

EWHNET

European Women's Health Network



**Health Promotion and
Prevention of Eating Disorders**

European Symposium

14th of June 2002, Kassel, Germany

EWHNET was a project in the fourth Medium-Term Community Action Programme on Equal Opportunities for Women and Men (1996-2001) and was financially supported by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Currently the network functions mainly by email or by organising symposia like this documented one.

Authors: Sigrid Borse, Elke Dingeldey, Nadia Georgakopoulou, Dr. Hella Gephart, Cornelia Götz-Kühne, Sylvia Groth, Kathleen Löschke, Dr. Greta Noordenbos, Dr. Susie Orbach, Dr. Elisabeth Pott, Ute Sonntag, Claudia Veith, Alexandra von Hippel,

Where to order: Ute Sonntag
Landesvereinigung für Gesundheit Niedersachsen e.V.
Fenskeweg 2
30165 Hannover, Germany
phone: 0049 511 350 00 52;
fax: 0049 511 350 55 95
E-mail: lv-gesundheit.nds@t-online.de

Copyright: No portion of the contents may be reproduced in any form without written permission of the contributors of this issue. All rights reserved.

The symposium and the documentation have been funded by the Bundeszentrale für gesundheitliche Aufklärung (BZgA - Federal Centre for Health Education) in Germany.

Contents

1. Foreword <i>Dr. Elisabeth Pott</i>	4
2. Introduction <i>Ute Sonntag</i>	5
<i>Theory and Policy</i>	
3. From Screening to Empowerment: Strategies for the Prevention of Eating Disorders <i>Dr. Greta Noordenbos</i>	8
4. Adolescent Eating Disorders in Europe - a Survey on the Need for Prevention <i>Cornelia Götz-Kühne, Elke Dingeldey, Alexandra von Hippel, Claudia Veith</i>	21
5. Social Policy and Eating Problems: What Would a Real Programme of Prevention Look Like <i>Dr. Susie Orbach</i>	27
6. Standards of “beauty” as Social Parametres Determining Women’s Health Image: Relevant Aspects for Health Promotion and Prevention of Eating Disorders <i>Nadia Georgakopoulou</i>	31
<i>Models of Good Practice</i>	
7. Approaching Fat and Thin: Integrated Activities Concerning a Priority Women’s Health Concern <i>Sylvia Groth</i>	38
8. Eating Disorders: Prevention and Intervention <i>Kathleen Löschke</i>	43
9. Preventing Young Women from Beauty and Diet terror: Projects of Feminist Social Educational Work with School Aged Girls and Young Adults <i>Dr. Hella Gephart</i>	48
10. “Jugend mit Biss” – Model Project for the Primary Prevention of Eating Disorders <i>Sigrid Borse</i>	53

Foreword

The Bundeszentrale für gesundheitliche Aufklärung (BZgA - Federal Centre for Health Education), an agency in responsibility of the Federal Ministry of Health and Social Security (BMGS), develops strategies for health education and implements a large number of projects and campaigns relating to selected topics of health promotion and prevention. One key area is nutrition education and, in this context, the elaboration of concepts, media and measures on the subject of "eating disorders", paying particular attention to the target group of children and young people.

Many findings indicate that early forms of eating disorders are occurring increasingly often, especially among *children and young people*. According to the latest estimates, the number of anorexics among 14 to 19 year-old girls and young women is in the region of 1.1%. At 2.2%, the number of persons suffering from bulimia is even twice as high. 1.1% of 14 to 19 year-old girls suffer from binge eating disorder. Young men are less affected. Between 90 and 95 percent of anorexia and bulimia cases involve girls and young women.

Growing numbers of children in primary school are complaining about problems with their figure. Even 13 years-olds have already tried their first diet. An obsession with their bodies and staying slim plays an important role for young people. In a study conducted on behalf of the BZgA, for instance, 63% of the 13 to 14 year-olds interviewed said they would like to look better and 56% would like to be slimmer. 7% of the boys and 8% of the girls, who were objectively underweight, were even losing weight at the time of the survey. In these cases, the self-perception of the body impairs eating behaviour to such a degree that an eating disorder can be assumed to exist. Anorexia and bulimia are common consequences of this development.

This negative trend needs to be prevented. It is difficult to treat an eating disorder once it has become manifest. The prognosis must be assumed to be bad in such instances. Consequently, prevention is particularly important. There is a need to prevent these disorders, or at least reduce the number of new cases (primary prevention). It is equally important to detect the disorders at an early stage and motivate the affected persons to take up offers of counselling and treatment (secondary prevention). The sooner treatment begins, the greater the chances of a cure.

Information and education on eating disorders are the starting point of a comprehensive prevention strategy. In addition to the qualification of multipliers and exchanges among experts, effective public relations work is decisive for achieving success in work in the field of eating disorders. Against this backdrop, it was of particular importance to the BZgA to support the "Health Promotion and Eating Disorders" event of the European Women's Health Network (EWHNET). The conference proceedings documented here demonstrate the great significance of this topic in other countries as well, and the challenges faced by prevention and health promotion. The international discussion of the subject makes it possible to obtain a sound overview of the current status of research, and to exchange information and views on the latest findings. I assume that this is of great advantage, not only for the work of the BZgA. A global approach of this kind can benefit all the players involved - and not least the people at whom the work of the institutions, associations, individuals, etc. is aimed, namely the (potential) sufferers.

Dr. Elisabeth Pott
Director of the Federal Centre for Health Education

Introduction

Eating disorders are an increasing problem for young girls and women, and a real challenge for the (public) health system. Prevention of eating disorders requires new ways and approaches for not worsening the problem. Women's projects, NGOs and national administrations in several European countries already work on new approaches to health promotion of eating disorders. Therefore, it is of great interest to exchange information and experience.

The European Women's Health Network (EWHNET) organised the documented symposium to discuss models of good practice from different countries, to identify underlying strategies, and to take into consideration transnational transferability. The European Women's Health Network (EWHNET) is a transnational network of organisations in the field of women's and girls' health from nine countries. The network is multiprofessional and interdisciplinary. The network partners are organisations such as women's health centres, research institutions, non-governmental organisations and providers of public health services. The network addresses agencies, key individuals and organisations that influence policy and practice in the fields of health services, health care, health education, health promotion, research and prevention.

EWHNET member organisations seek to

- empower women to make personal decisions on health issues based on informed consent;
- raise the awareness and improve the response of health services to gender and social inequality;
- support women's professional and self-help organisations in the field of health;
- increase gender awareness in all areas of social policy especially in regard to health.

The network began as a project in the Medium-Term Community Action Programme on Equal Opportunities for Women and Men of the European Commission and was funded from 1997 until 2001. Starting point for the project was the lack of visibility of gender sensitive approaches in European health care systems. The aims are a greater visibility of women's needs in health aspects, collecting models of best practice, distributing them and building up new ways of transnational exchange.

The Association for Health Promotion Lower Saxony coordinates the European Women's Health Network (EWHNET). The Association for Health Promotion Lower Saxony is a charitable, independent, state-wide association for health promotion, health education and prevention of diseases.

Back to the symposium: This documentation starts with an overview on strategies to prevent eating disorders by Dr. Greta Noordenbos from the Netherlands. Prevention requires giving instruments to young people which can be used to improve their lives and to teach them better coping strategies to handle problems and conflicts. Noordenbos discussed how to use the positive aspects of education and how to prevent the dangerous aspects.

Cornelia Götz-Kühne and colleagues from Germany did a survey on the need for prevention referring to adolescent eating disorders in Europe. 4389 pupils, their teachers and their headmasters were questioned in Germany, England, Austria and Spain. The documentation is extended by this article.

The psychotherapist and activist Dr. Susie Orbach described initiatives that need to be taken in order to interrupt the reproduction of eating problems in children and young girls today. A programme of prevention requires a programme of cultural change. She defined eating problems as social phenomenon that need social solutions.

Nadia Georgakopoulou from Greece examined the standards of “beauty” as social parameters determining women’s health image. Group discussions about this topic and a review of women’s magazines have been the basis to extract relevant aspects of these standards.

After these contributions from the field of theory and policy, models of good practice have been presented. Sylvia Groth from Austria presented the integrated non-medical services of the Women’s Health Center Graz, following a multi-pronged approach with direct services for girls and women, relatives, teachers, parents, social workers etc. Initiating networking between providers of services in this field in Styria offered new perspectives in cooperation.

Kathleen Löschke from Austria described the four-pillar concept for the prevention of eating disorders in Vienna’s Women’s Health centres F.E.M. and F.E.M. Süd., which are located in hospitals.

Dr. Hella Gephart from Germany presented a project of feminist social educational work with school aged girls and young adults, organised at the University of Applied Science Cologne. In project examples she showed how to translate the term ‘Lebensweltorientierung’ – which means the orientation in life - as an important leading idea of the work with young people in concrete work.

In addition to the symposium’s contributions another article has been added about the work in schools with a life skill approach. Sigrid Borse from Germany described the model project „Teen Power“. The project involved self-orientation units for pupils, working material dealing with specific subjects for use during relevant school lessons, special counselling for parents and training measures for teachers.

Conclusion

To strengthen the self esteem of the teenagers and young adults and to impart life skills to them is a very important part of preventive work. An improvement in social competence as a declared aim of preventive work assumes that the newly acquired skills are particularly well suited to contribute to an immunisation against the risk of developing addictive behaviour in general and eating disorders in particular.

To work at the structural and political level for the prevention of eating disorders is the other quintessence of the symposium. Because there are so many traps and difficulties in preventive work, EWHNET plans for the years 2004/2005 to work on guidelines of good and gendersensitive practice in this field and to discuss them transnationally.

A very interesting approach should not remain unmentioned. The Health Ministry in Spain organised a round table against eating disorders with all the players in the field who take part in establishing the culture of thinness in the society. Unfortunately, we could not organise an article about this project. But EWHNET and the Bundesfachverband Essstörungen (BFE) give

their support to the German policy to organise a round table as a preventative instrument against eating disorders for Germany as well.

We thank the Bundeszentrale für Gesundheitliche Aufklärung (BZgA - Federal Centre for Health Education) in Germany for funding the symposium and financing the documentation.

From Screening to Empowerment: Strategies for the Prevention of Eating Disorders

Dr. Greta Noordenbos

Introduction

Anorexia and bulimia nervosa are very gender specific disorders. Nearly 95% of the patients with anorexia nervosa and 90% of the patients with bulimia nervosa are women. Eating disorders have very severe somatic, psychological and social consequences. Morbidity and mortality in eating disorders are high: eating disorders have the highest mortality rates of any psychiatric disorder (Stewart, 1998). Considering these facts, it is clear that the prevention of eating disorders is an important project for the future. Different strategies have been developed to realise primary and secondary prevention. Primary prevention is directed at the reduction of the risk-factors for eating disorders in order to prevent the development of anorexia and bulimia nervosa, and to reduce the incidence and prevalence of eating disorders. Secondary prevention tries to detect individuals with anorexia and bulimia nervosa as early as possible, and to intervene in the disease in order to prevent severe somatic, psychological and social consequences, and to enable the person to recover as soon as possible. Secondary prevention hopes to reduce the cost of treatment, which can be very high for patients with anorexia and bulimia nervosa.

In this article different strategies for the prevention of eating disorders will be described and discussed. A first strategy was to detect the most important risk factors for eating disorders, which have to be reduced in order to prevent the development of anorexia and bulimia nervosa. A second strategy was the development of screening instruments which consisted of questionnaires on risk factors for eating disorders and characteristics of anorexia and bulimia nervosa. The intention of screening was early detection of those persons at risk for eating disorders and of patients who have not (yet) sought health care. This strategy, however, was not very successful. The third strategy which was developed to prevent anorexia and bulimia nervosa, consisted of educative and informative programs, which inform teachers and students about the risk-factors for eating disorders and the characteristics and consequences of anorexia and bulimia nervosa. This strategy seems to be more successful, but only for a short period. Finally I describe the strategy of health promotion which is directed at positive aspects in developing a healthy life style, instead of warning against risks and negative consequences. The usefulness of prevention and the means to accomplish it are still important questions of research, as is the efficacy of these programmes.

Risk Factors for Eating Disorders

To realise prevention, the detection of risk factors for eating disorders is very important. The most important risk factors can be categorised in cultural, social, psychological and biological risk factors.

Cultural factors

Cultural factors concerning the female body play an important role in the way in which women evaluate their bodies. An important risk factor is the ideal of slenderness in highly industrialized societies, in which plenty of food is available. Numerous authors have stressed the discrepancy between the real body of women and the ideal slender body, which produces feelings of dissatisfaction about their bodies (Stice, 1994). According to the Body Shop, there are only 8 female top-models in the world, while millions of women do not have an 'ideal' figure. However, diets suggest that if women really want to, they can become slim. The pressure of existing standards regarding the image of the ideal female body can produce serious dissatisfaction in women about their body. Models and diets play an important role in spreading an unrealistic body image. Even by the age of six, children already tend to associate negative personality characteristics with obesity (Lerner & Jovanovic, 1990) and many girls

under 12 years old worry about being too fat and either show high restraint scores, or have elevated scores on the Children's Eating Attitudes Test (CHEAT) (Maloney, Mc Guire, Daniels, & Specker, 1989). In a study by Mellin, Irwin, and Scully (1992) 55% of the 10 year-old girls and 65% of the 11 year-old girls worried that they were too fat. A study by Acda (1995) confirmed the expectation that girls show more interest than boys in models in magazines. Moreover, they appeared to be more involved in eating behaviour that could eventually become disturbed. In particular, they were found to be more preoccupied with food, more frequently reported feeling fat and tended to feel less satisfied with their food habits. Women and girls try to achieve a slender body through dieting, excessive exercise or even cosmetic surgery, but often have to realise that the promised self-confidence and success do not come along with it. Diets are very popular among 'normal' adolescents (Moses, Banilivy, & Ligshitz, 1989).

Extreme dieting as risk factor

However, not all women who diet develop an eating disorder. In a research of Noordenbos (1988) there were important differences between women who just diet and those who had developed an eating disorder (ED). Women who had developed a ED had a much lower self-esteem, a more negative body image, were less able to express emotions and had been dieting in a more extreme way. Moreover they had higher psychosocial expectations of the results of dieting, such as becoming successful, getting friends, getting more self-esteem etc. (Noordenbos, 1988). But also in slimming behaviour we found significant differences between anorectic women and those who were just dieting to lose some kilos (control group). Anorectic women weighted less before starting to diet, but wanted to lose more weight, and aimed less often at a specific target weight. Even when they became very slim they felt too fat. They never felt their dieting was sufficient. These differences in dieting are important risk factors for developing anorexia or bulimia nervosa. However, as these results were found in a retrospective study, prospective research is necessary to find out which risk factors predict the development of subclinical and clinical forms of ED.

Dieting and eating disorders can be seen as a continuum. Dieting can be done in a healthy way but some women follow extreme diets. Extreme forms of dieting are for instance: skipping breakfast, eating few calories, extreme exercising, use of laxatives or vomiting after meals. These can be regarded as subclinical forms of eating disorders and are considered important risk factors for the development of anorexia or bulimia nervosa (Noordenbos, 1988).

