



# Body Image & Disordered Eating

## What is Body Image?

Body image is a complex concept that affects how people feel about themselves and how they behave. The National Eating Disorder Association (NEDA) defines body image as, “how you see yourself when you look in the mirror or when you picture yourself in your mind.”<sup>1</sup> Negative body image and stress can lead to disordered eating.

Adolescence is a critical time for both body image and self-esteem. Adolescents are adjusting to a new physical sense of self, along with a sexually maturing body. This may make teens feel uncomfortable and/or self-conscious. Many male and female adolescents may begin to develop a negative self-image, especially about how they look.<sup>2</sup>

## Poor Body Image

Many adolescents are dissatisfied with their body shape and weight. Poor body image is when a person has a distorted perception of his or her body shape. Feelings of shame, embarrassment, and anxiety are not uncommon among individuals with a poor body image.

Physical body changes that occur during puberty may influence an adolescent’s satisfaction with

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## California Nutrition and Physical Activity Guidelines for Adolescents

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their personal appearance. After their growth spurt, females may accumulate fat rapidly, especially in their hips, thighs, and buttocks. This may lead to negative thoughts towards one's body.

Adolescents who mature early or late may be more dissatisfied with their appearance, and may need more reassurance that they are developing normally.

Males may have a mild weight increase before their growth spurt (around 9-13 years of age). This pre-pubertal weight gain is more pronounced in some males and may trigger a fear of becoming overweight. Generally, the increased height and muscular development that occurs with later adolescence improves body image. In an attempt to build muscle, some adolescents may use supplements, such as creatine, protein powders and/or anabolic steroids.

## Influences on Body Image

Anyone in our culture is at risk for developing a poor body image, which may result in harmful practices around weight loss. In 2013, the national Youth Risk Behavior Surveillance System (YRBSS) showed that 31% of high school students in grades 9-12 felt that they were overweight and 48% were trying to lose weight.<sup>3</sup>

Body image is influenced by both biological and environmental factors. Environmental influences, such as family/peer expectations, societal/cultural beliefs, and media portrayals can play a large role in developing a positive or negative body image. (see Figure BI-1)

Examples of factors that may lead to distorted body image include:

- Children and adolescents often feel personal pressure as parents, teachers, coaches, and friends urge them to achieve the “perfect” body.<sup>4, 5</sup>
- Overweight children and adults may be socially isolated and may be viewed as individuals who have failed themselves or society.
- “Fear of becoming fat” has become a common phenomenon in a society that worships thinness.

- Sexual trauma and/or Body Dysmorphic Disorder (BDD) can also be factors that lead to distorted body image. For referral information see [Web Links Referenced/Additional Resources](#)

Adults themselves often model body dissatisfaction by making negative comments about other's or their own bodies. Studies have shown a link between parents commenting on body shape and adolescent body dissatisfaction.<sup>4</sup>

