

## **School-Based Peer Support Groups: A New Approach to the Prevention of Disordered Eating**

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*The goal of the present study was to evaluate the effectiveness of a school-based peer support group designed to improve body esteem and global self-esteem and to reduce negative eating attitudes and behaviors. A total of 214 girls in grades 7 and 8, 115 of whom were in the control group, completed self-report questionnaires immediately before and following the intervention, and three months later. The findings revealed that participation in the 10-session group, facilitated by public health nurses, led to increases in weight-related esteem and decreases in dieting. The role of peer support groups in the prevention of disordered eating is discussed.*

Early adolescence has been identified as a vulnerable time for girls to develop body image concerns because of the normative challenges (e.g., physical changes associated with puberty, increased desire for peer acceptance, onset of dating) (Attie & Brooks-Gunn, 1989, 1992; Huon & Walton, 2000; Levine & Smolak, 1992; Levine, Smolak, Moodey, Shuman, & Hessen, 1994; Smolak, Levine, & Striegel-Moore, 1996) and the negative life events associated with that period of development (McVey et al., 2002b). Some girls respond to this stage by engaging in dieting behaviors. For example, a recent

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Canadian study found that 61% of a sample of 400 girls in grades 7 and 8 were dieting to lose weight, and a significant proportion of the girls were engaging in extreme weight control methods (McVey et al., 2002b). Jones, Bennett, Olmsted, Lawson, and Rodin (2001) found that one in four adolescent girls between the ages of 12 and 18 years reported that they had engaged in disordered eating. Bonyun and Sigmundson (2000) found that over one half of 10- to 14-year old females (56.7%) and more than one third of 10- to 14-year old males (36%) reported that they avoid eating when hungry, skip meals, or eat less than they should as a means of controlling their weight. Similar statistics have been reported in studies conducted in other countries (Halvarsson, Lunner, & Sjoden, 2000; Hill, Oliver, & Rogers, 1992; Maloney, McGuire, Daniels, & Specker, 1989; O'Dea, 1999; Ricciardelli & McCabe, 2001; Schur, Sanders, & Steiner, 2000; Westenhoefer, 2001). The high growth rate of adolescent girls necessitates increased amounts of energy, calcium, and iron (Levine & Smolak, 1998). As such, dieting can be harmful to girls' physical growth and overall health, and can place them at risk for disordered eating (Fisher et al., 1995; Katzman, 1999).

Teaching girls life skills before they experience the stressors that might trigger the onset of body image concerns and dieting (universal prevention) has been the focus of recent prevention studies (Baranowski & Hetherington, 2001; Kater, Rohwer, & Levine, 2000; McVey & Davis, 2002; McVey et al., 2002a; Neumark-Sztainer, Sherwood, Coller, & Hannan, 2000; O'Dea & Abraham, 2000; Smolak & Levine, 2001; Smolak, Levine, & Schermer, 1998). For example, McVey et al., 2002a implemented a universal primary prevention program using life-skills promotion aimed at teaching grade six girls effective ways to cope with the normative stressors that are associated with the onset of body image concerns and dieting. The program included activities on assertive communication, stress management, social problem-solving around friendship and romantic relationships, and self-esteem enhancement. In addition, information was provided on the importance of a non-dieting approach to eating and physical activity, the genetic influence on body shape, and the unrealistic media portrayal of male and female "ideal" body shapes. The curriculum (six 50-minute sessions) was delivered during the students' regularly scheduled health class. Findings from the controlled 12-month follow-up evaluation found that the intervention was successful in improving global self-esteem, body image satisfaction, and eating attitudes and behaviors. O'Dea and Abraham (2000) examined the effect of a school-based, self-esteem education program on body image and eating attitudes and behaviors in 11- to 14-year-old males and females. The study used a school-based program that emphasized student involvement, a positive sense of self, and the building of general self-esteem over nine weekly lessons. Students' attitudes and behaviors were measured before, immediately following, and 12 months after the program. At the conclusion of the pro-

