

# *Disordered Media, Incorporated.*

Welcome to Disordered Media, Inc. We are a foundation that promotes awareness of the media's degrading images of women.<sup>1</sup> DMI was established in 1985 and strives to publicize the connection between disordered eating trends and the media. Our goal is to call attention to the plague of unrealistic images plastering billboards, fashion layouts, and advertisements that ultimately encourage eating disorders in many women. These images represent the standard of beauty in today's society and promote a physical investment to measure success rather than intelligence or ability. Our goal is to call attention to the facts; our mission is to tackle these disorders by the means the messages of thinness were primarily received—through the media.

One of the first steps in combating this corruption is to educate the public. It is imperative that you know what eating disorders are, how to identify the symptoms and the health implications, how to approach a friend, and how to approach the subject with others. We believe that the other mandatory defense mechanism against this pervasive disorder is the media itself. The problem is that eating disorders, like anorexia nervosa and bulimia, are private problems. They are not publicized like lung cancer and smoking. When was the last time you saw a campaign that boldly announced the health indications of disordered eating? If you did, was it impressionable? Did it make you want to make a change? If not, consider the consequences the uneducated public might suffer if they experiment in the destructive world of disordered eating.

Remind yourself that this problem *does* apply to you. Even if you do not suffer from an eating disorder yourself, or do not find the media images of women damaging, you most likely know someone who does. Join the fight—help us spread the knowledge and awareness:

- ❖ Know the difference between facts and myths about eating disorders, nutrition and exercise. Knowing the facts will help protect you and those around you from inaccurate ideas, which may be used as excuses to maintain disordered eating patterns.
- ❖ Be honest. It won't help to avoid addressing your concern!
- ❖ Talk to people. Share this information packet. Addressing the problem is the first step in our defense.

At the heart of our purpose is a call for change. We encourage all of you—parents, educators, and students—to invest your time and focus on these damaging images. Examine

how these representations of women are influencing our everyday lives. The fact is, we must participate in advertisements when we view them—exactly what advertisers want us to do. Instead, let's invest this participation in other worthwhile endeavors.

**Parents:** Are you sure that your children are comfortable with their appearance? Do you talk to them about weight issues? Do you talk to them about what they see in advertisements, on television, magazines, or any other form of media?

**Educators:** Are you informed of the problem that disordered eating causes? Are you prepared to teach the ethics of media images with full knowledge of the implications?

**Students:** Do you feel the pressure to mold to a body type different from your own? Do you read *Glamour*, *Seventeen*, *Cosmopolitan*, or *Maxim*? Have you, or someone close to you, recently dieted to lose weight? Do you worry about being overweight? Do you, or someone you know, suffer from a poor body image?

Do any of you find yourself studying images of thin women, wondering what it would be like (or what it would take) to have that body type? Do you know someone who does? This is a serious issue; the associated problems are endless. DMI is here to address as many of those as possible.

This packet is a collection of articles, facts, real-life stories, interviews, and advertisements. Some of the material may be extremely revealing and hopefully even emotionally stimulating; please remember that this is a serious problem with severe, even life-threatening consequences. Woven in with the following material you will find diary entries from a young girl. \*\*\*Kerri Smith, a recovering bulimic, graciously offered her recorded thoughts and feelings to show us her roller coaster ride through her eating disorder. It is our hope that the reality of the material will call attention to elements pertaining to our cause. We hope to ultimately inform you of the facts and then introduce a call for change. Your participation is crucial; please take the time to read and understand this packet. Thank you.

\*\*\*Names have been changed to protect identity.

Diary entry

10/95

Today I did it. I did that thing that I never understood...I looked in the mirror today and my face is getting fat. Why can't I have one of those tiny faces? Maybe I could exercise more—I don't even know why I did it. I was so hungry today...lunch just didn't cut it. Everyone went to McDonalds...I didn't want to be the only one who wasn't eating. Then after I did, I felt so fat. The thought never even popped in my head before, but suddenly the thought wouldn't go away. It was almost like I was challenging myself to do something I had never done. How easy, it seems. It was weird; it took me a couple of tries. My eyes were watering so badly—I thought mom would notice the smeared mascara. I was so worried that someone would hear. So I turned on the fan and the radio. I'm kind of hungry again, though.



