuous sex.

Person tries to control what and where the family eats. To the dismay of others, s/he consistently selects low-fat, low-sugar non-threatening - and unappealing - foods and restaurants that in the past have provided these "safe" items.

Relationships tend to be either superficial or dependent. Person craves true intimacy but at the same time is terrified of it. As in all other areas of life, anorexics tend to be rigidly controlling while bulimics have problems with lack of impulse control that can lead to rash and regrettable decisions about sex, money, stealing, commitments, careers, and all forms of social risk taking.

\*Adapted from Anorexia Nervosa and Related Eating Disorders, Inc., [www.anred.com](http://www.anred.com). Permission to be copied for educational purposes only.



# Test Your

## Knowledge

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### Questions

### True/False

1. If you eat when you have to you are not anorexic. \_\_\_\_\_
2. If you are above/on the high end of my healthy weight range you could not possibly have an Eating Disorder. \_\_\_\_\_
3. A person who eats a lot of candy is not anorexic. \_\_\_\_\_
4. Only white, middle-class girls are affected by eating disorders. \_\_\_\_\_
5. If a person eats three meals a day and never purges they do not have an Eating Disorder. \_\_\_\_\_
6. If you don't make yourself vomit or use laxatives, you are not bulimic. \_\_\_\_\_
7. If a family member/friend eats normally around you, then he/she doesn't have an Eating Disorder. \_\_\_\_\_
8. If you have an Eating Disorder, taking vitamin/mineral supplements will help you stay healthy. \_\_\_\_\_
9. You can't die from an Eating Disorder. \_\_\_\_\_



# Common Misconceptions

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## **"I cannot be Anorexic because I do eat when I have to..."**

Restriction of food and calories does not mean complete restriction for every sufferer. For some this means restricting certain types of foods (each individual sticking with what they perceive as "safe foods") and limiting calories to below normal on a daily basis. For others this means fasting for a certain number of days and then eating "normally" for the next number of days, and repeating the cycle continuously.

## **"I am above/on the high end of my healthy weight range... I cannot possibly have an Eating Disorder..."**

People suffering with any Eating Disorder can be of any weight. For most sufferers weight will continuously be going up and down. There are more dangers involved in the disordered eating patterns themselves, rather than in each person's actual weight.

## **"I eat a lot of candy, and can't possibly be Anorexic..."**

Many Anorexics and Bulimics are junk-food addicts. There is little nutritional value to junk food but they serve as a false sense of energy. They also appease extreme cravings... for example; a sufferer's system may be depleted of Sodium so there may be a strong craving for something salty. A bag of chips would seem to satisfy this craving. It is not uncommon to find a person with Anorexia or Bulimia who lives solely on candy (or junk-food). Other common "replacements" are drugs, alcohol, coffee, tea and/or cigarettes.

## **"Only middle-class, white teenagers suffer..."**

ANYONE can suffer from Anorexia or Bulimia. Regardless of previously held beliefs, it is not only young, middle-class white teenagers or college students who can suffer. African-American, Hispanic, Asian, or white, women or men, rich to poor, from their teen years well into their fifties, there are sufferers from every age-bracket, class and culture.

## **"I eat three meals a day (or I eat a lot during the course of a day) and never purge. How can I have an Eating Disorder?..."**

Disordered eating doesn't always mean restricting, bingeing and/or purging. Sufferers sometimes eat 3 meals a day, or eat continuously throughout the day and through this can disillusion themselves into thinking that all is fine. If these eating patterns or meals consist of only lettuce, salad or yogurt (or other comparably low calorie, low fat food), and the calorie intake overall is far below normal, this would be considered Anorexia. A person suffering may not be "starving" themselves of food per se, but of any real calories, substance and nutrition. (The same is illustrated above in the example of eating candy.)

## **"I don't make myself vomit or use laxatives, I cannot be Bulimic..."**

There are other methods of "purging" following a binge. The person suffering with Bulimia will eat an unusually large quantity of food in a short period of time and follow it with purging; in addition to using laxatives or inducing vomiting, purging can also be compulsive exercise or complete fasting. This is one of the attributes that can be present in a person suffering both Anorexia and Bulimia.

