


# Eating Disorders Among Adolescents And How Educators Can Recognize Symptoms With Possible Strategies For Solutions

Kristina Alexander, Northwest Missouri State University  
Philip Pohren, Northwest Missouri State University

## ABSTRACT

*Eating disorders is a problem that receives too little attention. These disorders have a great impact on student relationships, self-esteem, health, and achievement. Administrators and teacher leaders must take the initiative to think proactively and intervene.*

**Keywords:** Middle School, Eating Disorders, Health

 Every day Jessica walks into school ready for the day to begin. Unfortunately, it is filled with unwanted anticipation as she wonders how many times she will hear the all too familiar “fatty”. Jessica is an overweight sixth grader who faces frequent depression due to her classmates making fun of her weight. She has considered suicide many times, but even more times wondered if she could just force herself to throw up after she eats to lose weight so she can fit within the “social norms”.

## THE MIDDLE SCHOOL STUDENT

Today the middle school student is faced with many challenges. Students are caught in the “middle” as they wonder if they are still children or yet adults. Their bodies are changing and peer groups are forming. All middle school students face extreme changes physically, emotionally, and intellectually (George & Alexander, 2003). Teachers struggle to meet their specific needs, but for many years, this age group has been ignored. The focus goes instead to the elementary and high school aged student. It was not until the failure of the junior high school concept that the first middle school was introduced and became popular to attempt to solve unique needs of this age group. An understanding about the emotions of our middle school students should make us cognizant of the explosive problems these students are facing (Powell, 2005). Adding to the normal daily troubles this age group faces, research estimates that 30% of girls and 16% of boys will develop some form of eating disorder (Keca & Cook-Cottone, 2005).

The transition to adulthood brings many new responsibilities, one of which is the control over diet. Parents are not preparing a healthy lunch anymore, and students have more freedom to make and spend money in social settings that often involve food. Not knowing how to stay in control of these new eating opportunities, adolescents often eat poorly, gain weight, and then turn to dieting. “The latest statistic from the National Center for Health Statistics, a division of the Center for Disease Control, indicate 16% of children and adolescents aged 6-19 are overweight and that number of overweight children and adolescents is increasing” (Martin & Loomis, 2007). A dieting decision, coupled with little or no knowledge of health and nutrition, is considered by many to be the first step to developing disordered eating patterns in adolescents.

## **CONTRIBUTING FACTORS**

The reasons students begin dieting are both external and internal (Keca & Cook-Cottone, 2005). External factors include society's emphasis on an idealized slim physique, weight and size pressures inherent in certain sports and activities, and the influential power of cliques in school. Internal factors are those described as leading to unpleasant experiences, teasing, physical or sexual abuse, and negative emotions including depression, low self-esteem, and dissatisfaction with one's body. The effects on dieters not achieving the results they intended cause even more problems. As Kater, Rohwer, and Londre have proposed, the right (fat-free) appearance can be achieved by anyone with the 'willpower'. Unfortunately, for those not able to achieve desired results (weight-loss), failure is associated with their own efforts and self-esteem continues to spiral downward. Depression and acute health conditions are the possible consequences of serious eating disorders. When taken to the limit, depression can ultimately lead to suicide (Manning & Bucher, 2005).

## **SELF-ESTEEM**

The middle school age is a critical time for individuals to develop and build self-esteem (George & Alexander, 2003). At this age, if self-esteem is not properly formed, the chance for a life-long positive self-image is less likely to occur. According to the Carnegie Council on Adolescent Development, approximately 25% of all middle school aged students are at risk of failing school. One major attribute for this known failure is the lack of self-respect (Manning & Bucher, 2005). "With young adolescents' changing self-esteem, middle school educators need to recognize how self-esteem dips and must take appropriate action" (2005, p. 46). Due to the fact that this age group's emotions occur rapidly and change many times without warning, educators must be aware that self-regulation is very complicated. Emotional unpredictability puts middle schoolers at a high risk of making choices that may have a negative impact on them for the rest of their lives.

