

Eating Disorders: Prevention is Worth Every Ounce

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We live in a world where ‘thin’ is in, and in magazines and on television screens we get a clear message that being thin is linked with beauty, success, health and happiness. Children and adolescents grow up in this environment and measure themselves against these unrealistic images. These societal standards encourage perfectionism in how we look and what we eat, and can set the stage for an eating disorder, particularly for women.

What is an Eating Disorder? The two main types of eating disorder are *anorexia nervosa* and *bulimia nervosa*. People with *anorexia nervosa* see themselves as overweight even though they are dangerously thin. Eating becomes an obsession, and unusual eating habits develop such as avoiding foods and meals, picking out a few foods and eating these in small quantities. Other symptoms include resistance to maintaining normal body weight, intense fear of becoming fat, and an undue influence of body weight or shape on self-esteem. People with anorexia may use intense exercise to control weight, ‘purge’ by vomiting, or use laxatives and diuretics.

People with *bulimia nervosa* experience recurrent episodes of binge eating, where they eat excessive amounts of food in a short period and feel unable to control the eating. In order to prevent weight gain bulimics use inappropriate means such as vomiting, misuse of laxatives, fasting, or excessive exercise. The weight of people with bulimia may look ‘normal’ for their age and height, yet they may feel intensely dissatisfied with their bodies, fear gaining weight, and perform their behaviors in secrecy feeling ashamed when they binge, and yet relieved once they purge.

Prevalence Eating problems can develop at any point through the life-span, but the body and growth changes in early adolescence tend to heighten teenagers concerns with body shape. These concerns combined with competitive environments which stress achievement, fitness and sports, may increase the chances of developing an eating disorder. School surveys report that between 3% - 10% of young women between the ages of 15 and 29 will develop a clinically diagnosed eating disorder.

Boys and men also experience social pressures in relationship to their identity and bodies, and may develop the same disordered eating problems as girls and women.



Assisting Students Eating disorders can be treated, and the sooner these disorders are diagnosed and treated the better the outcomes are likely to be. Because of their complexity eating disorders require a comprehensive treatment plan involving a combination of medical interventions and psychotherapy, and can take an extended period of time.

Prevention and Intervention at School

- Create a school environment where all students feel safe from any type of

harassment or bullying. Intervene if students are teased about their weight. Help students understand that self-worth is not related to how they look.

- Include prevention information in the curriculum such as healthy eating and lifestyle tips in physical education classes. Help students become aware of advertising and media that reinforce gender and body image stereotypes.

- Ensure that participation in school activities is not limited by a student’s physical size or shape.

- Provide general information about eating disorders and let students know where they can get help. School staff members should be aware of signs of eating problems and identify someone the student can go to if he or she needs help.

Consult your school special services team, psychology or social work staff member, or counselor if a student voices a need for help and needs a referral to an appropriate setting. Students may be ashamed to admit their habits to a counselor and may seek help for concerns unrelated to eating problems.

For further information please contact the Psychology Staff Member at your school or Chief Psychologist, Debra Lean. □