

# **Media and Their Influence on Healthy Lifestyle - Eating Habits and Eating Disorders.**

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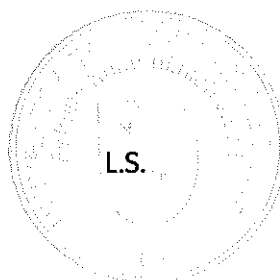
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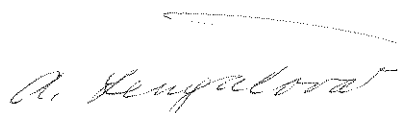
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## **ABSTRAKT**

Czech abstract

V mé bakalářské práci se zabývám vlivem médií na mladé dívky a ženy při utváření vlastního sebepojetí a představ o jejich těle. V teoretické části jsou popsány a vysvětleny pojmy nezbytné pro pochopení praktické části. Jsou zde vysvětleny pojmy vztahující se k poruchám příjmu potravy a také termíny vysvětlující problematiku tělesného sebepojetí. Je zde vysvětleno, co jsou to média a s jakými druhy médií jsme nejčastěji v kontaktu. Praktická část se zaměřuje na rozbory dotazníků. První z dotazníků mi pomohl analyzovat, na kolik mohou doopravdy média ovlivnit sebepojetí a představy žen a mladých dívek o jejich postavě. V druhém dotazníku jsem analyzovala stravovací návyky studentů 1. a 2. ročníků UTB.

Klíčová slova:

Poruchy příjmu potravy, anorexie, bulimie, záchvatovité přejídání, sebepojetí, tělo, tělesná hmotnost, kult krásy, média, vliv médií

## **ABSTRACT**

English abstract

My bachelor thesis focuses on the media influence on teenage girls and adult women during the process of forming their own self-concept and ideas about their body. Terms necessary for understanding the analytical part are described in the theoretical part. The terms regarding eating disorders and also the terms clarifying the self-concept issue is explained in the thesis. Furthermore, there is explained what are the media and what type of the media we are in touch the most. A practical part focuses on questionnaires analysis. The first questionnaire helped me to analyze to what extent the media can influence self-concept and ideas of teenage girls and women about their figure. Via the second questionnaire the eating habits of first and second years students of TBU were analyzed.

Keywords: Eating disorders, anorexia nervosa, bulimia nervosa, binge eating disorder, physical self-concept, body, body weight, cult of beauty, media, media influence

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## INTRODUCTION

This bachelor thesis focuses on eating disorders among young girls and women and how far media are able to influence their self-perception and idea about the ideal body. I have chosen this topic because I have always been interested in what it means to have a healthy lifestyle including eating healthy food, exercising and having a sense of fulfillment with one's own being. However, the most important reason I have chosen this path is personal. When I was going to hospital to treat myself for depression I met a girl named Andrea who was anorexic. We became friends and I in turn became very interested in how someone might come to suffer from an eating disorder. Andrea happens to be a very open person and told me her story, a long one which I will summarize here: in short, what made her become an anorexic. This will help the reader understand why I have chosen the topic. Andrea was a pleasant girl of 25 who smiles all the time and, perhaps what is key here, also happens to be a perfectionist. Everything she did had to be, in her eyes, 100% successful. During her studies, she maintained the status of top of her class, and was also a very successful employee where she worked. Of course, when you want to do everything as meticulously as she did there will inevitably be things that you will not be so good at. Andrea was not good at eating. Yes, she did not have time to eat. She was too busy to eat properly. What is more, the less she ate less she needed to eat. She felt so much stronger without food that she somehow found did not need to eat at all. Actually, she did not know how does it feel to eat in standstill. This situation lasted for few years until her parents found out that there was something wrong with their daughter. Andrea also realized that this is not the way she wants to head in life even though she liked how slim she was. Andrea voluntarily admitted herself to a hospital. It was and is a real struggle for her to get well again.

Andrea's example made me think about eating disorders for first time in my life. I began to be interested in the topic rather deeply. I read many articles, blogs and also some books about this problem. For a long time I wondered what could cause this type of disorder among so many people and I just couldn't wrap my head around it. However, since that period, I have started to notice all the advertisements, magazines, fashion shows, TV series, and even soap operas and I caught a glimmer of the cause. We are surrounded by an ideal of beauty. I am not saying that all media and advertisements are guilty somehow; however there are those which focuses on ideal of beauty that have in common the audience of young girls and adult women that may disproportionately effected.

If you try to summarize what the magazines for girls and women are about, you may

get something like this: 10 ways how to lose weight, a very new diet which works a hundred percent, and an exercise according to your favorite celebrity. Those are just examples of headlines in magazines. You can also see many beautiful models, actresses or singers smiling at the audience from the cover of the magazine. In most cases, they are a far cry from what could be considered the average woman. That leads us to the main point: that showing these ideal looking ladies could lead women to diets, exaggerated exercise and, what is probably the , eating disorders, in an effort to approach the look of the women presented by the media sources. In my bachelor thesis I will try to find out how strong the impact of media is on women and how strong of a factor it really is in the formation if it is really the motive to become suffering from the eating disorders.

## **I. THEORY**

## 1 BODY

A human body is a functional complex of muscles, bones and organs. It consists of a head, neck, torso, pair of upper limbs, and a pair of lower limbs.

The human body can be also defined as a subject of cultural and social evolution. Changing values and norms in different cultures and environments have an impact on our self-concept. Nowadays, higher demands are placed on our body - to look healthy, to be slim and strong. (Fialová 2001, 10)

### 1.1 Methods of measuring body

We are surrounded by plenty of advice, manuals or charts which are supposed to help us determine our body weight and shape. Ideal proportions differ in terms of health, fashion, sport and common life. Body weight is not solely a sufficient indicator to be able to say a person has ideal proportions or not. It is necessary to proceed from further parameters such as height, weight and sex. (Fialová 2001, 15-17)

#### 1.1.1 Body Weight, BMI

BMI is body mass index in relation to height. Index value is calculated by the formula: weight in kg/ height in m<sup>2</sup>. (Fialová, 2001, 17) Weight is determined by a number of factors such as hereditary factors, lifestyle, diet, hormonal abnormalities and lack of exercise. To find out whether you are the right weight for your height and sex you should calculate a body mass index (BMI). (Rutherford)

“Body mass index (BMI) gives significant information on the nutritional and health status of individuals.” (Moafi et al. 2011, 280-281) Increase in BMI is connected with heart disease, blood pressure, asthma, backache and headache. (Moafi et al. 2011, 280-281) For example, an adult who weights 55 kg and whose height is 170 cm will have a BMI 19.0.

We can solve this formula in the following way. We have a weight in kilograms and height in meters. We raise the height in meters to the power of two. The resulting number is used to divide the weight. Finally we get the BMI.

$$\text{BMI} = 55 \text{ kg} / (1.70 \text{ m}^2) = 55 / 2.89 = 22.9$$

According to Centers for Disease Control and Prevention, reliability of BMI as an indicator of body fatness is strong. It may vary by sex, height and age as it has been already mentioned above. The variations could be:

- women tend to have more body fat than men at the same BMI

- older people tend to have more body fat than younger ones at the same BMI
- high muscularity can also influence the BMI, then the BMI is not high because of increased body fatness

Classification	
<b>Underweight</b>	<b>&lt;18.50</b>
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49
<b>Normal range</b>	<b>18.50 - 24.99</b>
<b>Overweight</b>	<b>≥25.00</b>
Pre-obese	25.00 - 29.99
<b>Obese</b>	<b>≥30.00</b>
Obese class I	30.00 - 34.99
Obese class II	35.00 - 39.99
Obese class III	≥40.00

*Table 1. The International Classification of adult underweight, overweight and obesity according to BMI*

*Source:* World Health Organization

It has been found that a BMI of below 25 kg/m<sup>2</sup> is suitable for women. Significantly low BMI in women leads to osteopenia and osteoporosis, indicates disorder and mal-nutriton, and raises the probability of a premature birth with underweight children. Furthermore, iron deficiency anemia has certain connection with low BMI. It is one of the most common problems related to nutrition in many parts of world. It is characterized by a wide range of hematological and also non-hematological symptoms. Regarding non-hematological symptoms, it can significantly influence the learning process in students. In most cases, the iron deficiency stems from digestive disorder and nutritional problems. Iron deficiency is prevalent among young women. On the other hand it is said that the BMI above 27.8 may increase mortality. Concerning high blood pressure, a high BMI has been noted as one of the most important causes of heart and vascular failures. (Moafi et al. 2011, 280-281)

## 1.2 Physical self-concept

According to Schilder's definition a body image is "the picture of our own body which we form in our own mind" (Schilder, 1935/1950, 11) Body image can associate in us terms such as physical appearance, beauty or attractiveness But it is not enough to image in connection with physical self-concept. It is also about our mental representation of ourselves. Body image influences our self-esteem, behavior and even psychopathology. Own body satisfaction or dissatisfaction is inseparable part of physical self-concept. Self-esteem is also determined by physical appearance. Physical appearance is one of the social perception features as well. That leads us to the importance of physical self-concept as a part of human's interaction in daily bases. (Garner 1997)

### 1.2.1 Physical Self-concept Among Women

Body image dissatisfaction is recognized as ubiquitous problem experienced by considerable part of society. "In particular, the desire for thinness is so prevalent among women that it has been identified as a 'normative discontent'" (Dohnt and Tiggemann 2006, 141-151) Adolescents are usually considered as the group with the highest level of body dissatisfaction. According to researches, pre-adolescent girls ages 8 to 11 are strongly dissatisfied with their appearance, mainly bodies, and wish to be thinner. This behavior is considered as a risk factor for subsequent low self-esteem and psychological well-being. It can also lead to having tendency to diets, eating disorders as well as obesity or depression. Generally respected socio-cultural models are providing the development of body dissatisfaction and dieting behavior in women and adolescent girls. (Dohnt and Tiggemann 2006, 141-151)

Nowadays most women are dissatisfied with their bodies, particularly with the hips, thighs and belly. As I have already mentioned, girls at the age of 8 say that they are dissatisfied with their own body and prefer one that's more socially desirable. They perceive social pressure on their body appearance beginning in elementary school. Concerns about body appearance culminate during adolescence because of ongoing physical changes which proceeds from the ideal of a slim figure they wish to have. When the body of adolescent girl is not in harmony with their notion of what it should be, reconciling that image becomes their number one priority.

Woman's body is also a cultural product. It is affected by the strong pressure of media and is constantly confronted with actual ideal of beauty. There is almost no option to escape the

ambient pressure. It is also almost impossible not to adopt the presented ideal into self-concept. As a consequence of this pressure, women try to transform their body with help of diet, exercise and plastic surgeries. (Fialová 2006, 33-36)

### **1.2.2 Cult of Beauty**

Ideal of beauty can be understood as a generally accepted socio-cultural example in certain society. A development of mass media, especially, television and magazines, is considered as essential milestone in defining ideal of beauty. Images of ideal beauty are widely spread through mass media and became generally shared. (Fialová 2007, 62)

### **1.2.3 Contradiction Between Real Body and Cult of Beauty**

The difference between women's real body and the ideal body beauty causes confusion and pain in women's psyche. What they can see in the mirror is usually not even close to socially desirable appearance. But it is the reality. For most women, it is not easy to tackle this situation. Either women start changing themselves with the help of diets or they change their attitude towards themselves. (Crook 1993, 23-24)

### **1.2.4 Evolution of Body Beauty**

Not many things are so variable during the different periods of time as the ideal of beauty. Slim figure was once considered far less desirable than it is nowadays. In fact, slimness was very often connected with hunger, poverty and illness. In some regions, the idea that slim women are not fertile still persists.

#### **Old ages**

Loose and flowing clothes were worn in the earliest cultures so the proportions of body were not visible, probably because it was not considered as important. On the other hand hairstyle and manicure were of high importance. For example, cleanness and tidiness were emphasized in Egypt. Men and women were taking baths very often and constantly using fragrant oils. (Fialová 2001, 47-48)

#### **Antique**

The importance was placed on both one's appearance and inner beauty. The term *kalokaghatia*, meaning harmony of body and soul, was crucial in ancient Greek culture. It is interesting that a man's body was considered more attractive and more beautiful than woman's body. The probable reason is that Greek concept of beauty included a strength.



