A GROUP COUNSELING CURRICULUM FOR EATING DISORDERS
AND MIDDLE EASTERN ADOLESCENT FEMALES IN SCHOOLS

A graduate thesis project in partial fulfillment of the requirements
for the degree of Master of Science in Counseling,

School Counseling

By Zeneh Farhan

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DEDICATION

Dedicated to my mom Selwa and my dad Louai, who continue to sacrifice their happiness for us without a sigh of hesitation. The universe is blessed to know such beautiful souls. I am where I am today because of your strength, open hearts, and love.

Dedicated to Besmeh, Haider, and my forever soulmate Haleh: Consider the cosmos luckier to hear more of your laughter. Your happiness is timeless. How lucky am I to have been born to find three of my favorite people already waiting to forever make memories with. Haleh, you will always remain my better half.

Dedicated to all of my lovely family and dearest childhood friends: “So, I love you because the entire universe conspired to help me find you.” – Paulo Coelho

Dedicated to those who are lost and have searched high and low to be found,
To the optimistics who have traveled the longest of roads but continue to find a lit detour,
To the amorists who never lose faith after infinite sorrows,
To the timid who cannot seem to see the many layers of their beauty,
To the unsheltered, stripped of all comfort and soul,
To the courageous who dedicate their lives to protecting the unknowns,
To the passionate whose flame is sweltering hot,
To the brave starting anew even after enduring humiliation and countless failed attempts,
To everyone whom has ever felt abandoned at any moment in his or her life:
You inspire without trying to inspire.
You have touched so many hearts,
And you may never know how we, the underdogs, are forever awoken.
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ABSTRACT

A GROUP COUNSELING CURRICULUM FOR EATING DISORDERS AND MIDDLE EASTERN ADOLESCENT FEMALES IN SCHOOLS

By

Zeneh Farhan

Master of Science in Counseling, School Counseling

The purpose of this project is to develop a group counseling curriculum that is aimed towards Middle Eastern adolescent females who have had struggles with eating disorders, body image, or unhealthy eating habits. There has not been much research to support this cultural group when dealing with eating disorders. However, there has been research supporting the fact that Middle Eastern females also experience eating disorders, as do other ethnicities. Therefore, this population may be neglected and in need of support with this illness. This project consists of ten-weekly counseling sessions and provides resources to learn and overcome the disease, a pre- and post-assessment, and encourages female empowerment and confidence from within.
Chapter 1

Introduction

According to Ford, Dolan, and Evans (1990), in Westernized societies being thin has come to be a representation of one who is competent, successful, beautiful, and possesses self-control. Davis and Yager (1992) contend that it is often thought that eating disorders, such as anorexia nervosa (AN) and bulimia nervosa (BN), most often occur amongst modern middle and upper class Caucasian women from the West. However, it has become apparent that more cases of eating disorders are present in other societies, and not only in Western cultures. Davis and Yager (1992) have indicated that ethnicities and other culture groups from low socioeconomic statuses are just as affected by eating disorders.

According to Latzer, Azaiza, and Tzischinsky (2014), it has become increasingly more prevalent for adolescents to diet and to have distorted eating attitudes. This age group is considered to be at-risk for these behaviors and for developing eating disorders. This is true, according to the researchers, because many adolescents are highly critical of their own self-image and their weight and shape, as well as many adolescents show signs of body image disturbances. Youth demonstrate various symptoms that are characteristic of eating disorders. Latzer et al. (2014) have found that approximately 36.4% of girls and 23.9% of boys value what their ideal weight and shape should be, and 41.5% of girls and 24.4% of boys display signs of a distorted body image. Furthermore, in adolescent girls and in adolescent boys in America, 60% and 30% of them are reported to have body image disorders, respectively (Latzer et al., 2014).
Furthermore, Latzer et al. (2014) finds that both females and males have issues with their body image and eating behaviors. This may possibly be attributed to the cultural values of westerners who idealize being thin, and linking this with beauty and being attractive. This in turn affects both female and male adolescents and their perceptions of weight, body image, and eating behaviors. In some Middle Eastern countries including Pakistan, Egypt, Saudi Arabia, Lebanon, the United Arab Emirates, and Iran, eating disorders have become apparent and have been more common amongst the female population (Latzer et al., 2014).

Eapen, Mabrouk, and Bin-Othman (2006) studied how people perceive the ideal body weight and shape compared to actual body weight, and found an incongruence between these two variables; a number of participants desiring a thinner body than their actual weight. In the Western society, the discrepancy has been linked to an increase in diets, which often paves the way for an unhealthy eating attitude and eating disorders. These researchers found that in their study, 32% of the female adolescents who scored high on the Eating Attitudes Test (EAT) disclosed that they binge eat at least two times a week. According to Eapen et al., this type of eating behavior correlates to an increased risk of obesity, which in turn can lead to unhealthy attempts at losing weight and eating disorders.

In addition, Al-Subaie (2000) performed a study with a random sample of 1,179 adolescent Saudi Arabian females who participated. The girls were in 7th to 12th grade and the researcher had the participants take the Eating Disorders Inventory - Drive for Thinness (EDI-DT) test. There were 15.9% who scored positively on this scale, showing psychological characteristics that are tied to AN and BN, and 41% of females felt they
were preoccupied with being thin. Based on Al Subaie’s study, participants who scored high on the scale were those who have been introduced and, therefore, influenced by the West. These participants had either resided in the West for six months or more, or were able to speak a Western language. This particular study indicates that the Western culture is an influence on participants in having a preoccupation of being thin (Al-Subaie, 2000).

While some research of eating disorders has been conducted in relation to the Middle Eastern culture, Tamin et al. (2006) note that there has not been much research done on this culture and the prevalence of eating disorders. Therefore, it is very important to understand how Middle Eastern adolescent females endure the issues of eating disorders and what is the best way in providing help and support for them, as more research is conducted.

**Statement of Problem**

Eating disorders have become a widespread problem that both males and females struggle through. Both Qadan (2009) and Krug et al. (2013) assert that many throughout the world are now faced with eating disorders such as AN, whether due to a lack of control of their lives, or pressures from the media and society. More specifically, Davis and Yager (1992) contend that this subject is one that many Middle Eastern people are not very well-versed in, as it is more commonly talked about and heard of in the United States and Western Europe. Eating disorders are a fairly new and foreign topic among the Middle Eastern culture, as many believe eating disorders do not exist in non-Western countries (Davis & Yager, 1992). Therefore, the Middle Eastern female teenage population is being targeted in this project to gain a better understanding of eating disorders relating to Middle Eastern adolescent females.
For this Middle Eastern teenage population, psychoeducational group counseling may improve therapeutic outcomes for group members, by focusing on positive eating habits, body image, and skill building, and providing them with group support from members who are also from the same cultural group. The group process will allow for group participants to openly share and address concerns, while also promoting group norms of respect and confidentiality. Support and empathy from the facilitating school counselor and from peers who share similar cultural backgrounds and experiences further delivers positive outcomes for its group members. Moreover, creating trust and harmony, and the healing process within the group will also be a part of the group process described to the group’s participants. Educating participants with coping and self-esteem skills, and using cognitive-behavior therapy to perform self-reflecting and other activities will be a main focus of this group. In this psychoeducational group counseling, cognitive-behavior therapy may provide its group members with the most successful outcomes because of its emphasis on one’s thoughts, as well as on participants’ behaviors.

**Purpose of the Project**

The purpose of this project is to develop a group counseling curriculum targeting Middle Eastern teenage females experiencing eating disorders. It is important to target this population in a group counseling curriculum because as Tamin et al. (2006) and Davis and Yager (1992) have pointed out, there has been a lack of school counseling interventions for this cultural group. As researchers have shown, Middle Eastern adolescent females are also faced with eating disorders and the lack of interventions indicates that this population could benefit from a group counseling curriculum.
School counselors will facilitate the group counseling experience, following a step-by-step ten-week curriculum. Female adolescent Middle Easterners will be screened to ensure they meet the criteria for the group so that they will benefit from a group such as this psychoeducational group. Screening procedures will be reviewed with potential participants, ensuring the girls are willing to participate. Prospective members should also receive information about the group, such as the purpose of the group, its goals, what will be expected of their participation, and what they will accomplish after the completion of this group. The overall goal of this psychoeducational group is to allow participants to feel that their eating disorder is being understood within the context of their culture.

Not only will the group counseling curriculum attempt to provide participants a more culturally competent understanding of their eating disorder within their Middle Eastern culture, but perhaps the curriculum can also be used for other culture group participants that may not have a thorough grasp on eating disorders as well. This will be done by listening to the individual struggles each participant endured relating to her eating disorder and her culture. It will be especially beneficial for those students from Middle Eastern backgrounds to help them learn strategies and tools to overcome their own eating disorders.

**Terminology**

*Acculturation:* the process of intercultural traits transmitted to and from various diverse groups, in the emergence of new and combined traditions (*Webster’s Third New International Dictionary, 2002*).
Amenorrhea: a condition where at least three consecutive menstrual cycles are missed (4th ed.; DSM-IV; American Psychiatric Association, 1994).

Anorexia nervosa (AN): a resistance and a fear to maintain body weight that is normal for age and height. Patients’ views on their own body image is incongruent with reality (DSM-IV).

Assimilation: the process of absorbing oneself into a system and making oneself similar to the cultural traditions of a group (Webster’s Third New International Dictionary, 2002).

Body image: the belief of what one’s own physical appearance looks like based on the individual’s subjective observations and the responses received from others (Webster’s Third New International Dictionary, 2002).

Bulimia nervosa (BN): episodes of binge eating amounts of food that are larger than normal within a two-hour period, and feeling out of control when eating. Behaviors to prevent gaining weight may include laxatives, self-induced vomiting, fasting or intense exercise. Binge eating and behaviors to avoid gaining weight occur simultaneously at least twice a week for three consecutive months (DSM-IV).

Eating Attitude Test (EAT-26): an instrument used to gauge the eating attitude of an individual, both in a clinical and non-clinical setting. It measures the behaviors, feelings, and attitudes towards food to determine a possible risk of anorexia nervosa. There are 26 items on the test, and it is scored using a Likert scale (Garner & Garfinkel, 1979).

Eating disorders: major disturbances in eating habits (DSM-IV).

Eating disorder not otherwise specified (EDNOS): eating disturbances that do not fit the criteria for the other eating disorders (DSM-IV).
First-generation: a natural-born U.S. citizen of immigrant parents; or sometimes used as immigrants who are naturalized Americans (Webster’s Third New International Dictionary, 2002).

Group counseling (therapy): patients faced with similar struggles come together as a group under professional facilitation to overcome challenges (Webster’s Third New International Dictionary, 2002).

Middle Eastern: relating to the Middle East, which is a region part of the Ottoman Empire, and includes present-day southwestern Asia and northeastern Africa (Webster’s Third New International Dictionary, 2002).

Second-generation: the second generation of a family to be born in the U.S.; or often used as the children of foreign-born parents who are born in the U.S. (Webster’s Third New International Dictionary, 2002).

Summary

The following chapter will explore previous research that has been conducted with Middle Eastern female adolescents and eating disorders. More specifically, the next chapter will first examine the general background of eating disorders, and then explore the possible causes of these disorders. Body image and the role of media will then be introduced, followed by how eating disorders tie into the Middle Eastern culture in particular. Acculturation and its affects will then be addressed, and lastly, possible treatments and support for Middle Eastern teens with eating disorders will be provided to help this population with this disorder.

