

What not to do when teaching about eating disorders

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Abstract

Australia has seen a dual increase in overweight and eating disorders in the past decade. In addition, a heavy focus on nutrition and obesity in the media has made school-aged young people very sensitive about issues of eating and body weight. The home economics and food technology curricula have a unique potential to address these issues through the development of accurate nutrition and weight-control knowledge, skills, attitudes and behaviours. There is now evidence to show that some attempts at the prevention of obesity and eating disorders may be ineffective, and some may be potentially harmful. This workshop will present a review of the literature on the prevention of eating disorders, and will outline evidence-based safe and effective approaches and activities to be used with students in secondary schools.

Key words: Nutrition education, Eating disorders, Lesson ideas, Prevention.

Introduction

The home economics and food technology curricula have a unique potential to address weight problems and prevent eating disorders through the development of accurate nutrition and weight-control knowledge, skills, attitudes and behaviours in young people. However, there is now evidence to show that some attempts at the prevention of eating disorders may be ineffective, and some may be potentially harmful, causing more young people to adopt disordered eating behaviours (Carter, Stewart, Dunn & Fairburn, 1997; O'Dea, 2000;). Giving direct information about eating disorders, the use of media reports about eating disorders, particularly those including celebrities, and the use of the experiences of those who have recovered from eating disorders, have all been identified as potentially harmful methods of teaching about eating disorders (O'Dea, 2000).

Early studies found self-induced vomiting and other disordered eating behaviours to be learnt

behaviours—taught or suggested to the user by friends, family and the media (Fairburn & Cooper, 1982; Herzog, 1982). Later reports have attested to a strong peer influence and social contagion of disordered eating behaviour (Crandall, 1988; Field, Camargo, Barr Taylor, Berkey, Roberts & Colditz, 1999; Harris, 1995; Paxton, Schutz, Wertheim & Muir, 1999). The possibility of media influence on body image and disordered eating has been plentiful (see, for example, Field, et al., 1999; Levine & Smolak, 1996; Thompson & Heinberg, 1999), and authors have highlighted the possibility of the media initiating disordered eating behaviours (Chiodo & Latimer, 1983; Fairburn & Cooper, 1982).

It seems that even the most well-intentioned prevention programs may inadvertently increase body dissatisfaction when the opposite effect was desired and expected. An evaluation study of two posters designed to improve young girls' body image found that 35% of adolescent girls studied did not like the poster, 28% did not find it beneficial, and 65% did not want their own copy (O'Dea, 2002). Furthermore, 8% of the young girls reported negative effects of the poster, such as that it made them feel worse about themselves, and reminded them of their own body image problems and insecurities (O'Dea, 2002). This shows that interventions must be theoretically sound, empirically supported and thoroughly pilot-tested to ensure that the correct messages are being received by the target audience.

The following literature review outlines the evidence of potential harm by using direct information, media reports and recovered peers, as well as detailing some safe and effective methods of teaching about eating disorders.

Teaching directly about eating disorders

Although common sense would suggest that teaching young people about the behaviours and

complications associated with eating disorders would prevent them from engaging in such behaviours, research tells us otherwise. Evaluation of prevention initiatives show that those programs experiencing a significant increase in knowledge also found an increase in dietary restraint and disordered eating behaviours (Carter, et al., 1997; Mann, Nolen-Hoeksema & Huang, 1997). Teaching directly about eating disorders may indeed initiate the use of these disordered eating behaviours in young people, especially young women (O'Dea, 2000; Stice, Mazotti, Weibel & Agras, 2000).

Teaching directly about eating disorders generally involves the use of lists of 'symptoms' or disordered eating behaviours typically used by sufferers of eating disorders. This may introduce young people to the possibility of using self-induced vomiting, laxatives, slimming pills, excessive exercise and extreme dietary restriction for weight control where they may otherwise not have considered the behaviours (O'Dea, 2000). This may be quite suggestive for young people, as they may view these lists of symptoms as possible options for successful weight loss.

Although not empirically supported, it is believed that some subgroups may respond differently to eating disorder prevention programs and be more vulnerable to direct instruction about eating disorders (Mann et al., 1997; O'Dea & Maloney, 2000). It has been postulated that this may be due to the ambitious intention of combining primary and secondary prevention programs (Mann et al., 1997).