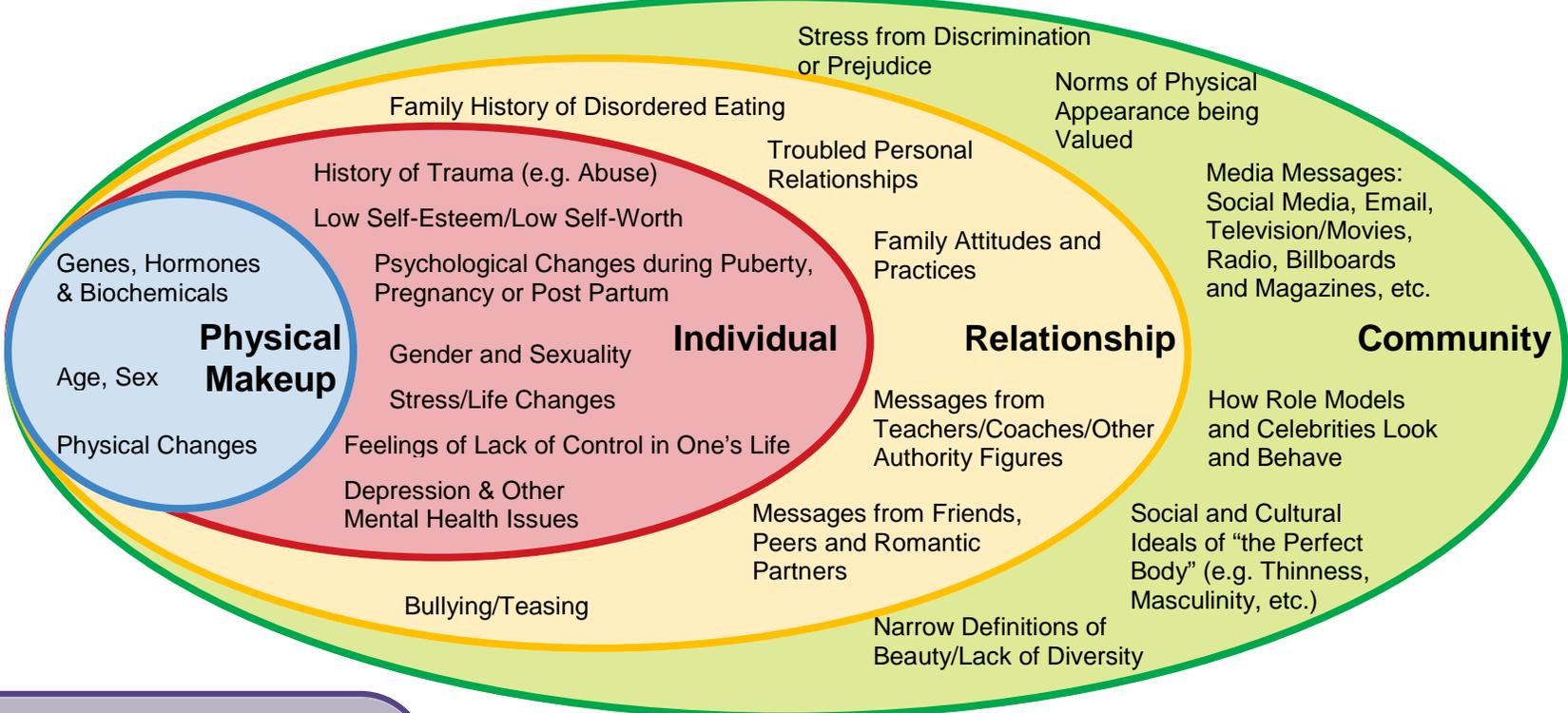
The media and advertising industry can have serious and detrimental effects on adolescents' self-image. In one research study, adolescents who attempted to look like media figures were more likely to be very concerned about their weight than those who did not.<sup>5</sup> In the same study, those who reported that thinness was important to their fathers were more likely to be constant dieters than their peers.<sup>5</sup> Unattainable body images in the media can also lead to increased depression, anger, anxiety and decrease self-esteem, all of which are often times warning signs and symptoms of eating disorders.<sup>6</sup> (See the box below for risk factors of developing disordered eating)

### Risk Factors for Developing Disordered Eating

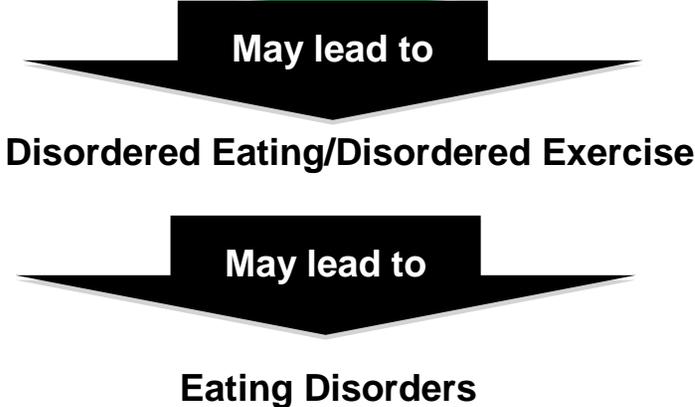
- Family history of disordered eating
- Family dysfunction
- Low self-esteem
- Poor body image
- Focus on weight
- Self-mutilation
- Stress
- Depression
- Anxiety
- Obsessive-compulsive disorder
- Genetics
- Weight focused sports
- Dieting
- Trauma

