5-12-2014

Combating Eating Disorders by Addressing Body Image Issues in Schools

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COMBATING EATING DISORDERS BY ADDRESSING BODY IMAGE ISSUES IN SCHOOLS

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A Capstone Project submitted in partial fulfillment of the requirements for the Master of Science Degree in Counselor Education at Winona State University

Spring 2014

Winona State University

College of Education

Counselor Education Department

CERTIFICATE OF APPROVAL

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CAPSTONE PROJECT

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Combating Eating Disorders by Addressing Body Image Issues in Schools

This is to certify that the Capstone Project of

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Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

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Approval Date: 5/12/14

Abstract

This research looks at two issues that are becoming more widely spread among children and adolescents: body image dissatisfaction and eating disorders. Past literature has centered on individuals who are dissatisfied with their bodies and the fact that this may put them more at risk for developing an eating disorder. Most school professionals are not experts when it comes to eating disorder and body image terminology and treatment practices. As school counselors help with the personal/social, career, and academic needs of each student they work with, it is important for them to be aware of the prevalent issues that are affecting their students and how to deal with them. This article looks at different types of eating disorders including anorexia nervosa and bulimia nervosa as well as muscle dysmorphia, which is a body image disorder. It defines body image and body dissatisfaction while discussing what factors contribute to a person's body image. Finally, this paper explains the school counselor's role in addressing body image issues in schools by providing preventative programming ideas and intervention strategies.

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Introduction

In the United States, the prevalence rate of eating disorders continues to consistently rise. According to the National Eating Disorder Association (2012), nearly 20 million women and 10 million men suffer from an eating disorder at some point in their lives. As the prevalence rate has increased, the age in which children and adolescents start to worry about their weight and appearance has decreased. The National Eating Disorder Association (2012) reported that forty to sixty percent of elementary girls between the ages of six and twelve are concerned about their appearance and gaining weight. Hutchinson and Rapee (2007) explained that the increasingly high rates of eating disorders are often a source of concern for mental health professionals because the treatment typically requires long-term, multidisciplinary interventions which can be expensive and take up a great deal of time.

Much of the past research has focused on the causes of eating disorders. A common risk factor that predisposes individuals to eating disorders is body image. Children and adolescents often worry about how others are viewing them and they compare themselves to their peers or role models in the media. According to Grant and Cash (1995) approximately one-third of women and one-fourth of men in society reported feeling an overall dissatisfaction with their bodies. Swami, Taylor, & Carvalho (2011) suggested that feeling anxious about one's appearance is a "normative" experience among most girls and women in Western culture. The severity of body image disturbance can be expressed on a continuum, which ranges from ordinary displeasure to obsessively preoccupied with body, weight, or appearance (Bhatnagar, Wisniewski, Solomon, & Heinberg, 2012). Some degree of body image discontent is, in fact, normal. However, it is how individuals deal with the dissatisfied thoughts, feelings, and beliefs about their bodies that affect their overall functionality and quality of life. Brannan and Petrie

(2011) explained that the way individuals view their bodies may affect many other aspects of their lives. Body image dissatisfaction has been found to be one of the greatest risk factors contributing to disordered eating behaviors and attitudes (Ricciardelli & McCabe, 2001).

Body image dissatisfaction and problem eating behaviors continue to be issues for students of all ages. School counselors consistently report they are lacking the education, training, and knowledge of body image and eating disorder terminology, prevention, and treatment (Yager and O'Dea, 2005). Because of this, the question that many school counselors have is how they can help improve body image satisfaction and self-esteem amongst their students as a way to prevent the diagnosis of an eating disorder. With that being said, it is important for school counselors to be aware of the factors that contribute to a person's body image and what can be done in the school setting to promote positive body images and healthy eating habits as well as intervention strategies for students who are at-risk for being diagnosed with an eating disorder.

Review of Literature

School counselors have grown increasingly important when it comes to dealing with issues related to body image and self-esteem. Oftentimes if these issues are left unresolved they can lead to eating disorders, which become a life-long battle for the individuals affected as well as their loved ones. A concern that many school counselors and other school professionals have run into is the fact that very few individuals are educated on eating disorders and body image issues. Because of this lack of education, many school counselors do not feel knowledgeable and competent enough to develop preventative programs or intervention strategies within their schools. Yager and O'Dea (2006) confirmed that "40% of school counselors did not feel competent in helping students with eating disorders and 49% reported that they felt only moderately competent" (p. 264). That being said, this research aims to educate school counselors on types of eating disorders as well as a common body image disorder. The research will also take a look at body image and contributing factors to an individual's body image satisfaction or dissatisfaction. Furthermore, the intent of this research is to look at the role of the school counselor in addressing body image concerns and to provide possible preventative programs or intervention strategies that could be implemented in schools.

What is Disordered Eating?

As previously stated, the incidence rate of eating disorders among children and adolescents in the United States has continued to rise. For this reason, it is especially important for school counselors to be knowledgeable of what constitutes disordered eating and what happens when problematic eating behaviors are not addressed. Hill, Masuda, and Latzman (2013) explained the two categories of disordered eating as cognitions and behaviors. Disordered eating cognitions are recognized by the thoughts individuals have reflecting the perceived need

to diet and restrict weight as well as body dissatisfaction and the belief that in order to be socially accepted they must be thin (Hill, Masuda, & Latzman, 2013). Disordered eating behaviors are often referred to as problematic eating behaviors and include avoiding eating when hungry (Hill et al., 2013), excessive exercising with the goal of losing weight, dieting, binge eating, preoccupation with calories and food, and purging after eating (Ricciardelli & McCabe, 2001). Disordered eating has been linked to "low self-esteem, depression, anxiety, and a range of medical concerns, such as menstrual irregularities, esophageal complications, and other gastrointestinal problems" (Hill et al., 2013, p. 336). Disordered eating left untreated may lead to the diagnosis of an eating disorder and could potentially interfere with other areas of a person's development and life.

