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## Relative Influence of Family, Peers, and Media on the Development of Eating Disorders in Adolescents

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Relative Influence of Family, Peers, and Media on the Development of Eating  
Disorders in Adolescents

Submitted by Debra Lorasch-Gunderson  
May 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings. This project is neither a Master's thesis nor a dissertation.

School of Social Work  
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## Abstract

This study examined the relative pressure of family, peers, and media influences on adolescent boys and girls and their development and maintenance of their eating disorders. A mixed method study was facilitated using a 22-question survey that was taken by freshmen and sophomores, ages 18-21, from the University of St. Thomas. These students accessed the survey via the University's online informational website, *Bulletin*. The questions were designed to get a better understanding of the influences adolescents receive on a daily basis regarding their body and which one is more influential to them in developing and maintaining their eating disorders. The researcher had 14 participants start the survey and 10 completed it. The survey showed that students acknowledged greater pressure across all three environmental contexts as well as reported more eating disorder symptomology. However, the similarities between the perceived pressure and eating disorder symptoms were different for each participant. Most pressure started at home, but as they developed more independence, peers and media became an influence. Implications for future research and prevention programs are discussed.

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Last but not least, to my family; Wow! Can you believe this is the end? No more hearing me complain about writing and taking time away from both of you. To my husband, John, for supporting me, encouraging me, and loving me throughout this process. I recognized now, how this has affected you. To my daughter Danica, You gave me the much-needed love and support that only a daughter can give. Thank you for all the hugs and kisses!

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## Introduction

Eating disorders are not new. Anorexia has its roots as far back as the 13<sup>th</sup> century. It was frequently associated with religious women who ironically had been canonized as saints for their fasting practices. These women are often referred to as “holy anorexics.” Eating disorders probably occurred in other societies for different reasons than in our own. The cultures in which these young women lived valued spiritual health, fasting, and self-denial much as our own culture values thinness, self-control, and athleticism. Holy anorexia provided women with a highly valued status in both church and society. When the definition of holiness was altered, so eventually was the incidence of holy anorexia. There are some hints of bulimia during these centuries also but no actual confirmed cases. Some of these women were suspected of both binge and restrictive eating practices (Zerbe, 1995). However, in the time of Caesar (700 B.C.), bulimia was demonstrated significantly by the presence of vomitoriums. “Eat, drink, and be merry” included vomiting so that a person could return for additional eating, drinking, and merriment (Thaddeus, 1927). It is disturbing thought to know that eating disorders span not only continents but time also.

During the 1800s the full-figured woman was part of the ideal female body image in the United States. Until the early 1900’s for a woman to have extra weight on her body and look voluptuous was a sign of good health and wealth. In the 1920’s the new female ideal was the thin, shorthaired flapper. According to Featherstone (1982) consumer culture began to shape the female body image through cosmetics, fashion, Hollywood, and advertisements. People

started dieting and sports became popular pastimes as exercise began to be viewed as a health activity to enhance the body. According to Kendall (1999), “Thinness was the new sign of wealth” (p.1). In the 1950’s the ideal female body image was Marilyn Monroe. According to Kendall (1999), she was a size 14. Most likely, in today’s standard of the ultra-thin body type, she would be considered chubby or overweight. In the 1960’s the supermodel Twiggy Lawson popularized the waif-like figure, which is a skinny person usually lanky look. This was the first time in history that an underweight woman became the standard for the ideal body image. Following that, in the 1970’s singer Karen Carpenter began her personal battle with anorexia nervosa. She died in 1983 from heart failure related to the disease. America began to pay more attention to eating disorders after this unfortunate loss (Kendall, 1999). Such self-destructive body images may be reflective for America’s current eating disorder attitudes.

Eating disorders are a common and serious condition having a peak age of onset during adolescence (Brewerton, Lydiard, Ballenger, & Herzog, 1993). The prevalence rate in adolescent females may have increased over recent years and there is some evidence that the slim physique portrayed in media plays a significant role in the development of eating pathology (Becker, Burwell, Gilman, Herzog, & Hamburg, 2002). The three factors most commonly found in literature to relate to the development of eating disorders in adolescents include relationships with parents, susceptibility to peer pressure, and responsiveness to media messages (Peterson, Paulson, & Williams, 2007). What is not known, however, is the relative level of pressure adolescents perceive from these

environmental influences that encourages them to engage in behaviors symptomatic of eating disorders.

Eating disorders most commonly begin during adolescence, rather than in childhood or adulthood (Smolak & Levine, 1996). Many theorists agree that the physical, cognitive, and social changes of the adolescent developmental period make it a particularly troublesome time. For example, research to date supports the contention that adolescence is a time of particular vulnerability for the development of eating disorders (Shapiro-Weiss & Shapiro-Weiss, 2001). Estimates of the incidence of eating disorders among adolescents vary. Although eating disorders appear to be more prevalent in females than in males, research has suggested that a significant proportion of males also exhibit characteristics of disordered eating (Shapiro-Weiss & Shapiro-Weiss, 2001).

Diagnostic criteria for eating disorders such as those found in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994) are not entirely applicable to adolescents (Nicholls, Chater, & Lask, 2000). The wide variability in the rate, timing, and magnitude of both height and weight gain during normal puberty, the absence of menstrual periods in early puberty alone with the unpredictability of menses soon after menarche, limit the application of those formal diagnostic criteria to adolescents. Many adolescents, because of their stage of cognitive development, lack the psychological capacity to express abstract concepts such as self-awareness, motivation to lose weight, or feelings of depression. In addition, clinical features such as pubertal delay, growth retardation, or the impairment of

bone mineral acquisition may occur at subclinical levels of eating disorders (Yager, Anderson, & Devlin, 2000). Younger patients may present with significant difficulties related to eating, body image, and weight control habits without necessarily meeting formal criteria for an eating disorder (Nicholls et. Al., 2000). The American Academy of Pediatrics has identified conditions along the spectrum of disordered eating that still deserve attention in children and adolescents. It is essential to diagnose eating disorders in the context of the multiple and varied aspects of normal pubertal growth, adolescent development, and the eventual attainment of a healthy adulthood, rather than merely applying formalized criteria (American Academy of Pediatric, 2003). Furthermore, adolescents who display disordered eating behaviors, but not all of the characteristics of an eating disorder diagnosis, are more commonly encountered.

A brief definition of the three main eating disorders is as follows;

Anorexia Nervosa is a refusal to maintain body weight at or above minimally normal weight for age and height. Individuals with Anorexia have an intense fear of gaining weight or becoming fat, even though they are clinically underweight. Bulimia Nervosa is where recurrent episodes of binge eating are characterized by both eating large amounts of food in a short period of time as well as a lack of self control in regards to eating during the episode. It is followed by recurrent inappropriate compensatory behavior to prevent weight gain, such as self-induced vomiting, laxatives, fasting, or excessive exercise. Binge-eating Disorder is defined as uncontrolled binge eating without emesis or laxative abuse. It is often, but not always, associated with obesity symptoms (American Psychiatric

Association, DSM 4<sup>th</sup> ed., 2000). For example, in a national study of high school students, nearly one third of all high school girls and 16% of all high school boys surveyed evidence some symptoms of an eating disorder (Shapiro-Weiss & Shapiro-Weiss, 2001). Ninety-five percent of those who have eating disorders are between the ages of 12 and 25 (Substance Abuse & Mental Health Services Administration, 2011). Forty-seven percent of girls in 5<sup>th</sup> – 12<sup>th</sup> grade reported wanting to lose weight because of magazines pictures (Levine, 1998). Sixty-nine percent of girls in 5<sup>th</sup> – 12<sup>th</sup> grade reported that magazine pictures influence their idea of a perfect body shape (Levine, 1998). Forty-two percent of 1<sup>st</sup>- 3<sup>rd</sup> grade girls want to be thinner (Collins, 1991). Eighty-one percent of 10 year olds are afraid of being fat (Mellin, McNutt, Hu, Schreiber, Crawford, & Obarzanek, 1991). Statistics such as these indicate the high level of at risk behavior being displayed by the nations youth.

