

Disordered Eating and the school



ESF wide policy



Why we need a policy on “Disordered Eating” in ESF Schools

First of all, this is an increasing problem. Students are presenting with these problems at younger ages and across all backgrounds and cultures. These problems affect all facets of their lives and increasingly those of other students.

The earlier these problems can be picked up and treated the better is the outcome. Teachers are in a unique position to notice the students involved and to begin the process that will bring help.

Our working group has brought together Draft information that will help ESF primary as well as secondary schools consider their response from the guidance and achievement staff and through their curriculum. It makes the connections between our responsibilities under the ESF ‘Child Protection’ policy and our aim to foster the development of the whole person rather than just the academic aspect.

It contains sections on:

- What is Disordered Eating?
- Warning Signs for Teachers
- How to Help a Student
- Talking To A Student or Family Member
- What can schools do
- Debunking Diet Myths
- Boys and Eating Disorders
- Resources
- A flow chart of procedures for your school

ESF Guidance & Achievement Group



What is Disordered Eating?

Introduction

The difficulties posed by students with eating problems in the secondary school are many. It appears that the incidence of these problems is increasing. It is being reported in younger students in more cultures. The first line for help is often the students' friendship group or one of their teachers. Early diagnosis is important and is associated with better outcomes, consequently it is important that school personnel react in a supportive and consistent manner. It is also important that the school has a policy for following this through in a fashion that will help staff help students.

This pamphlet is intended to provide a guide for staff and to outline school policy on this topic.

Definitions

Abnormal eating patterns can vary in severity. It is important to distinguish between the terms "eating disorder" and "disordered eating".

An eating disorder is a psychiatric illness with specific criteria that are outlined in the "Diagnostic and Statistical Manual" (DSM-IV) published by the American Psychiatric Association.

In contrast, disordered eating has not been strictly defined. For the purposes of this handbook, disordered eating may include the following behaviours, particularly when a student also expresses body dissatisfaction, fear of gaining weight, or feeling anxious or stressed:

- Skipping meals.
- Restricting food choices to a few "acceptable" items.
- Focusing excessively on avoiding certain foods, particularly foods that contain fat.
- Occasionally bingeing, particularly on snack foods, sweets, and soft drinks.
- Self-induced vomiting, or taking laxatives, diuretics (water pills), or diet pills - to lose weight.

ANOREXIA NERVOSA

Anorexia nervosa is characterized by:

- Self-induced weight loss or failure to make expected weight gain during periods of growth - resulting in body weight less than 85 percent of that expected.
- Intense fear or dread of gaining weight or becoming fat - even though underweight.
- Disturbance in one's perception of body weight or shape, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- Amenorrhea in females - the absence of at least three consecutive menstrual cycles.

There are two subtypes of anorexia nervosa, namely restricting type and binge-eating/purging type. Individuals with the restricting subtype accomplish weight loss primarily through dieting, fasting, or excessive exercise. Individuals with the binge-eating/purging subtype regularly engage in binge eating and purge through self-induced vomiting or the misuse of laxatives, diuretics, or enemas. Some people in this subtype do not binge eat, but do purge after eating small amounts of food.

BULIMIA NERVOSA

Bulimia nervosa is characterised by:

- Recurrent episodes of binge eating characterised by:
 - Eating in a discrete period of time (e.g., within any 2-hour period) an amount of food that is much larger than most individuals would eat under similar circumstances.



- A sense of lack of control over eating during the episode (e.g. a feeling that one cannot stop eating or control what or how much one is eating).
- Recurrent behaviour to prevent weight gain.
- These behaviours are either:
 - Purging; self-induced vomiting or misuse of laxatives, diuretics (water pills), or enemas.
 - Nonpurging: fasting or excessive exercise.
- Binge eating and inappropriate compensatory behaviours that both occur, on average, at least twice a week for 3 months.
- Self-evaluation that is unduly influenced by body shape and weight.

Bulimia nervosa can occur in those with anorexia nervosa or it can occur as a separate condition.

