National Association of School Psychologists

Eating Disorders in Adolescence

Information for Parents and Teachers

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Overview

Eating disorders are characterized by an all-consuming desire to be thin, a desire that is unrealistic and threatens an individual's physical and emotional health. Fear of weight gain is exhibited through cycles of self-starvation and/or cycles of binge eating/purging. In *anorexia nervosa,* the individual's weight has fallen more than 15% below normal and, with females, menstruation (once it has occurred) has not occurred in over three months. *Bulimia* is much more common than anorexia. It involves an abnormal and continuous craving for food followed by self-induced vomiting, laxative or diuretic abuse, compulsive exercise, and/or strict dieting, with binging and purging episodes occurring at least twice per week and typically, feelings of loss of control.

Bulimia, although 2 or 3 times more common than anorexia, wasn't recognized as a distinct disorder until 1976. Prior to that time, most persons with this disorder had been labeled anorexic. Nearly half of diagnosed anorexics can be suffering from bulimia. The reverse is also true. Both are learned behaviors that can be unlearned. Both are, in part, disorders of our culture, reflecting the emphasis on "thin" as the ideal body type, particularly for girls and women. Eating disorders typically occur during adolescence when youth are most concerned about appearance and acceptance and most susceptible to the influences of peers and the media.

It is estimated that about 1% of the population will be diagnosed with anorexia, and about 4% with bulimia (following strict diagnostic criteria). Additionally, many adolescents, particularly girls, exhibit many characteristics of eating disorders (chronic dieting, preoccupation with weight, abuse of diet pills, excessive exercising) without meeting criteria for a "disorder." Of the population with an eating disorder, 90%-96% are female.

Causes of Eating Disorders

Generally, researchers have concluded that exposure to the socio-cultural emphasis on thinness interacts with the influences of media, self concept, family and peers in predisposing individuals to psychological stress resulting in eating disorders. Among adolescent girls, eating disorders can be a reaction to the approaching demands of adult sexuality and independence as well as a response to cultural pressures and media influences to have a perfect body. Compulsive fasting provides a sense of control over one's self and others. Strict self-imposed rules about food substitute for genuine independence. Among adolescent boys, those who develop eating disorders are often athletes whose sport demands weight control (e.g., wrestling). They lack a sense of independence, identity and control over their lives. These young men seem to feel like an extension of others and do things to please others.

Victims of physical and sexual abuse also appear to be at-risk for developing eating disorders, as it can often lead to distorted body image and fear of developing sexuality.

Self concept: Adolescents who particularly feel a lack of personal and social control appear at significant risk for developing eating disorders. Research among girls has found that those who develop eating disorders typically have low self-esteem in the areas of personal, social and academic competence, and physical self concept.

Body dissatisfaction has been identified as the most significant predictor of eating disorders. Particularly as they reach adolescence, many girls compare their changing bodies to society's idealized female model and experience increasing degrees of dissatisfaction. The degree of dissatisfaction does not appear to be related to actual weight, but to the subjective opinion of weight — that is, while many girls believe that they are overweight, this is not consistent with their actual weight.

Chronic dieting: Although common among teenagers, what may at first appear to be benign dieting can grow into a full-blown eating disorder. Stringent denial of food can give way to a binge of eating "forbidden" foods, followed by guilt and even more stringent diets and exercise routines. Normally, individuals follow dieting periods with a return to moderate eating, while disordered dieters tend to either binge (bulimia) or refuse to eat at all (anorexia).

Warning Signs

Parents and teachers should be alert to any of the following symptoms of a possible eating disorder:

- Frequent complaints about current weight
- Obsessive concern about size, shape of body parts (stomach, hips, thighs, buttocks)
- Preoccupation with thinness
- Excessive fear of gaining weight
- Chronic, excessive dieting
- Excessive exercising
- Purchase and use of diet pills, laxatives, diuretics
- Evidence of self-induced vomiting
- Binge eating
- Fussiness about food ("picky eater")
- Lack of interest or obsessive interest in food

Treatment

It is essential to identify and break the pattern of eating disorder due to the dire physical consequences. Severe weight loss and malnutrition during physical maturation can result in delayed puberty, stunted growth, risk of future bone loss (osteoporosis) and difficulties related to hormonal and other chemical imbalances. In its most severe form, an eating disorder can be fatal due to cardiac problems, electrolyte imbalance or suicide. Treatment should address immediate health threats as well as prevention and wellness. The prognosis for recovery is best when eating disorders are diagnosed and treated early.

Medical attention is a necessary component in treating all eating disorders as starving, binging, and purging can take a terrible toll on the body. Drug treatment is sometimes used to augment individual and group therapy.