In order to gain a better understanding of how teenage female Middle Easterners experience eating disorders and what may be the best strategy in helping them, it is
appropriate to look at previous research that has examined eating disorders. It is also beneficial to study group counseling processes and why this arrangement is best for intervening with this population who experiences eating disorders. This will be covered in the following chapter.
Chapter 2

Literature Review

Though there has been much research conducted on eating disorders from around the world, this chapter aims to examine the literature regarding the relationship between Middle Eastern adolescents and eating disorders. In this chapter the origins and factors leading to eating disorders will be examined, followed by an analysis of the media’s effects on body image. Attention will then shift to Middle Eastern culture in general and how this population perceives eating disorders. Following this will be discussion of acculturation and assimilation within the United States, and pressures this population may face when attempting to adapt to another culture’s society and norms. Lastly, this chapter will focus on the support Middle Eastern female teenagers may receive when experiencing eating disorders and what can be done to better support them.

Background of Eating Disorders

Föcker, Knoll, and Hebebrand (2013) define an eating disorder as an illness where one is overly preoccupied with food and weight, which causes serious disturbances to their everyday lives. According to Gurenlian (2002), disturbances resulting from eating disorders can range from physical to psychological to systemic health issues. Those who have an eating disorder often have a decrease in blood pressure, fine body hair called lanugo, atrophy, dehydration, lethargy, malnutrition, and heart problems. Some psychological issues that patients of anorexia nervosa (AN) experience include depression, social withdrawal, a hard time concentrating, and thoughts of obsessing over food (Gurenlian, 2002).
Föcker et al. (2013) discuss AN specifically. The diagnosis includes starvation and restricting food intake, resulting in an extremely low body weight based on the individual’s height, age, and sex; a fear of gaining weight even at an exceptionally low weight; an abnormal perception of one’s own body shape and weight; and not coming to terms with the extremity and danger of his or her low body weight (Föcker et al., 2013). According to Crow et al. (2009), the researchers conducted a longitudinal study over 8 to 25 years following eating disorder patients. Their sample size included 177 AN participants, 906 participants with BN, and 802 participants with an eating disorder not otherwise specified (EDNOS). The researchers found that mortality rates for AN was 4.0%, for BN it was 3.9%, and for EDNOS there was a 5.2% mortality rate (Crow et al., 2009).

Another type of eating disorder is binge eating disorder (BED). Peterson et al. (2012) define BED as a consumption of food in larger amounts than most people of a similar age and height consume, often with no control of one’s eating habits. For bulimia nervosa (BN) to be diagnosed, binge eating must first occur, followed by self-induced vomiting. For both BED and BN, Peterson et al. found that patients eat about 1500 to 4500 calories. The wide calorie range is based on the patient’s lack of control when eating. The individual with the eating disorder believes s/he is having a binge-eating episode when they attempt to limit food intake but are unable to stop, regardless of the amount of food consumed. Furthermore, Peterson et al. contend that a purging disorder (PD) is often considered a subtype of BN, where sufferers partake in self-induced vomiting and abuse laxatives, but there is an absence of ingesting a large amount of calories (Peterson et al., 2012).
Furthermore, Bas and Kiziltan (2007) postulate that eating disorders and extreme dieting can result in adolescents having nutritional deficiencies. The researchers found that unhealthy eating habits and nutritional deficiencies are linked to further health complications, such as cancer and osteoporosis. About 35% of deaths from cancer are found to have originated from negative eating habits. It is extremely important that adolescents develop healthy eating habits, as their bodies are still developing and maturing. Adolescence is a very sensitive and crucial time period to maintain healthy lifestyles, and these habits carry on into their futures as adults (Bas & Kiziltan, 2007).

However, the operational definitions of AN, BN, BED, and PD are not cross-cultural when it comes to diagnoses, symptoms, and treatments (Föcker et al., 2013). This cross-cultural difference is due to the fact that before there were changes made in the DSM-V, there was terminology that was very specific to males or females and did not allow consideration for the individual patient’s age, gender, culture, nor stage of the eating disorder. For example, one of the criteria for diagnosing AN was developing amenorrhea. This symptom would not apply to males or to young females who have not begun menstruating and therefore, this definition was not sensitive to everyone (Föcker et al., 2013). Additionally, the definitions in the DSM-IV do not relate the patient and his or her disorder to their culture. According to Jacob (2014), notions of coping, support, and receiving help are acknowledged, but these ideas are often influenced by a patient’s individual culture, which the DSM-IV does not address. For example, receiving support for one culture might mean to seek out professional assistance, such as going to therapy. However, for another culture such as in the Middle East, getting support often comes from family members due to the stigma within this culture that is attached to going to
therapy (Jacob, 2014). Therefore, interventions focusing on the Middle Eastern population and eating disorders can only help this culture due to the lack of support targeting them. Research should include studying various cultures, which will be more accurately applied to those of other ethnic groups, genders, and the entire overall population.

**Possible Causes of Eating Disorders**

There are many common risk factors that may contribute to the development of eating disorders among adolescents, including psychological issues, one’s environment, and the media and society (Ata, Ludden, & Lally, 2007). According to Krug et al. (2013), the effects of eating disorders on a person’s health mentally and emotionally may include adopting negative weight control practices, being unsatisfied with his or her body, isolating oneself socially, and having a decreased self-esteem.

Krug et al. (2013) assert that parents may influence their children to develop eating disorders if they possess much control over food and set strict limitations as to what the child can or cannot eat. Parents also serve as a model for their children according to Krug et al. (2013), so attitudes and beliefs that parents have towards food can manifest through their behaviors and influence children to have similar thoughts about eating.

According to Eapen, Mabrouk, and Bin-Othman (2006), youth who grow up with a family member who constantly attempts to lose weight may influence the adolescent to want to adopt a weight loss routine as well. Worrying about one’s body type, family influences, and societal expectations may also be contributing factors for teenagers developing eating disorder behaviors. The researchers found that there was a correlation
between youth who scored high on the Eating Attitudes Test (EAT) and these same individuals having a family member who has weight or mental health issues.

Furthermore, in a similar study performed with twins, Eapen et al. discovered that eating attitudes are not only influenced by the family members, but also by genetics. As a result, it was found that eating attitudes are influenced by a combination of biological, behavioral, and environmental factors (Eapen et al., 2006).

Moreover, Krug et al. (2013) notes that family and friends who tease adolescents about their weight, or families who show deep concern for shapes and sizes increase a child’s risk of developing an eating disorder. These researchers indicate that adolescents may also jump from one eating disorder to another. Therefore, it is very important to acknowledge and understand different types of eating disorders and how they may tie in or overlap with one another. Additionally, Krug et al. contend that there are many similar overlapping risk factors in developing eating disorders and obesity. Generally, personal, behavioral, and socio-environmental influences are accountable for the two. More precisely, disturbed eating behaviors and parents’ attitudes towards eating and weight are both common risk factors. These behaviors may influence adolescents in developing eating disorders and obesity. Therefore, recognition of various risk factors allows for initial intervention and preventative measures (Krug et al., 2013).

According to Ata et al. (2007), adolescents who clash often with their parents and who do not receive much love and support from their parents often diet more extremely and have lower self-esteem when it comes to their body image. The researchers report that girls who are diagnosed with eating disorders feel less close and less accepted by their parents. These adolescents also receive more criticism from their parents as well,
therefore, turning to dieting and negative eating behaviors. Ata et al. contend that from ages 11 to 18, if a girl does not receive warmth from her mother then she is more likely to have weight problems. Also, the lack of support and closeness from peers predicts an increased risk of BED, and many patients with AN also claim to have trouble relating to peers and have feelings of social isolation. Ata et al. (2007) had linked lower self-esteem and the increase of various eating disorders to female adolescents who have a difficult time being accepted by peers, a lack of social support, and no close friendships.

Ata et al. (2007) assert that the way many youth think about themselves are often the thoughts and ideas of how others think about them. They form their own opinions about themselves based on how others perceive them, which may negatively affect their own confidence. Depending on the dynamics of family members and friends, these close relationships to adolescents can affect their self-esteem either positively or negatively. Ata et al. found that teasing about one’s appearance may cause more stress and anxiety to look a certain way. This type of criticism and pressure that adolescents face from close family and friends often paves the way for stress, dieting, and having negative thoughts about themselves, which may develop into eating disorders (Ata et al., 2007).

**Body Image and the Role of Media**

The media plays a major role on the effects of body image. Krug et al. (2013) assert that the effects of the media may lead to eating disorders, physical health problems, a decrease in self-esteem, and suicide. With the media idolizing thin body types and females attempting to achieve specific social standards, the media has been linked to harmful body image perceptions and negative eating habits (Krug et al., 2013).

Researchers Mabe, Forney, and Keel (2014) contend that television and magazines depict
thin female figures as the ideal body type. These portrayals are unrealistic for females to achieve and many youth are left feeling displeased by their own body figures. In turn, the negative body perceptions and the attempts to achieve an unrealistically thin figure increase the likelihood of developing an eating disorder (Mabe et al., 2014). In support, Ata et al. (2007) have found that adolescent girls who idolize women’s thin figures from the media are more likely to be dissatisfied with their own body due to the incongruence between their body and the size of those featured in the media.

According to Ata et al. (2007), adolescents who receive emotional support and encouraging comments and responses from family members may serve as a defense from the negative messages youth receive from the media and society. This can help adolescents perceive their body types in a healthier more positive light. Teenagers often turn to the media to understand themselves and what their transforming bodies are experiencing. They take away from it certain traits and characteristics that are deemed “acceptable” and “unacceptable” in today’s society. More female youth than male youth turn to the media for ideas about how they can make themselves look more socially desirable. Those who do this have a higher chance of being unsatisfied with the way their bodies look, since more often than not their own bodies do not match up to the media depictions of what a female’s body should look like (Ata et al., 2007).

Ata et al. (2007) found in their study of adolescent females that 69% said that they felt pressure from the media about the way their bodies should look. This study also revealed that 47% of participants felt the need to lose weight after looking at the models in magazines. Additionally, younger girls whose bodies had not matured yet felt they needed to be thinner after watching models on television. The researchers assert that
these negative thoughts at a young age are predictive of possibly developing eating disorders in their future (Ata et al., 2007).

**Eating Disorders and Middle Eastern Culture**

Ford, Dolan, and Evans (1990) indicated that for years, someone who was plump used to be considered fertile and healthy in non-Western cultures, such as in the Middle Eastern culture. Likewise, some cultures believed that being heavier-set was a secondary sexual characteristic, and according to the researchers, in Africa, adolescent girls attend fattening houses before they get married. However, Westernized societies, such as in Britain, do not believe being plump or heavier-set are signs of being healthier or that they are secondary sexual characteristics. Instead, they tend to idealize a thin female figure. The sociocultural notion that women should be thin has influenced other non-Western cultures, such as Middle Eastern culture, to adopt this admiration of a thinner body type (Ford et al., 1990).

In more conservative Arab countries there is a preference for curvier woman, representing beauty and attraction (Musaiger et al., 2013). However, within the last few decades Arab adolescents have been caught in the middle of being swayed by the Westernized idea of beauty and their traditional customs. Musaiger et al. state Arab teens are becoming more influenced by diets and are found to prefer thin body types, and struggle with what their culture teaches them of wholesome eating behaviors and curvier body types. Furthermore, there is a lack of knowledge concerning eating behaviors and eating disorders in the Arab world. There are not many known health education programs that address eating behaviors in this culture, which causes adolescents to turn to their family members or peers regarding any negative eating habits they may have (Musaiger
et al., 2013). Even when there are health facilities available to visit, there is a stigma within the Arab community that comes with seeing a psychologist. This further influences those with an eating disorder to seek help through family members. According to Musaiger et al., Israeli-Arab participants were less willing to request professional help than were the Jewish participants, showing that the Israeli-Arab group were more influenced by the stigma associated with receiving professional help for sensitive topics, such as eating disorders. Since this topic in the Arab community is kept quiet, the reasons as to why an adolescent develops an eating disorder is not widely understood in this culture (Musaiger et al., 2013).