BINGE EATING DISORDER

Binge eating disorder is characterized by:

- Recurrent episodes of food consumption substantially larger than most people would eat in a similar period of time under similar circumstances.
- A feeling of being unable to control what or how much is being eaten.
- Binge-eating associated with three (or more) of the following:
 - Eating very rapidly.
 - Eating until feeling uncomfortably full.
 - Eating large amounts of food when not feeling physically hungry.
 - Eating alone because of being embarrassed by how much one is eating.
 - Feeling disgust, guilt, or depression after overeating.
- Marked distress or unpleasant feelings during and after the binge episode, as well as concerns about the long-term effect of binge eating on body weight and shape.
- Binge-eating that occurs, on average, at least 2 days a week for 6 months.

Binge eating is frequently experienced by people diagnosed with bulimia nervosa and sometimes experienced by people diagnosed with anorexia nervosa. However, binge-eating disorder is not associated with the use of inappropriate compensatory behaviours (e.g., purging, fasting, excessive exercise).

OVEREXERCISING

Overexercising, often practised by those with anorexia and bulimia, is exercising frequently, intensely, or compulsively for long periods of time in order to control weight. A person who overexercises might display one or more of the following characteristics:

- Exercises more frequently and more intensely than is required for good health or competitive excellence.
- Gives up time from work, school, and relationships to exercise.
- Exercises despite being injured or ill.
- Defines self-worth in terms of athletic performance.
- Says she or he is never satisfied with a performance or game; does not savour victories.

Overexercising is of particular concern when accompanied by disordered eating, body dissatisfaction, fear of fat, or obsession with weight and food.

The problem of eating disorders is a mental health as well as a physical health issue
Anorexia nervosa, bulimia nervosa, and binge eating disorder are classified as psychiatric illnesses.

The development of eating disorders involves a complex interaction of factors including personality, genetics, environment (family, social, and cultural), and biochemistry. Many



people with eating disorders also suffer from other psychiatric illnesses, such as depression, anxiety, and obsessive-compulsive disorder.

The National Institute of Mental Health reports that many people with eating disorders share certain characteristics such as low self-esteem, feelings of helplessness, and fear of becoming fat. Eating behaviours in people with anorexia nervosa, bulimia nervosa, and binge eating disorder seem to develop as a way of handling stress and anxieties. Those with anorexia nervosa tend to be “too good to be true.” They keep their feelings to themselves, rarely disobey, and tend to be perfectionists, good students, and excellent athletes.

Some researchers believe that people with anorexia nervosa restrict food to gain a sense of control in some area of their lives. Young people with this disease often follow the wishes of others. As a result, they do not learn how to cope with the problems typical of adolescence, growing up, and becoming independent. Controlling their weight may appear to offer two advantages, at least initially: they can take control of their bodies and gain approval from others.

People who develop Bulimia and Binge Eating disorder typically consume huge amounts of food - often junk food - to reduce stress and relieve anxiety. Feelings of guilt and depression tend to accompany binge eating, while individuals with bulimia nervosa are impulsive and more likely to engage in risky behaviours such as alcohol and drug abuse.

Key Points:

Students engaged in disordered eating behaviours are not well nourished.

Preadolescents need highly nutritious foods to support their rapidly growing and developing bodies. However, students with disordered eating behaviours are likely to consume much less than the recommended daily allowances of many essential nutrients.

Genetic, behavioural, environmental, and biochemical factors all play a role in the development of eating disorders.

Eating disorders appear to run in families, suggesting that genetic factors may predispose some people to eating disorders. However, other influences may also play a role. Mothers who are overly concerned about their daughters' weight and physical attractiveness may put the girls at increased risk of developing an eating disorder. In addition, girls with eating disorders often have fathers and brothers who are overly critical of their weight. Some researchers link an increase in the rate of disordered eating to increased pressures on women by the mass media, fashion, and diet industry to pursue thinness.

In addition, scientists have studied the biochemical functions of people with eating disorders and found that many of the neuroendocrine system's regulatory mechanisms are seriously disturbed.

Eating disorders have serious physical consequences that can begin during adolescence.

