Eating Disorders Were Not Talked about in My School

Note: In what follows, Rachel Rafael, a UCLA undergraduate working at our Center, shares her personal perspective (with edits) on what she experienced in high school related to eating disorders.

An eating disorder is a life altering obsession with food, so strong that it often disrupts an individual's social relationships, health, and occupation. A complex interplay between biological and environmental factors underlies the development of eating disorders (Swanson et al., 2011). The risk factors that contribute to eating disorders involve genetic predisposition, temperament, trauma and coping skills deficit during stressful times, sociocultural ideals and media, dieting, and bullying (Schaumberg et al, 2017). In addition, biology is altered when an individual engages in disordered behaviors, and this exacerbates the problem, making it harder to ameliorate (Bang,Treasure, Rø, & Joos 2017).

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) describes eight categories of eating disorders, Pica, Rumination Disorder (RD), Avoidant/Restrictive Food Intake Disorder (ARFID), Anorexia Nervosa (AN), Bulimia Nervosa (BN), Binge Eating Disorder (BED), Other Specified Feeding or Eating Disorder (OSFED), and Unspecified Feeding or Eating Disorder (UFED). However Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder are the three that are more prevalent and commonly identified. All three diagnosis require that the behaviors have occurred at least once a week for three months (American Psychiatric Association, 2013). It is estimated that 0.3% of adolescents will develop anorexia nervosa, 0.9% will develop bulimia nervosa, and 1.9% will develop binge eating disorder (Swanson et al., 2011).

Anorexia nervosa: This problem reflects a body perception disturbance that is accompanied with an intense fear of gaining weight and generates behaviors that produce weight loss despite already excessively low body weight. As highlighted by the National Institute of Mental Health (NIMH):

> People with anorexia nervosa may see themselves as overweight, even when they are dangerously underweight. People with anorexia nervosa typically weigh themselves repeatedly, severely restrict the amount of food they eat, often exercise excessively, and/or may force themselves to vomit or use laxatives to lose weight. Anorexia nervosa has the highest mortality rate of any mental disorder. While many people with this disorder die from complications associated with starvation, others die of suicide.

Recent literature states that anorexia can occur at normal body weights as well as when a person is overweight (sometimes referred to as atypical anorexia).

Bulimia nervosa: As highlighted by NIMH:

> People with bulimia nervosa have recurrent and frequent episodes of eating unusually large amounts of food and feeling a lack of control over these episodes. This binge-eating is followed by behavior that compensates for the overeating such as forced vomiting, excessive use of laxatives or diuretics, fasting, excessive exercise, or a combination of these behaviors. People with bulimia nervosa may be slightly underweight, normal weight, or over overweight.

Binge-eating disorder: Described as frequent episodes of eating a large amount of food in short periods of time during which the individual feels out of control and unable to stop despite feeling extremely distressed. As highlighted by NIMH:

> People with binge-eating disorder lose control over his or her eating. Unlike bulimia nervosa, periods of binge-eating are not followed by purging, excessive exercise, or fasting. As a result, people with binge-eating disorder often are overweight or obese. Binge-eating disorder is the most common eating disorder in the U.S.

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*The material in this document is an edited version of a project report by Rachel Rafael as part of her involvement with the national Center for M H in Schools & Student/Learning Supports at UCLA.
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Personal Experience

In my high school, eating disorders were not talked about.* We never had speakers on the topic; our teachers never discussed it in class.

The first time I heard about eating disorders was when a classmate was throwing up in the bathroom, and another student said she had an eating disorder. In general, such matters were hushed up. Students were afraid to mention such problems because they feared it could ruin their future prospects (e.g., job, marriage).

I had to go online to learn about symptoms in to realize that I was bordering on disordered eating. No one noticed how my clothes started hanging off me, and that I was anxious around food. My family life was chaotic, and my difficulties were attributed to depression. At home, my mother had no idea about my problems.

School could have been a place to take note of what was happening with my eating habits and concerns about body image, but I was never asked to talk to someone about what I was going through. The school did not identify, intervene and or have prevention programs for eating disorders.