## **EATING DISORDERS**

Eating disorders among adolescents are on the rise as our society continues to reward those who are thin. Dissatisfaction with body size and shape has become quite common for American females, even to the extent that body anxiety is now so common among adolescent girls; it is an expected result of puberty (Kater, Rohwer, & Londre, 2002). Middle school students display a wide variety of physical differences (Manning & Bucher, 2005). For many reasons, young adolescents believe they are ugly and their bodies are not adequate. According to Massey-Stokes (2000), over one-third of adolescent females report participating in injurious methods of weight maintenance, which is further evidence that this age group desires to live up to the idealized "thinness" revered by society. Males do not escape this craze; the incidence of male eating disorders is increasing also.

There are two types of eating disorders and are classified as Anorexia Nervosa and Bulimia Nervosa. Both are characterized by an extreme desire to be thin and the fear of weight gain. The problem is serious when considering the specific nutritional needs of young adults going through puberty. Educators need a bank of knowledge and ability to distinguish between the different eating disorders.

Marilyn Massey-Stokes (2000) provides definitions for both disorders. Anorexia Nervosa is commonly referred to as the refusal to sustain body weight at or above a minimally normal weight for age and height. This disorder is very problematic when considering that sufferers hold a fear of weight gains even when they are already underweight. Anorexics also tend to hold an uncomfortable perception of their body weight and shape, and deny the seriousness of their low body weight. In postmenarcheal females, amenorrhea (the absence of at least three consecutive menstrual cycles) exists. The second illness is Bulimia Nervosa and is categorized by recurrent episodes of binge eating. An occurrence of binge eating is typically characterized by both the following: (A) eating, in an isolated period of time more food than the average person of similar age and in a similar period of time; and (B) a feeling that one cannot control their eating during these episodes. Bulimics often display recurrent, inappropriate compensatory behaviors in order to prevent weight gain. These behaviors may be any of the following: self-induced vomiting, misuse of laxatives, diuretics, or other medications, fasting, or excessive exercise. Research suggests that binge eating, followed by inappropriate compensatory behaviors, follows a pattern where the occurrence is

displayed twice a week (or more) for three or more months. Self-evaluation is unduly influenced by body shape and weight, and the disturbance does not occur during episodes of anorexia nervosa (2005).

Among female adolescents 1% develops anorexia nervosa and about 4% develop bulimia nervosa prior to entering college. Throughout the transition to adulthood and beyond, about 30% of all females seek weight-loss treatments that often lead to either disorder (Keca & Cook-Cottone, 2005). In comparison, young males have a ratio of one male to four females experiencing anorexia, and one male for every eight to eleven females experiencing bulimia.

### **WHAT TO LOOK FOR**

Many symptoms of eating disorders are obvious, others are not. The physical symptoms may include weight loss, abdominal pain, feeling faint or cold, dry hair or skin, dehydration, discolored (blue) hands and feet, and the appearance of fine body hair. Behavioral symptoms include exercising for long periods every day, constantly talking about food, wearing baggy clothes to hide a very thin body, and pretending to eat while throwing away food. Complaints about appearance, depression, a perfectionist attitude, and family conflicts are the emotional symptoms associated with eating disorder (Keca & Cook-Cottone, 2005). Shahid (2003) suggests that children lacking proper nutrients (and are hungry) tend to be ill tempered, indifferent, and lethargic. Furthermore, these students do not exhibit mental alertness and display difficulty in concentrating for even short periods of time. Concerns are then raised for administrators and teachers trying to create a positive and successful school environment when, multiple experiences of insufficient nutrition occur. Problems such as hyperactivity and aggression, anxiety, and absences, tardiness, and low test scores are a result. The problem is not just that of the individual adolescent involved, but can be one for the entire school community to solve.

### **PROGRAMS THAT WORK**

Students spend a large portion of their waking hours in a school setting, what better place to begin a prevention of eating disorders. Research supports the idea that education is a primary tool for prevention. There are a number of additional programs for schools to adopt in the fight against eating disorders, but it must begin with the principal. It is critical that the school administrator implements policies and practices in the school by eliciting the involvement and support of faculty, staff, parents, community, students, and school food service personnel (Shahid, 2003).

