
EATING DISORDERS IN ADOLESCENCE: INFORMATION FOR PARENTS AND EDUCATORS

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PSYCHOLOGISTS

Children and adolescents live in a world where thin is in, as evidenced by celebrities whom many adolescents see as having ideal beauty. Although most people do not naturally have society's ideal body, some, especially adolescent girls, may attempt to shape their bodies to fit this unrealistic cultural ideal.

The pressure to conform to society's view of the ideal body, combined with other factors in an adolescent's life, can set the stage for the development of an eating disorder. Clinical eating disorders or disordered eating habits can affect the teen's ability to learn since the teen spends time thinking about food and weight. Research has shown that any type of dieting impairs a person's ability to think and learn.

Overview

An eating disorder is a psychiatric illness characterized by an all-consuming desire to be thin and an intense fear of weight gain. Eating disorders can cause dangerous medical problems. The fear of weight gain is so great that the person may feel compelled to either limit food intake to dangerously small amounts or to use other compensatory methods (laxatives, vomiting) to control weight. The onset of an eating disorder typically occurs during pre-adolescence or adolescence. Therefore, it is vital that parents and educators make a conscious effort to be aware of this problem and to be prepared to provide support when needed.

Eating disorders are currently classified into two types: anorexia nervosa and bulimia nervosa. Researchers are also investigating another condition known as binge-eating disorder.

Anorexia nervosa. This is the refusal to maintain a minimally normal body weight, defined as at least 85% body weight compared to the national norms. There are two types of anorexia nervosa: restricting type and binge-eating and purging type. Restricting-type anorexics limit their food intake so severely that their bodies experience starvation. Many restricting-type anorexics initially feel a euphoria commonly called the *dieter's high*. This feeling eventually disappears and is replaced by a constant depressed mood. Purging-type anorexics use inappropriate compensatory behaviors such as self-induced vomiting after eating.

Bulimia nervosa. This is distinguished by reoccurring episodes of binge eating followed by inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives, diuretics or other medications, fasting, or excessive exercise. Bulimia is diagnosed twice as often as anorexia, but in contrast to people with anorexia (including binge and purging type) those with bulimia maintain a fairly average body weight, making it difficult to detect based on appearance alone. Bulimics are more likely to seek out treatment for their illness than are anorexics.

Binge-eating. Researchers have begun to investigate the existence of this third type of eating disorder. Binge-eating disorder describes an individual who binges in the same way as one with bulimia, but does not compensate for the binge. A binge is typically composed of foods that are high in fat and sugar content. Although most individuals with a binge-eating disorder tend to be obese, some do manage to maintain an average weight by alternately bingeing and starving.

Prevalence

Recent estimates are that 3–10% of young women between the ages of 15 and 29 will develop a clinically diagnosed eating disorder at some time in their lives. Research suggests that about 1% of female adolescents have anorexia nervosa and about 4% of college-age females have bulimia. About 1% of women have binge-eating disorder, but about 30% of women who seek weight-loss treatment also have binge-eating disorders. However, the incidence figures are difficult to verify because eating problems or disordered eating is commonly not diagnosable.

Current estimates suggest that disordered eating may be occurring in 30% of girls and 16% of boys. Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

Causes of Eating Disorders

The causes of eating disorders include both external and internal factors. While each case of an eating disorder is different and complex, most begin with the decision to diet. Such diets begin like any other weight loss program, but the euphoric dieter's high, along with a new found sense of control over the body, may cause the dieter to go too far. In other words, the dieter resorts to extreme measures of control over food intake in order to avoid obesity.

Youth are bombarded with messages that define ideal beauty, and, for some adolescents, this pressure can cause intense feelings of inadequacy, which may result in attempts to achieve unattainable body ideals. Hence, an eating disorder may develop.

External factors. These include society's emphasis on an idealized slim physique, family encouragement, and the power of cliques in school. Society has an idealized perception of slim body proportions (unreasonably low body fat percentages) that can be reinforced by family members who praise the slim body and the self-control and discipline necessary to achieve this standard. Feeling the need to control a sometimes uncontrollable and unpredictable world can correlate into a need to be very disciplined in regards to food intake. Cliques or friends can also provide encouragement for the dieting.