Knowledge of these risks may enable more effective individual and group therapeutic interventions, aid in the development of cost-effective treatment programs, and allow early identification of high-risk individuals (Striegel-Moore & Cachelin, 2001). A therapist can help assess the situation and work with the client to determine the type of evaluation and individualized treatment plan needed. It is important to seek help from someone who is familiar with eating disorders, and who will coordinate with other treatment provides. Counseling should address both symptom relief from eating disordered behaviors and should also deal with underlying psychological, interpersonal, and cultural influences that have contributed to or maintain the eating disorder. The purpose of this study

is to investigate which of these environmental influences has more of an impact on an adolescent as well as which pressures lead to the development of an eating disorder.

### **Literature Review**

In the United States, as many as 10 million females and 1 million males are fighting with an eating disorder such as anorexia or bulimia. The national health agencies do not have a count of binge eating disorders but it could be as much as three times that number. Forty percent of newly identified cases of anorexia are in girl's age 15 to 19 years old (Hoek & Van Hoeken, 2003). Forty-two percent of 1<sup>st</sup>-3<sup>rd</sup> grade girls want to be thinner. Eighty-one percent of 10 year olds are afraid of being fat (Mellin, McMutt, Hu, Schreiber, Crawford, & Obarzanek, 1991). Over 50% of teenage girls and nearly 33% of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, vomiting, and taking laxatives (Neumark-Sztainer, 2005). Boys who wrestle show a disproportionate increase in eating disorders with rates 7 to 10 times higher than normal (Grodstein, 1996).

The purpose of the current study was to gain a more complete picture of factors that may influence the development of eating disorder symptomology in male and female adolescents. Specifically, this study will consider to what extent are levels of perceived pressures from family, peers, and the media associated with the development of eating disorder symptoms. Although much research has been conducted on individuals with categorical diagnoses of eating disorders (e.g., anorexia nervosa and bulimia) other researchers have suggested that the

syndrome of eating disorders lies on a continuum ranging from normal eating at one end to full syndrome eating disorders at the other (Shapiro-Weiss & Shapiro-Weiss, 2001).

### **Perceptions of Pressure from Family**

A number of factors have been cited as contributing to the development of eating disorder behaviors. Within the literature, a disturbed mother-daughter relationship is often identified in the formation of eating problems (Rhodes & Kroger, 1992). Evidence from clinical theory, observations, and empirical studies suggest that eating disorders are multi-determined. Individual vulnerabilities and family structure and dynamics may all interact within a social milieu that places a high value on slimness in young women (Rhodes & Kroger, 1992). Further studies have identified links between parents' own dieting and worry about weight, parents' encouragement of their children to lose weight, parental appraisals, teasing, and comments concerning weight and shape of their children (Krones, Stice, Carla, & Orjada, 2005). In addition, it has been suggested that feedback from parents regarding their child's appearance may lead to perceived pressure to conform to cultural ideals (Krones et al., 2005). These cultural ideals include being thin, beautiful, and perfect. Indeed, several studies have found significant connections between adolescents' perceived pressures from parents to be thin or lose weight, and personal body dissatisfaction (Shapiro-Weiss & Shapiro-Weiss, 2001). Because of an adolescents desire to win parental approval they may internalize these pressures and be at an increased risk for the development of eating disorder symptomology.

Teen boys and girls both can be impacted greatly by their parents' attitudes toward their own weight. In males, negative comments about weight by fathers were predictive of starting an eating disorder (Schwyzer, 2008). The study makes clear that for younger teen girls, a mother's negative attitude towards her own body can impact a daughter's self-image and put her at risk for developing disordered eating. For boys however, critical comments by dads about their sons' weight turn out to be the most highly reported cause of disordered eating behaviors (Schwyzer, 2008). Generally speaking both sexes are impacted by the words and views of their same-sex parent. Later in adolescence males are much more likely to be negatively impacted by the dad's criticism than the females will be by criticism or self-loathing from mom. Indeed, while young teen girls are as influenced by their mothers, so are boys influenced by their fathers (Shapiro-Weiss & Shapiro & Weiss, 2001). In a study on gender differences in the pathways of risk for the development of eating disorder symptomology (McCabe & Ricciardelli, 2001), results indicated that adolescent girls were more likely than boys to perceive their mothers as encouraging them to engage in weight management strategies.

### **Perceptions of Pressure from Peers**

Peers may also have a significant influence on the development of eating disorders, especially during adolescence, when intimacy, conformity, and closeness in relationships are important to win approval and esteem from others (Somlak & Levine, 1996). In particular, research has found that both direct behaviors and comments as well as a perceived pressure to be thin from their

peers were related to difficulties with body image for both boys and girls. In fact, girls may be especially vulnerable to pressures of body appearance learned from peers. For instance, both adolescent boys and girls have reported providing greater feedback to their female peers regarding body image than to their male peers (McCabe & Ricciardelli, 2001). Research suggests that any feedback offered to male peers appears to be more focused on increasing ones body mass and muscle tone versus dieting to become thinner (Ricciardelli & McCabe, 2004).

Peer influence has been thoroughly researched in association with many unhealthy behaviors; however, peer influence on disordered eating has received little attention (Oliver & Thelen, 1996). Some evidence suggests that a girl's peer group provides a subculture that may either enhance or diminish the idea of thinness and weight loss behaviors (Eisenberg, Neumark-Sztainer, Story, & Perry, 2005). Peer attitudes toward weight concerns have been correlated with high rates of disordered eating behavior. Also, peers influence the development of disordered eating through modeling, discussing weight and eating issues, teasing, and the degree to which adolescents believe being thin will increase their likeability with peers. In addition, adolescent girls' frequency of discussion with peers concerning dieting and weight loss correlates significantly with their reported disordered eating behaviors (Schutz & Paxton, 2007).

As noted above, teasing is another way that peers influence eating and weight concerns. Research suggests that the frequency of teasing, and the level of emotional disturbance portrayed by the victim being teased are both important. Research showed both to be statistically significant and positively related to

eating and body image disturbances in women (Oliver & Thelen, 1996). More recent research found that boys who were teased about their weight were more likely than their peers to engage in disordered eating behaviors (Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006).

Peers influence disordered eating if the individuals believe they will be better liked by losing weight (Oliver & Thelen, 1996). Maloney and colleagues (1989) reported on boys and girls in grades 3 through 6 and found that 15% believed their friends would like them more if they were thinner. They also found that this belief contributed significantly to the prediction of eating disturbances. A study completed by Taylor and colleagues report similar results when measuring the types of peer influences on middle school girls and boys. Weight concerns and the importance of peer influence, including peer approval of weight, was the strongest predictor for disordered eating behaviors, accounting for 57% of the variance in weight concerns (Taylor, Sharpe, Shisslak, Bryson, Estes, Gray, McKnight, Grago, Kraemer, & Killen, 1998).