gram the body satisfaction and eating attitudes/behaviors of the intervention students had significantly improved over those of the controls. These changes were still present at the 12-month follow-up. Finally, Neumark-Sztainer et al. (2000) examined the effect of a community-based intervention program aimed at preventing disordered eating in preadolescent girls. The program consisted of six, 90-minute sessions promoting advocacy skills and media literacy in a number of Girl Scout troops. One aim was to help girls recognize the impact media images have on their own body images and to provide them with skills to combat these negative messages. The program had a positive influence on the girls' attitudes towards weight-related social norms, their knowledge about their bodies, and media attitudes immediately following the program, but these changes were not present at the 3-month follow-up. The program did not produce significant changes in dieting behaviors, but trends were reported in the hypothesized direction. Most of those programs have been delivered to groups of students during routine health classes in school or as part of an organized after-school program. There are benefits to delivering health promotion curricular programs in that way. For example, they are practical to deliver and efficient at reaching the target audience. As an adjunct to classroom-based programs, there might also be advantages to offering additional support to girls during the early adolescent period of high risk for body image concerns and disordered eating (Smolak & Levine, 2001). For example, it is well documented that peer influences and friendships assume greater significance during adolescence (Heaven, 1994). Studies have revealed that peer relations can have a significant influence on eating behavior and body image (Paxton, 1996; Paxton, Schutz, Wertheim, & Muir, 1999). For example, girls who perceive that their friends diet, who feel that they are pressured to diet, or who are teased about their weight and shape, are more likely than girls who don't to experience negative body image or disordered eating (Fabian & Thompson, 1989; Lieberman, Gauvin, Bukowski, & White, 2001; Lunner et al., 2000; Thompson Fabian, Moulton, & Dunn, 1991). Paxton et al. (1999) and Piran (1999a) suggested that the peer environment creates a subculture that has the ability to enhance or diminish the importance placed on thinness and weight loss strategies through talk, modeling of behavior, and teasing.

As such, peer support groups can offer members of friendship groups the opportunity to work together to explore healthy approaches to eating and body acceptance. This approach might be especially helpful to girls since they tend to place a strong emphasis on their relationships and connections with others (Gilligan, 1982). As girls approach adolescence, they often lose the ability to speak out and voice their opinions. As demonstrated in the work of Friedman (1999), peer groups can help girls build support systems for themselves by encouraging and facilitating the connections they have with each other. Peer groups have the added advantage of bringing

about changes at both the individual and subcultural levels. Studies have shown that peer initiatives can improve self-esteem and self-efficacy and change attitudes regarding health-related behavior, such as smoking cessation (Turner, 1999). Peer initiatives have been shown to play an integral role in the development of systemic changes designed to reduce weight and shape preoccupation among adolescent females attending a ballet school (Piran, 1998, 1999a). These studies have demonstrated that support groups designed to help female adolescents combat the expression of prejudices and inequities in their ballet school leads to positive qualitative outcomes, such as feelings of empowerment and decreases in disordered eating (Piran, 1996b). Ballet dancers experience the regular societal, familial and individual factors that can put anyone at risk for developing disordered eating, however they are also members of an environment that emphasizes the need for a small size or thin shape (Thompson & Sherman, 1993). Those additional pressures appear to be associated with a higher degree of eating disorder symptomatology. Whether or not peer support groups can be an equally effective protective factor for negative eating attitudes and behaviors among females in the general population, in particular those going through simultaneous adolescent changes (e.g., weight gain, plus dating, plus academic pressures), remains to be explored.

In the present study, *Girl Talk* peer support groups were offered to female students attending middle school. The groups were facilitated by local public health nurses, who were trained on the manualized prevention program, *Every BODY Is A Somebody* (EBIS) (Seaver, McVey, Fullerton, & Stratton, 1997). That program was developed around two principal components: (1) media literacy about the dangers associated with the idealization of thinness, and (2) the promotion of life skills, including self-esteem and body image enhancement strategies, stress management techniques, and peer relational skills.