In comparison with Greeks, Romans preferred slim bodies and strongly criticized obesity. It led to a way of weight control that today we call bulimic and because of which they intentionally induced vomiting in order to stop negative influence of overeating on their figures. (Fialová 2006, 35-36)

#### Gothic era

Appearance reflected social status in Middle Ages but it was not so important. Christianity placed the importance on spiritual life. (Fialová 2001, 49-50)

#### Renaissance

Renaissance brought up partial come back to ancient ideals. The impact was placed on secondary characters. For example, in women a particularly wide pelvis and generally rounded body shape caused by thicker layer of subcutaneous fat was desirable. (Fialová 2001, 50)

#### Baroque style

Baroque style did not differ much from Renaissance. Emphasizing of body parts which symbolize reproduction function of women prevailed - fertility, roundness, subcutaneous fat. (Fialová 2001, 51)

#### Classicism

There are two different points of view in 19<sup>th</sup> century. A tiny waist was worshiped in both trends. Fragile ladies prevailed in first half of 19<sup>th</sup> century. However, in the second half of 19<sup>th</sup> century, a competitive ideal appeared where women were generally larger, with larger hiplines and bustlines. (Fialová 2006, 37-38)

#### 20<sup>th</sup> century

In the course of 20<sup>th</sup> century trends were varying and developing. Skirts were shortened after the First world war, extended again in the thirties, rounded female proportions becoming unwanted and replaced by boyish look. The importance is placed on breast size in the thirties, while exposed legs are desirable in the forties. Taking the proportions of Marilyn Monroe as the paradigm, tiny waist and an equal hipline and bustline become the ideal in the fifties. Significant increase of eating disorders is visible during the sixties. This phenomenon is being connected with new ideal of beauty in fashion world, particularly with Leslie Hornby Armstrong known as Twiggy. (Fialová 2006, 38-40)

### 1.3 Eating disorders

Eating disorder is a mental disturbance which leads to status where food intake is not daily matter-of-course anymore. (Žáčková and Theiner, 2004) Another definition might be: “Eating disorders are an important public health issue and each of these disorders involves a serious disturbance in eating behavior and is characterized by over evaluation of and possible distress about shape and weight, as well as judgment of self-worth largely in terms of shape, weight, and the ability to control them” (Fuchs and Lang 2008, 211). According to the last version of International Classification of Diseases (ICD - 10) identically with Diagnostic and Statistical Manual of Mental Disorders–Fourth Edition (DSM-IV; American Psychiatric Association [APA], 1994) we distinguish two main into deep defined eating disorders (ED). Those are Anorexia Nervosa (AN) and Bulimia Nervosa (BN). Nowadays the classification of Eating Disorders is not based on etiology but on symptoms. (Žáčková and Theiner, 2004)

When we consider the emaciated figures of anorexic and superficially normal bodies of bulimics it may seem that these two eating disorders are very different. They are, however, quite similar. Both disorders are connected with a huge fear of becoming fat and excessive attention paid to one’s own image and body weight. The sick person is interested mainly in their image, body weight and they are constantly trying to lose a weight or at least not to gain any. Low self-confidence and social problems are also typical for both disorders. (Krch 2005, 15) There is no serious bodily disease which can cause this disorder. (Žáčková and Theiner, 2004) A sick person who suffers from an eating disorder has changed his or her quality of life. A long-term progress of ED creates opportunities for other problems such as serious depression, and alcohol and drug abuse in cases of bulimics, and neurotic disorders, seasonal affective disorder (SAD), and mind-altering drug addiction in the case of anorexics. (Krch 2005, 15)

Eating disorders have already been mentioned in ancient medical literature. Refusal of food intake was a common symptom either of somatic disorders or of psychiatric syndromes. Originally, extreme fasting was a part of self-punishing practice for many Christians. Later on were these extreme eating habits considered as a sign of mental disorder. There are also many cases of deeply faithful women who declared that they can live without any or minimal amount of food thanks to God’s help in the Late Middle Ages. These women are known as Miraculous Virgins. (Krch 2005, 27)

Stomach disorder was still believed as the cause of anorexia in the beginning of 19<sup>th</sup> Century. The term anorexia nervosa appears in the beginning of 20<sup>th</sup> century mainly in French literature. Fleury Imbert, a lesser known French physiologist, described bulimia, pica and two types of anorexia in his book. He specified anorexia gastric and anorexia nervosa. Anorexia gastric was basically problem of indigestion, whereas people suffering from anorexia nervosa did not want to eat because the brain were not sending any signs of appetite. He also described that anorexia nervosa is accompanied with neurotic symptoms such as a change of mood causing anger, anxiety and melancholy. But it was a British medical doctor William Gull who implemented the term anorexia nervosa in 1874. (Krch 2005, 28-29)

In 1859, William Stout Chipley, a head doctor of institute for mentally ill in Kentucky, described a disorder called sitiomania, formerly known as sitiofobia. In addition to insomnia he was familiar with anorexia. The second type of refusal of food intake was typical for young ladies from well-situated families. The young women were emaciated and desperately trying to grab the attention of others. He proved the speculation in case of young lady who noticed that the attention which is given to her was in indirect proportion to amount of food she ate. In spite of Chipley's effort to save the lady, she died. Unfortunately his article about this case did not obtain any prominence and medical world had to wait more 10 years till a self-starvation was classified as a special clinical category of disorder. (Krch 2005, 29-30)

The history of the term overeating is as old as the history of starvation. A term bulimia itself has comprehensive history. (Baumann 1935, 21) There are some theories about what the term bulimia denotes. According to Plutarchos the term bolimos denotes ravenous hunger (pou limos). Some philologists have a different opinion, such as the bulimia has its origin in Greek words ox (bous) and hunger (limos). Those two words describe such a big hunger that person is able to eat a whole ox. Another reference of compulsive hunger is visible in the work of Greek dramatist and poet Timokles from the 4<sup>th</sup> century BCE. According to some doctors of medicine, the etiology of bulimia was closely connected with dysfunction of the digestive tract. (Krch 2005, 32)

Various meanings and explanations of the term bulimia have persisted from antiquity till the beginning of Modern Age. A specific form of bulimia recently received recognition through a highly regarded psychiatric diagnosis. The first description of bulimia nervosa was published in 1979 by British psychiatrist Gerald Russel by which he

determined it to be “an irresistible urge to overeat” followed by “a morbid fear of becoming fat.” (Russel 2009, 429 - 448) A relevant group of symptoms which differed from clinical descriptions of anorexia nervosa and obesity were identified in the early seventies. The number of clinical cases of women who were overeating but at the same time were able to keep their weight within normal by vomiting or purging was increasing. There were many explanations suggested such as dysorexia, bulimarexia, syndrome thinness-thickness, syndrome of overeating and purging, and syndrome of dietary chaos. According to DSM-III published by the American Psychiatric Association in 1980, the term bulimia was not specific enough in comparison to Russel’s definition of bulimia nervosa from 1979. A new name - bulimia nervosa - was accepted on the basis of unification of British terminology and revised version of DSM-III from 1987. There is to this day some disagreement about whether bulimia nervosa really deserves a separate clinical diagnosis. (Krch 2005, 32-33)

### 1.3.1 Anorexia Nervosa

“The term is of Greek origin: an- (ἀν-, prefix denoting negation) and orexis (ὄρεξις, "appetite"), thus meaning a lack of desire to eat” (Costin 2007, 7)

“Anorexia nervosa is a condition characterized by food denial, marked weight loss and amenorrhea, and is most commonly found in young women.” (Lee 1999, 21-34) Anorexia nervosa can be also defined as continuous effort for thinness and morbid fear of fatness. (Stricker, Widiger, and Weiner 2003, 173) The term anorexia can be misleading in some cases. An absence of appetite or weakening of appetite is usually secondary consequence of long-term starvation. Otherwise a cut down on eating is accompanied with increased interest in food – the patient thinks about it, collects recipes, loves to cook and so on or with different appetite, for example added appetite for sweets. It is probably natural adaptation of organism. Anorexic patients do not reject food, not because they do not have an appetite but because they do not want to eat. They usually try to deny that they do not want to eat and they also try to explain why they cannot eat. Their distaste for food and eating is a sign of irreconcilable and perverse attitude towards body weight, proportions and fatness.

Diagnostic criteria as outlined by the include MKN-10 (F 50.0) include:

- 1) Body weight is kept at least 15% under assumed level or BMI 17,5 (kg/m<sup>2</sup>)

- 2) A loss of body weight is caused by sick person itself. He or she eliminate food which is fatty, provokes vomiting, using laxatives, anorectics and diuretics, over exercising.
- 3) Fear of gaining weight and an obsessive preoccupation with body size persists and it leads an individual to set very low weight levels
- 4) Extensive endocrinal disorder which manifests itself as amenorrhea in case of women and loss of sexual interest and potency. There is an exception in case of women who use hormonal contraception.
- 5) Manifestation of puberty can be late even stopped if the disorder begins before puberty begins. Growth is stunted, breast development stops and primary amenorrhea appears. Boys retain undeveloped or underdeveloped genitalia. Normal completion of puberty is usual after recovery. (Krch 2005, 16)

Diagnostic criteria as outlined by the DSM-IV include:

- 1) “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).
- 2) Intense fear of gaining weight or becoming fat, even though underweight.
- 3) 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.
- 4) In postmenarchal females, amenorrhea” (American Psychiatric Association 1994).

Specific kinds:

- a) Restrictive Type - There are no repeated bouts of overeating during the episode of anorexia nervosa. A sick person limits the amount of food she eats and also exercises excessively to lose the weight.
- b) Purging Type - There are repeated bouts of overeating during the episode of anorexia nervosa. (Krch 2005, 17)

### 1.3.2 Bulimia Nervosa

Bulimia nervosa is a disorder characterized by repetitive binge eating connected with over-control of body weight. (Krch 2005, 18) Bulimia nervosa is usually diagnosed in women with normal weight, not anorexics. Unlike anorexia nervosa, a gradual weight loss does not have to appear. The disorder usually afflicts adolescent girls and young ladies, most often between 16 and 25 years, 80% of people suffering from bulimia nervosa are women. (Stricker, Widiger, and Weiner 2003, 173)

Bulimics have periods of binge eating followed by self-induced vomiting in order to compensate for the large amount of food they ate. (Stricker, Widiger, and Weiner 2003, 173) They are not able to starve themselves as anorexics do and the period of binge eating is repeated again and again. While having the fit of overeating, patients lose control over the amount of food they are eating. Bulimics also have a morbid fear of gaining weight. Although they are aware of their inappropriate behavior they are possessed by their own body. Vomiting is shameful to them: they hate themselves, they think they are disgusting. In comparison with anorexics, bulimics feel unsuccessful and have feelings of guilt because of overeating and subsequent vomiting. Patients suffering from bulimia nervosa do not eat because they are hungry but because they have an appetite; actually, they have appetitive dyscontrol. The problem is once the patient starts she is not able to stop. Even if she is not hungry and her stomach is full, she continues because her psyche is empty. Overeating can cheer the bulimics up or send some emotional pain away. Vomiting could be a way to rid off the anger or anxiety. This cycle of overeating and purging becomes addictive very quickly. Patient gets used to the both physical and psychological feelings during it. It is the moment when she enjoying the food, moment of pleasure. Later on the pleasure becomes pain, relieved by vomiting followed by feelings of thinness and purity . (Ladish 2006, 133-134)

Diagnostic criteria as outlined by the MKN-10 (F 50.2) include:

- 1) Repetitive binge eating, at least twice a week during three months
- 2) Constant interest in food, including eating, cooking, talking about food
- 3) Effort to compensate the food intake by: self-induced vomiting, abuse of laxative, periods of starvation, using medicament as anorectics or diuretics
- 4) Morbid fear from fatness. Usually there is a anorexia nervosa or drastic diets in anamnesis.