Internal risk factors. These include unpleasant experiences (teasing or physical or sexual abuse), negative emotions including depression, low self-esteem, body dissatisfaction, distorted thoughts such as obsessions about food, inaccurate judgments, rigid thinking patterns, and possible biological influences. Biological changes brought on by poor eating habits can impair a youth's ability to learn and maintain information.

Although sexual abuse has been commonly associated with the development of eating disorders, there is no evidence that victims of sexual abuse are more likely to become anorexic or bulimic. The trauma of abuse, however, predisposes these individuals to maladaptive coping behaviors, which may trigger eating disorders.

Symptoms of Eating Disorders

Physical Symptoms

- Weight loss or fluctuation in weight in a short period
- Abdominal pain

- Feeling full or bloated
- Feeling faint or feeling cold
- Dry hair or skin, dehydration, blue hands/feet
- Lanugo hair (fine body hair)

Behavioral Symptoms

- Dieting or chaotic food intake (binging and restricting)
- Pretending to eat, throwing away food
- Exercising for long periods (exercising for hours every day)
- Constantly talking about food
- Frequent trips to the bathroom
- Wearing baggy clothes to hide a very thin body

Emotional Symptoms

- Complaints about appearance, particularly about being or feeling fat
- Sadness or comments about feeling worthless
- Perfectionist attitude
- Family conflicts

Helping Youth With Eating Disorders

Unfortunately, it is difficult to treat advanced cases of eating disorders. Nonetheless, once an eating disorder is diagnosed, a combination of medical treatment and psychotherapy is necessary. The prognosis for recovery is best when an eating disorder is diagnosed and treated early. One recent review of the treatment literature found that one third of individuals with an eating disorder continue to meet clinical diagnostic criteria even 5 years after the initial diagnosis. Mortality rates including suicides range from 5–8%. More than 50% of those who receive treatment show significant improvement. Little is known about the long-term outcomes of those people who do not seek treatment. Prevention is always the better alternative.

Eating disorders are caused by complex and interacting factors. The impact of some of these factors, such as the media's negative influence on students' notions of body image, is almost impossible to control. However, the likelihood of some body image problems associated with eating disorders and eating problems, obesity, and body dissatisfaction can be lessened when children and teens are supported by an environment in which they feel accepted and loved no matter what their body size.

What follows is a list of suggestions for teachers and parents to help prevent the occurrence of eating disorders.

Teachers: Prevention and Intervention at School

Discipline students who discriminate and harass others based on size. Make it clear that discrimination or bullying of any sort will not be tolerated. Prejudice not only hurts large children, but children of all sizes who are afraid of becoming fat. Create a classroom environment where all children feel safe from harassment.

Have a plan. Be aware of appropriate resources within the school, and make a referral if a student voices a need for help in dealing with an eating problem. Usually a school psychologist, social worker, nurse, or counselor will be available. When eating disorders are a topic in the curriculum (in health or psychology classes), teachers should be especially sensitive. However, it is important that students are *not* referred based solely on their body size. Referral for an eating disorder can be traumatizing for a student who is naturally smaller than his or her age mates.

Seek help when needed. When you have a concern about a student's eating habits, bring it to the attention of the school student support team.

Parents: Prevention at Home

Set a good example. Eat a nutritious variety of foods. Try to exercise on a semi-regular basis. Demonstrate a healthy lifestyle without obsessing over food or your body. Buy healthy foods for the family and avoid bringing food in for meals, especially fast foods.

Do not diet and do not encourage your child to diet. Provide nutritious foods in your home. Teach your child to listen to what his or her body needs when deciding how much, and what, to eat. We are born with the ability to stop eating when we are satisfied but lose this ability over time. Stress the importance of eating well, exercising, and developing good health habits, and do not focus on the unhealthy media body images.

Encourage exercise and vigorous play. Limit the time your child spends in sedentary play (video and computer games; television watching). Encourage activities in which your child can enjoy moving his or her body.

Support your child at his or her weight and advocate for your child against harassment. If your child is harassed or bullied based on his or her size, stand up against it. The problem lies in the behavior of the bullies, not within your child. Do not react to bullying by trying to change your child's shape. Instead, notify school officials or your child's teacher about the harassment.

Encourage your child to become active in something he or she enjoys. Active students tend to develop self-esteem based on factors other than size and appearance.

