Does a Presenter’s Self-Disclosure of a Past Eating Disorder Impact The Effectiveness of Prevention Messages?

Jennifer Mills, Ph.D. C.Psych. & Alyssa Durbin, M.Psy
Webinar Outline

- What are eating disorders?
- Causes of eating disorders and statistics
- Eating disorder prevention strategies
- Current issues in the prevention of eating disorders
- Our recent research project with NEDIC
  - Purpose, method, results
- Clinical implications and future research ideas
The Eating Disorders

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder
- Other Specified Feeding or Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- “Diabulimia”
Causes of Eating Disorders

- Psychodevelopmental Factors:
  - Bodily Changes
  - Life Transitions
  - Sexuality Issues

- Sociocultural Factors:
  - Peers
  - Media
  - Lifestyle
  - Family Values
  - Abuse

- Neurochemical or Genetic Factors:
  - Brain chemistries
  - DNA
  - Personality structure
Onset of Illness

- Ages 16 to 20: 43%
- Age 10 or younger: 10%
- Ages 11-15: 33%
- After age 20: 14%

Duration of Illness

- 1-5 years: 30%
- 6 to 10 years: 31%
- 11 to 15 years: 16%

*National Association of Anorexia Nervosa and Associated Disorders ten year study*
Eating Disorder Prevention

- The Body Project in the U.S.
- Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED)
- Ontario Community Outreach Program for Eating Disorders
- Beyond Images
  - 20-lesson curriculum aimed at grades 4-8
  - Online lesson plans on media literacy
  - Free
- School-based approaches
Current Issues

- Myth: Eating disorder prevention makes things worse
- Where to focus our attention: targeted vs universal?
- How do we translate into public policy?
- Research on young women’s opinions of common eating disorder messages (Mills, Vu, Manley, & Tse, 2017)
- We need to be more inclusive
  - Members of the LGBTQ+ community
  - Men
The Current Study

Research Questions:

- How does presenter self-disclosure impact the students’ ratings of message relevance, believability and emotional impact?

- Will presenter self-disclosure decrease students intention to diet and compare themselves to others?

- In this gender neutral presentation, will male participants rate the messages and presenter the same as female participants?

- Will an interaction effect be present between gender and condition?
Method

Methodologies: Community Based Approach & Feminist Focus

Recruitment: Contacted schools across Southern Ontario and offered a free eating disorder prevention presentation if their students could provide feedback in a questionnaire afterwards.
Participants

- Experimental Condition (Presenter disclosed)
  - \( n = 75 \)
  - Age (\( M = 16.68, SD = .81 \))

- Control Condition (Presenter did not disclose)
  - \( n = 86 \)
  - Age (\( M = 17.15, SD = .63 \))
Materials

- ED Prevention Presentation (Powerpoint)
  - NEDIC content & approval
  - Representative of presentations given to this age group
- Demographic Questionnaire
- Message Evaluation Questionnaire
  - Derived from Mills et al., 2017
- Presentation Evaluation Questionnaire
  - Derived from Mills et al., 2017
<table>
<thead>
<tr>
<th>Message Evaluation Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Message importance</td>
</tr>
<tr>
<td>2. Message interest</td>
</tr>
<tr>
<td>3. Message novelty</td>
</tr>
<tr>
<td>4. Message believability</td>
</tr>
<tr>
<td>5. How “convincing”</td>
</tr>
<tr>
<td>6. Message understanding</td>
</tr>
<tr>
<td>7. How message made participants feel about themselves</td>
</tr>
<tr>
<td>8. How message impacted likelihood to worry about weight</td>
</tr>
<tr>
<td>9. How message impacted likelihood to diet</td>
</tr>
<tr>
<td>10. How message impacted likelihood to compare self to others</td>
</tr>
<tr>
<td>11. Is there anything you didn’t like in the message?</td>
</tr>
<tr>
<td>12. Is there anything that you really liked about the message?</td>
</tr>
</tbody>
</table>
## Presenter Evaluation Questions

<table>
<thead>
<tr>
<th>Question</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How attractive was the presenter?</td>
<td></td>
</tr>
<tr>
<td>2. How much does attractiveness matter in presenting these messages?</td>
<td></td>
</tr>
<tr>
<td>3. How credible was the presenter?</td>
<td></td>
</tr>
<tr>
<td>4. How much does credibility matter in presenting these messages?</td>
<td></td>
</tr>
<tr>
<td>5. Which gender do you think would be the most convincing in presenting these messages?</td>
<td></td>
</tr>
<tr>
<td>6. Did your presenter disclose a past history of having an eating disorder?</td>
<td></td>
</tr>
<tr>
<td>7. Who do you think should present this kind of message?</td>
<td></td>
</tr>
<tr>
<td>8. Who do you think would be the ideal target audience for these messages?</td>
<td></td>
</tr>
<tr>
<td>9. Where do you think these messages would be most effective?</td>
<td></td>
</tr>
<tr>
<td>10. Please write down any other thoughts you had about the presentation/presenter.</td>
<td></td>
</tr>
</tbody>
</table>
Procedure

- Students were told that NEDIC is coming to do a presentation.

- Depending on the group that the classroom was randomly assigned to, Amanda introduced herself as either:
  - **Control Group:** “A NEDIC education and outreach volunteer, who is also student studying social work”
  - **Experimental Group:** “A NEDIC education and outreach volunteer who has recovered from an Eating Disorder.”

- The presentation for both groups was entirely the same with an exception of Amanda’s introduction and any specific questions the students inquired about.

