

Eating Disorders as a Social Problem. An Impact Analysis on Health Campaign Videos¹

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Abstract. *The eating disorder phenomenon has become an intensely disputed social marketing product among developed societies. However, if we were to consider statistics, the viability of such an effort remains a dilemma. The number of persons affected by anorexia and bulimia is exponentially increasing along with the penetration of eating disorders into developing or even third world countries. An array of causes might be imputed to the futility of the social marketing actions, but a first step in effectively identifying those causes is to assess the impact of such activities. This study attempts to shed light onto the impact analysis issue previously mentioned and it was designed in several steps. During the first step, the vast literature regarding eating disorders was consulted in order to set the research direction. This theoretical background made it possible to identify various factors of influence that ought to be closely studied in the prevention and treatment of eating disorders. The anorectic and bulimic mechanisms were then schematized for a thorough understanding. In the second stage of the study, the synthesized information was correlated with several theoretical models regarding message structure and expected reactions of the individuals. Therefore, the design of this study focuses on theoretical concepts in order to determine the extent to which a social marketing product follows the specialists' recommendations. The impact analysis has been applied to a series of videos that were part of several*

1 A thesis submitted in partial fulfillment of the requirements for the Bachelor degree Department of Communication and Public Relations Babes-Bolyai University, Romania, July, 2010.

eating disorder social campaigns. Content analysis and focus groups were conducted during the study. The content analysis proved to be an efficient instrument for objectively determining the structure of the selected videos. The subjective dimension of the study, or the focus groups, tried to determine the level of impact and the efficiency of the videos as perceived by individuals. By combining the objective and subjective results major discrepancies were noticed, leading to the conclusion that the information contained in the messages conveyed is different from the actual information needed to obtain the desired behavior changes.

Keywords: *eating disorders, health messages, perception, prevention, and social campaigns.*

Prologue

"Denial, duplicity, ignorance in terms of unconsciousness. A splendid isolation under the protection of a false self, a captive, chaotic, denied self".² A proclamation against life itself. A life whose limits and standards are being established by a benighted society that has become impervious to individuals' specific needs. The anorectic/bulimic persons trap themselves into their own universe, refuting any contact with the outer world.

Eating Disorders as a Social Problem

Contested, ignored by some or even unknown to others, eating disorders are a fierce and significant reality of our third millenium society. Their effects on those who fall prey to them are devastating. The anorectic/bulimic phenomenon skyrocketed as the paradigm of our society shifted toward judging people in terms of physical appearance or external beauty. The ever increasing duties a woman must honour (as a career person, a wife and a mother) or dysfunctional families that put too much pressure on their children (in terms of expectations) are also catalysts of this phenomenon.

The prevalence of eating disorders has steadily risen during the past 50 years. Specialists assert that bulimia is 10 times more frequent than anorexia today, having surpassed depression as the major emotional imbalance among young women.³ According to Professor Haber from University of California, during the first years of the new millennium approximately 85% of American women presented certain eating issues. Researchers have constantly drawn our attention toward the globalization of the eating disorders phenomenon along with its increasing prevalence in various

2 Sally Willis, "Groups Analysis and Eating Disorders", *Group Analysis* no. 32, (1999);

3 Bonnie Gold, "An Ethnic Disorder – The Challenge that Eating Disorders Patients Offer Group Analysts", *Group Analysis* 32, no. 7 (1999);

countries.⁴ Moreover, recent statistics provided by the Eating Disorder Foundation in Denver, Colorado claim that more than 10 million women and one million men suffer from either anorexia or bulimia, with these figures having doubled during the past 10 years; 3 out of 4 women declare themselves as overweight, although only one out of 4 actually is; in the 1970s, the average age a girl started dieting was 14. By 1990, this average dropped to 8; 50% of fourth grade girls are on a diet; adolescents fear more of being overweight than they fear cancer, nuclear war or the death of their parents. Moreover, 27% of the girls aged 12 to 18 years show certain symptoms associated with eating disorders and 31% of female students have been diagnosed with either bulimia or anorexia.

The health disturbances associated with eating disorders are devastating and irreversible in nature, but the public's knowledge regarding these severe effects is tenuous. Eating disorders account for a 10% mortality rate among those affected, a percentage that is 12 times higher than the mortality rate among healthy young women in the same age group and 10 times higher than the average death rates for other mental illnesses.⁵ Eating disorders have been found to cause apprehension, hysterical strokes, memory loss, low blood pressure, heart failure, heart arrhythmia or even perpetual changes in the temporal lobe of the brain. Persons affected by eating disorders develop antisocial behaviors or paranoid tendencies with a strong negative impact over the quality of their life.