Eating and Body Image Disorders

Inevitably, school counselors will work with a student or students who have an eating disorder of some kind. Eating disorders are complex illnesses that influence the interaction between an individual's biological, psychological, and social worlds (Manley, Rickson, & Standeven, 2000). Nassar, Hodges, and Ollendick (1992) reported that the average age an individual shows signs of an eating disorder is 11.7 years old. Due to children and adolescents worrying about their weight at younger ages, it is important for school counselors at all levels to be educated on the different types of eating disorders and the warning signs that are associated with each. For the purpose of this research, the eating disorders that will be discussed are anorexia nervosa and bulimia nervosa. Aside from eating disorders, it is also important to understand a common body image disorder called muscle dysmorphia.

Anorexia Nervosa. Anorexia nervosa is a dangerous and life-threatening illness where individuals restrict the amount of food they ingest leading to severe loss of weight. Manley,

Rickson, and Standeven (2000) revealed that anorexia nervosa has been found to have the highest rate of mortality out of any mental health diagnosis. Individuals with anorexia often have a strong fear of gaining weight or getting "fat" even when they are significantly below normal body weight (Manley et al., 2000). School counselors should be familiar with possible warning signs of anorexia. Students with anorexia are often preoccupied with their weight and making frequent comments about feeling "fat" or wanting to lose weight (National Eating Disorder Association, 2012). Individuals may make excuses as to why they are not eating or deny hunger and develop food rituals such as rearranging food on the plate or chewing excessively (National Eating Disorder Association, 2012). Often individuals with anorexia have a rigorous exercise regimen and begin to withdraw from family, friends, and those closest to them. Many times individuals with anorexia are unable to realize the severity of their problem or deny that they have a problem (Manley et al., 2000).

Bulimia Nervosa. Another eating disorder that is common amongst children and adolescents is bulimia nervosa. People with bulimia nervosa engage in episodes of binge eating or eating an excessive amount of food high in calories (National Eating Disorder Association, 2012). Loss of control is generally the reasoning behind the binge eating and is usually done in secret because the individuals feel guilty they were unable to control themselves (Manley et al., 2000). Episodes of binge eating are followed by episodes of purging, which could be done by self-induced vomiting, dieting, fasting, use of laxatives, or excessive exercise (Manley et al., 2000). Possible warning signs of bulimia are disappearance of large amounts of food in short periods of time, evidence of purging such as frequent trips to the bathroom, lifestyle schedule changes used to make time for bingeing and purging, withdrawal from friends and family, and preoccupation with weight loss and control of food (National Eating Disorder Association,

2012). Unfortunately, only one third to one half of individuals who are diagnosed with bulimia nervosa make a full, permanent recovery (Bhatnagar et al., 2012).

Muscle Dysmorphia. As discussed throughout the literature, the majority of people affected by eating disorders are middle-class female adolescents (Nassar, Hodges, & Ollendick, 1992). However, Murray et al. (2012) reported that recent research has shown the prevalence of male body image dissatisfaction to be comparable to the prevalence of female body image dissatisfaction. With this in mind, it is important to be aware of another disorder that frequently affects males and has symptoms and causes similar to those of an eating disorder. Muscle dysmorphia is a body image disorder that most often affects males, especially bodybuilders and weightlifters, who have a negative body image (Wolke &Sapouna, 2007). Murray et al. (2012) explained that roughly 95 percent of American males are dissatisfied with their bodies. Cafri, Olivardia, & Thompson (2008) shared that muscle dysmorphia is a subtype of body dysmorphic disorder. Individuals with body dysmorphic disorder are often preoccupied with a particular aspect of their appearance, whereas individuals with muscle dysmorphia are preoccupied specifically by their muscularity (Cafri, Olivardia, & Thompson, 2008). Like with females, today's society and the media play a central role in what individuals view as acceptable. Generally, females try to decrease body weight and strive to be thin while males attempt to increase body weight in the form of muscle. Men with muscle dysmorphia may have a fear of looking too small when in reality they look normal or are uncharacteristically muscular (Wolke & Sapouna, 2007).

Muscle dysmorphia has also been identified as "reverse anorexia" because of the close behavioral and cognitive similarities (Murray et al., 2012). Individuals with muscle dysmorphia exhibit comparable characteristics to those with anorexia such as, following a rigorous or

excessive exercise regimen, adhering to a rigid diet plan, calculating the nutritional values for all food (Murray et al., 2012), and withdrawing from friends and family (Wolke & Sapouna, 2007). Like with eating disorders, individuals with muscle dysmorphia feel a sense of anxiety or guilt if they are unable to control themselves. When this happens, these individuals often try to compensate for their "failure" by adding an additional workout to their day (Murray et al., 2012). Wolke and Sapouna (2007) shared that it is common for men with muscle dysmorphia to simultaneously have an eating disorder. Frequently, individuals with muscle dysmorphia exhibit contradictory behaviors such as participating in highly structured diets to increase weight and muscularity while partaking in bulimic tendencies and purging to avoid consuming any fat (Wolke & Sapouna, 2007). Other behavioral characteristics of muscle dysmorphia include, compulsively checking mirrors (Cafri, Olivardia, & Thompson, 2008), avoidance of situations in which their bodies may be seen by others, and using substances to enhance appearance (Murray et al., 2012). Individuals with muscle dysmorphia tend to abuse or depend on steroids in order to achieve their desired body (Cafri, Olivardia, & Thompson, 2008).

