Eating Disorder Prevention

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An Eating Disorder Prevention Program for Adolescents in Lebanese Schools

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An Eating Disorder Prevention Program for Adolescents in Lebanese Schools

A project by
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Abstract

The purpose of this study was to develop an eating disorder prevention program for adolescents in Lebanese schools. Interviews were conducted with two school counselors and an academic supervisor about the need for a prevention program at Lebanese schools. Also, questionnaires were distributed to 9-12 graders in two schools in Lebanon. The results of the questionnaires yield mixed results concerning the need for a prevention program. Only 35% of the students reported a need for a prevention program at their respective school. Data from the interviews showed the need for a prevention program. Moreover, prevention programs in Western Literature were reviewed and a prevention program was developed and adapted to Lebanese adolescents. The program includes all necessary components, such as content, skills, and the roles of key people responsible for implementing the program at the school.
CHAPTER ONE

Introduction

Context of the Problem

Eating disorders are frequently chronic and astonishingly common. In the United States, one percent of all teenage girls suffer from anorexia nervosa at some point. Two to three percent develop bulimia nervosa. Since the 1960's the rate of eating disorders has doubled. There has been an increasing number of eating disorder cases among preadolescents, women above 30, nonwhites, and men (Leutwyler, 2006). Considering that about 90% of sufferers are females, eating disorders often go unnoticed when occurring in men and boys. Men and boys who suffer from eating disorders are typically homosexually oriented (Miller, 2006).

DiETING and eating disorders are not purely Western phenomena, given media coverage and the globalization of the media, cultures are merging and the occurrence of eating disorders is on the rise (Bener & Twefik, 2006). Not only is the media held responsible for increasing the rates of eating disorders, but also for portraying overweight people as fat, lazy, and other negative attributes such as self-indulgence and sloppiness.

On the other hand, media stereotypes associate thinness with positive attributes such as attractiveness, success and having a sense of control over oneself (Ogden & Mundray, 1996). Mass media messages are of particular importance and vast audiences take them seriously simply because they are one of the main channels where socio-cultural values and norms are reflected and reproduced (Dittmar & Blayney, 1996).

Tamim et al. (2006) concluded that in Lebanon, dieting and weight control are common among university students. Adolescents who engage in unhealthy methods of
weight control need to receive counseling about the dangers associated with such methods and must be exposed to positive body image.

The Purpose of the Study

The purpose of this study is to develop an eating disorder prevention program aimed at Lebanese adolescents. Schools are a prime location for eating disorder prevention because they provide access to adolescent girls, the population most at risk (Stewart, Carter, Drinkwater, Hainsworth, & Fairburn, 2001).

An all-inclusive program is essential to address the issue of eating disorders in Lebanon. In this study, a program will be developed to be used in schools by counselors for the prevention of eating disorders. This research intends to examine what is already being done in schools in support of eating disorder prevention and that which is lacking. The program will develop into a strategy for school counselors to raise awareness about eating disorders, identify at-risk students, implement a prevention program, make suitable referrals, and provide support for those suffering from an eating disorder. Moreover, this research will establish the contents that need to be included in the program and assure its success with Lebanese adolescents.

Rationale and Significance of the Project

This study is significant because prevention programs are needed to make sure that adolescents do not develop an eating disorder. Prevention and early intervention are crucial, given that the longer a person suffers the more difficult treatment and recovery become. There is a good prospect for the treatment of adolescent eating disorders if treated at an early stage, otherwise these disorders might become chronic conditions with distressing physical, emotional, and psychological consequences (Lask & Bryant-Waugh,
1999). Adolescents are at an impressionable stage and given the Lebanese society’s emphasis on appearance, falling into the trap of an eating disorder is not difficult.

**Research Questions**

The questions that guided this study are:

1. Do students have the knowledge and understanding of eating disorders?
2. Do students perceive the need for a prevention program of eating disorders at school?
3. Are there gender differences in students’ knowledge and understanding of eating disorders?
4. What strategies are school counselors adopting to prevent eating disorders among adolescents in two private high schools in Lebanon (Park View and Lake View High Schools)?
5. What should a program contain for preventing eating disorders among adolescents in these two private schools in Lebanon?

Park View High School and Lake View High School are pseudonyms for two schools in Lebanon. Names have been changed for the purpose of confidentiality. Both Park View School and Lake View School are located in Beirut and cater to students from a high socio-economic status.

**Operational Definition of the Variables**

A program is operationally defined in this study as a curriculum developed for school counselors to employ. There are several programs that represent different types of curricula; in this study, the curriculum is a program that intends to increase positive body image and encourage adolescents to develop healthy lifestyles, free from the
psychological and physical dangers of eating disorders (Bardick, Berries, McCulloch, Witko, Spriddle, & Roest, 2004).

Prevention is operationally defined as a program designed to reduce the incidence of mental disorders, in this case eating disorders; the duration of those disorders which do occur; and the impairment that may result from those disorders (Le Croy & Mann, 2008).

Adolescents are operationally defined as individuals going through puberty, starting from about age 13 and lasting until the late teens or early twenties. At school, adolescents are in grades 8-12. Early adolescents, those transitioning from childhood are at the most intense segment of their entire lifespan. Their growth is that of competence, autonomy, self-esteem, and intimacy. Some adolescents have a hard time handling so many changes at once and may develop an eating disorder (Papalia & Olds, 1998). Adolescents enrolled in grades 9-12 will be selected to participate in this study.

School counselors are operationally defined as professionals who are qualified to implement prevention and intervention programs (Sciarra, 2004). School counselors play a critical role in the prevention and early identification of eating disorders. They are in a strategic position to sense students’ changing attitudes towards food, weight, and body shape. They function as role models for students; and promote healthy attitudes towards food and body image (Bardick et al., 2004).

The two eating disorders chosen for the purpose of this study are anorexia nervosa and bulimia nervosa. Their operational definitions are as follows:

Diagnostic Criteria for Anorexia Nervosa (DSM-IV-TR, 2000)

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than
85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though underweight.

C. Disturbance in the way in which one’s body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarcheal females, amenorrhea, that is, the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen administration).

Specific Type:

Restricting Type: during the current episode of anorexia nervosa, the person has not regularly engaged in binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas)

Binge-Eating/Purging Type: during the current episode of anorexia nervosa, the person has regularly engaged in the binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Diagnostic Criteria for Bulimia Nervosa (DSM-IV-TR, 2000)

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both the following:

1. Eating, in a discrete period of time (e.g., within any two-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
2. A sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.

D. Self-evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of anorexia.

Method

Research Design

This study includes both quantitative and qualitative collection of data and analysis. The purpose of addressing the specific problem of eating disorders and collecting information for prevention in Lebanon is recognized as practical action research (Fraenkel & Wallen, 2006). This study will construct an action plan that may possibly be implemented at schools in Lebanon. However, this study will not encompass implementing the program or the outcomes of this implementation.

Sampling

A random sample will be used at Park View High School and Lake View High School. Students will be randomly selected from each grade level. Park View and Lake View are pseudonyms used to protect the confidentiality of the selected schools. The sample shall include 100 students from grades 9 through 12, who will be selected from the two schools. A purposive sample will be used at the two high schools with respect to
school counselors, considering that school counselors are responsible for the prevention of eating disorders at schools.

*Validity of Sampling Technique*

The sample might not be considered as a valid representation of the population given its small size. The sample consists of adolescents from four grade levels and two counselors at two private schools; hence the results cannot be generalized to the population of adolescents and school counselors across Lebanon.

*Instrumentation*

This study follows a triangulated design consisting of three instruments. The instruments are:

1. Questionnaires will be distributed to the 100 student participants. These questionnaires will address the following dimensions:
   a. Students’ knowledge about eating disorders.
   b. Students’ thoughts about an eating disorder prevention program.
   c. Students’ perceptions of the components of a prevention program (i.e. what should the program encompass?)

A copy of the questionnaire is provided in Appendix A.

2. Semi-structured interviews will be conducted with school counselors from the two private high schools in Lebanon. The interviews will tackle the following aspects:
   a. The existence of an eating disorder awareness and prevention program, (what has already been done?)
   b. The need for an eating disorder awareness and prevention program, (what needs to be included?)
c. The prevalence of eating disorders among students.

d. Treatment options available to students.

