

# OurChildren<sup>®</sup>

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## Does Your Child Have ADHD?

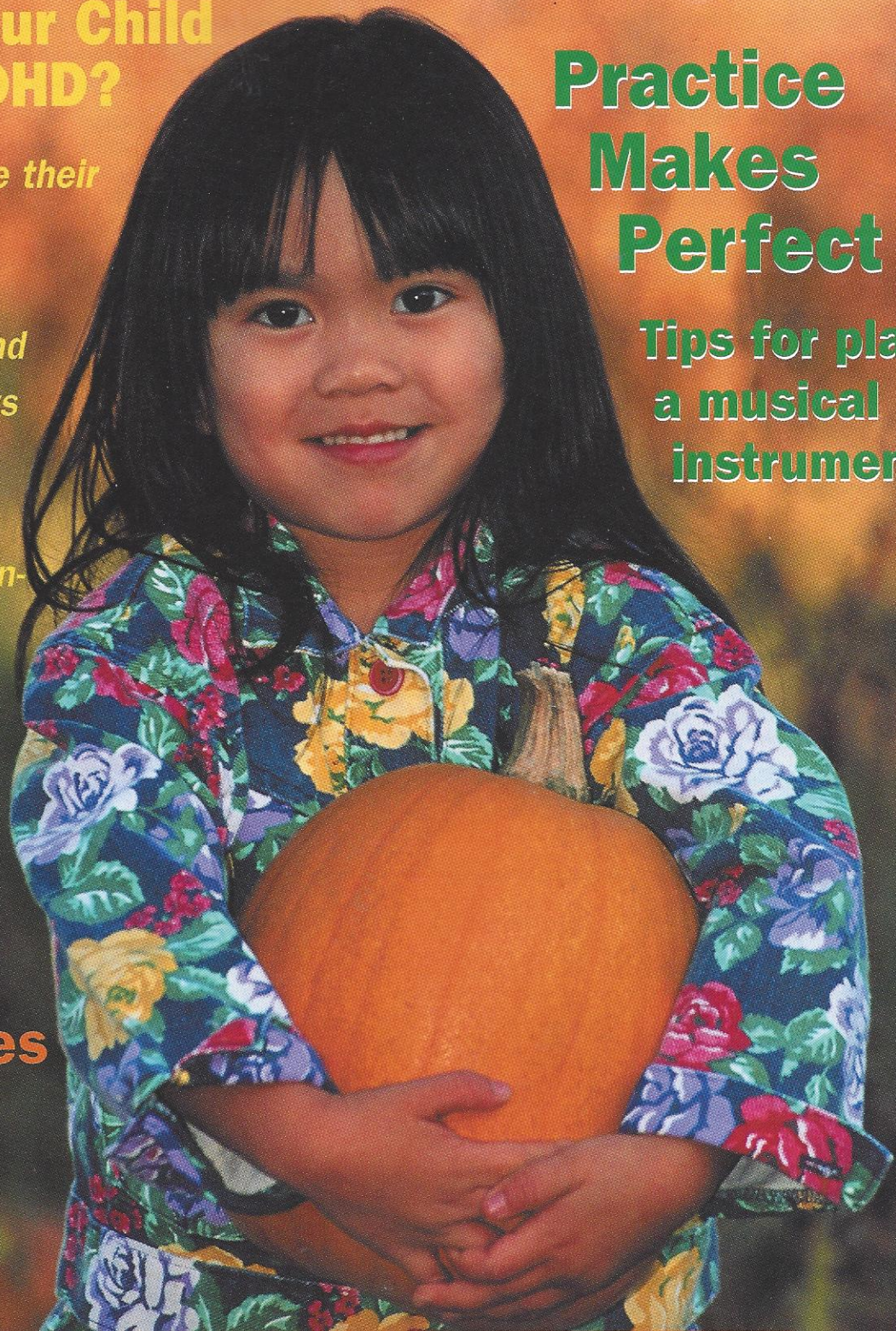
*Experts share their advice about diagnosis, treatment, and practical ways parents can help children with Attention-Deficit/Hyperactivity Disorder*