Eating disorders are present in the syllabus for many subjects in secondary schools across Australia. It is suggested that rather than presenting checklists of disordered eating behaviours, the severity and psychological co-morbidity of the disorders be emphasised so as to reduce the possibility of young people adopting the disordered eating behaviours we are trying to prevent.

Media presentation of eating disorders

Concern about the possibility of the presentation of popular media articles about eating disorders influencing disordered eating behaviour has been present since the articles themselves began to appear in the 1970s (Shulze & Gray, 1990). Articles about women with eating disorders seem to inadvertently associate the disorders with achievement and glamour and to make them seem more normal and more prevalent than they really are. Individuals with anorexia or bulimia nervosa appear in magazine articles to

be beautiful, and to have the western culturally idealized slender body; in fact, these women seem identical to the models and celebrities that appear on the remainder of the pages in the magazine. As a patient with anorexia nervosa has described:

On one page you've got the girl with the disease. On the other page, you've got the model. And they look exactly the same (Thomsen, McCoy & Williams, 2001, p.58).

Considering the fact that models and celebrities are held in such high esteem in western culture, and that they appear to have a similar body shape to the women with eating disorders, individuals may assume that disordered eating behaviours are the necessary step to attaining this slim figure that is impossible to achieve through healthy weight-control methods. This further promotes the association of desirable qualities such as wealth, determination, success and glamour in individuals with eating disorders (Garner, Garfinkel, Schwartz & Thompson, 1980), to the point where Bruch (1985) has suggested that women who desire the qualities promoted in those with eating disorders may develop the disorders.

In addition, the media may present individual disordered eating behaviours in a manner that is interpreted by young women as a checklist of successful weight-control behaviours (Chiodo & Latimer, 1983; Fairburn & Cooper, 1982; O'Dea, 2000). A study of 499 women who were currently practising self-induced vomiting found that, although 52.7% of women reported self-induced vomiting to be their own idea, 17.4% got the idea from friends or relatives, and 26.6% reported that they got the idea after reading about it in the media (Fairburn & Cooper, 1982). Furthermore, in a study of 27 women in treatment for bulimia nervosa, the second most cited trigger for the initiation of their self-induced vomiting was a popular magazine article on bulimia nervosa (Chiodo & Latimer, 1983). Women in this study reported that the popular magazine article gave them the message that '*here is a way in which another woman keeps her weight down*' (Chiodo & Latimer, 1983, p.153).

In response to these reports, Shulze and Gray (1990) conducted a study where they gave 100 women a textbook description of bulimia nervosa, 100 women a popular magazine article about bulimia nervosa, and 100 women a control article about a subject not related to food, eating, or eating disorders. They found that the women reading the textbook description of bulimia nervosa were significantly more likely to view a bulimic person as less glamorous, attractive, successful, intelligent, well-adjusted and friendly,

This may introduce young people to the possibility of using self-induced vomiting, laxatives, slimming pills

and being less in-control than those reading the magazine or control article. The women reading the magazine article viewed the bulimic person to be high in the aforementioned qualities, more so than both the control and textbook groups.

The media may also be responsible for furthering the drive of a person with an existing eating disorder to lose more weight, or engage in more serious disordered eating behaviours. Competition is a known personality trait of those with eating disorders (Striegel-Moore, Silberstein, Grunberg & Rodin, 1990) yet, due to the secretive nature of the disease (Fairburn & Cooper, 1982) individuals rarely know the details of the behaviours that other sufferers are engaging in. A qualitative study that interviewed outpatients with anorexia nervosa found that they used magazine articles as a source of information for competition with others with the disorder. This may have been in terms of suggestions for disordered eating behaviours, as described by one patient, who reported that she ‘could not make herself throw up’ (Thomsen, et al., 2001, p.57) and so

if a magazine said “Bulimia ruined my life. A true story” I would read it just to find ideas... I wanted to get people’s secrets and I wanted to figure out what Karen Carpenter did because I needed to do the same thing (Thomsen et al., 2001, p.58)

Competition was also used in terms of weight, as one patient described ‘*If the article said she weighed 88 pounds, I knew I could do 87*’ (Thomsen, et al., 2001, p.55).

In contrast, Thomas, Judge, Brownell & Vartanian (2006) found that reading eating disorder memoirs had no effect on female undergraduates in their controlled, blinded study. This is an important finding considering that most eating disorder memoirs are written with the aim of preventing women from enduring a similar plight to the author of the biography. Although low numbers of participants may have been responsible for the neutral effects, the authors also suggest that the iatrogenic effect of eating disorder memoirs may only occur in those who are vulnerable (Thomas et al., 2006). In addition, it is suggested that the length and complexity of the piece, and the fact that it is not contained within a popular magazine with its focus on self improvement through self beautification may be responsible for the reduced negative impact on the readers.