- Once the presentation commenced students were asked to complete the questionnaires on the presentation independently.
## Results: Participant Characteristics

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=75)</td>
<td>(n=86)</td>
</tr>
<tr>
<td>Caucasian/European</td>
<td>37 (53.6)</td>
<td>51 (61.4)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>5 (7.1)</td>
<td>3 (3.6)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5 (7.1)</td>
<td>4 (4.8)</td>
</tr>
<tr>
<td>Native American/ American Indian</td>
<td>3 (4.3)</td>
<td>9 (10.8)</td>
</tr>
<tr>
<td>Asian/ Pacific Islander</td>
<td>6 (8.7)</td>
<td>10 (12.0)</td>
</tr>
<tr>
<td>Other</td>
<td>13 (18.8)</td>
<td>6 (7.2)</td>
</tr>
</tbody>
</table>
## Results: Ratings of message evaluation

<table>
<thead>
<tr>
<th>Questionnaire Item</th>
<th>Females</th>
<th></th>
<th>Males</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disclosure</td>
<td>Non-Disclosure</td>
<td>Disclosure</td>
<td>Non-Disclosure</td>
</tr>
<tr>
<td><strong>Message Evaluation Questionnaire</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Message importance</td>
<td>3.88</td>
<td>4.15</td>
<td>2.77</td>
<td>3.08</td>
</tr>
<tr>
<td>3. Message novelty</td>
<td>2.37</td>
<td>2.24</td>
<td>2.23</td>
<td>1.92</td>
</tr>
<tr>
<td>6. Message understanding</td>
<td>4.72</td>
<td>4.76</td>
<td>4.10</td>
<td>4.60</td>
</tr>
<tr>
<td>7. How message made participants feel about themselves</td>
<td>3.70</td>
<td>3.59</td>
<td>3.45</td>
<td>3.28</td>
</tr>
<tr>
<td>8. How message impacted likelihood to worry about weight</td>
<td>3.79</td>
<td>3.63</td>
<td>3.19</td>
<td>3.28</td>
</tr>
<tr>
<td>9. How message impacted likelihood to diet</td>
<td>3.84</td>
<td>3.53</td>
<td>3.32</td>
<td>3.12</td>
</tr>
<tr>
<td>10. How message impacted likelihood to compare self to others</td>
<td>3.93</td>
<td>3.73</td>
<td>3.39</td>
<td>3.56</td>
</tr>
</tbody>
</table>
Results: Qualitative Findings for Message Evaluation

- Dislikes:
  - HAES
  - Not enough diversity in images

- Likes:
  - Video on Body Shame
  - Body Acceptance Message
  - HAES
Results: Interaction Effect

- Item 4
  - Male Disclosure
  - Male Non-Disclosure
  - Female Disclosure
  - Female Non-Disclosure

- Item 5

- Item 6

Legend:
- Male Disclosure
- Male Non-Disclosure
- Female Disclosure
- Female Non-Disclosure
### Results: Ratings of Presenter Evaluation

<table>
<thead>
<tr>
<th>Means for MANOVA</th>
<th>FEMALE Disclosure</th>
<th>FEMALE Non-Disclosure</th>
<th>Male Disclosure</th>
<th>Male Non-Disclosure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How attractive was the presenter?</td>
<td>2.47</td>
<td>2.56</td>
<td>2.02</td>
<td>2.21</td>
</tr>
<tr>
<td>2. How much does attractiveness matter in presenting these messages?</td>
<td>4.14</td>
<td>3.98</td>
<td>3.17</td>
<td>3.40</td>
</tr>
<tr>
<td>3. How credible was the presenter?</td>
<td>1.65</td>
<td>1.90</td>
<td>2.20</td>
<td>2.08</td>
</tr>
<tr>
<td>4. How much does credibility matter in presenting these messages?</td>
<td>1.67</td>
<td>1.64</td>
<td>1.97</td>
<td>1.68</td>
</tr>
</tbody>
</table>

*Reverse scoring on this questionnaire. Lower scores are representative of higher ratings.*
Results: Qualitative Findings for Presenter Evaluation

- **Participants Gender Preference for Presenter**
  - Female

- **Who Should Deliver ED Prevention Messages?**
  1. Someone recovered from an eating disorder
  2. Mental Health Professional
  3. Medical Professional

- **Where Should ED Prevention Messages Be Delivered?**
  1. Schools
  2. Community Programs
  3. Parents

- **Who Should Receive ED Prevention Messages?**
  Students indicated ages 10-25 and grades 7-12 would be most appropriate
Conclusions

- Very few conditional differences with self-disclosure.
- Self-disclosure does promote more audience involvement with females.
- Males did not feel the ED prevention messages were relevant or important to them.
- HAES was misunderstood and/or not received well from this age group.
- Students in this age group enjoy videos to support ED prevention messages being discussed.

Further research is mandated:
- Exploring self-disclosure in targeted prevention (i.e., clinical population).
- Exploring how risk influences the effect of self-disclosure and message/presenter ratings.
- Study examining what would be effective for male audiences receiving ED prevention messages and how organizations can represent males better in prevention efforts.
“How can I help?”

- Model healthy behaviours for children and adolescents
- Provide an environment that makes it easy to make healthy choices
- Focus very little on weight, and more on behaviours and overall health and well-being
- Provide a supportive environment with lots of listening and less talking
Community Input

- We welcome input regarding ED prevention from members of the community, including educators, professionals, and young people.

- If you have any ideas on how eating disorder prevention can and should be improved, please let us know: email me at jsmills@yorku.ca or contact NEDIC.
Acknowledgements

- NEDIC
- Amanda (our wonderful presenter)
- All of the students in the study who participated and shared their opinions.
- This research was funded by a grant from the Women’s College Hospital, Women’s Xchange 15K Challenge.