The goal of the study was to assess the effectiveness of the peer support groups in improving body esteem (BE) and global self-esteem and reducing dieting. To assess this issue, participants in the peer support group were compared to those in the control group (no program) on measures of body esteem (BE–Appearance, BE–Weight, BE–Attributions), global self-esteem, and dieting at post-intervention and at the 3-month follow-up period.

## METHOD

### Participants

A total of 214 adolescent girls ( $M$  age = 12.5,  $SD$  = 0.54) in Grades 7 and 8 participated in the baseline surveys. Of those, 206 (96%) participated in the post-intervention assessments. The remaining 4% either missed more than three peer group sessions, dropped out of the study, or changed schools.

Participants were recruited from 12 Canadian suburban senior elementary schools. Seven schools participated in the intervention program group ( $n = 91$ ), and five in the control group ( $n = 115$ ). Schools were solicited on the basis of interest in the peer support group program, and then matched to control schools as closely as possible on socioeconomic status, size of school, and geographic location.

The majority of the participants were Canadian born (93.5%), reported English as their first language (83.2%), and were living with two parents (72.4%). Approximately 87% of the participants were Caucasian, while the remaining participants were African Canadian, South Asian, or East Asian. When parents were asked to report their highest completed education level, 96% of mothers and 95% of fathers responded. For mothers, 14% completed university, 31.6% completed college, 44.7% completed high school, and 9.7% completed elementary school. For fathers, 15.3% completed university, 28.6% completed college, 47.8% completed high school, and 8.4% completed elementary school. There were no significant differences in ethnicity or in parental educational background between participants of the intervention and control groups.

Additional information was collected to describe the profile of the participants. Parents were asked to report their child's height and weight on the consent form. That information was provided for 80% of the participants. A mean body mass index ( $BMI = kg/m^2$ ) was calculated ( $M = 19.5$ ,  $SD = 2.9$ ), and did not differ between the two groups. More than half of the participants were post-menarchal, with 65.4% of participants answering *yes* to the question "Have you had your first period?" Participants were asked to describe how they felt about their body shape, using the following response format: "I feel:" too fat = 0, just right = 1, or too thin = 2. The majority of participants reported feeling just right (66.4%), while 25.7% felt too fat, and 7.9% felt too thin. Finally, using a response format of 1 = no and 2 = yes, 22.9% of participants answered *yes* to the question "Are you currently trying to lose weight?" From the 165 participants who answered no, 35% answered *yes* to the question "If no, have you ever tried to diet to lose weight," using a response format of 1 = no and 2 = yes.

### Peer Support Group

The *Girl Talk* Peer Support Group consisted of a 10-session program offered to female students in Grades 7 and 8 who were attending middle level school. A manualized prevention program, entitled *Every BODY Is A Somebody* (Seaver et al., 1997), was implemented throughout the sessions. Background information was presented to the group participants, followed by the initiation of an interactive group activity designed to promote discussion about each of the following topics: (a) media literacy about the dangers associated with the thin ideal (e.g., pressures by the media and by peers to focus on physical

appearance, which might lead to preoccupation about weight and shape), (b) ways to promote positive body image and self-esteem (e.g., strategies to become more self-confident and self-directed, and gain self-acceptance regardless of body size or shape), (c) set-point theory and the body's resistance to dieting (e.g., the genetic influences on body shape, and the potential negative physical and emotional effects associated with dieting), (d) healthy eating and an active lifestyle (e.g., ways to adopt a non-dieting and flexible approach to eating), (e) stress management techniques (e.g., relaxation exercises, and problem-solving strategies to combat weight and shape prejudice, teasing, and harassment), and (f) ways to promote healthy relationships (e.g., questions to consider early in a relationship, finding ways to help others). The EBIS program has been evaluated previously with girls in grade six using a large classroom delivery format during a regularly scheduled health class (McVey et al., 2002a). As mentioned previously, that format was shown to be effective in promoting body satisfaction and positive eating attitudes and behaviors among the grade six girls. However, it was felt that girls in grade 7 and 8 might benefit from the additional support of a small and intimate group, held outside of class time, to process peer relationship issues as well as the curriculum topics.