The semi-structured interview questions are provided in Appendix B.

3. The assessment of already existing prevention programs found in Western literature. The content and material of these programs will be investigated and adapted to the Lebanese culture.

Validity and Reliability of Instrument

The information drawn from the three instruments used will provide support for the validity of the study. The validity of an instrument lies in the ability to obtain correct conclusions based on the data collected (Fraenkel & Wallen, 2006). Reliability refers to the consistency of answers provided by the instruments. To ensure validity and reliability, triangulation will be used. Triangulation is the crosschecking of data using multiple sources of data or multiple data collection procedures (Fraenkel & Wallen). The three sources of data used in this study are questionnaires, semi structured interviews and the assessment of already existing programs.

Data Analysis

Following the triangulation of the data collected, a program will be developed. The data collected from the interviews will be transcribed and coded into themes, such as what is being done to prevent eating disorders, what needs to be done, how it will be done and with what means. The questionnaires will produce quantitative data such as averages and percentages about students’ existing knowledge about eating disorders, their thoughts about a prevention program, and what should be included in a prevention
program. The content of already existing prevention programs from Western literature will be investigated and adapted to the Lebanese culture.

**Ethical Considerations**

No physical or psychological harm will come onto any of the participants of the study. The data collected will remain confidential, and the participants shall not be deceived. The principals of both schools will be asked for permission to distribute questionnaires to the students and conduct interviews with the counselors.

**Expected Benefits and Educational Implications**

The product of this study will be useful for application at schools for the purpose of eating disorder awareness and prevention. Schools of similar structure to those used in the study will be able to implement the program. After the application of the program, the benefits will be observed, but that is beyond the scope of this study. The expected results are that the students will become aware of eating disorders, what they entail, and how to prevent such disorders. The treatment of eating disorders is more difficult than prevention, so this program is designed to equip students with the appropriate means to prevent such occurrences.

**Limitations**

The program will be developed based on research done in two private Lebanese high schools, therefore the results cannot be generalized to all schools in Lebanon. Another limitation is that the prevention program developed in this study will not be implemented and consequently, its effectiveness cannot be determined. Further studies are needed to investigate the usefulness of this program and the impact it will have on adolescents.
CHAPTER TWO

Review of the Literature

Introduction

Eating disorders are recent compared to the other mental disorders which appear in the DSM. Anorexia Nervosa was first acknowledged as a mental disorder in the late 19th century and bulimia nervosa in 1980, only after being considered a variation of anorexia nervosa. Considering the young nature of eating disorders, research is limited. Even though the effects of eating disorders are both physically and psychologically crippling, they are not taken as seriously as the other mental disorders (Striegel-Moore & Smolak, 2001).

Risk Factors and Causes of Eating Disorders

The underlying causes of eating disorders are many; they are brought on by a mix of environmental, social and biological factors. Self-esteem, history of child abuse and neglect, and family roles play an important part in the development of eating disorders. Western societies have linked slenderness with sexual attractiveness, social and professional status, and self-control (Guernsey, 2006; Kugu, Akyuz, Dogan, Ersan, & Izgic, 2006; Leutwyler, 2006; Miller, 2006). Dieting and eating disorders are not purely Western phenomena, given the media coverage and the globalization of the media, cultural differences are disappearing and the development of eating disorders is on the rise worldwide (Bener & Tewfik, 2006; Medar, Oun, & Vender, 2006).

According to Leutwyler (2006) and Guernsey (2006), the consequences of eating disorders are crippling, both mentally and physically. Binge eating could rupture the esophagus or the stomach. Purging can deplete the body of vital minerals, causing an
electrolyte imbalance. Self-starvation may result in cardiac arrest. Amongst anorexics who suffer the worst complications; the mortality after 10 years is 6.6%.

In order to develop an effective eating disorder prevention program, it is important to understand the underlying causes of eating disorders. Even though there is vast knowledge about the characteristics of eating disorders, concrete information on their causes has so far baffled the scientific population. There is not a precise equation that can indicate with precise accuracy why someone has developed an eating disorder, as a single cause does not exist. However, an array of causes called “risk factors” when accumulating might lead to the development of an eating disorder. The possible risk factors that researchers have identified are biological, environmental, social, and psychological phenomena that seem to boost the possibility that an adolescent will develop an eating disorder (Walsh & Cameron, 2005).

The following are some risk factors that are associated with eating disorders: gender, puberty, brain chemistry, genetics, socio-cultural factors, race and socioeconomic status, personality traits, dieting, activities with a focus on shape and size, family relationships, peer influence, and childhood trauma (Walsh & Cameron, 2005). An eating disorder prevention program would address how to deal with socio-cultural factors, the media and peer influence by raising self-esteem and helping adolescents develop a sound body image.

Typically, individuals with an eating disorder struggle with other psychological issues, both emotional and behavioral. The disorders that commonly occur with eating disorders are mood, anxiety, substance use, and personality disorders (Walsh & Cameron, 2005). Research suggests that individuals suffering from depressive disorders during
early adolescence are at a higher risk for developing eating disorders in middle or late adolescence (Johnson, Cohen, Kotler, Kasen, & Brook, 2002).

Eating disorder prevention yields the most promising results when classroom lessons are coupled with environmental activities aimed at changing the behavior of the adults surrounding an adolescent, the surroundings which adolescents are exposed to, and ridding the atmosphere of racial, socio-economic and weight prejudice (Levine & Piran, 2001).

Prevalence of Eating Disorders Among Adolescents

The onset of eating disorders usually takes place during adolescence. Adolescents are at risk of developing an eating disorder because they are undergoing many physical changes, are trying to establish their individual identity, and are preoccupied with being accepted by their peers (Kea & Cook-Cottone, 2005).

The incidence of eating disorders is on the rise, especially in the developed world. Cases have doubled since the 1960’s in the United States. It is difficult to establish the exact prevalence of eating disorders. Women suffering from anorexia are estimated to be between 0.5 to 3.7% of the population and 1.1 to 4.2% suffer from bulimia (Eggers & Liebers, 2007).

Studies in Qatar, The United States, Turkey, and Estonia established that eating disorders are more likely to affect women, but the number of men affected has been increasing (Bener & Tewfik, 2006; Guernsey, 2006; Kiziltan, 2006; Medar et al., 2006).

A study conducted in 2006 by Kugu et al, found that the prevalence of eating disorders among Turkish University students was 2.20%. Of this percentage, 1.57% suffered from Bulimia Nervosa and 0.31% suffered from Binge Eating Disorder, all of
whom were females. Also, 0.31% males suffered from Binge Eating Disorder and no cases of Anorexia Nervosa among males were reported. According to Leutwyler (2006), in the United States, 1% of all teenage girls suffer from Anorexia Nervosa at some point and 2-3% develop Bulimia Nervosa. Medar et al. (2006) established that 36% of girls in Parnu, Estonia suffer from eating disorders.

There is limited research on the prevalence of eating disorders among adolescents even though the symptoms of these disorders usually originate during adolescence. Specialists agree that nearly one percent of women suffer from anorexia and approximately three percent of women suffer from bulimia during their lives. The occurrence of eating disorders among men is roughly one-tenth of those detected in women. Experts disagree on the findings of the research done on the prevalence of eating disorders among adolescents. They state that the findings of these studies focus on those who fulfill the DSM criteria and not on those who demonstrate some of the DSM symptoms but not in severity or frequency. These adolescents could possibly develop a full-blown eating disorder (Walsh & Cameron, 2005).

There has been little research done in Lebanon on eating disorders as such. There are however studies that address preoccupation with weight, disordered eating behavior and risky weight control. A study conducted at a Lebanese university by Afifi-Soweid, Najem Kieily and Shedicac-Rizkallah (2002) found that the majority of the respondents were trying to lose weight and the female respondents showed a great preoccupation with weight and disordered eating. According to Tamim and his colleagues (2006), weight control and dieting are common amongst university students in Lebanon. Female adolescents comprised the largest population using risky weight control measures such as
using diet pills and intentional vomiting.