Psychological factors

Not only cultural factors such as the slimming culture and the promotion of diets form risk-factors, but psychological factors as well. Research among women suffering from eating disorders indicated that anorexia and bulimia nervosa are related to various psychological factors, in particular: low self-esteem, negative body-esteem, and lack of coping strategies. Low self-esteem has been considered important in the development of eating disorders, in particular because low self-esteem makes women more vulnerable to external social pressure (Striegel-Moore, Mc Avay, Rodin, 1988). In Klingenspor's study (1994), bulimic women appeared to under-identify themselves with masculine attributes which led to low self-esteem. However, Irving (1990), Grubb, Sellers and Waligroski (1993) and Acda (1995) did not find any significant association between deviant eating behaviour or eating disorders and self-esteem. Several explanations for these contradictory findings are possible. Differences might be the result of divergence in research methods and samples, or variations in the

operationalisation of the concept self-esteem. A distinction has to be made between general and specific forms of self-esteem. Women with eating disorders can be confident about their school and career, but might have a lot of negative ideas about their bodies and social behaviour. Self-esteem is negatively influenced by pictures of slim models (Waller et al, 1992), especially in those women who already had a low self-esteem and those with an eating disorder. By dieting they try to enhance their self-esteem.

Studies of risk factors of eating disorders among pre-adult age groups indicated that negative body image, a high body ideal, and a strong drive for thinness are predictors of disordered eating (Striegel-Moore, Schreiber & Wilfley, 1995). In a study of 'normal' adolescents between the ages of 12 and 16 body dissatisfaction was consistently significant and was the most powerful predictor of deviant eating attitudes (Acda, 1995). Adolescents who reported more dissatisfaction with their bodies were more preoccupied with food, exerted more calorie control and were less satisfied with their food habits. These findings point to the important role of body dissatisfaction in eating attitudes and probably in the onset of eating disorders. Moreover, dislike of the body was essentially unrelated to physical variables such as body mass index and body weight. This study provides evidence that dislike of the body in particular may be an important precursor of eating disorders.

Deficient coping skills are also risk factors for eating disorders. Women with more effective coping mechanisms presumably deal with their negative affects in a more adaptive fashion, e.g. by seeking social support (Stice, 1994). Yager et. al. (1995) demonstrated when comparing women who had recovered from bulimia and controls, that bulimic women were less likely to use active coping, planning, and seeking emotional support, and were more likely than the controls to use behavioral disengagement. Similarly, Troop et. al. (1994) found that bulimics sought less social support than did the controls. The bulimics appeared to use more wishful thinking, showed lower problem-focused coping and, like the women suffering from anorexia nervosa, used more avoidance than did controls. Neckowitz and Morrison (1991) compared bulimics with a group of women who exercised frequently, and reported more escape-avoidance coping in intimate and non-intimate stressful situations for the bulimics.

Biological factors

Finally some biological risk factors can be mentioned, such as affective disorders, depression, alcohol or drug abuse in the family of eating disorder patients are mentioned. This might be an effect of genetic factors, but we have to realise that having parents with these characteristics is a risky condition for young people to develop any problems. Another biological risk factor is obesity in the family which might be a consequence of genetic or social and behavioural factors. Girls who are overweight or obese, often have early menses. Both can have a negative body image as a consequence, which is a risk factor for extreme dieting and eating disorders (Mertens & Vandereycken, 1998).

Special risk groups

Although cultural, social, psychological and biological risk factors are important in the development of eating disorders, only few women develop anorexia and bulimia nervosa. Eating disorders are mostly found in young women. Estimates of the average age of onset of anorexia nervosa range from 18.3 to 19.2 years and for bulimia nervosa from 16.5 to 20.9 years (Stice, 1994). However the last years the onset of eating disorders is some years earlier.

Special risk groups are ballet dancers and top sporters. Garner et al. (1980) showed that ballet dancers have a higher risk of developing eating disorders, because of the pressure to have a low weight. According to Piran (1999), female ballet dancers in top groups weight only 75-80% of the normal weight. Ballet dancers always learn to control their weight and learn to neglect feelings of hunger, pain and tiredness. Their body image is often disturbed and many of them have amenorrhoea (Fogelholm et al. (1996). Nearly 7% of the female ballet dancers fall within the criteria of an eating disorder. The competition in ballet groups is very high and the higher the competition, the more female ballet dancers have an eating disorder.

Female top athletes also show many characteristics of eating disorders while some have a subclinical form of anorexia and bulimia nervosa. (Sundgott-Borgen & Bahr, 1998). The highest percentages of eating disorders are found in aesthetic sports, like figure skating and gymnastics. Also sports, in which weight is important, like wrestling and bodybuilding are risk factors. The relationship between eating disorders and top sport led to the name 'Anorectica athletica' (Thomson & Sherman, 1993).

In case of ballet academies or top sport, health goals for weight and food are necessary. Athletes have to learn that they cannot model their body, because of genetic and biological factors. They have to learn that psychological factors as self-esteem are more important for good exercising than weight (Thomson & Sherman, 1993). Better information about food intake and energy is necessary.

The Strategy of Screening and Detection

The goal of screening is the early detection of people who are at risk of developing eating disorders, or who have already developed anorexia or bulimia nervosa (Schoemaker, 1995). Screening activities are initiated by (school) doctors or prevention workers (Sackett & Hollander, 1975). The rationale of the screening or detection approach is that people who will develop an eating disorder have to be 'detected' as early as possible, to prevent them from developing an eating disorder, or to prevent them from developing the various severe physical, psychological and sociological consequences of anorexia or bulimia nervosa. The central goal of screening is to make sure that the positively screened cases receive treatment earlier than they would without screening' (Schoemaker, 1995, p. 39).

Several screening instruments were developed to find out whether a person risks developing an eating disorder, or already has its first characteristics. Most studies used a two-stage screening procedure. In the first stage, a large group was asked to fill in a questionnaire, such as the Eating Attitude Test (EAT) or the Eating Disorder Inventory (EDI), in order to measure risk factors for eating disorders and some characteristics of anorexia and bulimia nervosa. In the second stage, only the group with high scores on the screening instrument was interviewed. The following studies used this two-stage screening procedure. Meadows et. al. (1986) conducted a screening study on a sample of women between the ages of 18 and 22. Johnson-Sabine et. al. (1988) sent a survey to 1010 randomly selected school girls between 12 and 18. King (1989) asked 748 women and men of different ages who consulted a general practitioner to fill in the EAT-26. Rathner and Messner (1993) did a study in Tyrol in which 517 of the 1066 German-speaking women aged between 11 and 20 were screened.

Evaluation of these studies, however, showed that the screening strategy is not very effective, due to several problems. Although an important part of the population can be reached by the

screening program, there was no suitable screening instrument which could predict the development of anorexia and bulimia nervosa. Prospective studies show that eating disorder predictors account for only 2% of the variance in disordered eating, hence they are of marginal theoretical and practical interest (Attie & Brooks-Gunn, 1989). Moreover, screening did not guarantee earlier treatment (Schoemaker, 1995). All four studies were faced with the problem that women who were dieting extremely and at risk of developing an eating disorder found the research threatening and consequently refused to fill in the screening instrument, or were dishonest in their answers. Those who had high scores on the screening instrument were often not motivated to participate in the research and were not looking for help. Most people with high scores refused to be interviewed, and avoided further contact. Some individuals who had characteristics of anorexia and bulimia nervosa dropped out because they were not motivated to modify their behaviour. Those who were motivated for treatment, were already in therapy. For them the goal of preventing the development of anorexia and bulimia nervosa by early intervention was not reached (Schoemaker, 1995, p. 40). In all four studies, the effect of the screening and detection approach was quite low. The effect of screening procedures was negatively influenced by non-attendance, denial of illness, lack of motivation for treatment, and non-compliance with treatment. The conclusion must therefore be drawn that there is insufficient reason to implement the two-stage screening programs developed thus far on a large nationwide scale' (Schoemaker, 1995, p. 44).

The Informative and Educative Strategy of Prevention

The informative and educative approach tries to realise primary prevention of individuals at risk, and secondary prevention by early detection of those who already have (partial) characteristics of anorexia or bulimia nervosa. This approach consists of programs which inform teachers and students about the risk factors for eating disorders, such as dieting, negative attitudes toward fat, weight, cultural factors, media images, low self-esteem, negative body image, characteristics of anorexia and bulimia nervosa and the severe physical, psychological and social consequences of eating disorders. Moreover, guidelines on how to deal with students who have an eating disorder are supplied to teachers and students, together with information on how to find help. The assumption is that information about eating disorders acts as a warning to those who might diet severely, and risk developing an eating disorder. The goal of providing information about treatment is to motivate those who already have an eating disorder to seek help.

In different countries, informative and educative prevention programs for eating disorders have been developed. Some of the most important programs will be described below. In the USA, Levine worked with Hill to develop a curriculum for the prevention of eating disorders: 'A 5 Day Lesson Plan on Eating Disorders' (1991), for Grades 7 to 12. They also developed a video about the prevention of eating disorders, a Disney Production, called *Skin Deep*. In Norway, Børresen-Gresko and Karlsen (1993, 1994) developed a prevention program and a video. Their goal was to teach pupils to take a critical look at standards, ideals and norms regarding the female body. Teachers and students were given guidelines for dealing with students who have eating disorders, which also contained information about finding professional help. This programme provides a special route for those students who already have developed (some) characteristics of eating disorders, consisting of 8 meetings in which they can discuss their problems in small groups, with guidance from a specialist in eating disorders. This Norwegian programme has been translated and adapted for Dutch schools by Noordenbos and Sieders (1996).

In the United Kingdom, a Primary Prevention Package for Schools was developed by Stewart (1998). Stewart's programme teaches pupils how to challenge negative thinking by using cognitive-restructuring techniques and substituting more adaptive thoughts. The overall aim of this programme is to prevent the development of eating disorders by reducing the prevalence of dietary restraint and the level of concern about shape and weight. The programme increases knowledge about dieting, eating disorders, and related issues and tries to change attitudes and behaviour toward fat and dieting. It also focuses on encouraging the development of skills and changes in behaviour by using active techniques, such as small group exercises, role play, discussion and homework activities. Sharing information is encouraged. Pupils discuss the links between self-esteem and excessive concern about weight and shape, and the development of extreme dieting behaviour. Stewart attempts to create a culture in schools which counteracts the pressure to start dieting. Teachers are taught how to identify pupils with eating disorders earlier, how to approach and help and advise those pupils. At the end of the session, a summary covering the main points of the session was handed out. Information about prevention was sent to parents, together with a leaflet on eating disorders (Stewart, 1998).

Evaluation of informative programmes

Most programmes showed relevant results regarding change of knowledge about the characteristics and consequences of eating disorders and the adverse effects of dieting, and the training of skills for resisting social pressures to diet, (Börreson-Gresko & Rosenvinge, 1998; Carter et al., 1997). However, knowledge alone is not enough to change attitudes and behaviour (Börreson-Gresko & Rosenvinge, 1998). Evaluation shows that the change of attitudes is not long lasting, and changing behaviour is even more difficult. Some of the earlier programmes directed at the prevention of eating disorders have been shown to affect neither eating behaviour, nor the incidence of eating disorders (Paxton, 1993). The results concerning the change in the target behaviour were disappointing (Shisslak et al., 1996; Carter et al., 1997).

Stewart's program (1998) consisting of eight weekly sessions of 45 minutes for girls aged 13-14, aimed at reducing dietary restraint and cognition, attitudes and behaviour regarding dieting, seemed to be successful in the period directly after the sessions. Unlike previous prevention studies, there was not only an increase in knowledge after the intervention, but also a decrease in target behaviour and attitudes. This programme had its clearest effects on the children's knowledge: there was change in 6 of the 10 variables concerning their knowledge about dieting, body fat and beliefs about fat people. But after 6 months the effect seemed to have disappeared. Their shape concern was not significantly different from the initial score, and there was even an increase in dietary restraint compared with the baseline. After 6 months, the girls were more concerned about dieting than before taking part in the programme (Carter et al., 1997). The researchers suggest that the intervention had been counterproductive since it led to an increase in dietary restraint.

These conclusions, however are prematurely, because of many shortcomings in the research. In the first place no control group was used. In the second place the causes of the increased dieting and teasing with weight have not been clear. Were these caused by the prevention programme, or by other factors such as special articles in the magazine or television programmes, or was the increased dieting a consequence of their growth in these period, which is normal for girls in the age of 13/14 years. Many questions are left open and more research is necessary about the effects of informative prevention programmes.

The participatory approach

In Canada, Piran (1998) developed a participatory approach in a school for dancers, with the goal of changing the cognition, attitudes and behaviour of (female) students. This participatory approach involved discussing all kinds of problems with the students, who got involved in changing the culture of their school. The goal was to get more empowerment over their bodies. Personal transformations of all participants through dialogue, self inquiry and reflection was an important goal of this approach. Students were encouraged to identify, explore and develop strategies for changing those aspects of the school environment which adversely affected their experiences of their bodies. Teachers were also involved in discussions about prejudices concerning body and weight, and their behaviour toward their students. All students at the school participated in small gender cohesive groups of 6-15 members, convening 2 to 6 times annually throughout their studies. Group meetings lasted between 1 and 2 hours and were facilitated by Piran herself. This participatory programme in a school for dancers was not only directed at changing the cognitions, but also the attitudes and behaviour of students.

Evaluation of this approach which lasted for more than 10 years showed that experiences of alienation from the body became quite uncommon. The students seemed to take greater ownership of their bodies and were more aware of their feelings and reactions to different experiences at school. Surveys revealed significant reductions of body dissatisfaction and the drive for thinness, together with a reduction in dieting and purging. The study of Piran (1998) clearly shows that prevention does not work if it consists of simply warning against dieting, but must also promote healthy behaviour and attitudes. Her prevention strategy, however takes many years and needs the involvement of all teachers, students and the school managers.

Improvement of self esteem and assertivity

Only few programmes, such as the one of Yellowlees (1997), are aimed at the improvement of self-esteem. Another example is 'Groups for Girls' in which girls discuss in small groups which messages produce negative feelings and low self-esteem. They learn to analyse their negative thoughts and feelings and to change them into positive ones. Girls who participated in these programmes became more assertive (Friedman, 1999). A negative aspect of these programmes was that their parents had difficulties accepting their daughters became more assertive. It is therefore important to have parents participate in the prevention programme. Also, because especially children of overweight parents or of parents who often diet are more at risk for the development of an eating disorder (Attie & Brooks-Gunn, 1995; Levine et al, 1994). One of the few programmes involving parents in their school-based prevention programme is 'Eating Smart, Eating for me' developed by Smolak et al. (1998). Parents are informed with a newsletter and pupils get homework activities, which should be done together with their parents.

Media Literacy programmes

To prevent the influence of the slimming culture by the media it is important that girls learn to critically evaluate these messages from the media. The role of the television has become very important as children watch television many hours each day. The hypothesis is that prevention programmes will be more effective if children learn to change their attitudes concerning slimming and models at a young age.

Therefore Levine et.al. (1999) developed media literacy programmes, in which children are taught to critically analyse messages concerning slimming. They learn that many visual

techniques are used to 'construct' models. Computers are used to produce shadows, or to lighten other parts of the body. Some video programmes are very useful such as the films of Jean Kilbourne called: 'Slim hopes: Advertising and the Obsession with thinness' and 'Still Killing Us Softly'. The videos criticise the image of women as young, slim, beautiful, white, childish and sexy.