The program Eating Smart/Eating for Me, takes students through a two year curriculum where students become more knowledgeable about eating disorders and proper nutrition. At the end of one study, students reported developing a better appreciation for their bodies and engaging in fewer unhealthy weight management techniques than students in a control group who did not participate in this program (Kater, Rohwer, & Londre, 2002). In addition, the curriculum for Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too! was described as an 11-lesson curriculum for grades four through six. This curriculum teaches students lessons emphasizing healthy bodies and healthy body images. The program also helps students learn how to choose realistic role models and provides tools for students coping with changes in appearance during adolescence (2002). Action research was conducted at various urban and rural, and public and private elementary and middle schools in Minnesota. From this, we can gain confidence that education is a key contributor to changing the way students' feel about their own body image. Students also increased their knowledge of health and nutrition and demonstrated the ability to think critically about the negative influences surrounding this phenomenon.

Albertson (2003) explains that the impact of role modeling and creative thinking can help produce a healthy school community. A committee to assess the nutritional and physical needs of the students and staff should first be in place. Next, the curriculum, Cut the Fat, with lessons on healthy eating and the need for physical activity should be introduced. These lessons focus on eating disorders and describe the healthy or unhealthy choices students make regarding food consumption. The need for healthier choices in the vending machines is stressed. Making the decision to begin selling more healthful choices and selling calcium rich beverages like flavored milk during lunch periods is important. Besides giving students more options in the vending machines, taste tests in cooperation with

the school lunch program should be used. This approach will give the lunch staff an idea of what students' likes and dislikes are and result in a healthier lunch menu. Teams should integrate nutrition and healthy lifestyles across the curriculum, and physical education classes can be geared towards students' interests.

Educators can take proactive action in courses such as health and physical education. It is imperative that we teach students health-enhancing behaviors. Included in this learning is the influence of culture and media and the negative effect they can produce. It is also crucial that students at this age understand how to reduce health risks and levels of physical fitness. Students must understand the importance of their own responsibility for their health and well-being, as well as understanding the consequences for making the wrong decisions with risky behaviors such as eating disorders (George & Alexander, 2003).

The advisor/advisee program can also be an integral part to creating self-awareness. This helps to create the all needed one adult advocate for each young adolescent. Each student should have at least one adult who knows him or her well and genuinely cares for the student. This allows the adult to observe any possible physical and/or emotional changes (Manning & Bucher, 2005). This also helps to create a trustworthy atmosphere for the student whom he/she can go to in a time of need. Successful programs must start from the top, and this includes leadership providing adequate time, ideally five days a week for a minimum of 20 minutes each day. "Successful advisory programs are always found in schools with clarity, consensus, and commitment about the fundamental purposes of the program. Confusion, division, and vacillation regarding an advisory program are signs of impending doom" (George & Alexander, 2003, p. 272).

## **CONCLUSIONS**

Although largely a problem that receives too little attention, eating disorders have a great impact on student relationships, self-esteem, health, and achievement. Administrators and teacher leaders must take the initiative to think proactively and intervene before the problem becomes an epidemic in their school.

Education and whole-school programs have met with the most success. Educating students about eating disorders and the importance of a healthy lifestyle (including diet) are crucial. Teachers have the added responsibility to examine student behavior socially, emotionally, and physically and watch for the warning signs of an eating disorder. Like any other illness, if we can catch the problem early, the success rate increases.

Beyond the curriculum, other general changes need to be made in the school. Vending machines need to offer healthy alternatives to the high sugar, high carbohydrate, and low-nutritional value foods. Teachers should serve as role models so that they influence healthy eating habits by ditching the soda, chips, and candy (as a reward for student achievement) for milk, apples, and other healthy alternatives. It must be remembered that emotional support and encouragement are important parts of the middle school teacher's life. "Learning to balance negative emotions with thought and actions that create positive emotions is a lifelong task. Creating an environment that says 'It's okay to feel the way you do' will enhance self-esteem and allow emotional maturity to progress" (Powell, 2005, p. 37).

While the process of refreshing our schools may take some time, it should be seen as a worthy cause that ends with a shift toward a healthier society. We must never forget that many schools have already initiated successful programs with the curriculum that helps to improve student self-esteem and body image as well as educate students about the dangers of disordered eating. A review of literature suggests that with the correct programs in place, schools can help minimize the life-long effects of a nutritionally deficient diet. If we can save one person, it is worth every effort we could put forth.

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