Only about 40% of individuals with anorexia recover fully, 40% recover partially, and the rest remain chronic cases, their health risks increasing over time. On the other hand, 50% of individuals with bulimia recover with the help of cognitive behavior therapy, interpersonal therapy and/or antidepressants (Guernsey, 2006; & Kiziltan, 2006).

**Eating Disorder Prevention Programs and Their Effectiveness**

A successful prevention program should target the at-risk population, namely adolescent girls. The considerable physical, emotional and financial costs linked to eating disorders call for the development of effective prevention programs (Scime, Cook-Cottone, Kane, & Watson, 2006). Research suggests that the majority of eating disorder prevention groups tackle general risk factors, such as body dissatisfaction, media and the thin ideal, and the strive for thinness (Littleton & Ollendick, 2003). Recent findings suggest the inclusion of pertinent protective factors, including self-esteem and coping skills (O'Dea & Abraham, 2000; Phelps, Johnson, & Augustryniak, 1999). Traditional programs have relied on instructive presentation of information addressing risk factors and defining eating disorders, showing minute results (Littleton & Ollendick, 2003; Phelps, Dempsey, Sapia, & Nelson, 1999). Recent programs consist of educational sessions that present information on healthy bodies, healthy eating, and healthy exercise (Smolak, Levine, & Schermer, 1998).

Parental involvement was shown to be beneficial in eating disorder prevention (Graber & Brookes-Gunn, 1996). Parents play an important role in assisting adolescents to become well-rounded individuals. This includes enhancing self-esteem, being good role models and creating a nurturing environment (Golan & Crow, 2004).
In 1998, Stewart developed an intervention program that was conceptualized within a developmental framework that was designed to address the challenges of adolescent girls. It included factors linked with the development of eating disorders as well as dieting, socio cultural pressures to be thin, responses to stress, frustration with body image and low self-esteem. The program consisted of six, weekly, 45-minute sessions that addressed an array of topics associated with eating disorders, self-esteem and body image. The results showed that the program was effective, but the improvement was of short term.

O’Dea and Abraham (2000) have stated that there are two approaches to eating disorder prevention, the information-based approach and the self-esteem-based approach. The information-based approach focuses on providing students with information about eating disorders by means of lectures. The lectures address topics such as the dangers related to strict dieting, healthy eating, and the examination of the socio-cultural body image ideals and the perfect body. The outcome of the information-based approach on the prevention of eating disorders showed that it improved the participants’ knowledge of eating disorders, but did not have an effect on the beliefs, attitudes, and behaviors that drive individuals to develop eating disorders. The information-based approach might also be detrimental because it raises awareness and supplies information about the dangerous weight loss techniques adopted by people suffering from an eating disorder, such as vomiting, excessive exercise, fasting, and laxative abuse.

The self-esteem-based approach addresses the prevention of eating disorders through improving the body image and eating attitudes of adolescents by enhancing their self-esteem (O’Dea & Abraham, 2000). O’Dea developed an educational program in
1995 titled “Everybody’s different”. The program aimed to improve student behavior, attitudes, and self-esteem. It consisted of nine weekly 50-80 minute lessons as well as supplementary home assignments. The lessons covered topics such as dealing with stress, building a positive sense of self, stereotypes in society, positive self-evaluation, self-image, relationship skills, and communication skills. Students were encouraged to talk about the lessons with their family and friends.

The program improved the students’ body image and satisfaction, losing weight strategies and appearance ratings considerably. After their participation in the program, students stated that social acceptance, physical appearance, and athletic ability had become less significant to them. The program was able to change students’ attitudes by creating positive changes in their self-perceptions and values (O’Dea & Abraham, 2000).

According to Walsh and Cameron (2005) there are two types of eating disorder prevention programs, universal and targeted. A universal prevention program is applied to a whole group of people such as the entire high school and is intended to prevent a disease before it occurs by changing the group’s beliefs, attitudes, intentions and the behaviors linked with eating disorders. Such a program aims at promoting healthy weight management and discouraging calorie-limiting diets, also known as crash or fad diets. The program focuses on how body image and eating are affected by developmental, social, and cultural factors. It also deals with increasing self-esteem and social competence. Studies show that the universal prevention program did increase knowledge and awareness of eating disorders but it had little success in changing student’s behavior and attitudes. Thus, just discriminating awareness on eating disorders seems to be counterproductive.
The targeted prevention program aims at identifying the students who are at-risk of developing an eating disorder or those who have already started to show warning signs. At-risk students are monitored and those who develop symptoms are referred to treatment before a full-blown eating disorder is established. The preferred mode of treatment is cognitive-behavioral therapy (CBT). Studies have shown that patients who undergo CBT demonstrate significant improvements in weight control behavior, body satisfaction, and self-esteem (Walsh & Cameron, 2005).

In 2002, Steiner-Adair et al. established an eating disorder prevention program titled “Full of Ourselves: Advancing Girl Power, Health, and Leadership”. The program intended to decrease the risk of developing an eating disorder by raising self-esteem, encouraging body acceptance, giving students the opportunity to contribute to society, and teaching a variety of coping tactics to deal with society’s emphasis on models and dieting. The program had positive effects, namely limiting the regression in weight satisfaction and increasing positive body image and better body satisfaction. These factors in turn halted the development of eating disorders (Steiner-Adair et al., 2002).

Schools are the prime location for eating disorder prevention because adolescent students are reachable and encouraged to participate in educational activities. These activities should include information on health, lifestyle, and personal development (O'Dea & Abraham, 2000).

Kecia & Cook-Cottone (2005) proposed several suggestions for eating disorder intervention and prevention at schools. First, the school environment should be one that is safe and free from harassment. Secondly, bullying should not be tolerated and students who harass others on the basis of weight should be disciplined. Thirdly, physical
education should focus on building skills and establishing healthy habits rather than weight management. Further, students' participation in extracurricular or after school activities should not be limited by their physical size and shape. Also, general information about eating disorders should be provided. Students need to know the dangers associated with eating disorders but divulging detailed information about the behaviors or strategies used by people who suffer from eating disorders can be counterproductive. Other suggestions include: teachers and staff members need to be equipped with appropriate resources to make a referral if an eating disorder is suspected. Also, school cafeterias should provide healthy menu options and vending machines should be stocked with healthy snacks and not candy bars. Finally, the implementation of an eating disorder prevention program is of utmost importance. The program should be based on physical well-being and controls the details of eating disordered rituals and outcomes. Prevention programs that have shown positive results include those that tackle issues such as media competence, assertiveness, and coping skills.

Conclusion

The prevention of eating disorders among adolescents is crucial. It would not only prevent the distress and anguish associated with such disorders, but would curb also the monetary cost of treatment. It is vital that a prevention program does just that as many informative programs provide students with information about eating disorders, which in turn gives them proper ammunition to go out and develop one (O'Dea, 2000). Two studies, one from the United Kingdom (Carter, Stweart, Dunn, & Fairburn, 1997) and the other from the United States (Mann et al., 1997) report the unintended harmful effects of information-based prevention programs. These programs provide adolescents with
detailed information about eating disorders, specifically those conducted by people who have recovered from such disorders, might increase adolescents’ knowledge and symptom development of eating disorders such as purging, fasting, using laxatives, and diuretics. Prevention programs that use case studies such as stories of people who have recovered from an eating disorder, namely among celebrities such as Princess Diana may be counterproductive because they reduce the stigma of these disorders and adolescents are fascinated by them (O’Dea, 2000).

The most effective prevention programs shift the focus from providing detailed information about eating disorders to providing adolescents with the means to build self-esteem, establish healthy relationships with their peers, and enjoy healthy eating and exercise habits without developing a fear of gaining weight (O’Dea, 2000).