Body Image Defined

Body image can be defined as the perception individuals have of their own bodies (Gabel & Kearney, 1998). This may include what individuals think about their appearances as well as how they feel in their bodies (National Eating Disorder Association, 2012). Ricciardelli & McCabe (2001) pointed out that some literature defines body image as "a reflection of one's general self-worth" (p. 331). Individuals are said to have either a positive or a negative body image. People with positive views of their bodies are ones who have a clear, unaltered perception of the shape of their bodies. Generally, these individuals feel comfortable in their own "skin" and are accepting of their natural bodies (National Eating Disorder Association, 2012). Conversely,

people with negative body images often have a distorted perception of their bodies and do not see themselves as they really are. These individuals may feel ashamed, uncomfortable, or self-conscious about their bodies (National Eating Disorder, Association, 2012).

Two important concepts to understand in regard to body image are body image investment and body image orientation. Body image investment, also referred to as appearance orientation, is how important or how much attention is given to how one looks (Kvalem, Soest, Roald, & Skolleborg, 2006). Body image evaluation refers to the overall satisfaction or dissatisfaction with one's appearance (Kvalem et al., 2006). Body image evaluation stems from the discrepancy between or congruence of the perceived actual and ideal appearances (Kvalem et al., 2006).

Body Dissatisfaction and Body Image Disturbance

Individuals with negative body images can also be described as having body image disturbance (BID) or body dissatisfaction. Body dissatisfaction has increased dramatically over the past 25 years (Brannan & Petrie, 2011). Bhatnagar, Wisniewski, Solomon, and Heinberg (2012) explained body image disturbance as the "maladaptive internalized representation" of one's appearance (p. 1). Hill et al. (2013) defined body dissatisfaction as the discrepancy between ideal and perceived appearance. There are three components that make up people's body images: attitudinal, behavioral, and perceptual (Bhatnagar et al., 2012). Akos and Levitt (2002) pointed out that the attitudes and beliefs individuals have about their bodies and weight, rather than actual weight, is more predictive of body image disturbance and problematic eating behaviors. Behavioral body image refers to how often individuals take part in activities to manage their appearance or body-avoidance behaviors (Bhatnagar et al., 2012). Bhatnagar et al.

(2012) reported that perceptual body image is how accurate individuals are in estimating their appearance and body size.

Oftentimes, individuals with negative body images are preoccupied with doing things to alter their bodies. They may obsess about their appearance and have a difficult time thinking about anything else in their lives or elect to do unnecessary cosmetic surgery to "fix" the part of their bodies that they are unhappy with (Choate, 2007). In addition, body image dissatisfaction can also be associated with extreme emotional distress and smoking onset (Choate, 2007). Individuals with body dissatisfaction may avoid particular situations or people, wear clothes that conceal their bodies, avoid mirrors or looking at their reflections, or excessively seek social approval (Bhatnagar et al., 2012). A negative body image has been found to increase the likelihood of having other issues such as depression, social anxiety, low self-esteem, sexual difficulties, and disordered eating (Grant and Cash, 1995).

Body dissatisfaction is considered a defining feature of an eating disorder as well as a factor that maintains problematic eating behaviors (Hill et al., 2013). A large amount of research has focused on the correlation between body image and the onset of an eating disorder. However, it is important to note that just because individuals are having negative thoughts about their bodies does not mean that these individuals will exhibit disordered eating patterns.

Contributing factors. There are a number of factors that have the potential of influencing people's body images. Throughout the literature five themes emerged. These factors included predisposing qualities of the individual, teasing or harassment, the influence that people's peers and family members have on them, societal influence or media exposure, and student athletes. Each of these components will be explained in greater detail and in relation to how they impact people's body images.

Predisposing qualities. There are a number of personal characteristics and qualities that individuals may possess predisposing them to a negative body image. Some of these characteristics include gender, low self-esteem, physical changes (Akos & Levitt, 2002), low levels of self-determination, and pessimism (Brannan & Petri, 2011). As suggested by Brannan and Petrie (2011), the higher level of self-determination an individual possesses, the less that individual internalizes societal messages. Subsequently, this means these individuals have less body dissatisfaction. Although individuals may still possess some body dissatisfaction, highly self-determined people are better able to dismiss their dissatisfaction as something that does not impede on their lives or stop them from reaching their goals (Brannan & Petrie, 2011). Similarly, individuals who are optimistic tend to be more satisfied with their bodies. For individuals who are optimistic and have body dissatisfaction, these individuals are more likely to be able to look beyond the fact that their bodies do not meet the "ideal" and are able to focus on other aspects of their lives (Brannan & Petrie, 2011). Physical changes such as puberty and developmental changes, such as the increasing importance of peers and the search for one's identity can also be contributing factors to one's body image (Akos & Levitt, 2002). Ricciardelli & McCabe (2001) found that children who are highly dissatisfied with their bodies and have extreme body image concerns are often dissatisfied in other areas of their lives and have lower self-esteem and self-worth.

