Eating Disorders

Eating disorders are characterised by disturbed eating patterns, in association with anxiety or distress, and sometimes unrealistic perceptions of body shape and weight. To warrant the diagnosis of an eating disorder, a person must display a certain combination of symptoms, of a particular severity, over time.

Types of Eating Disorders

Anorexia nervosa is a condition in which the person refuses to maintain normal body weight because of negative perceptions about the shape or size of their body. He or she becomes intensely afraid of gaining weight and may go to extreme lengths to prevent weight gain – such as avoiding or severely limiting food intake and exercising excessively. As a result, the person loses a significant amount of weight (at least 15% of their body weight), or fails to put on an appropriate amount of weight as they grow. The person may also experience depression, anxiety, poor social functioning, and an obsession with food or food preparation. Anorexia nervosa can cause organ damage and changes in body chemistry and can be life-threatening.

Bulimia nervosa is also associated with problems in the person's perception of their own body shape and weight, but the person frequently feels out of control around food. People with this disorder develop a pattern of binge-eating, followed by extreme measures to compensate for their food intake. When binge eating, a person consumes a much larger amount of food than normal within a short time-frame (*eg* a couple of hours), often choosing high-calorie foods. It may follow a period of restricted food intake or be triggered by a stressful event. During the period of binge-eating, the person feels out of control, fearing that they cannot stop, or that they cannot limit what or how much they eat. They often feel ashamed and become secretive about their behaviour.

Later, the person may use extreme measures to try to compensate for their behaviour and prevent weight gain. These include self-induced vomiting, excessive exercise, starving themselves, or the misuse of laxatives or fluid tablets. A person with bulimia may be underweight, of normal weight, or overweight and so bulimia may be less noticeable to the casual observer than anorexia nervosa. This illness can also cause changes in body chemistry and damage to certain parts of the body.

Binge Eating Disorder is characterised by periods of binge eating and discomfort that are often accompanied by feelings of guilt and shame. It differs from bulimia in that the person does not engage in damaging compensatory behaviour after eating. However it is still psychologically and physically damaging.

How Common are Eating Disorders?

Estimates of prevalence vary. It has been suggested that around 2-3% of female adolescents or young adults meet the diagnostic criteria for anorexia and bulimia nervosa.

Both disorders also occur in males but at a lower rate. The prevalence of binge eating disorder is estimated to be around 4% across the population as a whole. It should be noted however, that many other young people have unrealistic body image ideals or engage in extreme behaviour in regard to eating, without necessarily meeting the diagnostic criteria for a specific disorder. This behaviour can still be damaging physically and psychologically and is still considered a significant health issue. If such behaviour is not resolved, some of these individuals will go on to develop eating disorders, depression and other forms of mental illness.

Causes of Eating Disorders

There is no single causal factor in the development of eating disorders and this remains an area of active research. An eating disorder is a complex medical and psychological condition that normally has multiple contributing factors. However the following issues have been implicated or may affect an individual's risk of developing an eating disorder:

- individual characteristics: self-esteem issues, depression or anxiety, perfectionism
- stress: difficult life events, or an accumulation of stress without good coping strategies
- biological factors: physiological predisposition to changes in brain chemistry and mood
- interpersonal issues: difficult relationships, being bullied, difficulty expressing feelings
- family difficulties: communication, relationships, parents' body image or dieting behaviour
- cultural factors: ideals about body size and shape, media representation, marketing.

Treatment of Eating Disorders

Eating disorders are often treated by a team of health professionals that may include doctors, nurses, psychologists, psychiatrists, dietitians, occupational therapists and social workers. Treatment should address both physical and psychological aspects of the illness. Options include individual and family therapy, nutritional counselling and medical treatment. Many people are treated through community health services in collaboration with their general practitioner, but some require hospitalisation if they become very unwell.

Tips for Schools and Teachers: Promoting Resilience

Schools and teachers contribute to the prevention of eating disorders and other mental disorders by creating a whole school environment that promotes resilience and wellbeing. This is a more positive and well-founded approach than setting out to address eating disorders in the curriculum, which may actually have negative effects (but the next section will deal with ways to manage this if the topic arises as part of class discussion).

Resilience is the ability to bounce back during difficult times. A resilient person is better able to cope with setbacks or negative life events, to maintain their social and emotional wellbeing. This does not suggest that they never feel challenged, sad, anxious or upset - but when these situations arise, they are able to respond constructively and resolve them.
Certain skills or attributes help a person to be resilient and maintain social and emotional wellbeing. Most people naturally have some strengths and areas of vulnerability across this range. Relevant areas include:

- communication skills – clear communication, the capacity to be assertive when required, the ability to negotiate and resolve conflict, willingness to ask for help and support when needed
- emotional understanding – the ability to understand and talk about one's own emotions and the feelings of others, a sense of caring and empathy toward others
- social skills – the ability to form and maintain positive relationships that are beneficial for both people, drawing on positive communication skills and understanding of people's emotions
- problem-solving skills – the capacity to calmly analyse a problem, understand the practical and personal implications, and then to develop and implement constructive solutions

- sense of self – belief and confidence in oneself, the capacity to take responsibility for one's own actions, a certain amount of independence, the ability to set goals and work toward them.