## Practice Makes Perfect

*Tips for playing a musical instrument*

## Weighty Measures

*Combating eating disorders*



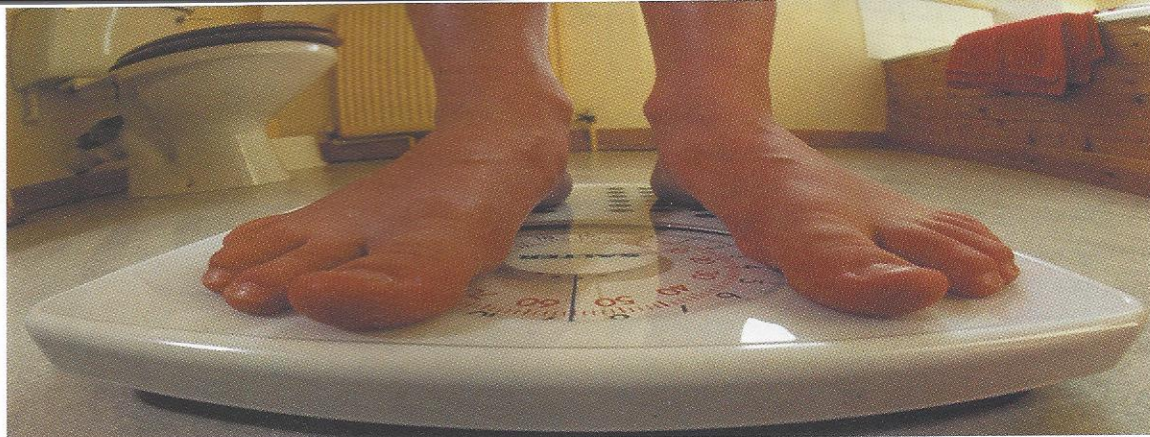
### The Power of Association

*Read about the many benefits National PTA provides its members*



# Conquering Eating Disorders at Home and in School: LESSONS THAT SAVE LIVES

by Abigail H.  
Natenshon



Because of society's messages, children have come to see thinness as the route to popularity, success, and emotional well-being. Inflamed by the constant, sometimes conflicting, and frequently pernicious messages of the media, they are growing up misguided and frightened about food and eating, believing that food is "the enemy," that a person who eats fat becomes fat, that fat-free eating is "healthy eating," and that diets are the best, and in fact, the only way to lose weight.

A study conducted at the University of Missouri showed that one out of two 8th–9th-grade girls has already been on a diet. At a life stage when it is normal for pubescent girls to put on 20 percent of their growth in fat, culture contradicts biology, dictating that girls should grow smaller as they grow older. It's no wonder that 40 to 50 percent of young women on college campuses today are reported to be "disordered eaters." Adults, too, have been taken in by the many myths and misconceptions that surround eating disorders, the adolescent life stage, and nutrition. Many believe that food obsession and "girl diets" are a normal adolescent rite of passage.

Children as young as age 9–12 are at risk these days to develop eating disorders. According to the U.S. Department of Health and Human Services task force, 80 percent of girls in grades 3–6 reported displeasure with their bodies.

Eating disorders cross all lines of gender, age, class, ethnicity, and socioeconomic status, afflicting minority populations such as African- and Asian Americans, Hispanics, and American Indians. Though 90 percent of the 8 million reported cases in the United States today are adolescent girls, the number of males with eating disorders has doubled in the past 10 years due to the messages from the sports world, which lead young men and boys to believe that physical strength and prowess are more important than intelligence, sensitivity, or academic achievement. Young boys also are adversely affected by male models with perfect bodies, many of whom attain their perfection through the help of anabolic steroids.

In addition to the increasing number of children who don't eat enough to maintain healthy bodies,

currently 6 million American kids are obese and another 5 million are on the threshold. Healthy eating seems to have eluded us; it is clear that our children are in trouble.

## Eating disorders are not about food

Eating disorders are a misuse of food to resolve emotional problems. How a person eats may be a metaphor for how she lives; excessive, inflexible, and limited in her food choices, the eating disordered individual exhibits similar qualities in general life functioning and problem solving. Parents may observe early warning signs in the child's extreme or inflexible non-food related behaviors and thinking, in his or her poor self-control and self-esteem, in body image concerns, and in ineffective problem solving. The malnourished brain is compromised in its functions, through depression, obsession, and distortions in reasoning, perception, and judgment. Victims of eating disorders are unable to care for themselves. Starving for more than physical nourishment, these individuals have never learned to establish a healthy relationship with food, with themselves in the world, or with others. They need others to identify them and take charge, if only until such time as they can assume, or resume, responsibility for self-care and self-control. (See page 14.)