# The Ideal Of Female Beauty

*Eating disorders and the connection to media exposure.*

By Karen Jones

Women are socialized to value appearance more than their accomplishments. These images too quickly become the primary focus for many women. Ask yourself: What is beautiful? What constitutes an attractive person? Certainly, it is not completely the emotional and intellectual bearing of a person. The desire and need for beauty has become such a necessity in many lives. Intentional or not, we resort to rating others on a physical basis.

Women are placed strategically in magazine layouts and on billboards to sell products. And these women are judged. Time and again, advertisers strive to create images that create desire. A

downward spiral emerges from the media as diseases like bulimia, anorexia, and compulsive exercising become rampant in the lives of many women— young and old. Innocent adolescent girls and women of all ages have resorted to these gruesome habits to achieve “the look” that hovers everywhere. Media messages are not improving. Rather, they are following a dreadful path to destructive behaviors.

These unrealistic images can emphasize what you are not—thin with a concave stomach and virtually no body fat, tall, and beautiful—instead of celebrating what you are. This emphasis ultimately penetrates self-esteem, as “thin” becomes the ideal beauty and high value for women in society.

So where does this leave us? A large number of girls and women, although not meeting formal criteria for an eating disorder, have partial syndromes: disordered eating seriously impairs many people.<sup>ii</sup> In a 1990 study, Irving found that women describe themselves as being less attractive and satisfied with their image after viewing images of fashion models. It has been suggested that some women develop eating disorders in part because of these pressures to conform to an unrealistic image. How can we draw these types of conclusions? Simple. Let’s just look at the facts:

- ❖ Americans are subjected to 3600 ads a day.<sup>iii</sup>
- ❖ Most fashion models are thinner than 98% of women.
- ❖ 80% of women are dissatisfied with their bodies.<sup>iv</sup>

The disordered eating effect does not seem coincidentally connected to the media. From this information alone, we can conclude that the rampant thinness in the insane amount of advertisements we witness has a hand in the dissatisfaction of women towards their bodies. From this data, we can sufficiently conclude that the mass media contributes to emotions and actions of women.

The average size of the idealized woman has become progressively thinner, stabilizing at 13-19% below physically expected weight. Models such as Kate Moss reflect a mere 2% of American women who naturally obtain that type of body frame and remain healthy.<sup>iv</sup>

Advertising creates a standard for our culture. Advertisers thrive in this mentality. They use images to sell ideas to consumers that “this product will make you look like this.” Take shampoo, for example. The featured models almost always are slender and tall with long, silky hair. Our minds somehow make the connection that the product will help us achieve all of these physical features. And the idea remains so appealing that we buy the product. Media definitions of sexual attractiveness promote either extreme thinness or a thin waist with large hips and breasts. This cycle has created a fantasy world that we strive to be a part of, but in reality never will. We will not look like the “perfect” women in the ads. But somehow we are convinced if we use the product that *she* uses, we will achieve her looks.

The effects? A growing number of people in a culture fixated on thinness are picking up the disease that destroys self-image.

*Karen Jones is a regular contributor to Women's Health.*

For more information about eating disorders, check out **NEDO - National Eating Disorder Organization**  
6655 S. Yale Avenue  
Tulsa, Oklahoma 74136-3329  
(918) 481-4044  
<http://www.laureate.com/nedo-con.html>

### Who Suffers From Eating Disorders?

- Approximately 1% of adolescent girls develop anorexia nervosa.
- Approximately 2-3% of young women develop bulimia nervosa.
- Two percent of adults suffer from binge eating disorder.
- Some 90% of those with eating disorders are adolescent and young women.
- Bulimia is as high as 15% in college-aged women.
- Although the common perception is that eating disorders are most prevalent among white, upper middle class young women, recent research indicates that of those who suffer from eating disorders:
  - 1 in 5 are poor
  - 1 in 4 are non-white
  - teenagers with asthma, attention deficit disorder, diabetes, and other chronic illnesses are reported to experience eating disorders 2 to 4 times more often<sup>vi</sup>

### Adolescents

- 81% of 10 year olds are afraid of being fat.
- 9-year-old children associate silhouettes of larger figures as having less friends and being less liked.<sup>iv</sup>
- More than 50% of high school girls want smaller features
- The onset of eating disorders peaks at ages 14 and 18, corresponding to the ages of changes in an adolescent female's body and the transition to college/leaving the family home.
- 66% of high school girls and 17% of boys are on diets at any given time.
- In a study of high school students' weight control practices, in the 7 days before the survey 49% of females and 18% of males had skipped meals to lose weight.
- 1 in 8 high school girls has used vomiting as a "diet aid."
- 80% of high school females and 44% of high school males have used exercise to lose weight.