Diagnostic criteria as outlined by the DSM-IV include:

- 1) Repetitive episodes of binge eating. Binge eating episode is characterized by:
  - a) Consumption of bigger amount of food that is usual within two hour intervals or different continuous period of time. The amount of eaten food is more than people are able to consume in the same time.
  - b) Feeling of loss of control over food during this episode. For example the patient has feeling that he cannot stop or to decide what and in what quantity to eat.
- 2) Repetitive behavior in order to prevent the body from gaining the weight, e.g. self-induced vomiting, abuse of laxatives or diuretics, or other medicaments, starvation diet, excessive exercise.
- 3) At least two episodes of binge eating twice a week during three months
- 4) Self-evaluation inappropriately based on body shape and body weight
- 5) Disorder does not appear exclusively during episode of anorexia nervosa

Specific kinds:

- a) Purging type - patient usually uses purging, abuses laxatives or diuretics in order to stop gaining the weight.
- b) Non-purging type - uses strict diets, fasts or intensive physical exercise but not usual purging methods. (Krch 2005, 19)

### **1.3.3 Binge Eating Disorder**

Binge eating disorder is classified as EDNOS - Eating Disorders Otherwise Specified. This pattern is characterized by recurrent eating binges without any compensatory behaviors such as fasting or vomiting. Defining characteristic include eating until the person is uncomfortably full, eating more rapidly than normal, eating alone because of feeling embarrassed about the quantity of food eaten and also disgust and depression after eating. Binge eating disorder patients are distinguished by distinctive longer periods of time while compared to bulimia nervosa patients. There are also cases of individuals showing day-long binges. Eating habits in BED individuals are less desperate than in BN and patients clearly eat more proteins than bulimics who prefer to eat sweets. (Stricker, Widiger, and Weiner 2003, 174)

### 1.3.4 Famous Cases of Eating Disorders

As we are surrounded by media every day, we can notice several cases of eating disorders time to time. There are some clear examples of famous celebrities suffering from eating disorders as indicated on Eating Disorder Referral and Information Center website. (Since this list would be very long I am choosing just few of them.):

- Paula Abdul
  - American singer, dancer and choreographer
  - suffered from bulimia and decided to go to a clinic
  - "It is one of the toughest things to talk about, bar none, and it is one of the hardest disorders to deal with because it's not black or white. Eating disorders really have nothing to do with food, it's about feelings." Paula Abdul
  
- Lily Allen
  - has talked about her suffering from bulimia
  
- Victoria Beckham
  - Posh Spice from the Spice Girls
  - admitted that she had problems with an eating disorder in the early period of her career in the Spice Girls
  - "I was very obsessed. I mean, I could tell you the fat content and the calorie content in absolutely anything" Victoria Beckham
  
- Kate Beckinsale
  - an actress suffering from an eating disorder during her teen years
  
- Melanie Chisholm
  - singer known as Melanie C or Sporty Spice from the Spice Girls
  - has publicly spoken about her suffering from an eating disorder and depression
  
- Kelly Clarkson
  - a winner of the American Idol has suffered from bulimia for 6 months
  
- Diana, Princess of Wales
  - admitted suffering from bulimia for many years



- Calista Flockhart
  - actress has admitted anorexia after years of denial
- Oprah Winfrey
  - one of the most influential person on TV with her own talk show who admitted bulimia
- Jane Fonda, Lady Gaga, Geri Halliwell, Audrey Hepburn, Elton John, Franz Kafka, Diane Keaton, Sharon Osbourne, Tara Reid, Christina Ricci, Portia de Rossi, Alanis Morissette, Mary-Kate Olsen, Ashlee Simpson, Kate Winslet

There are also many cases of eating disorders among celebrities which ended in death:

- Karen Carpenter
  - musician
- Isabella Caro
  - French Model known for her shocking anti-anorexia billboards in Italy
  - died 17/11/2010 in the age of 28
- Ana Carolina Reston
  - famous Brazilian model
  - died 15/11/2006 in the age of 21

## **1.4 The Cause of the Origins of Eating Disorders**

There is not only one cause of eating disorders. It is almost always an interaction of many factors, such as genetic, biological, psychological, social, cultural and familial. Also adverse influences of stress, crisis and long-standing problems in life are included. (Krch 2005, 57)

### **1.4.1 Biological Factors**

A female sex is one of the most important risk factors for the development of eating disorders. It is enough to be female and the risk is ten times higher. The female body is traditionally more important, and body proportions play a different role in the lives of women and men. The most dramatic physical and mental changes that may be significant in terms of eating disorders occur during puberty and adolescence. Very rapid body growth is associated with increasing body weight and fat accumulation. Striking changes in their bodies can be threatening for teenage girls because they are not

experienced with such a significant changes. For many girls the rapid growth of fat associated with puberty means threat. While for boys the physical maturation means that they are approaching the ideal of masculine beauty, which is a well-developed, muscular body. What is nowadays interpreted as beautiful woman's body may be in contradiction with growing up. (Krch 2005, 61-64)

#### **1.4.2 Family Factors**

There is an assumption that long-term dysfunctional relations within family can cause anorexia nervosa. Too disturbed relationships with inclination to mutual manipulation usually occur in such an environment. The relationships are often with no clear delimitation of the position of each member of family.

In the most of clinical studies, the incidence of eating disorders among siblings is in the range of 3% to 10%. Eating disorders and other cases of disordered eating can occur more frequently among mothers of anorexic patients. Eating disorders occur four or five times more often in families of patients suffering from anorexia nervosa or bulimia nervosa than in ordinary population.

“Anorectic mothers” are sometimes described as hyper-protective and dominant persons. An excessive dependence of mother and anorectic child was pointed out. Sours (1974) says that mother's dissatisfaction and her wishes lead to pathologic requirement of submissive and perfect child. (Krch 2005, 65-69)

#### **1.4.3 Emotional and Psychological Factors**

Depressive and anxiety symptoms often occur in patients suffering from anorexia nervosa or bulimia nervosa. Signs of depression are usually more significant in bulimia nervosa. 20% to 80% of observed patients suffered from depression. The most of the depressive and anxiety symptoms are directly connected with fear from gaining weight. Bulimics often experience a feeling of worthlessness.

Anorectics are perfectionist, focused on performance, emotionally passive. They strive for perfection which can never be achieved. There is a strong need to be excellent or different from the others and be recognized for their qualities. They try to distinguish thanks to their extreme slimness. (Sladká Ševčíková 2003, 9)

Against that, bulimics are impulsive, emotionally unstable, tend to depression and self-harm. Generally, girls suffering from eating disorders are characterized as too demanding.

They are excessively critical and underestimate themselves. The other characteristics are low self-esteem and excessive self-control. (Sladká Ševčíková 2003, 10)

#### **1.4.4 Sociocultural Factors**

Garfinkel and Garner (1982) and Hsu (1990) suppose that the core of problem of eating disorders is in quickly changing culture which enthusiastically praises emaciated slimness and excessive self-control. This hypothesis is supported by several arguments, such as increasing incidence of eating disorders among immigrant women in the so called western countries, for example Greek girls in Germany or Arabic students in England. The increasing incidence was also noticed among ballerinas or models in such cultures, which tried to quickly adapt to the western lifestyle and values after the World War II, for example in Japan, Hong Kong, Israel or Argentina. A fact was indicated, that an identification with western values and ideals are commonly connected with increasing concern for body and body weight. According to H. Bruch a fashion ideal indirectly influences easily vulnerable teenagers. Therefore, they connect beauty, success and self-control with a body weight control. H. Bruch considered the fashion industry and the mass media responsible for spreading the idea that slimness is the most important aspect of physical attraction. According to Garfinkel and Garner (1982) the fashion trends led so far that current ideal proportions and women's body weight are bio-genetically and even health endangering for most of the women. Not being on diet or slight overweight are perceived as failure in this social climate. This failure can lead to social discrimination, isolation and decrease of confidence. (Krch 2005, 58)

#### **1.4.5 Eating Habits**

The nutritional needs are of a individual character, depending on age, gender, type and method of work. The current lifestyle of the majority of people living in developed countries is characterized by suffering from a lack of physical exercise, mental stress, smoking and intake of readily accessible food. An excessive intake of energy leads to the obesity and has unfavorable influence on potential onset of diabetes. (Fialová 2006, 72)

### **1.5 Eating Disorder Symptoms**

Anorexia Nervosa - a list of the observable symptoms:

- Refusal to maintain body weight

- Fear of gaining weight
- Problems with eating full meal
- Over-exercising
- Dissatisfaction with physical appearance
- Menstrual difficulties/ loss of menstruation
- Taking a smaller portion of food, smaller plate
- Refusal of some kind of meal (sweet, fried)
- Interest in cooking, collecting recipes
- Thorough chewing
- Personality change
- Taking laxatives and diuretics
- Lack of concentration, irritability, impulsivity, insomnia, depression, tearfulness
- Sensitivity to cold
- Dry grayish skin, damaged hair, brittle nails
- Irregular heartbeat (Krch 2008, 41-42)

Bulimia Nervosa - a list of the observable symptoms:

- Diuretic abuse, vitamin abuse, laxative abuse
- Tendency to suicide
- Vomiting
- Fasting
- Alternation of bingeing and purging
- Eating in secret
- Feeling of guilt after binge
- Impulsiveness
- Irregular menstruation
- Dental problems, swollen salivary glands
- Disturbed metabolism (Krch 2008, 43-44)

## 1.6 Consequence of Eating Disorders

Eating disorders do not attack only person's mental health, but also significantly endanger his physical health.

### **1.6.1 Physical Consequence of Anorexia Nervosa**

- Non-healing infections
- Bruises
- Osteoporosis
- Sensitivity to cold
- Lanugo
- Low pressure, heart failure, anemia
- Dehydration, kidney failure
- Slowing down of intestine function - constipation
- Eczema, acne
- Insomnia
- Disinterest in sex (Ladish 2006, 142-145)

### **1.6.2 Physical Consequence of Bulimia Nervosa**

- Overall fatigue, muscular weakness and sleepiness
- Pain in the throat
- Dental problems, swollen salivary glands
- Dehydration
- Constipation, gastric ulcers
- Abdominal pain
- Esophageal Rupture (Ladish 2006, 146-149)

### **1.6.3 Psychological and Social Consequences of Anorexia Nervosa and Bulimia Nervosa**

- Mood depends on body weight and self-control level
- Self-assurance is on the decrease
- Constant thinking about food
- Feelings of hunger, fullness or taste loses its regulatory function and cannot be relied on
- Lack of concentration
- Increase of egocentrism, person is more touchy

- Lack of interest in everything which is not directly connected to food (Krčh 2008, 41)

## **1.7 Prevention**

As far as rise of eating disorders is mentioned, the importance of prevention is increasing as well. Preventing the development of dangerous attitudes and habits is always easier than curing them. As an old proverb says, prevention is better than cure. In my opinion, the best way of preventing eating disorders is to keep people informed, which is also one of goals of my bachelor thesis.

According to experts, preventing eating disorders can be realized via media, such as programs in TV, articles in the magazines, newspaper or specialized books and lectures in schools. However, the experts are highlighting the fact that serials, movies and advertisements show the ideal of slim body much more than the information preventing information. (Krčh 2005, 175)

## **2 THE MEDIA**

A word media comes from Latin adjective medium which means to be situated in the middle. The term media is used on daily bases as denotation for technical means or tools which serve for spreading information. (Schellmann 2004, 10) According to definition accessible on Cambridge Dictionaries Online media is “newspapers, magazines, radio and television considered as a group”. According to Universum Všeobecná psychologie, Praha 2001 media is everything which enables communication. Media act very important role in our awareness, even so important that they form our vision of reality. Media are inseparable part of everyone’s life. More than 80% of people in Europe read newspaper several times a week, about 50% read magazines, and about 1/5 of population reads a book. Average citizen listens to the radio 3 hours per day, another 3 hours watches TV and one and half hour uses the Internet. Therefore, there is no wonder that expert consider media as very powerful tool in economy, society, politics and technology. (Schellmann 2004, 9)

### **2.1 Substance of the Media**

The media is a major source of information and even instruction. It is also a means of entertainment. The media helps to determine the most common ways of spending free time and to organize it. According to McQuail, the media is also:

- a source of power - a potential source of influence, controlling and asserting innovations in the society; source of information which are important for most of the social institutions to be able to function and also essential device for transfer for this information
- an environment - a lot of events from the public life takes place in media
- a important source of social’s reality interpretation
- a primary key to fame
- a means of fun (McQuail 2009, 156)

### **2.2 Classification of the Media**

The media may be classified into two categories – print media and electronic media.

Print media includes book, newspaper and magazine. The electronic media are radio, television and the Internet.

### 2.2.1 Print Media

Book is one of the oldest means of keeping information. Publicist meaning of book consists in mediation of education, knowledge, culture and fun in the widest measure. Characteristics of book as a medium are: big quantity of copies, diverse content, character of goods, individual usage, freedom of publication and individual authorship. (McQuail, 2009, 46)

Book as a medium

- a technology of handwriting
- bounded pages
- great number of copies
- commodity character
- a secular content
- an individual usage
- an individual authorship
- a freedom of publication (McQuail 2009, 39)

Newspaper

From the journalist's point of view, newspaper are an essential medium, because they take part in forming public opinion and contribute to public awareness. Newspaper are also the most important vehicle of an advertisement. Newspapers are periodicals that are published in short intervals. Their main task is to mediate messages from various fields, especially politics, society, culture, economy and sports. Nationwide as well as local newspaper are an essential medium. (Schellmann 2004, 39)

Newspaper as a medium

- regular and frequent publishing
- commodity character
- an informational content
- an activity in the public sphere
- secular audience
- a relative freedom (McQuail 2009, 40)

Magazine

Magazines are part of the modern life. They can be understood as something on the half way between book and newspaper. Magazines are published periodically, therefore they are more updated than the books but not so much as newspaper.



