

THE AMERICAN
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TAKE MY KIDS, PLEEEZE!

Nowadays, most parents say schools have a duty to rear their children

ALSO INSIDE

How to be an effective school board president

What your board needs to understand about testing



Food Fright

*For many kids, your schools are
the first line of defense against eating disorders*

BY ABIGAIL H. NATENSHON

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nyone who doubts whether eating disorders are a significant problem in society today hasn't considered the statistics. Approximately 8 million people—7 million females and 1 million males—currently suffer from eating disorders, and these numbers represent only the cases authorities know about. Indeed, experts say these figures represent only about 25 percent of the actual number, because so many eating disorders go unreported. Of the known victims, about 90 percent are adolescents and young adult women, according to the National Institute of Mental

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Health, putting the population that's most often affected squarely in your schools.

In fact, children in elementary school might already be forming attitudes that can lead to eating disorders. One recent study found that 37 percent of children (boys and girls) in grades 3 through 6 had been on diets, with 7 percent showing signs of anorexia nervosa. In the same study, 63 percent of high school students reported being on diets, though no more than 12 percent of these students were in fact overweight. One high school junior said he saw continuous dieting as "the only realistic alternative to gluttony and obesity."

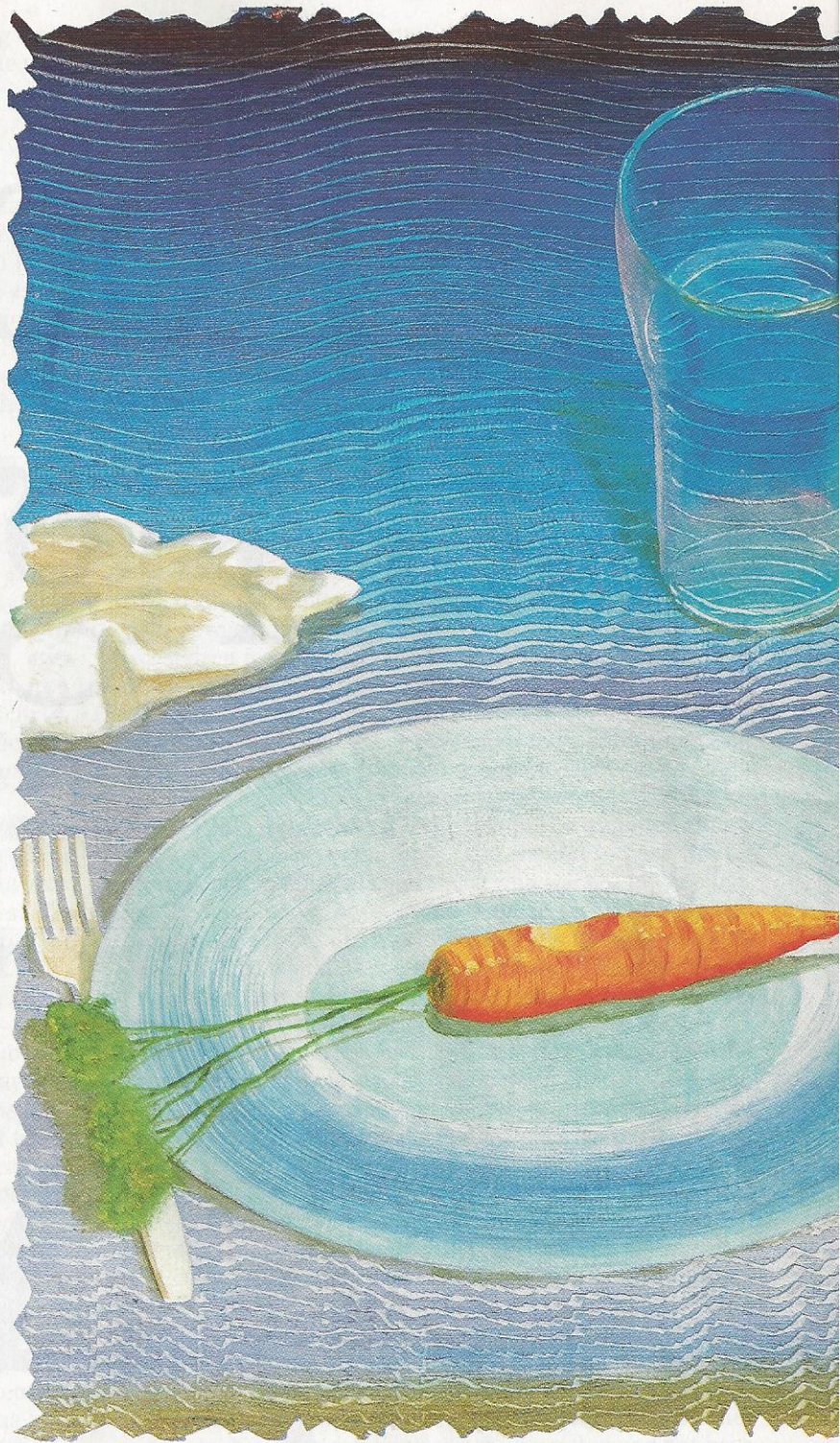
Messages that overemphasize superficial matters of appearance in our society, our homes, and—yes—our schools create and fuel such attitudes in children. In spite of the problem, programs to prevent eating disorders are virtually nonexistent in schools. If anything is taught in classrooms about eating disorders these days, it most often entails no more than a paragraph in a textbook, the showing of a videotape, or a cursory discussion. Some teachers and some schools do nothing at all to address the topic.