Paxton (1996) suggested that the prevailing views of group members might favor the current ideal of thinness resulting in attitudes that are damaging to personal self-image. For that reason, adult facilitators, as compared to same aged peers, were selected to run the groups to ensure that the group dynamics worked in favor of, and not against, the prevention goals of the study. Each group was facilitated by a public health nurse, who routinely offered direct services to their local schools. The facilitators were trained on the EBIS program by the first two authors.

### Procedure

After permission to contact the girls was granted from the school board, a letter explaining the purpose and nature of the study and requesting written permission for their daughter to participate was sent home to the parents of all Grade 7 and 8 girls in the 12 schools. Parents were informed that the study was investigating a support group for young adolescent girls. Parents were given contact information for one of the researchers in case they had any questions or concerns about the study.

With the exception of one school that ran two groups simultaneously, each of the seven intervention schools ran one support group. All of the girls in the intervention group were asked to complete a 30-minute questionnaire package at three time intervals: during the first session of the intervention, during the last session of the intervention, and three months later. Participants in the control group completed the questionnaire package at the same time intervals as the intervention group, but they did not receive the intervention program.

The weekly one-hour sessions ran for a total of ten consecutive weeks. Weekly attendance was taken and participants who missed more than three group sessions were excluded from the final analyses. There were 10 to 14 participants in each group. Participation was voluntary, and was granted on a first-come first-serve basis.

Upon completion of the study, participants from the intervention group attended a one-hour focus group session with members of the research team. During that session, they answered questions about their general likes and dislikes of the topics covered during the group, the group structure, and the overall group experience.

## Measures

### BODY ESTEEM

The Body-Esteem Scale for Adolescents and Adults (BESAA; Mendelson, Mendelson, & White, 2001) is a 23-item self-report questionnaire used to assess attitudes and feelings about one's body and appearance. The measure conceptualizes body esteem as a multidimensional construct consisting of three subscales including BE—Appearance (e.g., "I am pretty happy about the way I look"), BE—Weight (e.g., "I really like what I weigh"), and BE—Attributions (e.g., "Other people make fun of the way I look"). Participants indicate their agreement with each statement on a 5-point Likert scale from "never" to "always." Scores range from 0–92 with higher scores indicating greater body-esteem. The scale has been validated with both child and adolescent samples, and has shown good reliability and validity (Mendelson, White, & Mendelson, 1996).

### GLOBAL SELF-ESTEEM

The Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965) is a 10-item self-report questionnaire that measures general levels of self-esteem. Responses are made on a 4-point Likert scale from "strongly disagree" to "strongly agree." Scores range from 10–40, with high scores indicating greater self-esteem. The scale has established reliability and validity (Fleming & Courtney, 1984).

### DIETING

The dieting subscale of the children's version of the Eating Attitudes Test (ChEAT) was used in the present study to measure the attitudes and behavior associated with dieting (e.g., "I stay away from foods with sugar in them") (Maloney, McGuire, & Daniels, 1988; Maloney, McGuire, Daniels, & Specker, 1989). The children's version was adapted from the Eating

Attitudes Test (EAT-26; Garner, Olmsted, Bohr, & Garfinkel, 1982) and is a 26-item self-report questionnaire with the following response format: 3 = always, 2 = usually, 1 = often, 0 = sometimes, 0 = rarely, 0 = never. The ChEAT, in particular the dieting subscale, has been reported to have good internal reliability and concurrent validity (Smolak & Levine, 1994).