Theoretical and empirical literature suggests that there is a relationship between body dissatisfaction and aspects of friendship quality, especially negative aspects of friendship relationships. Research also suggests that body dissatisfaction is associated with the belief that thinness is important to positive peer relationships. Schultz and Paxton (2007) conducted a study that examined relationships between adolescent females' body dissatisfaction, disordered eating, quality of same-sex peer relationships, and beliefs about thinness in interpersonal relationships. Body dissatisfaction, disordered eating, and negative friendship

qualities had consistent relationships. Positive friendship qualities, such as friend communication, friend trust, and peer acceptance, did not show a relationship with body dissatisfaction. These types of studies demonstrate the significance of taking into account negative aspect of peer relationships, social anxieties, and beliefs about the importance of thinness in the peer environment (Schultz & Paxton, 2007).

The role of friendship networks and peer influences in relation to body image concern, dietary restraint, extreme weight loss behaviors, and binge eating in young adolescent female has also been studied. Results of this study indicated that friendship groups had similar dieting behaviors, extreme weight loss behaviors, but not similar body image concern. Perceived peer influence among the friendship groups correlated significantly with dieting, extreme weight loss behaviors, and binge eating. Further analyses revealed that perceived peer influences in weight-related attitudes and behaviors were predictive of individual girls' level of body image concern. Findings such as this reveal the importance of peers in body image and eating problems for females during early adolescence (Hutchinson & Rapee, 2007).

### **Perceptions of Pressure from Media**

Societal pressures are especially important in contributing to behaviors that are consistent with an eating disorder diagnosis (Gilbert & Thompson, 1996), especially the power of media to influence adolescents' definitions of attractiveness. Many believe that the mass media encourages an obsession with weight, by portraying an unachievable "ideal body size" that cannot be attained

by the average person (Ricciardelli & McCabe, 2004). Several studies have demonstrated the negative influences on body image that result from viewing ultra-thin models in magazines and on television. Although some studies have found that media influence is perceived to be greater for girls than for boys (McCabe & Ricciardelli, 2001), body dissatisfaction in males has also been found to increase significantly when viewing advertisements with male models, especially images of muscular men (Baird & Grieve, 2006). In females, frequent dieting and the desire to physically imitate people in the media were independent predictors of binge eating. Furthermore, researchers have found that adolescents' perceptions of pressure from the media may be especially influential to the development of eating disorders symptomology. Thompson and van den Berg (2000) found that perceived pressure from the media "is important to the development of eating disorder symptomology as an independent contributory risk factor" (p. 8).

Research has shown that the media adds pressure to be thin. Magazines aimed at younger women portray younger and thinner models than magazines aimed to older women. These younger models in magazines are also less clothed than older models (Bessenoff & Del Priore, 2007). A study conducted by Park (2005) investigated the effect that magazine use has on the longing to be thin within the theoretical framework of presumed influence. The study found that reading beauty and fashion magazines increased the desire for thinness both directly and indirectly. Desire for thinness was increased through the perceived

frequency of the thin ideal in mass media, the presumed pressure of the thin ideal on others, and the perceived influence of the thin ideal on self (Park, 2005).

Cahill and Mussap (2007) conducted a study to explore how the changes in emotional states following exposure to images of thin ideal bodies in the media predict unhealthy body change attitudes and behaviors in adolescent girls and boys. The study showed that after exposure to these thin ideal images, girls experienced increase in anger, anxiety, depression, and body dissatisfaction. These increase correlated with drive for thinness and disordered eating symptomatology in girls (Harrison & Cantor, 1997)

Most research to date has enlightened our understanding of the individual contributions and different contexts on eating disorders and their symptomology. Levine, Smolak, Moodey, Shuman, and Hessen, (1994) found that consistent cumulative messages from family, peers, and fashion magazines led to a strong drive for thinness in girls. Huron, Lim, and Gunewardene (2000) found that girls who were more seriously committed to dieting reported higher levels of social influence from both parents and peers. However, the strongest influence on dieting behaviors appeared to be peer modeling of dieting behaviors and peer endorsement of the participant's dieting, followed by parents' endorsement of dieting and comments that the individual should lose weight.

A few studies have considered the ways that some multiple environmental influences may perpetuate an adolescent's tendency to diet and have found that their addictive effects may be greater than when each is considered in isolation. Stice and Whitenton (2002) studied the influence of multiple contexts, focusing

on the influence of adolescents' perceived pressure to be thin from parents, peers, and media on body dissatisfaction. However, much of the previous work has considered only one outcome measuring the drive for thinness or body dissatisfaction. Furthermore, much research on disordered eating focuses on eating disorders in females due to their greater prevalence in girls than in boys. However, boys do suffer from eating disorders (Anderson, 1990) and, like girls, they respond to social pressures to attain the ideal body (Leit et al., 2002). Because the ideal male body may be much different than the ideal females body, males report greater pressure for increased muscularity (McCabe & Ricciardelli, 2001) thereby suggesting that different symptoms may appear in boys and girls with eating disorders symptomology.

Media influence on the development of eating disorder symptomology was found to be stronger for girls than for boys. Studies show that girls perceived greater feedback from both male and female peers than did boys regarding body size, encouragement to lose weight, and the message to increase muscle tone. However, in a study by Vincent and McCabe (2000), direct influences of family and peers predicted body dissatisfaction and disordered eating in both adolescent boys and girls. In girls, parental and peer discussion and encouragement of weight loss, rather than criticism, predicted disordered eating behaviors; whereas, in boys, maternal and peer encouragement predicted binge eating and weight loss behaviors.

The purpose of the current study is to gain a more complete picture of factors that may influence the development of eating disorder symptomology in

male and female adolescents. Specifically, the research question is, “What are participants’ perceptions of how family, peers, and the media may have influenced the development and maintenance of their eating disorder.”

### **Conceptual Framework**

#### **Bowen Family Systems Theory**

Bowen’s family systems theory is a theory of human behavior that views the family as an emotional unit and uses systems thinking to describe the complex interactions in the unit (Bowen, 2011). It is the nature of a family that its members are intensely connected emotionally. Often people feel distant or disconnected from their families, but this is more feeling than fact. Family members so profoundly affect each other’s thoughts, feelings, and actions that it often seems as if people are living under the same “emotional skin.” People solicit each other’s attention, approval, and support and react to each other’s needs, expectations, and distress (Bowen, 2011). The connectedness and reactivity make the functioning of family members interdependent. A change in one person’s functioning is predictably followed by reciprocal changes in the functioning of others (Bowen, 2011). Families differ somewhat in the degree of interdependence, but it is always present to some degree. As it is stated in literature, a disturbed mother-daughter relationship is often identified in the formation of eating problems (Rhodes & Kroger, 1992). Further studies have identified links between parents’ own weight, parental appraisals, teasing, and comments concerning weight and shape of their children (Krones, Stice, Carla, & Orjada, 2005). In addition, it has been suggested that feedback from parents

regarding their child's appearance may lead to perceived pressure to conform to cultural ideals (Krones et al., 2005).