Schools, however, can play a crucial role in reducing the prevalence of eating disorders among young people. School is where children spend most of their waking hours, so the people who work in schools—teachers, coaches, nurses, social workers—are in a unique position to recognize signs of eating disorders in students and to intervene.

Myths and realities

What are eating disorders? Victims of anorexia nervosa restrict their food intake, sometimes to the point of starvation. Anorexia is driven by a distorted perception of one's body shape and weight and is characterized by a refusal to maintain a normal body weight. Forty percent of anorexics also engage in bulimic behavior and are known as bulimexics. People with bulimia engage in repeated episodes of binge eating and then compensate for those binges by purging. Purges take the form of vomiting, excessive exercise, or the abuse of laxatives, diuretics, or diet pills. A binge is typically defined as the rapid consumption of a large amount of food in a clearly circumscribed period of time. For some anorexic youngsters, a muffin, part of a bagel, or a handful of grapes constitutes a binge and requires purging. What the two primary diseases have in common is the intention to control weight and the morbid fear of becoming fat. The root of these problems lies in low self-esteem and the inability to cope with problems constructively.

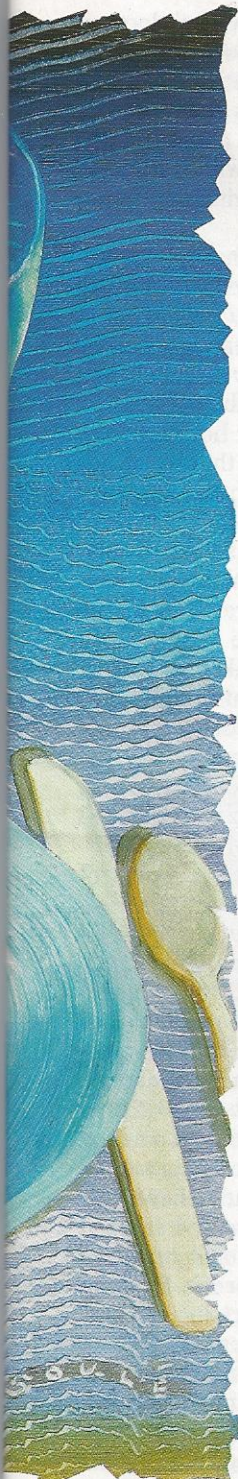
Resorting to simplistic descriptions of eating disorders, however, can be dangerous, because eating disorders are not at all simple. Although they manifest themselves in actions related to food, eating disorders are not primarily about food. Food issues in an eating disorder are the tip of



Robert A. Soulé

an enormous and murky iceberg. The roots of the disease lie in emotions, values, and the structure of the personality.

People with eating disorders often feel overpowered and victimized by food; this parallels their feelings of vulnerability and powerlessness in relation to the world at large. Through the disorder, an individual struggles to regain control and reestablish a sense of balance that has otherwise been lost. Eating disorders provide the constant illusion of being in charge of at least one aspect of life—food.



Sometimes this obsession with control turns out to be fatal: Approximately 20 percent of anorexics die from the complications of the disorder. That kind of severity, though, doesn't occur overnight. Eating disorders evolve over time, and in the early phases of disease, the warning signs are particularly hard to detect.