#### PERCEIVED INFLUENCE ON HEALTH PROMOTING BEHAVIORS

A 16-item self-report evaluation form, developed for the purpose of the present study, was used to assess the impact of the peer support group on participants' health promotion attitudes and behaviors (e.g., "I enjoyed talking about things that are important for girls my age"; "I am better at expressing my feelings and opinions"; "I am more aware of the negative influences of the media"; "I feel better about myself—and about my body—after being in the group"; "I am eating at least three meals a day"; "I exercise more for fun and fitness"; "I have learned ways to deal with pressure from peers"). Participants indicated their agreement with each statement on a 4-point Likert scale from "strongly agree" to "strongly disagree." In addition, an open-ended question was included on the evaluation form to solicit the participants' feedback about what they liked and disliked about the peer support groups.

#### Statistical Analysis

Analyses of variance (ANOVA) with repeated measures, using group (intervention vs. control) as the between-group variable and time (pre, post, 3-month follow-up) as the within-group variable, were performed on two of the outcome measures: global self-esteem and dieting. A multivariate analysis of variance (MANOVA) was performed on the body esteem measure (BE—Appearance, BE—Weight, BE—Attribution). Planned comparisons, using univariate analyses and contrast transformations, were performed on the data to examine the nature of the repeated measures effect, where appropriate. One of the outcome measures (dieting) was transformed using a square-root transformation to ensure normality before using the ANOVA procedure.

## RESULTS

Table 1 presents the means and standard deviations for body esteem (BE—Appearance, BE—Weight, BE—Attribution), global self-esteem, and dieting across the intervention and control groups. Independent samples *t*-tests comparing the intervention and control groups on the outcome measures at baseline were nonsignificant.



**TABLE 1.** Mean Scores on the Outcome Measures Before and After the Intervention, and at 3-Month Follow-Up

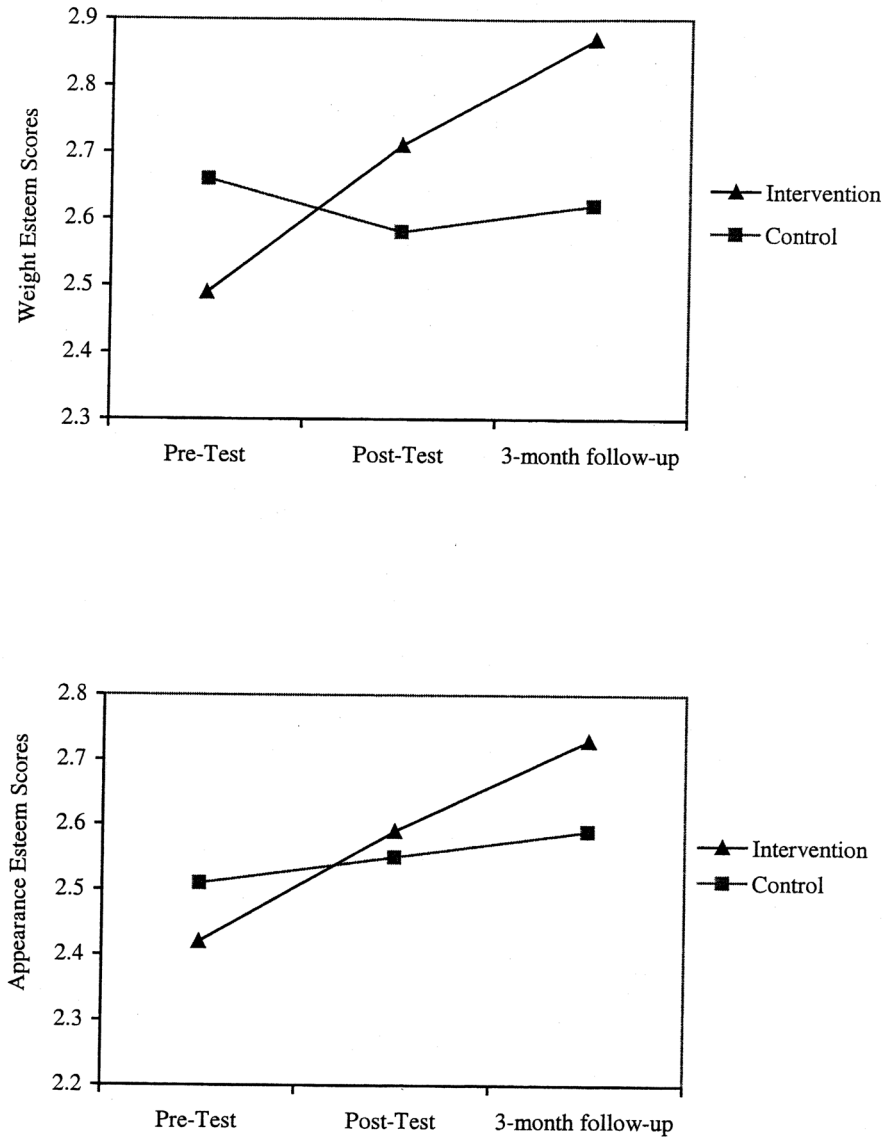
	Baseline (I)		Postintervention (II)		3-month follow-up (III)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
BE–Appearance						
Control	2.47	.90	2.54	.95	2.56	.99
Intervention	2.41	.83	2.59	.82	2.73	.83
BE–Weight						
Control	2.62	.98	2.58	1.08	2.60	1.08
Intervention	2.48	.97	2.71	.90	2.87	.86
BE–Attributions						
Control	1.87	.73	2.04	.74	2.03	.72
Intervention	1.89	.76	1.91	.65	2.01	.68
Global Self-Esteem						
Control	30.83	4.97	31.45	5.37	31.87	5.99
Intervention	30.27	4.22	31.63	4.80	32.62	4.58
Dieting						
Control	4.47	5.72	4.71	6.36	4.91	7.23
Intervention	4.66	6.10	3.44	4.67	2.62	3.92

