Parents and Other Caregivers

Parents play a leading role in their children's lives. As a parent or other caregiver, you are in a unique position to educate your children about nutrition and help them maintain a positive body image as they enter their teenage years. This information sheet is designed to provide basic information on eating disorders, how to detect them, and how to discourage disordered eating.

> *"Most parents will not be faced with the enormous challenges of dealing with an anorexic or bulimic...Many, however, will face the challenges of children who have poor body images or eating problems like excessive dieting, which are associated with lesser, but still unhealthy, outcomes."*[1]
>
> **—Julia A. Graber, Ph.D., associate director, Adolescent Study Program at Columbia University**

Your child may not have an eating disorder, but she or he could be engaging in disordered eating behaviors

Pre-adolescence and adolescence are times of tremendous physical and psychological change. The rate of most rapid weight gain for girls is from age 9 to 14. By the time a girls reaches 18 years, it is likely she will nearly double her weight.[2] This is also a time when young people seek more independence from their parents and approval from their peers. As body image becomes more important, your child may begin to pay more attention to media images that portray the female body ideal as thin and the male ideal as muscular.

These changes and the pressures they bring can affect how your child relates to food. Instead of eating normally—eating when hungry and stopping when satisfied—your child may engage in disordered eating behaviors. For example, she or he may skip meals, binge one day and eat very little on the next day, use diet pill, laxatives, or diuretics, or try the latest diet fad. If your child is involved in sports or other athletic activities that emphasize low weight and thin body shape, she or he may be particularly likely to restrict food and/or exercise in unhealthy ways to lose weight. Stressful situations like moving or losing a family member can also contribute to disordered eating behaviors among children.

Disordered eating behaviors can harm your child's developing body and mind

Disordered eating behaviors can be very harmful to children's developing bodies and minds. Children who are restricting food can have a hard time concentrating on their school work and often report feeling tired or having headaches. They may fail to get all of the nutrients their bodies need to grow and develop into healthy adults. As a result, their growth can be stunted and menstrual cycles of girls disrupted. Restricting calories can also decrease bone density and increase their risks of experiencing bone fractures and osteoporosis. For some children, disordered eating behaviors can lead to full-blown eating disorders, such as anorexia nervosa or bulimia nervosa, which require intensive treatment.

In a society obsessed with thinness, children may engage in a number of disordered eating behaviors which may not be identified as eating disorders according to established diagnostic criteria. However, these behaviors can have very harmful consequences for children's health. If disordered eating persists, parents should consider consulting with a nutritionist and/or a therapist.

Become familiar with the signs and symptoms of possible eating disorders

The early detection of an eating disorder can increase the likelihood of successful treatment and recovery. In your interactions with your child, 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 and discomfort.
- Feeling full or "bloated."
- Feeling faint or feeling cold.
- Dry hair or skin, dehydration, blue hands/feet.
- Lanugo hair (fine body hair).
- Headaches, feeling tired and/or cold.

Behavioral

- Dieting or chaotic food intake.
- Pretending to eat, throwing away food.
- Exercising for long periods of time.
- Showing concern with food, weight, or body size.
- Wearing baggy clothes to hide a very thin body.
- Making frequent trips to the bathroom.
- Avoiding food in social situations.

Emotional

- Complaints about appearance, particularly about being or feeling fat.
- Sadness or comments about feeling worthless.
- Perfectionist attitude.
- Always listening to friends' problems; never sharing one's own.

Children 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. Many immigrant girls, especially those isolated from their own culture, engage in

disordered eating behaviors as they become exposed to social norms that value thinness. In addition, hundreds of thousands of boys and men are also experiencing this problem, and they may have difficulty seeking help because it is considered a "girl's" problem.

Family attitudes about eating and weight can set the stage for disordered eating behaviors

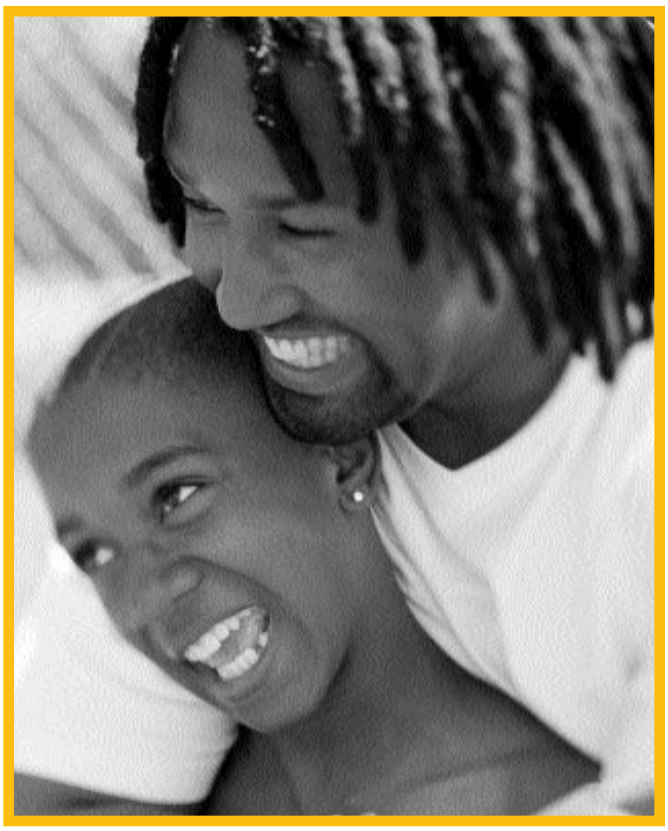
Although it may not always seem so, your child pays a lot of attention to what you say and do. If you are constantly complaining about your weight or feel pressured to exercise in order to lose weight or change the shape of your body, your child may learn that losing weight is an important concern. If you are always on the lookout for the new miracle diet, your child may learn that restrictive dieting is a good way to lose weight. And if you tell your child she would be much prettier if she lost a few pounds, she will learn that the goal of weight loss is attractiveness and acceptance.