# Poor Body Image Can Lead to Disordered Eating

Figure BI-1. Possible triggers/causes of poor body image using the socio-ecological framework



- Opportunities for Prevention!**
- Screening for risk factors for having or developing disordered eating.
  - Support by the AFLP Case Manager, a supportive, caring adult who helps foster self-esteem and navigate individual, relationship and community-level stressors.
  - Referral to a health care provider who is experienced in treating eating disorders.





## Disordered Eating

Disordered eating includes a wide range of eating behaviors: high fat intake, high calorie intake, calorie restriction, food group elimination, chronic dieting, skipping meals and others. What distinguishes disordered eating from an eating disorder is the frequency and severity of such behaviors. Disordered exercise patterns, ranging from exercise addiction to abstinence of physical activity may also be used to manipulate body size. (See Figure [BI-2](#))

In 2013, 5% of teens in the US reported having tried diet pills, powders or liquids in order to control their weight.<sup>3</sup> When disordered eating patterns are not extreme, they may not appear serious to immediate family, friends and social networks. However, unhealthy eating or physical activity behaviors that are not frequent or intense enough to meet a formal diagnosis may still be dangerous to one's health. These behaviors can also be precursors to future severe eating disorders.<sup>7, 8</sup>

Eating disorders are real, treatable medical illnesses with complex underlying psychological and biological causes. They frequently co-exist with other psychiatric disorders such as depression, substance abuse, or anxiety disorders.

Eating disorders may result in numerous health complications including loss of menstrual cycle, dehydration, bowel or kidney dysfunction, brain shrinkage, diabetes, TMJ (temporomandibular joint) syndrome, misalignment of the teeth, esophageal tears, stomach ulcers, joint pain, arthritis, digestive and absorption problems, acid reflux disorders, cancer of the mouth and throat, low or high blood pressure, heart arrhythmia and cardiac arrest, infertility, dilation of the intestines, osteopenia, osteoporosis, liver damage, or depression and suicide. This list is not exhaustive.

## Eating Disorder Warning Signs

Learn to recognize the physical and mental signs of eating disorders, keeping in mind that there may be co-existing psychological illnesses and/or addictions to alcohol or drug abuse.

\*The following was taken directly with permission from the National Eating Disorders Association:

<https://www.nationaleatingdisorders.org>

### Anorexia Nervosa

- Inadequate food intake leading to a weight that is too low.
- Intense fear of weight gain, obsession with weight and persistent behavior to prevent weight gain.
- Self-esteem overly related to body image.
- Inability to appreciate the severity of the situation.
- Binge-Eating/Purging Type involves binge eating and/or purging behaviors during the last three months.
- Restricting Type does not involve binge eating or purging.

### Binge Eating Disorder

- Frequent episodes of consuming very large amount of food but without behaviors to prevent weight gain, such as self-induced vomiting.
- A feeling of being out of control during the binge eating episodes.
- Feelings of strong shame or guilt regarding the binge eating.
- Indications that the binge eating is out of control, such as eating when not hungry, eating to the point of discomfort, or eating alone because of shame about the behavior.

### Bulimia Nervosa

Frequent episodes of consuming very large amount of food followed by behaviors to prevent weight gain, such as self-induced vomiting

- A feeling of being out of control during the binge-eating episodes.
- Self-esteem overly related to body image.

**Figure BI-2. Disordered Eating and Disordered Exercise**

**Disordered Eating** - Abnormal eating patterns that may range from less to more extreme patterns. Disordered eating includes a collection of interrelated eating habits; weight management practices; attitudes about food, weight and body shape, and physiological imbalances that may be experienced by men or women.