Teasing. Appearance-related teasing has become one of the biggest contributing factors to a person's body dissatisfaction. Teasing can be defined differently depending on the source. The definition that will be adhered to for the remainder of this paper is that "teasing is a specific type of bullying or peer victimization whereby the victims experience verbal taunts regarding some aspects of their appearance, personality, or behavior" (Liang, Jackson, & McKenzie, 2011,

p. 102). Kvalem et al. (2006) explained that teasing in childhood and adolescence tends to be very hostile, which can lead to very negative effects on the child. Teasing is often viewed as a threat to someone's identity, indicative of social rejection, and internalized by the person being teased (Kvalem et al., 2006). If children are continuously being picked on because of their appearance, then the children may eventually start to believe that the comments being made are true. Keery, Boutelle, van den Berg, and Thompson (2004) found that girls who were teased about weight had a greater risk of partaking in dieting behaviors or binge eating compared to girls who were not teased. Wolke and Sapouna (2008) shared that many young men became victims of bullying because they were physically weak as boys. Liang et al. (2011) reported that the most common focal points of appearance-related teasing were facial characteristics, weight, shape, and heaviness. Many young men with muscle dysmorphia were bullied or teased about their size when they were children. Because of this, these men may take up bodybuilding or weightlifting as a way of compensating for what they were lacking as children (Wolke & Sapouna, 2008). Appearance-related teasing is prevalent among family members as well as peers.

Family members have been found to be the worst offenders when it comes to teasing based on a child's appearance (Cash, 1995). Keery et al. (2005) reported that one-fourth of middle school girls are teased by a parent and approximately one-third are teased by at least one of their siblings about their appearance. Cash (1995) explained that in families where either the mother or the father teased their children about appearance-related issues, the odds increased that at least one sibling would also tease that child. It is most often the older sibling doing the teasing of a younger sibling (Cash, 1995). Older brothers tend to be the most frequent source of teasing when a sibling is doing the teasing (Keery et al., 2005).

Peers have been found to be the second worst offenders when it comes to teasing based on appearance (Cash, 1995). Kvalem et al. (2006) found a connection between appearance-related teasing and negative comments during childhood and body dissatisfaction later on in life. This means that an individual who is teased as a child could have lifelong body image effects because of the teasing. Kvalem et al. (2006) also explained that women who are introverted tend to view their bodies and appearance more negatively than women who are extroverted as a result of frequent negative reminders about their appearance as a child.

Family and peer influences. The people that individuals are surrounded by on a day-to-day basis tend to be the ones that impact the young people's thoughts, feelings, beliefs, and attitudes the most. These people tend to include the young person's peers at school or group of friends and the child's family members. Many of the attitudes and behaviors that children and adolescents exhibit are modeled by their parents, but especially their mothers. Parental influence is one of the leading contributing factors to a person's body dissatisfaction. Maternal modeling is behavior that is displayed by the mother and then observed by the child. Cooley, Toray, Wang, and Valdez (2007) also reported that the mothers' perceptions of their daughters can be a variable in the body dissatisfaction of the daughters. These perceptions can lead to mothers encouraging daughters to change something about their physical appearance. The idea of maternal perceptions is related to the feedback that mothers give their daughters about their appearance. According to Cooley et al. (2007), negative comments and teasing directed at daughters from mothers as well as encouragement from mothers to diet have been associated with increased body image distress in daughters. Stanford and McCabe (2005) suggested that parents provide messages to their children through their own body change goals and strategies as

well as weight loss behaviors. Parents have a powerful influence over their children, which they need to remember can be positive or negative (Cooley, Toray, Wang, & Valdez, 2007).

Peers also have a significant impact on children and adolescents. As stated by Hutchinson and Rapee (2006), young people place a great deal of importance on the qualities, beliefs, and behaviors of their peers. Cliques begin to form in schools and have a tendency to have a large impact, both positively and negatively, on the members of these groups. Hutchinson and Rapee (2006) found that adolescents tend to look similar to their friends based on appearance, interest, beliefs, attitudes, and behaviors. Adolescents have also been found to share similar risk-taking behaviors such as smoking, alcohol and drug use, delinquent behavior, as well as similarities with mutually valued body concerns and eating behaviors (Hutchinson & Rapee, 2006). Some research has found that "the process of peer influence appears to operate through direct messages and encouragement from peers rather than simply observing peer behavior" (Stanford & McCabe, 2005, p. 106). On the other hand, other literature explained that "people tend to share greater similarity on observable attributes and behaviors, than on covert attitudes and beliefs" (Hutchinson & Rapee, 2006, p. 1572). Peer influence has been found to be affected by the ways that young people perceive acceptance by peers and interactions with peers. Girls who have friends encouraging them to lose weight have been a significant predictor of body image issues (Stanford & McCabe, 2005). Similar evidence has been found with males and exercise behavior where male peers have a strong influence on this body change (Stanford & McCabe, 2005). These examples are indicative that same-sex modeling may be taking place among young people in the same peer groups. Hutchinson and Rapee (2006) found that young people tend to choose friends based on similar feelings and behaviors related to physical appearance. Girls who perceive that their friends discuss and engage in behaviors to change their physical appearance

and who view their friends as being important sources of influence in their lives are more likely to have a distorted view of their own body (Hutchinson & Rapee, 2006). Individuals with low-self esteem are more likely to negatively compare themselves to their peers, which produces negative emotional reactions (Brannan & Petrie, 2011).