Adolescence is a time of rapid growth and development. Approximately 90 percent of adult bone mass will be established during adolescence. Osteoporosis (“porous bones” that break easily) can begin early in both girls and boys who are dieting or suffering from anorexia nervosa. An extended period of starvation or semistarvation stunts growth, can delay the onset of menstruation, and can damage vital organs such as the heart and brain. One in 10 cases of anorexia nervosa leads to death from starvation, cardiac arrest, other medical complications, or suicide.

The vomiting that often accompanies bulimia can erode tooth enamel and damage the esophagus. Using laxatives as a form of purging can result in stomach and colon damage. Both anorexia and bulimia can cause fluid and electrolyte abnormalities, including dehydration and a deficiency in potassium resulting in muscle weakness, irritability, apathy, drowsiness, mental confusion, and irregular heartbeat.



The major complications caused by binge eating disorder are the diseases that accompany obesity, such as heart disease, high blood pressure, diabetes, gall bladder disease, and certain types of cancer.

Early detection of an eating disorder is important to increase the likelihood of successful treatment and recovery

During adolescence, young people often experience variations in height and weight. A girl or boy who puts on weight before having a growth spurt in height may look plump, while a student who grows taller but not heavier may appear rather thin. These changes should not necessarily be viewed as signs or symptoms of an eating disorder.

Warning Signs for Teachers

You should be concerned about students who:

- Complain about their bodies or saying they are too fat even though they appear to be of normal weight or even rather thin.
- Talk about being on a diet or avoiding nutritious foods because they are “fattening.”
- Are overweight and appear sad.
- Are being teased about their weight.
- Are spending more time alone.
- Are obsessed with maintaining low weight to enhance their performance in sports, dance, acting, or modeling.

In your interactions with students, you may notice one or more of the physical, behavioural, and emotional signs and symptoms of eating disorders.

Physical

- Weight loss or fluctuation in short period of time.
- Abdominal pain.
- Feeling full or “bloated.”
- Feeling faint or feeling cold.
- Dry hair or skin, dehydration, blue hands/feet.
- Lanugo hair (fine body hair).

Behavioural

- Dieting or chaotic food intake.
- Pretending to eat, throwing away food.
- Exercising for long periods of time.
- Constantly talking about food.
- Frequent trips to the bathroom.
- Wearing baggy clothes to hide a very thin body.

Emotional

- Complaints about appearance, particularly about being or feeling fat.
- Sadness or comments about feeling worthless.
- Perfectionist attitude.



TALKING TO A STUDENT OR FAMILY MEMBER

When talking with a student or family member, be sure to communicate that you care about her or him. List the specific reasons for your concern and recommend that the student be seen by a health care provider knowledgeable in eating disorders. Say, "let's find out if there is a problem." Remain open to further discussion even if the student and/or her or his family do not wish to take your advice right away.

Treatment can save the life of someone with an eating disorder. Friends, relatives, teachers, and health care providers all play an important role in helping an ill person begin and continue treatment. Early detection of an eating disorder is important to increase the likelihood of successful treatment and recovery.

If you are concerned about a student, here's what you can do:

A student may tell you about a friend before you notice any signs yourself.

- Ask the students to describe what they have seen or heard their friend say.
- Tell them that you will follow through and talk with their friend.
- Discuss whether they want the conversation to be confidential or whether you may use their name(s) when you talk with their friend.
- Reassure them that talking with you was the right thing to do.
- You might need to ask the student if they are worried about having an eating disorder themselves.
- Recognize that school personnel do not have the skills to deal with the underlying emotional turmoil that often accompanies eating and exercise problems.
- Share information with other staff members who know the student. Find out if they have noticed similar signs.
- Decide together the best course of action and who should talk to the student and family members.

"I got noticed and was complimented on my weight loss at first, but I got carried away. Then, no one said anything, or if they did, it was only 'you're too skinny ... eat!' Had someone said sooner that I needed help, I may have lost only 1 year to anorexia, instead of 6."

- Jill (Age 22)

How to Help a Student

The possibility of eating disorder needs to be considered seriously by teachers and school managers. The ESF "Child Protection" procedures state clearly that when issues of safety are involved then contact with the parents, at some early stage, is paramount.