Talking about diets was the norm in my school environment and home. Everyone was constantly on a diet to fit into their dresses for upcoming events, and there was an obsession with being thinner. I remember being shocked when one of my educator's daughters mentioned she was on a diet and just ate celery sticks for weeks and no one said a word.

The school did not garner an appropriate outlook on food. There were no body positive programs. I recall in my nutrition class, that BMI, steps, and calories were heavily focused on and I can attest that it definitely contributed to the early onset of my eating disorder. Physical Education classes consisted of walking around the block a couple of times, and we never got any real information on different ways to move our bodies and how to appropriately eat.

In retrospect, I wish my high school educators had given appropriate and positive information regarding food and exercise. I also wish someone had caught me in the beginning of my eating disorder and forced me to get help.

Educators should approach a student in a gentle, non attacking manner, because eating disorder sufferers already feel ashamed and angry and may withdraw. The best approach is to talk to the individual in a kindly manner and in a private setting. The student should be encouraged to talk to someone who can help. But if they are not inclined to do so, they need to be informed that the school will need to tell their caregivers. A tactic teachers can use is to broach the subject of eating disorders in general throughout the year, along with an invitation to those who are concerned for themselves to speak with someone at school about the matter.

Having peer support groups, less stigma, body positive groups, and a person to talk to would have really helped in that confusing, horrible and lonely time of my life.

Without intervention, my disordered eating turned into a full fledged monster of an eating disorder after high school.

*It should be noted that Rachel went to a religious school with ethnic and cultural standards that differed from many schools in the U.S.A.

What I Learned for Schools from Researching Recent Literature

The literature highlights that schools have an important role to play in ameliorating a wide range of learning, behavior, and emotional problems. At the same time, it is recognized that, too often, schools contribute to such problems.

Schools as Contributors to the Problem

Researchers report that a school's emphasis on high standards achievement and behavior contribute to problems such as eating disorders. Moreover, schools engender a hushed up attitude about eating disorders which discourages students from asking for help and adds to the stigma that surrounds the topic (e.g., Evans, et al, 2004 Rich & Evans, 2005). Eating disorders have been found to carry an even greater stigma than depression. Peers and school staff often perceive those with eating disorders as responsible for developing the disorder and suggest the individual is just seeking attention (Roehrig & McLean, 2009).

An individual's physical appearance is a frequent stimulus for bullying (e.g., being obese or excessively thin). So, bullying at school is another contributor to the problems of those with eating disorders (Evans, Rich, & Holroyd, 2004).

Food and health education programs that overemphasize concerns about obesity also can have a negative impact (Olivero , 2015). And studies suggest that when food is used to reward and punish behavior it can also foster a negative relationship with food (Bardick et al, 2004). For example, some students come to believe that they may not be good enough to deserve food.

In 2004, Bardick and colleagues reported research suggesting that boosting self-esteem improves physical self-concept and reduces peer group pressure and judgements related to physical appearance. In contrast, they report that obesity prevention programs have promoted psychological and emotional harm and development of eating disorders when they label people as fat and focus on excessively restrictive diets. They call for replacing such programs with programs that foster development of realistic and healthy body image. They also stress that, since disordered eating and dieting are major precursors of eating disorders, dieting should be discouraged, and greater emphasis should be placed on encouraging healthy eating guidelines. In general, they point out that studies have shown that focusing on weight does not help control weight, it just increases the chances of weight gain in obese individuals. Instead, they suggest conveying BMI (Body Mass Index) to students and families in a nonjudgmental manner that clarifies that BMI is only one facet of health.

Schools as Helpers

Schools can help by focusing on *system changes* that (1) eliminate factors contributing to students' problems and (2) help prevent and ameliorate such problems. The changes should approach eating disorders in the context of a unified, comprehensive, and equitable system for addressing barriers to learning and teaching (Adelman & Taylor, 2009; 2017; 2018).

Examples include

- anti bullying policies that encompass physical appearance
- policy for countering stigma and the negative impact of media and social networking
- health education programs that appropriately provide information about the consequences of eating and other disorders and identifiers via pamphlets and speakers, as well as encouraging those who may have a problem to seek help. (Virginia has a law that mandates that all schools distribute information about eating disorders to parents of students grade 5-12 every year.)