There are several types of magazines - social, specialized or customer-oriented. (Schellmann 2004, 41)

### 2.2.2 Electronic Media

Radio is the oldest electronic media. Publicist meaning of radio was enormous till the sixties. Regular broadcasting started in the USA in 1920, in Czechoslovakia it was 3 years later, in 1923. Nowadays, radio is just secondary media. On the other hand, people spend approximately the same time listening the radio and watching TV during the day. Topicality and mobility are advantages of radio. (Schellmann 2004, 45)

Television has a key role among the media and is an inseparable from the everyday life. Its publicist and social effect is extraordinary. There is no other technology which has such a far-reaching influence. (Schellmann 2004, 51)

Television as medium

- extensive output and range
- audio-visual character
- complex technology and organization
- public character
- national and international character
- miscellaneous content (McQuail 2009, 42)

### The Internet

According to definition accessible on Cambridge Dictionaries Online internet is “the large system of connected computers around the world which allows people to share information and communicate with each other using email”. Other definition accessible on Oxford Advanced Learner’s Dictionary says that the Internet is “an international computer network connecting other networks and computers from companies, universities, etc”.

There is a phenomenon called Pro Ana/Mia Blogs on the Internet. First of all to the origin of the name. Pro Ana stands for pro anorexia, or in the other words sympathizing with anorexia. Pro Mia stands for pro bulimia. In general, these blogs are called Pro Ana Blogs.

Usually teenage girls, suffering from anorexia or bulimia meet on these blogs. Some of them have not started to be anorectic or bulimic in the true sense yet, they seek for inspiration. Regarding the content, there are sections such as diet, thinspo (thinspiration), exercise, tips how to lose the weight, tips how to stay determined and more. Talking about

thinspiration, this section shows pictures of celebrities or real girl who were “so strong” and were able to become slim enough. Other interesting section is called Stories. Teenage girls tell their stories why and how they become anorectics or bulimics. However, the main goal of these blogs is support and giving tips. There was an interesting tip how to avoid eating Christmas cookies while baking it. It was a period before Christmas when girls usually help their mothers to bake the sweets. The tip was that girl had a rubber band on the wrist. Every time she felt the temptation to eat a Christmas cookie she had to stretch the rubber band and let it hit the wrist. The more she was stretching the rubber band, the more bloody her wrist was. As a result she realized that the painful wrist is a punishment for her desire to eat the sweets. (Blog Chantal Wants to Be Perfect.cz)

### 2.3 Media Function

The media function can be changing depending on organization of society, cultural context or economical and political situation.

Media function according to Burton (1997, 46):

- Entertaining function
  - provide audience distraction and enjoyment
  - take audience attention away from serious social problems
- Informational function
  - help audience to form an idea about world and its political, economical and geographical features
- Cultural function
  - provide audience material which reflect our culture and support the will for change and development

### 2.4 Media Influence

Thanks to media a large sample of population gets information. This happens not only within one socio-cultural environment, but world-wide. These information, except the obvious messages, can also have hidden ones, whose content can act on an unconscious level. (Grogan 2000, 76)

According to Jiráček and Köppllová (2009, 64) there are some observed effects of media:

- Intensifying effect - If media pay a bigger attention to some problem, the importance of the problem rises for a while.

- Corroborative effect - If the audience is not sure about the truthfulness of an information and media corroborate this speculation, then it is easier for the audience to accept it as a true.
- Trivialization - Especially television is accused of trivialization.
- Agenda setting - Media influence what are people thinking about and also how they think about it. If media put some information into agenda more often, it signalizes its importance.
- Imitation - Phenomena showed in media can lead to imitation.

### 3 BODY IN MEDIA

Since our childhood we are thought to follow trends recognized by society, to be able to fit in, to adapt and not to be asocial. And society thought us to admire what media command us to admire. Admitting the fact, media (television, radio, the Internet, newspaper, magazines or movies) are far more powerful than it was in the past. (Derenne and Beresin 2006, 257-60)

The current situation is very confusing for women. Women are told to have all. Good education, well-paid job, to be successful and effective for her firm. On the other hand, women are expected to be good mothers, to take care of family, to have husband and have happy family. Besides that, they constantly feel the pressure from media that they do not look perfect enough. Furthermore, the known fact is that nobody can be perfect, so the desire to improve something is always here.

Speaking of perfect look, let's focus on Barbie dolls. The measurements of Barbie dolls are physiologically impossible. For a petit women with boyish figure (straight hips, almost no bottom) is highly unlikely to have a D cup size breast. Fortunately, the Barbie doll designers adapted Barbie's figure little bit back to real in the late 1990s. (10) However, our society has changed the Barbie doll ideal for the plastic surgery ideal. It means that today's women are faced with almost the same unrealistic expectations always when they open the fashion magazine. (Derenne and Beresin 2006, 257-60)

Considering the pictures of celebrities in magazines, it is reality that they airbrush the pictures in expensive computer programs, to hide body imperfections. It is important for women to know that the pictures portrayed in magazines are rarely real. Besides that, celebrities have their own stylists, nutrition therapists and trainers. The bunch of tailors take care about their outfits. Apparently, it is naive to want to look like them without having this support. (Derenne and Beresin 2006, 257-60)

#### 3.1 Displaying of Body in Media

Media show male and female body quite differently. Whereas male body is presented as slim and muscular, of average weight, female body is usually presented by emaciated models. (Grogan 2000, 22) Another interesting fact is that women are portrayed in connection with their body, on the contrary, men are connected with intellect and rationality. (Fialová 2006, 86) According to Grogan (2000, 52), physical appearance is a major weapon in competition between women.

### 3.1.1 Commercials

Commercials affect us in our daily lives. People usually believe in what is said in the commercial but very often it is not true. As an example, I chose a Dove commercial called Evolution. This commercial shows how easy it is to change an average-looking women into a model with use of hairstylists, make-up artist and with editing in program. The commercial is accessible on: [http://www.dove.cz/indexx.php#d\\_425\\_\\_evolve](http://www.dove.cz/indexx.php#d_425__evolve) (Unilever 2009, 0:01)

### 3.1.2 Magazines

In almost every magazine for women we can see pictures of perfect-looking celebrities. They always look nice, have a flawless face and body. This often evokes a feeling of inferiority. Let me show you the reality.

There are some pictures of celebrities before and after Photoshop in the first section.



Picture 1. Fergie

*Source:* Before And After



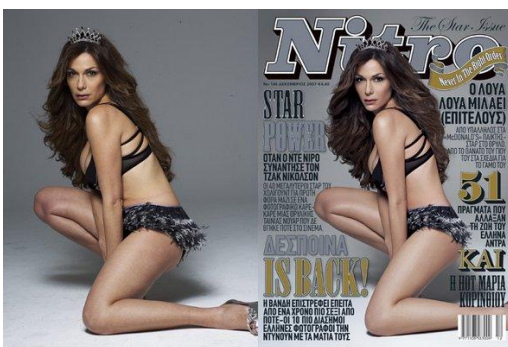
Picture 2. Carlos Tevez 1

*Source:* Before And After



Picture 3. Madonna

Source: Chill Out Point



Picture 4. Sandra Bullock

Source: Chill Out Point

The second section focuses on celebrities without make-up.



Picture 5. Anna Kurnikova

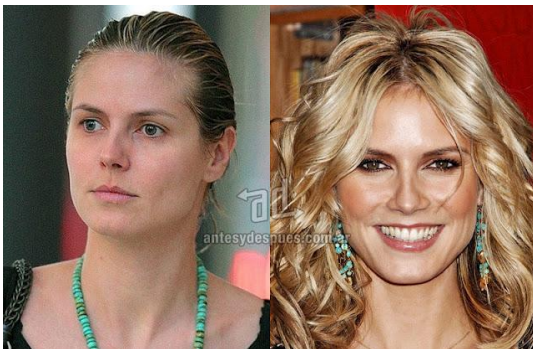
Source: Top Socialite



Picture 6. Penelope Cruz

*Source:* Top Socialite

And the last, third section focuses on top models without make-up.



Picture 7. Heidi Klum

*Source:* Before And After



Picture 8. Alessandra Ambrosio

*Source:* Before And After

In my opinion, if there were more realistic pictures in the magazines, women would not feel ugly or would not feel the need to be on diet, to go on plastic surgery etc.

### 3.1.3 Movies

Speaking of movies, soap operas and TV series, I would like to highlight some unrealistic facts which plentifully appear in there. As an example I chose TV series for teenagers *Pretty Little Liars*. There are girls in the age of 16 but these girls have no facial imperfection, have always fashionable dresses and they are on the high heels during the whole day, even when they are cooking.



Picture 9. *Pretty Little Liars*

*Source:* Seat42f



## **I. ANALYSIS**

## **4 THE RESEARCH**

In the second half of my bachelor thesis I deal with a practical part. I analyze objective of the research, research sample, I set the research problem and I state the research method.

### **4.1 Objective of the Research**

The objective of my research was to address teenage girls and adult women and find out if the media influence creating their idea about ideal body. Furthermore, I was trying to find out how they perceive their own body and which body is an ideal one in their opinion.

### **4.2 The Research Problem**

What is the significance of media in forming idea about the ideal body in teenage girls and adult women.

### **4.3 The Research Sample**

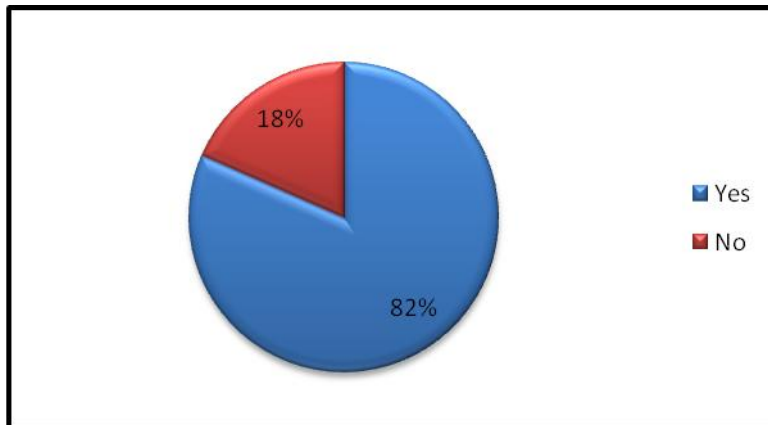
The research sample is comprised of 76 respondents within a age range from 15 to 59. I sent a questionnaire, which I created in Google Documents, to my family, friends and acquaintance. Respondents were only women. The research was conducted in the end of January 2012. The second questionnaire comprises of 50 respondents, students of first and second years at TBU.

### **4.4 Research Method**

I choose a quantitative method for my research because for answering my questions I needed a across-the-board survey. I used a questionnaire for processing data. I made a anonymous questionnaire consisting of 25 questions. The second questionnaire consists of 5 questions.

## 4.5 Presentation of Research Results

- 1) Do you follow the fashion trends?

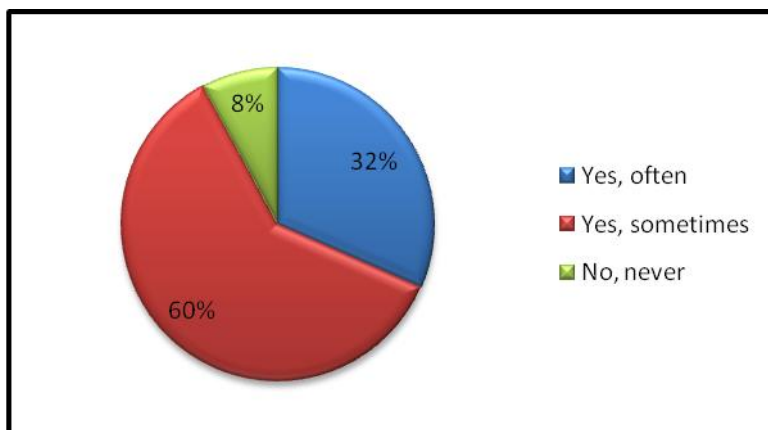


*Figure 1. Following the fashion trends*

Source: Author

In the very first question I was asking whether the respondents follow the fashion trends or not. As emerged from the questionnaire 82% do and remaining 18 do not follow the fashion trends.