A student who is not eating or eating too much may need professional help

Many people think that young people are being picky or difficult or "normal" if they are not eating properly. In reality, these behaviours may be students' desperate way of trying to cope with underlying problems. As a result, students may be upset or angry if you try to help them. They may actually be afraid. In addition to denying the problem, students with eating disorders may be upset that you discovered their secret and feel threatened by your intervention.

It is extremely difficult to diagnose an eating disorder. Having a concern that something may be wrong is enough to initiate a conversation with the student and a family member about referring the student to a professional. Share information with your head of year/house and decide together who would be the best person to speak with the student and her or his family.



Plan carefully what you will say to the student

Arrange to speak with the student in private and with plenty of time to avoid feeling rushed. People with eating disorders are sensitive to words and nonverbal behaviours that may be interpreted as negative judgments of them. Be sure to communicate care and concern; mention the specific behaviours you have noticed; state your belief that further understanding is necessary; and say that you are available for further discussion and support. *Be prepared to take immediate action if the student is clearly starving, binge eating, or purging frequently.*

Begin by gently telling the student that you care about her or him.

For example: "I'm concerned about you. Lately, you seem to be unhappy / sad / preoccupied / anxious / irritable / tired."

Indicate, in a direct and nonjudgmental way, the specific incidents that have aroused your concern. For example: "I've seen you throw out your lunch," "I've seen you leave class and run to the toilets," "I've often heard you say you are concerned about your weight."

Listen to what the student says without interruption and without making any judgments.

The student may deny that there is a problem or be upset. Stay calm and reflect what the student says to be sure you have listened, heard, and understood the student's thoughts and feelings. Don't get into a "Yes, you do/No, I don't" power struggle, use scare tactics, or prolong a conversation that is going poorly.

State your belief that the student should talk to someone with special expertise in eating behaviours.

Restate the specifics of why you are concerned and your belief that something further must be done. Remind the student that teachers care and want to help. Say "let's find out if there is a problem."

Decide with the student what will happen next

Maybe you will decide to have further discussions about the issue, or perhaps the next step will be to speak with the student's family. Be sure not to make any promises that you can't keep, such as promising not to tell a parent or sports trainer about your concerns. Confidentiality must not be guaranteed.

Let the student's family know about your concern

When you tell family members your concerns about their child, they may react in a number of different ways, including denying that a problem exists. However, simply by having a conversation with them, you will increase their awareness. They will remember the conversation even if they do not take immediate action. Be assured that they will start to pay more attention to their son or daughter's eating behaviours.

Here are some suggestions on how to speak to parents:

- Say you are concerned about their child. Indicate the specific incidents that have aroused your concerns.
- Keep the focus on the child feeling healthy and functioning effectively, not on weight, shape, or morality.
- Emphasise that only an expert in eating disorders can determine if there is a problem. Take a "let's find out" attitude.
- Link it to current or future academic problems.
- State that the research shows that treatment is necessary if an eating disorder exists and that the earlier treatment begins, the better the chances are for success.
- Contact details can be offered to local agencies with acknowledged expertise.



Aim to have the student talk with a professional with expertise in diagnosing eating disorders. However, family members may be more willing to talk to their physician or a nutritionist first. It may be suggested that you call their physician to describe the signs and symptoms you have noticed. If they would like to take their child to a nutritionist, be sure that you refer them to someone with expertise in eating disorders.

“At first we thought we could tell her; ‘Stop it’, and she would. We thought this was self-indulgent behaviour. It was only after counseling that we understood that you can’t just say, ‘Cut it out.’”

**- Parents of teenager with an eating disorder,
excerpt from *People* magazine, April 12, 1999**

What can schools do

For Primary Years

In the primary years, focus on good nutrition, positive eating habits, and body acceptance, rather than eating disorders.

As beliefs about the importance of thinness have not yet crystallized at this age, both girls and boys are open to positive messages about body image and self-esteem. Although obesity concerns are legitimate, it is not appropriate to present fat in food as “bad.” Children at this age are very literal, and those susceptible to developing an eating disorder may become afraid of fat in their food and fat on their bodies.

For Secondary Years

In the Secondary school, begin to discuss eating disorders.