In the media literacy programmes the following questions are asked: Do real women look like these advertisements? Will buying these products make women become like these advertisements? Does slimness guarantee that you'll be successful? Research of Levine et al. (1999) showed a significant reduction of idealisation of the slimming culture and less fear about weight. In the USA different media literary programmes are evaluated as positive (Steiner-Adair & Purcell Vorenberg, 1999) but it is not yet clear whether these programmes protect against the development of eating disorders.

Health Promotion and Empowerment

The detection of risk factors, the screening strategy and the informative and educative strategy are all based on the disease-model for prevention. A disease model starts from a study of illness and works back to a time when the individual was healthy, in the hope of identifying some causal factor which may be open to manipulation. 'It aims to build up a model of the range of factors which either independently, or more likely by some kind of complex interplay, increase the probability that a person experience a particular disorder' (Newton, 1988, p. 36).

The health-promotion strategy aims at helping people to remain as free of symptoms of any kind of illness as long as possible. This strategy avoids to put the emphasis on people who are at (high) risk. Its rationale is derived from the recognition of the ubiquity of ill-health. The starting point is that a surprisingly large proportion of the population remains well for much of the time, despite the presence of many of the antecedent factors for specific illnesses. Given the range of risk factors, the surprising thing is that anyone remains healthy (Newton, 1988).

The health promotion strategy is based upon the definition of health promotion of the World Health Organisation (1986): 'The process of enabling people to increase control over, and to improve, their health'. One of the most central principles in this approach is the focus on the positive aspects of health, and not only on illness and disorders. One should pursue healthy goals to enable people to take charge of their own health.

The challenges of prevention demand a more holistic perspective which includes health promotion not only in a few lessons but in the culture of the school (Austin, 2000). It is preferable to promote general, positive values, thus avoiding negative effects of symptom information and circumventing problems associated with defining early pathological signs of eating disorders. The foundation of good health is laid during childhood and adolescence, therefore schools offer a natural locus for the provision of crosscutting educational interventions. Schools should play a significant role in health promotion and preventive health work. In this model teachers function not only as instructors but also as counsellors and role models for children. They must also work with parents, other professional, and authorities, which together form essential elements of the school's broad educational environment. A major task of the school is to provide a nurturing ambience for growth and learning (The Royal Ministry of Church, Education and Research, 1996). A supportive social environment may be the most important factor in changing behaviours that contribute to many of today's main health problems.

Green and Krueter (1991) define health promotion as the combination of educational and environmental supports for actions and conditions of living conducive to health. This supports the idea that the educational challenge goes much further than providing knowledge. The environment in which learning takes place has to be taken into account when planning health education. The whole institutional context can become a health promoting environment.

Providing a supportive environment for girls may be a particular challenge. It is a common experience for teachers to see boys dominate in the classroom and set the general tone, thereby getting the most attention from the teacher. Studies have also shown that girls experience a conflict between academic achievement and a wish to be popular with boys, a conflict which many girls resolve by becoming underachievers (Striegel-Moore, 1992). Young women may feel forced to choose between success at school or work, and success in relationships. This poses a dilemma, since each choice means denying many of their physical and interpersonal needs (Shisslak et al., 1996). The consequence may be the production of basic feelings of helplessness, making girls unable to cope with problems in their lives. Such feelings may easily become a starting point for symptom development as a way of regaining control or autonomy. From an educational point of view this is perhaps one of the greatest challenges: to enable girls to be autonomous and to promote empowerment. This should be the central goal of education (Weare, 1992). Empowerment is a key-term in education as well as in health promotion: '...help pupils to take command of their own lives, to set their own boundaries, to realise their potential, appreciate their uniqueness and worth and to encourage their acknowledgement and expressions of their feelings' (The Royal Ministry of Church, Education and Research, 1996, p. 50).

To realise the prevention of eating disorders in the near future, we have set up goals which take both general and specific aspects into consideration. Referring to the most important risk factors for eating disorders the following goals for prevention of eating disorders are important:

1. The development of a broader emotional register and a better contact with ones own feelings;
2. The promotion of alternative and more functional coping strategies than eating disorders;
3. The strengthening of self-esteem and self-respect;
4. The promotion of autonomy and functional relations within the family;
5. The promotion of the ability to recognise and assert ones own needs;
6. The promotion of realistic goals towards oneself;
7. The promotion of positive body-experiences;
8. The connection of self-esteem to factors other than body-shape, weight and appearance;
9. The strengthening of a critical attitude to our culture and ideals;
10. The promotion of healthy eating and activity habits;
11. The promotion of knowledge about biological and psychological development in youth.

In a health-promotion programme, all students will benefit from focusing on these themes. This focus may eliminate objectionable factors such as the adverse effects of social learning of symptoms, and talking about eating disorders, both of which may increase the attention and acceptance of symptoms in a way that increases the incidence rate.

The new Norwegian prevention material, 'About Culture, Body and Communication' is developed along the lines of a more general health-promotion approach which integrates the points mentioned above. It includes issues like self-esteem, self-assertion, positive and negative coping strategies and stress management, puberty and what it means to grow up, and the developmental stressors of adolescents. The cultural obsession with slenderness is, of course,

also emphasised, because it is important to address not only behavioural change on an individual level, but also change the environment in order to support behavioural change as well (Noordenbos, Acda & Borreson-Gresko, 1999).

However, providing such encouragement does not guarantee protection from stress, conflicts or other negative experiences; they are a necessary part of life. Therefore it seems realistic to develop two-step prevention programmes in which the primary prevention programme is directed at the promotion of health, healthy food, exercising, healthy self-esteem, and development of a critical attitude against the slimming culture (primary prevention). The whole school culture has to be involved (Austin, 2000). But since some pupils may develop symptoms of anorexia and bulimia, binge eating disorder or obesity, it is also important to implement secondary prevention programmes in schools. These programmes should enable teachers, students and school doctors to detect signs of ED and train them to intervene in an early stage. For students with signs of ED it is beneficial to participate in small self-help groups in which they can discuss their problems with other students. These groups should be guided by trained personal. Students needing more help should be referred. Future research will show whether this health promotion programme is effective in primary and secondary prevention of eating disorders.

References:

- Acda, A.S. (1995). Eating attitudes and their psychological correlates among normal adolescents. Thesis.
- Attie, I., & Brooks-Gunn, J. (1989). Development of eating problems in adolescent girls: A longitudinal study. *Developmental Psychology*, 25, 70-79.
- Attie, I., & Brooks-Gunn, J. (1995). The development of eating problems in adolescent girls: A longitudinal study. *Developmental Psychology*, 25, 70-79.
- Austin, S.B. (2000). Prevention research in eating disorders: Theory and new directions. *Psychological Medicine*, 30, 1249-1262.
- Börresen-Gresko, R. & Karlsen, A. (1993). Ungdom Og Spiseforstyrrelser. Program for the Prevention of Eating Disorders. Norwegian Ministry of Health and Social Affairs, Norway.
- Börresen-Gresko, R. & Karlsen, A. (1994). The Norwegian Program for the Primary, Secondary and Tertiary Prevention of Eating Disorders. *Eating Disorders. The Journal of Treatment & Prevention*. 2, 57-63.
- Börresen-Gresko, R. & Rosenvinge, J.H. (1998). 'The Norwegian school-based prevention model-development and evaluation'. In: W. Vandereycken & G. Noordenbos (Eds.). *The Prevention of eating Disorders*. pp. 75-98. London, Athlone Press & New York, University Press.
- Carter, J., Stewart, D., Dunn, V. & Fairburn, C. (1997). Primary Prevention of Eating Disorders: Might it Do More Harm than Good? *International Journal of Eating Disorders*, 22, 167-172.
- Fogelholm, M., Van Marken Lichtenbelt, W., Ottenheijm, R., & Westerterp, K. (1996). Amenorrhea in ballet dancers in the Netherlands. *Medicine and Science in Sports and Exercise*, 28, 545-550.
- Friedman, S.S. (1999). Discussion groups for girls: Decoding the language of fat. In N. Piran, M.P. Levine & C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 122-133). London: Brunner/Mazel.
- Garner, D., Garfinkel, P.E., Schwartz, D., & Thompson, M. (1980). Cultural expectations of thinness in women. *Psychological Report*, 47, 483-491.
- Green, L.W. & Krueter, M.W. (1991). *Health Promotion Planning: An educational and*

- environmental approach, Mayfield Publisher Compagny, Mayfield.
- Grubb, H.J., Sellers, M.I., & Waligroski, K. (1993). Factors related to depression and eating disorders: Self-esteem, body image, and attractiveness. *Psychological Reports*, 72, 1003-1010.
- Irving, L.M. (1990). Mirror images: Effects of the standard of beauty on the self- and body-esteem of women exhibiting varying levels of bulimic symptoms. *Journal of Social and Clinical Psychology*, 9, 230-242.
- Johnson-Sabine, E., Wood, K., Patton, G., Mann, A. & Wakeling, A. (1988). Abnormal eating attitudes in London schoolgirls - a prospective epidemiological study: Factors associated with abnormal response on screening questionnaires'. *Psychological Medicine*, 18, 615-622.
- King, M.B. (1989). Eating Disorders in a general practice population. Prevalence, characteristics, and follow-up at 12 to 18 months. *Psychological Medicine (Monograph supplement 14)*.
- Klingenspor, B. (1994). Gender identity and bulimic eating behaviour. *Sex Roles*, 31, 407-431.
- Lerner, M. P. & Jovanovic, J. (1990). The role of body image in psychosocial development across the life span: A developmental contextual perspective. In: T. Cash & T. Pruzinsky (Eds.) *Body images: Development, deviance, and change*, New York: Guilford, 110-127.
- Levine, M. and Hill, L. (1991). A 5 Day Lesson Plan on Eating Disorders. Grades 7 to 12. Published by the National Anorexic Aid Society of Harding Hospital.
- Levine, M.P., Smolak, L., Moodey, A.G. Schuman, M.D., & Hessen, L.D. (1994). Normative development challenges and dieting and eating disorders in middle school girls. *International Journal of Eating Disorders*, 15, 11-20.
- Levine, M.P., & Smolak, L. (1998). The mass media and disordered eating: Implications for primary prevention. In W. Vandereycken & G. Noordenbos (red.), *The prevention of eating disorders* (pp. 23-56). London: Athlone Press.
- Levine, M.P., Piran, N., & Stoddard, C. (1999). Mission more probable: Media literacy, activism and advocacy as primary prevention. In N. Piran, M.P. Levine & C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 1-25). London: Brunner/Mazel.
- Maloney, M.J., Mc Guire, J., Daniels, S.R. & Specker, B. (1989). Dieting behaviour and eating attitudes in children. *Pediatrics*, 84, 482-489.
- Meadows, G.N., Palmer, R.L., Newball, E.U.M. & Kenrick, J.M.Y. (1986). Eating attitudes and disorders in young women: A general practice base survey. *Psychological Medicine*, 16, 351-357.
- Mellin, L., Irwin, C. & Scully, S. (1992). Disordered eating characteristics in girls: A Survey of middle class children. *Journal of the American Dietetic Association*, 92, 851-853.
- Mertens, M. & Vandereycken, W. (1998) History of prepubertal overweight in adolescent girls with a pronounced body dissatisfaction. *Eating Disorders: The Journal of Treatment and Prevention*. 6, 225-229.
- Moses, N., Banilivy, M.M., & Ligshitz, F. (1989). Fear of obesity among adolescent girls. *Pediatrics*, 83, 393-398.
- Nasser, M. (1997). *Culture and weight consciousness*. London: Routledge.
- Nasser, M., & Katzman, M. (1999). Eating disorders: Transcultural perspectives inform prevention. In N. Piran, M.P. Levine & C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 26-43). London: Brunner/Mazel.
- Neckowitz, P., & Morrison, T.L. (1991). Interfactual coping strategies of normal-weight bulimic women in intimate and nonintimate stressful situations. *Psychological Reports*, 69, 1167-1175.

- Newton, J. (1988). Preventing mental illness. London, Routledge & Kegan Paul Ltd.
- Noordenbos, G. (1988). Onbegrensd lijnen. Een onderzoek naar culturele en seksspecifieke factoren in de ontwikkeling van anorexia nervosa. Leiden: DSWO Press.
- Noordenbos, G. (1994). Problems and possibilities of the prevention of Eating Disorders. *European Eating Disorders Review*, 2, 126-142.
- Noordenbos, G. & Sieders, R. (1996) Jeugd en Eetstoornissen. Youth and Eating Disorders. Arnhem, Dutch Foundation for Anorexia and Bulimia Nervosa.
- Noordenbos, G. , Acda, S. & Borreson-Gresko, R (1999) Strategies for the prevention of anorexia and bulimia nervosa. In: A.Kolk, M. Bekker, K. van Vliet (eds.) *Advances in Women and Health Research . Toward gender –sensitive strategies*. Tilburg, University Press, 1999.
- Noordenbos, G. (2002) Preventie. In : W. Vandereycken and G. Noordenbos (eds). *Handboek Eetstoornissen De Tijdstroom*, Utrecht.
- Paxton, S.J. (1993). A prevention program for disturbed eating and body dissatisfaction in adolescent girls: A one-year follow-up. *Health Education Research*, 8, 43-51.
- Piran, N. (1998). A Participatory Approach to the Prevention of Eating Disorders in a school, 173-186. In: W. Vandereycken & G. Noordenbos (Eds.) *The Prevention of eating Disorders*. Athlone Press, London, University Press, New York.
- Piran, N. (1999). On the move from tertiary to secondary and primary prevention: Working with an elite dance school. In N. Piran, M.P. Levine & C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 256-296). London: Brunner/Mazel.
- Piran,N., Levine, M.P., & Steiner-Adair, C. (red.)(1999). *Preventing eating disorders. A handbook of interventions and special challenges*. London: Brunner/Mazel.
- Piran, N. (1999). The reduction of preoccupation with body weight and shape in schools: A feminist approach. In N. Piran, M.P. Levine en C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 148-159). London: Brunner/Mazel.
- Rathner, G. and Messner, K. (1993). Detection of Eating Disorders in a small rural town: An epidemiological study. *Psychological Medicine*, 23, 175-184.
- Royal Ministry of Church, Education and Research (1996). *The Core Curriculum for Primary, Secondary and Adult Education in Norway*.
- Rosenvinge J.H (1996). Treatment of anorexia nervosa. *Norwegian Journal of Psychology*, 33, 309-15.
- Rosenvinge, J.H., & Børresen, R. (1999). Preventing eating disorders: Time to change programmes or paradigms? Current update and further recommendations. *European Eating Disorders Review*, 7, 5-16.
- Sackett, D.L. & Hollander, W.W. (1975). Controversy in the detection of disease. *Lancet*, i, 357-359.
- Schoemaker, C. (1995). *Screening for Eating Disorders. The Principles and Some Data*. Nijmegen, Thesis, Quick Print.
- Schoemaker, C. (1998). The principles of screening for eating disorders. In W. Vandereycken & G. Noordenbos (red.), *The prevention of eating disorders* (pp. 187-213). London: Athlone Press.
- Shisslak, C.K., Crago, M., Estes, L.S., & Gray, N. (1996). Content and method of developmentally appropriate prevention programs. In L. Smolak, M.P. Levine & R. Striegel Moore (red.), *The developmental psychopathology of eating disorders: Implications for research, prevention, and treatment* (pp. 341-363). New York: Lawrence Erlbaum.