- 2) Do you adapt your appearance depending on media and models?



*Figure 2. How respondents adapt their appearance depending on media and models*

Source: Author

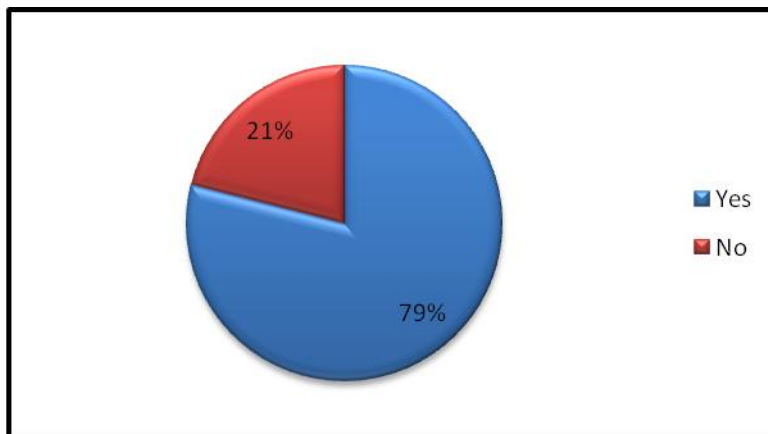
Speaking of the media influence, I asked if, what media is showing, make them adapt their appearance to look a bit similar like a models or another symbols of women's beauty. Apparently, 32% of respondents are strongly influenced by media. The biggest group which comprises from 60% of respondents say that they sometimes adapt their appearance depending on media. The last group, comprising

from only 8% of respondent do not consider themselves as a person who adapts its apperance depending on media.

3) Which celebrity, do you think, has the ideal body? (Please, write a name)

Regarding this question, I wanted to find out whether there is a celebrity who is considered as the one with ideal body. Unfortunately, the answers were very different. To sum up, I can list few names which appeared most often. 7% of respondents mentioned Czech top model Karolina Kurková and American actress Megan Fox, Jessica Alba as well as Kate Winslet, Lucie Borhyová, Jennifer Aniston and Leighton Meester had 5%. Remaining celebrities usually had just 1 or 2%.

4) Would you like to resemble her?



*Figure 3. A desire to resemble celebrity*

*Source:* Author

This question is closely connected to the previous one. Besides that I found out celebrities who are, we might say, idols for teenage girls and adult women I was interested if the respondents consider them just beautiful or more than that, if they would like to look like them. And more than one half, exactly 79% of respondents, said yes. Only 21% of respondents prefer not to look like the celebrity mentioned in question 3.

5) Do you like your figure?

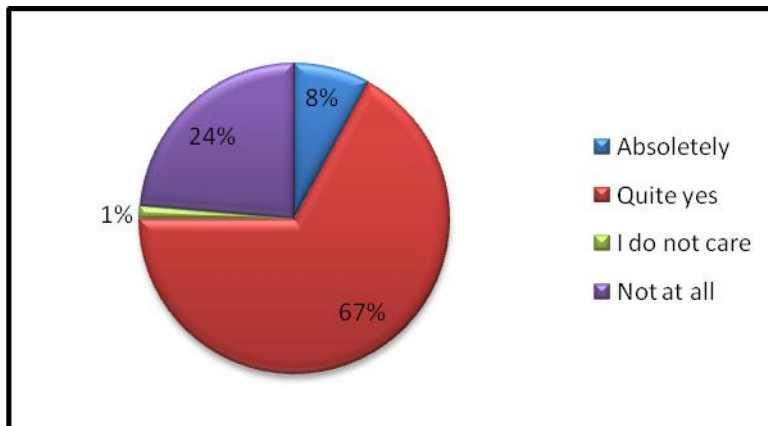


Figure 4. Satisfaction with own figure

Source: Author

This question focuses on self-satisfaction of respondents. 67% of respondents, which is the biggest group, are quite satisfied and like their figure. Nevertheless, 24% of respondents do not like their figure at all. 8% of respondents absolutely like their figure and just 1% of respondents do not care about this topic.

6) What do you find attractive on your body?

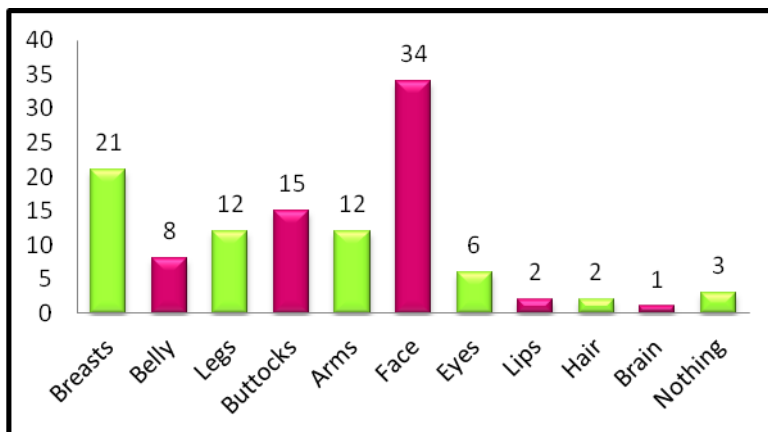


Figure 5. Favorite part of body

Source: Author

This question focuses on self-satisfaction of respondents into detail. 34 respondents said that they are mostly satisfied with their face. 21 respondents are satisfied with their breasts, 15 respondents find their buttocks attractive, identically, 12 respondents like their arms and legs. On the other hand, only 8 of them are satisfied with their belly, 6 of respondents like their eyes. Even 3 of respondents do not like

anything about their body. Coincidentally, 2 of them liked their lips and hair. A brain was answer of only one of respindents.

7) On the contrary - what would you like to change on your figure?

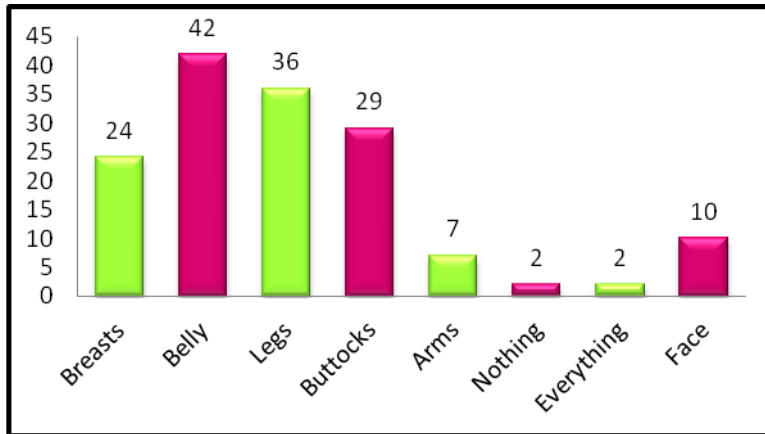


Figure 6. Unpopular part of body

Source: Author

Talking about satisfaction and dissatisfaction, I found this question important. If there is something what teenage girls and adult women do not like about their body, it may be good to know what it is exactly. Most of the respondents are dissatisfied with the belly (42 of respondents), legs are second on the scale of dissatisfaction (36 of respondents), and 29 of respondents would like to change their buttocks. 24 of respondents prefer different breasts, 10 of them different face and 7 of them would change their arms. 2 of respondents would like to change everything about their figure and identically 2 of respindents would not change anything.

8) About your body weight you think that

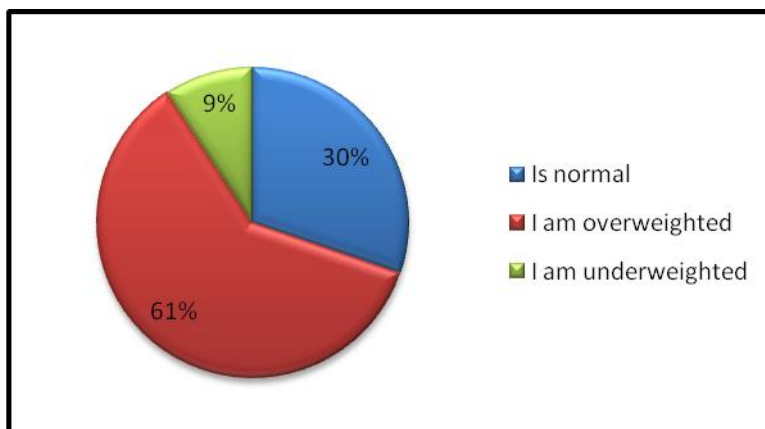


Figure 7. Opinion of body weight Source: Author

The perception of own body weight is an important part of the satisfaction with oneself. 30% of respondents consider their body weight normal, 61% of respondents think that they are overweighted and 9% of respondents think that they are underweighted.

9) Do you often think about your body weight and figure?

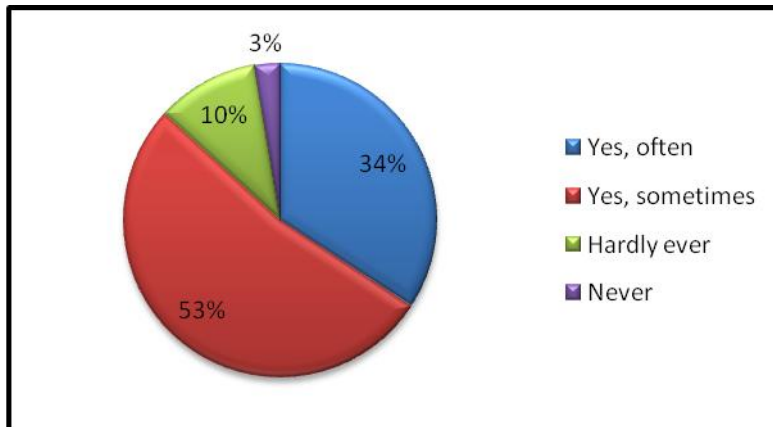


Figure 8. Thinking about physical appearance

Source: Author

34% of respondent said that they often think about their body weight and figure. More than one half, 53% of respondents said, yes, I sometimes think about it. Hardly ever, that was an answer of 10% of respondents. Only 3% of respondents never think about their figure and body weight.

10) Do you know the term BMI (Body Mass Index)?

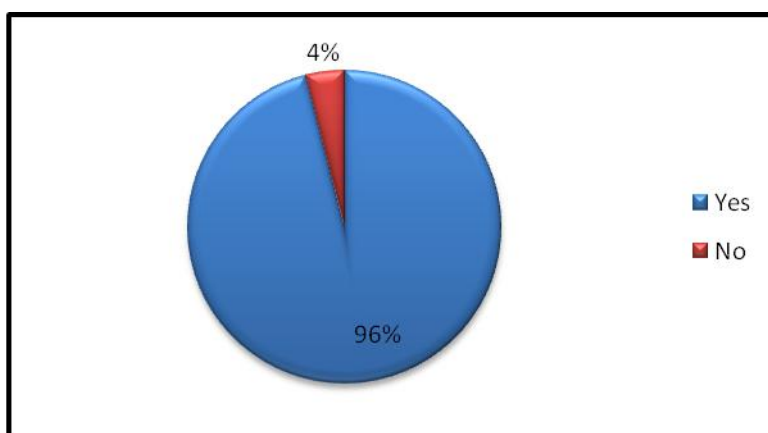


Figure 9. A knowledge of the term BMI

Source: Author

96% of respondents are familiar with the term BMI. Only 3 respondents, which makes 4%, do not know this term.

11) Do you buy products on the base of advertisement?

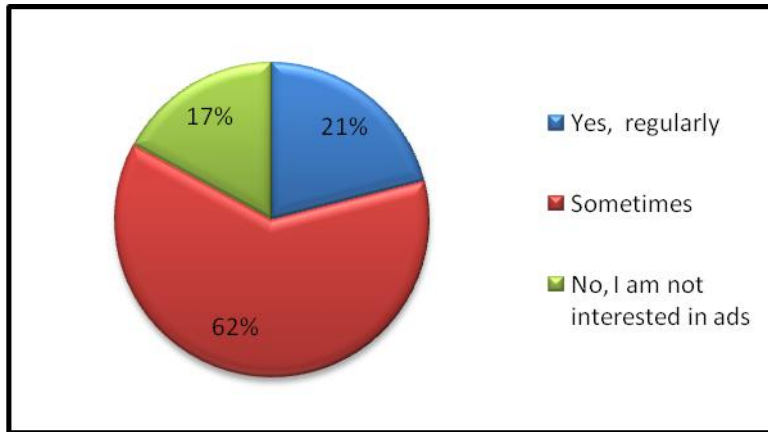


Figure 10. Buying products on the basis of advertisement

Source: Author

21% of respondents are strongly influenced by advertisement that they regularly buy products on its base. 62% of respondents said that they sometimes buy product on the base of an ad and 17% of respondents are not interested in the ads at all.