A great number of studies have been conducted in an attempt to identify the underlying causes of eating disorders. In the past, quantitative approaches have been utilized to anticipate an individual's eating behaviors. These behaviors have been narrowly considered a private activity primarily determined by a person's cognitive and perceptual evaluations.⁶ However, recent studies have broadened the view by including social interactions as a determinant factor. The results obtained have contested the fallacious view according to which eating disorders are exclusively about food, weight and the individual. Thus, specialists have adopted a new paradigm under which the multidimensional character and complex etiology of eating disorders have been recognized. Under this new paradigm, anorexia and bulimia are defined as a way of managing emotional distress through the use of food and weight. Many factors, including personal, socio-cultural, familial, biological

4 Brenda Alpert Sigall *et al.*, "Gender literacy: enhancing female self-concept and contributing to the prevention of body dissatisfaction and eating disorders", *Social Science Information* 85, no. 44 (2005);

5 Jessica C. Kichler *et al.*, "Young girls' eating attitudes and body image dissatisfaction: associations with communication modeling", *The Journal of Early Adolescence* 29, No. 2, April 2009;

6 Sally Wiggins *et al.*, "Eating Your Words: Discursive Psychology and the Reconstruction of Eating Practices", *Journal of Health Psychology* 6, no.5, (2001);

and interpersonal may combine to contribute to their occurrence.⁷ Low self-esteem, feelings of inadequacy or lack of control in life, a troubled family or difficulty in expressing one's emotions and feelings, specific life events, such as one's parents' divorce or sexual abuse, cultural pressures that impose thinness and value people on the basis of physical appearance have been identified as potential causes for eating disorders. At the individual's level, these pathologic conditions display a series of subtleties that are difficult to grasp from the outside, but which block the patient's ability to change his unhealthy behavior. The understanding of these delicate aspects will help us limn a prompt communication strategy targeting the individuals at risk and achieve the desired outcome.

When Has Beauty Become a Social Responsibility?

The socio-cultural determinants of eating disorders have received special attention in recent years. Individuals as consumers are being exposed today more than ever in history to the images of beauty promoted by the mass media. The omnipresence of these images is correlated with a progressive decrease of what is thought to be *the ideal body weight*. A chronological analysis of American advertising conducted by Percy and Lautman showed that in 1894 the desired measures for a woman were set at 163 cm and 63 kg; this weight was firstly reduced in 1947, down to 57 kg; in 1970, the feminine model weighed 53 kg at an accepted height of 173 cm.⁸ The immediate conclusion is that the socially prescribed shape of a woman continually increases in centimeters and decreases in kilograms. A meaningful percentage of women consider that mass media's depictions of beauty and the related images are real and accessible to the average person through certain techniques suggested by the media itself. Women worldwide have come to believe in biologic oxymora such as skinny figures, unusually big breasts, but still firm muscles. What raises even more concern is that women also assume that the same thread-like body presented by the media is attracting men and, accordingly, they become even more eager in achieving the perfect figure. The ultimate deduction is that *beauty has become visual* and narrow in sense inside an image-ridden society. A direct effect is to treat the idea of "beauty" and the idea of "physical attractiveness" as largely synonymous. The concept of beauty narrowed down to physical appearance has conquered the title of a social value itself, a must-have ingredient for success, love and social acceptance.

The perception of one's beauty has been demonstrated to be related to the *self-esteem* and *self-image* of the individual. Self-image is defined as the mental

7 Brenda Alpert Sigall *et al.*, "Gender literacy: enhancing female self-concept and contributing to the prevention of body dissatisfaction and eating disorders", *Social Science Information* 85, no. 44 (2005);

8 Percy, L., and M.R. Lautman, "Advertising, weight loss, and eating disorders", Hillsdale, NJ: Lawrence Erlbaum (1994), p. 301-311;

representation an individual has about himself and it has both a perceptual dimension (the way the individual sees himself) and an emotional dimension (what the individual feels about his own image).⁹ The impact of the beauty image imposed by mass media on self-image may be explained by Festinger's theory regarding social comparison. According to the *Social Comparison Theory*, individuals have the tendency to relate themselves with individuals they consider superior to their own status. Such an upward comparison process results in a cognitive or attitudinal bias, which, in turn, has been found to be associated with an increase in body dissatisfaction. Additionally, the more an individual is discontented with his or her looks, the lower his or her self-esteem will be. The level of self-esteem has to do with a person's overall evaluation of his or her own worth. A low self-esteem corresponds to feeling wrong as a person and is responsible for heavy self-criticism, indecision and hypersensitivity to others' opinion (negative emotions). All these in turn affect the quality of one's life by diminishing performances in various domains – personal, academic, social.¹⁰ The point of emphasis here is that the internalization of the limited ideal of physical appearance is related to an increased cognitive bias, which then leads to an increase in negative emotions. Consequently, the occurrence of a compensating behavior (in this case, an eating disorder) is more likely to occur.

