



Classroom Teachers

Teachers have a unique opportunity to help create an environment that enhances students' health and their capacity to learn. This information sheet is designed to provide basic information on eating disorders, how to help promote their early detection, and how to discourage disordered eating.

“Some fourth and fifth grade girls and even some third graders at school seem to be preoccupied with their weight and dieting. This past week, one fifth grade girl was diagnosed with anorexia. Fortunately, the girl’s teachers noticed the early warning signs and alerted our Student Assistance Team and the girl’s parents.”

—School nurse, K-5 elementary school, Connecticut

Why should teachers be concerned?

Disordered eating affects learning outcomes. The irritability, decreased concentration, nausea, headaches, and malaise that often accompany disordered eating have a negative effect on students' learning. They lose the ability to concentrate in class and complete assignments. As preoccupation with food takes over, a student may retreat from social activities; lose interest in school work, family, and friends; and feel lonely, alienated, and disconnected from society.

Younger children are developing eating disorders. The number of children ages 7 to 13 years being referred to eating disorder clinics has been increasing over the years.¹ This increase is due to the heightened awareness of the signs and symptoms of eating disorders and to their increasing incidence.

Students of all ethnic and cultural groups are vulnerable to developing eating disorders. Although rates of anorexia are higher among Caucasian girls, eating disorders occur among girls of all ethnic and cultural groups. In addition, hundreds of thousands of

boys and men are also experiencing this problem. Other information sheets in this packet address how eating disorders affect boys as well as different ethnic and cultural groups.

Become familiar with the signs and symptoms of possible eating disorders

The early detection of an eating disorder is important to increase the likelihood of successful treatment and recovery. In your interactions with students, you may notice one or more of the physical, behavioral, and emotional signs and symptoms of eating disorders.

Physical

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

Behavioral

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

Emotional

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



Serve as a role model to your students by being well nourished and feeling comfortable with your body

A teacher who models good health habits provides a more valuable health lesson than any textbook. Teachers may want to assess their own attitudes and behaviors about weight to ensure that they do not inadvertently model body dissatisfaction or promote size discrimination. For example, if students hear teachers discuss their diets, weight loss efforts may be perceived as desirable behaviors. A seemingly innocent conversation that starts with “You look good, have you lost some weight?” may indicate to students that a person’s weight is the most important aspect of her or his physical appearance.

Questions to ponder include:

- ◆ Do I inadvertently promote fear of fat in students by my words and actions?
- ◆ Am I dissatisfied with my body size and shape?
- ◆ Am I always on a diet or going on a diet?
- ◆ Do I feel guilty when I eat certain foods, or do I refuse to eat certain foods while commenting that I am dieting to lose weight?
- ◆ Do I make negative comments about other people’s sizes and shapes?
- ◆ Am I prejudiced against overweight children and adults? Has a family member ever complained that I was treating an overweight child unfairly?²

Integrate topics related to eating disorders into your health and science curricula

The following topics are compatible with national school health and science standards:

- ◆ Acceptance of diverse body shapes.
- ◆ Proper nutrition.
- ◆ Negative effects of dieting.
- ◆ Positive effects of moderate exercise and negative effects of excessive exercise.
- ◆ Elimination of harassment and teasing.
- ◆ Strategies to resist media and cultural pressures.

In grades one through five, focus on good nutrition, positive eating habits, and body acceptance, rather than eating disorders. Beliefs about the importance of thinness have not yet crystallized at this age; therefore, 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.

Begin to discuss eating disorders between the fourth and sixth grades. Although it is appropriate to define eating disorders, experts do not recommend providing detailed information to pre-adolescents about specific behaviors, such as inducing vomiting or taking laxatives. Providing these details may unintentionally encourage experimentation, particularly among students already engaged in weight loss behaviors.

In middle school, emphasize that eating disorders can be caused by multiple factors. Developing a scientific understanding of health is the focus of one of the national standards for middle school science education. The topic of eating disorders provides an excellent example of the bio-psycho-social nature of an illness students hear about in the media.

“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.”

—Therapist, Washington, DC

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 pre-adolescent and adolescent girls.³

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 combat 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 highlight the contributions of women and minorities will enhance students’ self-esteem and help them to excel.

Take immediate action when there is concern about a student

Recognize that you do not have the skills to deal with the underlying emotional turmoil that often accompanies eating and exercise problems.

Share information with your school’s eating disorders resource person, school nurse, and other teachers or staff members who know the student. Find out if they have noticed similar signs and are concerned.

Decide together the best course of action and who should talk to the student and family members. For more information on how to talk to students and family members, see the information sheet on “**How To Help a Student.**”

Your goal is to communicate to the student that you care and refer her or him to a health care provider who is knowledgeable about eating disorders.

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. Let them read the fact sheet “How To Help a Friend.”
- ◆ Ask students if they are worried about having an eating disorder themselves.
- ◆ Consider whether they need to talk with a counselor about their concern for their friend.

Resources for Classroom Teachers

The BodyWise Information Packet includes a list of eating disorders resources selected specifically for middle school personnel, including curricular support materials and reading lists for students.

Eating Disorders Catalogue

A free *Eating Disorders Resource Catalogue*, featuring a complete listing of current and classic books, is available by contacting:

Gurze Books

P.O. Box 2238
Carlsbad, CA 92018
Tel: (800) 756-7553
Web site: www.gurze.com.

Educational Organizations

The National Women's Health Information Center

Tel: (800) 994-9662
Web sites: www.4woman.gov
www.4girls.gov

Girl Power!

Tel: (800) 729-6686
Web site: www.girlpower.org

National Eating Disorders Association

Tel: (206) 382-3587
Referral Hotline: (800) 931-2237
Web site: www.nationaleatingdisorders.org

National Association of Anorexia Nervosa and Associated Disorders

Tel: (847) 831-3438
Web site: www.anad.org

Harvard Eating Disorders Center

Tel: (617) 236-7766
Web site: www.hedc.org

Eating Disorders Coalition for Research, Policy & Action

Tel: (202) 543-9570
Web site: www.eatingdisorderscoalition.org

Massachusetts Eating Disorder Association, Inc.

Tel: (617) 558-1881
Web site: www.medainc.org

Pennsylvania Educational Network for Eating Disorders

Tel: (412) 366-9966
Email: PENED1@aol.com
Web site: <http://trfn.clpgh.org/pened>

Definitions

Anorexia nervosa is self-starvation. People with this disorder eat very little even though they are thin. They have an intense and overpowering fear of body fat and weight gain.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or taking laxatives or diuretics (water pills). People with bulimia have a fear of body fat even though their size and weight may be normal.

Overexercising is exercising compulsively for long periods of time as a way to burn calories from food that has just been eaten. People with anorexia or bulimia may overexercise.

Binge eating disorder means eating large amounts of food in a short period of time, usually alone, without being able to stop when full. The overeating or bingeing is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.

Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

Center for Media Literacy

Tel: (800) 226-9494
Web site: www.medialit.org

End Notes

¹ Briant-Waugh, R., and Lask, B. Childhood-onset eating disorders. In C.G. Fairburn and K.D. Brownell (eds.), *Eating Disorders and Obesity: A Comprehensive Handbook*. 2nd ed. New York: Guilford Press, 2002, pp. 210-214.

² Adapted from Ikeda, Joanne, and Priscilla Naworski. *Am I Fat? Helping Young Children Accept Differences in Body Size*. Santa Cruz, CA: ETR Associates, 1992.

³ Fields, Allison E., et al. "Exposure to the Mass Media and Weight Control Concerns Among Girls." *Pediatrics*, 103 (3) 1999, p. e36.