Define eating disorders, but experts do not recommend providing detailed information to preadolescents about specific behaviours, such as inducing vomiting or taking laxatives. This may unintentionally encourage experimentation.

Developing a scientific understanding of health is the focus of our Food Technology courses and much of this information can be dealt with there.

“When a boy attains puberty he gets muscles. Boys think, ‘I’m getting strong,’ and they may start excessive exercise or bodybuilding. When a girl reaches puberty, she thinks, ‘I’m getting fat.’ I have an 11-year-old patient who won’t eat because she’s terrified of developing hips.”

- Eating Therapist

Address issues related to eating disorders when teaching media literacy



One of the most important things you can do is to discuss the influence of the media on cultural attitudes toward body shape.

A recent study in *Pediatrics* found that dissatisfaction with weight and shapes was very common among preadolescent and adolescent girls.

The frequency of reading fashion magazines was positively and independently associated with dieting and exercising to achieve the perfect body.

When conducting media literacy lessons, include activities that help students differentiate reality from image and become savvy consumers. Students can be encouraged to:

- Evaluate and critically assess media stereotypes.
- Challenge unhealthy media messages that equate beauty and thinness with self-worth.
- Support products and messages that advocate healthy lifestyles.

Talk to students about growth and development during puberty

Reassure students of the normal diversity of body sizes and shapes that exists among students their age.

Pre-adolescents experience significant physical changes during puberty. In fact, the only constant about puberty is “change.” Growing up involves sexual maturation, height increases, and variable weight gains.

These changes begin as early as 8 years of age in girls and as late as 14 years of age in boys. Height and weight changes do not necessarily coincide. A girl who begins puberty at age 8 might put on weight before experiencing a growth spurt, or a boy who begins puberty at age 14 might grow taller but not heavier. Eventually, height and weight changes stabilize and students acquire their individual adult shapes.

Promote a safe school environment

Refuse to allow size and sexual discrimination, harassment, teasing, and name-calling. Size prejudice hurts all students. Overweight students often experience psychological stress, discrimination, poor body image, and low self-esteem that may last a lifetime. Size prejudice leads students to strive to be thin for fear of ridicule and rejection. Those who are naturally thin may feel that they are valued mainly for their appearance.

In a school environment where comments about body size and weight do not exist, all students will feel safe and free to direct their energies into learning. Schools that promote respect for all cultures and recognize the contributions of women and other down trodden minorities will enhance students’ self-esteem and help them to excel.

Debunking Diet Myths

Myth #1: “Skipping Meals Will Effectively help me lose weight.”

Fact: There is no evidence that skipping meals will promote weight loss. In fact, when you skip meals, your body reacts by trying to conserve energy and burn fewer calories by decreasing your metabolic rate. You feel hungrier and less energetic, and you will tend to overeat when you do eat. For example, studies show that those who skip breakfast tend to eat more later in the day. The best way to keep your metabolism primed is to eat regular meals and snacks throughout the day, starting with breakfast.

Myth #2: “Fasting is a Good Way to Cleanse my Body of Impurities and Toxins.”

Fact: Actually, fasting can cause a build-up of toxic substances in the body. Toxins such as ammonia and ketones are released when your body’s fat tissue or protein stores are used as an energy source when carbohydrate is not available. Thus, the concentration of toxins in the



blood could increase significantly over a short period of time due to fasting. The best way to control the levels of toxins in your body is to consume a wide variety of foods and drink plenty of water. Make sure you include fruits and vegetables (sources of antioxidant vitamins) and high fibre foods.

Myth #3: “The Lower the Fat in Your Diet the Healthier You Will Be.”

Fact: Not true! A moderate amount of fat in your diet is essential for health. Dietary fat provides flavor, texture and palatability to foods. It is also necessary for the absorption and utilization of fat- soluble vitamins (A, D, F, K). These vitamins are important for skin health, vision, immune system function, and function of reproductive organs. Fat has many other important functions: major long-term energy source, source of essential fatty acids, constituent of hormones, brain development in children just to name a few. A healthy body needs fat!

Myth #4: “Eating before Going to Bed Causes Weight Gain.”