Eating Disorders as An Alternate Comfort

According to the *Kleinian theory*, the mother-daughter relationship is a salient factor in evaluating eating disorder occurrence. Kleinians refer to the difficulty mothers have in meeting the needs of their child and their unconscious tendency to project their own ideals and unfulfilled expectations onto their daughters.¹¹ Such a maternal behavior has been found to inculcate the duty of pleasing others and conforming to socially prescribed norms in the girl's personality. The child has no space for allowing her own feelings to grow and she is therefore more likely to seek alternate comfort in eating disorders.

Another factor contributing to the onset of an eating disorder consists of a disorderly family environment. Frequent quarrels or the occurrence of physical abuse force the child to assume responsibility for such negative events at the expense of her own psychological comfort. Emotional distress has been found to be an auspicious environment for the development of a compensating behavior.

9 A. Fallon, "Culture in the mirror: Sociocultural determinants of body image", in T. F. Cash & T. Pruzinsky (Eds.), *Body images: Development, deviance, and change* (pp. 80-109), New York: Guilford, 1990;

10 Jung-Hwan Kim *et al.*, "Mass Media and Self-Esteem, Body Image, and Eating Disorder Tendencies", *Clothing and Textiles Research Journal* 25, no.3 (2007);

11 Bonnie Gold, "An Ethnic Disorder – The Challenge that Eating Disorders Patients Offer Group Analysts", *Group Analysis* 32, no. 7 (1999);

Eating Disorders and The Governance of The Self

The influence of personal factors on eating disorders formed the pith of the previous paradigm under which the individual was the main culprit for developing such a deviant behavior. However, despite the fact that recent studies have proven this view to be incomplete, the importance of an individual's traits cannot be disqualified. An inherent low self-esteem, feelings of inadequacy or lack of control in life, constant difficulty in expressing emotions or feelings violently attack the self and the world image of an individual.¹² The compensatory behavior is considered a liberating action from self-imposed or socially prescribed constraints and it soon becomes a perpetual identity of the individual.¹³

Health Communication and Eating Disorders

Now that the coordinates of eating disorders are in place, the focus will turn to the prevention and treatment of these illnesses. Specialists have now long claimed the importance of prevention programs as opposed to the treatment of an already settled disease. Anorexia and bulimia function as a self-perpetuating cycle that dominates the individual's power of will.¹⁴ Such circumstances diminish the possibility of a behavior change and account for higher costs, both on part of the sufferer and of the society as a whole. Statistics show that at the beginning of a treatment 75% of the individuals deny their need for help under the assumption that nothing is wrong with their condition.¹⁵ Such a hostile perspective stresses the need for prevention strategies with a focus on the information and education of the individuals. Information regarding the factors of influence, the symptoms and the risks associated with eating disorders is crucial for enabling preventive behaviors.

Effectively conveying information to a target public is a grueling task and it becomes even more difficult when behavior change is under discussion. In order to design a perfect communication strategy, it is mandatory to consider the body of literature that distinguishes between various persuasive methods and evaluates their effects on consumers.

Researchers widely agree on the higher persuasive impact of emotional messages as opposed to rational appeals.¹⁶ The emotional responses activated by these

12 Kathryn Weaver *et al.*, "Understanding Women's Journey of Recovering from Anorexia Nervosa", *Qualitative Health Research* 188, no. 15 (2005);

13 Sally Willis, "Group Analysis and Eating Disorders", *Group Analysis* 21, no. 32 (1999);

14 Josie Geller, "Mechanisms of Action in the Process of Change: Helping Eating Disorder Clients Make Meaningful Shifts in Their Lives", *Clinical Child Psychology and Psychiatry* 225, no. 11 (2006);

15 *Ibidem.*

16 Ioni M. Lewis *et al.*, "Promoting Public Health Messages: Should We Move Beyond Fear-Evoking Appeals in Road Safety?", *Qualitative Health Research*, no. 17 (2007);

messages forego attitudinal and cognitive reactions. The emotions utilized can be either positive (humor, happiness, empathy, compassion) or negative (fear), each type being responsible for a different outcome. According to a study that assessed the role of negative and positive emotions, respectively, in the promotion of road safety, positively framed messages increased the subjects' confidence in their ability to avoid car accidents. On the other hand, negative messages had a greater chance of being recalled in the future.¹⁷ Therefore, the type of emotion used should be correlated with the type of reaction expected in a target public.