Davis and Yager (1992) contended that cultures that place unattainable expectations of being thin, and display negative behaviors and attitudes towards those who are obese have increased the number of eating disorder cases. Other cases of eating disorders across multiple cultures should be studied in order to gain more knowledge about eating disorders in relation to non-Western cultures. These researchers conducted a study in London, England and Cairo, Egypt, examining a sample of Middle Eastern female students using the Eating Attitudes Test (EAT) and interviewing the participants. Six out of the 50 London females were found to have BN while none of the 60 females in Cairo were found to have had an eating disorder. This study’s researchers suggest that those from a Western culture, in this case from London, were more likely to have an eating disorder compared to those from a non-Westernized culture of Cairo. However, it is possible that eating disorder cases were not found in this population in Cairo due to the self-reporting portion of the study. According to Davis and Yager (1992), participants from Cairo may have been less inclined to openly discuss a personal issue, which
connects to the above point made about the Arab culture’s attitude towards openly discussing sensitive topics, in this case, eating disorders.

In contrast with the Davis and Yager’s findings, Shuriquie (1999) conducted a study that was also in London, containing Middle Eastern female participants and other ethnicities. This researcher found that out of 50 BN cases, six of the participants identified as Middle Eastern. This comprised 12% of the sample population, and this was the highest number of eating disorder cases found in Britain among one particular ethnicity. This indicates that there are in fact cases of eating disorders among Middle Easterners and other non-Western cultures, in contrast to what is commonly suggested (Shuriquie, 1999).

Traditionally in Egyptian culture, according to Shuriquie (1999), society did not emphasize a thin body, but rather valued motherhood and fertility. This was thought to be a protective factor against eating disorders. Qadan (2009) posits that it is commonly thought that eating disorders may be rare in many Middle Eastern countries due to the loose clothing females traditionally wear. With the traditional clothing often worn in the Middle East, a woman’s body often goes unnoticed, and therefore, it is more difficult to observe eating disorder cases. Many women of this culture also tend to get married at a young age, which decreases the pressures put on them by others to maintain a slim figure in order to find a husband (Qadan, 2009). However, negative eating habits have become more common in Egypt and are developing at comparable rates to the negative eating patterns found in the West (Shuriquie, 1999).

According to Vale, Brito, Paulos, and Moleiro (2014), AN patients develop amenorrhea when they severely limit the intake of calories. This affects the body’s
hormones and without specific hormone activity, estrogen levels significantly decrease and ovulation will stop. Amenorrhea occurs in about 20% of those with AN (Vale et al., 2014). Qadan (2009) studied a case where a Middle Eastern teenager who had AN had developed amenorrhea. Due to the traditional loose garments she wore, this made it more difficult for others to notice any warning signs of an eating disorder. Her family was aware she had been losing weight, but did not comprehend the severity of her condition, as she was able to hide her body under her loosely fitted clothing. Only when she was seeking help for her amenorrhea did they realize the severity of her weight loss, and had been unaware of her AN medical condition until then. Therefore, this study as well as others done in Iran and Egypt show that eating disorders are present amongst this population, and according to Qadan’s (2009) findings, the number of eating disorders in the Arab-Islamic communities are about the same as those in Western societies.

According to Qadan (2009), there are not many facilities or clinics that specialize in eating disorders in Kuwait. Therefore, many go to psychiatric hospitals for evaluation, but to some Middle Easterners, there is a social stigma attached to seeing a psychiatrist. Since there is often a negative stigma associated with someone going to psychotherapy, many turn to looking up diet and nutritional information on the Internet, which can be damaging and misleading. In many developing countries, there is a lack of healthcare systems, which only hinders the diagnosis and treatment of eating disorders (Qadan, 2009).

Ben-Ari and Azaiza (2003) support the idea that for many Arabs, getting help from outside of their family and community for a personal issue is a foreign idea to them. It is uncommon and against the norm for this culture to discuss secrets and sensitive
topics to strangers. It may also seem as though the person seeking help outside of the community doubts the capabilities’ of receiving help from those from within the community. To get help elsewhere may offend family and community members by not getting help from within the Arab community for their eating disorder. Turning to outside support for personal problems also shows uncertainty in their faith and distrust in God, whom should be able to protect and provide help from within the community (Ben-Ari & Azaiza, 2003). Therefore, these cultural barriers make it more difficult for the Middle Eastern culture to turn to professional help for eating disorders.

**Acculturation and Assimilation**

As first-generation Middle Eastern Americans, acculturation to the United States may be tough. New immigrants may feel pressure to look a certain way and may turn to extreme dieting, further leading to an eating disorder. According to Davis and Yager (1992), an understanding of acculturation has not really been focused on when it comes to those with an eating disorder who are from non-Western cultures. Studies have found a correlation of other culture groups, familiar with the Western societal values and assimilating into the North American culture, and an increase of eating disorder cases. However, these are possible indicators for the rise of eating disorders and there has not been a direct link between being familiar with the values of the west and eating disorders (David & Yager, 1992).

However, Qadan (2009) indicates that AN may develop as a result of assimilating into a culture that emphasizes the importance of being thin to fit into and look good in the society. Assimilating and being put into new situations and experiences without knowing
how to cope with these stresses positively can be a factor in developing an eating disorder (Qadan, 2009).

As mentioned previously, studies have shown that in the past, the Middle Eastern culture saw a woman’s curves as beautiful and an ideal image of femininity and motherhood (Shuriquie, 1999). However, Eapen et al. (2006) found that this is not the same with today’s younger age group. Their attitudes are influenced by various societal beliefs, by the media, and by the values of western society, more so now than was true in the past, as the younger generation is having more contact with the Western society. In the United Arab Emirates (UAE) there has been an increased emphasis, within the past few decades, on the modern and Westernized lifestyle, moving away from the culture’s traditional beliefs and values. With these societal changes, they have been shown to be in correlation with an increase of various psychiatric disorders, and health risks, one being AN. In Oman, a nearby Middle Eastern country, it was found that 33% of Omani teenagers had the behaviors of someone suffering from AN. Similarly, in Saudi Arabia, 25% of the teenage girls scored high on the Eating Attitudes Test, revealing that Middle Eastern teens and other ethnic minorities are not immune to this disorder (Eapen et al., 2006).

Furthermore, Eapen et al. (2006) assert that while the UAE is very rapidly undergoing societal changes and lifestyle pressures, the youth in the country are dealing with these stresses greatly. The internalized fight against their culture’s traditions and the modernization of sociocultural changes is causing major adjustment issues for the younger crowd. The researchers assert that the UAE is becoming socially influenced by
the idea of westernization and is adopting more liberal ways in the citizens’ lifestyle (Eapen et al., 2006).

Shurique (1999) states that adolescents in Egypt are assimilating to Western culture through mass media and communication. They are struggling between holding onto the Islamic traditions and culture, and becoming independent and Westernized. The media therefore has another affect on adolescents, as youth often learn about how other cultures and societies function, and the positive and negative values of the societies. This researcher examined Israeli Jewish high school females from five settings, as well as Arab high school females who were made up of ethnically distinct subgroups, and a group of adolescent females who were hospitalized for AN were surveyed to find out what their attitudes were towards eating and body image. This researcher hypothesized those who were more familiar with the Western culture and who also were struggling with the traditional female role of an Arab girl would have a similar attitude towards food as the girls who were hospitalized for AN. The researcher found that most of the Arab girls had similar attitudes towards food and body image as those adolescent females who were hospitalized with AN. This indicated that Arab girls may be more prone to eating disorders, if they are exposed to the Western culture, and struggling to assimilate (Shurique, 1999).

Furthermore, Shurique (1999) found that it is not an uncommon fact that females from various Arab countries have eating disorders. This indicates that the percentage of females that have grown up in the Arab culture who have atypical eating habits and eating disorders is about the same percent around the world amongst other culture groups (Shurique, 1999). Ford et al. (1990) also supported the idea that after several Middle
Eastern women had moved to the West, many had developed a negative attitude towards eating. The participants who were studied had moved and assimilated into the Western culture, thus being exposed to the pressures of another culture’s values (Ford et al., 1990).

Ben-Ari and Azaiza (2003) examined the Arab female population in Israel who are widely influenced by the western culture. They have modern-like tendencies in their values, in their education, and in the way that they live. The researchers found that although it was against the norm to seek external help outside of their community for topics considered to be taboo for the culture, many females reached out to help lines where the callers remained anonymous in speaking to a volunteer. This allowed for this Arab group to find support and get help, while still maintaining their anonymity. This group was attempting to acculturate to the more modern idea of tackling issues with resources outside of the community, and acknowledging their problems. However, this western approach of seeking help outside of the community was still influenced by the Arabs’ traditional values of not leaving the community when struggling with a personal issue (Ben-Ari & Azaiza, 2003).

**Treatments and Support for Middle Eastern Teens With Eating Disorders**

Although there is much research on eating disorders, there have not been as many studies on this topic within various cultures. Research on eating disorders is not cross-cultural and therefore, Middle Eastern adolescent females may experience lack of support for eating disorders because they are understudied. Once there is an increased focus on researching and a better understanding of the relationship between Middle Eastern female teenagers and eating disorders, it may be best to provide this population with more help
than what they have currently available to them. Psychoeducational group counseling sessions for this population of girls who are dealing with or have dealt with a form of an eating disorder may benefit group members. Girls may find it beneficial in seeing others face their same struggle and who come from a similar background.

According to Cook-Cottone, Beck, and Kane (2008), for BN and BED, cognitive behavioral therapy (CBT) has been found to be the most successful treatment. The effectiveness is attributed to having interventions that influence both cognitive and behavioral aspects of the eating disorders. CBT works towards altering various cognitive distortions an individual may have concerning an eating disorder, such as cognitive biases when an element is misinterpreted in its context, or thoughts that are overgeneralized. Individuals using CBT as a framework also attempt to help the client to avoid restricting their food intake when they are preoccupied with their body size and shape (Cook-Cottone et al., 2008).

Not only has CBT been shown to positively affect BN and BED patients, but using CBT with group counseling specifically, has also been beneficial for these participants (Cook-Cottone et al., 2008). In a sample of BN patients who either received group or individual CBT, results were found that the two groups both had similar outcomes in most aspects of the trial. However, those who had undergone group CBT were less likely to relapse into bulimic behaviors after treatment was completed (Cook-Cottone et al., 2008).

Furthermore, in a school setting a psychoeducational group promotes active learning practices through social learning. According to Cook-Cottone et al. (2008), this is achieved through actively being involved in the group, socially and communicatively.
Social learning stems from the influences of both group leaders and other group members and provides a positive learning opportunity (Cook-Cottone et al., 2008). A study conducted by Peterson, Mitchell, Crow, Crosby, and Wonderlich (2009) compared three various treatments for BED, which were a therapist-led CBT group, a therapist-assisted group, and a self-help group. These researchers found that a professional leading the group CBT counseling resulted in fewer binge-eating episodes, and an increased self-restraint of binge-eating rates, over the other two treatments. This supports the idea that group counseling is the more successful option when intervening in eating disorders (Peterson et al., 2009).

However, the study’s participants were mainly Caucasian females (Peterson et al., 2009). This indicates that the study’s results may not be accurately applied to other populations since researchers had not involved various cultural groups in addition to the Caucasian female participants. Although a psychoeducational group addressing eating disorders has been shown to better help patients, there has not been research done involving a counseling group and eating disorders and the way it impacts Middle Eastern patients. While this study is not cross-cultural, a group counseling intervention can only benefit the Middle Eastern population if implemented (Peterson et al., 2009).