The impossible dream: Societal influence and the media. Much of the literature has focused on the media and how it plays a role in the development of body image in young people. Swami, Taylor, and Carvalho (2011) argued that the media portrays unachievable ideals of physical attractiveness, thinness, and athleticism that have the potential of causing body dissatisfaction if people internalize the belief that they are not able to achieve those standards. In general, females tend to have the desire to decrease the size of their body and males have the desire to decrease fat levels and increase muscle size in order to achieve the ideals endorsed by society (Stanford & McCabe, 2005). Stout and Frame (2004) described society's preference toward mesomorphic or muscular males and a rejection of endomorphic or fat and ectomorphic or thin males. Swami et al. (2011) reported on the idea of celebrity worship or the "idolization of celebrities as role models" (p. 58). It is suggested that the desire to look like media icons may result in body image dissatisfaction when those ideals cannot be met (Swami, Taylor, & Carvalho, 2011).

"Thin is going to win": A look at student athletes. *A* population that tends to be predisposed to body dissatisfaction and weight related concerns is student athletes. De Bruin, Oudejans, Bakker, and Woertman (2011) illustrated the two types of body images athletes have, including the social body image and the athletic body image. The social body image refers to how individuals evaluate their bodies in the context of their daily life, whereas athletic body image refers to the internal image people have of their bodies in the athletic context (De Bruin,

Oudejans, Bakker, and Woertman, 2011). Given that many sports like figure skating, dance, track and field, gymnastics, and wrestling require a specific body type, a significant amount of pressure is placed on students participating in said sports. Manley et al. (2000) reported that the stresses to be thin and to perform at high standards within the athletic arena are one of the five risk factors that contribute to eating disorders. Some athletes who partake in weight cutting behaviors only do so to meet the demands of their sports rather than doing so because they have a negative view of their bodies (De Bruin et al., 2011) At times, athletic environments may create an experience where students fail, which creates more stress for the individuals (Omizo and Omizo, 1992). Francisco, Narciso, and Alarcão (2013) disclosed that athletic coaches are influential in the development of an individual's body image and eating behaviors. Student athletes are often the targets of critical comments pressuring them to control weight, perform at exceptional levels, and be thin (Francisco, Narciso, & Alarcão, 2013). The motivation for student athletes often changes from the societal ideal of "thin is beautiful" to the athletic ideal of "thin is going to win" (De Bruin et al., 2011).

The Role of the School Counselor: Making a Difference by Addressing Body Image Issues

Due to their gap in training, many school counselors believe that they are not equipped with the knowledge and skills to work with students on body image and related concerns in the school setting (Carney and Scott, 2012). Although school counselors should not be and are not trained to be the primary caregiver or therapist for someone who has an eating disorder, they continue to play a considerable role in addressing body image concerns as a preventative measure in schools. School counselors are able to detect body dissatisfaction as well as disordered eating issues in the early stages so intervention strategies can be put in place before the problems worsen (Carney & Scott, 2012).

The role of the school counselor in addressing body image issues in schools is significant. Effective school counselors utilize a number of different means to reach their students. As Carney and Scott (2012) pointed out, school counselors play a critical role in assessment, providing interventions and support, referring when needed, and providing follow-up services. Some of the roles of the school counselor are to promote healthy body images by raising awareness and providing small group and individual counseling. School counselors should also be prepared to provide parents with the appropriate knowledge about body image and their role in the development of their children's body images. School counselors need to be conscious of when they need to refer their students for outside help and provide necessary resources.

Raising awareness and promoting a healthy body image. One of the most important roles of school counselors in addressing body image concerns is raising awareness in the school. This awareness should not be focused on eating disorders, but rather on promoting healthy body images for all students. This awareness raising can be done in a number of ways and should be used as a preventative measure. Rhyne-Winkler and Hubbard (1994) pointed out that classroom guidance lessons on topics such as "body-esteem, locus of control, approval-seeking behavior, body image and nutrition, and perfectionism" could be utilized as a way of addressing these problem areas before they become issues of concern. Classroom guidance lessons are also a way of reaching a large group of students at once.

Small group and individual counseling. Small group and individual counseling sessions are alternate ways of meeting with students to discuss body image concerns. This could be done with students who are at-risk for having body dissatisfaction or with students who do have body image concerns to work through as a way to prevent the development of eating disorders. Topics could include self-esteem and building autonomy, body image, emotions associated with eating,

as well as the importance of exercise and healthy eating (Rhyne-Winkler & Hubbard, 1994). As Omizo and Omizo (1992) pointed out, individuals will often turn to food as a way of coping with what is going on in their lives. School counselors should use their abilities to help students develop appropriate coping skills and provide students with the knowledge needed so that they are not turning to unhealthy ways of managing the difficult aspects of their lives.

Parent education and staff training. As part of the school counselor's role in addressing body image concerns in school, it is necessary to make sure parents and school staff are receiving the appropriate information regarding these issues. Like many school counselors, parents and teachers may not realize the level of impact that they have on the students they are around on a daily basis. As O'Dea and Abraham (2000) pointed out, it is necessary for parents and staff to develop appropriate personal attitudes about eating behaviors. Teachers and parents have an opportunity to provide positive role modeling, social support, and normative eating and exercising practices to the students that they work with (Yager and O'Dea, 2005). Rhyne-Winkler and Hubbard (1994) suggested conducting staff and teacher in-service trainings on topics relevant to body image and eating disorders to reinforce professional development amongst school personnel.