The perfect student

In fact, students with eating disorders often appear to be the stuff of teachers' dreams: They tend to be compliant over-achievers—accomplished, perfectionist, disciplined, diligent, and eager to please. They are typically the captains of the cheerleading squad, the editors of the newspaper, the presidents of student government, and the choreographers for the dance club. They typically excel in sports, having little trouble committing to the tenacity and excess that winning requires.

What makes recognition of eating disorders even more difficult is that people experiencing them often do not feel "sick," but think of themselves as being, feeling, and looking better than ever. Because of this, they often attempt to keep the disease secret from those who might be in the best position to help.

What are the signs of a possible eating disorder? Contrary to popular opinion, thinness is not necessarily the most accurate criterion for diagnosis. When students use food for reasons other than satiety, sociability, or refueling, there might be cause for concern. Students who seem to be using food as their primary coping mechanism might be prime candidates for developing eating disorders, as might students who tend to avoid risks, change, and growth in the interest of achieving perfection, thus precluding failure or disappointment.

The best indicators of an eating disorder are subtle signs such as willingness to go to great extremes to accomplish perfection, refusal to eat lunch with friends, insistence on bringing one's own food to parties and social gatherings, or compulsive dedication to athletic pursuits.

One thing is clear: The greatest potential for preventing or eradicating eating disorders lies in recognizing the disease in its early stages, in the student's attitudes, priorities, and emotions, before pathological behavior becomes entrenched. A complete, timely recovery is more likely with early intervention.

What schools can do

Eating disorders typically do not show up in a perfunctory medical examination, nor even in a blood test, until

their latter stages. Instead, clues about their existence appear in the context of daily living. School is at the center of most adolescent social, academic, artistic, and athletic pursuits; school is where students strive for adequacy, acceptance, and a sense of identity. And that means your schools are on the front lines when it comes to spotting eating disorders.

The school's responsibility to address eating disorders is heightened by the fact that these disorders affect learning. The mind of a student with an eating disorder often is narrow and incapable of recognizing options. The disorder prejudices what and how a student will learn, affecting the student's judgment, perception, problem solving, decision making, and other cognitive functions. Victims of eating dis-

Look here for help

For more information on eating disorders, contact some of the following organizations. Many maintain speakers' bureaus and offer informational materials; some provide resources that can be used in the classroom:

- Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED), Box 5102, Eugene, Ore. 97405; (503) 344-1144.

- National Association of Anorexia Nervosa and Associated Disorders, Box 7, Highland Park, Ill. 60035; (708) 831-3438.

- American Anorexia/Bulimia Association (AA/BA), 418 E. 76th St., New York, N.Y. 10021; (212) 734-1114.

Various groups in the United States and Canada also have developed several thoughtful curricula on eating disorders. For example, a model high school curriculum entitled *Entering Adulthood: Looking at Body Image and Eating Disorders*, is available for \$23.50; an accompanying workbook sells for \$3. Published by ETR Associates, this curriculum uses classroom discussions, cooperative learning groups, and work sheets to analyze media messages about body image. It helps students identify feelings about their own physical characteristics and develop skills that help them choose good nutrition over fad diets. Students learn the specific symptoms of anorexia and bulimia and are encouraged to develop a positive body image. ETR Associates can be reached at P.O. Box 1830, Santa Cruz, Calif. 95061; (800) 321-4407.

The Nutrition Education and Training Program of Illinois, a state-run program under the auspices of the U.S. Department of Agriculture, makes 650 relevant work sheets, study guides, videos, and slide presentations available free of charge. Call the Central Illinois NET Center at (800) 831-7836. Each state has its own Nutrition Education and Training Program, with resources available to the public. Most programs are versatile and adaptable, with individual sections that can stand on their own. Hands-on homework projects, such as encouraging students to conduct their own surveys of societal attitudes or advertising biases, can also be effective ways to sharpen students' awareness of issues about nutrition and self-image.—A.H.N.

orders are so distracted by fears and obsessions about food and eating that they can absorb little else. Brain chemistry, which is affected by nutrition, determines how a student learns; it may also be the cause of depression and distortions in the perception of reality. Indeed, the brain might actually shrink in size and lose function as a result of inadequate nutrition.

If schools do not become part of the solution, they might be part of the problem. Seemingly offhand interactions between school staff members and students can have an inordinate influence on that student's life, given the importance of teachers as role models and mentors. A track coach's inadvertent comments praising one player's thinness can lead another team member to begin a diet that doesn't end. A school nurse who invites a student to rest in the office after repeated dizziness or fainting spells should ask about the student's food intake and be prepared to notify the parents; otherwise, the nurse might well be missing a prime opportunity to identify an eating disorder.