Schools are a prime location for the prevention of eating disorders. Prevention is presented as a psychoeducational program presented in classrooms. School-based interventions are efficient for prevention, considering that schools provide rather easy access to great numbers of adolescents. Students spend the bulk amount of their time at school so prevention programs that are jointly run by counselors, teachers, and administrators may have a positive effect on students (Levine & Smolak, 2006).
CHAPTER THREE

Methodology

Introduction

Collecting data from Lebanese students and counselors was fundamental for the development of the eating disorder prevention program described in this study. The instruments used for data collection were questionnaires given to students, and semi-structured interviews conducted with two school counselors and one academic supervisor. This chapter provides an account of the methods and procedures used for collecting data.

Method and Instrument

The three instruments used were questionnaires (see Appendix A), semi-structured interviews (see Appendix B), and an assessment of already existing prevention programs found in Western literature. The questionnaire and the items of the semi-structured interviews were created after studying the literature on eating disorder awareness programs. The questionnaire items were divided into seven categories: Participants' perceptions towards having an eating disorder prevention program at school, their perceptions of parents' and teachers' roles in programs, their understanding of eating disorders, their perceptions of social preconceptions, their perception of themselves, their ideation, and finally their behavioral patterns. The items of the semi-structured interviews consisted of questions on the school counselors' expertise, their previous experience with eating disorder prevention, their dealing with students suffering from eating disorders and the resources available to them at the school. Also, questions
about the components of an eating disorder prevention program and the resources and staff needed, were addressed.

Participants

The sample of this study consisted of 100 adolescents randomly selected from two schools in Lebanon, Park View High School and Lake View High School. Park View High School and Lake View High School are pseudonyms used to protect the anonymity of the schools. In addition, a school counselor from Park View High School was interviewed (see Appendix C), an academic supervisor from Lake View High School was interviewed (see Appendix D), and a school counselor from a third school, Garden View High School was interviewed (see Appendix E). Garden View High School is a pseudonym used to protect the confidentiality of the school. The participants were 39 males, and 61 females, their ages ranging between 13 to 19 years, in grades 9, 10, 11, and 12, from low to high socioeconomic backgrounds.

The school counselor from the Park View High School was a counselor for the entire school population. She has a Master’s degree in clinical psychology and has been at the school for ten years. The academic supervisor from the Lake View High School dealt with issues pertaining to the whole student body. She has a diploma in education and has been at the school for fifteen years. The counselor from the Garden View High School works with students from grades 11 and 12. She has a Master’s degree in school counseling and has been with the school for one year.

Procedures for Data Collection

The data collection process began with a telephone call to the principal of one school in Lebanon to explain the purpose of the project and ask if it would be possible to
interview the school counselor and hand out questionnaires to the students. The principal immediately declined stating that the students were studying for exams and did not have time to spare.

A phone call was then made to the school counselor at the Garden View High School to inform her about the project and request an appointment to conduct the semi-structured interview. The interview was conducted on May 22nd, 2008 at 11:00 a.m. in the school counselor’s office for the duration of 20 minutes (See Appendix E). To gain access to the students, a meeting was set up with the deputy headmaster. The meeting took place on May 23rd, 2008 at 2:30 p.m. in his office for 10 minutes. The purpose of the project was explained to the deputy headmaster and a copy of the questionnaire was provided. He rejected my request to access the student body, the reason being the great deal of unrest the country had recently witnessed and not wanting to disturb the students.

A third and fourth school, Park View High School and Lake View High School, were examined to replace the failed attempts at the first two schools. Park View High School caters to students from middle to high socioeconomic backgrounds and Lake View High School caters to students from low to middle socioeconomic backgrounds.

Phone calls were then made to the principals of the Park View High School and the Lake View High School to set up appointments with the school counselor and the academic supervisor respectively. The purpose of the meetings was to inform the individuals of the project, conduct semi-structured interviews and inquire about handing out questionnaires to the students.

The principal of the Park View High School said that the only time the students would be available to fill out questionnaires was during the science fair. The science fair
took place on June 6th, 2008 from 9:00 a.m. to 1:00 p.m. The questionnaires were
distributed to 40 randomly selected students from grades 10, 11, and 12. The interview
with the Park View High School’s school counselor took place on May 27th, 2008 at
12:30 p.m. in her office and lasted 15 minutes (see Appendix C).

The interview with the Lake View High School academic supervisor took place in
her office on June 3rd, 2008 at 10:30 a.m. for the duration of 30 minutes (see Appendix
D). After the interview, the academic supervisor distributed 60 questionnaires, which
were filled out by 60 randomly selected students from grades 9, 10, and 11. The
questionnaires were picked up from the Lake View High School on June 6th, 2008. In
total, 100 questionnaires were completed by students from the two high schools.

Procedures for Reviewing the Literature

The purpose of this study was to develop an eating disorder prevention program
aimed at Lebanese adolescents that could be used by school counselors in Lebanese
schools. Hence, the review of literature examined the prevalence of eating disorders
amongst adolescents, in addition to effective eating disorder prevention programs. Eating
disorder prevention programs were reviewed according to the effectiveness of the
program. Information in connection with eating disorder prevention programs was
gathered from books and journal articles.
CHAPTER FOUR

Results

The purpose of this study was to develop an eating disorder prevention program aimed at Lebanese adolescents. This chapter presents the results of data collected in the form of questionnaires distributed to students, and interviews with two school counselors and one academic supervisor. The findings of the questionnaires are organized in fourteen tables and the interviews have been transcribed and situated in the appendices.

Results from Students

The findings of the questionnaires that were distributed to the students are displayed in Table 1 through Table 14. As shown in tables 1 and 2, 39% of the female respondents and 28% of the male respondents agreed with the statement about the need for an eating disorder prevention program. There was a unanimous consensus regarding the content of an eating disorder prevention program. Most of the female and male participants agreed that information on the warning signs and medical complications ought to be included in a prevention program. They also agreed that presentations that address dealing and coping with stress would be beneficial and the majority of the respondents stated that workshops that promote positive body image and workshops that enhance self-esteem would be valuable.

As shown in tables 3 and 4, 48% of the female participants and 51% of the male participants agreed that teachers should be involved in such a program. Similarly, 70% of the female participants and 74% of the male participants agreed that parents should be involved in such a program.
About the symptoms of anorexia and bulimia, more females than males responded that they knew what these symptoms were (see tables 5 and 6). Similar results applied to the item of whether the participants knew of someone who suffered from eating disorders. More females than males responded positively to that statement (see tables 5 and 6).

The results shown in tables 7 and 8 reveal that out of all the female participants, 87% of them stated that they constantly worry about what other people think of them whereas only 28% of the male participants had that concern. Also, 78% of the female participants and 59% of the male participants believed that society places an emphasis on thinness.

The responses concerning satisfaction with body and weight were similar among males and females (see tables 9 and 10). Slightly more females than males felt that they were unworthy to be loved and correspondingly, if they became thinner, their lives would be perfect. However, 45% of females and 41% of males agreed with the statement “When I look in the mirror I like what I see.”

Table 11 shows that 57% of the female respondents have thought of starving themselves or making themselves vomit, whereas only 18% of the male participants have had the same thoughts (see table 12). No significant differences were found in the responses of male and female participants concerning the item “I’ll know when I get thin enough”.

Tables 13 and 14 reflect the participants' behavioral patterns; 75% of the females and 56% of the males responded positively to the statement on whether they have dieted before. Also, 64% of both females and males have exercised for longer than two hours
and 13% of the females and 10% of the males have used laxatives to lose weight. Moreover, 34% of the females and 46% of the males agreed to the statement on whether they have vomited after eating. However, most of the respondents’ answers showed that they would not jeopardize their health in order to be thin.

Results from Park View High School Counselor

The Park View High School counselor’s responses (see Appendix C) revealed that Park View High School has never implemented an eating disorder prevention program. The counselor has been at the school for ten years, eight of which have been spent as a counselor. She deals with issues pertaining to learning disabilities, academic problems and self-esteem. She also deals with emotional and behavioral problems that stem from dysfunctional families.