The emotional interdependence presumably evolved to promote the cohesiveness and cooperation families require in order to protect, shelter, and feed their members (Bowen, 2011). Heightened tension, however, can intensify these processes that promote unity and teamwork, and this can lead to problems. When family members get anxious, the anxiety can escalate by spreading infectiously among them. As anxiety goes up, the emotional connectedness of family members becomes more stressful than comforting. Eventually, one or more members feel overwhelmed, isolated, or out of control, which can lead to the development of an eating disorder. Eating disorders are not necessarily an issue with food but an internal desire to have control over a situation that they feel overwhelmed with.

Individuals that feel emotionally out of control are the people who accommodate the most to reduce tension in others. It is a reciprocal interaction. For example, a person takes too much responsibility for the distress of others when considering their own unrealistic expectations of themselves (Bowen, 2011). The one accommodating the most literally "absorbs" anxiety and thus is the family member most vulnerable to problems such as an eating disorder.

One of the eight Bowen's concepts is the family projection process. The family projection process describes the primary way parents transmit their emotional problems to a child. This process can impair the functioning of one or more children and increase their vulnerability to clinical symptoms, such as an

eating disorder. Children inherit many types of problems (as well as strengths) through relationships with their parents. The problems they inherit that most affect their lives are relationship sensitivities such as heightened needs for attention and approval, difficulty dealing with expectation, the tendency to blame oneself or others, feeling responsible for the happiness of others or that others are responsible for one's own happiness, and acting impulsively to relieve the anxiety of the moment rather than tolerating anxiety and acting thoughtfully. If the projection process is fairly intense, the child develops stronger relationship sensitivities than the parent. The sensitivities increase a person's vulnerability to symptoms by fostering behaviors that escalate chronic anxiety in a relationship system (Bowen, 2011). Often children will try to manage the anxiety and stress around them by developing a way to control their surroundings. Eating disorders are known for having that moment of control within a person's chaos.

### **Ecological Systems Theory**

This theory looks at the child's development within the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex "layers" of environment, each having an effect on a child's development. This theory has recently been renamed "bioecological systems theory" to emphasize that a child's own biology, his immediate family/community environment, and the societal landscape fuels and steers his development. Changes or conflict in any one layer will ripple throughout other layers (Bronfenbrenner, 1990). To study a child's development then, we must

look not only at the child and their immediate environment, but also the interaction of the large environment as well.

The first system within the Ecological System Theory is the Microsystems. This is the layer closest to the child and contains the structures with which the child has direct contact. The microsystem encompasses the relationship and interactions a child has with their immediate surroundings (Beck, 2000). Structures in the microsystem include family, school, neighborhood, or childcare environments. At this level, relationships have impact in two directions-both away from the child and toward the child (Bronfenbrenner, 1990). For example, a child's parents may affect his beliefs and behaviors; the child may have developed eating or dieting habits from their parents. Parents that make fun of the child in how they may look can have an impact on them. At this level it has the strongest and the greatest impact on the child.

The middle layer is the mesosystem. This layer provides a connection between the structures of the child's microsystem (Berk, 2000). Mesosystem is very important to the child's development and can be complicated in its effect on the child. The mesosystem is an opportunity to build a bridge between two settings in the child's life that might otherwise be unrelated. For instance, if a child grows up in a home in which there is particular system of expectations for behavior, discipline style, etc, and goes to school in a classroom with a slightly different set of expectations and discipline style, the child must cope with that transition independently everyday (Bronfenbrenner, 1990). With value systems in place at home, such as positive eating behaviors, this child will go to school

thinking their peers use the same set of values. The child may become confused with the different eating behaviors that are displayed by the other students around. The bridge between the home values and the school values will collide making it challenging for the adolescent to conform to the system set down at home.

The third and final layer is the macrosystem. This layer may be considered the outermost layer in the child's environment. While not being a specific framework, this layer is comprised of cultural values, customs, and laws (Berk, 2000). The effects of larger principles defined by the macrosystem have a cascading influence throughout the interactions of the other two layers (Bronfenbrenner, 1990). For example, if it is the belief of the culture that all individuals should have a slim physique and that beauty is only found in the media, parents will have a hard time combating this cultural ideal. This, in turn, affects the structures in which the parents function. The parents' ability or inability to carry out that responsibility toward their child within the context of the child's microsystem is likewise affected (Bronfenbrenner, 1990).

### **Research Question**

The purpose of the current study is to gain a more complete picture of factors that may influence the development of eating disorder symptomology in male and female adolescents. Specifically, the research question is, "What are participants' perceptions of how family, peers, and the media may have influenced the development and maintenance of their eating disorder?"

## **Methods**

### **Research Design**

The purpose of the current study is to gain a more complete picture of factors that influenced the development of eating disorder symptomology in male and female adolescents. The type of research used for this study is a cross-sectional survey with mixed methods. A cross-sectional study is a research method that involves observation of a population or a representative subset, at one specific point in time. Mixed method research is a research design, which focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study or series of studies. This study includes open-ended (qualitative) and closed ended (quantitative) questions.

### **Participants**

Participants were recruited from the University of St. Thomas, a private Catholic university in the Midwest. This study was advertised through the university's online *Bulletin*. Its criteria required that participants first identify as female, male, or transgender. Then they were to indicate whether they were a freshman or sophomore between the ages of 18-21, enrollment status, and if they had ever struggled with an eating disorder. The final question asked participants to reflect on their adolescent years in middle school and high school; ages 11-18 years.

### **Sampling**

This is a convenience sampling of University of St. Thomas students; freshmen and sophomores between the ages of 18-21 years that have struggled

with an eating disorder during their adolescent years. Convenience sampling is where participants are selected, in part or in whole, at the convenience of the researcher. In other words, the sample is easily accessible and available. The researcher makes no attempt, or only a limited attempt, to insure that this sample is an accurate representation of some larger group or population.

### **Protection of Human Subjects**

Participation was voluntary and kept anonymous via an on-line survey. Participants were first directed to the Letter of Informed Consent before filling out the survey. Participants were instructed that they could skip questions or stop the survey at any time and that all information was anonymous-there was no way for the researcher to know who participated in the study.

All information that the researcher received has been kept in a password locked personal laptop computer. Some of the questions presented in this survey could affect the participants emotionally as they are asked about their experience with an eating disorder. In order to ameliorate any risk experienced by respondents the researcher included resources and treatment options for the participants who believed they needed further assistance (See Appendix A).

### **Data Collection**

The data will be collected from freshman and sophomore students between the ages of 18-21 that attend the University of St. Thomas and can access the survey via the university online *Bulletin*. The survey was first designed by using Qualtrics, an online service accessed through the University of St. Thomas and, registered for by researcher. The researcher was able to develop a survey

containing open and closed ended questions via the online questionnaire construction site. The researcher then emailed the survey via Qualtrics to the University of St. Thomas online *Bulletin*. The survey was administered through the *Bulletin* for a two-week time for students to respond. The researcher received eight responses during the J-term. Due to the lack of responses the researcher contacted the IRB and requested an extension. The IRB granted the two-week extension. The researcher contacted the *Bulletin* and they place the survey back in the *Bulletin* for another two weeks. The researcher hoped for a total of 20 responses. After the second attempt of having the survey in the *Bulletin*, the researcher received another 6 responses.