This consideration may be extended to a subsequent level in order to better approximate the results of a certain message. Researchers Witte and Allen have developed a theory that seeks to explain and predict the success or failure of fear evoking appeals. *The Extended Parallel Process Model (EPPM)* comprises a parallel approach to explain how individuals process and respond to threatening messages.¹⁸ According to its tenets, when an individual is exposed to a fear evoking appeal, two types of evaluations will occur: the individual will assess both the threat and the efficacy of the message's recommended response. The level of threat will be appreciated in accordance to the level of susceptibility and severity as perceived by the individual. Susceptibility refers to one's subjective perception of contracting a health condition and severity indicates that person's opinion regarding the seriousness of a certain disease and its consequences. The efficacy of the solution contained in the message is also two-dimensionally appraised: the efficacy of the solution itself and the efficacy of the individual in applying the suggested course of action. The results of these series of appraisals can be (1) no response, (2) rejection or (3) acceptance of the message. The EPPM posits that an individual exposed to a fear message will first evaluate the threat of the message. If this level is perceived as sufficiently high, the individual will move on to appraising the efficacy of the recommended response. If the threat is considered trivial, the individual will abandon the processing of the message. During the second appraisal, the individual will focus his attention on the proposed solution and will decide whether to accept or reject the message according to the perceived level of efficacy. If the individual feels that either self or response efficacy is low, he will focus on dealing with the threat itself through maladaptive mechanisms to assuage the level of fear (*i.e.*, fear control and the rejection of the message). By contrast, if the perceived efficacy is high enough, individuals will strive to control the danger defined in the message and develop effective and rational methods to do so (*i.e.*, danger control and the acceptance of the message). Studies conducted to test the tenets of the EPPM have

¹⁷ Ibidem, p. 21;

¹⁸ Thomas D. Gore, and Cheryl Campanella Bracken, "Testing the Theoretical Design of a Health Risk Message: Reexamining the Major Tenets of the Extended Parallel Process Model", *Health Education and Behavior*, no. 32 (2005);

found that fear appeals should proportionally combine the threat with the efficacy of the recommended response in order to be successful.¹⁹

Persuasive message structure has also been addressed in terms of benefits and costs associated with a certain health behavior. *The Prospect Theory* refers to a line of research interested in the reactions of individuals when exposed to the benefits of a health behavior (*i.e.*, gain-framed messages) or the costs of not engaging in a behavior (*i.e.*, loss-framed messages).²⁰ It has been found that emphasizing benefits better activates prevention behaviors. Consequently, messages underlining costs may better promote illness detection. The Prospect Theory postulates that individuals are, in general, risk seeking when losses are salient, but risk averse when gains are salient.²¹

However, when tailoring a message one should consider not only persuasive tactics, but also specific methods to ensure message recall and message durability. Communication strategies become successful when they set in motion message dissemination between the individuals targeted. In other words, well-structured messages should promote themselves. *The Elaboration Likelihood Model* postulates that such a goal is attained when the individual identifies himself within the message received. A strong association between the individual and the situation described in a message will stimulate the former to rationally analyze the information transmitted.²² Research has shown that there is a strong correlation between critical message processing and behavior change.

The extent to which an individual associates himself with a specific message is strongly affected by the stage of change he is currently in. *The Stages of Change/ Transtheoretical Model* identifies five such behavior stages: precontemplation, contemplation, preparation, action and maintenance. In the view of this theory, behavior change is a process and not an event. An individual included in any of these five stages will advance to a subsequent level only when provided with specific information.²³ Moreover, the model is circular, meaning that failure to provide valid information on a continuous basis will cause the relegation of the individual to a previous behavior change stage.