There has never been an eating disorder prevention program at the school but there was a nurse at the school who worked on raising awareness in relation to body image, eating disorders, and dental hygiene. The counselor had never dealt with a student suffering from an eating disorder. She believed that the school would benefit from having an eating disorder prevention program that will have the following components: a film, a presentation, a debate, questionnaires and a chance for asking questions. She added that teachers, staff members, the nurse, and the counselor should be involved in an eating disorder prevention program, but that the involvement of parents might prove to be difficult because whenever parents are invited to participate in a program, they usually do not show up. She believed that the reason might be related to the possibility that their child might be suffering from an eating disorder.
Results from Lake View High School Academic Supervisor

The Lake View High School academic supervisor’s answers to the interview questions (see Appendix D) showed that Lake View High School has never implemented an eating disorder prevention program. The academic supervisor has been at the school for 15 years, ten of which have been spent as an academic supervisor. She mainly deals with issues regarding the curriculum. She also follows up on students’ progress and works with parents.

There has never been an eating disorder prevention program at the school but she recalls that around two years ago a nutritionist came to the school and addressed eating problems. She added that there is no supervision on food sold at the canteen, that is, the quality of the food sold is not monitored. She has never dealt before with a student suffering from an eating disorder and if students were to approach her with an eating disorder, she would refer them to the school physician, who is the doctor in the town. The physician examines the students once a year; he weighs the students and accordingly recommends that they either be placed on a diet or that they should see a nutritionist.

When asked if having an eating disorder prevention program at the school would be beneficial, the academic supervisor replied that it would because the current generation needs adults to set the limit. She said that some students deal with stress by eating and they will eat anything you give them; therefore, it is the role of the parents to make sure that they are fed properly. She strongly believes that parents need to be involved and that prevention should be a community effort. Also, she stated that she repeatedly encourages students to stop eating junk food and advises them to replace junk
food with healthy food. She also believes that it might be beneficial to have a physician or a dietician at the school.

Results from Garden View High School Counselor

The Garden View High School counselor’s responses (see Appendix E) showed that she did not know if Garden View High School has ever implemented an eating disorder prevention program. This is her first year as a counselor and she mainly deals with issues related to time management. She added that she would deal with issues pertaining to eating disorders, but she would feel more comfortable referring the students to a professional and coordinating with them. Even though she did not know what had been done in the past at the school to prevent eating disorders, she knew that the grade 10 health teacher has addressed this issue along with the nurse who carefully monitors the girls and weights them, if need be.

In answer to the question about having dealt with a student suffering from an eating disorder this year, she stated that she had not, but there have been some students about whom she had concerns. Those students were followed up and the concerns were resolved. However, she does know of students who did suffer from serious eating disorders in the past years.

When asked about what needs to be included in an eating disorder prevention program, she replied that a discussion between the nutritionist and the students needs to be included on nutrition, eating habits and eating patterns, and the dangers of dieting and what an acceptable diet is. Also, she believed that school counselors needs to be involved in such a program along with the nurse, and the head of the health department.
Conclusion

The results of this study revealed the need for an eating disorder prevention program in the two schools inspected. Both the Park View High School and the Lake View High School do not have an eating disorder prevention program and the counselor for Garden View High School did not know if there has ever been a prevention program. The students, the counselors, and the academic supervisor all believed that there were students who did suffer from eating disorders and that prevention was needed.

In comparing females and males, more females than males knew what were the symptoms of bulimia and anorexia. Both females and males had concerns about weight and what people thought of them, but females were significantly more concerned with this issue. Also, more females than males thought that society places an emphasis on thinness. Additionally, more females stated that they would starve themselves or make themselves vomit to lose weight. Moreover, both females and males admitted to dieting, exercising for longer than two hours a day and using laxatives to lose weight.

The results also revealed that an effective prevention program should contain information on warning signs and medical complications associated with eating disorders, along with presentations that address dealing with stress, and workshops that promote positive body image and enhance self-esteem.
CHAPTER FIVE

Discussion

Introduction

The purpose of this study was to develop an eating disorder prevention program for adolescents that could be used by school counselors in Lebanese schools. The program would help adolescents not only lead healthier lives, but also empower them.

The results of this study revealed that adolescents are exposed to and do suffer from eating disorders in Lebanon, and that there is a need for an eating disorder prevention program in the two Lebanese schools examined. The results also revealed that an effective prevention program should contain information on warning signs and medical complications associated with eating disorders, along with presentations that address dealing with stress, and workshops that promote positive body image and enhance self-esteem.

The results of the study showed that eating disorders are not purely Western phenomena, and that they do exist in Lebanon. More females than males had concerns about weight, and what people and society thought of them which is congruent with the western literature (Guernsey, 2006; Kugul et al., 2006; Leutwyler, 2006; Miller, 2006). Additionally, more females stated that they would starve themselves, make themselves vomit, use laxatives or exercise excessively to lose weight. These results are compatible with Western research (Eggers & Liebers, 2007).

Components of a Prevention Program

The Park View High School counselor believed that an eating disorder prevention program should include the following components: a film, a presentation, a debate,
questionnaires and a chance for asking questions. This is congruent with the review of literature which stated that prevention should not be solely in the form of a lecture, but also interactive (O’Dea & Abraham, 2000). The Lake View High School academic supervisor believed that a prevention program is necessary in order to set the limits for students. The Garden View High School counselor believed that an eating disorder program should include the following components: a discussion between the nutritionist and the students on nutrition, eating habits and eating patterns, and the dangers of dieting and what an acceptable diet is. This is congruent with Western literature, which states that promoting healthy weight management and discouraging calorie-limiting diets are effective means to prevent eating disorders (Walsh & Cameron, 2005).

The results from the students’ questionnaires yield mixed results concerning the components that should be included in an eating disorder prevention program. Both females and males believed that information on warning signs, and medical complications should be included. Two studies, one from the United Kingdom (Carter et al., 1997) and the other from the United States (Mann et al., 1997) report the unintended harmful effects of providing such information in an eating disorder prevention program.

Also, both females and males agreed that having presentations that address dealing with stress would be beneficial. This is congruent with the Western literature that emphasizes teaching adolescents how to deal with stress, in order to lower anxiety levels (O’Dea & Abraham, 2000). Both females and males equally agreed that workshops that promote positive body image and workshops that enhance self-esteem would be beneficial in eating disorder prevention, a finding congruent with the Western literature. O’Dea (2000) stated that the most effective prevention programs provide adolescents with the means to
build self-esteem. Along the same lines, O’Dea and Abraham (2000) stated that improving adolescents’ body image and eating attitudes is accomplished by enhancing their self-esteem.

Parents’ and Teachers’ Role in an Eating Disorder Prevention Program

The results from the questionnaires showed that both females and males agreed that teachers should be involved in an eating disorder prevention program. The Park View High School counselor and the Lake View High School academic supervisor believed that teachers should be involved in an eating disorder prevention program. This is congruent with the Western literature that states that teachers and staff members need to be equipped with the appropriate resources to make a referral, in case a student is suspected of having an eating disorder (Keca & Cook-Cottone, 2005).

The Park View High School counselor and the Lake View High School academic supervisor agreed that parents need to be involved in an eating disorder prevention program. Also, the students believed that parents should be involved in an eating disorder prevention program. These findings are in accordance with Western literature that stipulates that parents need to be involved in eating disorder prevention (Graber & Brooks-Gunn, 1996). However, the Park View High School counselor stated that whenever parents are invited to participate in a program, they usually do not show up. She believed that the reason could be that their child might be suffering from an eating disorder. One explanation for this finding might be related to the Lebanese culture that focuses on appearances. The parents of an adolescent with an eating disorder might be in denial of their child’s problem because they might dread the reaction of others, should
their child's eating disorder become public. This might explain their reluctance to participate in an eating disorder prevention program organized by the school.

Recommendations for Future Research

Only two schools and 100 students were examined for the purpose of this study. Further research is needed concerning eating disorder prevention. Other areas in Lebanon must be investigated and bigger samples need to be included.

The instruments used to carry out this study were questionnaires, interviews and the assessment of already existing prevention programs found in Western literature. Using an array of instruments for data collection would guarantee more accurate results, such as personality inventories to assess students' self-esteem and stress levels.