Fact: A common belief is that eating in the evening before going to sleep results in fat storage and weight gain because metabolism is lowered. There is no evidence to support this belief. It is the total energy intake that impacts weight, not the timing. Food consumed in the evening does not have any more influence on weight than food consumed during the day. The energy from food consumed in the evening will be used for energy needs during the day and overnight. While we sleep, our bodies require energy for repair, maintenance of tissues and removal of wastes. Enjoy a snack before bedtime; it may even help you sleep better!

Myth #5: “All People of my Height, Gender and Age Should Weigh the Same.”

Fact: Several factors influence your body weight, many of which you have no control over. Height, gender and age are important, but so are genetics, bone mass, and muscle mass. Because of these variations, there is a wide range of healthy weights for every given height.

Myth #6: “Feeling Full in an Indication that I have Overeaten and Will Therefore Gain Weight.”

Fact: Feeling full is a natural physiological sensation that tells you that you have eaten enough food to satisfy your energy requirements and prompts you to stop eating. Similarly, the sensation of hunger is a cue that you require food for energy. People tend to feel heavier when they are full and satisfied after a meal, but this does not translate into weight gain. Eating past the feeling of fullness once in a while will not cause weight gain, either; our bodies are good at adapting. However, weight gain could occur if you consistently ignore your fullness cues and overeat. So listen to your body’s cues - it knows what it needs.

Myth #7: “Certain Foods Increase Metabolic Rate and Promote Weight Loss (e.g. grapefruit, apple cider, vinegar, caffeine, celery, hot pepper).”

Fact: A popular diet theory is that certain foods have the ability to burn fat. At present, there is no evidence that any magic food can do this. Many diets that promote this idea, e.g. Grapefruit Diet result in weight loss simply because the people following the diet are eating little else, putting themselves at risk of nutrient deficiencies. However, while no food has the power to burn fat and promote weight loss, intake of food in general temporarily increases metabolic rate slightly due to the digestive process, also known as the thermic effect of food.

Myth #8: “I can Give Myself Permission to Eat Only if I have Exercised.”

Fact: The majority of your daily caloric requirements are for maintenance needs. Your body needs food as fuel for things like breathing, heartbeat, other organ functions, thinking, etc. You also require protein from food for body maintenance and repair. Without regular food intake, your body will not have the nutrients it requires just for maintenance work, let alone provide you with enough extra energy to be active and exercise effectively. The above should be rephrased as: “I can give myself permission to exercise only if I have eaten”.



Myth #9: “Throwing up Meals and Snacks will Help Get Rid of Extra Calories and Cause Weight Loss.”

Fact: This is commonly thought to be a way to limit the number of calories absorbed from food, thereby being a way to control weight or promote weight loss. However, recent studies suggest that the body will learn to quickly absorb nutrients before vomiting can occur. And self-induced vomiting of meals and snacks could actually lead to overeating and bingeing, as well as decrease metabolic rate, which won't promote weight loss. Meanwhile, the side-effects of vomiting are numerous: irreversible damage to enamel on teeth, damage to throat and esophagus, potentially life-threatening fluid and electrolyte imbalances, and swelling of salivary glands.

Eat Well, Live Well!

Created by the EDAW Nutrition Committee

Boys and Eating Disorders

Boys can and do develop eating disorders

Eating disorders are often seen as problems affecting only girls. However, 1 in 10 cases of these disorders involve males. This means that hundreds of thousands of boys are affected. Moreover, for one disorder - anorexia - up to one in four children referred to an eating disorders professional is a boy.

Factors associated with eating disorders are similar for males and females

The characteristics of males with eating disorders are similar to those seen in females with eating disorders. These factors include low self-esteem, the need to be accepted, an inability to cope with emotional pressures, and family and relationship problems. Homosexuality and bisexuality also appear to be risk factors for males, especially for those who develop bulimia. Homosexuality can be seen as a risk factor that puts males in a subculture that places the same premium on appearance for men as the larger culture places for women. Both males and females with eating disorders are likely to experience depression, substance abuse, anxiety disorders, and personality disorders.

The signs and symptoms of eating disorders are similar for boys and girls. The physical, behavioural, and emotional signs and symptoms are listed in other information sheets within this folder. It is important to look for these signs and symptoms in your interactions with boys.