- Smolak, L., Levine, M.P., & Schermer, F. (1998). Lessons from lessons: An evaluation of an elementary school prevention program. In W. Vandereycken & G. Noordenbos (red.), *The prevention of eating disorders* (pp. 137-172). London: Athlone Press.
- Smolak, L. (1999). Elementary school curricula for the primary prevention of eating disorders. In N. Piran, M.P. Levine en C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 88-104). London: Brunner/Mazel.
- Steiner-Adair, C. & Purcell Vorenberg, A. (1999). Resisting weightism: Media literary for elementary-school children. In N. Piran, M.P. Levine en C. Steiner-Adair (red.), *Preventing eating disorders. A handbook of interventions and special challenges* (pp. 105-121). London: Brunner/Mazel.
- Stewart, D.A. (1998). Experience with a school-based Eating Disorder Prevention Program. In: W. Vandereycken & G. Noordenbos (Eds.) *The Prevention of eating Disorders*, pp. 99-136. London, Athlone Press & New York, University Press.
- Stice, E. (1994). Review of the evidence for a sociocultural model of bulimia nervosa and an exploration of the mechanisms of action. *Clinical Psychology*, 14, 633-661.
- Striegel-Moore, R. H. (1992). Prevention of bulimia nervosa. In: J.H. Crowther, D.L. Tennenbaum, S.E. Hobfoll & M.A. P. Stevens (eds) *The Etiology of Bulimia Nervosa*. Hemisphere Publishing Corporation, Washington.
- Striegel-Moore, R.H., Mc Avay, G., & Rodin, J. (1988). Psychological and behavioural correlates of feeling fat in women. *International Journal of Eating Disorders*, 5, 935-947.
- Striegel-Moore, R.H., Schreiber, G.B.P., & Wilfley, D.E. (1995). Drive for thinness in Black and White pre-adolescent girls'. *International Journal of Eating Disorders*, 18, 59-69.
- Sundgott-Borgen, J., & Bahr, R. (1998). Eating disorders in athletes. In M. Harries e.a. (red.), *Oxford textbook of sports medicine* (pp. 138-152). Oxford: Oxford University Press.
- Thompson, R.A., & Sherman, R.T. (1993). *Helping athletes with eating disorders*. Champaign (IL): Human Kinetics.
- Thompson, R.A. (1998). The last word: Wrestling with death. *Eating Disorders: The Journal of Treatment and Prevention*, 6, 207-210.
- Troop, N.A., Holbrey, A., Trowler, R., & Treasure, J.L. (1994). Ways of coping in women with eating disorders. *Journal of Nervous and Mental Disease*, 182, 535-540.
- Waller, G., Hamilton, K., & Shaw, J. (1992). Media influences on body size estimation in eating disordered and comparison subjects. *British Review of Bulimia and Anorexia Nervosa*, 6, 81-87.
- Weare, K. (1992). The contribution of education to health promotion. In: R. Bunton & G. Mac Donald (Eds), *Health Promotion. Disciplines and Diversity*. pp. 66-85. London, Routledge.
- World Health Organisation (1986) *Ottawa Charter for Health Promotion*. Canadian Public Health Association, Ottawa.
- Yager, J., Rorty, M., & Rossotto, E. (1995). Coping styles differ between recovered and nonrecovered women with bulimia nervosa, but not between recovered women and non-eating-disordered control subjects. *Journal of Nervous and Mental Disease*, 183, 86-94.

Dr. G. Noordenbos
 Clinical Psychology and Department of Women's Studies
 Leiden University
 Wassenaarseweg 52
 2333 AK Leiden
 The Netherlands

Adolescent Eating Disorders in Europe - a Survey on the Need for Prevention

Cornelia Götz-Kühne, Elke Dingeldey, Alexandra von Hippel, Claudia Veith

Motive for the Research Project

Kabera e.V., the counselling and treatment centre for eating disorders based in Kassel, Germany, has offered diverse expertise for over 15 years on this subject. In addition, the centre makes contributions in the form of topically relevant seminars and courses within further education programmes, as well as contributions to the prevention of eating disorders in the areas of research and practical application.

For this purpose, a model project for the development of counselling and treatment techniques for affected children and adolescents was implemented, financed by the German Federal Ministry for Youth, Family and Health (BMJFG).

Within the last few years, a steadily increasing demand for advice and treatment of eating disorders in children and adolescents has been registered by Kabera and also throughout Germany by the Federal Association of Specialists for Eating Disorders (BFE). Cases of adolescents diagnosed with Bulimia Nervosa, Anorexia Nervosa, sub-clinical eating disorders and, increasingly, also obese (compulsive eaters) children and adolescents were reported. Simultaneously schools were increasingly enquiring about preventive measures and materials, as were teachers about information presentations. However, thus far, there was a lack of professional research in Germany in regards to the development and establishment of adequate preventive measures for children and adolescents.

Indeed, numerous European studies exist on the prevalence and incidence of clinically manifest eating disorders, as well as studies on the influences of the therapies during the therapeutic process. However, according to our present state of knowledge, only little investigation has been made as to the prevalence of sub-clinical eating disorders in children and adolescents, their accompanying symptoms and the inducing factors. Never-the-less, the existing data suffices in presenting a necessary basis for a survey for the prevention of eating disorders. Furthermore, it fulfils the requirements necessary in order to develop programmes to work with children and adolescents of various age groups.

The Study

To begin with, the current state of research was determined by reviewing literature and making enquiries to health authorities in all European countries. On the basis of this knowledge a study was designed and a methodology of study was developed, financed by the European Commission - General Directorate V -Employment, Working Relationships und Social Affairs-VF. Thereafter, 4389 pupils, their teachers, and their headmasters were questioned in Germany (comparing former eastern Germany and former western Germany), England, Austria, and Spain.

Objective 1: Pupils Interviews: Distribution of Sub-Clinical Eating Disorders in 8 to 16 Year Old Children and Adolescents in Europe

The purpose of the presented study was to investigate the frequency and distribution of sub-clinical eating disorders in six European countries in order to make a statement concerning the relevance of preventive measures for these disorders. The survey's aim was to investigate an approximately representative random sample of female and male pupils (aged 8 to 16) from differing school types in 6 European countries; namely in regards to their body weight, experiences with their bodies and figures, nutritional habits and meal-time settings, psychological well-being, possible use of weight-regulating methods as well as

socioeconomic, family and peer-group influences referring to the internalization of ideals of physical beauty.

In total, 4389 pupils participated in the investigation. In analogy with one another, three research age-groups were provided with three versions of a questionnaire: version 1 (8-10 year olds), version 2 (11-13 year olds), version 3 (14-16 year olds). Ascertaining of eating disorder symptoms was accomplished using the "child eating attitudes test" (ChEAT - Maloney et al., 1988), in one of the in language simplified versions of the "eating attitudes test 26" (EAT) (Garner et al., 1982). The discrepancy between imagined, real and desired ideal figure is measured by the "contour drawing rating scale" of Thompson and Gray (1995). The "State-trait anxiety inventory for children" (STSI) (Spielberger et. al., 1973) was used to measure anxiety, depression and self-esteem. The family functionality was raised by parts of a family questionnaire according to Cierpka and Frevert (1994). "Childrens' depression inventory" (CDI, Kovacs & Beck, 1977) and "Self-esteem questionnaire" (Button, 1997) completed the methodological inventory.

Objective 2: Teacher Interviews

By interviewing teachers and headmasters, subjective assessment of the pupils' dietary behaviour and body acceptance could be ascertained. Also, through this method the teachers' and headmasters' impressions as to the need to inform pupils about eating disorders could be obtained. Furthermore, this made possible to find out if eating disorders are addressed during lessons and to see if schools are interested in participating in a model project on prevention.

Objective 3: Ministerial Interviews

In addition to directly surveying in schools of the above mentioned European countries, ministers of the respective health ministries in all EU and EFTA member countries were also questioned. The main aim was to summarize data available in ministries on the incidence, prevalence and etiology of eating disorders, as well as to obtain the status of weight and nutrition of children and adolescents in the respective countries. Further enquiries were also made to the national health authorities on preventive measures known to them.

Some Selected Results

In regards to the total random sample it turned out that in all age groups and in all countries the eating behaviour of a high percentage of female and male pupils is in the high risk area. This eating behaviour is considered as sub-clinical eating disorder. This applies to girls and female adolescents to a significantly higher degree than to boys. Furthermore, a high percentage of children and adolescents are overweight.

In the age group of 11-13 year olds, 7.8% of girls and 3.9% of boys show eating behaviour in the high risk group. In this age group, 20.4% of girls and 17.4% of male adolescents are overweight and assess their eating behaviour as normal or as of average risk.

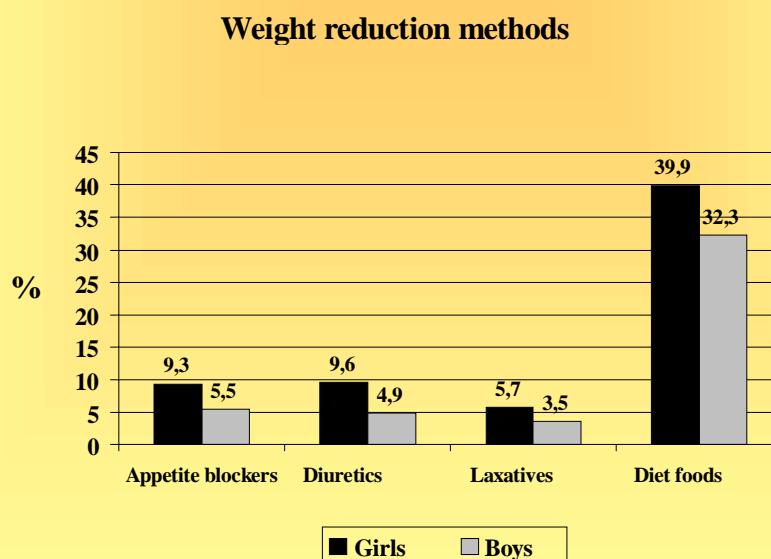
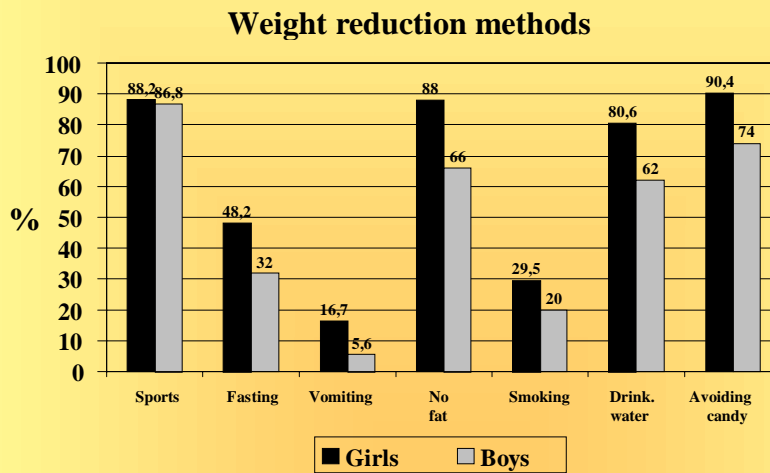
In the age group of 14-19 year olds 14.3% of female adolescents and 2.2% of male adolescents are in the high risk group in regards to their eating behaviour. In this age group 21% of female adolescents and 13.9% of male adolescents are overweight and assess their eating behaviour as normal or as of average risk.

41.8% of normal weight and underweight girls and 29.6% of normal weight and underweight boys reported that they felt too fat. Almost half of 11-13 year old girls as well as a fifth of

boys reported that they had already dieted at least once.

As was expected, girls reported in total more (N = 635) weight reduction methods and used more drastic means for weight reduction than boys (N = 204) (see diagram 4-10).

Diagram 4-10



Analysis of the data revealed a significant correlation between disturbed eating patterns on the one hand and, psychological well-being, body acceptance, family functionality and meal settings on the other hand. For instance, girls and female adolescents described the family as significantly more dysfunctional in the areas of communication, and values and norms than boys. A mutual comparison of countries revealed that eastern German girls and boys are conspicuous in assessing their families as significantly more dysfunctional in all areas. The less functional the family was from the adolescent's experience, the less meals were eaten together. Girls had significantly less meals jointly with the family than boys. This corresponds to the difference both genders experienced of family functionality, in areas of communication, values and norms.

Factors Influencing Personal Opinion in Regards to Figure and Appearance

Analysis of data from the complete random sample confirmed our hypothesis that the influence of parents diminishes with increasing age of the children, whereas in genders in almost all countries the mother's influence was of higher regard than that of the father. Spain and England were exceptions; in Spain, the mother's influence is highest in 11-13 year olds of both genders, whereas in England it has diminished in this age group and, astonishingly, increases again in 14-19 year olds of both genders.

As we expected, within our random sample the influence of the media and the influence of male and female friends increases with age. The exception of this is within the group of 11-13 year old boys who become less influenceable at that age but once more influenceable in the 14-19 year old group. Within these age groups of girls, the same gender friendships clearly are of greater influence on them than the same gender friendships amongst boys of these age groups.

Results from the Teachers' and Ministries' Inquiry

Schools play a minor role in transporting information concerning and developing attitudes about topics related to eating disorders for both boys and girls. Teachers and headmasters underestimated the pupils' dissatisfaction with their bodies and their dietary behaviour. A total of 20.4% of the teachers reported having dealt with the subject of eating disorders in lessons.

It was recognized that the considerable difference in knowledge amongst national health authorities corresponded to the respective state of research in the individual countries.

Conclusion

The results show fulfilment of relevant factors defining a preventive need to combat eating disorders in all the countries surveyed. In contrast to the clear need for preventive measures, there exists, in total, a lack of interdisciplinary concepts and interventions on primary and secondary levels of prevention. On the one hand, there are a lack of primary preventory methods which take into account the great importance that the media plays in presenting an ideal of physical beauty and body image especially toward female youngsters. On the other hand, there is a need to evaluate methods of secondary prevention in the area of schools, which, on the basis of interpersonal communication, can uncover and thwart risk factors, can recognize early signs of eating disorders and, in this context, can keep in consideration aspects of family dynamics of the pupils.

Perspective

The primary purpose of this paper was to determine the possible need for preventive measures in the area of eating disorders. On the basis of the current research knowledge and through direct epidemiological study, it was possible to prove that, as a consequence, the great preoccupation with eating, weight, and the desire to be slim has led to a widespread problem amongst young people in Europe.

It is clear that there is a growing prevalence of disturbed eating behaviour, sub-clinical eating disorders and manifest eating disorders resulting in health damaging weight-loss practices having far reaching long-term physically damaging components on the part of many normal and underweight adolescents. Furthermore, there is an increasing prevalence of Obesity that is often coupled with disturbed eating behaviour and partially with great psychological and physiological complications.

The results of the study clearly determine the need for primary and secondary prevention. Furthermore, they give indications concerning the necessity of and important prerequisites for future measures of prevention. Preventive goals and strategies for eating disorders at a youthful age must be developed on the basis of epidemiological studies in regards to cultural and national attributes and needs of the specific target group.

Primary intervention must be of a socioeconomical and political nature as well as reach the personal lifestyle of young people. For example, this could entail preventing certain media presentations through judicial actions and, with the use of state funds, could influence advertisement and consumption of certain foods.