According to Carney and Scott (2012), the highest number of new AN cases were identified in females, 15 to 19-years-old, and for BN cases, the most were found in 16 to 20-year-olds. These age groups spend much of their time at school with friends, teachers, and staff. Therefore, it is extremely important for school counselors in particular to be aware of the age of onset for the manifestation of eating disorders. Further, they found that 59.3% of high school females in America and 30.5% of the boys reported that they
had been attempting to lose weight. School counselors should be attentive to their students and if they show any signs of eating disorders in order to make sure to get them the professional help they need (Carney & Scott, 2012).

Additionally, between 40 to 70% of teenage females revealed they were not satisfied with at least two or more parts of their body figures (Carney & Scott, 2012). Among this young female population, being unhappy with their bodies was found to be a common dissatisfaction. These results are astounding and provide further evidence as to why school counselors should be cognizant of their students and of any possibilities of eating disorders onset (Carney & Scott, 2012).

Furthermore, according to Carney and Scott (2012), the American School Counselor Association (ASCA) states that school counselors must comprehend mental health services in order to be able to fully understand and help their students with their academic, personal/social, and career needs. Even though school counselors do not diagnose their students with specific conditions, they must still understand how they can support their students. School counselors must be capable of acknowledging and detecting an issue their student is experiencing, as well as providing them with support and referring them to appropriate community services (Carney & Scott, 2012).

**Summary**

It is ideal for Professional School Counselors to facilitate a group counseling for eating disorders in a school setting. It is best to hold group counseling sessions in an atmosphere that cultivates safety and comfort. For many adolescents, this safety may be felt at their schools. Students spend most of their time at school, and oftentimes they may have friends and adults who are caring and supportive. School counselors may know their
students well and have developed a positive rapport with them. This further helps group members feel safe and comfortable to share sensitive information about issues they are dealing with, such as eating disorders.

In the following chapter, the development of the project will be discussed, along with the intended audience for the project. Qualifications for who is able to lead the group counseling sessions most successfully, and in what environment would be best will then be addressed. Evaluation of the project from professionals will then be discussed to ensure successful implementation of the project, followed by a detailed project outline.
Chapter 3

Project Audience and Implementation Factors

Introduction

This project aims to hold ten weekly group counseling sessions for adolescents and teenage females from the Middle Eastern culture, who have had or are having difficulties and personal experiences with various eating disorders and body image. A Professional School Counselor who will be following a detailed, step-by-step curriculum will facilitate these counseling sessions. A school counseling intern may co-facilitate the sessions under the Professional School Counselor’s supervision. Each of the ten weekly sessions will cover various topical areas, which focus on promoting a healthy body image in student participants. Each group member will have the opportunity to discuss her individual struggles in dealing with the eating disorder, and discuss cultural taboo topics that hinder the girls from being open about the issue and receiving help and support.

Development of Project

The idea for the development of this project was the result of personal experience. Growing up, I was surrounded by Middle Eastern family friends. While many of these friends were conscious of their body weight, one particular friend’s eating habits concerned me. When we would eat together, I would notice how she would take one to two bites of the food, as well as how slowly she ate. While other friends and I would finish all or most of our food, she would leave most of it on the table and then throw it out. At the time, I was in middle school and I was not too aware about the subject of eating disorders. However looking back now, I feel she may have had an eating disorder and engaged in unhealthy eating habits. I remember her parents being concerned with her
negative eating habits, and I also remember that being the extent of their help regarding her eating. Years later, it occurred to me that maybe the topic of eating disorders was considered taboo for this culture, or maybe they did not know much about the subject. Not until my friend started having more health complications did she get help and begin eating more healthily.

In creating this project, a ten-week curriculum will be developed that addresses the topic of eating disorders and focuses on the Middle Eastern culture. This curriculum will be based on information collected from various resources, such as previous group counseling curriculum, books, workshops, articles, and further sources offering valuable information on this topic. The Middle Eastern emphasis will also come from research collected through scholarly articles, but will additionally come from the firsthand experiences of participants with the disorder. Potential participants will first meet with the school counselor and be screened for potentially having an eating disorder or body image concerns.

**Intended Audience**

The group counseling curriculum targets female Middle Eastern adolescents who have had a firsthand personal experience with eating disorders or are preoccupied with body image. The curriculum intends to help them through the process to better understand the issue and to better cope with it. This type of counseling group is expected to produce more positive results if Professional School Counselors in a school setting lead it. School counselors often build a positive rapport with their students and the environment is a place where the girls are familiar and may take comfort.
Other faculty and parents of these girls may make referrals to this group if they feel it will benefit the individual. Students who raise a flag for possibly having an eating disorder are able to join the group counseling, but further outside referrals to appropriate services will be made to support the student. The school counselor will then review the applicants for the group and choose six to ten girls who may benefit from this type of a group. Considerations will be made based on who fits the criteria of the age group and culture. Similarly, group dynamics will be considered when making selections, such as who will work well with one another, and consequently result in a positive educational growth in defeating this illness.

**Personal Qualifications**

Those who will be facilitating this group will be Professional School Counselors and possibly school counseling interns supervised by a Professional School Counselor. These group leaders will hold appropriate licensing and credentials in the state in which they reside. The school counselors will also be continually involved in their professional development by attending workshops, staying involved with current information, and constantly learning in their field. It will also be advantageous if facilitators have experience in dealing with and addressing eating disorders although it is not mandatory. This will maximize the benefits provided to the adolescent girls taking part in the group counseling experience.

**Environment and Equipment**

Group counseling sessions will be held in a school setting where all group members feel safe and comfortable, and in locations within the school setting that allow for confidentially to be maintained (e.g., a conference room at school). The sessions
should be held on the same day of the week each week and at the same time. Sessions will last for the entirety of a class period, approximately 55 minutes.

The equipment that will be used includes a large and private room to hold the counseling sessions. The room will be large enough for all six to ten group members to sit in chairs in a circle to encourage closeness, safety, and confidentiality. There should also be a large table or individual tables available for the students to be able to write. Equipment also includes the ten-week curriculum that facilitators will be following as a guide and a laptop with Internet access for an article that is discussed during session five. With handouts and activities, group facilitators will attempt to engage students and provide them with information and support, and facilitators will provide participants with writing utensils when needed. The handouts and activities are provided throughout the ten-week curriculum. A pre- and post-assessment will also be given to participants so they can answer questions regarding eating disorders honestly during the second session and on the last.

**Formative Evaluation**

For the evaluation of this project, feedback will be received not only from the committee members, but also from three Professional School Counselors in the field who work at a high school. While two of the evaluators are working Professional School Counselors, the third’s official title at the high school is Counseling Assistant. However, she also holds a Master’s of Science degree in School Counseling and has a PPS credential, which allows for professional feedback.

The three school counselors were approached and asked to review the project curriculum. They were given a cover letter (see Appendix B) that detailed the need for
this project and how the group counseling sessions would run and benefit this group population. As part of their review of the project, the identified school counselors were asked to review the curriculum and complete a graduate project evaluation form that was created (see Appendix B). By asking the Professional School Counselors in the field to fill out the evaluation, I was provided constructive feedback in further developing and improving the project.

**Project Outline**

**Healthy Eating, Happy Body:**

**Body Image, Healthy Eating, and Empowerment**

in Middle Eastern Adolescent Females

This group counseling curriculum is designed for Middle Eastern adolescent females who have had issues with eating disorders, unhealthy eating habits, or negative body image concerns.

Week 1 – Introductions

Group members and facilitators will introduce themselves. The school counselor will explain the purpose of the group’s meetings, and for when sessions will be scheduled. The school counselor will also explain what confidentiality is and the only three times the rule may be broken. Students will then partake in an icebreaker activity, and as a team, group rules and expectations will be decided on.

Week 2 – Myth vs. Fact

The group facilitator will provide a “Check Your Knowledge” handout to each group member. This handout is a questionnaire, used as a pre-assessment, to see
what the girls know and think about eating disorders. There will then be a
discussion of the handout regarding common myths and facts about eating
disorders.

Week 3 – Eating Disorders: Learning The Facts
The school counselor will lead the group’s conversation about important
information regarding different eating disorders, factors that may contribute to the
development of the disorder, and common signs and symptoms to be aware of. A
handout will be given to group members called, “Your Eating Habits,” to allow
for each individual to become familiar with themselves and their own eating
habits.

Week 4 – Cultures of Eating Habits, Part I
The school counselor will provide a background of America’s culture of eating
habits over the years and how it has affected body image. This will then open up a
discussion for the girls to discuss their own cultures and if they feel it has affected
their eating habits and body image perspectives.

Week 5 – Cultures of Eating Habits, Part II
This session will continue about the influences of culture on eating habits. School
counselors will refer students to the “Hungry Planet: What the World Eats”
article. This will then spark group members to discuss feelings and opinions about
the article and how various cultures influence in different ways.

Week 6 – Body image: Magazines and the Media
The school counselor will bring magazines and the group will discuss what
messages the models and advertisements are sending about beauty and happiness.
The conversation will also address that models are enhanced and airbrushed, and do not necessarily look that way in person. Students are assigned a homework task to bring in a picture of a woman they know who they admire. They should also tell the woman why she admires her.

Week 7 – Empowerment

Each participant will have the picture of the woman they brought in and answer four questions: 1) Who is the woman you admire most? 2) Why do you admire her? 3) How did it make you feel when telling the woman that you admire her? 4) Tell the group something that makes you really proud of yourself.

Week 8 – Overcoming Eating Disorders

The facilitator will discuss possible steps to take to defeat an eating disorder. The “Prevention Pointers” handout is used to further illustrate how to get help if needed. Another handout will be provided called, “Privacy Circles,” which allows group members to identify people in their life whom they can confide in and can turn to for help and support.

Week 9 – A Shot of Self-Confidence

“Normal or Not?” is a worksheet given to group members to help them identify healthy versus non-healthy eating habits. Then girls will participate in “A Shot of Self-Confidence,” an activity where each girl has the opportunity to write down what she admires about each of the other girls and what she admires about herself.

Week 10 – In Closing…

This is the final closing session. Girls will get the opportunity to ask questions, share final thoughts, and what they will take from the group counseling. The
“Check Your Knowledge” post-assessment will be provided for each participant to measure what they learned and how they feel about their eating habits after partaking in the group.
Chapter 4

Conclusion

Summary of Project

The purpose of this project is to develop a group counseling curriculum that is aimed towards Middle Eastern adolescent females who have had struggles with eating disorders, body image, or unhealthy eating habits. There has not been much research to support this cultural group when dealing with eating disorders. However, there has been research supporting the fact that Middle Eastern females also experience eating disorders, as do other ethnicities. Therefore, this population may be neglected and in need of support with this illness. This project consists of ten-weekly counseling sessions and provides resources to learn and overcome the disease, a pre- and post-assessment, and encourages female empowerment and confidence from within.

Recommendations for Implementation

The facilitator of this eating disorder group counseling curriculum must be a Professional School Counselor, a school counseling intern supervised by a school counselor, or a mental health professional. These experts are trained in sensitive subject matter and are expected to build a trusting group and help the group to develop positive rapport. These professionals also understand the meaning and the need of confidentiality, and when it may be necessary to breach confidentiality. This is essential to the group facilitation process when dealing with a delicate topic for the safety of all group members. The group curriculum is also designed to be conducted in a school setting, where group participants may feel safer and more comfortable to share personal difficulties in an atmosphere they are familiar with. Further, the group sessions should be
held in a room large enough to comfortably fit all group members, where they will sit in chairs formed in a circle, and with writing tools and desk space available to them when instructed to write. The eating disorders group curriculum aims to support the Middle Eastern adolescent female population that does not have many interventions readily available to them in regards to eating disorders and the mental, emotional, and physical struggles that come with the illness. With these basic necessities met, the hope is to make a positive difference in young adolescents’ lives that endure these difficulties.