19 *Ibidem*;

20 Peter Salovey *et al.*, "Field Experiments in Social Psychology: Message Framing and the Promotion of Health Protective Behaviors", *American Behavioral Scientist*, no. 47 (2004);

21 Alexander J. Rothman *et al.*, "The Systematic Influence of Gain- and Loss-Framed Messages on Interest in and Use of Different Types of Health Behavior", *Personality and Social Psychology Bulletin*, no. 25 (1999);

22 Seth M. Noar *et al.*, "Does Tailor Matter? Meta-analytic Review of Tailored Print Health Behavior Change Interventions", *American Psychological Bulletin*, no.4 (2007);

23 U.S. Department of Health and Human Services, National Institutes of Health, "Theory at a Glance: a Guide for Health Promotion Practice (second edition)", 2005;

Table 1: Stages of Change Model (*Transtheoretical Model – TTM*)

Stage	Definition	Potential Change Strategies
Precontemplation	Has no intention of taking action within the next six months	Increase awareness of need for change; personalize information about risks and benefits
Contemplation	Intends to take action in the next six months	Motivate; encourage making specific plans
Preparation	Intends to take action within the next thirty days and has taken some behavioral steps in this direction	Assist with developing and implementing concrete action plans; help set gradual goals
Action	Has changed behavior for less than six months	Assist with feedback, problem solving, social support, and reinforcement.
Maintenance	Has changed behavior for more than six months	Assist with coping, reminders, finding alternatives, avoiding slips/relapses (as applicable)

Source: U.S. Department of Health and Human Services, National Institutes of Health, *Theory at a Glance: a Guide for Health Promotion Practice (second edition)*, 2005, p.22.

A Byzantine Approach

The information presented heretofore prompts us to reconsider the recondite nature of eating disorders and the complex routes to approach a social problem of this caliber. The eating disorders phenomenon has become an intensely disputed social marketing product among developed societies. However, if we were to consider statistics, the viability of such an effort remains a dilemma. The number of persons affected by anorexia and bulimia is exponentially increasing along with the penetration of eating disorders into developing or even third world countries. An array of causes might be imputed to the futility of the social marketing actions, but a first step in effectively identifying those causes is to assess the impact of such activities. In the majority of cases, the impact analysis is considered superfluous and the erroneous belief that strictly following the social campaign plan will redound to success prevails. However, practice has shown that the reaction of individuals is highly difficult to anticipate and a behavior shift can only be achieved through continuous efforts and a proper adjustment of the messages delivered.

Methodology

The above considerations have constituted the grounds on which the present study was developed. The main premise was that the majority of social campaigns developed up to the point of the study exclusively and violently targeted the sufferer and ignored the possible stigma effect of such an approach. This strategy is in direct contradiction with theoretical recommendations regarding the promotion of preventive behavior. The study aimed to respond to the following research questions:

1. *What are the main aspects featured in eating disorders social campaigns?*
2. *How are the featured messages constructed?*
3. *How do individuals perceive the featured messages?*

4. *What is the direction of these messages (emphasis on treatment/prevention)?*
5. *What is the target audience of these campaigns?*

Two research methods were employed in the process. Content analysis was applied to 17 campaign videos and conclusions were drawn regarding the video structure (research questions 1, 2, 4 and 5). These videos represent a main vector in the conveyance of social messages. Three focus groups have been conducted in order to address the subjective nature of research question number 3. The final section of the paper discusses the implications of the objective and subjective results thus obtained.

The content analysis was intended to identify the major elements used or omitted in the communication strategy employed in the videos. These elements were both described (*what?*) and correlated with theoretical concepts and inferences were made regarding their level or efficiency (*how?*). The first section of the grid analysis investigated the artistic organization of the videos in terms of message structure, colors, sounds and human characters used. The second part focused on the target audience of the message promoted using the tenets of the *Stages of Change Model*. The items included in the grid analysis represent key concepts identified in the literature on health communication in terms of message construction and persuasive effects, message content and behavior change, message direction and audience.

The analysis was performed over 17 campaign videos selected from an online archive available at www.coloribus.com at the time when the study was conducted. A preceding pilot study helped to calibrate the grid analysis. The purpose of the content analysis was to observe an overall pattern of the videos in question and, as a result, elements that were not unanimously met in the videos were excluded as an actual analysis category and considered as particular phenomena. Additionally, the feedback provided by the participants in the pilot study was employed to adjust any semantic confusion in the grid analysis.