Primary and secondary prevention of eating disorders must focus above all in the school area. Both genders must be reached in a responsible and continual manner before the pupils reach the age of risk. They should not focus on the disorders, but rather be orientated towards resources and should, in respect to gender differences, help manage the developmental challenges of puberty.

Prevention should look for the support and drawing in of family life aspects of the youth. Prevention of eating disorders should become an integrated part of health development as part of the educational mandate of schools and it should become an integral part of the interdisciplinary work amongst experts in the material, teachers, and pupils.

Research has shown that a varying degree of knowledge exists pertaining to research about and intervention possibilities in regards to the prevention of eating disorders in Europe. The thus far evaluated prevention methods known to us within the area of school education are directed at pupils of an older age group and have proven, on the basis of the long term positive effects, to be disappointing.

From our point of view, it is necessary to further widen the knowledge base in regards to the prevention of eating disorders in the other European Union countries as well as compare the school prevention programmes in Europe which have been developed on the experience of the thus far conducted studies in Europe.

References:

- Button, E. J. et al. (1997). Self-Esteem, Eating problems, and Psychological Well-Being in a Cohort of Schoolgirls Aged 15-16: A Questionnaire and Interview Study. *International Journal of Eating Disorders*, Vol. 21, No. 1, 39-47
- Cierpka M., Frevert G.(1995). *Die Familienbögen. Ein Inventar z. Einschätzung von Familienfunktion*, Hogreve, Göttingen
- Dingeldey, E., Götz-Kühne, C., v. Hippel, A., Veith, C. (1998). Final-report: Adolescent Eating Disorders in Europe-a survey on the need for prevention. Gefördert aus Mitteln der Europäischen Kommission, Direktion Öffentliche Gesundheit und Arbeitssicherheit GDF/F
- Garner, D.M. Olmsted, M.P., Bohr, Y. & Garfinkel, P.E. (1982). The Eating Attitudes Test: Psychometric features and clinical correlates. *Psychological Medicine*, 12, 871-878
- Kovacs, M., & Beck, A. T. (1977). An empirical clinical-approach toward a definition of childhood depression. In J. G. Schulterbrandt & A. Raskin (Eds.), *Depression in childhood: Diagnostic, treatment and conceptual models*. New York: Raven Press.
- Maloney, M.J., Mc Guire, J.B., & Daniels, S.R. (1988). Reliability testing of a childrens version of the Eating Attitudes Test. *Journal of the Academy of Child and Adolescent Psychiatry*, 27, 541-543
- Spielberger, C. D., et al. (1973). *STAIC. Preliminary Test Manual for the State-Trait Anxiety Inventory for Children: Preliminary Manual*. Palo Alto, California: Consulting Psychologists Press.

Cornelia Götz-Kühne
Bundesfachverband Essstörungen (BFE)
Goethestr. 31
34119 Kassel
Germany

Social Policy and Eating Problems: What Would a Real Programme of Prevention Look Like

Dr. Susie Orbach

I don't want to underestimate the level of emotional torture that eating problems pose for many women today. I think it is hard to recognise just how damaging they are because they are so ubiquitous.

It is almost as though we take it for granted that girls and women are going to be unhappy with their bodies and continually manipulating their eating. At some level we are all involved with these practices and we become complicit. Our complicity makes it hard to confront the severity of the problem not just for those who have severe eating difficulties but for the huge numbers of girls and women whose problem is considered sub clinical.

These are girls and women who are watchful of what they eat, fearful of eating too much, guilty of what they do eat, constantly preparing schemes to change their eating and never never relaxed about food. Holidays become fraught, Christmas torture; celebratory events something that has to be managed rather than enjoyed. These girls and women are outside of the clinical category and so their experience rarely comes into view. Or if it does, then we think nothing of it. We accept this is just the way things are for women and food.

This acceptance makes the insistence that we need social policy very difficult. Legislators themselves are in thrall to the same aesthetic values and consider women's engagement with these issues as just fun, or not important or if they don't approve, then just silly.

A programme of prevention requires a programme of cultural change. This is not a trivial thing to do for cultural change is driven by a combination of market forces, changes in the zeitgeist, international and internal political needs and so.

In addition there are significant commercial and status interests who may not acknowledge that they contribute towards the creation of body hatred and eating problems. We will need to reach them in different ways;

- in friendly ways or
- through shaming them
- through prosecuting them.

We need a completely different mindset towards women's bodies, towards food, towards profits from the fashion, fitness and media industries. Without this kind of rigorous and thorough approach we will be in danger of simply pathologising women's eating problems rather than seeing them as social phenomenon that need social solutions.

I am addressing this problem as a therapist who is also an activist. I have seen too many cases, too much pain, too many lives ruined by obsessive relating to food and body image to not recognise that we need more dramatic interventions than those therapists customarily make to change the conditions that give rise to the problem. While we can be helpful to people with eating problems, we can only do that on an individual level and we need to stop the inevitable damage that is being done to girls, women and increasingly boys and men. It is in this sense that I say I am addressing this problem as an activist.

In this context, I am the convenor of a group in London called ANYBODY. We came together to challenge the tyrannical grip that size has on girls and women in the west and in those countries entering modernity through globalism. (One can almost chart the rise in eating

problems in a culture as a measure of globalism's latest reach). We want to challenge the limited physical representation of women where thinness prevails and where women from non western cultures are 'imported' to spice up a needing-to-be constantly refreshed thin image. Women's bodies have become a brand by which women imagine they can console themselves against the onslaught and alienation around them vis á vis themselves and their bodies.

Our message is not simply an attack on the relentless thin aesthetic but it is to find a way to broaden the glamorisation of women so that girls and women of all sizes can find themselves in the images of women around them. There is evidence now of how the physical presentation of women we see around us profoundly affects us. This was once disputed but the results from Fiji where western style TV was introduced in 1995 and by 1998 12% of adolescent girls were bulimic (Becker) show how powerful the imagery is.

Eating problems, distress about food and troubled bodies are now ubiquitous among girls and women. Feeling anxious about food and disliking one's body are the norm for girls as young as 3 and for women in old age homes. There is increasing evidence that the breeding of body hatred, so profitable for the beauty/fitness/diet industry, is finding a way to capture boys and young men. As masculinity and a sense of self and place in the world becomes precarious, so young men are being offered the same awful solutions (the focus on the personal body) that women have been sold for the last 60 years.

The UK Government (and several other European governments) momentarily realised how serious the situation is. The Women's Ministers and the Minister of Public Health in Britain held a Body Image Summit in London in 2000 in which they brought together people who would have been in a position to change aspects of this problem. Although the Summit was productive, it was followed by an attack from the British media, and the Government here dropped the initiative. I then wrote a short book for people who want to change the way they eat (Orbach 2002) which was published in January 2002 and although the book is not an explicitly political like my previous books in this area *Fat is A feminist Issue* or *Hunger Strike* as I have gone around Britain talking about it is, it has been clear that there is a hunger for a campaign and as a result I have joined together with several other people to do some exciting work around this area.

We are dividing our work into several areas:

Legislative Initiatives

1. We are looking into the possibility of prosecuting **Weight Watchers** somewhat along the lines of the tobacco suits. Weight Watchers know that dieting doesn't work. In fact their profits depend upon a 97% recidivism rate. That's one point to take them on about. The second idea which is actually more worrying is what repeated dieting does to the body's set point – the regulator of metabolic rate. It eventually slows it down so that food is used 'too efficiently' and eating more than a little produces weight gain. This would be a campaigning effort which would bring in women from the grassroots.
2. We are seeing what can be done to encourage Anti Diet legislation. A private Members Bill has been brought in three times by Alice Mahon MP.

Ethical Consumerism

1. We have in mind a label, the ANYBODY tag (as the Soil Association has in the UK for organically produced food) which will enable consumers to see that clothes are ethically produced with decent wages and regulated labour relations; that the materials they are made from are sustainable and not toxic to garment workers during the manufacture and that they are not promoted on models whose size contributes to the stress of girls and women feeling they are too large.
2. We are pursuing working with a few major British retailers to expand the clothes ranges they carry, to display their clothes on mannequins of different sizes and to glamorise all sizes rather than have the larger ones as Big and Beautiful ranges. We are in contact with the mass market shops that sell particularly to young women.
3. We are trying to use a new National Sizing Survey to be launched in October 2002 in Britain which will show us the sizes people really are, to promote the idea of size diversity in a positive light.

Educational

1. Trying to bring emotional literacy to schools so children don't turn the normal conflicts of growing up into transforming their bodies.
2. Build on existing courses in Australia, Germany and the USA which teach social history of fashion and aesthetics, and bring in the emotional issues involved in food refusal and eating when you aren't hungry.
3. Work with Civil Servants to do some joined up thinking in health and education. Link the rise in obesity to culture of thinness.

Medical - Physical

1. Work with midwives and health visitors so that new mothers who are extremely concerned about their own eating and their children's eating don't unwittingly pass on their problems to their children along with their milk.
2. Create treatment centres for people with eating and body image difficulties that address the underlying social and emotional issues and which treat those in difficulty with respect (some of the treatments in the UK are rather brutal and deprive patients with eating problems of their civil rights).
3. We want to work with trainers in gym to stress fitness and not size as important for physical and mental well being.

Media

1. Work with those on the creative side of advertising agencies to help us formulate catchy ways to broaden the representation of girls and women's physicality. We are working closely with one beauty brand and we hope that this campaign will have an impact on how women's bodies are sold back to them.

2. Create some work in the AD-Busters mode which subvert the meaning of the ads so that it reveals its true purpose.
3. We are working with fashion students from the leading college to create a wider aesthetic and to produce sexy and attractive designs in multiple sizes.
4. We are also hoping to create some cyberspace characters that represent girls as they 'might' be in all their gorgeousness and with their complexity.

On the political front, we are contacting and trying to liaise with individuals and groups that have expertise with running campaigns as well as those with whom we have a natural sympathy but who may not have thought of the politics of the body in this way. We have been in contact with the leadership of the Jubilee 2000 movement for removal of the debt that Third World countries 'owe'. We are in touch with Naomi Klein of No Logo and with George Monbiot who is an environmental campaigner in Britain.

These are some of the initiatives that we believe are important in trying to change the mindset and the cultural inclination to promote thin bodies. We believe that it is possible to transform the situation for girls and women today but that we need to do this through exercising our political power as well as our therapeutic.

References:

- Becker, A. (1995). *Body, Self and Society: the View from Fiji*, Philadelphia, University of Pennsylvania Press
- Orbach, S (1978). *Fat is a Feminist Issue*, London Paddington Press
- Orbach, S (1982). *Fat is a Feminist Issue 11*, London Arrow Books
- Orbach, S (1986). *Hunger Strike*, London Faber and Faber
- Orbach, S. (2002). *On Eating*, London Penguin

Dr. Susie Orbach
Women's Therapy Centre
2 Lancaster Drive
GB - London
NW 3 4 HA
Great Britain

Standards of “Beauty” as Social Parametres Determining Women’s Health Image: Relevant Aspects for Health Promotion and Prevention of Eating Disorders

Nadia Georgakopoulou

“I gobble up trash”, “Some women become like sea monsters from food”, “I eat like a pig/donkey”, “I don’t want to carry about my body – squashy as it is”, “I almost went crazy – I was trying out a dress and I realized that my arms too had cellulite”, “I plunge into food like some kind of animal”. This is what some women told the Institute of Equality (IN.IS) during the group discussions we conducted, in order to approach the issue of women’s health image and eating habits.

Group Discussions

The participants of the group discussions were:

- women – friends of the IN.IS members
- between 28 and 50 years of age (the majority ca.35)
- Athens dwellers
- all employed in private companies
- educated at a secondary and/ or college level
- the majority married, divorced, some with children
- of average weight

The group discussions were unstructured and resembled very much a friendly chat. The issues we tackled were:

- What do you think of the way you look?
- Why do you diet? How do you eat?
- Whom do you diet/ want to feel beautiful for?
- Relationships/ sex/ children

Women’s roles/ advertising
Dieting, weight and looks are an easy way to begin a conversation among women. These gradually led us to more complicated – intimate issues, such as self perception, relationships, body.

Four Domains

The attitude of the women participants may be categorized into four main domains, all interrelated.

The first describes the role of food as an offer, the second as a pleasure, the third touches on an ontological, as it were, approach of the participants on the way they look and the way they are perceived by others and the fourth is an open question as to why and for whom we want to be good looking.

a. Food is an offer

“I like to cook for my family/ partner”, “When I’m alone, I usually make something quick”, “When I feel ‘down’, I eat trash all evening home alone”. These are some of the statements made that help illustrate the role of food as an offer to the loved ones (partner, children). Food preparation shows care for others. “I always give my children the best piece of the meat, the second best to my husband and I have what is left”. For ourselves, women, however, food was described as a drug against loneliness and a treat like shopping.

b. Food is a pleasure

The participants all described food as one of the pleasures of life. However, all of them said that they experienced remorse both during meals and afterwards – mainly afterwards, because, as they said, they always end up eating more than they should. Is it perhaps that women have difficulty in feeling satisfied or perhaps that they feel deep down because pleasure is something intrinsically denied to us.

c. God is unfair

Throughout the discussion women expressed a deeply experienced feeling of injustice done to them by men, families, society, adverts, experts. It is as if they spend their lives trying to satisfy conflicting dictations. Yet never they do feel they are rewarded for their efforts.

“God is unfair”, said the participants. And they posed some unanswerable questions:

- Why do some women have beautiful bodies and some don't?
- Why do men always leave us for someone less good looking than ourselves?
- Why do we have to be good at everything and end up being failures in everything?
- Why are we so cruel with ourselves?
- Why do we have so little self esteem?
- Why can't we find support – doctors, dieticians, products, all end up looking down at us?

d. “I want to be beautiful for myself”

All participants claimed that they want to be beautiful for themselves. The parameters of this “beautiful” self seem to be common among participants. “Beauty” has gained a certain objectivity. Furthermore, it has been incorporated into the women's own set of principles about themselves.

“We want to be beautiful to be told we are loved” concluded a participant. To view oneself through the eyes and the love of others is a way to come into existence.

“To be born a woman has been to be born, within an allotted and confined space, into the keeping of men.” Men act, women appear. Women watch themselves being looked at. This determines not only most relationships between men and women, but also the relation of women to themselves. The surveyor of woman in herself is male: the surveyed female. Thus, she turns herself into an object – and most particularly an object of vision: a sight.” (John Berger, “Ways of seeing”)

Classical art from Renaissance onwards illustrates this double role of woman as seducer and self-surveyor. Straight on from classical art, women are still being depicted in exactly the same way in advertising.

A Brief Review of Women's Magazines

For the purpose of this article, three Greek women's magazines were reviewed, all of which address a middle market of mainly young readership:

- Elle
- Cosmopolitan
- EGO (Me)

The Context

During the search for weight loss adverts, we could not help noticing that the whole magazine was “teaching” women how to be beautiful. And not only that. Here are some examples:

The man of my life is me

Show him how much in love you are by putting on his clothes: Put on his white shirt (buttoning only 3 buttons) and let his boxer caress your buttocks. You will not believe how sexy you’ll look into his clothes. Don’t expect that he will admire you for long though – the most probable consequence will be to take them off you, before you even have time to say: “Baby, how do you like me?”

(“Cosmo weekend”, Cosmopolitan, June 2002)

Which dress suits me?