The following guidelines can help your schools make a difference:

- **Educate teachers and other staff members.** Chances are, your school employees are as misinformed and undereducated about eating disorders as is the general public. Eating disorders are enigmatic and misunderstood diseases. Each situation is different and might require a different response. Teachers need to develop knowledge, resourcefulness, communication skills, and sensitivity to the needs and limitations of affected students and parents.

Educators also need to become familiar with the myths that surround the disorders and to learn not to be blinded by them. One common myth is that eating disorders are picked up through association with people who have the disease. (To be sure, increased exposure to the disease might in some instances encourage children to experiment. As researchers into such disorders point out, however, experimentation does not necessarily lead to pathology, unless students have underlying issues and emotions that predispose them to developing the disease.)

Other myths about the disease include that it is normal for girls who work out to lose their monthly menses, that anorexics are skinny and do not eat, that having a disease feels bad and recovering from it feels better. Another commonly held misconception is that dieting is the best way to lose weight. In the case of an eating disorder, none of these is true. Preparing teachers to educate students and, when necessary, to intervene requires at the minimum staff development to heighten awareness. You'll also want to discuss specific strategies for handling tough situations, such as confronting a student who is in denial or handling a resistant parent.

- **Use community resources.** Local hospitals and community mental health clinics, as well as private mental health practitioners, often are willing to help schools deal with anorexia by offering in-service sessions, case consultations, or classroom presentations free of charge. Community professionals are generally honored to be asked to speak at parent meetings or to participate in health fairs. The nonprofit organization Anorexia Nervosa and Associated Diseases (ANAD), for instance, provides free, ongoing support groups for those who suffer from eating disorders and for their families in neighborhoods throughout the country. (See sidebar on page 25.)

Your schools should compile names of medical doctors, psychotherapists, family therapists, nutritionists, and others who specialize in diagnosing and treating eating disorders and be ready to refer interested students and parents. These specialists need to be knowledgeable about the disease and have firsthand experience dealing with it to know how best to treat the disorders and the individuals suffering from them.

When students are already being treated through an out-of-school program, school personnel must respect the student's treatment plan. One young woman who walked out of a hospital program and refused out-patient eating disorder treatment used the school nurse's office daily to cut classes because of "stomach aches" and faintness. Able to see that she was enabling the student and deterring her recovery, the nurse began to set appropriate limits on the use of her office and services, thereby cooperating with the student's private therapeutic team.

- **Educate students.** Your school counseling department can establish short-term voluntary seminars and programs to provide relevant information to interested students and parents. In Illinois, for example, Lake Forest High School has launched a successful six-week program in which staff and outside experts talk to students about nutrition, exercise, stress management, the media, and body image.

It is also important to educate the students who deal with these diseases indirectly, through association with afflicted friends and classmates.

- **Don't forget parents.** Parents should be an important part of your efforts to educate people about eating disorders. Parents are responsible for instilling values, problem-solving and coping skills, and self-esteem in children. They provide the environment and context for food consumption at home. Yet, in the face of an eating disorder, parents often feel as perplexed and helpless as the victim. Typically, parents are emotionally unprepared to deal with the situation, not understanding the disorder, its causes, its recovery, or their own role in all three. As a result, they often respond by denying the significance of the problem. One father whose child was hospitalized for bulimexia said he believed his daughter was "better than ever," now that she had stopped acting out publicly and had turned her emotional struggles inward through the guise of her eating disorder. In many cases parents share emotional issues underlying the disease, if not the disease itself, with their children.

The key for your schools is to provide parents with the reassurance that help is available for the asking, if they can acknowledge the need. Reaching out to parents can be done formally or informally, through public meetings or personal contact.

Your schools should strive to detect and address eating disorders in their earliest stages—in students' thinking and attitudes—before the disease becomes full-blown and reaches the point of visible behavior and bodily abuse.

The goal in determining the existence of an eating disorder is not to judge, label, or stigmatize. It is simply to reveal that there is a small yellow light flashing somewhere deep within a student, signaling distress. The benefits of attention to these life issues are far-reaching and profound. Conquering an eating disorder can have multiple benefits. Through recovery, patients not only conquer their disorder, but more important, they cease to be victims. SE