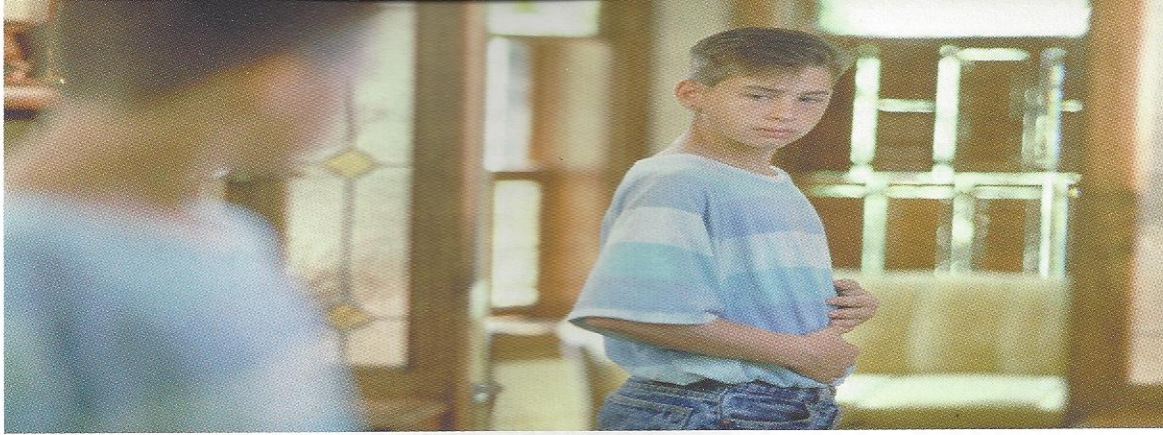
No one is certain what causes these diseases, though researchers have found that the roots of anorexia and bulimia lie in genetics, in body chemistry, temperament, and environmental factors.

With women entering the work force and divorce rates skyrocketing since the 1970s, parents are less at home to impart values, model healthy eating and healthy living, and to provide meals and a sense of community. In fact, only 50 percent of American families eat dinner together on a regular basis.

Though social, familial, and media influences may trigger an eating disorder in a genetically susceptible child, parents can relax in the knowledge that they are not the cause of their child's eating disorder.

Because 86 percent of victims develop eating disorders by age 20, parents and teachers are the best line of defense for eating disorders.





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### The role of the school in prevention

At present, schools are more involved in preventing substance abuse, sexually transmitted disease, and AIDS than in preventing eating disorders, though the latter affect more students. Primary prevention of eating disorders involves taking action to “immunize” youngsters to pernicious influences that could lead to the disease, helping them to recognize and develop their inner qualities. Primary prevention in schools might take the form of teaching students to understand advertising ploys and to become critics, not victims, of advertising campaigns that distort and depreciate the integrity of the human body, or teaching students how to confront and diffuse teasing in school halls and playgrounds.

Various curricula focusing on primary prevention are now available to educators; a prerequisite to putting such programs in place is for parents, legislators, and administrators to prioritize time, staffing, and financial resources for their implementation. Several program options include

- *Eating Disorder Awareness and Prevention (EDAP)* is an organization that offers a plethora of curriculum options for educators for grades 4 through 12. These include Go Girls, support group curricula, nutritional training programs, video aids, and cassette tapes, posters, brochures, and so forth, each for a small fee. Contact EDAP by phone at (206) 382-3587, or by visiting its website: [www.edap.org/matsales.html](http://www.edap.org/matsales.html) for more information or to obtain materials.
- *Full of Ourselves: Advancing girls' power, health, and leadership* is a program promoting the healthy development of girls and the prevention of eating disorders. Twelve- and 13-year-olds lead and inspire 8- to 10-year-olds to accept their bodies and themselves. Advocating intolerance of “weightism,” along with racism, it shifts the focus from pathology and eating disorders to reinforcing the work happening in schools to promote diversity. This unique program was developed by Catherine Steiner-Adair, Ed.D., and Lisa Sjostrom, M.Ed. at the Harvard Eating Disorder Center, and will be available by January

2001. Contact Ms. Sjostrom by e-mail at [las@hedc.org](mailto:las@hedc.org), or by calling, toll-free, (888) 236-1188 for more information about the program and training.

- *Body Wise*, a program designed for teachers, coaches, counselors, school nurses, and administrators who work with 5th-, 6th-, and 7th-grade students. *Body Wise* is sponsored by the U.S. Public Health Services' Office on Women's Health and is part of the Girl Power! initiative, a program of the Department of Health and Human Services that seeks to reinforce and sustain positive values and health behaviors among girls 9–14. For more information, telephone (800) 628-8442; or visit the National Women's Health Information Center website at [www.4woman.gov](http://www.4woman.gov).
- *The National Association for Anorexia Nervosa and Associated Diseases (ANAD)* has developed guidelines for schools in identifying and assisting students who may be at risk to develop an eating disorder, and to assist the school in effective management of students who have an eating disorder. ANAD Guidelines for Addressing Eating Disorders in Students may be obtained by calling (847) 831-3438, or visiting [www.anad.org](http://www.anad.org).

Secondary prevention efforts involve interventions that promote eating disorder awareness in students—including dancers and gymnasts—who are at high risk to develop this disorder, once problems have begun.

