

Intervening on the Front Lines:

Seeing Past the Diet Mentality and Cultural Norms in Adolescents



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Objectives

- Explore the diet culture and weight stigma
- Discuss common eating disorder myths
- Identify eating disorder signs and symptoms in the adolescent population
- Understand when and how to approach someone struggling with an eating disorder
- Ideas for next steps in Middle and High Schools

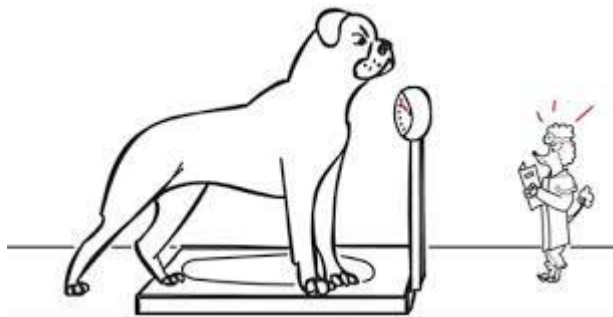
Diet Mentality

- Mindset that affects eating, food choices, exercise, physical activity, weight, and body image.

Diet Mentality	Non-diet Mentality
Do I deserve it?	Am I hungry?
I feel guilty when I eat/ have certain foods	Will I be deprived if I don't eat it?
I suppress or ignore hunger	I use physical hunger and satiety cues to determine when and how much to eat
I feel guilty if I miss an exercise day	Physical activity is not necessarily connected to a change of body weight, shape, or size
I focus on calories burned in activity	I focus primarily on how activity makes me feel; the energizing and stress relieving factors
How do I look? What do others think of my weight?	My body will seek its natural, healthy weight as I recognize and respond to inner body cues

Diet Culture

- Health defined by weight (weight bias)
 - Thin= Good/Healthy
 - Fat= Bad/Unhealthy
 - Food choices have become a moral issues



- <https://www.youtube.com/watch?v=H89QQfXtc-k>

Diet Culture

- 60% of teen girls report feeling fat despite being normal weight
- 80% of 10-year-old girls have been on a diet
- 40-60% of elementary school girls are concerned with their weight
- 33% of adolescent males use unhealthy weight control behaviors
- 45% of girls who are smoking cigarettes are smoking as a form of weight control
- Pre-teen girls report that they are more afraid of fat than cancer

www.nationaleatingdisorders.org



Media-Ideal

- Viewers accept media portrayals as representation of reality.
- Media portrays images of women who are:
 - Thinner than past media images
 - Thinner than the actual female population
- **Average adolescent spends 7.5 hours online per day**
- **33-50% of time with mass media**
- Internet exposure and time spend on social networking sites have been significantly associate with internalization of the thin ideal, body surveillance, and drive for thinness.
- <https://www.robertcrown.org/>



Media-Ideal Consequences

- Unhealthy weight control behaviors
- Increase dieting
- Increase purchasing of magazines
- Decrease self-esteem



Cultural Norms in Schools

- To hear and learn about diets in the school setting
- Be told how to eat or change body for health
- Common to:
 - “watch my diet”
 - Skip food groups
 - Have “intolerances”
 - Feel good for eating “clean foods”
 - Talk about food as good vs bad
 - Feel uncomfortable eating in public

Health Class Learning Standards

- Creates a plan to improve performance based on nutritional practices
- Shows relationship between caloric intake and physical activity. Example: Uses a pedometer to view caloric expenditure after physical activity and compares calories on a nutrition label of a favorite drink.
- Develops a personal/individual caloric needs assessment based on activity levels, age, and specific health requirements in a balanced health and fitness plan, including diet, sleep, and nutritional habits.

Health Class Learning Standards

- Analyzes healthy and unhealthy eating patterns
- Analyzes how healthy eating patterns throughout life can reduce the risk of heart disease and high cholesterol, cancer, osteoporosis, and other health conditions.