**Eating Disorder** - An extreme expression of disordered eating leading to a range of weight and food issues. They include binge eating disorder, anorexia nervosa, and bulimia nervosa. All are serious emotional problems that can have life-threatening consequences. Below are some categories of eating disorders.

- **Binge Eating Disorder** - Also called compulsive overeating, “is defined as recurring episodes of eating significantly more food in a short period of time than most people would eat under similar circumstances, with episodes marked by feelings of lack of control. This disorder is associated with marked distress and occurs, on average, at least once a week over three months.”<sup>9</sup> While there is no purging, there may be sporadic fasts or repetitive diets. Body weight may vary from normal to mild, moderate, or severe obesity.
- **Anorexia Nervosa** - Characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight. Anorexia nervosa has the highest mortality rate of all psychological disorders.
- **Bulimia** - Self-perpetuating and self-defeating cycles of binge eating and purging. During a “binge,” the person consumes a large amount of food in a rapid, automatic, and helpless fashion. This may anesthetize hunger, anger, and other feelings, but it eventually creates physical discomfort and anxiety about weight gain. The food is then “purged,” usually by induced vomiting and/or other inappropriate behaviors, such as restrictive dieting, excessive exercising, laxatives, and diuretics.
- **Other Specified Feeding or Eating Disorder (OSFED)** – Characterized by impairment or distress and not less serious than other eating disorders, but does not meet the criteria for other disorders. It includes binge eating or bulimia nervosa with less frequent episodes, anorexia nervosa without meeting the weight criteria, night eating syndrome and purging without binge eating.<sup>10</sup> For more information on OSFED, please visit: <https://www.nationaleatingdisorders.org/other-specified-feeding-or-eating-disorder>
- **Unspecified Feeding or Eating Disorder (UFED)** – Clinically significant physical/mental distress; however, does not fit into the other DSMV eating disorder categories, perhaps due to insufficient information available.

**Orthorexia Nervosa** (Orthorexia) – Not included in the DSM; however, recognized by some experts as a condition that stems from a desire to eat healthfully that becomes excessively restrictive and may result in adverse health outcomes and social isolation. Orthorexia nervosa is less about weight but more about controlling the quality of food intake.<sup>11</sup>

**Disordered Exercise** - Any abnormal exercise pattern, such as exercise addiction experienced by men or women. It may include abstinence of physical activity to manipulate their body size.

## Common Misconceptions about Eating Disorders

### Thoughts people may have about eating disorders...

**I know an anorexic... If I just get him/her to eat it will solve the problem. I know a bulimic... if I can keep him/her out of the bathroom it will solve the problem. I know someone who is a compulsive overeater... a diet will fix everything.**

**False.** Concentrating only on the food is a very common mistake. People who suffer from eating disorders use negative coping mechanisms that involve food as a way to deal with unpleasant emotions or pain.

The key to recovering from an eating disorder is to learn to manage all areas of one's life: stress, pain (past and present), emotions, and finally, eating healthfully. Learning not to use food as a coping mechanism cannot be addressed until the person begins to address these underlying issues. The sooner a person gets help, the easier it will be to treat the person and help them get well. When habits become ingrained, eating disorders may be more difficult to treat.

Note that labeling someone by their eating disorder may be hurtful. For example, instead of calling someone "anorexic," say "a person with anorexia."

**Only "young, White females" get eating disorders.**

**False.** Anyone can develop an eating disorder. Regardless of previously held beliefs, eating disorders affect individuals from every age, sex, socioeconomic status, culture, and race/ethnicity.

**You can tell by looking whether a person has an eating disorder.**

**False.** There are many people with eating disorders who are of average weight. The devastating effects of eating disorders are usually unseen, such as nutrient deficiencies, electrolyte imbalances, and other physical dangers.

**Eating disorders are a vanity issue.**

**False.** Eating disorders are not necessarily about appearance. Often, eating disorders can be coping mechanisms for dealing with stress, self-hate, hurt, shame, or lack of control in the rest of the person's life.