Tertiary prevention attempts to limit the course of illness in clinically diagnosed individuals. There are studies that suggest that secondary and tertiary prevention techniques—including such activities as health classes, health fairs, and student support groups—may risk triggering or spreading the disease through the power of suggestion in predisposed youngsters. Primary prevention through self-esteem work and body acceptance appears to be the most effective means to eradicate eating disorders as well as addiction problems before they erupt. At home, parents can provide primary prevention by remaining “parental,” by setting appropriate limits for chil-

### How Schools Can Spot Students with an Eating Disorder

#### In the classroom:

- An ideal student with a compulsion to succeed.
- A fatigued, depressed student who may frequently rest her head on her desk.
- A student who fidgets constantly in an effort to burn calories.

#### In the lunch room:

- The student who schedules an extra class or activity during lunch hour.
- The student who considers “lunch” to be a bag of chips and a diet soda.
- The student who refuses to eat in front of others.

#### In the gym:

- The student who is a compulsive exerciser.
- The student who displays various compulsions in the locker room or in preparation for athletic events.


#### In the nurse's office:

- The student who frequently feels dizzy and weak and needs to lie down.

#### In the guidance counselor's office:

- The student will probably not offer information about his or her eating disorder. He or she may approach the counselor to ask about “a friend.” It is up to the counselor to pick up nuances and probe with respect and sensitivity.





dren to internalize, and by demonstrating a good example in their relationship with food and problem solving.

## Strategies for educators

### Activism

- President John F. Kennedy's Physical Fitness Program for school-age children encouraged schools to measure the fat content on students' bodies through fat caliper (skin fold/body composition) testing. The measurement device originally was intended for use by adult triathletes and has been reported to cause 70 pound, 9-year-old, 4th-graders to feel that they need to lose weight. In Illinois, one parent's efforts resulted in the withdrawal of these tests in her school district; when brought before the Illinois PTA delegates, the resolution was unanimously approved. Efforts are currently underway to implement this resolution now, statewide and nationally.
- Schools are in a position to positively influence students' eating habits by replacing junk food vending machines with dispensers of wholesome and nutritious food items such as dried fruit snacks, nuts, trail mix, soups, milk, juices, or water.
- PTAs could become more sensitive to the kinds of foods they provide at programs, such as carnivals, family nights, and awards ceremonies.
- Those schools that do not include physical education as a requirement for graduation might rethink this decision in light of the rise in obesity in American kids.
- School activities such as cheerleading, football, and wrestling that promote weight loss or place an emphasis on appearance, should be reevaluated or not allowed.

### Personal interventions

- An informal survey of teachers illustrated that personal intervention, personal follow-up with students through letters, e-mails, and phone calls, or personally accompanying the child to see the school nurse or psychologist can be a boon to the child's motivation to recognize the problem and to recover. Teachers strongly felt that smaller class sizes would allow for greater personal attention to troubled students and more substantive teacher-student dialogue.
- Teachers need to recognize the power of words and the potential of human interaction to identify and resolve, or to create, the problems. In response to the "concerned friend" seeking

guidance, teachers need to become sensitive to whether the student might be seeking information for herself or himself.

- Benign and otherwise innocent "throw-away" comments directed to students may inadvertently create or contribute to eating dysfunction in susceptible youngsters. A coach sat next to a student at a track meet and commented on the thinness of the competitor who won the race; the student assumed he was implying that thinness is correlated to winning competitions.
- Parents need to be contacted at the point where it is critical to seek professional health care. Remember that fathers are parents, too. Parents generally want to do what is best for their children, but too often do not know how. Their resulting fear, guilt, and sense of inadequacy typically come across as resistance.
- Schools need to develop and refer parents to resources in the community that are expert and highly experienced in treating eating disorders. Many professionals specializing in this field are willing to make themselves available for school consultation and in-service training in the interest of promoting eating disorder education and prevention. *\*Free support groups and referrals to professionals are available nationwide through the National Association of Anorexia Nervosa and Associated Disorders, ANAD at (847) 831-3438.*
- In some instances, when not apprised of treatment and recovery efforts, schools can become part of the problem, particularly for students with clinical disease. As an example, a malnourished student left a hospital inpatient program without being discharged.

By identifying and approaching an afflicted child with wisdom and confidence, parents and school personnel together can offer children an unparalleled opportunity not only to recover from these diseases, but to enter their adult years with the emotional resiliency they need to lead productive and fulfilled lives. When children cease to be victims of food, they cease to be victims of life, of themselves, and of others. **OC**

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*Abigail H. Natenshon, M.A., LCSW, is a certified elementary school teacher, a clinical social worker, and psychotherapist in private practice specializing in the treatment of eating disorders with individuals and families. She is also author of When Your Child Has an Eating Disorder: A Step-by-Step Workbook for Parents and Other Caregivers, (Jossey Bass Publishers, October, 1999). When purchased in bulk or as a give away, the book is available from the publisher at a substantially reduced price. Contact Jossey Bass Publishers at (800) 956-7739.*