Here are some questions that can help you consider your own attitudes and behaviors:

- Am I unhappy with my body size and shape?
- Am I always on a diet or going on a diet?
- Do I make fun of overweight people?
- Do I tease my child about body shape or weight?
- Do I focus on exercise for body size and shape control or for health?

Parents do not cause eating disorders

While parents can contribute to their children's eating disorders, they are not the cause of these disorders. Eating disorders are associated with emotional problems and are closely related to many other health-related issues, such as depression, low self-esteem, physical and sexual abuse, substance abuse, and problems at home or with friends. Many factors, including genetics, can increase the likelihood that a child will develop an eating disorder.



"...if a father agrees with our culture's shared fantasy that all your problems will be solved if you have a perfect body, he will be contributing to the development of an eating disorder. However, a father can give his daughter other messages about beauty, self-worth, and body image that can counteract these strong cultural influences. Girls need a male adult to give corrective feedback and to balance the cultural pressures about being thin, sexy, and successful."[2]

—Margo Maine, PhD, in *Father Hunger*

Things You Can Do

As a parent or other caregiver, you can help your child develop a positive body image and relate to food in a healthy way. Here are some ideas:

1. Make sure your child understands that weight gain is a normal part of development, especially during puberty.
2. Avoid negative statements about food, weight, and body size and shape.
3. Allow your child to make decisions about food, while making sure that plenty of healthy and nutritious meals and snacks are available.
4. Compliment your child on her or his efforts, talents, accomplishments, and personal values.
5. Restrict television viewing and watch television with your child and discuss the media images presented.
6. Encourage your school to enact policies against size and sexual discrimination, harassment, teasing and name calling; support the elimination of public weigh-ins and fat measurements.
7. Keep the communication lines with your child open.

If you are concerned about your child, have a talk with her or him

Pay attention to your child's eating habits. If you notice an intense preoccupation with food, weight, and exercise, especially if it affects different parts of her or his life, it may signal a deeper problem.

Have a talk with your child to gauge what's going on. Ask specific questions about food amounts (too little or too much) and exercise. If she or he becomes angry or defensive, you may consider seeing a professional with expertise in eating disorders. Be sure to validate your child's feelings and encourage discussion.

Definitions

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.

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.

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.

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.

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

Resources

Publications

Berg, F.M. *Women Afraid to Eat*, Hettinger, ND: Healthy Weight Publishing Network, 2000.

Bingham, M., & Stryker, S. *Things Will Be Different for My Daughter: A Practical Guide to Building Her Self-Esteem and Self-Reliance.* New York: Penguin USA, 1995.

Costin, C. *Your Dieting Daughter: Is She Dying for Attention?* New York: Brunner/Mazel, 1997.

Friedman, S. *When Girls Feel Fat: Helping Girls Through Adolescence*. Toronto: Harper Collins, 1997.

Hirschmann, J.R., & Zaphiropoulos, L. *Preventing Childhood Eating Problems: A Practical, Positive Approach to Raising Children Free of Food and Weight Conflicts*. Carlsbad, CA: Gurze Books, 1993.

Maine, M. *Father Hunger: Fathers, Daughters & Food*. Carlsbad, CA: Gürze Books, 1991.

Rutter, V.B. *Celebrating Girls: Nurturing and Empowering Our Daughters*. Berkeley, CA: Conari Press, 1996.

Satter, E. *How To Get Your Kids To Eat...But Not Too Much*. Palo Alto, CA: Bull Publishing Co., 1987.

Sherman, R.T., & Thompson R.A. *Bulimia: A Guide for Family & Friends*. San Francisco, CA: Jossey-Bass Publishers, 1997.

Siegel, M., Brisman, J., & Weinshel, M. *Surviving an Eating Disorder: Perspectives and Strategies for Family & Friends.* New York: Harper Collins, 1997.

Treasure, J. *Anorexia Nervosa: A Survival Guide for Families, Friends and Sufferers*. Philadelphia, PA: Psychology Press, 1997.

Waterhouse, D. *Like Mother, Like Daughter: How Women Are Influenced by Their Mother's Relationship With Food—And How to Break the Pattern*. New York: Hyperion Press, 1997.

Organizations

The National Women's Health Information Center
Tel: (800) 994-9662; Web site: www.4woman.gov

Girl Power!
Tel: (800) 729-6686; Web site: www.health.org/gpower

American Anorexia/Bulimia Association
Tel: (212) 575-6200; Web site: www.aabainc.org

National Association of Anorexia Nervosa and Associated Disorders
Tel: (847) 831-3438
Web site: www.anad.org

Eating Disorders Awareness and Prevention, Inc.
Tel: (206) 382-3587; Referral Hotline: (800) 931-2237
Web site: www.edap.org

Harvard Eating Disorders Center
Tel: (617) 236-7766; Web site: www.hedc.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; E-mail: PENED1@aol.com

Center for Media Literacy
Tel: (800) 226-9494; Web site: www.medialit.org

End Notes

[1] Eller D. Detecting eating disorders. *Parents*, August 1998, p.115.

[2] Centers for Disease Control and Prevention. CDC growth charts: United States. Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion, 2000.

[3] Maine, M. *Father hunger: Fathers, daughters & food*. Carlsbad, CA: Gürze Books, 1991, p.9.