With the help of data spreadsheet developed by Qualtrics the researcher was able to depict the information gathered from the survey participants. The survey directed participants to reflect on their adolescent years during which they struggled with an eating disorder. The participants were asked questions that pertained to the influences they received from family, media, and peers, that had an effect on their views of themselves. The survey included open ended and closed ended questions for the participants to reflect on and answer (See Appendix B). The survey started with five questions that pertained to the participants' present time. This was followed by four 4-question sets: Effects of family, effects of peers, effects of media, and four concluding questions.

### **Data Analysis**

Qualitative data analysis was used, including the content analysis technique. Content analysis is a careful, detailed, systematic examination and

interpretation of a particular body of material in an effort to identify patterns, themes, biases, and meaning (Berg, 2009). The researcher analyzed the open-ended survey questions and response by reviewing them for themes. The researcher did divide the questions and answers and place the selected themes together. The themes were color coded into the categories of family (red), peers (yellow), and media (blue). The researcher allowed for new themes that emerged, that were not predicted, or did not fit in the three categories. The researcher did allow for overlapping themes by duplicating them together in a separate group (orange). By using this technique the researcher was able to easily separate and identify the main themes: influence from family, influence from peers, influence from media, and as well as any newly identified themes.

The other data analysis method was quantitative data by using descriptive statistics. The term quantitative data was used to describe a type of information that can be counted or expressed numerically (Monette, et al., 2011). This type of data is often collected in experiments, manipulated, and statistically analyzed. Quantitative data can be represented visually in graphs, histograms, tables, and charts (Monette, et al., 2011). Frequency distributions were run on descriptive data. Quantitative data can be contrasted with qualitative data, which involves describing things in terms of categorizations or qualities (Monette, et al., 2011).

## **Findings**

The research has demonstrated that there are a variety of ways that eating disorders are developed and maintained over time. The purpose of this study is to understand how three significant factors; family, peers, and media, may have influenced the development of eating disorders in both male and female adolescents. Specifically, the research questions was, “What are participants’ perceptions of how family, peers, and the media may have influenced the development and maintenance of their eating disorders.” In order to answer this question, data was collected utilizing a 22-question survey that was posted on the University of St. Thomas online information website *Bulletin*. The researcher had 14 participants start the survey. Out of those participants one was male and the rest were female. No transgender individuals participated in this survey.

The participants were allowed to skip the questions they did not want to answer. Out of the 11 respondents that answered the question, “*Do you still have an eating disorder,*” four reported ‘yes’ whereas, the question asking about struggling with an eating disorder in middle school and high school generated a response of 10 ‘yes’ and one ‘no.’ The next section will be divided up into three main themes. Within the main themes are the categories of the development of the eating disorder and the maintenance of the eating disorder.

### **Perceptions of Pressure from Family**

The quantitative data showed that family is an important factor with regard to eating disorders. Out of the 10 responses, seven or 70% responded ‘yes’ that family had a significant impact on their eating disorders, while the remaining

3 or 30% stated 'no' there was no impact. When asked whether family members influenced the continuation of their eating disorder five (56%) answered 'yes', while four (44%) respondents answered 'no' (nine in total responded). The third question that the individuals responded to was whether family was supportive of them getting help. Out of the eight respondents to this question, four (50%) answered 'yes', while four (50%) answered 'no,' showing an even split for family support.

Survey questions were constructed around two main ideas: the development of the eating disorder and the maintenance of the eating disorder. Therefore, within each main theme, the findings are categorized into these two ideas of development and maintenance of the eating disorder. Emerging sub-themes within each of these categories have also evolved to clarify the data. For example, within the main theme of family's influence, and under the category of development of the eating disorder, sub-themes include: parental monitoring of food intake, parental praising of weight loss, and the adolescents need to create personal control over their body.

**Influence of family on the development of the eating disorder.** The first factor the researcher will discuss is when parents monitor the food their kids are eating. Several examples given within the study were comments like, "*do you need that?*" "*Are you sure you want to eat right now?*" or "*did you see the calories in that?*" These statements indicate that the parent is monitoring the food intake of their children may or may not have been intended to increase eating

stress in their children, the fact that they were brought up to the researcher indicates the depth of the perceived pressure from the family unit.

The second emerging factor that showed strong family influence was when parents praised their own or their child's weight loss, usually in reference to a parent's desire to lose weight. Respondents wrote:

*While my mom is trying to lose weight it has an impact on my body image. I am not overweight but I perceive myself to be that way and so when my mom talks about needing to lose weight similar thoughts bounce around in my head as well.*

*My mom would make comments to me about it; she rewarded me when I started losing weight. My mom was always dieting.*

These comments show how parents can intentionally and unintentionally influence body image. Such statements, which demonstrate pride in their child's weight loss, were experienced as pressure. Furthermore, body weight comparisons between parents and their children were felt as a competition with their parents, which also reinforced weight loss efforts.

The final aspect of family influence is the desire for adolescents to be "in control of self." The need to separate from family to be an individual to show control is very obvious in the comments, "*When I was upset with my family I was much more prone to participate in restriction, binging, and/or purging.*" In this statement the respondent felt perceived pressure in that by punishing the self, she was punishing her family.

**Influence of family on the maintenance of the eating disorder.** Just as family members are key in unknowingly influence the development of an eating disorder, findings show that they are also influential in maintaining and adolescent's eating disorder. Comments made by parents focused on monitoring food selections and intake can prolong rather than curb a teen's dysfunctional eating habits. Examples of such phrases are:

*The more overbearing they were the greater the severity of my relationship with food. My dad, he has always been the most critical of me and the food I ate.*

In these statements, and others very much like them, adolescents found reasons to continue to assert their own control through disordered eating.

One respondent recounted how her father was particularly influential in the development of her eating disorder.

*I thought if I stopped eating and lost weight and looked better he'd love me more. My dad, he was most critical of me, especially when it concerns my weight/appearance. After losing weight they stopped the comments but that just continued it because it made it okay. If I gained the comments came back.*

The need to maintain a perfect figure teens are trying to curb appetite and keep a perfect figure. While on the other hand this goal is difficult to attain because their body is hard to control with such extreme developmental changes due to hormones and growth during this period.

When an individual chooses to suppress certain feelings or emotions the result can be the need to control other aspects of their life. By controlling eating impulses this necessary sense of control is discovered. Following are some examples of this need to control:

*He holds a lot of power in that sense because I have always wanted his love and to make him proud but I haven't been able to do that it seems. I thought if I stopped eating and lost weight and looked better he'd love me more. The less of a sense of freedom I had the more interested I took in food it was a sense of control.*

*Constantly being told that I was going to get fat like my parents.*

Asserting that body control is a path that led to an eating disorder for some respondents. Problems within these relationships seem to have maintained the eating disorder. Parental comments and actions perpetuated the problem.

### **Perceptions of Pressure from Peers**

The quantitative data represents the effects of peers on their eating disorders. When asked if the participants compared themselves to their peers, out of the nine that responded, eight (89%) reported 'yes' while one (11%) reported 'no'. The second question that was responded to, "did your friends influence the continuation of your eating disorder," generated nine responses, three (33%) indicated 'yes' and six (67%) indicated 'no'. The last question was whether or not participants felt their friends were supportive of them getting help for their eating disorders. Of the eight that responded to this question, six (75%) stated 'yes' and two (25%) stated 'no'. Respondents reported that while they did compare

themselves with their peers, they did not feel that peers were very influential in the maintenance of their eating disorder. Furthermore, the majority of peers were supportive of the respondents' efforts to get help.