## **"My family member/friend eats normally around me. He/She can't possible have an Eating Disorder..."**

It is not uncommon for those with Anorexia, Bulimia and Compulsive Eating to eat "normally" around others. This type of sufferer may look forward to their time alone; to be able to "make up for" the time they've spent eating "normally" around others. Anorexics will completely starve themselves, Bulimics will binge and purge, and Compulsive Overeaters will overeat or binge once they have gotten back into their solitary environment.

**"This is just a phase..."**

Anorexia, Bulimia and Compulsive Overeating are not phases a child, teen or adult goes through. Some may go through dieting phases but this is far different from having an Eating Disorder.

**"I take vitamin/mineral supplements so I know I will stay healthy..."**

Vitamin Supplements will not protect anyone from the harm an Eating Disorder will expose the body to. Vitamins and Minerals are absorbed into the body much more efficiently through their source food, and work in harmony with one another to ensure the highest level of effectiveness and absorption. While taking vitamins and minerals may help to provide a sense of security, or even prolong certain aspects of health (like warding off infection), they will not protect you from the dangers associated with having an Eating Disorder.

**"I can't die from this..."**

Anorexia, Bulimia and Compulsive Overeating can kill those who suffer from them. Eating Disorders have the highest rate of death out of any other psychological illness. Up to 30% of the sufferers of Eating Disorders (and maybe higher) will die as a result of a complication caused by the illness.

\*Adapted from Anorexia Nervosa and Related Eating Disorders, Inc., [www.anred.com](http://www.anred.com). Permission to be copied for educational purposes only.



# Preventing Eating Disorders

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- ❖ Your behavior as a parent may help your child to avoid eating disorders. Encourage, don't belittle, your child daily. By focusing on your child's strengths, you will build self-esteem.
- ❖ Parents are encouraged to "work on making the ideal of beauty the healthy ideal." It is important for parents to base their children's self-esteem on who they are and what they do, not how much they weigh.
- ❖ Families are encouraged to learn to share feelings in general, and parents "to model good feeling-sharing and good listening skills."
- ❖ In addition, your own body image may influence your child's body image. If you constantly say "I'm fat," complain about exercise, and practice "yo-yo" dieting, your son or daughter may feel that it is normal and acceptable to have a distorted body image.
- ❖ Finally, illustrate what a healthy lifestyle is to your child. Involve your child in the preparation of healthy, nutritious meals on a regular basis. Let your child know that it's OK to eat when you're hungry, and refuse food when you're not. Also, make exercise a fun and rewarding family activity, as well as a regular one. If you have healthy attitudes about food and exercise, your child will have a good example from which to learn.

\*Adapted from - [http://kidshealth.org/parent/emotions/feelings/eating\\_disorders\\_p8.html](http://kidshealth.org/parent/emotions/feelings/eating_disorders_p8.html)



# Websites

- ❖ Eating Disorders Awareness and Prevention - [www.edap.org](http://www.edap.org)
- ❖ Anorexia Nervosa and Related Disorders - [www.anred.org](http://www.anred.org)
- ❖ Something Fishy - [www.something-fishy.org](http://www.something-fishy.org)
- ❖ American Dietetic Association - [www.eatright.org](http://www.eatright.org)
- ❖ The National Eating Disorders Information Centre - [www.nedic.on.ca](http://www.nedic.on.ca)
- ❖ Atlanta Anti Eating Disorders League - [www.aaedl.com](http://www.aaedl.com)
- ❖ Alt.Support.Eating-Disord - [www.glitterkitty.net/asedfaq/](http://www.glitterkitty.net/asedfaq/)
- ❖ The Center for Eating Disorders - [www.eating-disorders.com](http://www.eating-disorders.com)
- ❖ Eating Disorder Recovery - [www.edrecovery.com](http://www.edrecovery.com)
- ❖ Harvard Eating Disorders Center - [www.hedc.org](http://www.hedc.org)
- ❖ **BodyWise** - fact sheets and resource lists design to help health care providers and school personnel to detect eating disorders among adolescents and provide suggestions for promoting positive body image and healthy eating behaviors - [www.4woman.gov/BodyImage/bodywise/bodywise.htm](http://www.4woman.gov/BodyImage/bodywise/bodywise.htm)



## Clarke County Mental Health Resources

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Clarke County Mental Health – Northeast Georgia Center	743-8181 542-8656
Family Counseling Service	549-7755
Garnett Ridge Family Support Center	227-7170
Overeaters Anonymous	634-3314
Samaritan Counseling Center	369-7911
Southeast Network of Family and Youth Services	354-4568