Students of all ethnic and cultural groups are vulnerable to developing eating disorders.

“If there was one thing I'd change about my looks, I'd change my weight. I get poked at and yelled at all the time. I'd like to be mostly skinny instead of fat. Then I wouldn't be teased any more, and I'd be able to do things I can't do now. I could run faster and be more active. I could swim, knowing I don't have all that weight on me.”

- Mike, age 10

Boys may diet and “shape” to achieve the ideal body image

Boys are less likely than girls to consider themselves overweight or in need of dieting. While girls often *feel* fat before they begin dieting, boys are more likely *to be* overweight, usually in the mild to moderate range, when they begin to diet. Males tend to diet as a means to an end.



For example, they may diet to avoid being teased about being fat or to improve athletic performance in track, swimming, and other sports.

Males often try to achieve a better body image through *shaping* - bodybuilding, weightlifting, and muscle toning - in response to social norms for males, which emphasize strength and athleticism.

Action Figures Are Bulking Up

A recent study noted that some of the most popular male action figures have grown extremely muscular over time. Researchers compared action toys today - including GI Joe and Star Wars' Luke Skywalker and Hans Solo - with their original counterparts. They found that many action figures have acquired the physiques of bodybuilders, with particularly impressive gains in the shoulder and chest areas. Some of the action toys have not only grown more muscular but have also developed increasingly sharp muscle definition, such as rippled abdominals. As noted in the study, if the GI Joe Extreme were 70 inches in size, he would sport larger biceps than any bodybuilder in history.

Boys are less likely to be diagnosed early with an eating disorder

Doctors reportedly are less likely to make a diagnosis of eating disorders in males than females. Other adults who work with young people and parents also may be less likely to suspect an eating disorder in boys, thereby delaying detection and treatment. A study of 135 males hospitalized with an eating disorder noted that the males with bulimia felt ashamed of having a stereotypically "female" disorder, which might explain their delay in seeking treatment. Binge eating disorder may go unrecognized in males because an overeating male is less likely to provoke attention than an overeating female.

Timmy stood up in front of our fourth-grade class and invited all of them to his birthday party, but he stated that I could not come because I'd eat all the pizza. I was 9 years old, but 30 years later; I still get that same lonely, shameful feeling when someone makes comments about food to me.