Finally, the eating disorder prevention program proposed in this study should be tested before its implementation on a large scale. Hence, future research should examine the effectiveness of using eating disorder prevention programs in Lebanese schools.
CHAPTER SIX

The Eating Disorder Prevention Program

Introduction

This chapter is about the eating disorder prevention program that was developed after careful consideration of the results of this study and the review of the Western literature. It is an all-inclusive prevention program that is to be applied in Lebanese schools. This eating disorder prevention program is divided into three parts. The first part will describe the components of the prevention program, such as content, material and skills to be learned. The second part will depict the key peoples’ roles in the prevention program. Finally, the third part will illustrate the implementation of the prevention program.

Components of the Eating Disorder Prevention Program

Content

A successful eating disorder prevention program should steer away from just disseminating information about the harmful effects of eating disorders. In fact, providing students with detailed information about eating disorders might increase their knowledge of eating disorders and symptom development of eating disorders such as purging, fasting, using laxatives, and diuretics (Carter et al., 1997; Mann et al., 1997). Thus, in this program, only general information about eating disorders will be provided along with the possible causes that lead to the development of eating disorders such as low self-esteem, negative body image, and unhealthy attitudes towards eating and exercising. Hence the program should aim to improve the body image, modify unhealthy attitudes towards eating and exercising, and raise self-esteem of adolescents.
As such, information about self-esteem, body image and healthy eating and exercising habits will be provided in the program. Self-esteem is one's perception of oneself as a whole, a person's sense of self and self worth (Rice, 1993). Self-esteem is closely related to body image, which is a person's attitudes, feelings, and perceptions toward his/her body shape and size (Cash & Pruzinsky, 1990). When a person is dissatisfied with their physical appearance, he/she has a negative body image (Silberstein, Striegel-Moore, & Rodin, 1987; Silberstein, Striegel-Moore, Timko, & Rodin, 1988). Having a negative body image is closely related to low self-esteem, unhealthy eating, and the development of eating disorders (O'Dea, 1995; Twamley & Davis, 1999).

Moreover, information about leading a healthy lifestyle will also be included in this program. Students are informed about the benefits of exercising and the consumption of healthy food. In addition, students will be given information about healthy food and acceptable portion sizes. They will also be coached on appropriate forms and duration of exercise.

Skills

The program aims to teach students self-empowering skills. The three skills that will be taught are coping with stress, improving body image, and raising self-esteem. Learning how to deal with stress is an essential part of eating disorder prevention. Stress is emotional, mental or physical anxiety caused by personal, circumstantial, or situational pressures and demands (Rice, 1993). In this program, students will be taught how to identify stressful situations and deal with them accordingly. They will also be taught how to avoid sources of stress. Moreover, they will be taught how to set realistic goals. People who suffer from eating disorders tend to be perfectionists who set unrealistic goals for
themselves (Walsh & Cameron, 2005). Additionally, students will be taught how to prioritize tasks.

In relation to improving students’ body image, they will be trained to accept their body type for what it is and will learn to love and respect their bodies. They will also be taught not to compare themselves to others and celebrate what they do have. In addition, they will learn to compliment themselves and stop negative thoughts and statements about their bodies. Stereotypes in society will be addressed; both male and female stereotypes, what they mean and what can be done to alter these stereotypes. Students will learn that becoming independent thinkers is important (Phelps, Sapia, Nathanson, & Nelson, 2000).

Pertaining to self-esteem, students will learn to build a positive sense of self by exploring their individuality and uniqueness. They will be taught to acknowledge their strengths and limitations while still loving themselves unconditionally. They will be trained to be less critical of themselves and will learn how to practice self-acceptance. They will also be taught that they are worthy of love and that they should accept compliments without refuting them. Furthermore, the program aims to teach students how to build positive relationships, starting with their relationship with themselves. They need to forgive themselves and accept that they can’t be good at everything (O’Dea, 2000). Finally, they will be taught how to be more assertive, set boundaries and learn how to deal with bullies (Keca & Cook-Cottone, 2005).
Key Peoples' Role in an Eating Disorder Prevention Program

School Counselors

In this program, the school counselors are responsible for implementing the prevention program, with the help of teachers and the administrative staff. They will provide information about eating disorders and teach skills that will empower students. They will supply students with the knowledge and the means for eating disorder prevention, and they will also equip teachers and staff members with the proper resources to make a referral, if an eating disorder is suspected (Kea & Cook-Cottone, 2005; O'Dea & Abraham, 2000). They will also provide a safe environment for students who wish to inquire or confide in them about eating disorders. Finally, school counselors will give lectures to the parents where they will provide them with information about eating disorders, their causes and warning signs and what needs to be done in the case of a suspected eating disorder.

Students

Students will participate in workshops that enhance self-esteem, with the use of guided discovery, role-play and drama. They will take part in discussion groups that will teach them how to accept themselves and others no matter what shape or size they are, after which they will come up with acceptance campaigns for the whole student body. Additionally, students will start a yoga club where students join and learn yoga and various breathing and relaxation techniques. Students will participate in tutorials that teach them time management skills and how to prioritize tasks. They will also create support groups and learn how to speak to others assertively.
Teachers

Teachers will aid the school counselors in implementing the eating disorder prevention program. They will attend lectures conducted by the school counselors that inform them about eating disorders, their causes, warning signs and methods of referral. They will also participate in workshops, discussion groups, and will help students with campaigns and student clubs.

Nutritionists and Physical Training Experts

Nutritionists will provide students with information pertaining to healthy eating habits, quality of food, and portion size control via lectures and workshops. Physical training experts will coach students on appropriate forms of exercise and their duration.

Parents

Parents will attend lectures conducted by the counselors. These lectures will provide parents with information about eating disorders, their causes and warning signs and what needs to be done in the case of a suspected eating disorder. They will also attend the workshops and group discussions with the students. Parents provide a safe home environment where their children can come to them with their problems without feeling threatened.

Methods of Implementing the Eating Disorder Prevention Program

The methods used in the eating disorder prevention program are lectures, workshops, discussion groups, guided discovery, role-play, drama, clubs, tutorials and support groups. The methods are based on the educational theories of interactive, cooperative and student-centered learning (O'Dea & Abraham, 2000).
Conclusion

This chapter portrayed the eating disorder prevention program that was developed after the culmination of the results of this study and the review of the Western literature. The program is to be implemented in Lebanese schools by school counselors with the help of parents and teachers. Students participate in activities that enhance their self-esteem, help them identify and cope with stress and improve their body image. The aim of this prevention program is to equip students with the necessary means to go through adolescence without developing an eating disorder.
References


Table 1

*Female participants’ perceptions towards having an eating disorder prevention program at school*

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*Male participants' perceptions towards having an eating disorder prevention program at school*

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**Female participants’ perceptions of Parents’ and Teachers’ roles in prevention program**

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Male participants' perceptions of Parents' and Teachers' roles in prevention program

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<td>%</td>
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</tr>
<tr>
<td>I know the symptoms of anorexia</td>
<td>41</td>
<td>67</td>
<td>10</td>
<td>16</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>I know the symptoms of bulimia</td>
<td>33</td>
<td>54</td>
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<td>28</td>
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<td>18</td>
</tr>
<tr>
<td>I know someone who might suffer</td>
<td>29</td>
<td>48</td>
<td>25</td>
<td>41</td>
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<td>11</td>
</tr>
<tr>
<td>from anorexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I know someone who might suffer</td>
<td>22</td>
<td>36</td>
<td>29</td>
<td>48</td>
<td>10</td>
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<tr>
<td>from bulimia</td>
<td></td>
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Table 6

*Male participants' understanding of eating disorders*

<table>
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<td>23</td>
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<td>46</td>
<td>7</td>
<td>18</td>
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Table 7

*Female participants' perceptions of social preconceptions*

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<td>I constantly worry about what other people think of me</td>
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Table 8

*Male participants' perceptions of social preconceptions*

<table>
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<th>Neutral</th>
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<th>Neutral</th>
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<td></td>
<td>12</td>
<td>31</td>
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Table 9