Evaluate school lunches. Make sure there are healthy choices and that your child is including some nutritious foods in his or her diet. Offer to pack a nutritious lunch for your child if school lunch choices are unhealthy. Consider working with the administrator at your child's school to offer healthy choices when school fundraisers are held and at school events.

Resources

- Berg, F. M. (2001). *Children and teens afraid to eat: Helping youth in today's weight-obsessed world*. Hettinger, ND: Healthy Weight Network. ISBN: 0-91853-2558.
- Fraser, L. (1998). *Losing it: False hopes and fat profits in the diet industry*. New York: Penguin. ISBN: 0-452-27291-2.
- Gordon, R. A. (2000). *Eating disorders: Anatomy of a social epidemic*. Malden, MA: Blackwell. ISBN: 0-63121-4968.
- Lelwica, M. M. (1999). *Starving for salvation: The spiritual dimensions of eating problems among American girls and women*. New York: Oxford University Press. ISBN: 0-19512-7439.
- Polivy, J., & Herman, C. P. (2002). Causes of eating disorders. *Annual Review of Psychology*, 53, 187–213.
- Pope, H. G., Phillips, K. A., & Olivardia, R. (2000). *The Adonis Complex: The secret crisis of male body obsession*. New York: Free Press. ISBN: 0-68486-9101.
- Scott, E., & Sobczak, C. (2002). *Body aloud!* Berkeley, CA: The Body Positive. Available: www.bodypositive.com
- Solovay, S. (2000). *Tipping the scales of justice: Fighting weight-based discrimination*. Amherst, NY: Prometheus. ISBN: 1-57392-7643.

Websites and Organizations

- Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED)—www.anred.com
A nonprofit organization that provides information about anorexia nervosa, bulimia nervosa, binge eating disorder, and other less-well-known food and weight disorders. Includes self-help tips and information about recovery and prevention
- Body Positive—www.bodypositive.com
Their mission is to empower people of all ages to celebrate their natural size and shape instead of what society promotes as the ideal body.
- Eating Disorders Awareness and Prevention (EDAP)—www.nationaleatingdisorders.org
Has been providing life-saving information to individuals affected by eating disorders and

reaching others with innovative prevention and education programs for more than a decade.

Healthtouch Online—www.healthtouch.com

Brings together valuable information from trusted sources on topics such as medications, health, diseases, supplements, and natural medicine.

National Eating Disorders Association—

www.kidsource.com/nedo; hotline: (800) 931-2237.

The mission is to eliminate eating disorders and body dissatisfaction through prevention efforts, education, referral and support services, advocacy, training, and research.

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The National Association of School Psychologists (NASP) offers a wide variety of free or low cost online resources to parents, teachers, and others working with children and youth through the NASP website www.nasponline.org

and the NASP Center for Children & Families website www.naspcenter.org. Or use the direct links below to access information that can help you improve outcomes for the children and youth in your care.

About School Psychology—Downloadable brochures, FAQs, and facts about training, practice, and career choices for the profession.

www.nasponline.org/about_nasp/spsych.html

Crisis Resources—Handouts, fact sheets, and links regarding crisis prevention/intervention, coping with trauma, suicide prevention, and school safety.

www.nasponline.org/crisisresources

Culturally Competent Practice—Materials and resources promoting culturally competent assessment and intervention, minority recruitment, and issues related to cultural diversity and tolerance.

www.nasponline.org/culturalcompetence

En Español—Parent handouts and materials translated into Spanish. www.naspcenter.org/espanol/

IDEA Information—Information, resources, and advocacy tools regarding IDEA policy and practical implementation.

www.nasponline.org/advocacy/IDEAinformation.html

Information for Educators—Handouts, articles, and other resources on a variety of topics.

www.naspcenter.org/teachers/teachers.html

Information for Parents—Handouts and other resources a variety of topics.

www.naspcenter.org/parents/parents.html

Links to State Associations—Easy access to state association websites.

www.nasponline.org/information/links_state_orgs.html

NASP Books & Publications Store—Review tables of contents and chapters of NASP bestsellers.

www.nasponline.org/bestsellers

Order online. www.nasponline.org/store

Position Papers—Official NASP policy positions on key issues.

www.nasponline.org/information/position_paper.html

Success in School/Skills for Life—Parent handouts that can be posted on your school's website.

www.naspcenter.org/resourcekit