### Body Esteem

The overall MANOVA for body esteem showed both a significant time effect [Wilks'  $\lambda = .91$ ,  $F(6, 195) = 3.06$ ,  $p = .007$ ] and a group by time effect [Wilks'  $\lambda = .89$ ,  $F(6, 195) = 3.86$ ,  $p = .001$ ]. Univariate analyses of variance revealed a significant time by group effect for the subscales BE—Appearance [ $F(2, 400) = 3.13$ ,  $p = .045$ ] and BE—Weight [ $F(2, 402) = 9.85$ ,  $p = .000$ ], but not for BE—Attributions [ $F(2, 400) = 1.21$ ,  $p = .299$ ] (see Figure 1). The mean score on BE—Weight for the intervention group increased significantly from baseline to post-intervention ( $p = .007$ ) and from post-intervention to 3-month follow-up ( $p = .017$ ), but did not change over time for the control group. The same pattern was found with BE—Appearance scores. The intervention group increased from baseline to post-intervention ( $p = .036$ ) and from post-intervention to 3-month follow-up ( $p = .05$ ) while the scores of the control group remained constant over time.

### Global Self-Esteem

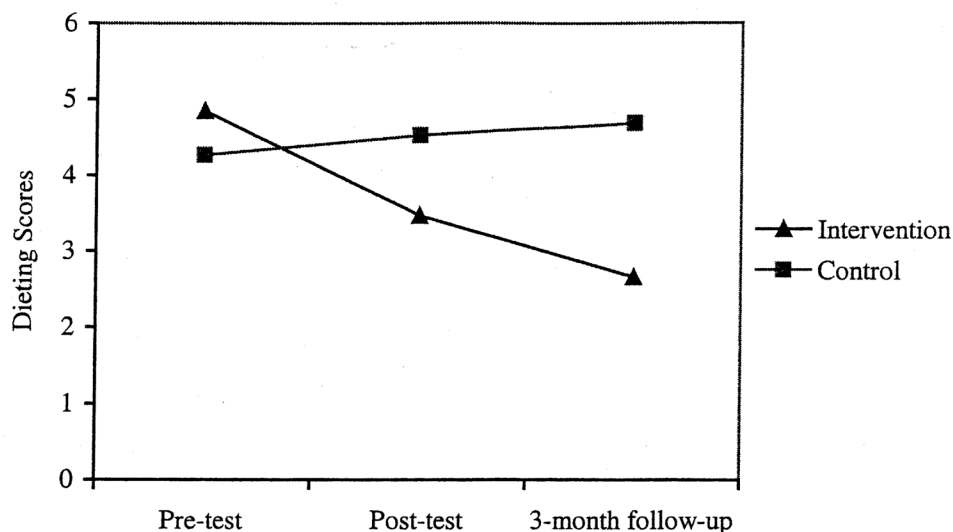
The ANOVA for self-esteem showed a significant time effect [ $F(2) = 18.7$ ,  $p = .000$ ], due to the increasing scores for both groups across the three time periods. There was no group effect ( $p = .85$ ) or time by group effect for the measure of global self-esteem ( $p = 0.07$ ).