Eating disorder referrals. For most school counselors, diagnosing and treating a student for an eating disorder would be outside their scope of practice. School counselors should be aware of their competency level in regard to body image, disordered eating, and eating disorders and be prepared to refer students and parents for other services if they are not knowledgeable in these areas. It is important to remember that no matter how many preventative programs or educational programs are put into place, there are still likely to be individuals who suffer from body dissatisfaction or an eating disorder. If a school counselor believes that a student has an

eating disorder, it is important to approach the student in a caring way, exhibiting serious concern for his or her well-being (Manley et al., 2000). The school counselor should also encourage the students to be involved in contacting their parents (Carney & Scott, 2012). It is the role of the school counselor to act as the collaboration consultant by working with the student, parents, treating clinician, and physicians throughout the whole treatment process (Carney & Scott, 2012). However, it is important to remember that the school counselor is not the primary means of treatment or therapy. If it is necessary for a student to miss an extended amount of school because of in-patient treatment, it is the school counselor's responsibility to make sure all necessary accommodations are made so that the student does not fall behind in classes (Carney & Scott, 2012). Follow-up meetings and continued communication with the student and other stakeholders will continue when the student returns to school (Carney & Scott, 2012).

Prevention and Intervention Strategies in Schools

It is necessary for school counselors to be aware of potential prevention and intervention strategies that can be used in schools to address issues related to body image and disordered eating. School counselors need to be aware of their scope of practice and ensure that they are not reaching beyond their level of competency when working with this particular population of students. The majority of strategies used in schools are psycho-educational in nature and focus on promoting uniqueness, positive self-esteem, and body image resiliency.

Everybody's different and the body image resiliency model. A number of educational programs have been implemented in schools as a precautionary measure. Many of these programs have utilized an information-giving approach, which has proven to be detrimental to students. Commonly, body dissatisfaction and eating disorder information is glamorized and seen as "normal" or less severe than it really is (O'Dea & Abraham, 2000). When using

preventative strategies, it is important to focus on protective factors of the individual and a holistic approach (Choate, 2007).

There are two educational approaches, in particular, that focus on the person as a whole and concentrate on the protective factors rather than the factors that may put individuals at risk for increasing their body dissatisfaction or the likelihood of getting an eating disorder. O'Dea and Abraham (2000) discussed the "Everybody's Different" program as one which aims to improve body image by building or increasing general self-esteem of everyone within a classroom. Similar to the "Everybody's Different" approach, the Body Image Resiliency Model centers its attention on increasing the five protective factors every individual has; including, family and peer support, gender role satisfaction, global and physical self-esteem, coping strategies and critical thinking skills, and holistic wellness and balance (Choate, 2007).

Topics discussed in the "Everybody's Different" lessons include: dealing with stress, building a positive sense of self, stereotypes in our society, positive self-evaluation, involving significant others, relationship skills, and communication skills (O'Dea & Abraham, 2000). The Body Image Resiliency Model incorporates lessons on healthy relationships, dealing with gender stereotypes and learning to question societal norms, goal-setting, and promoting a well-balanced life (Choate, 2007). What both of these approaches and other similar programs have in common is self-empowerment. The majority of children and adolescents lack autonomy and do not have the skill set to advocate for themselves. One of the school counselor's largest roles in being advocates for the students they work with, but it is just as important to teach students to advocate for themselves. Programs such as these encourage individuals to focus on the positive features of their lives rather than the negative, unfavorable aspects.

A theoretical perspective: Rational Emotive Behavior Therapy (REBT). Much of what school counselors do is based on how they view the world or a theoretical perspective. When looking at what maintains body dissatisfaction or disordered eating behaviors, one theme that emerges is the idea of distorted thought patterns or irrational thinking. Rational Emotive Behavior Therapy, otherwise known as REBT, stems from the Cognitive Behaviorial Therapy approach. The basic premise of REBT is that "emotional disturbances emerge from faulty thinking about events rather than the events themselves" (Gonzalez, et al., 2004, p. 222). It is not about what happened in a given situation, but rather the individual's interpretation of why something happened. Stout and Frame (2004) suggested the use of REBT as a disputing intervention to confront the faulty thoughts individuals have in regard to their bodies and replace the faulty thoughts with new beliefs, consequently creating new feelings in the client.

Using REBT with children or adolescents is similar to using it with adults. Gonzalez, et al. (2004) shared that "goal-defeating behaviors and emotional consequences (C) result from and are mediated by an individual's faulty beliefs (B) about activating events (A)" (p. 223). An example of an activating event related to body image would be a mother criticizing her daughter about her weight. The faulty belief comes into play when the criticism continues. The child begins to internalize this idea and begins to think that she is not worthy of love and happiness because she is "fat". Cognitive distortions are a term used in Cognitive Behavioral Therapy to describe a faulty thought or irrational belief. An example of a goal-defeating behavior or consequence in this scenario is that the daughter begins to starve herself in order to lose weight and to please her mother. In order for a person to change their irrational beliefs, their cognitive distortions must be challenged. School counselors are able to use a technique often associated with REBT, called thought-stopping, as a way of helping their students reframe their thinking

into a more positive manner. Thought-stopping is a process in which the counselor teaches students how to reframe their distorted thought patterns.