Psychotherapy will help persons with eating disorders to develop a mature dependence on another person, rather than on inanimate objects like food, as a way to regulate emotions. Challenging distorted body images can occur once a secure therapeutic relationship is in place. Traumatic childhood experiences (e.g., abuse) also need to be explored while the victim is empowered, reclaims competence and develops the capacity for self-soothing without food or chemicals. Involvement of the whole family is often necessary to address the patient's focus on food and any family issues contributing to dysfunction, to provide ongoing support, and to monitor eating behavior.

Behavioral and cognitive-behavioral strategies are used in treating individuals with eating disorders in order to immediately reduce dangerous behaviors and ultimately to gain self control over eating habits and to change self perceptions.

What Can Parents Do?

- Educate yourself about eating disorders, including symptoms, causes and treatment options.
- Be aware of your own body image and eating habits. Be ready to address your own problems with body image and dieting in order to provide a more healthy model for your children.
- Avoid focusing on calories, weight, dieting and exercise as family "topics."
- Help your children combat societal pressure. Discuss "reality" vs the images presented by the media.
- Provide an environment that encourages individuality, independence and feelings of competence with unconditional love and support.
- Avoid being judgmental. Be reliably available and remember not to try to control your child's disorder.
- Encourage physical competence by focusing on positive physical attributes and skills, and support your child's efforts to improve physical fitness and strength.

What Can Teachers Do?

- Be aware of the symptoms, causes and general treatment of eating disorders. Be alert to warning signs and notify parent of any concerns.
- Consult with your school psychologist, school nurse, social worker, etc. if you notice any warning signs or have concerns about a student's weight or eating habits.
- Educational approaches should not focus exclusively on teaching good nutrition or proper eating habits. Discuss the cultural pressures and media influences to have a perfect body, societal pressures to be sexual, the impact of abuse, co-dependency, etc.
- Be ready for a disclosure of physical and/or sexual abuse. Don't overreact. Report this information to the proper child protection authorities and consult with student support personnel at school.
- Be prepared to provide steady, non-demanding support throughout the student's treatment.

What Can Schools Do?

- Promote wellness and fitness among all students through health education and sexuality education.
- Increase student and parent awareness of appropriate weight maintenance and modification programs, through health education classes, PTA presentations, etc.
- Provide support programs to help students develop constructive coping strategies and enhanced self esteem.
- Establish systems to refer and support at-risk students.
- Be alert to use of media and practices that emphasize unrealistic images and messages related to physical attributes; monitor weight-loss practices among athletes (particularly gymnasts and wrestlers).
- Educate school personnel about eating disorders, prevention and intervention.

Resources

Organizations

National Association of Anorexia Nervosa and Associated Disorders, P.O. Box 7, Highland Park, IL 60035, (312) 831-3438

National Institute of Mental Health Eating Disorders Program, Bldg. 10, Room 3S 231, Bethesda, MD 20892, (301) 496-1891

Books

Anderson A. (Ed.). (1990). *Males with eating disorders.* New York: Brunner/Mazel.

Costin, C. (1996). *The eating disorder sourcebook.* Lowell House.

*Dolan, B. & Gitzinger, I. (1994). *Why women? Gender issues and eating disorders.* London: Athlone Publishing.

Fairburn, C. (1995). *Overcoming binge eating.* New York: Guilford Publications.

Lemberg, R. (Ed). (1992). *Controlling eating disorders with facts, advice and resources.* Phoenix: Oryx Press.

Meadow, R. & Weiss, L. (1992). *Women's conflicts about eating and sexuality.* New York: Haworth Press.

*O'Halloran, M.S. (1993). *Focus on eating disorders.* Denver: ABC-CLIO.

Phelps, L., Augustyniak, K., Nelson, L. & Nathanson, D. (1997). Adolescent eating disorders, chronic dieting and body dissatisfaction. In Bear, G., Minke, K. & Thomas, A. (Eds.), *Children's Needs II* (pp. 909- 915). Bethesda, MD: National Association of School Psychologists.

*Pipher, M.B. (1995). *Hunger pains: From fad diets to eating disorders — what every woman needs to know about food, dieting and self-esteem.* Hollbrook, MA: Adams Publishing.

Siegel, M., Brisman, B. & Weinshel, M. (1997). *Surviving an eating disorder: New perspectives and strategies for families and friends.* New York: HarperCollins.

* Recommended reading for older adolescents

Internet Sites

Anorexia Nervosa and Related Eating Disorders, Inc.:
<http//www.anred.com/>

Center for Eating Disorders (St. Joseph Medical Center, Towson, MD):
<http//www/eating-disorders.com/>

Healthtouch Online:
<http//www.healthtouch.com> (link to health related topics)

National Eating Disorders Organization (NEDO):
<http//www.laureate.com/nedointro.html> (Home page with links to various resources)

Some material is adapted from the chapter by Phelps et.al in Children's Needs II *(see resources above).*