**FIGURE 1.** Mean Scores for Weight Esteem and Appearance Esteem Over Time for Participants in the Intervention and Control Groups.

### Dieting

For the measure of dieting, there was a significant group by time interaction [ $F(2, 372) = 3.68, p = .026$ ]. The dieting scores for the intervention group decreased from baseline to post-intervention ( $p = .029$ ), and from post-intervention to the 3 month follow-up ( $p = .023$ ), but there was no change in the scores for the control group across the three time periods (see Figure 2).



**FIGURE 2.** Mean Scores for Dieting Over Time for Participants in the Intervention and Control Groups.

#### Perceived Influence on Health Promoting Behavior

The majority of the participants (89%) agreed or strongly agreed with the statement “I feel better about *myself* after being in the group.” Similarly, 81% of the participants agreed or strongly agreed with the statement “I feel better about my *body* after being in the group.” Most of the girls felt “more aware of the negative influences of the media (on how girls see themselves)” (91.2%), and reported that they had “learned ways to deal with pressure from peers” (89%). Overall, 94.5% of the participants reported learning “new things to help me” while they were in the group, and most (96.7%) felt that they would apply those skills in their life (“I will use the things I learned in this group”). While not measured, the authors are confident about the fidelity of the program delivery. To ensure adherence to the prevention protocol, feedback was provided to the facilitators during regular supervision meetings with the first two authors. In addition, weekly phone calls were made to each of the facilitators by a nurse who was familiar with the EBIS program.

#### DISCUSSION

The intervention was designed to evaluate whether a life skills approach using a peer support group format was effective in improving body esteem and global self-esteem and reducing dieting. The support groups focused on

increasing girls' resiliency through media literacy training and the promotion of life skills, including self-esteem enhancement strategies and peer relational skills. A peer support group format was selected in response to research that suggests: (a) peer relations influence body image and eating behavior (Lieberman et al., 2001; Paxton et al., 1999), (b) girls place a strong emphasis on their relationships and connections with others (Friedman, 1999; 2000; Gilligan, 1982), and (c) friendship networks have the potential to support healthy body image and eating, and create subcultural changes in the school setting (Paxton, 1996; Piran, 1999a).

The intervention was found to have a positive influence on the participants' body esteem (weight and appearance esteem) and eating attitudes and behaviors (dieting) by either improving or keeping them steady when one would predict changes in the negative direction. In particular, between the baseline and post-intervention stages, program participants showed a significant increase in weight-related esteem and a decrease in dieting. In contrast, over the same time period, the control participants showed no change in weight esteem or dieting. The prevention gains were maintained throughout the 3-month follow up period. Of note, the peer support program appeared to have no short-term negative effects on the intervention group.

The findings from the present study lend support to the work of Piran (1998, 1999b), who was the first to use a peer support group model of prevention with adolescents in a high risk setting (i.e., ballet school). The findings also lend support to a growing number of primary prevention studies that have demonstrated success in reducing girls' dieting behaviors in the school setting (Neumark-Stzainer et al., 2000; O'Dea & Abraham, 2000). The model used in the present study combined components drawn from those previously successful programs including (a) the use of a health promotion curriculum (e.g., media literacy and self-esteem enhancement strategies) (McVey et al, 2002a; Neumark-Stzainer et al., 2000; O'Dea & Abraham, 2000) and (b) the use of a peer support group format (Piran, 1999b).