Conclusion

Body image has become a prevalent issue within the school setting. If students do not receive the help that they need in this area, it can lead to a number of more serious issues such as eating disorders, low self-esteem, depression, or even death. Many school counselors do not feel they are knowledgeable enough on the topics of body dissatisfaction, disordered eating, and eating disorders. School counselors must be familiar with the different types of eating disorders such as anorexia nervosa and bulimia nervosa as well as muscle dysmorphia, which is a body image disorder with similar characteristics to eating disorders. School counselors must be aware of what factors contribute to an individual's body image and possible prevention strategies that can be implemented into schools at all educational levels. These prevention strategies include raising awareness amongst students, teachers, and parents as well as providing classroom guidance lessons and small group and individual counseling on topics promoting a healthy body image. Since body image disturbance and eating disorders can turn into serious issues, it is important to intervene as soon as possible. Unfortunately, preventative programming is not going to stop all individuals from having body dissatisfaction or from getting an eating disorder. Because of this, school counselors should understand how to intervene and when it is time to refer students for outside services. One of the main roles of the school counselor is to make sure the needs of all students are being met. In the case of body image disturbance and eating disorders, the difference between a mediocre school counselor and an exemplar school counselor could be the difference between life and death for the students they are serving.

Limitations of Research

As is true of all other research, this research has its own set of limitations. Although muscle dysmorphia was discussed as an example of how males are affected by body image

issues as well as females, this paper did not discuss the prevalence rate of eating disorders among males. The majority of body image and eating disorder research today focuses on girls and women, but there are a significant number of boys and men who are affected by similar issues. Future research could look at what factors contribute to the body image of males specifically. It would also be interesting to look at the relationship between appearance-related teasing done by a father or mother to a son and what influence this would have on the child, if any. Another limitation of this research was that it did not cover other potential causes of eating disorders. While body image dissatisfaction is one of the main risk factors for developing an eating disorder, there are a number of other potential factors that may contribute to the onset as well. Future research could look closer at issues such as perfectionism, self-esteem, control, anxiety, and depression and the relationship they have with the onset of eating disorders among children and adolescents. Finally, this research looked mostly at what factors contribute to a person's negative body image. Future research could benefit from looking at what factors contribute to a person's positive body image and how school counselors can utilize these features to promote body image satisfaction in children and adolescents.

Author's Note

Over the course of my education I have continually been intrigued by the causes of eating disorders. Most of this has to do with the fact that my best friend shared with me that she had bulimia nervosa since our junior year of high school. I was the first person that she felt comfortable sharing this with and at the time I did not know how to react. She began to receive the help that she needed for the remainder of the summer. Unfortunately, when we went off to college, she stopped her treatment. While her illness continued to get worse, she began pushing me farther and farther away. Because of how close our relationship was, there were many times I wondered whether it was my fault she started or how I had no idea that it was going on for so long. It truly puzzled me because in my opinion, she had everything.

I have been able to see first-hand what an eating disorder can do to an individual, a family, and a close group of friends. She is one of the biggest reasons that I am entering the field of counseling and why I chose this topic. As a school counselor, it is my goal to provide students with the necessary knowledge and coping skills to succeed in not only school, but life. The first step in reducing the incidence of eating disorders in children and adolescents is being familiar with the concerns associated with body image. Through my research I hope to raise awareness amongst my colleagues, especially the school counselors, to help others better understand what I did not know when I was first faced with this issue. That is, the complexity and severity of both body image dissatisfaction and eating disorders. I also hope that I am able to provide some insight for school counselors as to how to address body image concerns in schools as a way of preventing the future onset of eating disorders so that fewer people are forced to go through what I did with my friend from high school.

At this time, I would like to acknowledge the people that have been supporting me through the successful completion of this work and my graduate school career. First, I would like to thank my capstone and academic advisor, Dr. Jo Hittner, for her continuous encouragement and support over the past three years. I truly appreciate the knowledge she has bestowed upon me and the growth she has challenged me to make throughout my time in the program. Second, I would like to thank my boyfriend, Jake, for always being willing to listen to me vent when things have been challenging and for understanding the importance of me completing my Master's Degree and pursuing a career in school counseling. Finally, I would like to express my deepest gratification to both of my parents without whom I would not be where I am today. Their unconditional love and everlasting support not only throughout my time in graduate school, but my entire life, is something for which I will be eternally grateful.

References

Akos, P., & Levitt, D. (2002). Promoting healthy body image in middle school. *Professional School Counseling*, *6*(2), 138-144.

Bhatnagar, K. A., Wisniewski, L., Solomon, M., & Heinberg, L. (2013). Effectiveness and Feasibility of a Cognitive-Behavioral group intervention for body image disturbance in women with eating disorders. *Journal of Clinical Psychology*, *69*(1), 1-13.

Brannan, M. E., & Petrie, T. A. (2011). Psychological well-being and the body dissatisfaction–bulimic symptomatology relationship: An examination of moderators. *Eating Behaviors*, *12*(4), 233-241. doi:10.1016/j.eatbeh.2011.06.002

Cafri, G., Olivardia, R., & Thompson, J. K. (2008). Symptom characteristics and psychiatric comorbidity among males with muscle dysmorphia. *Comprehensive Psychiatry*, *49*(4), 374-379.

Carney, J., & Scott, H. (2012). Eating issues in schools: Detection, management, and consultation with allied professionals. *Journal of Counseling & Development*, *90*(3), 290-297. doi:10.1002/j.1556-6676.2012.00037.x

Cash, T. (1995). Developmental teasing about physical appearance: Retrospective descriptions and relationships with body image. *Social Behavior and Personality, 23(*2), 123-129. doi:10.2224/sbp.1995.23.2.123

Cooley, E., Toray, T., Wang, M. C., & Valdez, N. N. (2008). Maternal effects on daughters' eating pathology and body image. *Eating Behaviors*, *9*(1), 52-61.