The focus group method revealed individuals' perception of what constitutes an effective message strategy tailored according to their needs. Furthermore, participants' insights offered a valuable pre-campaign analysis and a mental map of their beliefs and perceptions has been plotted. Three focus groups were conducted during the study, each with six participants and two moderators, one of which solely observed group interaction and nonverbal expressions. College students, aged 20 to 23, both females and males, were co-opted to participate in the focus groups. The selection criteria included the representativeness of the participants (in terms of risk exposure), but also financial constraints, which, to some extent, undermined the reliability of the study's results (*i.e.*, convenience sampling). Two of the focus groups consisted of only female participants, whereas the third was a mixed gender discussion. Discussions were tape-recorded, transcribed and then analyzed. A set of 10 pre-determined questions first explored the subjects' knowledge regarding eating

disorders and then examined their attitudes, perceptions, concerns and opinions when confronted to specific social marketing messages.

Message Construction vs. Message Perception

The present study may be best defined as exploratory and the answers provided should assign future research paths. Through content analysis and group discussions we addressed 5 research questions which contribute to a better understanding of message construction and perception. The first research question - *What are the main aspects featured in eating disorders social campaigns?* evinced that current strategies refer to personal factors as leading causes of eating disorders and describe the maladaptive behavior itself. Message structure (or the second research question, *How are the featured messages constructed?*) may be synthetically represented as an *effect-effect relationship* or the usage of costs emphasis in order to determine a behavior change. Emotional appeals and fear evoking structures are prevalent and the alternative behavior (solution) comes into the form of a phone number or webpage that the individuals may access for further information. According to individuals' perception (the third research question, *How are the featured messages perceived?*), such messages lack clear focus and deprive the public from the information necessary for a behavior change to occur (especially disease symptoms, treatment and prevention methods). This approach shrinks an individual's sense of control over a specific maladaptive behavior. The assessment of the fourth research question - *What is the direction of these messages (emphasis on treatment/prevention)?* signaled a focus on detecting an already existent medical condition in the detriment of preventing such an occurrence. Finally, the public targeted can be defined as individuals who are currently in their precontemplation and contemplation stage; thus, the messages attempt to increase the level of awareness regarding eating disorders.

By combining the objective and subjective results major discrepancies have been noticed, leading to the conclusion that the information contained in the messages conveyed is different from the actual information needed to obtain the desired behavior changes.

Objective analysis has set informing as a main objective of the messages promoted in the videos. However, focus group participants have constantly emphasized the exiguous informational content supplied. Lack of knowledge regarding eating disorders was obvious among the participants and confusion between anorexia and bulimia was frequent. Participants suggested that messages depicting symptoms, underlying causes, methods of addressing and counteracting eating disorders should constitute a main focus for future strategies.

Table 2: Effect-effect vs. Cause-effect approach

Unhealthy behavior	Effect-effect	Cause-effect
	<i>The unhealthy behavior is already present</i>	<i>The unhealthy behavior is not present</i>
Consequences associated to the unhealthy behavior	There are negative consequences the individual must face as a result of adopting the unhealthy behavior	There are no negative consequences (because there has been no previous adoption of an unhealthy behavior)
Intervention type	The unhealthy behavior can be <i>halted</i> through specific intervention (<i>treatment</i>)	The unhealthy behavior can be <i>prevented</i> through specific intervention (<i>prevention</i>)
Associated costs for the sufferer	Higher costs for the sufferer in terms of power of will, effort and irreversible damage	Lower costs for the individual (a preliminary knowledge of the risks associated with the unhealthy behavior diminishes the probability of adopting such a behavior)
Associated costs for caregivers	Higher costs for other individuals involved in the process – specialists, family, friends; the treatment of an already existing disease is arduous and requires significant resource investment (effort, time, efficiency)	Lower costs for other individuals involved in the process– specialists, family, friends; preventive information requires less effort and fewer resources
Efficiency	Behavior change may be attained, but the already produced effects are irreversible	Behavior change may be attained, and, additionally, there are no harmful effects caused by a risky behavior

Also in terms of message content, participants considered that the absence of solutions to the problem weakened the effectiveness of the message. Video analysis identified the presence of alternative behavior in just 2 of the 17 videos. A weak spot in the construction of these messages is, therefore, uncovered. In order to have maximum impact it is absolutely necessary for the transmitter to deliver the information required by the receiver for the behavior change to occur; in this case, clear and specific methods to solve the problem should constitute the pith of the targeted messages.

The comparison between the objective and subjective approach of the messages revealed an interesting perspective over the emotions contained in the messages. Theory states that emotional messages and, moreover, metaphorical ones guide the individual toward meditation and determine the processing of information via central cues, this being associated with higher levels of impact.²⁴ Focus group participants, however, offered a rather different interpretation. Emotional messages were deemed efficient as they convince through induced states, while the metaphorical messages, as opposed to the denotative ones, can lead to non-reaction (the messages produce a short-term impact, but do not determine individuals to take the next step).