### College

- 22% of college women reported bingeing once a week, using laxatives, diuretics, or vomiting to control weight

All my friends are buying new clothes for summer...the kind in all the magazines. I don't have that kind of money; I can't even fit in those kinds of clothes anyways. I'm short and stubby. I've been weighing myself every day, three or four times a day. I just want to lose 15 more pounds. Then I would be perfect. Even though I've already lost 5 pounds I still look fat. Most girls are 115 or 120 pounds—I'm 127. I wonder if all the other girls do what I do—they have to or else they wouldn't look like that.



### **Warning Signs**

- Has your friend lost a significant amount of weight lately?
- Does she\* avoid eating meals or snacks when you are together?
- Does she categorize food into “good foods” and “bad foods?”
- Does she calculate calories and fat grams extensively and repetitively?
- Does she talk or worry about her weight or body shape?
- Does she enjoy exercise, or do it because she feels like she has to?

I went to my first day of college today. I felt like such an outsider. I was really nervous. Since I had to stay on campus, I had to eat there. I had to do something...so I got a seat in the SUB and ate. It calmed me down and I just people-watched. There are so many pretty girls here. There's no way I can compete. No one will think I'm pretty...just plain. But I couldn't come home to get rid of the food, so it just sat in my stomach. I couldn't stand it. I just won't eat on campus anymore.



The Average American Model

5'11"  
117 lbs.



The Average American Woman

5'4"  
140 lbs.



[FIGURE A-2 and A-3] [Eating Disorders---Jen included a folder brochure in an envelope for her reader to open]

Guys suck. I was over at the guy's apartment and they were all looking at a Playboy or something. They were talking about how awesome the girls bodies were—and how they would never marry someone with a gut or "thunder thighs." I said I was going to go outside for a smoke—it helps me to not be hungry—but instead I walked to my car. Didn't want anyone to see me cry. Then I went home to eat. Then I felt so shitty that I had just eaten so much that I ran upstairs to do my thing. And I thought I would try to quit doing this thing—how can I when I know that guys just want what they see in those magazines? I might not have a perfect face or anything, but I can get skinny. Just eight and a half more pounds. Maybe I should just not eat. I wonder if mom and dad are on to something.



## **...Beyond Models?**

**The average dancer or actress is thinner than 90% of the female population.<sup>vi</sup>**

# Interview Excerpt:

Martha Einerson speaks about gender advertisements<sup>vii</sup>

Martha is an educator in the Department of Communications at the University of Idaho. She received her Ph.D. at the University of Kentucky in 1994; her primary area of study was Mass Communication. Since then, she has received her doctorate with the primary area of study being Interpersonal Communication and cognate Feminist Theory.

*Teaching is the most rewarding aspect of my work and experience in the communications field. I practice a broad tradition of liberal arts communication; thus students experience a wide condition of knowledge exploration beyond social scientific studies. I practice critical thinking skills as a vital attribute in social understanding. Experience, interaction, and empathy combine to create understanding beyond simple answers. My teaching style allows and encourages students to view the world around them critically; they are encouraged to push the limits in their learning and to question simple answers. I also use writing techniques in the classroom as I believe it is a fundamental means to sharing experience, meaning, interaction, and stimulation to class discussion<sup>viii</sup>.*

*I've been talking to my students about culture and femininity in my Gender and Communication course. I strive to highlight how femininity is sold in our culture. From hairdo's to faces to bodies and body parts, we use (and abuse) these images to ultimately do what? Yeah, to sell products. I mean, look at any advertisement in Cosmopolitan or Vogue. Bodies are used to sell products. Each advertisement insinuates that using this product will make you beautiful and feminine, like the woman in the picture. Because of this, we participate with advertising and advertisers to construct definitions of feminine, masculine, and gender. Even if we reject these images we see plastered everywhere, we still have to participate in them in order to process the message being sent. Do you see where I'm going with this? Think about how powerful these images are, and then think about how we can begin to view these ads critically to understand the context of the message. Try to look at it in a new light. Through my years of research and experience in the field, I've gathered really interesting, powerful concepts to formulate a definition of femininity:*