12) Do you buy magazines for women?

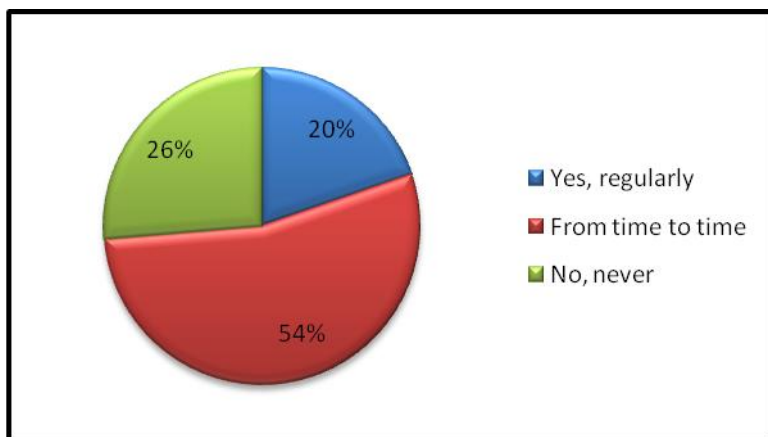


Figure 11. Buying of magazines for women

Source: Author

More than one half of respondents (54%) buy the magazines for women from time to time. Even 20% of respondents buy it regularly. On the contrary, 26% of respondents do not buy this kind of magazines at all.



13) Do the articles about appearance, ideal body, diets and beauty appear in the magazines which you read?

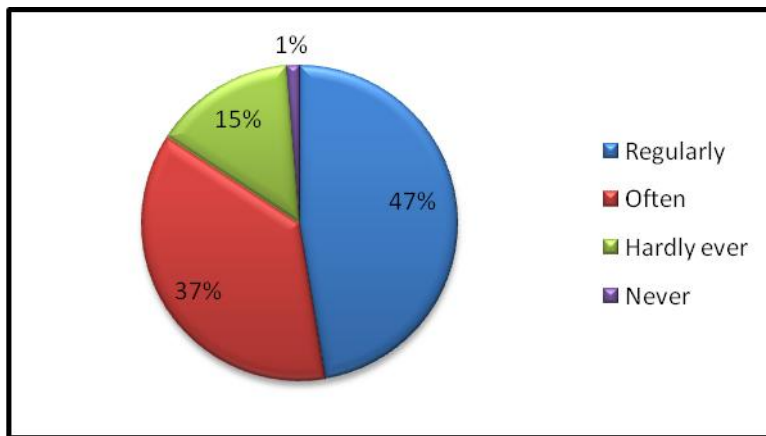


Figure 12. Articles about appearance in the magazines

Source: Author

36 respondents said that this kind of articles, described above, do appear regularly in magazines which they read. 28 respondents said that this articles appear often, 11 respondents said that hardly ever appear the articles in their mgazines and only 1 respondent said that it never appears in her magazine.

14) Are you interested in that kind of article?

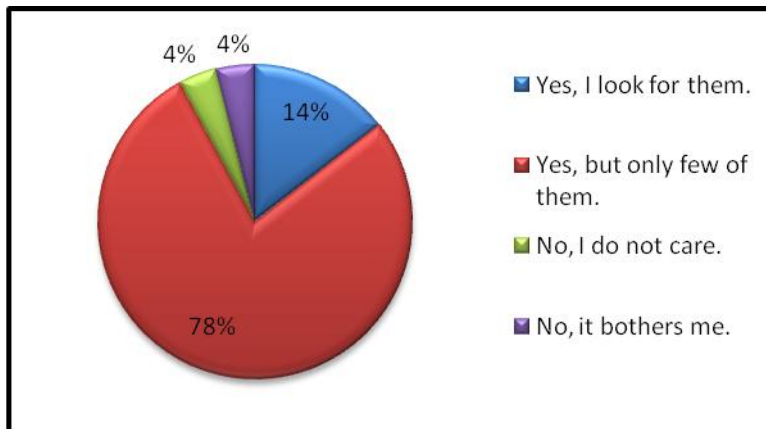


Figure 13. The interest of readers in previous kind of articles

Source: Author

78% of respondents mentioned that they are interested only in few of the articles about appearance, ideal body, diets and beauty, coincidentally 14% of respondents look for such kind of articles and 4% of respondents find these articles bothering. 4% of respondents do not care.

15) Think about pictures of models, actress or singers. Do you consider it real?

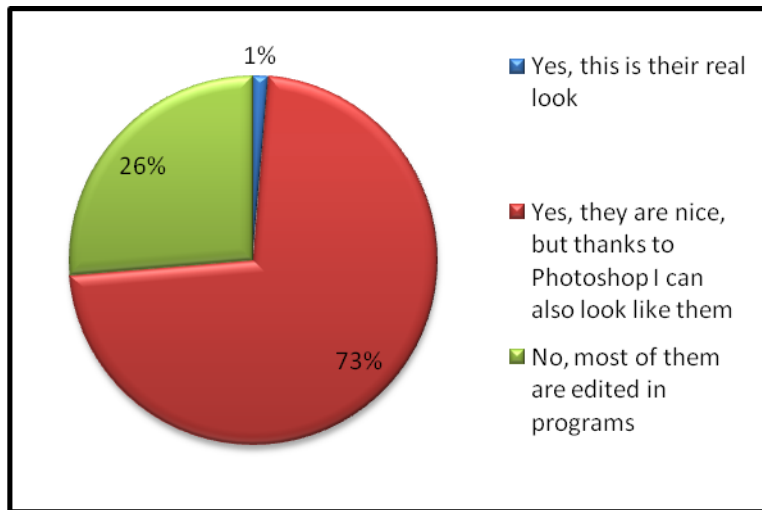


Figure 14. How women perceive pictures of models or celebrities.

Source: Author

Only 1% of respondents consider pictures of models, actress or singers real. 78% of respondents think that the celebrities showed in magazines are nice. Nevertheless, they assume they can look like them as well with help of Photoshop or another graphic program. However, 26% of respondents are of the opinion that most of the celebrities are just edited in graphic programs.

16) Does your body give you worse impression after seeing pictures of famous models, actress and singers?

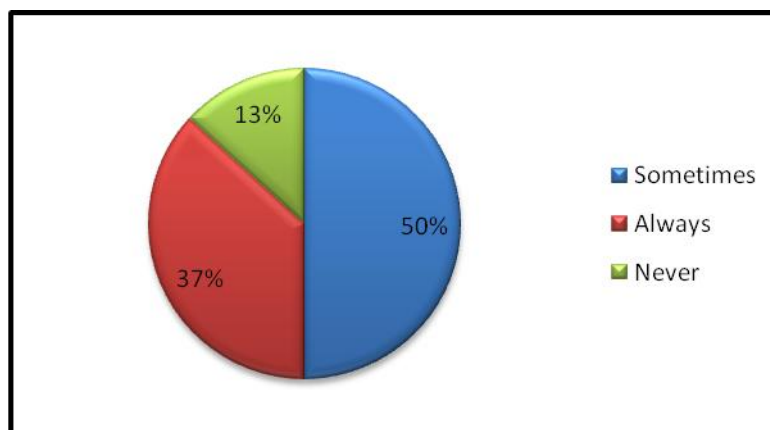


Figure 15. Impression after seeing pictures of celebrities

Source: Author

There is 50% of respondents who have a worse impression of their own body after seeing pictures of famous models, actress and singers. Whereas 37% of respondents

always have this impression, 13% of respondents never had worse impression of their own body.

17) Do you find the examples presented by the media unnatural even unhealthy?

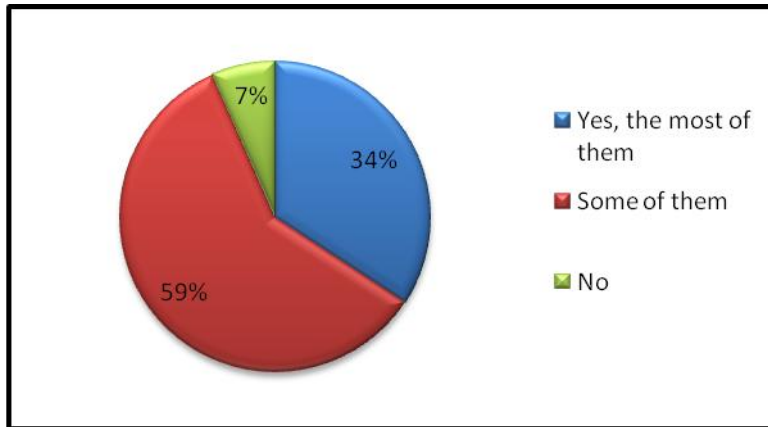


Figure 16. Examples presented by media

Source: Author

Speaking of the examples presented by the media, 34% of respondents find most of them unnatural even unhealthy, 59% of respondents think that only some of them look unnatural and unhealthy and 7% of respondents said that they do not consider them unhealthy or unnatural.

18) Do you think that media influence your appearance?

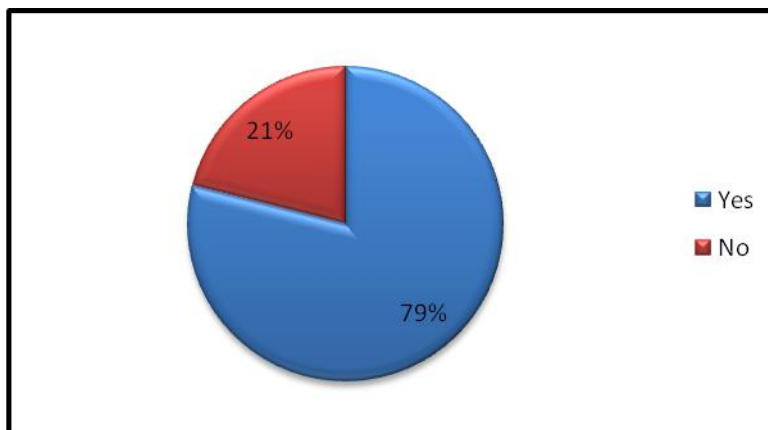


Figure 17. Media influence on appearance

Source: Author

As far as media influence is concerned, 79% of respondents thinks that media have an impact on their appearance. On the other hand, 21% of respondents do not think so.

19) Which one is the ideal figure in your opinion? (see the pictures below)



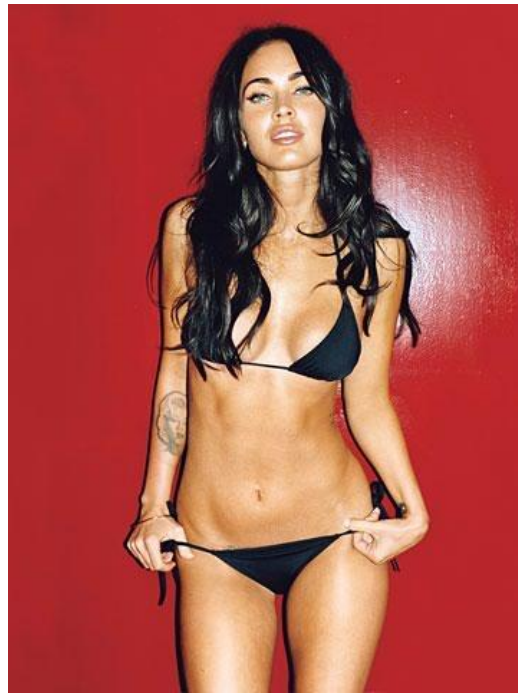
Picture 10. Nicole Richie  
Source: Jenny - ana blog