24 Seth M. Noar *et al.*, "Does Tailor Matter? Meta-analytic Review of Tailored Print Health Behavior Change Interventions", *American Psychological Bulletin*, no.4 (2007);

In terms of types of emotions employed, even though the grid analysis identified the presence of negative emotions in 25% of the messages, within the focus group this percentage tripled. By correlating this result with the EPPM²⁵ model, the following conclusion, also confirmed by the focus group participants, emerged: the negative states induced by video visualisation and the lack of an explicit solution to the problem create a feeling of helplessness, again, associated to non-reaction. Furthermore, the participants mentioned that such messages would impact only the anorectic/bulimic individual, the perceived risk for healthy individuals being low. The same result was obtained in the case of positive emotions. Although the individuals felt compelled to provide support, the lack of information regarding the courses of action to be taken defeated any active behavior.

Another important item in constructing the message is the strategy chosen (costs/benefits focus, barriers/solution emphasis). Objective analysis established that 80% of the messages underlined costs. According to the *Perspective Theory*²⁶, this approach is effective in detecting maladaptive behaviors, an assertion also confirmed within the focus groups. Nevertheless, participants stated that an overdose of shock might cause the same feeling of helplessness previously mentioned and, consequently, the rejection of the message. Therefore, the conclusion is that shock-therapy should be mitigated and counterbalanced by stimulating one's control over the issue and his ability to take action (in this case, by providing adequate alternative behaviors).

Message theme as a component of the videos uncovered several important aspects. The majority of the videos displayed the features of the anorectic/bulimic person and the effects of the unhealthy behavior. Such a perspective contrasted with the perception of focus group participants, who identified mass media and social prescriptions as the main determiners of eating disorders. It is their influence that must be countered by social messages. Accurately addressing the cause of a social problem has to be the leading concern of any communication strategy, as its persistence sharply reduces the efficiency of any social marketing effort.

An interesting fact observed during participants' discussion was their tendency to nominate symptoms, causes and consequences of the deviant behavior as the central theme of the messages delivered. Thus, it would be reasonable to consider that the information promoted is actually the right one. The problem resides in the metaphorical and confusing expression employed. The participants' above mentioned tendency might thus be explained through the concept of group interaction which stimulated individuals to identify elements that, in other random circumstances, would have been easily overlooked.

25 Seth M. Noar *et al.*, "Does Tailor Matter? Meta-analytic Review of Tailored Print Health Behavior Change Interventions", *American Psychological Bulletin*, no.4 (2007);, p.22;

26 Peter Salovey *et al.*, "Field Experiments in Social Psychology: Message Framing and the Promotion of Health Protective Behaviors", *American Behavioral Scientist*, no. 47 (2004);

Table 3: Message Construction Analysis

Video	Presence of a slogan	Message type	Emotions type	Key words
1.	Yes (Love yourself./ More than 500 000 Spaniards suffer from ED. It's everyone responsibility to support them and demand solutions for this serious health disease.)	Emotional+indirect for the sufferers, rational+direct for care givers	Positive (love, appreciation, help)	Hate, demands, fool, unique, love, responsibility, support
2.	Yes (Do you think I'm fat?)	Emotional+direct	Negative (guilt); Positive (compassion)	Diet, fat, skinny, girls
3.	Yes (If you stop eating, you miss a part of your life. Eat well to live better)	Emotional+indirect	Negative (anxiety, solitude)	Less, without, missed, didn't go
4.	Yes (Entering the club is easy. Leaving is the hard part.)	Emotional+indirect	Negative (helplessness)	Entering – easy, leaving-hard
5.	Yes (Stop before it's too late. There is help.)	Emotional+direct	Negative (fear, terror)	Slimmer & thinner, treacherous, destroy, body&soul, stop, help
6.	Yes (You don't have to be good at everything. A positive self-image can prevent ED.)	Emotional+indirect	Positive (encouragement, appreciation)	Best, positive self-image, prevent
7.	Yes (ED are curable.)	Emotional+indirect	Positive (hope, help, support)	Curable
8.	Yes (Bulimia. We can make things go in the right direction. Call us.)	Emotional+indirect	Positive (hope, support)	Bulimia, we, us, right direction
9.	Yes (Who suffers from anorexia, just can't see it. Call us.)	Emotional+direct	Negative (fear, terror); Positive (compassion)	Anorexia, can't see
10.	Yes (Anorexia. The saddest part is those who have it, don't see it.Help them find help.)	Emotional+direct	Negative (helplessness, anxiety); Positive (compassion)	Anorexia, don't see it, help
11.	Yes (These are tips from pro-anorexia websites. For better advice, visit a different webpage: www.dontdietforadiet.com)	Emotional+indirect	Negative (fear, isolation, anxiety)	Cheat, lie, don't eat, aerobics, hungry, thin, will power.
12.	Yes (Many use food to communicate their need for help. Only a few understand that.)	Emotional+indirect		Food, communicate, help