**People with binge eating disorders are lazy and have no willpower.**

**False.** People suffering with binge eating disorder may use food as a way to fill a psychological void, to cope with stress, to take away pain, and/or to comfort themselves. For some, it is also a way to keep from being vulnerable. They may feel that if they stay overweight, no one will want to get close to them.

**My family member/friend eats normally around me. He/she can't possibly have an eating disorder.**

**False.** People with anorexia or bulimia may eat "normally" around others. They may look forward to their time alone to be able to "make up for" the time they have spent "normally" around others. Once alone, people with anorexia may completely starve themselves, those with bulimia may binge and purge, and people with binge eating disorder may binge.

**If the doctor says there is nothing to worry about, then there is not.**

**False.** Not all doctors are trained to identify or screen for adolescents with eating disorders. They may not be aware of all the warning signs or may test for other possible physical problems instead. Routine blood tests may not provide adequate information for diagnosing eating disorders.

### Adolescents might say...

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

**False.** Restriction of food occurs in many ways and does not necessarily mean that one abstains from food completely. For example, some restrict certain types of foods and limit calories to below normal on a daily basis. Others fast for a certain number of days and then eat "normally" for the next few days and repeat the cycle.

**“I don’t have an eating disorder because I do eat at times and I never binge eat.”**

**False.** When people with anorexia cannot avoid a meal or food, they may follow consumption with self-induced vomiting or laxative abuse.

**“I eat a lot of candy and can’t possibly be anorexic.”**

**False.** It is possible that some people who suffer from eating disorders eat candy and/or use drugs, alcohol, coffee, tea, and/or cigarettes. These may serve as a false sense of energy and/or appease extreme cravings.

**“I eat three meals a day or I eat a lot during the course of the day. I never purge. I can’t have an eating disorder.”**

**False.** Disordered eating does not always mean restricting, bingeing, or purging. If the overall calorie intake is too low, this could be considered anorexia. The individual may not be “starving” themselves of food per se, but may be restricting themselves of sufficient calories and nutrients. For example, someone may eat meals consisting of only lettuce, salad, or yogurt, or other comparably low-calorie, low-fat foods, which are also insufficient at providing all the necessary nutrients.

**“I don’t make myself vomit or use laxatives. I can’t possibly have bulimia.”**

**False.** There are other methods of purging following a binge. In addition to laxative use or induced vomiting, purging can be accomplished with exercise or fasting.

**“This is just a phase.”**

**False.** Anorexia, bulimia, and binge eating disorder are not phases that anyone just “goes through.” Some may experiment with different “diets,” but this is different from having an eating disorder.

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

**False.** Vitamin/mineral supplements will not protect against the physical and mental devastation of an eating disorder. While taking vitamins and minerals may help to provide a sense of security, or even prolong certain aspects of health (such as warding off infection or anemia), they will not prevent the complications of an eating disorder.

**“Everyone who is overweight eats too much.”**

**False.** There are other reasons an individual may be overweight, including medical reasons or a genetic predisposition to a larger body size. Some individuals who are overweight may actually be healthier and more physically fit than normal weigh persons.



Adapted from Eating Disorders Shared Awareness <[www.something-fishy.org](http://www.something-fishy.org)> Accessed in 2000. No longer available.

## People with Eating Disorders May Not Ask for Help

People with eating disorders may not recognize they need help or they may not want help. In situations where youth do want help, they still may not ask for it for the following reasons:

- “I’m ashamed.”
- “I’m not thin enough. He/she won’t believe me.”
- “I’m not sick enough. He/she won’t think I need help.”
- “The doctor won’t take this seriously, no one else does.”
- “The doctor won’t take my complaints seriously. He/she thinks I’m too young to be worried about such things.”
- “He/she will tell my parents. People will find out.”
- “He/she will just see me as fat, they won’t believe it’s an eating disorder.”
- “The doctor is just going to make me gain (lose) weight!”
- “My doctor (therapist) will tell me to ‘just eat’ but it’s so much more than that!”
- “My therapist refuses to treat me because I’ve lost (gained) weight.”
- “I’m a man and I know they’ll think I’m a ‘freak,’ or they won’t believe me.”