Picture 11. Tara Reid  
Source: Jenny - ana blog



Picture 12. Kiera Knightley  
*Source:* Jenny - ana blog



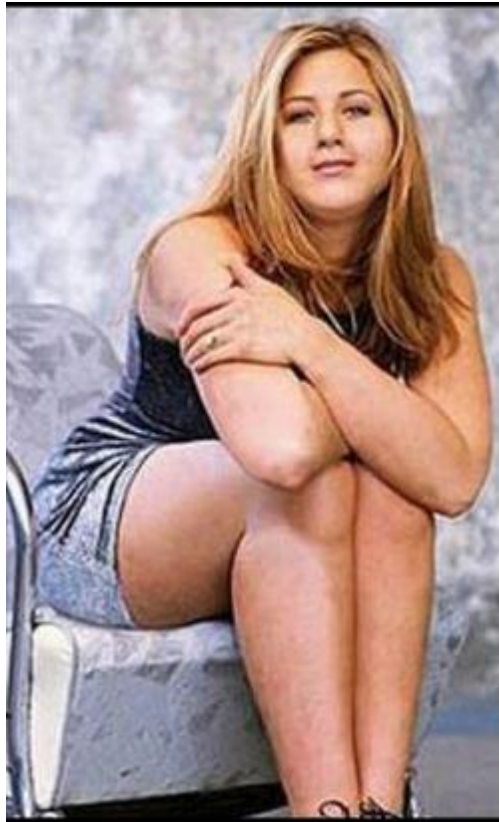
Picture 13. Megan Fox  
*Source:* Ego TV



Picture 14. Rihanna  
*Source:* People



Picture 15. Beyoncé  
*Source:* Pop on the Pop



Picture 16. Jennifer Aniston  
Source: Doma



Picture 17. Model on the cover of Elle  
Source: Revue idnes



Picture 18. Adele  
Source: Adla 777 blog

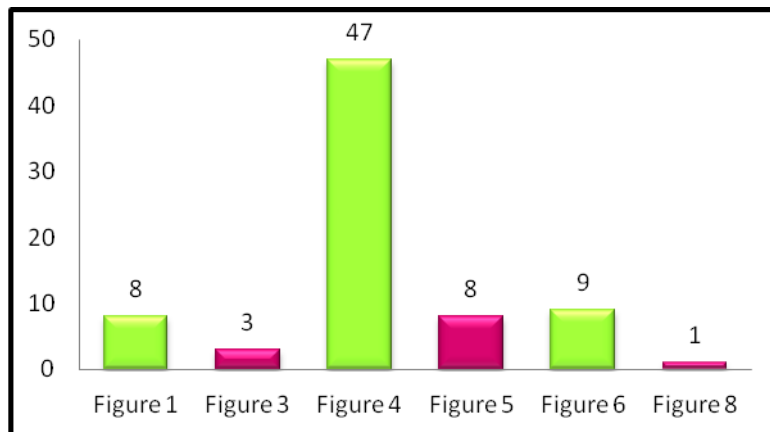


Figure 18. An ideal figure

Regarding the ideal figure, some pictures of celebrities were shown to the respondents. They had to determine one figure which is, in their opinion, the ideal one. 47 respondents choosed figure number 4, figures number 5 and 6 were also popular. Surprisingly, figure number 1 was as popular as figure number 5. They identically have been chosen by 8 respondents.

20) Which of these figures is the most similar to yours?

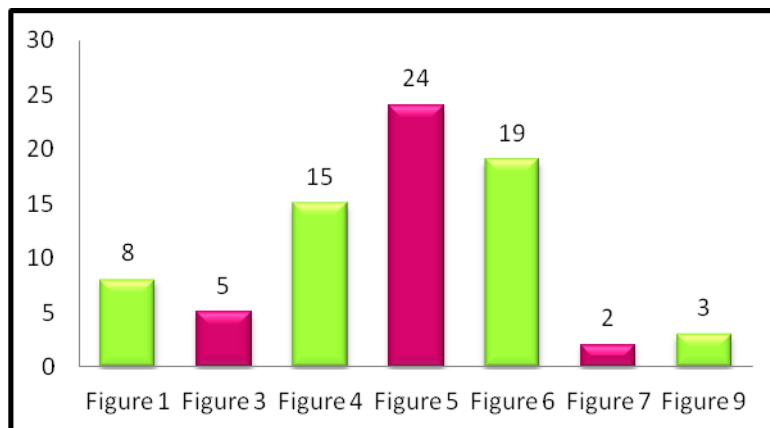
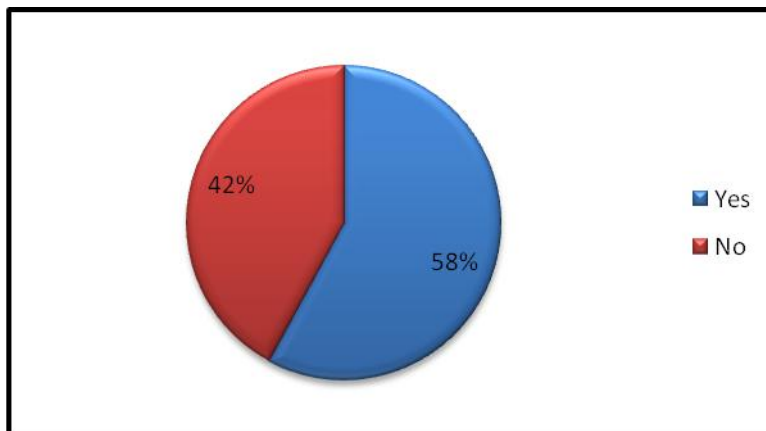


Figure 19. A similarity of figures

This question focuses on how respondents see themselves. 8 respondents liken their figure to the figure number 1. 5 respondents liken their figure to the figure number 3, 15 respondents think that they have similar figure as figure number 4, the most of the respondents, 24, liken thier body to the figure number 5. Also figure number 6 has been chosen quite often, by 19 respondents. The figure number 7 has 2 respondents and figure number 9 has 1 respondent.

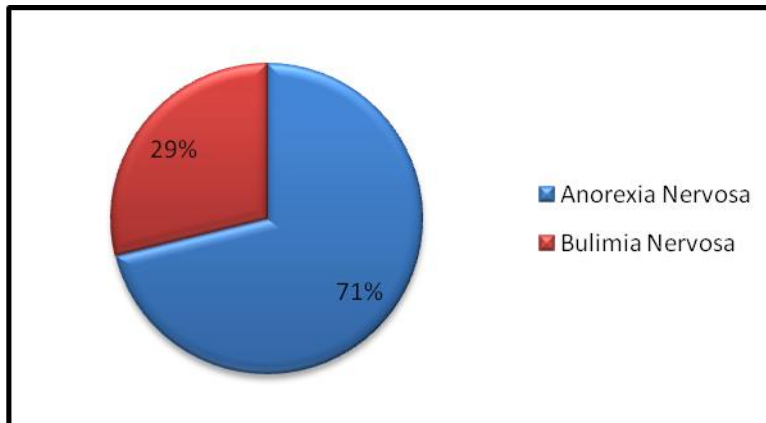
21) Have you ever encountered eating disorders?



*Figure 20 . Getting in touch with eating disorders*

Talking about the eating disorders, 58% of respondents have encountered eating disorders. The remaining 42% have not.

22) If yes, which one?



*Figure 21. Kind of eating disorder*

37 respondents came into contact with Anorexia Nervosa and 15 respondents with Bulimia Nervosa. That makes 52 respondents out of 76, who encountered the eating disorders.



23) What was the causation of eating disorder?

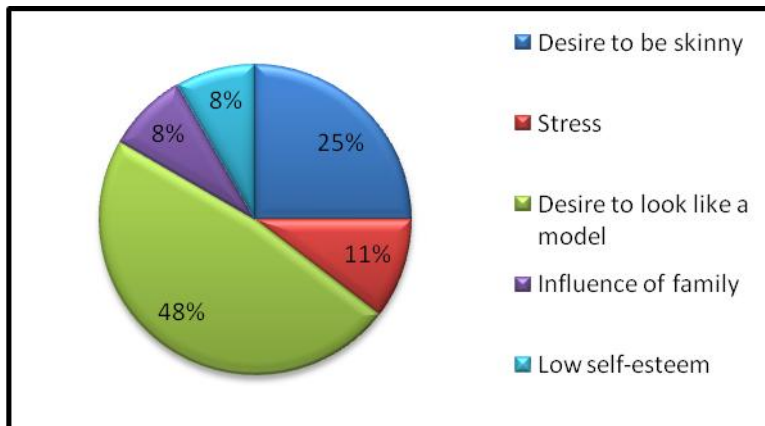


Figure 22. The cause of eating disorder

As described in the theoretical part, there are many factors causing the eating disorders. 48% of cases, mentioned by respondents, was caused by desire to look like a model and 25% of cases by desire to look skinny. Stress was the trigger in 11% of the cases, 8% of cases was caused by the low self-esteem and also 8% of cases was caused by the influence of the family.

24) How did the person cope with eating disorder.

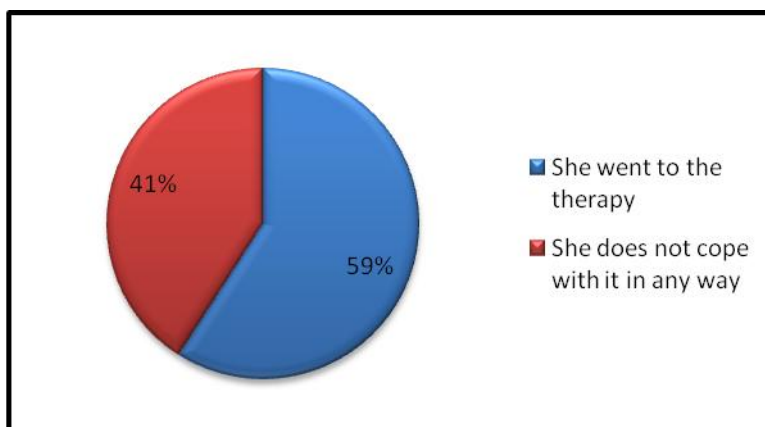


Figure 23. An ability of patient to cope with eating disorder

There are some possible treatments of the eating disorders. The therapy was chosen in 59% of cases. Unfortunately, in 41% of cases, the patients were not able to cope with the eating disorder in any way.

25) How old are you?

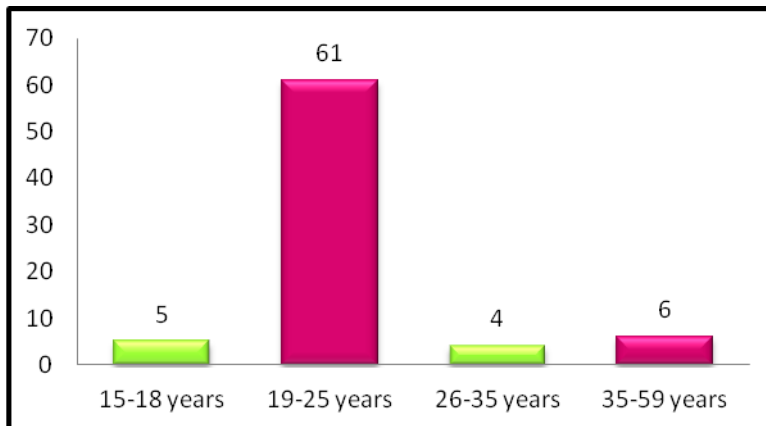


Figure 24. The age of respondents

5 respondents were in the 1st group, age from 15 to 18 years, 61 respondents were in the 2nd group, age from 19 to 25 years, 4 respondents were in the 3rd group, age from 26 to 35 years and in the last, 4th group there were 6 respondents, age from 39 to 59 years.

I asked first and second year students about the change in the eating habits when they started to study at the university. I asked them about regular eating, whether they prefer to eat if in refectory, in fastfood or if they cook for themselves.

26) Where do you eat?

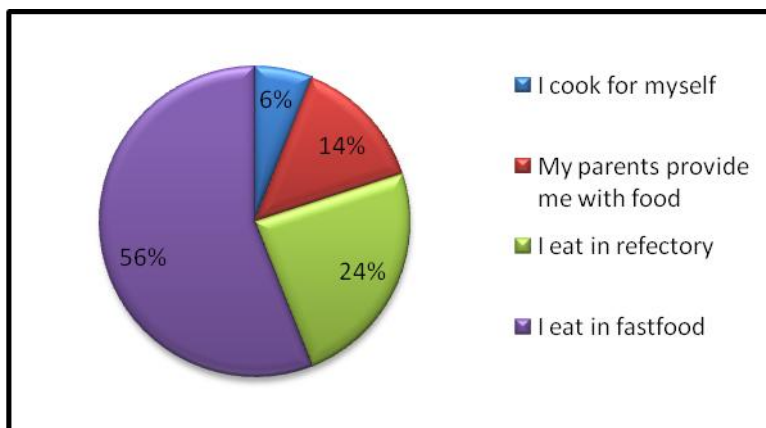


Figure 25. Eating of TBU students

56% of students said that they eat in fastfoods, which is a little bit concerning. However, 24% of students eat in refectory, 14% of students are provided by food from their parents. An additional question was, how many days do they eat this food and what do they eat in the rest of the week? The most frequent answer was that students usually eat this food for 2, maximum 3 days

and the rest of the week they eat in fastfoods or refectory. And finally, only 6% of students cook for themselves.