### **Influence of peers on the development of the eating disorder.**

Throughout the teenage years peer acceptance is a coveted facet of middle school and high school life. Trying new things and emulating friends' actions can cause unintentional consequences. For example, when one adolescent showed her friend how to purge and reflected how these actions resulted in reinforcing eating disorder behaviors.

*My best friend. One day we went to chipotle and realized how fat we were, went to the bathroom together, I showed her how to purge, and we became encouragers for each other's eating disorder. I would go a few days without eating lunch. Many comments are made saying things like, oh I feel so fat, or I can't have that.*

Quotes such as these may help to encourage an eating disorder in an individual that may not have otherwise considered it.

Another emerging factor is seen in the circumstance of peers praising their friends' weight loss. When adolescents recognize and offer praise for weight loss, it is a positive motivator to lose more. This form of positive reinforcement can lead to the development of an eating disorder. Respondents wrote:

*My friends and classmates were thin and I wanted to be thinner than them. Often being told I look good after losing a few pounds. I knew I had to continue to lose weight to be accepted.*

Being socially accepted is an important factor in middle school and high school. Comments such as these demonstrate the possible effects, which encourage adolescents to lose weight to feel accepted by their friends.

Middle school and high school is a time when preteens and teens are attempting to take more control over their lives. This need to control can surface in the frequency, quantity, and type of foods they eat. Food habits may be hidden and concealed from other friends as a way of controlling their emotions through food. Respondents wrote:

*Everyone was so judgmental in my school about weight, so I didn't want to deal with that. I wanted to look thin and be pretty like them. I knew how to control what I was feeling by what I didn't or did eat. I would often not eat in front of my friends in fear of what they would say.*

Respondents felt pressured from their peers as well as themselves. Creating controlled eating habits perpetuated the eating disorder while giving the outward appearance of normalcy. It also encouraged others (peers) to emulate behaviors in an attempt to “go with the crowd,” and to compete.

**Influence of peers on the maintenance of the eating disorder.** Some of the respondents indicated they were worried that their peers would judge them based on what they ate. Respondents wrote:

*I knew what would be accepted good to eat or not to eat. If we ate too much we would encourage each other to get rid of the food in unhealthy ways. In high school appearance is extremely important. Always would look at pictures comparing myself to my friends.*

The above statement is a perfect example of how friends can contribute to unhealthy eating habits. In this case, peer pressure seemed to simultaneously keep girls from eating certain foods, while also encouraging them to purge when they do overeat in order to be thin.

Some girl's commented that there was constant comparison among girls, which created dissatisfaction with their own bodies.

*I constantly compared my body to any other female around me. I pay particular attention to legs and stomach since those are the areas of my body I am most self conscious about. I always saw my friends as thinner, prettier, and happier. I compared myself to them and saw that they were happier than I was and that it must be because they were skinny and pretty and I wasn't.*

Respondents compared themselves to their friends. This comparison often went beyond just physical looks of thinness and perceived attractiveness, but even spread to the belief that thin and pretty girls seemed happier. This mindset may have overridden more obvious and more likely reasons for personal dissatisfaction.

When an adolescent matures sooner/earlier than others in their class, changes such as body hair, body shape, and voice changes are more apparent and potentially more worrisome. In order to offset those changes unnecessary weight loss can be tried as a solution. Making an attempt to lose a lot of weight without needing to can cause a slow-down or ceasing of healthy growth and physical body

changes which further encourages the individual to continue the unhealthy behaviors.

*Kept wanting to be skinner than them. I grew/matured physically sooner than a lot of my friends did. In middle school, many of my friends were much smaller than me. I knew what to do in order to control those feels of being bigger than them.*

Respondents seem to be comparing their food intake and their body shape with their peers. Quotes like this show that teens struggle with issues of appearance and body that may have little to do with eating; ideas that weight loss can change the development of a developing preteen or teen are dangerous when the need to assert control in this way results in disordered eating.

### **Perceptions of Pressure from Media**

The quantitative data that is represented in this section shows pressure that adolescents face when viewing media in middle school and high school. Out of the nine participants, six (67%) indicated that media helped develop their eating disorder, while three (33%) indicated that it did not. Of the nine respondents who answered the next question regarding whether the media maintained their eating disorder behaviors, eight (89%) indicated 'yes', while one (11%) indicated 'no'. The participants also responded to the question about whether they felt that media offered on-line support. From the eight responses four (50%) indicated 'yes' while four (50%) indicated 'no'.

**Influence of media on the development of the eating disorder.** Looking at the qualitative data, the findings about how media pressures influence the

development of an eating disorder are significant. By observing “peers” on television, in magazines, and in movies these adolescents believed that such looks are desirable. Respondents wrote:

*I wanted to look like the people in magazines. I always wanted to be as skinny as the models and stars. The stars always look happy, and I want to be like them. The models always wear the best clothing, the best hair, and the best bodies.*

Quotes like these have the potential for adolescents to want to strive to be just like those in magazines, television, and other forms of media when they view them.

Media influences on weight loss are everywhere. Teens see ads and commercials whenever a media service such as a magazine, television or radio is used.

*While I like to spend time reading magazines, what most influences my eating disorder is reading about ways to be healthy or get into shape. Sometimes I feel like I am not in shape enough and if I read these articles it will help me lose weight, when really, I need to be gaining weight to be considered healthy.*

Respondents noted even ads for exercising and healthy lifestyles could be construed as a means to diet. Using the excuse of “staying healthy” while engaging in eating disordered behaviors seem quite common in these quotes.

Today’s youth want to be like the people they see on television or magazines. Attempting to control their bodies to be more beautiful or wear the right clothes can lead to an enduring problem with disordered eating.

*All ads are tiny, photo shopped women who make you think if you don't look like them you won't ever look good; that is how I would control my eating disorder.*

*I wanted to look like them even though I knew it truly wasn't them. I felt like they had control over me. The media portrays so many thin, beautiful women and by controlling what I eat perhaps I could look like them.*

Respondents stated that they were trying to look like the models in the magazines this idea came from their peers. Even though they knew that these models were not their real selves.

**Influence of media on the maintenance of the eating disorder.** Media always has and continues to play a significant role in the lives of many adolescents through television and radio commercials, billboards and magazine advertisements. Not many youth are completely sheltered from these input sources, many of which lead to websites that allow further weight loss.

Respondents wrote:

*There are Internet sites that encourage and have tips on how to be anorexic. I set goals of which actress I wanted to look like & tried to constantly look like them. Still seeing stick thin girls everywhere.*

For these respondents, this constant observing of celebrities can perpetuate an eating disorder as youths attempt to model themselves after unrealistic body expectations.

Through the constant encouragement media sources portray, frequently directed at teens, gaining or maintaining the "perfect physique" may become a

way of life. This disordered eating mindset allows for low self-esteem and a skewed self-image as noted in the following quotes.

*Every time I saw a skinny model, I would want to throw up. The ads made me think if I were fit people would like me. Magazines showing only smaller girls and watching TV while guys make fun of fat girls.*

Statements such as the one above show that girls would compare themselves to skinny models, which encouraged them to engage in disordered eating. In addition, girls would observe boys belittling girls who were not skinny. Combined, these influences may have been especially forceful in influencing peers to want to engage in eating disorders behaviors.

Respondents stated that television commercials and ADS in magazines about weight loss generally influenced them. Exercise and dieting are encouraged as two of the many different ways that this control is mastered.