- *If you have small breasts*
- *If you have fat legs*
- *If you have narrow shoulders*
- *If you have a “straight” waist*
- *If you have big breasts*
- *If you have a “petite” figure*
- *If you have fat arms*
- *If you have a big belly*
- *If you have a “big” figure*

Each title was followed by illustrations of different dresses that “covered” the imperfections of women’s bodies.

(“Elle –fashion tips”, Elle, June 2002)

Here are the tables of contents of Elle and Cosmopolitan issues of June 2002, illustrating the topics that are presumably of interest to their readers.

Elle – table of contents

- *What’s new in beauty surgery*
- *What will I wear the weekend?*
- *All you have to do now to have children tomorrow*
- *In quest of the lost orgasm*
- *Top secret – what’s behind the stars’ immaculate style?*
- *Tips for the hottest wedding of summer*

Clever tricks to cover up your imperfections

Cosmo – table of contents

- *30 men describe their perfect woman in bed*
- *Drink it in your health – the pill*
- *Kama Sutra – 10 outdoor positions*
- *Loose 5 kilos as soon as possible– magic tricks to look thinner*
- *Would you go to a strip show with your boyfriend?*
- *Sex – 69*
- *When will I become a mother?*

The subjects are recurring: fashion, beauty, sex, children. The omnipresent and omnipotent yet underlying rationale goes: “There will always be an imperfection with your body/ with yourself. Just inspect yourself more closely (become your own viewer), you’ll find it. However, take our advice and you can become good looking. And by appearing you create this illusion that you also are.”

This teaching of women to be sexy and thus the creation of a supersexual, imagistic, fragmented and impossibly ideal reconstruction of female body has been identified by Rosalind Coward (Sexual liberation and the family): “The remaking of the female body occurs through the `sexualisation` of areas not previously defined as sexual. Lips, legs, feet, hair, mouths, teeth, smells, skin: they are actually constructed as parts of the body sensitive and sexual, as capable of stimulation and excitation, and therefore, demanding care and attention if women are too sexual and sexually desirable to men.”

Because, after all “A man without a woman is still a man, but a woman without a man is not fully a woman” (Alice Schwartz).

Another aspect worth noticing in women’s magazines is that they use “nudes” a lot. Why so much nude, though?

“To be naked is to be oneself. To be nude is to be seen naked by others and yet not recognized for oneself. A naked body has to be seen as an object in order to become a nude. Nakedness reveals itself. Nudity is placed on display. To be naked is to be without disguise. To be on display is to have the surface of one’s own skin, the hairs of one’s own body, turned into a disguise which, in that situation, can never be discarded. The nude is condemned to never being naked.” (John Berger, Ways of seeing). Women are condemned to nudity and in that sense, they are condemned to be for ever looking to ameliorate their surface. This is apparently their only chance to achieve existence.

Now, as far as the specific advertisements are concerned:

A Review of Advertisements of Body “Amelioration” and Weight Loss

The following categories were reviewed:

- Beauty salons for weight loss
- Diets “take away”
- Food supplements

Also peripherally to those, advertisements for hair removal and anti-cellulite products, that have a certain predominance in women’s magazines during the spring-summer period.

Hair seems to be the absolute horror. Perhaps, because, hair is associated with sexual power, with passion. The woman’s sexual passion needs to be minimised so that the spectator may feel that he has the monopoly of such passion. With their peak periods being May, June and after Christmas and Easter, the weight loss/ diets and food supplements advertisements

seldom show beautiful bodies. They mainly focus on:

- Before-after (supposedly real examples of real women and their transformation from fat, ugly and unfeminine in the seclusion of their home to slim, well-dressed, well made-up in more interesting surroundings. So the message is: “You can do it, too”)
- How easy it is (this “your body is our business” approach can work in a very alienating way for women with respect to their bodies)

Especially, the diets/ food supplements stress the health (sometimes pseudo-scientific) aspect; also the fact, that we needn’t give up the pleasure part of eating. This approach also stresses a way of being: “you can have everything”.

Thus, advertisements under discussion become more credible, more authoritarian, more alienating.

A complicity is created among women – we know how to make ourselves look perfect in the eyes of others. This detailed information (almost clutter) of products and services creates a paradise of choice, as well as a certain feeling of responsibility: now you know how – just do it. All this within an overall atmosphere of well-being and being well-liked.

Advertising

It may be convincingly argued that there exists a dynamic interaction between society and advertising. In other words, the attitudes and opinions of society are reflected in advertising and also advertising is in a position to influence the stance of at least its target group with respect to a variety of social issues.

We would not like to pretend that advertising is in itself the cause of the attitude of women with respect to their body image. Of course, advertising is in a position to cultivate this image. But what is valuable is to realise that there does exist an image of how women are supposed to look and be. This attitude is overwhelmingly embedded in our society, in a way that cannot be challenged.

We need to understand the mechanisms by which we (women as well as the whole society) have come to adopt certain roles and assimilate the messages of relevant communications.

How does publicity work?

- The spectator buyer is meant to envy herself as the one she will become if she buys the product. She is meant to imagine herself transformed by the product into an object of envy for others, an envy which will then justify her loving herself.
- The publicity image steals her love of herself as she is and offers it back to her for the price of the product.
- The image makes her envious of herself as she might be. What makes this self enviable? The envy of others.
- Publicity is about social relationships. Its promise is of happiness: happiness as judged from the outside by others. The happiness of being envied is glamour.
- Being envied is a solitary form of reassurance. It depends precisely upon not sharing your experience with those who envy you.

We have listened to women talk about the way they feel about their bodies, food and their self image. We have approached the way they are being depicted through advertising with respect to the same issues. We have established an overall context whereby being a woman has a host of connotations as well as prerequisites.

Being a woman equals:

- Being a sight
- Being there for others
- Never being free to be naked
- Never be threatening
- Being beautiful

Your Body is a Battleground

Body is the space for the inscription of social and political power. (Michel Foucault). Furthermore, each one of us regiments our behavior even our flesh to conform with the dictates of culture.

Bearing these statements in mind, let us shift to the very notions of being good looking and being healthy in the post modern era.

The Postmodern Era

Some basic characteristics of our era (since the 1980s), that is being referred to as the postmodern era, may assist us in understanding the overall social and anthropological context into which the notions of health and beauty are embedded.

- Fracture and diversity. Never before perhaps has there existed such a fragmentation of utopia, of ideals, of points of view. What is more, this fragmentation is legitimised and is compatible with individualism.
- Creation of a solitary, private, individual body. Privacy as opposed to public and/ or civilian life of the past is best manifested through the glorification of the body itself as each individual's "castle".
- Rejection of future – the future is now. Time is a succession of "nows". It is each one of those "nows" that has to have a fully integrated meaning. That meaning is happiness.
- Happiness, health, beauty are the norm – a right and a responsibility.
- Illness and death are defied – being forever young is the goal.
- Body is a surface – alienation from functions, experiences.

Consumerism – life lived as transactions. Experiences are consumed, sold and bought. In this context, the so called late capitalist economy manipulates consumer desire through images of the sexual body based on the cultural fantasies of beauty. In order to sell its increasingly intangible products (from services to information), it must build on new and immaterial needs (always through the tested model of images of women's bodies).

For the analysis that follows, we have used as a guideline the insight provided by David B. Morris, in his book 'Illness and culture'.

What does it mean to be healthy?

Health is life lived at the silence of the organs (Rene Leriche). It is interesting that there exists no precise definition of health – health is always the opposite of illness and illness has always been a social state of affairs (Hans Georg Gadamer). Illness contains the same power that medieval theologians attributed to evil in precipitating a fall from timelessness into time. Illness forces us to leave the world where bodies are almost innocent of the need to seek assistance.

In the context of postmodern utopia, the concept of health has expanded from by-product or metaphor to the highest of goods. Illness is not just expelled, but also people have the option of transforming their bodies into a facsimile of their own ideal vision. The body itself can be completely reshaped through plastic/ cosmetic surgery, through body building, exercise. The hitherto unheard of advances in the reproductive techniques and biogenetics have stretched to the limit of man's (and woman's) power of forming themselves as well as their children.

What does it mean to be good looking?

There seems to have always been an ontological identification of beauty and health. The beautiful looking body is the healthy looking body; the healthy looking body is the beautiful looking body; health and beauty are the source of erotic pleasure. The opposite of health, beauty and eroticism is illness.

The postmodern body, no matter how secular, is strangely dematerialised, like the perfect smile of a movie star or like the simulcast pictures of rock musicians flashed above the concert stage on huge TV monitors, mere electrons sprayed across a screen, disappearing at the flick of a switch. This is the body redefined as pure surface: “the body without organs”.

Apparently, there are deep rooted attitudes of the western culture that influence women's behavior with respect to food and good looks. These are also influenced by postmodern ideals of endless possibilities of self transformation.

If we were, in concluding, to form one claim that would be “Women, let's take our integrity back - let's become integral, whole human beings”.

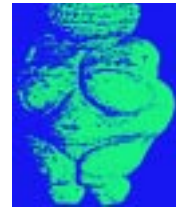
References:

- Berger, John (1972) Ways of seeing, British Broadcasting Corporation and Penguin Books, London
Schwartz, Alice (1983). The small difference and its big consequences, GNOSI, Athens (2nd ed.) - Greek translation

Nadia Georgakopoulou
Institute of Equality
129, Sevastoupoleos street
Athens
Greece

Approaching Fat and Thin Integrated Activities Concerning a Priority Women's Health Concern

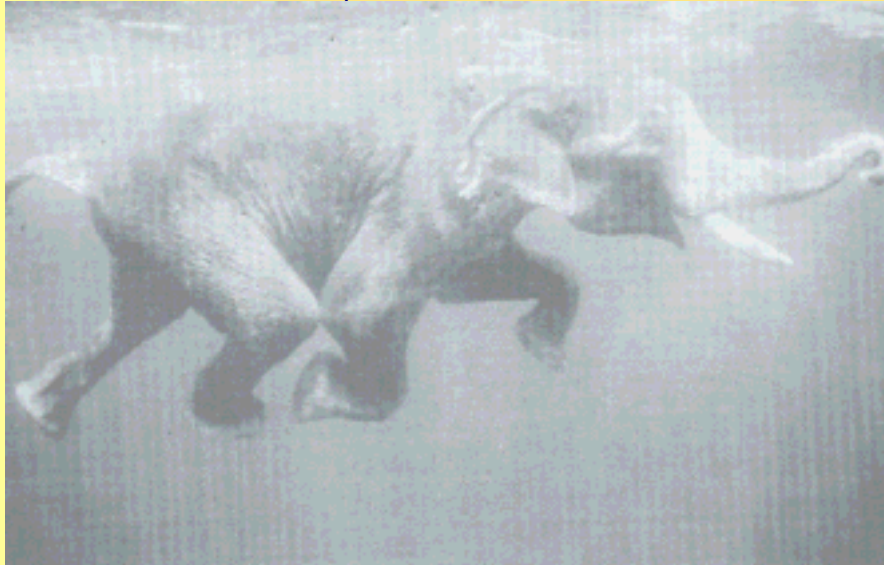
Sylvia Groth



One of the central areas of work of the Women's Health Center Graz, Austria, centres on the program "Fat and Thin". Women's corporeality has been a prime focus of the women's health movement since its beginning. While originally the prime focus was on control over one's body and life with such subjects as abortion, contraception and women-oriented gynaecology, subjects now include women's preoccupation with body weight and societal obsession with slimness. Susie Orbach early on pointed out that this obsession controlled women and that finding ways out did not include dieting, which only aggravates the problems.

We therefore developed the following concerted programme tackling "Fat and Thin" from many angles.

Our activities focus on empowerment:



- A Fat and Fit course programme of physical activities for fat women
- A Train the Trainer training programme for trainers working in sports associations, fitness clubs etc.
- Psychotherapy for women with eating problems
- Workshops for girls on body awareness, health promotion, sensual pleasure and eating
- Information resources for girls and women, their friends and relatives
- Dissemination and media outreach: building sensitivity to women's eating problems and their social ramifications, increasing visibility, awareness
- Liaisons with fellow organisations on the subject of eating problems, promoting access and community outreach
- Presentations on body ideals, beauty and social norms
- Well-being and health promotion
- Gender specific structural change
- International exchange on models of good practice

Fat and Fit is a unique service targeting fat women. The social obsession on having a slim body leads women in particular to dieting in a way detrimental to their health. Not only do 95% of the diets fail, they may permanently harm the body's metabolism. As Susie Orbach succinctly pointed out, the prevailing body ideals and diets are supported by a multi billion dollar eating disorder industry which profits from women's low self image and their self-

destructive ways of trying to achieve an “ideal” weight. Existing body ideals lead women into self-castigation.

In contrast, the Women’s Health Center Graz approach emphasizes the resources of women and not their deficits. In November 1995, we founded the physical activities/sports group Fat and Fit. Its target group is fat inactive women of all age groups taking pleasure in moving more. We do not document their weight. Fighting fatness is not the goal. Within the group, women may experience themselves bodily in new ways and have the chance of becoming physically stronger. The activities we provide aim at strengthening women’s self image and bodily competence and honouring the diversity of women.



This woman-only space allows for self-assertive activities. The course is lead by an academically trained physical educator once a week for two hours. Time is allotted to discuss subjects relating to weight and self awareness. The course focuses on ball games such as volleyball and basketball. Aqua fitness was introduced as a means of gently improving fitness. Rules are changed to achieve fun and a challenging flow of movement, as opposed to pure physical competitiveness.

What is special about this programme? Fat and Fit provides a safe space for fat women to be physically active and to be playful. It is empowering. Dieting is shown as detrimental to the health. Physical activity strengthens both the body and mind. Interacting within a group of equally fat women provides the participants with social support. Having fun together supports and maintains health.

Physical Activity has been proven to be one important key to a healthy lifestyle. Physically active women show an increased health orientation. Engaging in sports reduces high blood pressure and the effects of smoking, protects against heart disease, diabetes, colon cancer and osteoporosis. Activity prolongs life free from disease and from the need for increased care.

Participants report improved mood, self awareness and tolerance for stress. Studies show sports improves social integration. Despite the fact that evidence is all on the side of physical activity, there are surprisingly few services responsive to this evidence. Our model project Fat and Fit is the only programme aiming at fat women in Austria which does not have any slimming intentions.

Current practice shows that, at present, services aim at slim women exclusively. Available services are not needs-specific and not sensitive about how to reach heavier women.

In order to reach out to the community of sports and fitness organisations, in collaboration with the sports department of the Styrian government we offered two training programmes aiming at the trainers to increase awareness of fat women's needs and to communicate the latest results of qualitatively solid studies on the relation between gender, weight and health.

The programme's teachers included our experienced sports trainer for Fat and Fit, a university professor in social medicine, a self defense trainer and the psychotherapist. Taking into consideration the importance of role modelling, three of the four were on the heavier side of weight.

Counselling and referrals are offered for girls and women with eating problems and their relatives. Counselling includes information on gender perspectives on eating problems and prevention, support, referrals for friends and family and collaboration with two other counselling centres in providing a hotline for eating problems staffed 10 hours per week. Part of the hotline funds are slotted for 60 workshops on self and body awareness as well as eating problems per year to school classes and girls' groups in Graz and the rural areas of Styria. Revising our original concept, in this educational programme we now emphasize pleasure girls may experience, boundaries they should be drawing and constructive coping strategies.