Female participants' perception of themselves

<table>
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<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
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<td>14</td>
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<td>17</td>
<td>28</td>
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<tr>
<td>I feel that I am unworthy to be loved</td>
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<td>7</td>
<td>50</td>
<td>82</td>
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<td>11</td>
</tr>
<tr>
<td>If I became thinner, my life would be perfect</td>
<td>13</td>
<td>21</td>
<td>31</td>
<td>51</td>
<td>17</td>
<td>28</td>
</tr>
<tr>
<td>When I look in the mirror, I like what I see</td>
<td>27</td>
<td>45</td>
<td>8</td>
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<td>26</td>
<td>42</td>
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Table 10

_Male participants' perception of themselves_

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<th>Neutral</th>
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</thead>
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<td></td>
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<td>15</td>
<td>36</td>
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<td>I feel that I am unworthy to be loved</td>
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<td>4</td>
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</tr>
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<td>If I became thinner, my life would be perfect</td>
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<td>9</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>57</td>
<td>26</td>
</tr>
<tr>
<td>When I look in the mirror, I like what I see</td>
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<td>16</td>
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Table 11

_Female participants' ideation_

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<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>The thought of starving myself or making myself vomit has crossed my mind</td>
<td>35</td>
<td>57</td>
<td>26</td>
<td>43</td>
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<td>0</td>
</tr>
<tr>
<td>I'll know when I get thin enough.</td>
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<td>13</td>
<td>16</td>
<td>26</td>
</tr>
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<td>Neutral</td>
<td></td>
<td></td>
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<td>making myself vomit has crossed my</td>
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<tr>
<td>I'll know when I get thin enough.</td>
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<td>5</td>
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<td></td>
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### Table 13

**Female participants' behavioral patterns**

<table>
<thead>
<tr>
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<th>Neutral</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>I have been on a diet</td>
<td>46</td>
<td>75</td>
<td>15</td>
</tr>
<tr>
<td>I have exercised for longer than 2 hours to burn the calories I have consumed</td>
<td>39</td>
<td>64</td>
<td>22</td>
</tr>
<tr>
<td>I have used laxatives to lose weight</td>
<td>8</td>
<td>13</td>
<td>53</td>
</tr>
<tr>
<td>I have vomited after eating</td>
<td>21</td>
<td>34</td>
<td>40</td>
</tr>
<tr>
<td>I would jeopardize my health in order to be thin</td>
<td>10</td>
<td>16</td>
<td>47</td>
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</table>
Table 14

*Male participants' behavioral patterns*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
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<th>Neutral</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>I have been on a diet</td>
<td>22</td>
<td>56</td>
<td>17</td>
</tr>
<tr>
<td>I have exercised for longer than 2 hours to burn the calories I have consumed</td>
<td>25</td>
<td>64</td>
<td>14</td>
</tr>
<tr>
<td>I have used laxatives to lose weight</td>
<td>4</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>I have vomited after eating</td>
<td>18</td>
<td>46</td>
<td>21</td>
</tr>
<tr>
<td>I would jeopardize my health in order to be thin</td>
<td>2</td>
<td>10</td>
<td>33</td>
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</tbody>
</table>
Appendix A

Questionnaire for Students
Age:  
13-16 years  
17-19 years  
over 19 years  
Gender:  
F  M  
Grade Level:  
Grade 9  
Grade 10  
Grade 11  
Grade 12  

Instructions: Please read the following statements and rate them by circle the number under the phrase that describes how you feel.

1. Society places an emphasis on thinness.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

2. I am satisfied with my body and / or weight.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

3. I feel that I am unworthy to be loved.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>
4. I think that if I became thinner, my life would be perfect.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

5. I would jeopardize my health in order to be thin.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

6. I’ll know when I get thin enough.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

7. I know what the symptoms of anorexia are.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

8. I know what the symptoms of bulimia are.

<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

9. I know someone who might suffer from anorexia.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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10. I know someone who might suffer from bulimia.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

11. The thought of starving myself or making myself vomit has crossed my mind.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

12. I constantly worry about what other people think of me.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

13. I have been on a diet.

<table>
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<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

14. When I look in the mirror, I like what I see.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

15. I have exercised for longer than 2 hours to burn the calories I have consumed.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>
16. I have used laxatives to lose weight.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

17. I have vomited after eating.

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
<th>Never</th>
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<td>(5)</td>
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18. There is a need for an eating disorder prevention program at my school.

<table>
<thead>
<tr>
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<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
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</tbody>
</table>

19. Information on the warning signs of eating disorders should be included in the prevention program.

<table>
<thead>
<tr>
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<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
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20. Information about the medical complications associated with eating disorders would help prevent the occurrence of eating disorders.

<table>
<thead>
<tr>
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<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>(5)</td>
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<td>(2)</td>
<td>(1)</td>
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</table>
21. Presentations that address dealing and coping with stress would be beneficial for the prevention of eating disorders.

<table>
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<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>(5)</td>
<td>(4)</td>
<td>(3)</td>
<td>(2)</td>
<td>(1)</td>
</tr>
</tbody>
</table>

22. Workshops that promote positive body image would be beneficial for the prevention of eating disorders.

<table>
<thead>
<tr>
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<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
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23. Workshops that enhance self-esteem would be beneficial for the prevention of eating disorders.

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24. Teachers should be involved in an eating disorder prevention program.

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25. Parents should be involved in an eating disorder prevention program.

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Appendix B

Interview Questions for School Counselors and Academic Supervisor
1. How long have you been a counselor at this school?

2. What type of issues do you deal with as a school counselor?

3. What has been done in the past to prevent eating disorders at this school?

4. Have you had any experience with an eating disorder prevention program? If yes, what did the program entail and how long was it?

5. Have there been any speakers addressing the topic of eating disorders? If yes, who were they?

6. Have you had any experience with dealing with a student suffering from an eating disorder? If yes, what measures were taken?

7. Are there students who suffer from eating disorders at this school? If yes, what are their characteristics?

8. What treatment resources are available to students struggling with eating disorders?
Appendix C

Semi-Structured Interview with the Park View High School Counselor
D: How long have you been the counselor at this school?

SC1: Ten years, this is my tenth year. Actually, as I told you before I started as a social studies teacher in high school, upper school and then after like one or two years maybe I became the counselor because the counselor left so I had to take her place and I got hooked and I took another counseling degree and here I am. Now to tell you the truth, this is year really I am not working counseling as much because I don’t have time. I have many jobs and responsibilities but I still do it in terms of intervention for upper school because this year they don’t have a counselor, next year we will have somebody responsible for upper school but with the elementary I am defiantly the one.

D: What types of issues do you deal with as a school counselor?

SC1: Ok, we have as I mentioned before problems of the learning disabilities students that we have behavior problems, we have emotional problems, we have self-esteem problems, you know these problems. Over and above there are academic problems and aside from that we have also behavior and emotional problems of students who actually are in dysfunctional families, broken homes, we have this in this country believe it or not and it is increasing and kids suffer quiet a bit from it.

D: What has been done in the past to prevent eating disorders at this school?

SC1: Hmmm, let me think a little bit of that. You know during my ten years, eight years of counseling, ten years of being here at this school, I haven’t encountered an eating disorder problem, do you believe that?

D: That is amazing.

SC1: Though one of the very, I have encountered a case, and my professor at that time was really amazed that I dealt with it. It is self-mutilation in upper school and I dealt with
it for two years. And with a happy ending, it was amazing because it was really difficult to deal with something like that anyway but not the eating disorders.

D: So there haven’t been any campaigns for prevention.

SC1: We had some, once we had a nurse actually, she used to be here but she traveled. She is Dutch and she did like some awareness presentations and something like that but that’s it yeah.

D: So you said that you are not aware of any students suffering from and eating disorder at this school.

SC1: No, but I think that it is a good idea that they are aware, the students know what it is, they are aware about it, yes they are well informed.

D: Do you think that this school would benefit from having a packaged program that deals with eating disorder prevention?

SC1: I believe in that, in this prevention being a counselor, yes I believe that they would benefit a lot. Any school should have that for their adolescence students.

D: What do you think should be included in such a program for high school students?

SC1: Maybe a movie, a presentation, plus a chance for questions of course, a debate, I don’t know something like that. Maybe before or after questionnaires like you are doing. Before the program and then after the program to see.

D: In your opinion, who needs to be involved in such a program?