De Bruin, A., Oudejans, R. D., Bakker, F. C., & Woertman, L. (2011). Contextual body image

and athletes' disordered eating: The contribution of athletic body image to disordered eating in high performance women athletes. *European Eating Disorders Review*, *19*(3), 201-215. doi:10.1002/erv.1112

Francisco, R., Narciso, I., & Alarcão, M. (2013). Parental influences on elite aesthetic athletes' body image dissatisfaction and disordered eating. *Journal of Child & Family Studies*, *22*(8), 1082-1091. doi:10.1007/s10826-012-9670-5

Gabel, K. A., & Kearney, K. (1998). Promoting reasonable perspectives of body weight: Issues for school counselors. *Professional School Counseling*, *1*(5), 32-35.

Gonzalez, J. E., Nelson, J., Gutkin, T. B., Saunders, A., Galloway, A., & Shwery, C. S. (2004). Rational Emotive therapy with children and adolescents: A meta-analysis. *Journal of Emotional and Behavioral Disorders*, *12*(4), 222-235. doi:10.1177/10634266040120040301

Grant, J. R., & Cash, T. F. (1996). Cognitive-behavioral body image therapy: Comparative efficacy of group and modest-contact treatments. *Behavior Therapy*, *26*(1), 69-84.

Hill, M. L., Masuda, A., & Latzman, R. D. (2013). Body image flexibility as a protective factor against disordered eating behavior for women with lower body mass index. *Eating Behaviors*, *14*(3), 336-341. doi:10.1016/j.eatbeh.2013.06.003

Hutchinson, D. M., & Rapee, R. M. (2007). Do friends share similar body image and eating problems? The role of social networks and peer influences in early adolescence. *Behaviour Research and Therapy*, *45*(7), 1557-1577. doi:10.1016/j.brat.2006.11.007

Keery, H., Boutelle, K., van den Berg, P., & Thompson, J. (2005). The impact of appearance related teasing by family members. *Journal of Adolescent Health*, *37*(2), 120-127.

Kvalem, I. L., von Soest, T., Roald, H. E., & Skolleborg, K. C. (2006). The interplay of

personality and negative comments about appearance in predicting body image. *Body Image, 3*(3), 263-273.

Liang, V. X., Jackson, A. C., & McKenzie, V. L. (2011). The effects of teasing in childhood or adolescence on young adults' body image. *The Australian Educational and Developmental Psychologist*, *28*(2), 101-115. doi:10.1375/aedp.28.2.101

Manley, R. S., Rickson, H., & Standeven, B. (2000). Children and adolescents with eating disorders: Strategies for teachers and school counselors. *Intervention in School & Clinic*, *35*(4), 228.

Murray, S. B., Rieger, E., Hildebrandt, T., Karlov, L., Russell, J., Boon, E., & Touyz, S. W. (2012). A comparison of eating, exercise, shape, and weight related symptomatology in males with muscle dysmorphia and anorexia nervosa. *Body Image*, *9*(2), 193-200.

Nassar, C. M., Hodges, P., & Ollendick, T. (1992). Self-concept, eating attitudes, and dietary patterns in young adolescent girls. *School Counselor*, *39*(5), 338-343.

National Eating Disorders Association. (2012). What is body image?. Retrieved from http://www.nationaleatingdisorders.org/what-body-image.

O'Dea, J. A., & Abraham, S. (2000). Improving the body image, eating attitudes, and behaviors of young male and female adolescents: A new educational approach that focuses on self esteem. *International Journal of Eating Disorders*, *28*(1), 43-57. doi:10.1002/(SICI)1098-108X(200007)28:1<43::AID-EAT6>3.0.CO;2-D

Omizo, S. A., & Omizo, M. M. (1992). Eating disorders: The school counselor's role. *School Counselor*, *39*(3), 217.

Rhyne-Winkler, M. C., & Hubbard, G. T. (1994). Eating attitudes and behavior: A school counseling program. *School Counselor*, *41*(3), 195-198.

Ricciardelli, L. A., & McCabe, M. P. (2001). Children's body image concerns and eating disturbance: A review of the literature. *Clinical Psychology Review, 21*(3), 325-344. doi:10.1016/S0272-7358(99)00051-3

Stanford, J. N., & McCabe, M. P. (2005). Sociocultural influences on adolescent boys' body image and body change strategies. *Body Image, 2*(2), 105-113. doi:10.1016/j.bodyim.2005.03.002

Stout, E. J., & Frame, M. (2004). Body image disorder in adolescent males: Strategies for school counselors. *Professional School Counseling, 8*(2), 176-181.

Swami, V., Taylor, R., & Carvalho, C. (2011). Body dissatisfaction assessed by the Photographic Figure Rating Scale is associated with sociocultural, personality, and media influences. *Scandinavian Journal of Psychology, 52*(1), 57-63. doi:10.1111/j.1467-9450.2010.00836.x

Wolke, D., & Sapouna, M. (2008). Big men feeling small: Childhood bullying experience, muscle dysmorphia and other mental health problems in bodybuilders. *Psychology of Sport and Exercise, 9*(5), 595-604.

Yager, Z., & O'Dea, J. (2005). The role of teachers and other educators in the prevention of eating disorders and child obesity: What are the issues?. *Eating Disorders, 13*(3), 261 278. doi:10.1080/10640260590932878