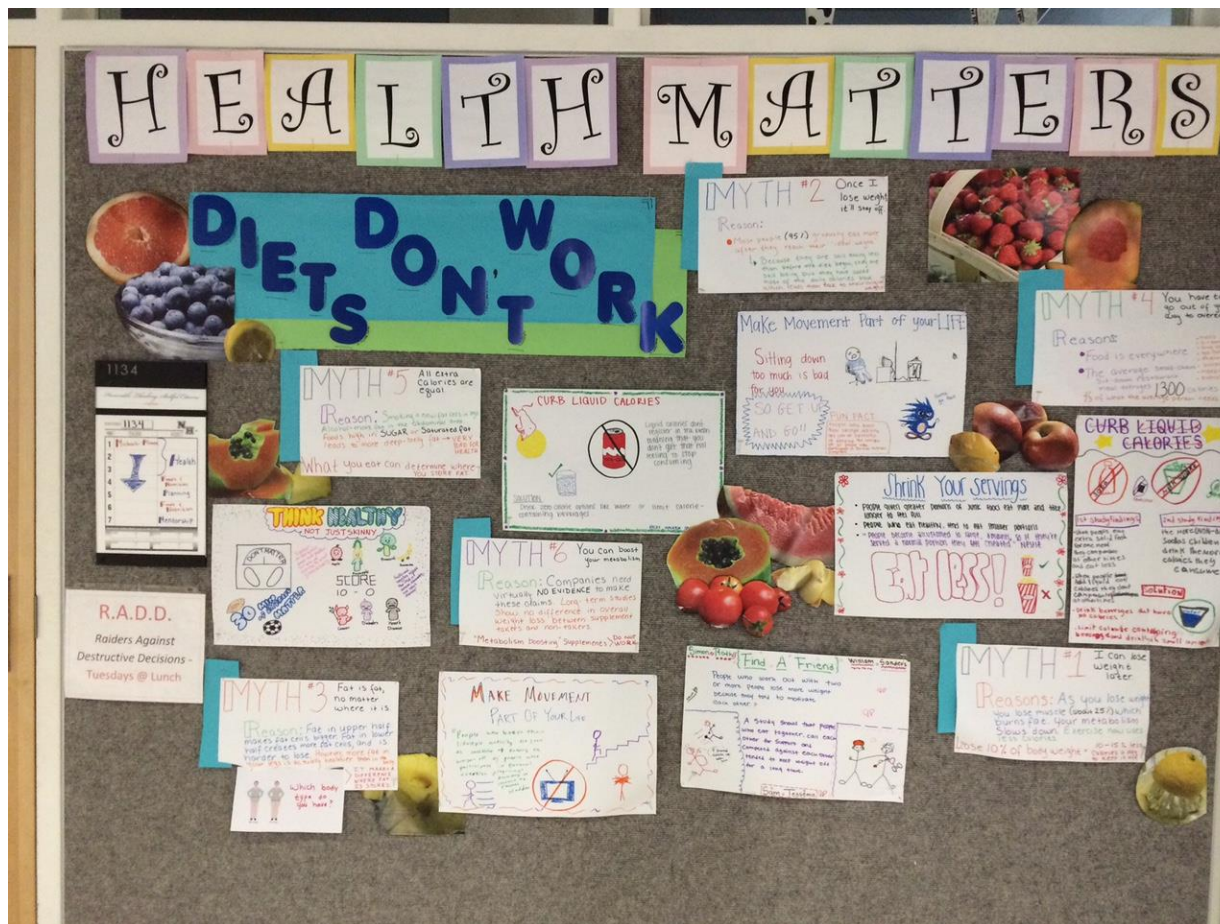
<http://www.k12.wa.us/healthfitness/Standards.aspx>



In the Classroom

- Documentaries
 - *Forks Over Knives*
 - *Food Inc.*
 - *Fed Up*
 - *Super Size Me*
- Books
 - *Sugar Nation*
 - *Good Calories vs Bad Calories*
- Teachers own bias

Teacher Bias



Social Factors Contribute to Dieting

- Bullying
- Depressive symptoms (may be gender specific)
- Suicide ideation/attempts (higher prevalence in males)
- Weight perceptions
- Substance abuse

Liechty, 2010, Neumark-Sztainer et al., 2006

Did You Know...

- Young people who diet are six times more likely to develop an eating disorder; those who are severe dieters have an 18-fold risk
- Approximately 50% of people in the U.S. either know someone with an ED or have been personally affected by one
- Approximately a half million teens (ages 13-18) struggle with eating disorders or disordered eating
- ***Anorexia Nervosa has the highest mortality rate of any other psychiatric illness***
- Between 5-20% of those struggling with anorexia will die from the disorder

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Social Factors That Can Contribute to EDs

- Cultural pressures that glorify “thinness” or muscularity and place value on obtaining the “perfect body”
- Narrow definitions of beauty that include only women and men of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths
- Stress related to racial, ethnic, size/weight-related or other forms of discrimination or prejudice
- <https://www.youtube.com/watch?v=VhCzRr9EwBk>

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5 Eating Disorder Myths

- 1) EDs are a choice
- 2) You can tell someone has an ED simply by looking at them
- 3) Families are to blame
- 4) EDs are a female thing
- 5) EDs in adolescents are a phase and a way to seek attention

Myth 1: Eating Disorders are a Choice

Truth: EDs are complicated Biopsychosocial Disorders – no one chooses to have an eating disorder!