Some people develop these skills as a product of their personality and life experiences. It is also possible to strengthen them through learning about or practicing these skills. Strengthening these attributes is important throughout the lifespan, including school-aged children and young people. Schools and teachers can help by taking steps to:

- Create a supportive school environment for everyone, through school policies, school culture, staff practices and modelling positive relationships.
- Reward positive behaviour and give recognition for achievements in academic and other areas; *eg* a merit system that also rewards sporting, artistic and personal achievements.
- Ensure that clear policies are in place to deal with problematic behaviour and they are enforced consistently; for example behaviour management, bullying, drug and alcohol policies.
- Provide staff with professional development relating to student wellbeing and mental health issues, contemporary teaching practices and behaviour management approaches.
- Provide pastoral care or home room sessions so students and teachers can develop positive relationships – this will build connections and promote help-seeking behaviour.
- Use games and interactive learning in the classroom to build connections and resilience; this should be encouraged across all learning areas, through staff professional development.
- Provide opportunities for students to learn about wellbeing and personal issues through the curriculum, for example in health, personal development, values education, etc
- Create a system to identify and support students at risk of social and emotional problems, learning difficulties or disengagement from school; *eg* welfare committee, school counsellor.
- Develop partnerships with the community, including youth workers, health and welfare agencies and community groups; identify youth-friendly services in your local area.

Eating Disorders in Class Discussion

Specifically recounting causes, symptoms or detrimental effects of eating disorders in the curriculum is not generally recommended, because this may have a negative impact on vulnerable students. However students often have an interest in eating disorders, so you may wish to consider how you could manage the issues in general discussion or how you could engage students in more positive and constructive consideration of eating disorders.

Rather than focusing on illness and negative effects, steer the discussion toward health, resilience and skill development. Encourage skills such as communication, connections with others, positive coping styles and problem solving. Discuss health as a holistic concept that includes physical, social and emotional aspects. Promote healthy attitudes to eating and exercise. Emphasise the importance of seeking help and support for any physical or emotional problems.

You could also touch on eating disorders in their social and cultural context, such as cultural influences on self-concept, historical and cultural concepts of beauty, and media studies. However, you may wish to emphasise that media representations cannot be solely blamed for eating disorders. Eating disorders have been reported for centuries and in a range of cultural contexts and there are many contributing factors.

Identification and Referral

Schools can increase staff awareness of eating disorders by providing access to professional development. A good program would include an understanding of the complexity of eating disorders, as well as risk factors, warning signs and early intervention. Eating disorders can be difficult to identify and many people with these disorders are good at hiding signs of their illness. However, a student might be in need of support or referral if he or she shows a range of the following characteristics over a few weeks:

- preoccupation with body appearance or weight
- rapid weight loss or fluctuation in weight
- extreme or unusual behaviours in relation to food and eating
- excessive exercise or rapid changes in exercise patterns
- evidence of shakiness, dizziness or feeling faint
- mood changes such as irritability, anxiety or depression
- decline in concentration, memory or academic performance
- withdrawal from social contact, interests and hobbies.

If a teacher suspects that a student may need support, it can be helpful to speak with the school counsellor or welfare committee in the first instance to decide how best to proceed. A staff member who has a rapport with the student may then approach him or her. If you are talking to a student about such an issue, choose a private moment and try for an open and non-threatening approach. Don't mention eating disorders, food or weight and avoid questions that sound like accusations (*When did you last eat? Have you been vomiting?*). These can make a young person defensive and non-communicative.

Ask open ended questions such as *How have things been going for you lately?* Reflect their responses back by paraphrasing them, to show empathy and to make sure you understand their issues: *It sounds like you're having a hard time at the moment … .*

You can express your support and concern directly, without pressing the student for details of their situation or raising the issues of weight or eating. For example: *I am concerned about you at the moment. I have noticed that you seem to be unhappy lately … .*

Ask about what sort of support the student has already sought (*eg* from friends or family) and what support they might like. You can offer to accompany them to the school counsellor or an external agency. *This is outside my area, but I would like to help you find someone who can help. How would you feel about us going to the counsellor together?*

Where possible, give the student options and allow them to have as much control over the situation as is safe. If they don't want to speak with the school counsellor, perhaps they would consider seeing someone at an external service. If they're not ready to seek formal help at the moment and there are no immediate concerns about their wellbeing, offer to give them support at another time. *I'm happy to come and talk again in a few days, when you've had time to think about it. Otherwise, you can come and talk to me anytime …*

Sometimes there are urgent concerns about a student's wellbeing, if the situation is extreme or there is a risk of self-harm or suicidal behaviour. Teachers are often concerned about the line between confidentiality and duty of care. Never promise to keep an issue a secret if you're

discussing something with a student. If you have serious concerns about the wellbeing of a student, you must break confidentiality. Respect their privacy by not revealing the issue to anyone who does not need to know and by not sharing details – but be prepared to explain your duty of care. *In general, I won't pass on things you tell me in confidence. However if I think there's a chance that you or someone else could get hurt, then I have to tell other people so we can help. It's part of my job as a teacher. I won't tell anyone any details they don't need to know …*

Depending on the level of concern about the student, thought should be given to involving his or her parents and family. It is best to be able to do this with the consent and knowledge of the student, but there may be situations where this is not possible, or even occasions when telling the family is not in the student's best interest. Such decisions may be best made by a school counsellor, Principal or student welfare committee.

Links and Sources

American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorder* (4th edition) DSM-IV. Washington: American Psychiatric Association.

Centre of Excellence in Eating Disorders: http://www.rch.org.au/ceed

Eating Disorders Association Australia: www.uq.net.au/eda

Eating Disorders Foundation NSW: www.edsn.asn.au

Eating Disorders Foundation Victoria: www.eatingdisorders.org.au

The Victorian Centre of Excellence in Eating Disorders & the Eating Disorders Foundation of Victoria. (2004). *An Eating Disorders Resource for Schools*. *A manual to promote early intervention and prevention of eating disorders in schools*. Melbourne: CEED & EDF.