## **Femininity means difference.**

<i>Femininity</i>	is different than	<b>masculinity</b>
<b>White femininity</b> <sup>1</sup>	is different than	<i>femininity born of color</i>
<i>Heterosexual femininity</i>	is different than	<b>homosexual femininity</b>
<b>Rich femininity</b>	is different than	<i>poor femininity</i>
<i>Professional femininity</i>	is different than	<b>domestic femininity</b> <sup>ix</sup>

**“Femininity is thin, white, heterosexual, made-up, high-heeled, soft, athletic, healthy, sexual, kind, caring, in competition with other females, mothering, submissive and domineering, smart but not too smart, indecisive, irrational, and always available.”<sup>ix</sup>**

*I think students can really make a difference. They can definitely become aware and approach things differently because they have an educated grasp on ethics. But I think we have to increase a positive representation in advertising so it is more diverse, more fair to view. Until we get more voices to inject change, then it just won't change. As a professor, I am very adamant about the need for students to understand media literacy. If people can begin to view images critically, then this deeply rooted system may show change. There's been a lot of talk about adding Visual Media Literacy to the curriculum; it's definitely a step in the right direction. And, you bet, I'm there pushing for it.<sup>x</sup>*

Diary Entry

3/98

I hate how my stomach hangs over my pants. My friends think I am crazy but I don't—it's fat! I need to do my sit-ups. My roommate approached me today. It was weird—we were all just sitting there watching TV and she asked me if I wanted to go outside for a smoke. So we went out there and she goes, "are you okay with everything?" I said yes and then she goes, "no, I mean...is everything alright with you?" She gave me this look and then she told me that she's been noticing some stuff. I don't know how she knew; I always lock the door and turn on the fan. Plus there's that extra door to the toilet. Was I messy? I'm always sure to clean up. Maybe she noticed that I bring a glass of water in with me...or that I go in about a half an hour after I eat. I don't know how she knows. But I cried, actually bawled. I am embarrassed, and scared. What is wrong with me? Even if I wanted to stop I don't know if I could...I don't want to get fat again. I'm gaining weight anyways. She said she would go to the counselor's office with me. I don't know if I will go. Maybe tomorrow before aerobics I will make an appointment. Will they ask me why I need to see someone?

Oh, I don't know.



Diary Entry

4/98

I saw the counselor today—Janice. She was so nice. But she videotaped the session. That made me nervous. I had to tell her what I did. It sounded so bad coming out of my mouth. But we didn't even talk about my bulimia—we talked about school and family and stuff. I told her that I was pretty outgoing—but the more I talked, the more I realized how insecure I was.



# **Media Influence, Eating Disorders, and Adolescents**

By Jodi Miller

Research, DMI

After informing ourselves about eating disorders (defining what they are, identifying the symptoms, and health implications), we must acknowledge its connection with adolescents and the media.

Eating disorders are complex conditions that arise from a variety of factors, including psychological, interpersonal, and social issues. Media definitions that help to create the cultural definition of beauty and attractiveness often contribute to the rise of eating disorders. These definitions are the messages our youth pick up—particularly young girls.

## **Television Influence:**

*Is television safe for adolescents?*

- ❖ A study of 4,294 network television commercials revealed that 1 out of every 3.8 commercials send some sort of “attractiveness message,” telling viewers what is or is not attractive.
- ❖ The average adolescent sees over 5,260 “attractiveness messages” per year.

According to a recent study of adolescent girls, the media is their main source for women’s health issues<sup>xi</sup>. Another study of one teen magazine over the course of 20 years found the following:

- ❖ All of the articles contained in the magazines included statements highlighting that weight loss would improve appearance.
- ❖ In articles about fitness or exercise plans, 74% cited, “to become more attractive,” as a reason to start exercising and 51% noted the need to lose weight or burn calories.<sup>xii</sup>

\*\*\*Keep in mind that 60% of Caucasian middle school girls read fashion magazines regularly.<sup>xiii</sup>

Women’s magazines, the material young girls are viewing, contain 10.5 times more advertisements promoting weight loss than any other magazine.

The media places adolescents in this position and this audience soaks up these tainted ideas of what health is and how to achieve it. So, at an early age, members of society are conditioned to connect attractiveness with the idea of being thin.