DNA Loads the Gun – Life Pulls the Trigger

Predisposing Biological Factors


- Family history of eating disorders or chemical dependency: genetic contributions as high as 40%
- American Psychological Association: *A Genetic Link to Anorexia* , DeAngelis March 2002, Vol 33, No. 3:
<http://www.apa.org/monitor/mar02/genetic.aspx>
- Individuals with a mother or sister who had suffered from Anorexia Nervosa are:
 - 12 times more likely to develop Anorexia Nervosa
 - 4 times more likely to develop Bulimia Nervosa
- Anxiety, depression or other mood disorder

Predisposing Psychological Factors

- Anxiety or mood disorder
- Obsessive Compulsive personality
- Highly sensitive (emotionally)
- Poor distress tolerance skills
- Perfectionistic temperament
- People pleaser

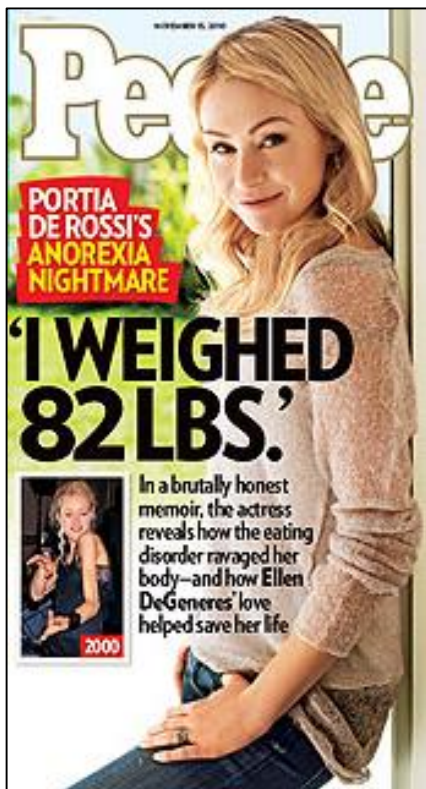
Predisposing Sociological Factors

- Family history of severe dieting/exercise
- Family constellation—enmeshed or disengaged
- Go fast, highly competitive academic/social environment
- High risk sports (wrestling, gymnastics, football, swimming, track)
- Dieting culture - unrealistic thin ideals promoted
- Social media & pro-ana websites (blogs, chat rooms, facebook, tumblr, twitter - it's everywhere!)

 **Myth 2:** You can tell someone has an eating disorder by looking at them

Truth: Eating Disorders appear in all body shapes and sizes.

Anorexia Nervosa



- Restriction of energy intake relative to requirements
- Intense fear of gaining weight
- Distorted body image
- Extreme Focus on shape/weight
- Denial of seriousness of illness
- Age at onset typically between 12-25

Prognosis of anorexia nervosa

- Mean duration of illness to recovery: 7 years
- 50% completely recover
- 30% partially recover
- 20% remain severely ill

Hoek 2006, Keel 2010, Arcelus 2011

Possible Medical Complications in AN

- Amenorrhea
- Abnormally slow and/or irregular heartbeat
- Low blood pressure
- Anemia
- Poor circulation in hands and feet
- Muscle loss and weakness
- Dehydration/kidney failure
- Edema/swelling
- Memory loss/disorientation
- Chronic constipation
- Growth of lanugo hair
- Bone density loss/Osteoporosis
- GI issues (delayed gastric emptying)

■ Temperament in Anorexia Nervosa



- Harm avoidant
- Neurotic/need to control
- Obsessional
- Anxious
- Reward dependent
- Perfectionistic
- Low novelty seeking
- Very Low self-esteem (though they may seem confident)

Bulimia Nervosa (BN)



- Recurrent binge-eating
 - Unusually large amount of food in a short amount of time, AND feeling lack of control.
- Compensatory behavior
 - Vomiting
 - Laxative abuse
 - Excessive exercise
 - Fasting
- Extreme focus on shape/weight