## Case Study Vignettes

### *Case Study—Irene (adapted from *The Golden Cage* by Hilde Bruch)*

As a child Irene had not been preoccupied with her weight. When she was 11 years old several girls in her class talked about dieting and she found this peculiar because they looked all right to her; she felt lucky to like her own figure. However, a year later when she showed early pubertal development, her pediatrician made some casual remark about her getting too plump. This triggered a concern about growing up, dating and believing that her mother might become overly interested in her life. Irene suddenly began a rigorous weight-watching program, not permitting her weight to rise above 95 lbs. Though she kept on growing, she did not menstruate. She began to avoid people and stayed to herself. At age 15 her parents separated. At that time she began to starve herself and lost a dramatic amount of weight, striving to be as thin as possible and hating herself for gaining even an ounce.

1. What prompted Irene to begin dieting?
2. What effect on her healthy development did this loss of weight produce?
3. Why do you think Irene turned to dieting again at age 15?
4. What other aspects of her development was Irene avoiding?

### *Case Study—Sheila (Adapted from *The Art of Starvation*, by Sheila MacLeod)*

At 14, Sheila attended an upper class boarding school on a government scholarship. Living away from home she felt out of place in the family and a misfit in school. She felt worthless, hopeless and empty.

At this point Sheila decided to go on a diet so as not to look “dumpy and ordinary.” Immediately, as the weight dropped off she began to feel exhilarated and more in control of those feelings of helplessness and self-loathing. She eventually lost so much weight that when she returned home she was mistaken for a young boy.

Sheila was the eldest of three daughters. Her father was a school teacher; her mother had never reconciled her homesickness for the country. Sheila was bright and gifted. The family was extremely mannerly. Anger was not openly expressed, and conflicts were avoided. Sheila got the message that in going away to school she was expected to succeed—to become extraordinary—to make the family happy.

1. What demands did Sheila perceive her family placed on her?
2. What provoked Sheila’s decision to diet?
3. What did Sheila gain from refusing food?
4. What conflicts was Sheila experiencing?

*Case Study—Cherry (Adapted from Starving for Attention, by Cherry Boone O’Neill)*

At 16, Cherry, the eldest of four daughters, was slightly overweight at 140 lbs. Wanting to be a good role model for her younger sisters and anxious to please her parents, she began dieting. Cherry stole her mother’s diet pills to keep her appetite in check and exercised six hours a day. Eventually she got down to 90 lbs. She wore extra layers of clothing to hide her protruding bones. Her eating habits grew more bizarre. She began binge eating, followed by ingesting massive doses of laxatives. After a grim struggle over a period of 10 years, Cherry finally stabilized her life with psychiatric help and support from her husband and family. She now weighs 114 lbs. Cherry says, “I want my daughter to feel good about herself as she gets older because of who she is and not how she looks.”<sup>7</sup>

1. In trying to please her parents what was Cherry saying about her self-image?
2. What message did Cherry’s mother communicate in using diet pills herself?
3. What do you think Cherry’s message to her daughter means?
4. What do you think the title of her book, *Starving For Attention*, means?



# What causes eating disorders?

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There are many theories and no one simple answer that covers everyone. For any particular person, some or all of the following factors will be woven together to produce starving, stuffing, and purging.

## Biological factors

- Temperament seems to be, at least in part, genetically determined. Some personality types are more vulnerable to eating disorders than others.
- New research suggests that abnormal levels of brain chemicals predispose some people to anxiety, perfectionism, and obsessive-compulsive thoughts and behaviors. These people seem to have more than their share of eating disorders.
- Also, once a person begins to starve, stuff, or purge, those behaviors in and of themselves can alter brain chemistry and prolong the disorder. For example, both undereating and overeating can activate brain chemicals that produce feelings of peace and euphoria, thus temporarily dispelling anxiety and depression. In fact some researchers believe that eating disordered folks may be using food to self-medicate painful feelings and distressing moods.