1518 Stone Ridge Way  
Moscow, ID 83843

April 5, 2000

*Kids Today*  
17118 Fort Lane  
Bozeman, MT 59715

Dear Editor:

I am writing in response to your April 2000 edition of *Kids Today*. I am outraged by the *Pure Essence* advertisement for swimwear. Your decision to feature this absurd material discourages my parental effort, as well as many others, to place appropriate and educational material in their hands. You have exposed sexual and unrealistic images to youth who are not emotionally or socially capable of processing messages safely.

Children's magazines should inspire them to do things; magazines for children should encourage them to be something; kids' magazines should inform them about important issues and what is going on in the world. Children's magazines should **not** inspire them to fixate on unrealistic portrayals of women; material available to children should not imitate what is rampant in women and men's magazines.

My primary concern for my daughter, who is approaching age 11, is that she will invest an unhealthy amount of her psychic, emotional, and physical energy in her body or image. I have agonizingly attempted to drive her from seeing her physical body as the central means of achieving power in our society. I have struggled with the idea that genetics will deny her of the popularized body she desires and she will damage her physical and/or emotional health attempting to realize that body. I fear that she will see the human body as a commodity, something that is bought, sold, and somehow exchanged for power, wealth, social acceptance, and security. You have reinforced all of these concerns for my daughter.

The featured advertisement for *Pure Essence* serves an illogical purpose in a children's magazine. I have terminated my subscription and will no longer endorse your company. I recommend that you begin to consider the negative effect your material is having on young children.<sup>xiv</sup>

Signed,

Tom Drake<sup>xv</sup>

## The Parental Detection: *How to know when our children have an eating disorder.*

Although it may be a difficult realization, it is important to know when our children are exhibiting symptoms of eating disorders. Poor nutritional habits, changes in eating patterns due to stress, and food fads are common problems for children. Furthermore, two psychiatric eating disorders, anorexia nervosa and bulimia, are on the rise among young girls and women. In the United States, 1 in 10 young women meet the formal criteria for an eating disorder.<sup>xvi</sup>

Parents should become familiar with symptoms of these disorders, although they may be hard to detect. Many young men and women successfully hide their patterns from their family and loved ones for months—even years. Despite this detour, parents can educate themselves by familiarizing themselves with the following information:

- ❖ A teenager with ***anorexia nervosa*** is typically a perfectionist and a high achiever in school. At the same time, she suffers from low self-esteem, irrationally believing she is fat regardless of how thin she becomes. Desperately needing a feeling of mastery over her life, the teenager with anorexia nervosa experiences a sense of control only when she says "no" to the normal food demands of her body. In a relentless pursuit to be thin, the girl starves herself. This often reaches the point of serious damage to the body, and in a small number of cases may lead to death.
- ❖ The symptoms of ***bulimia*** are usually different from those of anorexia nervosa. The patient binges on huge quantities of high-caloric food and/or purges her body of dreaded calories by self-induced vomiting and often by using laxatives. These binges may alternate with severe diets, resulting in dramatic weight fluctuations. Teenagers may try to hide the signs of throwing up by running water while spending long periods of time in the bathroom. The purging of bulimia presents a serious threat to the patient's physical health, including dehydration, hormonal imbalance, the depletion of important minerals, and damage to vital organs.

Once detected, sufferers of eating disorders can be relieved of the symptoms or taught to control the disorder. Treatment usually includes the following:

- ❖ Individual therapy
- ❖ Family therapy
- ❖ Working with a primary care physician
- ❖ Working with a nutritionist
- ❖ Medication



Early detection usually results in a positive outcome. Parents, if you suspect that your child has an eating disorder, contact your local physician. He or she will recommend a psychiatrist for your specific needs (for children of specific ages).

Most importantly, do not ignore any symptoms your children have that may indicate that they have a problem. Remember, the earlier you get help, the sooner your children are off to a better, healthier attitude toward themselves and towards food.