**Recommendations for Future Research**

Based on the literature, Middle Eastern adolescent females are not immune to the subject of eating disorders and the effects of societal expectations. However, there is a lack of eating disorder interventions for this Middle Eastern adolescent female population, and more implemented support can only benefit this group. Future research can provide support for these adolescent females by recognizing that it is to one’s advantage to learn how to cope with various life occurrences and to learn when to reach out for help when necessary. It is important to allow this population the opportunity to be the target of such an intervention as this group counseling curriculum does, in order to help them turn to others for support.

**Conclusion**

This eating disorder curriculum targets Middle Eastern adolescent females who have had issues with eating disorders, unhealthy eating habits, or body image concerns. Davis and Yager (1992) suggest that it is often believed that eating disorders only affect middle and upper class Caucasian women living in the West. However, these researchers challenge that other cultural groups and people from low socioeconomic factors are also
affected by this illness. Latzer et al. (2014) agree that eating disorders have become more common amongst different cultures, the Middle Eastern female teenage population being one of them. This population is also increasingly being affected by the western values of idolizing a thin female body type (Ford et al., 1990).

As literature has shown, the Middle Eastern adolescent female population has not been the target of any interventions regarding eating disorders, even though they are affected by this illness as other cultures are. According to Ben-Ari and Azaiza (2003) who studied the Arab female population living in Israel, they found that this population often does not turn to outside support groups when dealing with a situation that is considered to be taboo in their culture, and eating disorders being one of these topics. Therefore, understanding where this population is coming from and tailoring an intervention to better support them is very important in providing the Middle Eastern adolescent population with the best assistance for their culture and values.

A group counseling curriculum is beneficial to this targeted population to help provide them with support, especially for those who come from a culture where it may be taboo to discuss personal illnesses and issues with outsiders who are not a part of the family. Additionally, Cook-Cottone et al. (2008) found that participants who had undergone group CBT were less likely to relapse into bulimic behaviors after treatment was completed compared to participants who had gone through individual CBT. Therefore, group counseling may be the best intervention for these Middle Eastern adolescent females. Further, receiving professional help from school counselors, ideally someone who they have built a positive rapport with, and undergoing treatment in a school setting where students possibly feel comfortable, can only increase the benefits for
these students. The group counseling at school also provides a foundation for a strong bond between group members who come from the same background and who have experienced similar struggles with eating behaviors.
References


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Appendix A

A Facilitator’s Guide

Healthy Eating, Happy Body: Body Image, Healthy Eating, and Empowerment in Middle Eastern Adolescent Females

Dear facilitators,

Below is an informational guide regarding a healthy eating and empowerment curriculum, aimed at Middle Eastern adolescent females who struggle with unhealthy eating habits and body image concerns. In this guide you will find an overview of the purpose of the project, fundamentals of how to implement the curriculum, and a basic outline of the weekly group counseling sessions.

Introduction

This project targets Middle Eastern adolescent females who have had personal experiences with unhealthy eating habits, eating disorders, or body image concerns. It aims to provide this population with an outlet to openly share their struggles in discussing this cultural possibly forbidden issue. A Professional School Counselor will use a ten-week curriculum to address the topic of eating disorders and body image, and allow students to share their individual concerns, in order to promote a healthy body image and eating habits.

Purpose of Project

The purpose of this project is to develop a group counseling curriculum targeting Middle Eastern teenage females who have experienced eating disorders or body image anxiety. This population is targeted in a group counseling curriculum because as Tamin et al. (2006) and Davis and Yager (1992) have said, there has been a lack of school
counseling interventions for this cultural group. Middle Eastern adolescent females also experience eating disorders and the lack of interventions suggests that this population could benefit from a group counseling curriculum. The overall goal of this psychoeducational group is to allow these female adolescents to feel that they and their eating disorder are being understood within the context of their culture.

**Development of Project**

The development of this project was the result of a personal experience with a friend of mine who comes from a Middle Eastern background. In middle school, I noticed my friend would take a couple of bites from her food and throw away the rest. I was always aware of how little she ate, but at a young age, I did not know a lot about eating disorders. Her parents had been concerned with how little she ate, but it did not seem they took action to help her through her illness. Years later I started to think about her eating habits and realized she probably had an eating disorder and definitely engaged in unhealthy eating behavior. It occurred to me that maybe my friend’s parents did not talk about her eating habits because it was culturally unacceptable, or they may have been unaware of eating disorders and how to help their daughter.

**Intended Audience**

This curriculum is aimed towards Middle Eastern adolescent females who have had experiences with eating disorders, unhealthy eating habits, or concerns with their body image. The goal is to help this population to better cope with these issues, as some may not have appropriate support within their culture. The group counseling provides a safe and confidential setting for students to share their struggles and relate to their peers who come from the same cultural background.
Personal Qualifications

In order to facilitate this group counseling curriculum, facilitators must have appropriate licensing and credentials as a Professional School Counselor. School counseling interns who are supervised by Professional School Counselors may also co-facilitate the group counseling sessions. These school counselors must continue to attend workshops and remain aware of current information in order to stay updated in the counseling field for their professional development.

Recommendations for Implementation

The facilitator of this eating disorder group counseling curriculum must be a Professional School Counselor, a school counseling intern supervised by a school counselor, or a mental health professional. These experts are trained in sensitive subject matter and are expected to build a trusting group and developing positive rapport. These professionals also understand the meaning and the need of confidentiality, and when it may be necessary to breach confidentiality. This is essential to the group facilitation process when dealing with a delicate topic for the safety of all group members. The group curriculum is also designed to be conducted in a school setting, where group participants may feel safer and more comfortable to share personal difficulties in an atmosphere they are familiar with. Further, the group sessions should be held in a room large enough to comfortably fit all group members, where they will sit in chairs formed in a circle, and with writing tools and desk space available to them when instructed to write. The eating disorders group curriculum aims to support the Middle Eastern adolescent female population that does not have many interventions readily available to them in regards to eating disorders and the mental, emotional, and physical struggles that come with the
illness. With these basic necessities met, the hope is to make a positive difference in young adolescents’ lives that endure these difficulties.

Project Outline

Healthy Eating, Happy Body:

Body Image, Healthy Eating, and Empowerment

in Middle Eastern Adolescent Females

This group counseling curriculum is designed for Middle Eastern adolescent females who have had issues with eating disorders, unhealthy eating habits, or negative body image concerns. The goal is to provide them with support and help them feel understood within the context of their culture.

Week 1 – Introductions

Facilitators and participant will introduce themselves. The facilitator will go over the purpose of the group and explain confidentiality. The group will then engage in an icebreaker activity and then come up with group rules and expectations together.

Week 2 – Myth vs. Fact

A “Check Your Knowledge” handout will be provided to each group member, which will be used as a pre-assessment in order to understand what the girls know about eating disorders. The group will then discuss common myths and facts about the illness.

Week 3 – Eating Disorders: Learning The Facts

The facilitator will engage the students in a discussion about various eating disorders, contributing factors, and common signs and symptoms. Then the “Your
Eating Habits” handout will be provided to each participant for the girls to learn about their own eating habits.

Week 4 – Cultures of Eating Habits, Part I

The school counselor will talk about the background of America’s culture concerning eating habits and its affects on body image. The participants will then have the opportunity to share their own experiences about their culture and how it does or does not have an affect on their own eating habits and body image concerns.

Week 5 – Cultures of Eating Habits, Part II

The facilitator will continue leading the discussion about the influences of culture on eating habits. The counselor will also present the article “Hungry Planet: What the World Eats.” Group participants can discuss feelings and opinions towards the article and how various cultures can be influential.

Week 6 – Body image: Magazines and the Media

Magazines will be provided to group members to discuss messages the models and advertisements send to its audience about beauty and happiness. The school counselor will bring up how models are airbrushed and then will assign homework to the group. Participants will be required to bring in a picture of a woman they know and admire. Students are also instructed to tell the woman why she admires her.

Week 7 – Empowerment

Group members will bring in a picture of a woman whom she admires and will share the answers to the following questions: 1) Who is the woman you admire
most? 2) Why do you admire her? 3) How did it make you feel when telling the
woman that you admire her? 4) Tell the group something that makes you really
proud of yourself.

Week 8 – Overcoming Eating Disorders

The school counselor will talk about overcoming an eating disorder. The
“Prevention Pointers” handout is then presented to the students, followed by the
“Privacy Circles,” which allows students to identify people in their life whom
they can confide in.

Week 9 – A Shot of Self-Confidence

In this session, the “Normal or Not” handout is given to students to make them
aware of healthy versus non-healthy eating habits. Then “A Shot of Self-
Confidence” is an activity for the girls to write down what she admires about each
of the other group members and what she admires about herself.

Week 10 – In Closing…

In the final session, participants will be able to ask questions, share thoughts, and
what each will take away from the group counseling. They will then take the
“Check Your Knowledge” post-assessment to measure what they have learned
after participating in this group.
Healthy Eating, Happy Body: Body Image, Healthy Eating, and Empowerment in Middle Eastern Adolescent Females

The scale can only give you a numerical reflection of your relationship with gravity. That’s it. It cannot measure beauty, talent, purpose, life force, possibility, strength, or love.

By Zeneh Louai Farhan
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**Week 1 - Introduction**

Goals:

- To explain the purpose of “Healthy Eating, Happy Body: Body Image, Healthy Eating, and Empowerment in Middle Easterners”
- To explain confidentiality
- To play an Icebreaker activity
- To come up with group rules and expectations to follow

Objectives:

- Students will understand the purpose of “Healthy Eating, Happy Body: Body Image and Healthy Eating in Middle Easterners”
- Students will learn the term ‘confidentiality’ and when it may be broken
- Group members will feel more comfortable and learn about one another
- Participants will respect the group rules and learn what is expected of them during sessions

Materials needed:

- Rules of Confidentiality handout
- Large poster and colored markers to write group rules and expectations
- Tape to hang group rules during each session

Procedures:

1. When students arrive and are seated in a circle facing one another, the facilitator explains the purpose of the group sessions.
2. Ask students if they know what confidentiality means. Discuss when confidentiality may be broken and hold up the handout for students to read. This allows for participants to learn the meaning and the rules of the
term through auditory and visual learning enforcing its importance. A copy of the confidentiality handout may be given to each group member if the facilitator wishes.

3. Introduce the Jolly Rancher icebreaker activity to the group. Each student chooses a Jolly Rancher candy without looking and answers the question on the paper corresponding to the color of the candy. This game can be played with other types of candy if necessary.

4. The facilitator tapes a large poster to the wall and prompts ideas from group members for the rules and expectations of the group. This allows for all members to participate and agree on the rules.

5. Review what has been discussed in this session.
Confidentiality

Everything said in here, stays between us

Except:

1. If you are a danger to yourself
2. If you are a danger to others
3. If someone is harming you
Jolly Rancher Icebreaker

**Green Apple** = If they made a movie about your life, who would play you?

**Cherry** = If you can travel anywhere in the world, where would you go?

**Watermelon** = If you can have one superpower, what would it be and why?

**Grape** = What is your favorite book or movie?

**Blue Raspberry** = What is your favorite thing to do in your free time?
Week 2 - Myth vs. Fact

Goals:

- Students should complete “Check Your Knowledge” pre-assessment
- To discuss and learn myths and facts about eating disorders

Objectives:

- Students will learn how much they know regarding eating disorders.
- Students will know what is considered to be a myth or a fact when it comes to eating disorders.