Use of sufferers’ personal stories

Recovered peers are commonly integrated into school teaching and eating disorder prevention

programs with the hope that by young people hearing the stories of these sufferers, they will be less likely to engage in disordered eating behaviours. Recovered peers have been known to be used in person as guest speakers at youth forums and for year or class groups, as well as in videos such as *The Bronte Story* or print media reports in magazines and newspapers. The use of previous sufferers of eating disorders may be potentially harmful as they may introduce the idea of using disordered eating behaviours to young people, reduce the stigma about eating disorders to normalise and glamorise them, and reduce the perceived difficulty of recovery from these serious psychological disorders.

Stories by recovered peers may include details of how disordered eating behaviours were employed as a means of losing weight that may be suggestive to young people, as they see that this person did indeed lose weight (O’Dea, 2000). This information may have a very strong impact on those young people who desire weight loss, and have tried healthy means with no success. Descriptions of the use of laxatives, slimming pills, excessive exercise, severe caloric restriction and self-induced vomiting to lose weight may provide young people with new ideas about how to use dangerous weight loss methods. This information may also impact on those young people who already have eating disorders, as, due to the competitive nature of the disorders, they may see the recovered peer’s story as a chance to get new ideas on how to lose weight (Striegel-Moore et al., 1990), and to compete with them to succeed in their weight loss, or to ‘*be the best anorexic*’ (Thomsen et al., 2001, p.55).

In addition, the use of recovered peers may further perpetuate the thin ideal, and inadvertently normalise and glamorise disordered eating, particularly if young people view this person as a role model, or if they are a celebrity (Garner et al., 1980; O’Dea, 2000). Celebrities are highly valued in today’s society, and their slim figures are already considered responsible for creating and furthering the thin ideal. However, the reporting of the disordered eating behaviours of celebrities may make young people adopt such behaviours in an attempt to look, or be more like their idols (Garner et al., 1980).

Furthermore, the use of recovered peers tends to imply to young people that recovery from eating disorders is possible, and—particularly if the previous sufferer is slim and beautiful—that eating disorders can lead to the thin ideal body size (O’Dea, 2000). In reality, recovery from eating disorders is difficult, and eating disorders are known to have the highest mortality rate

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of all psychological disorders (Herzog et al., 2000), particularly as the rate of suicide among eating disorder sufferers is so high (Herzog et al., 2000). However, those who have recovered from an eating disorder may appear to look relatively normal in a photo, or a personal appearance. This may reduce the perceived severity of the disease, and make recovery seem easy; therefore young people may believe that they could safely engage in disordered eating behaviours.

Teachers' knowledge, personal attitudes and behaviours

Although they receive substantially more nutrition education than other school staff, the extent and level of knowledge received by home economics and food technology teachers depends largely on the university they attended, and the type and duration of the course. It is possible that these school professionals are not trained in prevention science and appropriate methods of prevention for eating disorders and obesity (Yager & O'Dea, 2005). This lack of knowledge and understanding of the aims and methods of prevention may be responsible for the misuse of teaching activities and approaches as outlined above.

Home economics and food technology teachers may also be susceptible to body image and weight-related problems themselves, especially if they are young and female (Yager & O'Dea, 2005). Although not yet proven in a large sample of university students enrolled in food- or exercise-related courses, anecdotal and empirical evidence seems to suggest that those in food- and exercise-related career paths are at risk of body dissatisfaction and engaging in disordered eating and exercise behaviours to the same or higher extent as the general population (Kinzl, Traweger, Trefalt, Mangweth, & Biebl, 1999; McArthur & Howard, 2001; O'Dea & Abraham, 2001; Palmquist-Fredenberg, Berglund, & Dieken, 1996; Worobey & Schoenfeld, 1999; Yager & O'Dea, 2006). These professionals are exposed to socio-cultural pressures in the same way as other adults, yet their career path is highly involved with food, eating and weight control. A preoccupation with food and exercise is known to be characteristic of some individuals with eating disorders (Larson, 1989; Worobey & Schoenfeld, 1999) and it has been suggested that this may cause them to gravitate towards careers that are food and exercise related (Crockett & Littrell, 1985; Reinstein, Koszewski, Chamberlain, & Smith-Johnson, 1992; Sours, 1980). Kinzl and colleagues (1999) reported that 14 per cent of the Austrian dietitians studied had chosen their career path partly due to their own preoccupation with food and exercise.