*This information sheet is brought to you by the American Academy of Child and Adolescent Psychiatry (AACAP). We currently represent 6,900 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult), child, and adolescent psychiatry.<sup>xvi</sup>*

## ***Self-Esteem Builders:*** Methods to improve our students' self-images.

### **Lesson Objective:**

**Strategies for teachers to use to help raise student self-esteem.**

### **Grade Level and Subject Area:**

**All grades. Any subject area.**

**Teachers: the following list provides suggestions for helping your students feel more secure with themselves.**

- ❖ Use student names
- ❖ Shake hands with the students
- ❖ Have conversations with every student
- ❖ Provide multiple ways for students to be successful in your class
- ❖ Display student work
- ❖ Give each student a responsibility in the classroom
- ❖ Provide opportunities for student work to be judged by external audiences
- ❖ Take time to point out positive aspects of your students' work
- ❖ Never criticize students' question
- ❖ Take time to help struggling students understand the material
- ❖ Try to discover what your students' lives are outside of school
- ❖ Ask students about their other activities (ex. "How was the soccer game, Natalie?")
- ❖ Help students turn failure into positive learning experiences
- ❖ Encourage students to take risks
- ❖ Provide opportunities for students to make their own decisions about certain aspects of your class - maybe what kind of paper to use, what colors to make something, etc.
- ❖ Provide opportunities for students to work with each other
- ❖ Don't make assumptions about student behavior
- ❖ Allow students to suffer the consequences of their behavior - don't be overprotective
- ❖ Allow students to explore options in different situations
- ❖ Celebrate your students' achievements, no matter how small™

# A Teacher's Perspective:

## *Recognizing symptoms in the classroom*

By June Whetherly

Teacher, Prima Junior High Escondido, California

I am writing to all teachers and educators out there. It is vital that we acknowledge and address issues surrounding eating disorders in students. Six months ago, I was naïve to the whole issue. Now I want to speak out and share my story with you.

Last fall, one of my female students, age 14, began showing signs of depression, low self-esteem, and strange eating behavior. I wasn't sure where the problem was rooted—family life, friend troubles, boy issues—I wasn't sure if I should approach the problem at the time. I decided to sit back and observe before I made any decisions.

Amy\* was a good student, she excelled above the rest of the students. She consistently received good grades and was one of the most popular girls in her class; everyone looked up to her. I noticed that Amy had dropped a significant amount of weight. I had not realized this before. She always brought a brown paper bag for lunch, which always contained two baggies: one baggie was for sliced carrots, and the other one contained six celery slices.

I decided to discuss Amy's eating behavior with one of her closest friends. Her friend told me that Amy "wanted to lose weight," and that "she thought she was fat." This sparked an extreme sense of concern in me. I decided to talk to the school nurse.

Dr. Nancy Smith, a R.N. employed at our Junior High for six years, recommended that I contact the local psychiatrist and speak to him about Amy's symptoms.

The psychiatrist provided me with numerous brochures and information packets educating me about symptoms, effects, and treatments for

eating disorders. This was the best possible action that I could have taken. Educating yourself, no matter who you are, is vital. It is important to learn about the different disorders and how to approach someone you suspect is suffering from one. Before reading these packets and brochures, I realize that I would have handled the situation inappropriately. It is important to understand that eating disorders are private; people who suffer from them often do not want to share their problems and feelings right away.

Over the next couple of weeks, I took several actions. The first step I took was to talk to Amy. I told her that she had been looking tired and worn out over the past few months and that I was concerned. I reassured her that I would be available if she needed me. She told me that she was just tired and needed to catch up on her sleep. After watching her for the following month, I took her aside and suggested that she may want to see a doctor for a health assessment if she still wasn't feeling up to par (psychiatrists suggest using the word "assessment" instead of "therapy"). I told her that I knew a good doctor that specialized in teens and stress. I handed her his name and phone number.

When I took role the following week, I noticed that Amy was not in her seat. My heart jumped right out of my chest. As I neared the main office, I felt sick to my stomach. I thought to myself, "if I had only taken action sooner." But my worries subsided instantaneously when the office secretary shared the reason why Amy was not in school: she had been enrolled in an eating disorder clinic that was run by the psychiatrist I recommended. I smiled and returned to the classroom.

It is my hope that this story inspires you to read and learn more about these terrible disorders. Anorexia and bulimia are on the increase in young girls; we as educators can help stop the rise by informing ourselves and those around us.<sup>xviii</sup>

\* Name has been changed for protection.