Materials needed:

- A copy of the “Check Your Knowledge” pre-assessment for each group member

Procedures:

1. Tape the group rules and expectations to the wall.
2. Review the group rules and expectations.
3. Have students review the three exceptions to confidentiality.
4. Provide a copy of the “Check Your Knowledge” pre-assessment for each participant. Allow members to work individually for a few minutes.
5. Regroup and ask if anyone had any questions from the pre-assessment.
6. Discuss common myths and facts that are on the pre-assessment to allow students to learn from what they answered to what is true.


Check Your Knowledge

Directions: Read each of the following statements. Circle the letter T if the statement is completely true; circle the letter F if the statement is partly or completely false.

T  F  1. Everyone should eat the same size portions at lunch.
T  F  2. Fat in foods is bad for you.
T  F  3. When you’re upset, getting a treat to eat is a good way to feel better.
T  F  4. Diets in magazines are bad for your health.
T  F  5. All fat people overeat. That’s why they’re fat.
T  F  6. It’s normal for teenage girls to gain weight and add an extra layer of body fat.
T  F  7. I constantly think about eating, weight, and body size.
T  F  8. I feel anxious before eating.
T  F  9. I feel bloated and uncomfortable after eating.
T  F  10. I weigh myself several times a day.
T  F  11. I feel that being in control of food shows other people that I can control myself.
T  F  12. I feel guilty after eating.
T  F  13. I eat when I feel nervous, anxious, lonely or depressed.
T  F  14. I feel that I do not look good in my clothes.
T  F  15. I try to diet often, but I never seem to make it all the way.
T   F   16. I avoid parties and get-togethers because I feel self-conscious about my weight.

T   F   17. I worry about my weight and appearance when around other people.

T   F   18. I don’t know when I am hungry.

T   F   19. I am terrified of being overweight.

T   F   20. Exercise is the main thing that influences how tall or short, fat or thin, you become.


Week 3 - Eating Disorders: Learning the Facts

Goals:
- To inform students about various eating disorders
- To make students aware of potential contributing factors
- To discuss the signs and symptoms of eating disorders
- Group members should complete “Your Eating Habits” handout

Objectives:
- Students will be aware of and be informed about different eating disorders
- Participants will also learn about contributing factors for eating disorders, and to be able to recognize possible signs and symptoms.
- Group members will also familiarize themselves with their own eating habits by completing the “Your Eating Habits” handout.

Materials needed:
- Handouts regarding information about eating disorders, contributing factors, and signs and symptoms to teach the group members. It may be more beneficial to group members if facilitators use the handouts as a guide to inform students and facilitate discussion, rather than making copies for each student.
- Copies of “Your Eating Habits” handout for each participant

Procedures:
1. Attach the group rules and expectations to the wall, and review confidentiality.
2. Facilitate discussion asking if anyone can name types of eating disorders.
3. Ask students why it is important to be aware of eating disorders.

4. Provide facts about different types of eating disorders using the handouts to spread knowledge and awareness to students.

5. Continue the discussion informing group members about contributing factors and signs and symptoms.

6. Reinforce once again why it is important to learn about eating disorders and the signs. Being aware of the dangers of the illness can be a preventative measure by knowing what signs to look for and what factors may be contributing to the illness.

7. Make sure to ask if students have any questions throughout the discussion.

8. Hand out a copy of “Your Eating Habits” to each participant and allow them to work individually for a few minutes. This questionnaire allows each member to learn about their own eating habits and they are not required to share results.

Symptoms of Eating Disorders

Anorexia nervosa and bulimia are the most serious eating disorders afflicting today’s teenagers. Anorexia nervosa is characterized by a distorted body image and intense fear of gaining weight or becoming fat. People with anorexia nervosa may insist that they are fat even when they are obviously underweight. Anorexia nervosa leads to severe, life-threatening weight loss.

Bulimia is characterized by recurrent episodes of binging and purging. In bulimia, weight changes are usually not life-threatening, although people with anorexia nervosa may also have bulimic episodes.

Complications of Anorexia Nervosa and Bulimia

Some of the problems and complications of anorexia nervosa and bulimia include: The esophagus (the tube connecting the mouth and stomach) can be injured by repeated vomiting. Acid from the stomach imitates and inflames the membrane that lines the esophagus. This esophagitis is sometimes severe enough to cause scarring and narrowing. The passageway becomes so narrow that it is difficult for food to pass through.

The physical stress of vomiting can cause tears in the lining of the esophagus, causing massive bleeding, or the esophagus may rupture. These problems can be life-threatening.

Binge eating may cause injury to the stomach. Frequent vomiting commonly causes gastritis, an inflammation of the stomach lining. On very rare occasions, eating a large meal very rapidly, combined with slower emptying of food from the stomach, may cause the stomach to rupture, causing death from peritonitis.

Injury to the intestines, particularly the colon, commonly results from laxative abuse. Damage to the lining may lead to ulcers and produce bloody stools.

Lung complications occur when self-induced vomiting leads to aspiration of food particles, gastric acid and bacteria. These substances move from the stomach into the lungs and may cause pneumonia.

Kidney and heart complications are often severe. Fasting, vomiting and other forms of purging result in loss of fluid and crucial minerals from the body. Chronic dehydration and low potassium levels can lead to kidney stones and even kidney failure. Loss of body acids as a result of frequent vomiting leads to high alkali levels in the blood and body tissues. This may cause weakness, constipation and tiredness. Severe alkalosis and potassium deficiency can lead to an uneven heart rate or sudden death.
Injury to the skin occurs in various ways. Most over-the-counter laxatives contain phenolphthalein, which may cause sores in the skin and hyperpigmentation (brown or gray spots).

Excessive and forceful vomiting may result in hemorrhages in the blood vessels of the eye, fluid retention and swelling of the parotid glands, causing chipmunk cheeks.

Injury to the teeth is quite common. Chronic vomiting increases the acidity of the mouth and results in erosion of the tooth enamel and dentin.

A Multidimensional Profile

<table>
<thead>
<tr>
<th>Anorexia Nervosa</th>
<th>Bulimia Nervosa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Symptoms:</strong></td>
<td><strong>Early Symptoms:</strong></td>
</tr>
<tr>
<td>▪ low self-esteem</td>
<td>▪ low self-esteem</td>
</tr>
<tr>
<td>▪ misperception of hunger, fullness and other bodily sensations</td>
<td>▪ feeling that self-worth is dependent on low weight</td>
</tr>
<tr>
<td>▪ feelings of lack of control in life</td>
<td>▪ dependent on opposite sex for approval</td>
</tr>
<tr>
<td>▪ distorted body image</td>
<td>▪ normal weight</td>
</tr>
<tr>
<td>▪ overachiever</td>
<td>▪ constant concern with weight and body image</td>
</tr>
<tr>
<td>▪ compliant</td>
<td>▪ experimentation with vomiting, laxatives and diuretics</td>
</tr>
<tr>
<td>▪ anxious</td>
<td>▪ poor impulse control</td>
</tr>
<tr>
<td></td>
<td>▪ fear that bingeing and eating are getting out of control</td>
</tr>
<tr>
<td>Middle Stage Symptoms:</td>
<td>Middle Stage Symptoms:</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>▪ menstrual cycle stops (amenorrhea) with extreme weight loss</td>
<td>▪ embarrassment</td>
</tr>
<tr>
<td>▪ increasing preoccupation with food and eating</td>
<td>▪ anxiety</td>
</tr>
<tr>
<td>▪ isolates self from family and friends</td>
<td>▪ depression</td>
</tr>
<tr>
<td>▪ perfectionistic behavior</td>
<td>▪ self-indulgent behavior</td>
</tr>
<tr>
<td>▪ compulsive exercise</td>
<td>▪ eats alone</td>
</tr>
<tr>
<td>▪ eats alone</td>
<td>▪ preoccupied with eating and food</td>
</tr>
<tr>
<td>▪ fights with family</td>
<td>▪ tiredness, apathy, irritability</td>
</tr>
<tr>
<td>▪ attempts to control family's eating</td>
<td>▪ gastrointestinal disorders</td>
</tr>
<tr>
<td>▪ increased amount of facial and body hair (lanugo)</td>
<td>▪ anemia</td>
</tr>
<tr>
<td>▪ fatigue</td>
<td>▪ social isolation, distancing friends and family</td>
</tr>
<tr>
<td>▪ decreased amount of scalp hair and thin, dry scalp</td>
<td>▪ dishonesty, lying, stealing food or money</td>
</tr>
<tr>
<td></td>
<td>▪ tooth damage (gum disease)</td>
</tr>
<tr>
<td></td>
<td>▪ <em>chipmunk</em>&quot; (puffy) cheeks</td>
</tr>
<tr>
<td></td>
<td>▪ drug and alcohol abuse</td>
</tr>
<tr>
<td></td>
<td>▪ laxative and diuretic abuse</td>
</tr>
<tr>
<td>Crucial Stage Symptoms:</td>
<td>Crucial Stage Symptoms:</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>- emaciated appearance (at least 25 percent loss of total body weight)</td>
<td>- mood swings</td>
</tr>
<tr>
<td>- feelings of control over body</td>
<td>- chronic sore throat</td>
</tr>
<tr>
<td>- rigid</td>
<td>- difficulties in breathing or swallowing</td>
</tr>
<tr>
<td>- depression and apathy</td>
<td>- hypokalemia (abnormally low potassium concentration)</td>
</tr>
<tr>
<td>- fear of food and gaining weight</td>
<td>- electrolyte imbalance</td>
</tr>
<tr>
<td>- malnutrition</td>
<td>- general ill health, constant physical problems</td>
</tr>
<tr>
<td>- mood swings</td>
<td>- possible rupture of heart or esophagus, peritonitis</td>
</tr>
<tr>
<td>- diminished capacity to think</td>
<td>- dehydration</td>
</tr>
<tr>
<td>- sensitivity to cold</td>
<td>- irregular heart rhythms</td>
</tr>
<tr>
<td>- electrolyte imbalance (weakness)</td>
<td>- suicidal tendencies</td>
</tr>
<tr>
<td>- denial of problem (sees self as fat)</td>
<td></td>
</tr>
<tr>
<td>- joint pain (difficulty walking and sitting)</td>
<td></td>
</tr>
<tr>
<td>- sleep disturbance</td>
<td></td>
</tr>
</tbody>
</table>

Contributing Factors of Eating Disorders

Many teenagers believe that dieting is the normal way to eat. Every magazine, billboard, movie, television show and commercial seems to send a message that happiness is being thin. According to these messages, being thin also leads to success, self-confidence and respect.

People with eating disorders believe these messages. They spend much of their time and energy thinking about what they eat and how they look. They focus on their appearance and don't develop their confidence and abilities in other areas.

Psychological Factors

People who have eating disorders work hard to prove that they are good enough, because they're afraid they aren't. They are competitive and ambitious. They want to be perfect. They seem to think: If I am thin, I will be happy, popular, successful and self-confident.

Family Problems

Teens with eating disorders may be afraid to grow up and leave the safety of school and their families. Some teens use eating disorders as an excuse to remain dependent on their parents. Others use their unusual food behaviors as a way to assert their independence and rebel against family standards.

An eating disorder can be a symbolic protest against parents who the teen may think are too strict. In some families, the teen feels he or she
has to take care of the parents, and does not want this unfair responsibility.

**Lifestyle Factors**

People with eating disorders may not be very assertive. They usually don't handle stress well. They don't have important goals that can help them feel independent and self-confident. They may have friends who are also very concerned about physical appearance and thinness. Some occupations or careers are associated with an extreme emphasis on appearance and/or weight control. Many dancers, actresses, models, gymnasts, flight attendants, sorority members and jockeys have eating disorders.

**Biological Factors**

There may be biological reasons that make some people more likely than others to develop an eating disorder. They maybe related to people who are alcoholic or depressed or both. People with certain types of eating disorders may also abuse alcohol and other drugs.