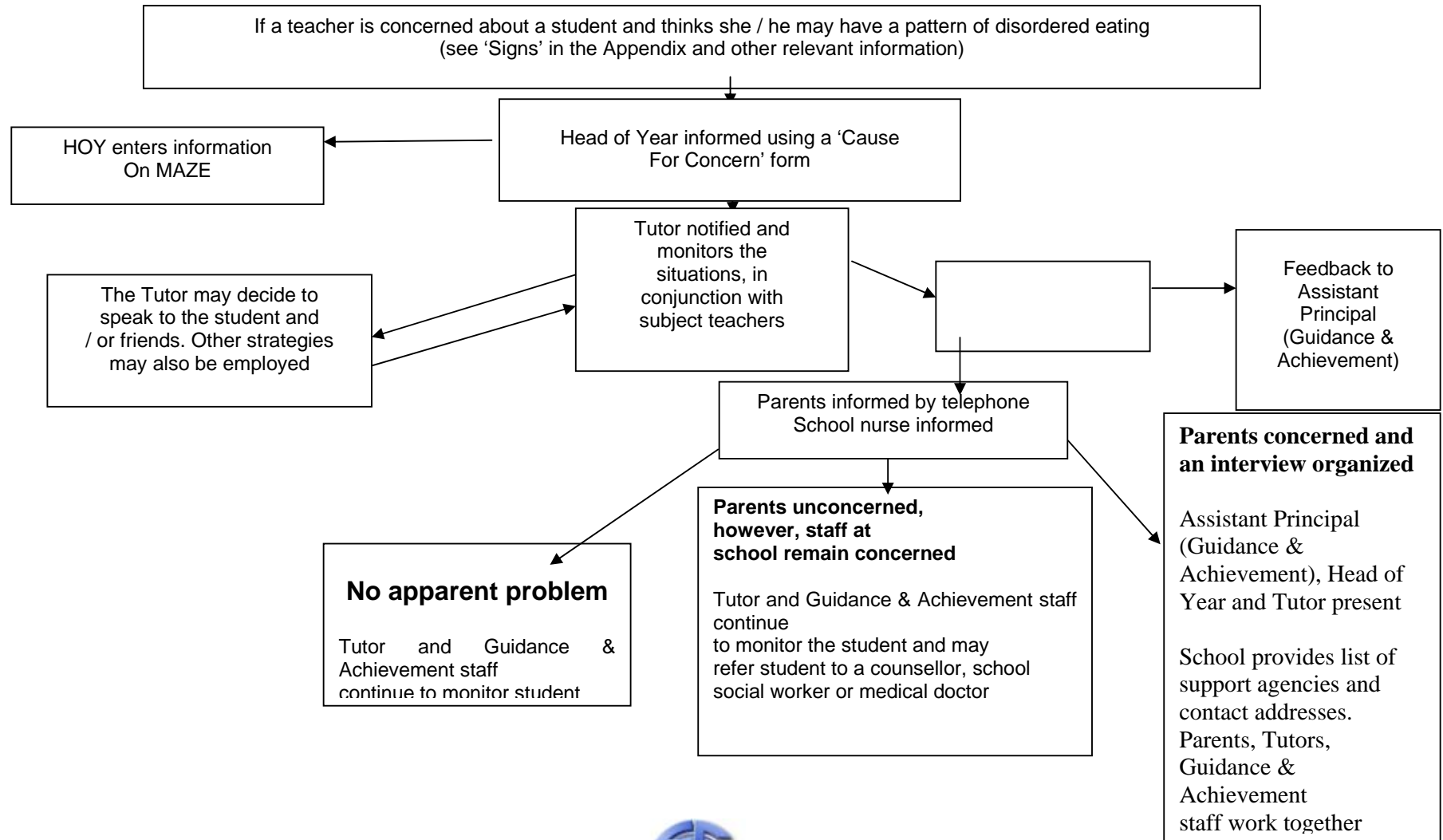
- Dennis, nonprofit organization executive

What can you do?

Here are some ideas:

- Communicate openly about body image issues, using messages that support acceptance of body diversity, discourage disordered eating, and promote the development of self-esteem.
- Do not tolerate teasing and bullying in school, particularly when focused on a boy's body size or masculinity.
- Conduct media literacy activities that explore the "wedge shape" as the cultural ideal and build skills to resist such messages.
- Develop policies that prohibit student athletes from engaging in harmful weight control or bodybuilding measures.
- Connect young men with positive role models who will encourage personal growth and development.





Resources

General Resources

American Anorexia/Bulimia
Association
www.aabainc.org

National Association of Anorexia
Nervosa and Associated Disorders
www.anad.org

Eating Disorders Awareness and
Prevention, Inc.
www.edap.org

Local Resources

It is important that there is medical oversight of these students from a psychiatrist or G.P.;
counseling on its own is rarely enough.

Dr. Joyce Ma, Dr. Lee Sing
Department of Psychiatry
Chinese University of Hong Kong
Tel: 2609 7501
Fax: 2603 5013

Hong Kong Eating Disorders
Association Ltd.
Ms. Philippa Yu
Executive Officer
Tel: 2144 5757
Fax: 2144 5179
Email: hedahk@yahoo.com

Videos available from the JCSRC (please call May Law at 2760 0441 for loans):

Call Number	Title
HS-52	Anorexia and Bulimia [Video]
HS-51	An Anorexic's Tale: The Brief Life of Catherine [Video]
HS-60	Caroline's Story [Video]
HS-93	Eating Disorders [Video]
HS-37	Starting Out: To be Or Not To Be [Video]
HS-70	You, Your Body, and Your Self-Image [Video]
HE-40	Meat Video Magazine: Healthy Eating [Video+]
HE-43	Eating Disorders: Profiles of Pain [DVD]
HE-44	Nutrition & Diet [Video]
HE-46	Daily Food Choices For Healthy Living [DVD]
HE-47	Foods Facts & Myths [DVD]

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