*It's been almost three years since I've written in here. I'm writing a paper on eating disorders—my fourth one in college. How easy it is to express your thoughts and emotions on paper when you are the one who is entwined with the demon-infested disease. I've written; I've cried; I've obsessed; I've been counseled; I've shared my secret; I've exercised and dieted; I've fluctuated weight; I've done so much. I've cradled the wretched infirmity for six years. Yet every day has been a battle in itself. Every day presents hurdles and detours—sometimes it overcomes me and I am driven to empty my stomach in haste as an escape from the cruelty I subject my emotions to—I worry about my weight, I worry about my appearance still even when people compliment me. I don't understand it. I don't understand how I can pride myself as being a strong, independent person and yet succumb to such a horrible, embarrassing, sickening process. My closest friends have been let in on my secret as well as teachers and boyfriends. People know; and I thought that would keep me from doing it. But it remains an escape—it remains the release from any problems or slip of the diet. It taunts me sometimes—it teases me as if it knows I cannot release its deathly grip. I know the health implications—I know the damage it does to my body. I am aware of good health and nutrition—I love to work out and take care of my body. Yet I still tear my bond with self-care and delve into the disordered spiral. As I have made my way through all of my advertising classes, I have become more and more aware of the implication that the media inflicts on women—I know that this is the standard for thin that I compare myself with. I know that I flip through magazines and the beautiful women featured in the pages mesmerize me. My digital imaging experience and knowledge has trained me to understand all about airbrushing. Yet advertisements still present a model of success for me—like if I could look like them, I would be successful—successful within myself and successful to other people. Sick, I know. It makes me sad to even know that I just wrote that in complete and utter honesty. But that is how I feel. I am graduating college—I don't want to live with this thing any longer. But I realize that it cannot be an effort from me alone. Because I have tried that—and failed. I want to walk away from it and feel the lightness of its disappearance.<sup>xix</sup>*



# Routes for Change: Utilizing the Media

By Rhonda Walters  
Media Director, DMI

One of the reasons why eating disorders are an ongoing problem is because no one has really emphasized the medical implications. Sufferers of disordered eating experience an internal and external focus on their goal: decreased weight. This presents a problem because many medical problems are not evident; it is easier to ignore health problems associated with eating disorders because many are not visually evident. Anti-smoking campaigns have visually pointed out that smoking results in lung cancer. Posters are plastered everywhere—shouldn't we announce the harm eating disorders present to bodily health? But disordered eating remains a private problem. It remains the secret from the world for most individuals. Perhaps, a positive change--to help society advance towards change--would be to boldly address associated health risks.

Health is connected to physical and mental beauty. We can use it as a tool to help stop the deterioration of girls' self-image. Information, support, knowledge, education. They need to be emphasized and readily available.

Since American models play the role of beautiful in our society, we can also use them as a tool to place a shadow of doubt in the minds of the public. With the use of the "idealistic" woman (the model), we can emphasize the unhealthy nature of starving, bingeing, and purging to achieve the "look" of beauty as thin and tall. These visuals can help to implant a seed of knowledge, a link to unhealthiness instead of beauty, and a goal for people to help combat unrealistic images of women in the media. Then we can emphasize what good health is: we can stress good health on a healthy, normal, achievable body.<sup>xx</sup>

*Rhonda Walters has been employed with Disordered Media, Inc for eight years. Since then, she has implemented various successful media trends that have ultimately caught the public eye. She continues with her effort as we all strive for change.*

[FIGURE A-5] [Beauty is Only Skin Deep with Anorexia image here]  
Page 105A

[FIGURE A-6] [Beauty is Only Skin Deep with Bulimia image here]  
Page 105B

# Recommendation: A Proposal for Change

Disordered Media, Inc. has devoted their time and effort to educating the public about eating disorders; we strive to help students, educators, and parents to recognize the media's effect on self-image after being subjected to damaging, unrealistic images. Our ultimate goal is to make a change. The following information contains our recommendations for redirecting this destructive trend.



Media messages may not be the direct cause of eating disorders, but they mold the context for people to place a value on physical features. Subsequently, the media should be encouraged to present more “real” body images (with body fat, hips and average height...remember that fat on hips and thighs of women is healthy and vital for fertility, prevention of osteoporosis, healthy skin, eyes, hair, and teeth). Accompanied by positive messages related to health and self-esteem, this route may not be a guaranteed success for eliminating eating disorders, but it is the necessary step towards change. Altering the media's portrayal of the female body will help people feel better about their bodies. No longer will they be prone to depression because they don't conform to one ideal. This will lead to reduced feelings of dissatisfaction and, thus, decreased potential for acquiring an eating disorder. The following are recommendations for change:

- ❖ **Broadcasters and magazine publishers** should adopt a more responsible attitude toward the portrayal of extremely thin women as role models. They should begin to feature role models of various talents, abilities, and size ranges.
- ❖ **Advertisers** should consider their use of women with unrealistic body types to sell products; they should be more responsible with the implied connections or influences they are promoting. Advertisers should review their policy of using unrealistic models to sell products other than diet aids.
- ❖ **Health Professionals** should work hand in hand with advertisers and broadcasters to increase awareness of potential impact the programming may have on individual's eating habits & health. Health care professionals who work directly with women and children should be sure to discourage “dieting” (referred to as restricting calories) unless absolutely necessary. Achievable goals should then be implemented.
- ❖ **School Curriculum** should include the critical viewing skills in order to interpret food advertising. Media Literacy programs should be implemented in grade schools through colleges.
- ❖ **Posters, fliers, and other informational forms** should feature the medical problems and risks associated with eating disorders. They should be highlighted in the public arena; risks should be visible in an attempt to emphasize irreversible effects and the possible death through starvation and complications. Eating disorders should be presented for what they are--a significant cause of mortality and morbidity in young people, particularly young women. Even if young people recover from an eating disorder, they stand the chance of suffering from long-term health related problems.<sup>xxi</sup>

Following these cues will: create a healthier environment and more accurately portray women in the media; educate youth about critical viewing skills; highlight medical implications of eating disorders, and present less stress on an unrealistic body type. We need to unite to accomplish these goals; together we can offer an unbeatable defense and be less vulnerable to the media's powerful influences.

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- <sup>i</sup> Disordered Media, Inc. is a fictional corporation that specializes in eating disorders and their connection with the media portrayal of women.
- <sup>ii</sup> This information is gathered from an article from L.M. Irving, entitled, *Mirror Images: effects of the standard of beauty on the self-and body-esteem of women exhibiting various levels of bulimic symptoms*.
- <sup>iii</sup> This information was given in my Ethics in Mass Communications course in the Fall of 1999 at the University of Idaho.
- <sup>iv</sup> These statistics are from the following website: [www.nmisp.org/eat/eat-fact.htm#body](http://www.nmisp.org/eat/eat-fact.htm#body).
- <sup>v</sup> These warning signs are in part from a brochure I picked up at the University of Idaho Student Health Center. It is entitled, "How to Help a Friend With Eating & Body Image Issues."
- <sup>vi</sup> Statistics are from <http://www.mirror-mirror.org/def.htm>.
- <sup>vii</sup> Martha Einerson is a professor in the Communications department at the University of Idaho.
- <sup>viii</sup> This is an interpretation of Martha's teaching philosophy
- <sup>ix</sup> Martha Einerson's personal definition of femininity.
- <sup>x</sup> I wrote this external monologue from her interview material to describe Martha's response to the difference that students can make when viewing and creating advertisements.
- <sup>xi</sup> These statistics are from Commonwealth.
- <sup>xii</sup> Information is collected from Guillen & Barr.
- <sup>xiii</sup> Information from Levine, from the *Plenary Presentation at the Third Annual Eating Disorders on Campus Conference*, which was held at Penn State University.
- <sup>xiv</sup> Material for this letter is directly from his answers to my list of 12 questions. Responses included his personal thoughts and fears for his daughter, who is in her pre-adolescent stage, and her confrontation with women in the media. He also responded with input about advertising in general, and his viewpoint about appropriate media for young children, and his opinion about different "measures" of success within different age groups.
- <sup>xv</sup> Tom Drake is an educator in the English Department at the University of Idaho.
- <sup>xvi</sup> AACAP, the American Academy of Child and Adolescent Psychiatry, provides a framework of information for all areas surrounding eating disorders. This information is from a segment of the AACAP called *Facts for Families*.
- <sup>xvii</sup> I received these strategies from the following website: <http://education.indiana.edu/cas/tt/v3i2/selfesteem.html>.
- <sup>xviii</sup> This is a fictional story that I created about a teacher's perspective on eating disorders.
- <sup>xix</sup> Each diary entry is a simulated collection of personal thoughts and feelings from a young girl—information is gathered from my personal experience with an eating disorder.
- <sup>xx</sup> This is my interpretation of what needs to be done to make a change.
- <sup>xxi</sup> These recommendations are from the *Plenary Presentation at the Third Annual Eating Disorders on Campus Conference*, which was held at Penn State University.

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