Dieting or limiting your eating over a long period of time can cause the body processes to be out of balance. These changes in the body can lead to eating disorders. Most of the physical problems are results, not causes, of eating disorders.

Poor nutrition causes changes in the way the body uses calories from food. These changes make it hard to lose weight and easy to gain. The frustration this causes can lead people to overeat (binge), then try to get rid of the food by vomiting (purging). These behaviors can make the problem even worse.
Triggers

Many of the factors that contribute to eating disorders can exist for years before anything happens. Then something may set off a cycle of strict dieting or bingeing and purging. The event that sets off this cycle is called a trigger.

Trigger incidents are problems a person is not prepared to handle. Triggers can include losses such as death, divorce or leaving home; school pressures; a long-distance move; or the break-up of an important relationship. Many teens with eating disorders report that teasing from their peers or other comments about their bodies made them think they were fat and needed to diet.

Many people with eating disorders are also victims of rape, incest, molestation, verbal abuse and neglect. Because they don't know how to express their fear, rage, confusion and need for help, they turn to or away from food. They may use food for comfort, or they may go on strict diets to help them feel in control of something in their lives.

Your Eating Habits

Directions: Think about your eating patterns and habits. What, how much, when, where and why do you eat? For each of the following questions, check the answer that best describes your eating patterns.

What do I usually eat?

☐ A varied and balanced diet that includes only moderate amounts of fat, sugar and salt
☐ Deep-fat fried and breaded foods
☐ Extras, such as salad dressings, potato toppings, spreads, sauces and gravies
☐ Sweets and rich desserts such as candies, cakes, pies
☐ Snack foods high in fat and sodium, such as chips

☐ While watching television or participating in other activities
☐ At school breaks
☐ Anytime

Where do I usually eat?

☐ At the kitchen table or dining room table
☐ At restaurants or fast-food places
☐ In front of the television or while reading
☐ Where I am preparing the food
☐ Wherever I happen to be when I’m hungry

How much do I usually eat?

☐ A single small serving
☐ A large serving
☐ Two servings or more

Why do I usually eat?

☐ It's time to eat
☐ I'm starved
☐ Foods look tempting
☐ Everyone else is eating
☐ Food will get thrown away if I don't eat it

☐ At mealtimes only
☐ While preparing meals or clearing the table
☐ After school

Week 4 - Cultures and Eating Habits, Part I

Goals:

❖ The facilitator and group members will discuss how various cultures impact body image and eating habits during different time periods.

❖ To understand how students’ own culture and background has affected their own eating attitudes and perceptions of body image.

Objectives:

❖ Students will understand that different cultures hold different values.

❖ Group members will learn that society and culture may influence how others look at body image and thus, how eating habits may be affected.

Materials needed:

❖ Facilitators will need the handout regarding information about “Culture and Body Image.” Once again, it may be more beneficial to group members when the school counselor facilitates discussion around the handout, rather than making copies for each student.

Procedures:

1. The school counselor will place the group rules and expectations, as well as the confidentiality rules where it is visible to all.

2. The facilitator will briefly revisit what was learned in last week’s session.

3. He or she will then use the “Culture and Body Image” handout to cover this topic with the group.

4. Make sure to prompt a discussion by asking questions and what students think about the topic.

5. Then allow for students to each share where they come from and how
they feel their culture and upbringing has influenced their perceptions of body image and their own eating habits. Encourage all participants to share and to feel safe and heard.

6. Remind all group members that what has been shared by all members is personal and confidential.

Culture and Body Image

Culture refers to the knowledge, traditions, beliefs and values that are developed, learned and shared by members of a society. Shared norms, beliefs and values are part of a group’s culture and influence individual thoughts and decisions we make about ourselves, our families and society.

While culture is a useful concept for describing a group in general terms, there is much intracultural variation. People from the same culture may have very different diets, eating behaviors and perceptions of desirable body weight for individuals and groups.

Slenderness has become a major preoccupation for many North Americans. The diet industry is now a multimillion-dollar business as people turn to diet pills, sodas, drinks and other potions in their quest for thinness. Weight loss books are best sellers. Exercise spas and weight-loss clinics, clubs and enrollment programs are a booming business.

Definitions of the ideal body size and shape vary from one culture to another. North Americans consider a slim figure both attractive and healthy; success is associated with slimness. Overweight people frequently face discrimination from employers and others who unfairly assume that they are lazy, messy and lack character or self-restraint.

The slim, attractive female is a pervasive image in our culture. The ideal male image is usually an athletic-looking body, lean and tall with well-defined musculature. Movie stars, television personalities, fashion models and advertisements all reflect these images.

Our culture is not the only one that promotes a thin body image. Over the centuries, it has been documented that the Cretans, Athenians, Spartans and others were concerned about body fat.

Obesity, in contrast, is the ideal body image for many cultures. Fat is a sign of wealth, and the luxury of inactivity and overeating is a sign of good health. Polynesians, Samoans and past European societies have admired the obese.

Cultural definitions of ideal body types change through time. During the 1920s, in the United States, the flapper was a lean, flat-chested, angular-looking female. Thirty years later, Marilyn Monroe replaced that look with the no-bones look – a more voluptuous, softer, rounder figure.
In the 1920s the average woman was 5’3” tall and weighed approximately 120 pounds; now the average woman is 5’5” and weighs 128 pounds. The average male is about fifteen pounds heavier now.

In the 1980s the typical Miss America was between 5’6” and 5’11” tall and weighed between 110-120 pounds. She exercised an average of 14 hours per week and had small hips and large breasts (almost a physical impossibility for that height and weight).

In the 1980s, Jane Fonda’s slim, toned body type became the rage. However, magazines and journals reported that Jane Fonda had an eating disorder, bulimia, that affected her for 20 years.

Many people in our society are not only obsessed with weight, but with other body imperfections. Movie stars and others submit to cosmetic surgery in an attempt to obtain a flawless appearance. Nose jobs, liposuction, tummy and buttocks tucks and rib removal are commonly used in the search for the perfect body.

Eating disorders, especially anorexia nervosa and bulimia, affect 10 to 15 percent of adolescent girls. Those affected are mostly White and middle to upper class; only a few cases of Black adolescents with these disorders have been reported. However, it is likely that these disorders are underreported for Blacks and other racial and ethnic groups.

Eating disorders may also be underreported in adolescent males. Some adolescent males resort to steroid use and body building in efforts to achieve the masculine ideal.

Sometimes at this stage of development, adolescent males do not like to perceive themselves as small or thin. They may not be able to be as involved in sports, and girls may be taller than they are. These issues are important to most male adolescents.

Surveys have indicated that as many as 70 percent of high school girls are unhappy with their bodies and want to lose weight. Even among female adolescents of normal weight range for their height and gender, as many as 83 percent want to lose weight.

Methods of weight loss used by these females include diet pills, fasting and crash diets. Sources of information about weight control and dieting tend to
be the mass media, family members and athletic coaches. Teachers and the school nurse are rarely used.

When a normal weight or thin individual diets for weight control purposes, she or he may have a disturbed body image. The term for fixating on a body flaw and blowing it out of proportion is dysmorphophobia.

In some cases, cultural images of ideal body size and the methods used to achieve them have serious health consequences. Research has shown that both very thin and very fat people have increased rates of disease and early death.

Physical and physiological body changes associated with adolescence vary in relation to the sociocultural environment. For example, there is a vast difference in the age of menarche in different cultures and within subcultures.

Nutritional or health-care differences associated with various sociocultural settings might account for the age differences. Scarcity of nutritional resources may delay menarche (females who have many siblings may have less to eat, which may delay menarche). Tropical and warm environments (heat and humidity are related to early menarche) may also have an effect on maturation. Historically, females in the United States in the 1890s had menarche at about fourteen to fifteen years of age; today, however, they reach this point at about age twelve.

Week 5 - Cultures and Eating Habits, Part II

Goals:

- To become aware of different foods that comes from various cultures.
- To recognize personal stereotypes attached to certain foods and eating.
- To recognize the importance of being open towards group members’ own culture and other diverse cultures.

Objectives:

- Students will learn about different cultures and the types of foods they eat.
- The group members will learn to be open and more accepting of various cultures, including their own, and the influences the cultures may have on food and eating habits.

Materials needed:

- A computer with Internet to pull up the article, “Hungry Planet: What the World Eats” by Pete Pin. The article can be found at http://time.com/8515/hungry-planet-what-the-world-eats/
- A projector to reflect the article that is on the computer screen to the group members.

Procedures:

1. Open up the computer and pull up the “Hungry Planet: What the World Eats” by Pete Pin article.
2. Connect the projector so the students can see the article.
3. The article shows pictures of different families from various races and ethnicities, and what types of foods are common in their culture.
4. Go through the pictures, facilitating discussion, and prompting questions about what foods are seen in each picture and from which culture the family is. Ask participants how these foods may influence eating habits and personal attitudes towards food. How have their personal biases towards different foods and cultures affected their own opinions about eating and body image?

5. Summarize what has been learned and explain that being open and more accepting of their own culture and other diverse cultures may allow students to understand themselves better. Learning about how cultures are diverse may help students be open and cope with difficulties.

Week 6 - Body Image: Magazines and the Media

Goals:

- To discuss how the media impacts society into thinking everyone should look a certain way and have a certain body type to be beautiful.
- To show group members that magazines and the media may send subliminal messages to viewers about what they think people need to be happy.

Objectives:

- Students will understand that the media portrays unrealistic expectations of thinness and what they consider to be beautiful.
- Group members will also comprehend that models do not necessary look the way they do in the media and in magazines due to airbrushing and the use of programs, such as Photoshop.
- Group members will comprehend that everyone has imperfections and the true meaning of beauty looks different on everyone.

Materials needed:

- A few magazines for all group members to look through and discuss.

Procedures:

1. Display the group rules and expectations and confidentiality rules for all participants to see.
2. Begin by asking if there are any questions about previous sessions or if anyone would like to share anything.
3. Pass out magazines to group members and allow them to work in groups of two to three. Ask them to look at the front cover and take note of the
words and images used and to talk about them with their partners for a minute.

4. Allow individuals to share with the entire group what messages they feel are being sent from the cover.

5. Next, have students look at the models in the magazines. Do they look the same in that they all have the same body type? Formulate a discussion revolving around what is realistic regarding body types and the different shapes and sizes we all come in. Mention airbrushing and Photoshop to erase models “imperfections.”

6. Continue by discussing the beauty of people coming from different backgrounds and cultures and that they look differently from one another.

7. Look through advertisements in the magazines. Point out how many advertisements there are. Who are they targeting and what are they selling? Are they advertising beauty? Happiness? Allow for a discussion with the group about what they think true happiness means and whether or not people can buy happiness at a store. Discuss where true happiness comes from.

8. Transition into asking students to bring in a photo of a woman they admire for next session. This should be a woman they know. Students should tell the woman why she admires her. If the woman they admire has passed away, have students write a letter to her and what they would say to her.

9. Allow for final thoughts and questions.

**Week 7 - Empowerment**

Goals:

- To share the photos that each participant was assigned to bring in.
- To share what characteristics the woman in the photo possesses and why she admires her.
- To discuss how the conversation had gone when telling the woman she admires her.
- For each student to be able to express something about herself that makes her proud.

Objectives:

- Students will learn what qualities they admire about women in their life and be able to look to them as role models. Group members will also listen to the qualities their peers admire and learn from one another.
- Participants will feel a sense of empowerment after listening to their peers talk about admirable qualities.
- Students should also feel inspired after telling the woman she admires how she feels.
- Each student should also feel powerful when sharing something about themselves that makes her proud.
- Participants will understand that what is important comes from within, and beauty is not found in airbrushing and in being thin.