## Psychological factors

- People with eating disorders tend to be perfectionistic. They may have unrealistic expectations of themselves and others. In spite of their many achievements, they feel inadequate, defective, and worthless. In addition, they see the world as black and white, no shades of gray. Everything is either good or bad, a success or a failure, fat or thin. If fat is bad and thin is good, then thinner is better, and thinnest is best.
- Some people use them to try to take control of themselves and their lives. They are strong, usually winning the power struggles they find themselves in, but inside they feel weak, powerless, victimized, defeated, and resentful.
- People with eating disorders often lack a sense of identity. They try to define themselves by manufacturing a socially approved and admired exterior.
- People with eating disorders often are legitimately angry, but because they seek approval and fear criticism, they do not know how to express their anger in healthy ways. They turn it against themselves by starving or stuffing.

## Family factors

- Some people with eating disorders say they feel smothered in their families. Others feel abandoned, misunderstood, and alone. Parents who overvalue physical appearance can unwittingly contribute to an eating disorder. So can those who make critical comments, even in jest, about their children's bodies.
- These families tend to be overprotective, rigid, and ineffective at solving conflict. Sometimes they are emotionally cold. There are often high expectations of achievement and success. The children learn not to disclose doubts, fears, anxieties, and imperfections. Instead they try to resolve their problems by manipulating weight and food.
- Research suggests that daughters of mothers with histories of eating disorders may be at higher risk of eating disorders themselves than are children of mothers with few food and weight issues.

## Social factors

- TV, movies, and magazines are three examples of media that flood people with messages about the "advantages" of being thin. Impressionable readers and viewers are told, sometimes directly, sometimes indirectly by the actors and models that are chosen for display, that goodness, success, power, approval, popularity, admiration, intelligence, friends, and romantic relationships all require physical beauty in general and thinness in particular.
- The corollary is also promoted: People who are not thin and beautiful are represented as failures: bad, morally lax, weak, out of control, stupid, laughable, lonely, disapproved of, and rejected.
- Girls and women are disproportionately affected by eating disorders and cultural demands for thinness. Never before in recorded history have females been exhorted to be as thin as is currently fashionable.

\*Adapted from Anorexia Nervosa and Related Eating Disorders, Inc., [www.anred.com](http://www.anred.com). Permission to be copied for educational purposes only.



# Here's to Your Health!

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## 1. Eat a variety of foods.

- You need about 40 different nutrients to stay healthy. The best way to be sure that you get all of them is to eat a variety of foods, including breads, cereals and grains, fruits and vegetables, meat, poultry, fish, eggs, dry beans and peas, and dairy products such as milk, cheese and yogurt.
- Drink plenty of water too – six to eight glasses a day.

## 2. Maintain a healthy weight.

- Healthy weight is different for each person.
- Improving your eating and exercise habits can help you maintain a weight that is healthy for you.

## 3. Choose a diet with plenty of vegetables, fruits and grain products.

- Whole grain breads and cereals, vegetables and fruits are good sources of fiber and other nutrients and should be included in the diet more frequently.

## 4. Use salt and sodium only in moderation.

- Try seasoning foods with herbs, lemon juice, garlic, onion powder, etc.
- Check labels for sodium amounts – 500 milligrams (500 mg.) is the recommended daily allowance for adolescents and adults.



# Your Eating Habits

**Directions:** Think about your eating patterns and habits. What, how much, when, where and why do you eat? For each of the following questions, check the answer that best describes your eating patterns.

## What do I usually eat?

- A varied and balanced diet that includes all of the main food groups.
- Fried and breaded foods.
- Extras, such as salad dressings, potato toppings, spreads, sauces and gravies.
- Sweets and rich desserts.
- Snack foods high in fat and sodium, such as chips.

## How much do I usually eat?

- A single small serving
- A large serving
- Two servings or more

## When do I usually eat?

- At mealtimes only
- While preparing meals or clearing the table
- After school
- While watching television or participating in other activities
- At school breaks
- Anytime

### **Where do I usually eat?**

\_\_\_ At the kitchen table or dining room table

\_\_\_ At restaurants or fast-food places

\_\_\_ In front of the television or while reading

\_\_\_ Where I am preparing the food

\_\_\_ Wherever I happen to be when I'm hungry

### **Why do I usually eat?**

\_\_\_ It's time to eat

\_\_\_ I'm starved

\_\_\_ Foods look tempting

\_\_\_ Everyone else is eating

\_\_\_ Food will get thrown away if I don't eat it