*Buying the new magazines every month makes me feel that I should continue to do the workout moves and eat healthy like they say to keep my body in shape. A great Internet site to help keep you in control is Pro ana/mia websites. Pro ana/mia websites are great to get ideas and show you how to continue your eating disorder.*

Respondents felt that when they see media they need to react to it. The media seems to engage boys to say things to girls regarding their appearance. It appears that men are trying to be superior to the girls. The above statements outlines the thought process involving the need to exercise to keep fit. Magazines and

websites are easily accessible sources that are considered reliable when looking for ways to purge and develop less than healthy habits.

### **Discussion**

The main goals for the current study were to see if perceived pressures from family, peers, and media were associated with the development and maintenance of eating disorder symptomology in middle school and high school for boys and girls. The sample indicated that perceived pressures across all three environmental contexts, family, peers, and media, were associated with greater eating disordered behaviors. Findings did not support previous research in showing that the combined influences of these environmental contexts may have created a cumulative impact on eating attitudes and behaviors. This could be due to the type of study that was done. Most respondents selected one area that they felt had the most influence on them in developing and maintain their eating disorder.

For better understanding the researcher has broken the discussion section into three parts that can be associated with the development and maintenance of an eating disorder. These parts relate to the perceptions of pressure from family, peers, and media.

#### **Perceptions of Pressure from the Family**

Within the family section a number of factors have been cited as contributing to the development and maintenance of eating disorder behaviors. Relating to the literature, a disturbed mother-daughter relationship is often identified in the formation of eating problems (Rhodes & Kroger, 1992). The

struggle that happens between mothers and daughters regarding weight loss has been seen as a disturbing and competitive relationship. Studies also identified links between a parent's own dieting and worry about weight, parents' encouragement of their children to lose weight, and parental appraisals and comments.

In addition, it has been suggested that feedback from parents regarding their child's appearance may lead to perceived pressure to conform concerning the weight and shape of their children (Krones, Stice, Carla, & Orjade, 2005). In their desire to win parental approval adolescents may internalize these pressures and be at an increased risk for developing and maintaining their eating disorder. The study is clear that for girls, a mother's negative attitude towards her own body can impact a daughter's self image and put her at risk for developing and maintaining disordered eating (Schwyzer, 2008). As seen in this current study a mother's influence pressures girls to conform to their mothers' ideas. Maternal pressure to lose weight and to be attractive seems to have a strong influence on an adolescents' view of their physical appearance. These non-behavioral, psychological influences may be firmly established from their mothers input, perhaps from an early age.

Previous researchers have found that parents (especially mothers) influenced their children's weight and shape concerns and behaviors through modeling, parental messages, and parental appraisals (McCabe & Ricciardelli, 2001; Smolak et al., 1999). Results of the current study further support previous

findings by indicating that these maternal pressures had effects on adolescents' perceptions of themselves.

### **Perceptions of Pressure from Peers**

Conformity seems to be important in developing close friendships. In this particular research direct behaviors, comments, as well as perceived pressure to be thin are all important. Girls are especially vulnerable to the pressures of body appearance learned from peers. For instance, in this current study, girls have been taught to develop eating disorder behaviors by their peer, which in turn maintains their own eating disorders. Some evidence indicates that a girl's peer group provides a subculture that may either enhance or diminish the idea of thinness and weight loss behaviors (Eisenberg et. al., 2005). Peer groups influence the development of disordered eating through teasing, modeling, and discussions about weight and eating issues. The degree to which adolescents believe being thin will increase their likeability with their peers.

Peers influence disordered eating if the individual believes they will be better liked by losing weight (Oliver & Thelen, 1996). Research also suggests that body dissatisfaction is associated with the belief that thinness is important to positive peer relationships. Also, found in the current study is the respondent's belief that they would be better liked if they conformed to what their friend's were doing. Schultz and Paxton (2007) conducted a study that examined relationships between adolescent's females' body dissatisfaction, disordered eating, quality of same-sex peer relationships, and beliefs about thinness in interpersonal relationships. A negative friendship had more disordered eating patterns. Further

analysis revealed that perceived peer influences in weight-related attitudes and behaviors were predictive of an individual girls level of body image concerns.

### **Perceptions of Pressure from Media**

Many believe that the mass media encourages an obsession with weight, by portraying an unachievable “ideal body size” that cannot be attained by the average person (Ricciardelli & McCabe, 2004). This current study demonstrated the negative influences on the body image that resulted from viewing models in magazines and on television. In adolescent girls, frequent dieting, exercise, and a desire to imitate individuals in the media were predictors of disordered eating. Thompson and van den Berg (2000) found that perceived pressure from the media is important in the development of eating disorder symptomology as an independent contributory risk factor. This study also found that reading magazines increased the desire to be thin both directly and indirectly.

Adolescents often found themselves referring to the media on how to look, how to exercise, and/or how to eat. Another interesting place for adolescents to get their information regarding how to develop and maintain their eating disorders is through websites such as Pro-ana (Anorexia) and Pro-mia (Bulimia). These sites can pull an individual in very easily if you are prone to eating disorder behaviors. The media’s implicit and explicit message is that dieting is a normal and positive way to control weight as can be seen in frequent advertisements for weight loss, diet programs, and exercise. These methods to control weight may be perceived as positive. Several females reported higher perceived pressure from media to meet cultural ideal for physical beauty. Many researchers believe that

the media sends a stronger message to females regarding the importance of physical attractiveness (McCabe & Ricciardelli, 2001).

### **Future Research**

The main points that were studied in this research was how parents, peers, and media play in an adolescents development and maintenance of an eating disorder. Due to more girls responding to they survey than boys it was hard to discover what the pressures were for the one male. For example, because of the number of females responding, girls appeared to be susceptible to pressures from their parents, however, mothers seemed to be more monitoring of there behaviors where fathers were more critical of their bodies. These pressures were related to lower body dissatisfaction.

Previous work has examined the influences of either mother or parents; more needs to be known about fathers' roles in these behaviors. Also, because sociocultural pressures experienced by males may tend to encourage muscularity and fitness, rather than thinness (Ricciardelli & McCabe, 2004), measures of symptoms that might be more common in boys (e.g. drive for muscularity) should be included as well. Research that explores the roles of multiple contexts on different eating disorder symptomology could help further the development of prevention and intervention programs that are targeted more specifically to the behaviors common within each gender. For example, intervention with mothers could specifically center on messages they send that may distort their daughters' body image and lead to body dissatisfaction, potentially a more negative outcome than dieting itself.

Preventative efforts with girls could focus on the media's specific portrayal of the thin ideal as well as a way to combat this message. Internet websites that give young girls ways to become anorexic and/or bulimic should be deleted from the World Wide Web. Other areas of focus with girls should be both behavioral changes and strategies to improve self-image around weight and physical attractiveness. In boys, programs could further focus on healthy ways to maintain the male cultural ideal, such as healthy eating and moderate exercise. Recognizing the role of media in boys' behaviors is especially critical, given that previous research has tended to focus more on outcomes in girls. Eating disorder symptoms are present in both boys and girls, but behaviors that are manifested through different contextual pressure may be very different. The need for understanding these unique patterns of relations can guide future research endeavors.