In addition, the professional role and experience of home economics and food technology teachers may not necessarily protect them against having significant levels of anti-fat bias. School professionals often incorrectly identify individual behaviors such as over-consumption and inactivity as the major or only causes of obesity (Neumark-Sztainer, Story & Collier, 1999; Price, Desmond, Ruppert & Stelzer, 1987). This has been suggested to lead to a negative, 'victim blaming' attitude towards obese people (Neumark-Sztainer et al., 1999; Schwartz, O'Neal Chambliss, Brownell, Blair & Billington, 2003). This further perpetuates the thin ideal, and makes young people who may be overweight feel ashamed about themselves to the point where they may engage in disordered eating behaviors in order to lose weight.

The relatively low clinical prevalence, covert behaviour of individuals with eating disorders, and considerable media interest in the conditions has led to a variety of attitudes towards sufferers. While dieting and body dissatisfaction are generally accepted as a type of 'normative discontent' for women (Rodin, Silberstein, & Striegel-Moore, 1985), eating disorders still tend to carry a stigma different to the majority of mental illnesses (Mond, Hay, Rodgers, Owen, & Beumont, 2004). Research regarding the attitudes of the lay public in Britain reported that one third of respondents believed that people with eating disorders could 'pull themselves together' and had only themselves to blame for the development of their disorder (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000). School professionals have been shown to have misconceptions about the causes and development of eating disorders which could perpetuate negative attitudes by passing them on to students (O'Dea & Abraham, 2001).

Evaluations of prevention programs for eating disorders and obesity have articulated the importance of the personal body image and eating behaviors of those presenting the programs (Bassler, 2001; Piran, 1998; Piran, 2004; Rutz, 1993; Stewart, 1998). This is due to the possibility for the transference of attitudes and behaviors from the teachers to the students, due to the many opportunities for giving information and expressing opinions in the classroom (Yager & O'Dea, 2005). The combination of these factors may have a significant impact on the success of prevention initiatives, and the ability to teach about nutrition and weight control in a safe and effective manner.

Overview of safe and successful activities and approaches

Although there are many potential pitfalls when teaching about eating disorders, it is required of teachers in the school curriculum. In order to cover this aspect of the syllabus in a safe and effective way, the first priority is to ensure that we 'Do No Harm' (O'Dea, 2000). It is then suggested that teachers focus on improving self esteem and body image, and dispel myths associated with weight control and eating disorders, rather than teaching about the symptoms and behaviours associated with eating disorders, or using media reports or recovered peers.

At a classroom level, the following are suggested:

- Presenting a continuum of disordered eating, emphasising the severity of eating disorders as serious psychological disorders
- Presenting information on, and critical analysis of fad diets
- Dispelling myths associated with weight loss and eating disorders
- Improving self esteem
(O'Dea, 2000; O'Dea, 2005).

At a whole-school level, a Health Promoting Schools approach is suggested:

- Educating teachers, parents, students and staff about prevention strategies
- Providing opportunities throughout the curriculum to promote physical activity, healthy eating and food choices
- Creating an environment in the school that empowers students and accepts diversity of body size, shape and culture
- Ensuring safe and responsive measures in the school to address bullying and teasing
- Working with the community to promote links and further opportunity for physical activity, healthy eating and food choices.
(O'Dea & Maloney, 2000).

Conclusion

Given the widespread prevalence of body dissatisfaction, dieting and disordered eating behaviours among adolescent and adult males and females (Anderson, 2002; Kenardy, Brown, & Vogt, 2001; Maloney, McGuire, Daniels, & Specker, 1989), and the known mortality rates and co-morbidity of eating disorders (Herzog et al., 2000) prevention of these disorders is an important, yet elusive public health goal (O'Dea, 2005). Attempts at prevention both at the classroom and whole-school level may be successful as long as certain guidelines are upheld. These include not teaching about eating disorders directly, and not using media reports or recovered peers, while working to improve self-esteem and

acceptance of diversity as well as dispelling myths associated with weight loss and eating disorders. If all teachers and school staff understand and carry out these activities, young people may be better able to develop a positive body image, high self-esteem and a healthy body.

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