As a care provider, it is critical to validate feelings and promote positive body image at every opportunity possible. Use the tips and activity handouts to facilitate these important conversations.

Adapted from Eating Disorders Shared Awareness <[www.something-fishy.org](http://www.something-fishy.org)> Accessed in 2000. No longer available

## Interventions/ Referrals

Use videos, such as [Young Women’s Thoughts on Body Image](#) and lead a discussion.

Use the [Develop a Positive Body Image](#) activity sheet to encourage positive thoughts and activities.

Use the [Ask Yourself](#) activity sheet as an interactive activity that encourages client self-assessment of attitude.

Use the [Web Links Referenced/Additional Resources](#) information sheet for other sources of information on these topics.

Use [The Important People in My Life](#) handout to assist your client with value clarification

Use the [Accept All Body Shapes](#) activity sheet to discuss size acceptance with clients.

**If you suspect that the adolescent has an eating disorder**, refer to a health care professional or agency that specializes in the treatment of eating disorders. See [Web Links Referenced/Additional Resources](#)

Help the adolescent develop a positive body image by doing the following:

- Ask the adolescent: “What is one thing you really like about yourself?” or “What is one thing you are proud of yourself for?” If he or she has a hard time, prompt the adolescent—for example, “I see that you are really good at math” or “you are really caring towards your family.”
- Encourage the adolescent to think about how they view others. Help them come up with positive ways of describing their peers. He or she can participate in Operation Beautiful by anonymously giving a note to someone with a positive message on it. [www.operationbeautiful.com](http://www.operationbeautiful.com)
- Avoid using the term “diet” with adolescents. Adolescents may associate this term with certain eating and physical activity patterns that are not healthy—for example, skipping meals or not eating a certain food group.
- If an adolescent says he or she is “dieting,” he or she may not be eating enough calories or may have disordered eating patterns. This can be dangerous to anyone, but is even more so in adolescent pregnancy.
- Make sure the adolescent understands that weight gain is a normal part of development, especially during puberty and pregnancy.

- Avoid negative statements about food, weight, body size and shape.
- Help the adolescent make healthy decisions about food, such as by encouraging nutritious meals and snacks. Encourage regular physical activity that is consistent with public health recommendations.
- Compliment the adolescent on her or his efforts, talents, accomplishments, and personal values.
- Discuss images shown in the media with the adolescent (e.g. imagery on the internet, in magazines, in television advertisements, etc.).
- Keep communication lines with the adolescent open.

For referral information, see [Web Links Referenced/Additional Resources](#).

### How to Start the Conversation

“I’ve noticed you make negative comments about your body and blame it on the food you eat. When I hear you say you hate your fat thighs, it makes me sad and concerned. These thoughts can lead to an unhealthy relationship with food and your body image. If these thoughts continue they may lead to an eating disorder. I would like to help and support you to improve that relationship. How do you feel about that? Can you talk more about your body image and feelings around food?”

Quote provided by Krista Flores, RD, a registered dietitian who specializes in eating disorders treatment at the Eating Recovery Center of California

Another example:

"I think you're smart, funny, creative, good at yoga, (fill in the blank). But I'm concerned that there might be a part of you that's in trouble right now. In the future, I don't want to look back and regret not voicing my concern for you and your health. Can we talk about this? How can I help?"

Adapted Quote provided by Dr. Judith Brisman<sup>12</sup>

### How to Help Someone

It can be extremely difficult to reach out to someone who is struggling with an eating disorder. However you decide to approach the individual, know that help always begins with a conversation. Follow these helpful tips.