Should psychotherapy be wanted, we offer gender specific counselling and psychotherapy for girls and women as well as to their relatives.

Information Resources on Fat and Thin include

- The largest German language women's health related website with 140 qualified pages
- Library and documentation, often used by students for their final papers
- E-mail counselling
- Providing and disseminating information material

The World Health Organisation Strategic Action Plan for the Health of Women in Europe 2001 in Target 4, Health of young people..., declares:

“By the year 2020, young people in the region should be healthier and better able to fulfil their roles in society... Creating a positive self-image in young women is made difficult by the extent to which the success and glamour of women in advertising and the media are often portrayed as being associated with excessively slim bodies, being sexually available and with smoking.

Addressing eating problems, the increased prevalence of smoking amongst young women and unsafe sexual behaviour by placing the emphasis on changing young women's behaviour will only have a limited effect in the absence of wider strategies to combat existing gender norms.”

Going beyond an individual approach, groups, train the trainers and media work round out our concerted activities.

Media Outreach and Increasing Public Awareness

Direct services are complemented by public relation work with the media. While they construct the ideal of slimness and reinforce it with dieting, “successes” through plastic surgery and advertising, we publicise our approach of strengthening women in all their diversity. This part of our work is actually very satisfying: girls and women are grateful finally to have the opportunity to name the plight they are in and finding a way out. Supportive journalists foster a seldom-heard voice in the wilderness. Our strategies include letters to the editor, articles, interviews for print press and broadcast, press releases, and a manual for public relations on eating problems for non-profit organisations.

Regional, National, International Liaisons

Our European contacts through the European Women’s Health Network (EWHNET) have been a continuing source of inspiration and exchange. Getting to know new approaches, discussing successes and failures as well as conspiring for change is a tremendous support for doing project work as a small women’s health organisation in the greater tradition of women’s health politics and activism. This project is also carried out in close co-operation with local and regional providers for women with eating problems and their relatives. In this way, we started building a Styrian network of health service providers and counsellors for eating problems since 2002.

Women’s body hatred has become a characteristic central to our European societies. There is no simple cure-all. The promise of a simple solution may lie underneath women’s concern for a slim body and the perception of beauty associated with it, but this has only lead to a major women’s health problem. More complex, multi-faceted activities based on empowerment and advocacy inform our services which aim to change the situation.

The Women’s Health Center in Graz, Austria, is an independent non-profit model project for women’s health care providing health services and advocating women’s health through collaboration and media outreach. We see ourselves as a complement and as a corrective to other major interest groups in the health care system. A member of various local, regional and international women’s health networks exchanging and learning from other activists and organisations is central to our work.

Our objectives are improving women’s health by supporting and empowering women and by promoting good practice. Preventing medicalisation has been a prime focus of the women’s health movement in whose tradition we stand. As such, we highlight unmet needs but encourage women to take charge and improve their own competence. At the same time we point out social factors, such as medical power and/ or pharmaceutical industry interests, as well as social forces which may counteract emancipatory striving of women.

Direct Services include advice, counselling, referral, advocacy, psychotherapy and gynaecological services. Information services encompass our library, documentation and e-health with the largest German language women’s health website and e-mail counselling. Located in Graz, we actively reach out to the rural areas of Styria with presentations and

workshops. We collaborate with other health experts in task forces on prenatal diagnostics, abortion, and caesarean section to improve women's health care in Graz and in Styria.

We are funded by the City of Graz, the Province of Styria and the Federal Government of Austria. A staff of two full time, three part-time workers and a team of experts carry out the work.

References:

Weingartmann, Karin (1998). Veränderungen der Befindlichkeit durch körperliche Aktivität. Effekte des Bewegungskurses „Dick & Fit“, Diplomarbeit, Institut für Sportwissenschaften, Karl Franzens Universität Graz.

Department of Health and Human Services (1996). Physical Activity and Health: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

Sylvia Groth M.A.
Director
Frauengesundheitszentrum Graz / Women's Health Center
Brockmanngasse 48
A - 8010 Graz
Austria
<http://www.fgz.co.at>



One of the NANAs
of Niki de Saint Phalle

Eating Disorders: Prevention and Intervention

Kathleen Löschke

Firstly, the Women's Health Centres F.E.M. and F.E.M. Süd are introduced, secondly the 4-pillar concept for the prevention of eating disorders, which is carried out in the F.E.M.s, is presented.

The Women's Health Centres F.E.M. and F.E.M. Süd

The Women's Health Centres F.E.M. at the Semmelweis Gynaecological Clinic and F.E.M. Süd at the Kaiser Franz Josef Hospital are health-promotion facilities and contact points that are accessible to all women, girls and parents, irrespective of age, educational level and cultural background.

The concept of the Women's Health Centres F.E.M. is life phase- and lifestyle-oriented. Young girls and women as well as mothers or older women interested in information can draw upon a wide variety of affordable services. Experts in the fields of psychology, psychotherapy, medicine etc. are available to clients in an interdisciplinary setting. Eating disorders have evolved into a special thematic focus of the F.E.M. Centres.

The starting point for the WHO Model Projects Women's Health Centres F.E.M. and F.E.M. Süd were the recommendations of the WHO conference "Women's Health and Urban Policies" held in Vienna in 1992. The women's health centres were deliberately established as WHO projects in hospitals to implement the health-promotion aspects in a hospital setting with a special focus on women's health, to fully exploit existing staff-related, material and medical resources and to be able to offer women health-promotion services and therapies.

To this day, the objectives and focuses identified in planning and establishing the WHO model project "Women's Health Promotion at a Gynaecological Clinic" in 1992 form the basis for the development of sub-objectives and the evolution of this model.

Ever since the establishment of the Women's Health Centre F.E.M. at the Vienna Semmelweis Clinic, it has been our top priority to develop models that help to implement the innovative impulses of the recommendations laid down in the Ottawa Charter on health promotion for women as a key target group. In particular, the aim is to further develop preventive measures and to build bridges to medical services, i.e. the Semmelweis Gynaecological Clinic on the one hand and doctors' surgeries on the other hand. The model project is designed to break down social barriers that impede access to the healthcare system and thus to reach especially problematic target groups. Moreover, this project contributes to developing future-oriented concepts for a "women-friendly hospital" that is to create a balance between preventive and curative services.

The Women's Health Centres F.E.M. and F.E.M. Süd see themselves above all as advocates of female consumers of healthcare services. By improving their access to information, women are to acquire more competence and hence to be supported in their sense of responsibility for their own health.

Various services and events focusing on eating disorders have been organised at the Women's Health Centre F.E.M. since 1992 and at the Women's Health Centre F.E.M. Süd since 1999. Following the launching of the Vienna Eating Disorder Campaign by the Women's Health Commissioner of the City of Vienna, Professor Dr. Beate Wimmer-Puchinger, the demand for information and counselling on bulimia and anorexia increased dramatically. The F.E.M.s

reacted by providing a wide variety of activities to address this issue, in particular for young girls and their relatives, who are our main target group.

Principles of Our Work:

- Easy, informal access (anonymity, no obligations on the part of the client, no binding appointments, no costs)
- Competence
- Transparency about our methods
- Defusing clients' concerns regarding our institution and the various experts
- Involving parents and relatives
- Preventive activities for schools
- Promoting the level of self-determination of women and girls
- Showing respect for the client's personality and skills
- Acknowledging the experience and information provided by former clients as an important resource

The 4-Pillar Concept for the Prevention of Eating Disorders

1. Prevention
2. Information and counselling services
3. Therapy services
4. Services for women whose eating behaviour has stabilised

Ad 1. Prevention:

Workshops for schoolchildren and training for schoolteachers

Invitations to guest lectures and workshops on eating disorders are extended to entire forms by teachers, school doctors and school psychologists. These events are to support girls' and young women's understanding and perception of their own skills and resources and to prevent the emergence of eating disorders by jointly discussing and listing solution strategies and developing a personal conflict management concept.

In the course of the years, the contacts and co-operation ties with the schools were not only maintained but intensified. Thus committed teachers and school doctors often refer patients to us, frequently even accompanying them to their first counselling talk at the Women's Health Centre.

The training courses for psychosocial professions as well as for psychotherapists and psychologists aim at providing in-depth, detailed information for multipliers and at offering these experts a possibility to learn about an institution concerned with eating disorders.

Ad 2. Information and counselling services

The therapy motivation concept

The lack of real motivation on the part of women and girls suffering from eating disorders to undergo therapy constitutes a great obstacle on the road towards curing these clients and creates enormous pressure on all parties involved. As a rule, the time between the emergence and identification of an eating disorder as such and the suffering sustained until therapy is finally initiated is rather long. One may say that the earlier a therapy is initiated, the shorter and more successful this therapy will be. However, hastening therapy without the client being really ready for it may destroy motivation for a long time.

Thus in order to accompany the process of motivating the client to undergo psychotherapy – the only effective treatment for eating disorders – in a helpful and nurturing manner, the eating disorder experts of the Women’s Health Centres F.E.M. and F.E.M. Süd have developed a package of services both for the women and girls affected and for their relatives as well as for multipliers.

These activities are pre-therapy and try to effectively bridge the gap in care between the diagnosis of an eating disorder and actual psychotherapeutic therapy. In this phase, the focus lies squarely on information, counselling and understanding of the disorder and of the personal advantage derived from it.

The main target group of these activities are women and girls who suffer from an eating disorder and have a very ambivalent attitude to therapy. However, we likewise try to address persons suffering from eating disorders but have already started to search for a therapy as well as relatives of affected women and girls, who are also looking for support in their situation.

The reasons why potential clients often reject therapy include:

- Negative experience with therapeutic interventions
- Fear of unknown institutions and experts
- Feelings of shame
- Clients’ inability to recognise their psychological disorder as such
- No or incorrect ideas about psychotherapy

The typical behaviour of potential clients who reject therapy include the following patterns:

- “No show” for appointments
- Rejection of therapist and therapeutic setting
- Ambivalent statements
- Clients’ conviction of being able to handle the situation on their own

The methods employed by us to encourage motivation include:

- Providing in-depth background information
- Inviting former clients to speak about their personal experience at first hand
- Taking time for clients
- Leaving clients the freedom to decide on their own
- Fine-tuning services to meet clients’ individual needs and intensity of disorder
- Stimulating clients’ curiosity about psychotherapy

Services offered to encourage therapy motivation include:

- Phone counselling
- Monthly video evenings
- Information sessions for parents
- Open-house weekends
- Individual counselling for potential clients and relatives
- Family counselling
- Lecture series by various experts
- Specialised library on eating disorders

Phone counselling: These counselling sessions try to offer help in personal crisis situations, provide information on possible therapies as well as on type, duration and costs of therapies, but also fix appointments, if requested by the caller. Phone counselling is free of charge and anonymous.

Video presentations: A video on bulimia and anorexia provided courtesy of Dr. Monika Gerlinghoff, Max Planck Institute, Munich, is shown. Following the presentation, an expert as well as a former client are available for questions and discussions. The video evening is open to affected women and girls, relatives and persons generally interested in the problem.

A key aspect of these evenings lies in the articulation of the disorder, in the exchange of experience and the communication of different attitudes towards the issue. The video presentations are anonymous and free of charge for young people.

Individual counselling for persons suffering from eating disorders: Here 1-3 counselling sessions per person are offered to provide information on possible therapies, to defuse fears and concerns about therapy and, of course, to establish a diagnosis.

Individual counselling for relatives: These counselling sessions are targeted at the parents, grandparents, siblings, friends, partners and teachers of affected women and girls, who contact the F.E.M.s to get information on how to treat and deal with eating disorders and stimulate self-reflection.

Information sessions for parents: In a pleasant setting, relatives are given an opportunity to have their many questions answered by an expert, often in the presence of former clients. The exchange of experience with other parents is perceived as a great relief by the participants.

Information evenings: Experts (dieticians, physicians, psychologists and psychotherapists) provide information on bulimia and anorexia. Institutions, initiatives and therapy methods are presented. The lectures are targeted at persons suffering from eating disorders, their relatives and persons generally interested in the issue.

Trial workshops: These short workshops are to offer an opportunity to learn what therapy really means, how it functions, to get to know the institution and to meet the psychotherapist.

The motivation-finding process is crucial and an absolute prerequisite for achieving a cure and a successful therapy. All necessary measures should be taken to help this process along, so that as little time as possible will be lost before therapy is actually initiated.

Ad 3. Therapy services

The psychotherapists working at the Women's Health Centres F.E.M. and F.E.M. Süd are psycho-drama experts and family therapists and thus aim at a solution- and resource-oriented approach to therapy. As a rule, group therapy is preferred to individual therapy, as women and relatives often find it easier to shed their former isolation in a group context. Patterns in interpersonal relations can be more directly experienced and treated in the group; finally, the group increases the individual's power to act and experience and functions as a testing ground.

Therapy options include diagnostic talks, short trial workshops to provide a general idea of therapy, group therapies, individual therapies, family therapies, continuous encounter groups and therapeutic groups for parents.

In the parents' groups, relatives are informed about eating disorders and provide mutual assistance. By strengthening and easing the stress level of the relatives, the clients' therapy motivation is indirectly increased. Continuous participation in a group permits to work through own problems. After the end of the group, the participants are motivated to establish a self-help group.

In addition to therapy, all patients are also monitored by a physician. The close co-operation with the physicians treating the patients contributes towards the success of the therapy. Thus medical consultation hours as well as the possibility of psychiatric treatment and consultation may be drawn upon.

Ad 4. Services for women whose eating behaviour has stabilised

Our plans include a project involving former clients, an "idea workshop", the further development of preventive work at schools, an in-depth evaluation of group therapies as well as the further development of training courses for multipliers from the psychosocial professions. Moreover, an information brochure for relatives and interested persons is also to be compiled. A quality-assurance platform for eating disorder therapies in order to develop uniform and patient-oriented therapy standards and therapy concepts is likewise undergoing project stage.

Mag. Kathleen Löschke
Women's Health Centre Wien
Kundratstr. 3
A – 1100 Wien
Austria

Preventing Young Women from Beauty and Diet Terror. Projects of Feminist Social Educational Work with School Aged Girls and Young Adults

Dr. Hella Gephart

This article tells about project studies of feminist social educational work at the University of Applied Sciences in Cologne and especially those projects concerning primary prevention of eating disorders.

1. Project Studies of Feminist Social Educational Work

The project studies of feminist social educational work at the University of Applied Sciences in Cologne were installed in 1978 by Prof. Maria Mies and are today conducted by Prof. Brigitte Dorst and her colleagues.

Female students have the chance to occupy themselves with feminist thinking, theory and research, reflecting their identity as women and learn to work in the field of gender educational or counselling work. From the beginning of their studies the female students may attend workshops and lectures which deal with feminist theories and research. In their third term they start the curriculum which covers four terms (two years). Two workshops deal with methods, interventions and institutions regarding feminist educational or counselling work. In their fourth and fifth term the students plan and prepare their activities and conduct their projects. The project evaluation takes place in their sixth term. During the whole project phase from the preparation to the realisation the students are supervised.