Materials needed:

- Each student should bring a photo of a woman she knows and admires.
Procedures:

1. Place group rules and expectations and confidentiality rules where they are visible to all group participants.

2. Revisit what was discussed during last session about body image, magazines, and the media. Ask if there are any questions.

3. Individually allow each group member to share their answers to the following four questions: 1) Who is the woman you admire most? 2) Why do you admire her? 3) How did it make you feel when telling the woman that you admire her? 4) Tell the group something that makes you really proud of yourself.

4. Ask the females if they have questions or if they would like to add anything before ending the session.

Week 8 - Overcoming Eating Disorders

Goals:

❖ To learn the steps to take to overcome eating disorders.
❖ Students should identify who they can reach out to and confide in when experiencing struggles.
❖ To help students identify healthy versus non-healthy eating habits.
❖ To inform group members of “Prevention Pointers” to help them prevent an occurrence of an eating disorder.

Objectives:

❖ Group members will understand the steps in overcoming an eating disorder.
❖ Participants will be aware of whom they can rely on for support when they go through struggles.
❖ Group members will also comprehend what healthy versus non-healthy eating habits look like.
❖ Students will identify prevention techniques to combat the development of an eating disorder.

Materials needed:

❖ A copy of the “Overcoming Eating Disorders” handout for the school counselor to help guide the facilitation discussion.
❖ A copy of the “Privacy Circles” worksheet for each group member.
❖ The “Healthy or Not?” handout for each individual member.
❖ Copies of the “Prevention Pointers” given to each participant.
Procedures:

1. Allow for the group rules and confidentiality rules to be visible to all group members.
2. Ask students if there are any questions or concerns, or anything they would like to share.
3. Begin facilitating a discussion using the “Overcoming Eating Disorders” handout as a guide. Inform the students and allow them to ask questions.
4. Then transition into the next activity and provide a copy of the “Privacy Circles” page to each group member.
5. Explain the worksheet and allow group members a few minutes to think about their answers and write them down.
6. Allow students to share who they feel they can confide in during stressful times. What qualities do those who they can confide in possess that make them supportive?
7. Next, provide a copy of the “Healthy or Not?” handout to each student. As a group, read through the list and discuss, stopping for questions or any additional comments being shared.
8. Pass out the “Prevention Pointers” worksheet and, again, read through the list as a group.
9. End the session with answering questions.

Overcoming Eating Disorders

The first step in overcoming an eating disorder is recognizing the problem – this step is also the hardest thing about this secretive disorder. The next step is obtaining help for the eating disorder.

Research by Dona M. Kagan (1987) indicates that compulsive eating among young women appears to be a response to environmental stress; but among young men, it may indicate deficiencies in a family system. Among more than 2,000 high school and college-age women studied, disordered eating habits were consistently associated with feelings of stress, failure and low self-esteem.

Many who tended to eat compulsively saw their families as relatively uncohesive and rigid. They were dissatisfied with their families and reported cold relationships with their parents.

The use and abuse of food as a response to stress is common among high school and college students. These years can be critical in forming lifetime habits. This may be the ideal time for teachers, counselors and parents to help young people cope with their feelings of stress and failure, their guilt concerning food abuse and their desire to be thin.

Adolescents need to identify other means of releasing stress besides overeating. They also need to understand that thinness and weight loss are not panaceas for feelings of inadequacy. Overeating does appear to be a very common stress response among otherwise normal young women.

Eating disorders can be successfully treated professionally with early detection and prompt competent treatment. Hospitalization may be avoided with outpatient therapeutic intervention treatment programs. Many victims learn to control the disordered behavior and thinking, rather than curing it.

Long-term residual effects of the disorders can cause problems. Approximately 10 percent of all victims of anorexia nervosa die from the illness or by committing suicide. People with eating disorders need to be reassured that they are loved for themselves and do not have to measure up to others to deserve love.

Privacy Circles

Situations:

Who would you tell if...

• you were in love
• you got a new job
• you cheated on a test
• you had a friend who vomited in the school restroom to control his or her weight
• your friend was stealing money from his or her parents or friends to buy food to gorge on
• you had a friend who told you he or she was thinking about committing suicide
• you had a friend who was starving him- or herself

## Healthy or Not?

<table>
<thead>
<tr>
<th>Healthy Eating Behavior</th>
<th>Eating Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>💫 Eats reasonable portions of food</td>
<td>💫 Binges – eats large amounts of food within a short time</td>
</tr>
<tr>
<td>💫 Usually eats a variety of foods at each meal</td>
<td>💫 Plans eating binges</td>
</tr>
<tr>
<td>💫 Eats the same types and amounts of food whether eating with others or alone</td>
<td>💫 When eating with others, eats nothing or pays with food</td>
</tr>
<tr>
<td>💫 Eats enough to maintain a reasonable body weight</td>
<td>💫 Uses purging or vomiting to get rid of food</td>
</tr>
<tr>
<td>💫 Exercises regularly for fitness</td>
<td>💫 Exercises to be slim and to use calories, may exercise too much</td>
</tr>
<tr>
<td>💫 Sometimes eats as a response to stress</td>
<td>💫 Is obsessed with thoughts of food</td>
</tr>
<tr>
<td>💫 Sometimes diets in response to stress</td>
<td>💫 Prefers to eat alone</td>
</tr>
</tbody>
</table>

Prevention Pointers

✓ Learn to like yourself, just as you are.

✓ Set realistic goals for yourself.

✓ Ask for support and encouragement from friends and family when life is stressful.

✓ Learn the basics of good nutrition and exercise.

✓ If you want to lose weight, talk to a doctor or a professional, registered dietitian who specializes in weight control.

✓ Seek adult help if you suspect a friend has an eating disorder problem.

**Week 9 - A Shot of Self-Confidence**

**Goals:**

- To allow each group member to share something about herself that makes her confident or happy about herself.
- To give each student the opportunity to write down something nice and something they admire about each of the other group members.
- For each participant to read aloud one of the comments written by the other group members that makes her feel happy about herself.

**Objectives:**

- Participants will feel good giving a compliment to each of the group members.
- Students will also feel a sense of pride when receiving compliments.
- Students will also learn to recognize their own strengths by hearing compliments from other peers.
- Group members will feel a connection to other participants and feel a sense of community within the group.

**Materials needed:**

- A pen and paper for each group member.

**Procedures:**

1. Set up group expectations and confidentiality rules where all students can read them.
2. Explain that for this session the group will focus on individual strengths.
3. Ask each student to write down her name on a piece of paper. Have them all pass their paper to their right.
4. Ask the students to take a moment to think about something they really like and admire about the girl whose name is on top of the paper. This should be something deeper than her physical appearance or the way that she dresses. Maybe it can be about her personality, her talent, or her character traits as a friend. Have them write down their thought.

5. Each student will pass the paper they have to their right again and will continue doing the same thing, writing down something different than what has already been written on the paper. Continue this until each individual has her own paper again.

6. When the girls have their own paper, have them write down something about *themselves* that they admire on the back, without reading their peers’ comments on the front.

7. Then give each student a moment to read the positive comments about themselves that their peers have written.

8. Go around the room and have each student read one message that makes her feel happy about herself.

9. Facilitators can then open up the discussion about focusing on the positive attributes within us. Allow girls to share why it is important to look at themselves positively.

10. End the session by asking if there are any further questions or comments.

Week 10 - In Closing...

Goals:

- To explain any further questions the group members may have.
- To allow each participant to share what she will take away from this group.
- To briefly revisit the main topics learned during group, in case there are any questions, comments, or concerns.
- To complete the “Check Your Knowledge” post-assessment.

Objectives:

- Students will have a greater understanding about eating disorders, warning signs to look for, and how to get help.
- Group members will also understand that different cultures influence the ways people perceive body image and eating habits.
- Students will take the “Check Your Knowledge” post-assessment and compare their answers to the pre-assessment to see how much they have learned from the group.
- The group will help participants recognize that there are other peers who come from the same cultural background and may experience similar feelings and struggles.

Materials needed:

- The “Check Your Knowledge” post-assessment.

Procedures:

1. Display group and confidentiality rules where are group members can read them.
2. State that this will be the last group meeting and ask the group members if there are any questions, comments, or concerns they would like to share, or if they would like clarification regarding anything.

3. Briefly mention how the different topics discussed throughout the group sessions can influence people both positively and negatively: i.e. culture, society, the media, and role models to find empowerment.

4. Hand out a copy of the “Check Your Knowledge” post-assessment to each individual.

5. Allow students to individually share and discuss what they learned from this group and something they will take away from it for the future.


Check Your Knowledge

Directions: Read each of the following statements. Circle the letter T if the statement is completely true; circle the letter F if the statement is partly or completely false.

1. Everyone should eat the same size portions at lunch.  
2. Fat in foods is bad for you.  
3. When you’re upset, getting a treat to eat is a good way to feel better.  
4. Diets in magazines are bad for your health.  
5. All fat people overeat. That’s why they’re fat.  
6. It’s normal for teenage girls to gain weight and add an extra layer of body fat.  
7. I constantly think about eating, weight, and body size.  
8. I feel anxious before eating.  
9. I feel bloated and uncomfortable after eating.  
10. I weigh myself several times a day.  
11. I feel that being in control of food shows other people that I can control myself.  
12. I feel guilty after eating.  
13. I eat when I feel nervous, anxious, lonely or depressed.  
14. I feel that I do not look good in my clothes.  
15. I try to diet often, but I never seem to make it all the way.
T   F  16. I avoid parties and get-togethers because I feel self-conscious about my weight.

T   F  17. I worry about my weight and appearance when around other people.

T   F  18. I don’t know when I am hungry.

T   F  19. I am terrified of being overweight.

T   F  20. Exercise is the main thing that influences how tall or short, fat or thin, you become.


References


*A curriculum for grades 9-12.* Santa Cruz: Network Publications.


Appendix B

Evaluative Summary

Cover Letter

April 6, 2015

A Letter of Request to Review the Graduate Project of Zeneh Farhan

Dear High School Faculty Member,

I am currently pursuing a Master’s of Science degree in School Counseling at California State University, Northridge. As a part of this program, I am working on a graduate thesis project under the supervision of Dr. Shyrea Minton. My project consists of providing support for Middle Eastern adolescent females in dealing with unhealthy eating habits and body image concerns, as they may often be overlooked when dealing with this illness and may not have interventions targeting them. This curriculum consists of ten weekly group counseling sessions, providing resources, information, activities, and a pre- and post-assessment for the group. The curriculum aims to provide support for this population also by sharing individual experiences and listening to their peers from the same cultural background.

The purpose of this letter is to request a portion of your time and feedback by reviewing my graduate project and completing the evaluation form attached. I would greatly appreciate your support and efforts. If you have any questions, please do not hesitate to contact me. My contact information can be found below, or you may contact my graduate project chair at shyrea.minton@csun.edu. Thank you for your time in advance.

Sincerely,
Zeneh Farhan
Zeneh.farhan.216@my.csun.edu
(818) 414-6115
Graduate Project Evaluation

Thank you for taking the time to evaluate this graduate project. Your input will be used to determine the practicality of the counseling sessions. Your responses will be kept confidential and I ask that you do not write your name on the sheet so that your responses remain anonymous. Thank you in advance for your participation.

Please select one of the following responses to each statement.

1. This curriculum would be helpful to this female population.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

2. A school counselor could easily facilitate this curriculum at my school.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

3. I would recommend this curriculum to other school counselors.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

4. The activities seem appropriate for the purpose of the curriculum.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

5. The sessions are well outlined and easy to follow.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

6. The materials needed to conduct all the sessions are useful and accessible to all counselors.

   Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

Please write any additional comments or suggestions to help improve the curriculum.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________