- Speak with her one-to-one in a comfortable location, a coffee shop or a walk through a park.
- Indicate specific behaviors that led to your concern. Be sure to use “I” phrases. For example: “I’m concerned because...” “I have noticed...” Stay away from accusatory language, “You should...” “You need...”
- Be sure to let the person know that you care. You are there to listen and you will support her however you are able.
- Focus on the word health and stay away from weight, food or any words that may trigger negative thoughts.
- Offer suggestions for guidance: speaking to a therapist, guidance from a registered dietitian, treatment programs, see additional resources for more.
- If you feel comfortable, offer to accompany her to the first appointment.
- Do NOT offer simple solutions like, “If you’d just stop, then everything would be fine!” Remember this can be a serious biological illness.
- Remember the individual may respond with denial or by lashing out. Listen to her response, acknowledge her feelings and share that seeking help is a sign of strength. Add that you are always there for support and tell the individual to feel free to reach out to you for help at any time.
- If the conversation does not go as planned, consider reaching out again a couple of weeks later or let someone else close to the individual know your concerns.

## Follow-Up

Discuss the client's answers to the questions on the [Ask Yourself](#) activity sheet. Use the answers to help the client evaluate how her body image is influenced by internal and external messages. Awareness of the type of positive and negative messages she receives is the first step toward change.

Let the adolescent know that there is more than one way to be beautiful.

- Help the adolescent understand that self-perceptions may be reactions to the negative media images received about body image.
- Encourage the adolescent to discuss the origins of body dissatisfaction and eating disorders in a group setting, so that he/she can compare his/her responses to those of peers.
- Encourage acceptance of all body types.

## Web Links Referenced/Additional Resources

Title	Resource Type	URL
Academy of Nutrition and Dietetics	Website	<a href="http://www.eatright.org">www.eatright.org</a>
National Eating Disorders Association	Website	<a href="http://www.nationaleatingdisorders.org">www.nationaleatingdisorders.org</a>
The National Center for Overcoming Overeating	Website	<a href="http://www.overcomingovereating.com">www.overcomingovereating.com</a>
United States Department of Health and Human Services Office on Women's Health	Webpage	<a href="http://www.womenshealth.gov/body-image/index.html?from=AtoZ">http://www.womenshealth.gov/body-image/index.html?from=AtoZ</a>
Body image and the media	Website	<a href="http://www.about-face.org">www.about-face.org</a>
Girls Health	Webpage	<a href="http://www.girlshealth.gov/feelings/bodyimage/bi.thoughts.html">www.girlshealth.gov/feelings/bodyimage/bi.thoughts.html</a>
Operation Beautiful	Website	<a href="http://www.operationbeautiful.com/">http://www.operationbeautiful.com/</a>
Finding Balance	Website	<a href="https://www.findingbalance.com/">https://www.findingbalance.com/</a>
Eating Disorder Hope	Website - resources	<a href="http://www.eatingdisorderhope.com/">http://www.eatingdisorderhope.com/</a>
Eating Disorders and LGBTQ	Webpage	<a href="https://www.nationaleatingdisorders.org/eating-disorders-lgbt-populations">https://www.nationaleatingdisorders.org/eating-disorders-lgbt-populations</a>
Overeaters Anonymous	Website - resources	<a href="http://www.oa.org">www.oa.org</a>
National Association of Anorexia Nervosa and Associated Disorders	Website-resources	<a href="http://www.anad.org">www.anad.org</a>
Monte Nido Treatment Facility	Treatment Center	<a href="http://www.montenido.com/">http://www.montenido.com/</a>
Eating Recovery Center of California	Treatment Center	<a href="http://www.eatingrecoverycenterca.com/">http://www.eatingrecoverycenterca.com/</a>
UCLA Neuropsychiatric Institute Eating Disorder Program	Webpage Treatment Center - Resource	<a href="http://eatingdisorders.ucla.edu/">http://eatingdisorders.ucla.edu/</a>
Child Health and Disability Program (CHDP)	Treatment Center - Resource	<a href="http://www.dhcs.ca.gov/services/chdp/pages/default.aspx">www.dhcs.ca.gov/services/chdp/pages/default.aspx</a>
Intuitive Eating	Website	<a href="https://www.intuitiveeating.com/">https://www.intuitiveeating.com/</a>
Stanford-Disordered Eating Program	Treatment Center -	<a href="http://www.stanfordchildrens.org/en/topic/default?id=eating-disorders-in-children-90-P01601&amp;sid=33170">http://www.stanfordchildrens.org/en/topic/default?id=eating-disorders-in-children-90-P01601&amp;sid=33170</a>
Healthy At Every Size (HAES)	Website	<a href="http://www.haescommunity.org/">http://www.haescommunity.org/</a>
BingeEating Disorder.com	Website	<a href="http://www.bingeeatingdisorder.com/">http://www.bingeeatingdisorder.com/</a>
Academy for Eating Disorders	Website	<a href="http://www.aedweb.org/web/index.php">http://www.aedweb.org/web/index.php</a>