Project studies of feminist social educational and counselling work

1. – 2. Term	<ul style="list-style-type: none"> •Workshops and Lectures with feministic topics
3. Term	Project-Preparation <ul style="list-style-type: none"> •Methodological seminar •Seminar giving an overview about feminist institutions and target groups
4. – 5. Term	<ul style="list-style-type: none"> •Preparation and performance of projects under supervision •Project Center (Feminist theories, Reflection)
6. Term	<ul style="list-style-type: none"> •Project Reflection and Evaluation

Subjects of the projects cover a wide range: One of my groups investigated women's feeling of being secure at bus stations in alternating parts of the city. Another group worked with very young mothers trying to help them to develop time management and visions of their future.

A third group made interviews with old women about their coping strategies with severe events in their life time. Prevention of eating disorders is another important topic.

2. Some Aspects of Eating Disorders

As I now want to concentrate at those projects which give maintenance for young girls and the estimation of their self-confidence and identity I want to point out two aspects about eating disorders.

The Alienation of the Body

On one side we have those children who are overweight due to the fact – among others - that they spend too much time at home or at least without movement - and do neither explore their neighbourhood nor play outside. They get more and more estranged from their body or body experiments. On the other side we have that high amount of thin and meagre girls which suffer from that immense pressure which derives from the images of ‘perfect’, e.g. thin body presented in TV, fashion magazines or advertisements etc. Both types of eating disorders show an alienated connection to their bodies (compare Oerter, 1998, S. 338, Orbach 1998, S. 91).

Peer Group Norms

Today we are exposed to a situation where it seems to be normal - or even worse - serving a norm when suffering from eating disorders. As a colleague told me, in the class of her 14 year old daughter only two girls have a normal body mass index. All the other girls are in the range of meagreness and five of them have severe problems with their weight.

That means we have not only an individual personal or family problem or a social problem. We find a self-supporting peer group phenomenon which brings up a pressure of body and beauty norms and is emphasised by the definition of the girls belonging to their peer group according to their weight (compare Gilligan 1998, S. 204-205, Flaake 2001, S. 236 ff., Oerter, 1998, S. 370-371). When we talk about primary prevention both aspects must be put into interest.

Since the term ‘Lebensweltorientierung’ – which means the orientation in life - was introduced as an important leading idea of the work with young people, we know that prevention of addiction and eating disorders can only be successful when it is related to the conditions of life of young adults such as family, friends, interests, job, school or peers.

Important topics of the prevention work concerning addiction are

- Supporting self confidence
- Reflecting images, experiences and awareness of and with the own body
- Supporting life competence
- Supporting borders and conflict strategies

And as I would like to add and stress:

- reflection of norm-building processes in the peer group.

This work is the more successful the earlier it starts and the longer the accompany of children and young adults lasts.

3. Projects examples

I will now present you two projects which aim at primary prevention interventions as I described them above.

The **first project** consists of a three days workshop in a Comprehensive School in Cologne. The participants were 17 girls aged 14 to 15 years. The workshop aimed at

- the reflection of the self image of the girls
- support of self-confidence and self-defence

Intimacy, co-operation and confidence of the girls increased obviously (Burger, A./Gierhartz, C./Schorr, E. 2001).

Design ‘Workshop with School-aged Girls’

	Tuesday	Wednesday	Thursday	Friday
8.10 – 9.45	<ul style="list-style-type: none"> ●Welcome ●Learn to know each other by interviewing another person installing one lie ●Sharing 	<ul style="list-style-type: none"> ●Sharing ●Movement game ●Drawing ‘My forces and weaknesses’ ●Exposing the pictures 	<ul style="list-style-type: none"> ●Sharing ●Movement game ●Discussion about girls socialisation ● Input ‘Non-verbal Communication’ ●Role play: Saying No in daily situations 	<ul style="list-style-type: none"> ●Sharing ●Movement game ●Small-group-work: women’s daily situations ●Quiz: women specific topics
9.45 – 10.05	Break	Break	Break	Break
10.05 – 11.45	<ul style="list-style-type: none"> ●Experiment: optic deception Small groups: Beauty ideals ●Sharing ●Poem: ‘I dare to be the human being who I am’ 	<ul style="list-style-type: none"> ●Talking about: what I am proud of ... ●Experiment: Beating through a piece of wood ●Sharing 	<ul style="list-style-type: none"> ●Experiment: Getting close – having distance ●Experiment: Shouting ‘No’ or ‘Go away’ ●Working about ‘Non Victim – Signals’ 	<ul style="list-style-type: none"> ●Fare-well-breakfast
11.45 – 12.00	Break	Break	Break	Break

12.00 – 12.45	<ul style="list-style-type: none"> •Questionnaire ‘My body picture’ •Sharing 	<ul style="list-style-type: none"> •Partner Massage •Sharing 	<ul style="list-style-type: none"> •Planning the farewell breakfast •Movement game •Sharing 	<ul style="list-style-type: none"> •Compliments vice versa •Feedback questionnaire •Reflection • good bye
---------------------	--	--	--	---

The **second project** was part of diploma thesis and covered a year. Two students worked with a group of 14 to 18 year old girls about their fears and anxieties and produced a video film which was shown at certain youth film festivals in Germany.

This work aimed at

- working about specific girls topics
- support creative thinking
- stressing individual resources
- critical reflection of media.

The outcome of the project work was convincing. The girls formed a peer group, they supported each other during their work. Emotional and self-healing work was done. E.g. one of the girls talked about her sexual abuse for the first time; she wrote a story about the events and found out in which way she could perform it in the film without hurting herself and protecting her borders. One girl wrote a scene about telephone terror she experienced and showed her despair and powerlessness.

This work will be continued. It got financial aid by the country and took place at the ‘Alte Feuerwache’ in Cologne - a citizen community centre in which specific girls work is conducted (Jansen, Nicole/Schack, Editha, Köln 2002).

In both girls groups we find a process of getting closer and more supportive for one another. Both groups told us that they for the first time have the opportunity to think and talk about their ideas of being female, their fears and wishes. The video group worked together for more than one year; they are still working at another project and the older of the girls gained perspectives for their professional life.

For future projects and diploma theses it is planned to work out the importance of body norms as entrance for being within or out of the peer groups and thus taking part of the subsystem of support and social acceptance.

References:

- Burger, A./Gierhartz, C./Schorr, E. (2001). Mädchenprojekt in der Gesamtschule Rodenkirchen. Projektbericht
- Flaake, Karin (2001). Körper, Sexualität und Geschlecht. Studien zur Adoleszenz junger Frauen. Gießen, Psychosozial-Verlag
- Gilligan, Carol (1998). Themen der weiblichen und männlichen Entwicklung in der Adoleszenz. In: Winterhagen Schmid, Luise (Hrsg.) Konstruktionen des Weiblichen. Weinheim, Beltz
- Jansen, Nicole/Schack, Editha (2002). Ein Videoprojekt mit Mädchen zum Thema Angst unter der Berücksichtigung des Ansatzes ‚Empowerment in der sozialen Arbeit‘. Diplomarbeit FH Köln
- Oerter, Rolf/Dreher, Eva (1998). Jugendalter. In: Oerter, Rolf/Montada (Hrsg.) Entwicklungspsychologie. Weinheim, Beltz, 4.Aufl.
- Orbach, Susie (1998). Magersucht. Ursachen und Wege der Heilung. München, Econ und List TB-Verlag, 2.Auflage
- Schaper, Iris (2000). Magersucht Online. Bild der Wissenschaft 11.7.2000
- Sessinghaus, Silke (1999). Möglichkeiten der Präventionsarbeit bei Essstörungen. Diplomarbeit FH Köln

Dr. Hella Gephart
Universität Köln
Geislarstr. 28
53225 Bonn
Germany

“Jugend mit Biss” – Model Project for the Primary Prevention of Eating Disorders

Sigrid Borse

On behalf of the City of Frankfurt the Franfurter Zentrum für Ess-Störungen has implemented a primary prevention project focussing on eating disorders in teenagers. The evaluation of the model project, which was entitled "Jugend mit Biss" (this can be roughly translated as "Teen Power") was promoted by the Federal Ministry for Family, Senior Citizens', Women's and Youth Affairs.

In Western industrial states eating disorders are some of the most frequent psychosomatic disorders affecting girls and young women. Observations made in various countries suggest that this kind of disorder is rapidly increasing. Male teenagers, too, are increasingly affected by eating disorders. A recent study arranged by the Friedrich Schiller University of Jena in Germany (Strauss 2002) has shown that one in three female pupils in Germany suffers from early manifestations of eating disorders. The study involved 736 people aged 12 to 32 who were examined for early manifestations of eating disorders including anorexia nervosa and bulimia nervosa. 29% of the women and 13% of the men showed symptoms. It also emerged that female pupils were particularly at risk: A staggering 35% of the girls interviewed showed early manifestations of disorders, while 14% were highly likely to develop an eating disorder. In the past few years the number of younger, obese children has also dramatically increased. In Germany as many as 2.8% of all children aged 5-6 suffer from obesity. In view of these alarming figures both research and practice are now more and more focusing on preventive measures. The development of eating disorders cannot be explained by a single, conclusive, theoretical model; it must be assumed that they are caused by multiple factors, including sociocultural and personality-related determinants and family dynamism. Today's exaggerated, idealistic view of beauty, slimness and youth has established rigid standards that apply especially to women and contributes to the spreading of eating disorders in young people at an epidemic level to the point that dieting has become a habit even among young girls. The notion that beauty equals slimness is also increasingly propagated by the influence of the media. At the same time, the tradition of sharing meals is being destroyed by the individualised daily routines of family members. In addition, the incidence of eating disorders may be encouraged by the educational behaviour of parents who are unable to accept their children's endeavours to become independent. Sexual violence can also play a decisive role in the development of this syndrome. However, it may be assumed that the one characteristic feature all these possible explanations have in common is a blow to the patient's identity which prevents them from being clearly aware of their own body and hinders them from developing an independent personality.

The model project was based on a salutogenetic concept of health. The discussion of public health policies has been enriched by the theses suggested by medical sociologist Aaron Antonovsky, who brought about a change in paradigm – away from the pathogenetic model, which focuses on the disease itself, toward the health-related, resource-oriented, salutogenetic model with its preventive approach. Instead of focussing on risk factors the salutogenetic concept concentrates on health-preserving factors which are supposed to help people manage crises and problems in their lives as successfully as possible. The overall question is thus: "What will preserve a person's health?" and not "What makes a person fall ill?" The salutogenetic model is thus a useful basis for competence-enhancing, preventive measures. Since it was realised that the basis for many health-relevant attitudes and behaviour patterns is laid early on in life, more importance has been attached to prevention during childhood and youth.

Since the mid-1980s a change in paradigms has also taken place with regard to the subject of health education at school. Instead of symptoms and pathogenesis, here, too, aspects that are conducive to health are being focused on. As a result, pupils have been doing comprehensive school projects integrating psychosomatic, social and ecological issues. For instance, the creation of a health-building environment at school is given more attention. The aim is to enhance individual and social protective factors so that pupils and teachers can support each other in developing and protecting their health. This notion of health preservation as an ongoing process is based on the charter adopted during the first International Conference on Health Promotion that was held in Ottawa in November 1986. In this charter, health is seen as an integral part of everyday life – a concept emphasising the significance of social and individual resources as well as physical fitness.

I would now like to introduce you to the conception and design of the "Jugend mit Biss" or "Teen Power" model project. In Germany only few preventive measures have been taken in the field of eating disorders. In answer to an increasing number of requests from schools and youth centres the Frankfurter Zentrum für Ess-Störungen developed in the year 2000 a project for the primary and secondary prevention of eating disorders in teenagers, which was based on the principles of salutogenesis and relevant experience. The project involved self-orientation units for pupils, working material dealing with specific subjects for use during relevant school lessons, special counselling for parents and training measures for teachers. The target group of this prevention project consisted of 12 to 13 year old, male and female pupils of a grammar school and the two lower levels of a comprehensive school.

The model project is based on the concept of life skill approach which aims at teaching meaningful self-orientation, the development and application of creativity, the perception and resolution of conflicts, the ability to recognise and express needs and feelings, the general ability to keep up working relationships and general ego strengthening. The plan was to implement identity-enhancing capabilities to establish an immunising barrier against the risk of developing eating disorders. Four aspects of primary prevention were particularly taken into account.

The first among these are "individual factors": The teenagers were encouraged to assess themselves more realistically, to develop a more positive body image, to become more sensitive to their own body signals and emotions, to learn how to act self-responsibly and to use their own potential more effectively.

The next aspect refers to the "social context": The project was to promote the building of supporting relationships, to improve the pupils' capability for social integration and to teach them how to deal with conflicts and have constructive discussions. Another goal was to make the teenagers aware of standards set by family and peer groups.

The third point involved "social factors": What we aimed at was the critical assessment of gender roles, models, ideals of beauty and the influence of the media. In this context we also encouraged the pupils to critically discuss exaggerated standards of performance and claims to perfection.

The last aspect to be covered was "food": On the one hand the pupils were informed about wholesome, enjoyable food and changes in the way society deals with food. On the other

hand, changes in the cultural aspects of eating in the family and in public and the meaning of food as a source of pleasure were discussed.

The overall objective was to use this protective approach to reach as many male and female pupils as possible – pupils who had not yet been affected by eating disorders.

Due to the findings of the study conducted in Jena, which I have just quoted, the researchers concluded that effective, preventive strategies are absolutely necessary. According to the study, schools in particular should pay more attention to the problem of eating disorders. Quote: "As schools are places where teenagers spend a lot of their time they are well suited to carry out measures in the field of education, prevention, early diagnosis and first aid." (Strauss 2002).

The Frankfurter Zentrum für Ess-Störungen Frankfurt decided to have the project evaluated by the Institut für Sozialarbeit und Sozialpädagogik Frankfurt. All in all it was found that preventive work at schools on the subjects of health promotion and prevention is both important and worthwhile. The pupils really appreciated the relevance of the issues to the world they live in. This is why they showed great commitment in choosing and working on the individual subjects. Gender groups helped them talk more freely about their problems and feelings. Some classes reported improvements in communication and a new style of discussion due to the project. The didactic concept of the project, which was action-oriented and involved playful learning and working in small groups, turned out to be successful. The combination of cognitive and emotional aspects went down very well with the pupils. According to the findings of the evaluation, attitude and behaviour of the youngsters had clearly changed once the project was finished. These changes manifested themselves above all in improved self-esteem and the ability to deal with conflicts. In addition, the teenagers were more open-minded about new and unfamiliar situations. The results also suggest that the pupils are now clearly better at developing suitable life skills and a creative approach to demands that are made on them. An improvement in social competence was the declared aim of the project as the newly acquired skills are particularly well suited to contribute to an immunisation against the risk of developing addictive behaviour in general and eating disorders in particular.

The "Jugend mit Biss" project provides important hints as to how schools can form networks with other, psychosocial institutions and counselling centres. There is no doubt that teenagers can be best reached by primary, preventive measures if these have their setting at school as this is where all pupils of one age group can be integrated. Schools can benefit from working together with external experts and learn from their ideas and methods. Preventive health measures should become part and parcel of the school curriculum as only continued, long-term efforts can do justice to the sustainability-oriented idea of prevention. In view of comprehensive health promotion at school the aim should thus be a continuous implementation of preventive measures. And, last not least, the evaluation has highlighted the urgent need for more research on the prevention of eating disorders.

Sigrid Borse
Frankfurter Zentrum für Ess-Störungen
Hansaallee 18
60322 Frankfurt
Germany
<http://www.essstoerungen-frankfurt.de>