### **Strengths and Limitations**

Strength in numbers characterizes the many advantages of quantitative research. Quantitative Research statistically measures participants' attitudes and behaviors (Monette, et al., 2011). Utilizing a series of tests and techniques, quantitative research will often yield data that is projectable to a larger population (Monette, et al., 2011). Because it is so deeply rooted in numbers and statistics, quantitative research has the ability to effectively translate data into easily quantifiable charts and graphs. However, quantitative research does have its limitations. Utilizing a numbers research method does not allow for participants to express any necessary feelings and attitudes. Due to this, the experience that

participants had with an eating disorder will be reduced to pre-conceived categories and not allow for rich and complex information.

Qualitative research is a highly subjective research discipline, designed to look beyond the percentages to gain an understanding of the participant's feelings, impressions, and viewpoints (Berg, 2009). Gaining such insight into the hearts and minds of the participant is best acquired through the use of smaller, highly targeted samples. Good, sound qualitative research has much strength: flexibility, a highly focused nature, and its ability to allow the participants to tell their story in their own words (Berg, 2009). Qualitative research is not without its weaknesses and limitations. Misuse or misunderstanding the capabilities of qualitative research is commonplace. The researcher may be taken with the data-rich result and assume that the results are projectable. This assumption is incorrect. Because the analysis is subjective and deals with a small sample size, projectability is not possible. Another common misconception is the expectation that qualitative research will always produce definitive conclusions (Berg, 2009), but only if enough information is established.

### **Conclusion**

The study examined the influence of family, peers, and media on an adolescent's development and maintenance of an eating disorder. Input from these three sources provides constant reminders to self-conscious adolescents about their physical imperfections. The need to negate or decrease the prevalence of these negative influences is a concern felt by many professionals throughout the social work profession. Changing the unhealthy messages to more healthy

messages would decrease the rate of eating disorders and provide adolescents with a more appropriate image to imitate. That said, educating mothers of daughters, and working against the media would be the first step in combating eating disorders. Finally teaching tolerance and individualism would aid in peer pressure and ease the need to conform at this stage of development.

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## Appendix A

### Consent Form University of St. Thomas GRSW 682 Research Project

#### Relative Influence of Family, Peers, and Media on the Development of Eating Disorders in Adolescents Boys and Girls

I am conducting a study about the influence family, peers, and media had on the development of an eating disorder in the adolescent years. I invite you to participate in this research. You were selected as a possible participant because you have struggled with an eating disorder in your adolescent years. Please read this form.

This study is being conducted by: Debra Lorasch-Gunderson, a graduate student at the School of Social Work, University of St. Thomas/St. Catherine University and supervised by Dr. Jessica Toft, Ph.D, LISW.

#### **Background Information:**

Research has demonstrated that there are a variety of ways that eating disorders develop and are maintained over time. The purpose of this study is to understand how three significant factors: family, peers, and media, may have influenced the development of your eating disorder.

#### **Procedures:**

If you agree to be in this study, I will ask you to answer several questions relating to the influences that family, peers, and media had on your eating disorder and which ones was more influential. You will also be asked to answer some question that relate to current time. The total amount of time to take this survey is about 20 minutes.

#### **Risks and Benefits of Being in the Study:**

There is some risk involved in the study as questions may stir up uncomfortable feelings or memories. Due to these risks the researcher has included services available to you. Please see the list of services below that are on the University of St. Thomas campus.

- **Health Services** located in the lower level of Brady Residence Hall.

Phone 651.962.6750. Hours: Monday – Friday 8am-4:30pm.

- **Counseling and Psychological Services**-St Paul Location-MHC 356.

Phone: 651.962.6780. Hours: Monday-Friday 8am-4:30pm.

Other resources that can be viewed via Internet are below.

- **The Joy Project.** Po Box 16488, St. Paul, MN 55116.  
[director@joyproject.org](mailto:director@joyproject.org). [www.joyprojectonline.com](http://www.joyprojectonline.com)
- **Eating Disorders Anonymous.** [edastpaul@gmail.com](mailto:edastpaul@gmail.com) or  
[eda.Minnesota@hotmail.com](mailto:eda.Minnesota@hotmail.com).
- **The Emily Program.** 2265 Como Ave, St Paul, MN 55108.  
651.645.5323.

This study has no direct benefits.

**Confidentiality:**

The records of this study will be kept confidential for this study. My research advisor, Dr. Jessica Toft, will also have access to the survey data. Research data from Qualtrics will be kept in a password-secure locked laptop. Because the survey is anonymous, I will have no idea who has completed the survey. However, if stories presented in the survey appear that they might identify a Particular person, identifying details will be changed to maintain confidentiality.

**Voluntary Nature of the Study:**

Your participation in this study is entirely voluntary. There will be no repercussions from the School of Social Work or the University of St. Thomas if you do not participate. No one will have any way of knowing whether you participated. Once you start the survey you may withdraw. Once you submit the survey you can no longer withdraw due to that the data is anonymous and it would be impossible to tell which survey is yours.

**Contacts and Questions**

If you have any questions you may contact the researcher, Debra Lorasch-Gunderson, 715.579.7929 or [lora5540@stthomas.edu](mailto:lora5540@stthomas.edu). Research advisor, Dr. Jessica Toft, 651.962.5803 or [jetoft@stthomas.edu](mailto:jetoft@stthomas.edu). UST IRB office 651.962.5341.

**Statement of Consent:**

I have read the above information. I affirm that I am at least 18 years of age. I Consent to participate in the study.

## Appendix B

### Survey Questions

**Consider the time in which you have had an eating disorder. Please answer the questions below based on the years when you were in middle school and high school. First questions 1-5 relate to present time.**

1. Do you currently struggle with an eating disorder? Yes or No
2. Did you struggle during your middle school and/or high school years with an eating disorder? Yes or No
3. Was your eating disorder diagnosed? Yes or No  
What type of eating disorder were you diagnosed with?
4. What was the age of onset of your eating disorder?
5. What is your gender? Male, Female, or Transgender.

### Effects of Family

1. Do you think your family influenced the development of your eating disorder?  
Explain why or why not. **(If you answered “no” to this question, skip to question #3)**
2. Which family member had the most influenced on the development of your eating disorder? Explain why.
3. Do you think your family members influenced the continuation of your eating disorder? Explain why or why not.
4. Was your family supportive of you getting help? Yes or No.  
If so, in what ways?

**Effects of Peers**

1. Do you think your peers influenced the development of your eating disorder?  
Explain why or why not.
2. Did comparisons to your friends affect the development of the eating disorder? Yes or No.  
If so, explain how.
3. Do you think your friend's influenced the continuation of the eating disorder?  
Yes or No.  
If so, explain how.
4. Were your peers supportive of you getting help? Yes or No.  
If so, in what ways?

**Effects of Media**

1. Do you think media influenced the development of your eating disorder?  
Explain why or why not.
2. Given the wide variety of media influences (computers, TV, You tube, billboards & music videos) which of these was most influential in the **development** of your eating disorder?
3. Did media help **maintain** your eating disorder behaviors? If so, explain.
4. Did you find that media provided on-line support for your eating disorder?  
Explain why or why not.

**Concluding Questions**

1. Have you ever gotten treatment for your eating disorder? If so, what kind of treatment did you receive?

2. For you, what do you think the main cause of the eating disorder was?
3. Of the three influences family, peers, and media, which do you think has influenced you the most? Explain why.
4. Is there anything else you would like to say about the development and maintenance of the eating disorder?