- support groups for those struggling with body image or eating disorders and for those in-recovery
- referrals to outside professionals when needed
- capacity building (including professional development of all staff) for development of an effective system to prevent and correct students' problems.

A Cautionary Note: While discussions about body image, self esteem, and effective communication skills are appropriate, the psychological and familial components of eating disorder development, (e.g., depression, abuse) are beyond the scope of classroom exploration. When such topics arise, teachers must have a support system in place at the school so they can lead students to appropriate assistance.

Appendix

Examples of Approaches to Enhancing Body Acceptance

The Health Promoting Schools Framework targets internal and external influences within the school environment such as school curriculum, policies and attitudes as well as community services resources and activities. As described, the framework aims promote the adoption of lifestyles conducive to good health, provide an environment that supports and encourages healthy lifestyles, and enable students and staff to take action for a healthier community and healthier living conditions. It encompasses three major areas of intervention in the school and community: 1) school curriculum, teaching, and learning; 2) school ethos, environment, and organization; and 3) school-community partnerships and services. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008958/full

The Body Project is described as a cognitive-dissonance-based body acceptance intervention designed to help adolescent girls and young women resist sociocultural pressures to conform to the thin-ideal and reduce their pursuit of thinness. It is a group-based intervention that provides a forum for confronting unrealistic beauty ideals and engages them in the development of healthy body image through verbal, written, and behavioral exercises. The underlying rational is that voluntarily arguing against the societal appearance-ideal reduces subscription to the ideal and leads to decreases in eating disorders (Stice, Marti, Spoor, Presnell & Shaw, 2008).
http://www.bodyprojectsupport.org/
The Healthy Weight Intervention is described as a six-session group intervention designed to educate participants about proper energy balance in order to create improvement in nutrition intake and fitness. The intervention comprises hour-long sessions with 6 to 10 participants. An experimental evaluation found positive outcomes on BMI, exercise intensity, healthy eating, bulimic symptoms, and negative affect (Stice, Marti, Spoor, Presnell & Shaw, 2008).
https://healthyweightsupport.weebly.com/uploads/1/4/2/1/14217397/hw_script__handouts.pdf

Healthy Body Images-Teaching Kids to Eat and Love their Bodies Too is a curriculum to address body image, eating, fitness, and weight concerns. The focus is on body image, physical activity, weight concerns and eating. The commercially published work contains eleven scripted lessons for grades 4 - 6 and is described as adaptable for any age or venue. http://bodyimagehealth.org/healthy-bodies-curriculum

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Organizations Focusing on Eating Disorders

National Institute of Mental Health (NIMH) – http://www.nimh.nih.gov
National Mental Health Information Center – http://mentalhealth.samhsa.gov
Academy for Eating Disorders – http://www.aedweb.org
National Association of Anorexia Nervosa and Associated Disorders – http://www.anad.org
National Eating Disorders Association – http://www.nationaleatingdisorders.org

A Few Additional Resources

Understanding and Learning about Student Health
http://www.columbia.edu/itc/hs/medical/residency/peds/new_compeds_site/pdfs_new/school_based_health/Eating_Disorders.pdf

Five Things Teachers Should Know About Eating Disorders…
http://www.eatingdisordersblogs.com/eating_disorders_in_schoo/2011/11/five-things-teachers-should-know-about-eating-disorders-.html

Eating Disorders – Information for Teachers/Youth Workers
http://www.bodywhys.ie/m/uploads/files/TeachersLeaflet.pdf

Discovery Education lesson plans- Overcoming Disorders
http://www.discoveryeducation.com/teachers/free-lessonplans/overcoming-eating-disorders.cfm

A Lesson for Teachers in Addressing the Eating Disorder Bully
http://www.nationaleatingdisorders.org/lesson-teachers-addressing-eatingdisorder-bully

For more, see our Center's Online Clearinghouse Quick Find on Eating Disorders
http://smhp.psych.ucla.edu/qf/p3006_01.htm