SC1: What do you mean?

D: I mean people such as students, their parents, teachers, counselors…

SC1: Parents, unfortunately in this country, and I love it, and I’ve always competed for that, to involve parents but they avoid something like that I don’t know why. Parent’s
awareness and stuff like that, it is part of my job I mean I mostly work with parents, but whenever you invite them for something like that they never show up. Maybe they think that we have such a problem at home or our son or daughter, I don’t know, some sort of avoidance. So teachers, staff, the nurse, the counselor, everybody... all the community of the school, why not?

D: You said that the nurse had addressed the issue of eating disorders. What did she do?

SC1: She was our nurse and she prepared a few awareness issues. One of them was body image and the eating disorders and like dental care and something like that, hygiene.

D: And do you think that students might benefit from having a speaker, either a person who has recovered from an eating disorder or a therapist that specializes in eating disorders?

SC1: Of course, anything anything that gives information, the students would benefit from it.

D: Alright thank you.

SC1: You’re welcome.
Appendix D

Semi-Structured Interview with the Lake View High School Academic Supervisor
D: What is your position at this school and how long have you held this position?

AS: I'm an academic supervisor and have been for the past ten years.

D: What types of issues do you deal with as an academic supervisor?

AS: Mainly issues regarding curriculum, planning the curriculum for teachers, following the curriculum, following the students' progress, working with parents, meeting with parents. This is mainly my work. The grading system and grades.

D: Do you deal with any of the emotional issues of the students?

AS: Actually, it's not to that extent, but I can understand how students feel towards things. I can manage on the level that we have. I'm not purely involved in that.

Has anything been done to prevent eating disorders at this school?

Ummmm

D: Has anything been done to shed light on prevention or anything involving eating disorders?

AS: Yeah, two years ago, I think, we had a meeting, and my colleague remembers that more than me, because we involved grades six and seven in that. There was a nutritionist who came to school and highlighted eating problems for students. We don't have this done in the canteen; we don't follow what we give students in the canteen. So we had this two or three years ago, but it was not a major issue for us.

D: Do you know of any students who suffer from an eating disorder at this school?

AS: No. Not to my knowledge.

D: How would you deal with a student, if they would come to you and tell you that they had an eating disorder?

AS: Umm
D: Would you refer them to a therapist or a nutritionist?

AS: Actually, we have a physician, but he doesn’t stay in school. He is the doctor in the town, and his clinic is not far away from us. So when we have such cases we usually contact him and ask him what should we do. Actually he examines the students every year, at the beginning of every year and he recommends if someone needs to be on a diet, or if a student is too obese, or too fat, you know. We have very rare cases… I think we have two or three students in school that are fat and maybe they have eating disorders. I think that this is the role of the physician, who recommends that the parents should take the student to a dietician or to a nutrition center.

D: Do you think that the students at this school would benefit from an eating disorder prevention program?

AS: Of course, because you know this generation needs us to set for them the limit for everything especially in food because you know the circumstances we are living, they are not normal and some students try to avoid their stress and things like that by eating and I think that parents play a very important role here. If they are very well aware, they know how to feed and what to feed their children. So I think we should work more on parents. Because no matter what you say to the students, they will not listen. They will eat anything you give them. But parents are aware and you highlight for them these things, I think it will be good.

D: My final question is who do you think needs to be involved in such a program?

AS: Ummm

D: For example the administrators, the teachers, parents… should it be a community effort?
AS: A community. Sometimes, I like to do this because I feel that students, you know... when they eat too much junk food and things like that. I'll say stop eating this and go to something which is more healthy, so especially the ones that have some problems, one of our students have heart problems here and I always tell her to be careful, don't eat chocolate, don't eat those things. But you know it is not a matter of one remark for her. Her parents, they are aware of her case and they try to help her, but you know here you have to follow. If we have a dietician here or a physician residing in school or staying with us that would be easier, maybe for us even.

D: Thank you very much.
Appendix E

Semi-Structured Interview with Garden View High School Counselor
D: How long have you been a counselor at this school?

SC2: This is my first year.

D: What types of issues do you deal with as a high school counselor?

SC2: Well we deal with a little bit of everything of course. The dominant issues are always time management. Students doing poor academically because they don’t spend enough time on home work or something like that so there is a lot about time management, organization and so on. There is also a lot about procrastination because that’s often what’s behind it and sometimes you’re looking at the reasons for the procrastination and sometimes they link that to factors like perfectionism, you know if you are a perfectionist it’s harder to actually get to work on something because it will never be perfect and if you put it off to the last minute, it frees you, of course it can’t be perfect if you did it the last minute. You know, some different factors like that. And yes we would deal somewhat with eating disorders but frankly, if that was an issue I would refer them out, I would hope that I could refer the student out to a specialist in the community. We deal with a lot of different kinds of issues but when it’s something specific and serious like that we refer it out and then I would coordinate with the outside counselor.

D: What has been done in the past to prevent eating disorders at this school?

SC2: I am personally not real knowledgeable about what’s been done in that past because I am new here, however, I know that X who teaches tenth grade health classes has spent a lot of time on this issue in her classes and she also touches bases with me a few months ago about getting a speaker and she thought that she might have somebody and she wondered if I knew of anybody. Well I suggested someone I knew on the outside who’s
been working with this issue a lot. I have to admit I don’t know if she ever had a chance to get anybody in and because school has been disrupted, we were closed for almost two weeks, it maybe one of those things were something was lined up and then didn’t happen. Kind of like I had some things lined up with Skoun, the Lebanese addiction center and then not all of those could happen because the dates we’d set up we weren’t even open and it was too late to reschedule and so on. But I think X or the nurse might also be able to help you because she also very carefully monitors the girls and if there is a concern she sometimes weighs them and everything, really keeps an eye on them day to day, and she’s over by the cafeteria and I think she keeps an eye on what they are eating. So, some things are done here but any serious work would be referred out.

D: Have you had any experience dealing with a student suffering from an eating disorder?

SC2: I personally have not had any significant experience this year but I am aware of a couple of times we when had concerns that that might be an issue and the nurse and I monitored the girl but ultimately it seemed to not to lead to anything that we pursued. It seemed to have been a temporary diet that she was on that we saw to it that she did not stay on and that seems to have been ok. The nurse watched her weight after that and so on. But there have been serious issues in the past, but not this particular year, at least not with my grades 11 and 12. If you talk to X, because she is a grade 10 health teacher, she might know more about a grade 10 student that I don’t know about. And the nurse may also know about other 9th graders because she does the whole high school.

D: What treatment resources are available to students struggling with eating disorders?
SC2: Well as I understand it, this is one of the real weaknesses here in Lebanon and I do know a private counselor here who is trying to get something going partly because when he moved here, he’s British, but I believe he is married to a Lebanese and you know really settled here, planning to stay, so not like some of the you know expats that come and go and I believe that partly because he noticed that there was a lack, he’s trying to get something going but I am not sure how far along he is. So he might be someone that you would want to call.

D: In your opinion, what needs to be included in an eating disorder prevention program for schools?

SC2: Well it seems obvious, I mean there needs to be a discussion of nutrition, there needs to be a discussion of eating habits and eating patterns, there needs to be a discussion of the dangers of dieting and what’s an acceptable diet and what isn’t. Many girls here are put by their families on diets under the guidance of nutritionists, here it seems to be a trend but then they aren’t always monitored or sometimes these diets in my opinion are extreme or inappropriate. So education is the main thing and up to now the main place that been happening is in the health classes in grade 10. I’m not sure what they do in the middle school and then other ways that would happen here is if we had speakers and things like that but we didn’t do that this year for grade 11 or 12. It was only grade 10 that was working on it this year.

D: Who do you think needs to be involved in such a program?

SC2: Well defiantly the school counselors need to be involved, the health teacher needs to be involved, the nurses have to be involved, also I don’t want to leave out the man who oversees the health department which is the head of the athletic department and that of
course is another area where there is often a lot of extra insight into what’s going on with students and also sometimes a lot of extra pressure. So we count on him and his department a lot not only for eating disorder issues but of course steroid and drug use and a lot of other things.

D: Thank you.