Regular school setting peer initiatives, such as the one evaluated in the present study and those in a high risk setting (i.e., ballet school) (Piran, 2000) represent a unique way to help girls find ways to counteract peer pressure to diet and to solve problems that might otherwise impact negatively on problem behavior such as disordered eating. In addition, the peer support group format has the advantage of creating changes at both the individual and subcultural levels. Making changes to the latter might help to sustain some of the gains made during the intervention period and stimulate positive changes within the school system (Piran, 1999a). In addition to having a prevention effect on problem outcome (dieting) and mediating attitudes and behaviors (body esteem), participants of the peer support groups evaluated in the present study assumed

a leadership role in lobbying for changes to the school climate. For example, health promotion material developed during the group sessions (e.g., media literacy work) was displayed publicly to raise school wide awareness about the pressures that girls and women face in today's society. The participants also volunteered to develop and communicate health-promoting messages that were delivered to the entire school through public service announcements. Piran (1999, 2000) has demonstrated that the behaviors and attitudes of male students towards their female counterparts, as well as those of teachers and parents can have a significant influence on female dancers' experience within their school environment. In turn, those changes made to the school climate led to decreased scores in disordered eating (Piran, 2000).

Based on the findings of the present study, the peer support group model might represent an important component to include in school-based comprehensive approaches designed to promote positive body image. Recently, a study has been conducted with students in middle school that evaluated the effectiveness of a multi-level school-based program aimed at changing aspects of the school climate (McVey, Tweed, & Blackmore, 2003). The program components include training teachers and school personnel, parent education, teacher delivery of curriculum to male and female students, nurse-facilitated *Girl Talk* peer support groups for female students, group sessions for male students about the negative effects of teasing, play performance and follow-up discussions about the negative effects of teasing, and general strategies to influence the school climate (public service announcements, posters). The findings from this study will add to the literature on school-based approaches to the prevention of dieting and disordered eating.

Although it cannot be concluded from the present study's findings that the peer support was the crucial ingredient of the program's success, the participants did comment that the group experience provided them with a sense of belonging, and they did not want the group sessions to end. They reported feeling empowered by the group experience, and by being able to stand up for themselves when students outside the group made negative comments about their appearance and weight. Moreover, they stated that they bonded with the group members (and made new friends), and realized that others liked them. In sum, they found the group experience to be helpful, worthwhile, and fun, and expressed a need that "every school should have one." Future research is required to assess whether the improvement shown in girls' body esteem and eating attitudes and behaviors, following their participation in a peer support group, is associated directly with the peer group experience. This might be accomplished by examining the effectiveness between a curriculum-based (e.g., EBIS) and a non curriculum-based (open discussion) peer support group.

The results of the present study must be considered in light of a few

limitations. A short-term follow-up period of three months was used to evaluate the effect of the peer group so that the girls could be assessed during the same school year. To investigate whether the positive influences on body esteem, and dieting are long-term, future studies should incorporate a more extensive follow-up period. A second limitation was the absence of random assignment to the intervention and control groups. Instead, girls were solicited on the basis of interest in the peer group in order to minimize dropouts, and then the control schools were matched as closely as possible to the participating intervention schools. A third limitation was that the fidelity of the program delivery was not measured. Future studies should incorporate mechanisms to record aspects of the program delivery to ensure facilitators' adherence to the prevention protocol.

It has been reported that student involvement is crucial for the successful implementation of a comprehensive health-promoting framework in the school setting (Canadian Association for School Health, 1991; Mitchell, Laforet-Fliesser, & Camiletti, 1997; O'Dea & Maloney, 2000; Piran, 1999a,b; Resnicow & Allensworth, 1996). The peer support group model might represent an important vehicle to help young adolescent girls create a school environment that promotes healthy eating, active living, and self-acceptance, at a time in their lives when the risk for body image concerns and disordered eating is so high.

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