Video	Presence of a slogan	Message type	Emotions type	Key words
13.	Yes (Help for people with ED.)	Emotional+direct	Negative (anxiety, despair); Positive (compassion)	Help, eating disorders
14.	Yes (Not every suicide note looks like a suicide note. Help us give hope to those suffering with ED.)	Emotional+indirect	Negative (helplessness, anxiety); Positive (compassion)	Suicide, help, hope
15.	Yes (Not every suicide note looks like a suicide note. Help us give hope to those suffering with ED.)	Emotional+indirect	Negative (helplessness, anxiety); Positive (compassion)	Suicide, help, hope
16.	Yes (Not every suicide note looks like a suicide note. Help us give hope to those suffering with ED.)	Emotional+indirect	Negative (helplessness, anxiety, isolation); Positive (compassion)	Suicide, help, hope

Physical labeling has been identified in both objective analysis and group discussion. In the participants' view, labeling enhanced the aggressiveness of the videos. According to theory, the identification of personal behavior elements will trigger a series of *self-schemas* in the individual's mind that will facilitate message recall.²⁷ The focus groups have unveiled a different perception according to which labeling will amplify the subject's already present state of unrest, compelling him to isolate himself further; the stigmatized person will deny the existence of his maladaptive behavior and will reject professional help. Furthermore, the predictability of physical labeling caused by its frequent usage in message structure calls for a paradigm shift toward presenting behavior alternatives (*i.e.*, solutions) instead of inefficient sententious phrases.

Table 4: Individuals' Mental Map regarding Eating Disorders

Mental Map		
<p>Beauty = a sought for social virtue and ideal</p> <ul style="list-style-type: none"> ● it facilitates social success ● it is required for social acceptance ● it stands for a trump ● it has become a social obligation <p><i>Mass media+society</i> = strong influence; they have created a rigid and preposterous beauty paragon, impossible to attain for the average person.</p> <p><i>Solution</i>: redefinition through enlargement of beauty standards.</p>	<p>Eating disorders= deviant behavior, responsible for the occurrence of other diseases; they are not a disease <i>per say</i></p> <ul style="list-style-type: none"> ● ED are not as intensely debated as they should be ● discussion about ED causes discomfort ● there is confusion and lack of information regarding the subject <p><i>High risk population</i>= female adolescents (excessive concern for physical appearance, vulnerability, labile personality)</p> <p><i>External causes</i>: mass media + family</p>	<p>Social messages= low efficacy caused by counter-prevention</p> <ul style="list-style-type: none"> ● they should target healthy individuals located in the proximity of those affected by ED ● they should be harsh, shocking and direct ● they should inform on the symptoms, causes and consequences of the disease ● they should indicate the solution ● they should avoid predictable structure and metaphorical language

Conclusion

The discrepancies between the objective structure and the subjective perception of the messages analyzed reinforce the importance of a continuous evaluation in order to actively address the volatile needs of a targeted public. The present appraisal constitutes an unpretentious, but important step in the understanding of effective tailored messages. The social marketing effort should be primarily concerned with finding that particular anchor that will eventually bring about the behavior shift. This anchor should then be creatively shaped into the social marketing product. The

27 Cynthia Waszak Geary *et al.*, "Personal Involvement of Young People in HIV Prevention Campaign Messages: The Role of Message Format, Culture and Gender", *Health Education & Behavior*, no. 35 (2008);

error occurs when other criteria rather than research are applied in constructing and promoting social messages.

The existence of a severe problem being certain, the following step involves taking responsibility for the issue at hand and developing an efficient solution. At the time being, the public conscience regarding eating disorders is not clearly formed as compared to anti-smoking movements, for example. The tendency is to exclusively inculcate the sufferer for his or her deviant and undesirable behavior. Such an ignorant attitude may be attributed to a lack of information and education regarding eating disorders. Consequently, addressing the tenuous knowledge of the public would result in greater social responsibility. Eating disorders have long passed the status of an isolated phenomenon and have now achieved a micro and macrosocial level, the number of the victims being on the rise.

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