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## What is Body Image?

Adapted from BodyTalk Facilitator's Guide

Body image is the picture of your body that you hold in your mind. Body image is made up of many events in your life. Some examples are below:

- How your family members react to your body
- How your body changes as you grow
- Any experience of physical or sexual abuse you may have had
- How your body feels
- How you feel about being a girl or boy
- How you feel about your body
- Dance, sports or other exercise classes that you attend
- Accidents and illnesses you may have had
- Your culture
- Messages from media, such as on the internet, in magazines and in television or movies

# Develop a Positive Body Image

Turn negative thoughts into positive and powerful energy!  
Choose 5 of the following positive activities to practice every week.

- Exercise for the joy of feeling my body move and grow stronger.
- Do activities that make me happy. I deserve to do things that I enjoy!
- Wear clothes that make me feel happy.
- List at least 5 good qualities that I have, such as, being kind, clever, or creative. I can repeat these to myself whenever I start to feel bad about my body.
- Surround myself with people and things that make me feel good about who I am.
- Treat my body with respect and kindness. I will nourish it, move it, and listen to its needs. My body will carry me to my dreams!
- Appreciate all that my body can do.
- Remind myself that beauty is a state of mind, not a state of my body.

**Treat your body:** Do something nice for your body that you can enjoy. Take a bubble bath, paint your toe or fingernails, read a book, make time for a nap, pet an animal, find a peaceful place outside to relax. The options are endless!



# Ask Yourself ...

Adapted from BodyTalk Facilitators Guide



How have you used food or eating to cope with bad feelings?

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Have you ever dieted? If yes, what situations lead you to begin a diet, how does your body and mind feel when you are dieting?

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How often do you eat when you are hungry, eat what your body wants, and stop when you are full?

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Observe the messages about beauty in your surroundings. What messages do you see and hear?

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Make a list of the comments you have made about your body — both in your head and out loud. Are these thoughts and comments negative or positive? If some are negative, where do they come from?

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Think about how many times in one day you judge other people’s looks. How does this practice make you feel? How does it affect the people around you?

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What would you be free to do if you accepted your body?

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How would you feel if you really loved your body as it is?

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What are you going to do to help yourself feel good about your body?

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## The Important People in My Life

How much do looks really matter? Answer the questions below about the important people in your life. You can use the same person more than once. Why are they important to you? It is probably not because of the way they look, but because of the way they make you feel about yourself. We value other people because they care about us, not because of how they look.

A friend who is always there for you

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A teacher who makes you happy

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A relative who shows you love

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An adult who has reached out to help you

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Someone who makes you laugh a lot

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Someone you love very much

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Someone you can tell your troubles to

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Someone who makes you feel good about yourself

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Someone you are there for

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Someone you wish felt better about him/herself

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Someone you want to be like

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# Accept All Body Shapes

Adapted from Joanne Ikeda, Health at Every Size

- ◆ Human beings come in many shapes and sizes. We should celebrate our differences.
- ◆ There is no perfect body size, shape, or weight that everyone should have.
- ◆ Every body is a good body, no matter its size or shape.
- ◆ Judging people based on how they look is unfair. It is based on factors over which the person has little or no control.
- ◆ We must respect the bodies of others even though they may be different from our own.
- ◆ We must take care of our body, self and mind.
- ◆ Good health is not defined by body size. It is physical, mental and social well-being.
- ◆ People of all sizes and shapes can improve their health by living a balanced lifestyle.