27) Did you gain any weight in the first two years while studying at the university?

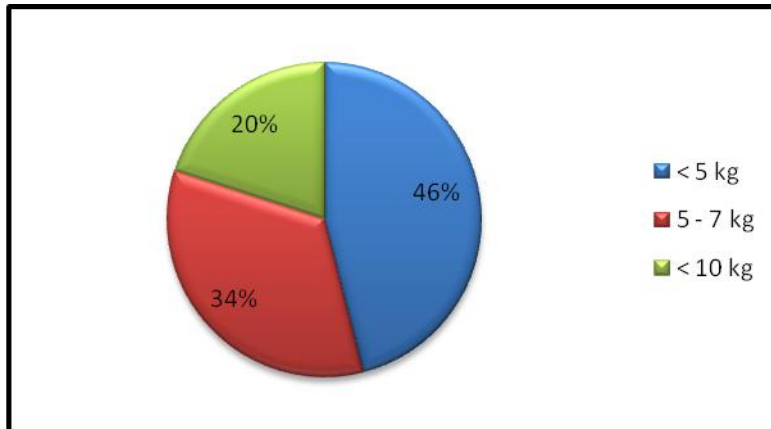


Figure 26. How many kilograms students gained during the first two years at the university

46% of students gained less than 5 kilograms during the first two years at the university. 34% of students gained from 5 to 7 kilograms, which is quite a lot. And whole 20% of students gained more than 7 but less than 10 kilograms.

28) Do you bring food with you from home?

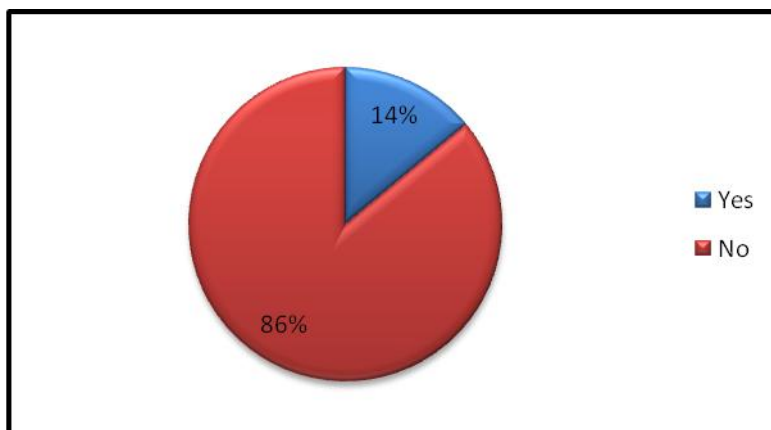


Figure 27. Percentage of students bringing food from home

Only 14% of students bring the food from home, whereas 86% of students do not.

29) How much water do you drink during the day?

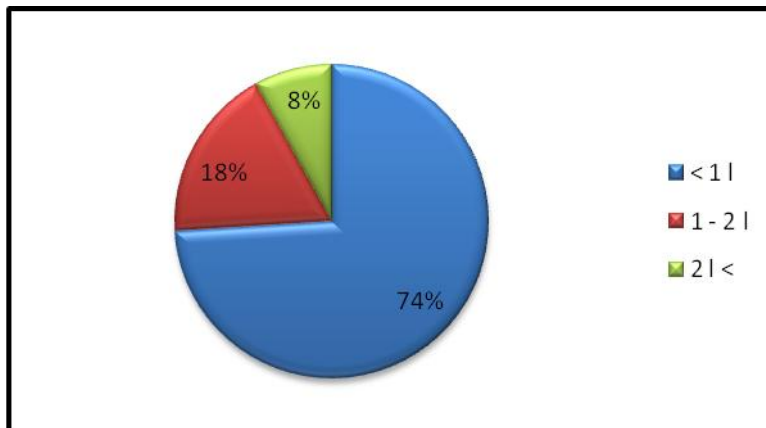


Figure 28. Water intake

Speaking of water intake, almost  $\frac{3}{4}$  of students (74%) drink maximum 1 liter of water during the day. According to a fact that person should drink 30-40 ml per 1 kilogram of his body weight, this is under the limit. 18% of students drink from 1 to 2 liters and only 8% of students drink more than 2 liters during the day.

30) How many cups of coffee do you drink during the day?

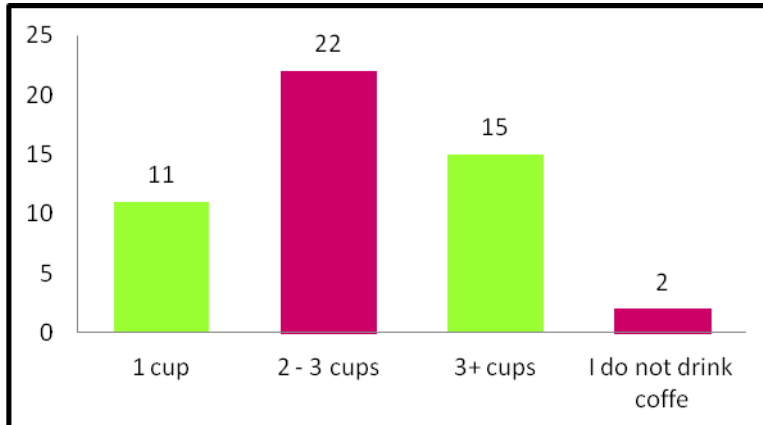


Figure 29. Coffee intake

Speaking of water intake, I asked about the coffee intake too. 11 students drink only 1 cup of coffee during the day, 22 students drink 2-3 cups, 15 students drink even more than 3 cups during the day and only 2 students do not drink coffee at all.

## CONCLUSION

This bachelor thesis focuses on eating disorders among young girls and women and how far are media able to influence their self-perception and idea about ideal body.

The bachelor thesis is divided into theory and analysis. There are 3 chapters in the theory. First chapter deals with body. I defined what is the human body and how we can measure it. Furthermore, I focused on physical self-perception and the cult of ideal beauty. The evolution of body beauty is also covered. A crucial part of this chapter focuses on Eating Disorders such as Anorexia Nervosa, Bulimia Nervosa and Binge Eating. The causes of the origins of eating disorders are mentioned as well. In the end of this chapter, you can find the symptoms and consequences of eating disorders. Second chapter deals with media. Term media is defined, as well as how the media are classified. A function of the media is covered and mostly important, the influence of media is explained. Third chapter deals with body in media. I focused on a fact how is the body displayed in media, namely in commercials, movies and magazines. Some pictures of celebrities and top models without airbrushing in Photoshop are included.

The analysis consists of 30 questions from 2 anonymous questionnaires. The objective of the research was to address teenage girls and adult women and find out if the media influence creating their idea about ideal body. I asked first and second year students about the change in the eating habits when they started to study at the university, in the second anonymous questionnaire. I asked them about regular eating, whether they prefer to eat if in refectory, in fast food or if they cook for themselves. There were 76 respondents answering in the first questionnaire and 50 respondents in the second questionnaire.

To sum this bachelor thesis up. According to the theoretical background and the answers in the research, I may say that media is very powerful means of communication. Media has also important influence on young girls and women regarding to impact on their self-perception, self-esteem or self-satisfaction.

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## APPENDICES

P I      Questionnaire 1

P II     Questionnaire 2

## APPENDIX P I: QUESTIONNAIRE 1

### Dotazník k bakalářské práci

Dobrý den,

mé jméno je Gabriela Tiborová a studuji bakalářský program Filologie, obor Anglický jazyk pro manažerskou praxi na Univerzitě Tomáše Bati ve Zlíně. Ve své bakalářské práci se zaměřuji na problematiku vlivu médií na zdravý životní styl člověka - stravovací návyky a poruchy příjmu potravy. Jako součást své bakalářské práce jsem vypracovala tento dotazník, který mi má pomoci zanalyzovat, na kolik jsou média schopná ovlivňovat představu dospívajících dívek a žen o „ideální postavě“. Ráda bych Vás tedy požádala o vyplnění tohoto dotazníku. Dotazník je anonymní a poslouží pouze ke zpracování dat do mé BP. V každé otázce vyberte pouze jednu odpověď, není-li uvedeno jinak. Děkuji Vám za Váš čas.

1. Sledujete módní trendy?
  - a) ano
  - b) ne
2. Řídíte svůj vzhled podle medií a modelek?
  - a) ano, často
  - b) ano, někdy
  - c) ne, nikdy
3. Která celebrita má podle Vás ideální postavu? (napište jméno)  
.....
4. Chtěla byste se jí podobat?
  - a) ano
  - b) ne
5. Líbí se Vám Vaše postava?
  - a) ano, zcela
  - b) celkem ano
  - c) vůbec ne
  - d) je mi to jedno
6. Co máte na svém těle nejradši?
  - a) obličej
  - b) prsa
  - c) břicho
  - d) ruce
  - e) nohy
  - f) zadek

- g) jinou část těla (napište, jakou) .....
7. Co byste na své postavě naopak ráda změnila?
- a) obličej
  - b) prsa
  - c) břicho
  - d) ruce
  - e) nohy
  - f) zadek
  - g) jinou část těla (napište, jakou) .....
8. O své hmotnosti si myslíte, že
- a) máte podváhu
  - b) je normální
  - c) máte nadváhu
9. Přemýšlíte často o své postavě a hmotnosti?
- a) ano, často
  - b) ano, občas
  - c) málokdy
  - d) nikdy
10. Znáte pojem BMI (Body Mass Index)?
- a) ano
  - b) ne
11. Nakupujete výrobky na základě reklamy?
- a) ano, pravidelně
  - b) občas
  - c) ne, reklamy mě nezajímají
12. Kupujete si časopisy pro ženy?
- a) ano, pravidelně
  - b) občas
  - c) ne, nekupuji
13. Objevují se v časopisech, které čtete, články o vzhledu, ideální postavě, dietách a kráse?
- a) pravidelně
  - b) často
  - c) výjimečně
  - d) nikdy
14. Zajímají Vás tyto články?
- a) ano, vyhledávám je
  - b) ano, ale jen některé z nich
  - c) ne, nezajímají mě
  - d) ne, vadí mi
15. Zamyslete se nad fotkami modelek, hereček nebo zpěvaček. Přijdou Vám reálné?

- a) ano, jsou takto krásné od přírody
  - b) ano, jsou pěkné, ale díky Photoshopu tak můžu vypadat i já
  - c) ne, většina z nich je upravená v programech
16. Máte po shlédnutí fotek slavných modelek, hereček či zpěvaček horší pocit z vlastního těla?
- a) ano, pokaždé
  - b) ano, občas
  - c) ne, nikdy
17. Připadají Vám vzory předkládané médií nepřírozené až nezdravé?
- a) ano, většina
  - b) některé z nich
  - c) ne
18. Myslíte si, že média ovlivňují Váš vzhled?
- a) ano
  - b) ne
19. Která je podle Vás ideální postava? (viz obrázková příloha)
- .....
20. Která z postav je nejvíce podobná té Vaší? (viz obrázková příloha)
- .....
21. Setkaly jste se někdy ve svém okolí s poruchami příjmu potravy (dále jen PPP)?
- a) ano
  - b) ne
22. Pokud ano, s jakou?
- .....
23. Co bylo příčinou PPP?
- .....
- .....
- .....
24. Jak se daná osoba s PPP vypořádala?
- .....
- .....
- .....
25. Kolik je Vám let?
- .....



## APPENDIX P I: QUESTIONNAIRE 2

- 1) Kde se stravujete?
  - a) Vařím si sám(a)
  - b) Vozím si jídlo od rodičů
  - c) Stravuju se v jídelně
  - d) Stravuju se ve fast foodech
- 2) Přibrali jste na váze během prvních dvou let studia na univerzitě?
  - a) do 5 kg
  - b) 5-7 kg
  - c) do 10 kg
- 3) Vozíte si jídlo z domu?
  - a) ano
  - b) ne
- 4) Kolik vypijete denně vody?
  - a) do 1 l
  - b) 1-2 l
  - c) více než 2 litry
- 5) Kolik šálků kávy denně vypijete?
  - a) 1 šálek
  - b) 2-3 šálky
  - c) více než 3
  - d) nepiju kávu