Possible Medical Complications of BN

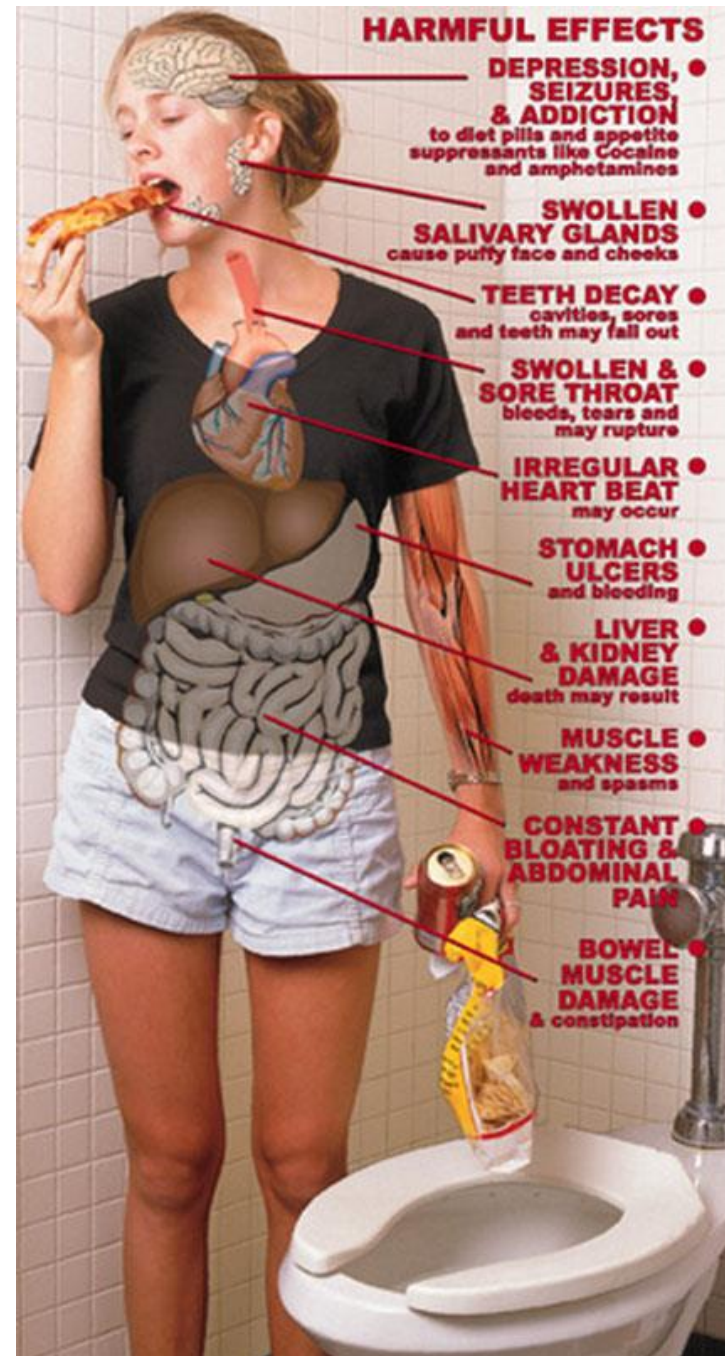
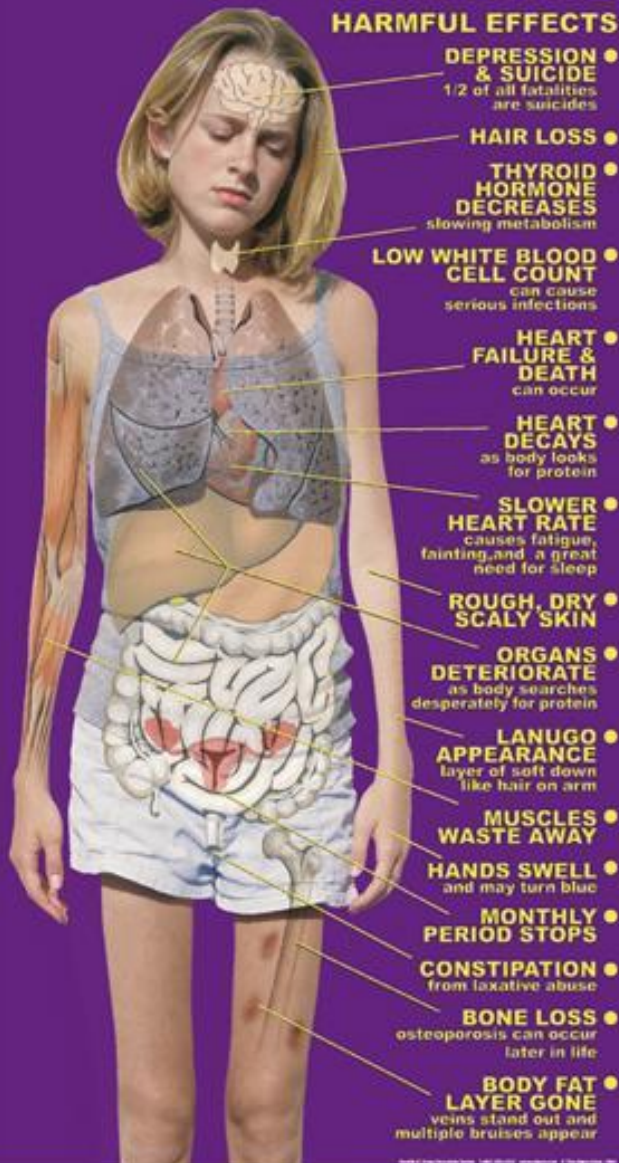
- Electrolyte imbalances (can lead to irregular heartbeat and seizures)
- Edema/swelling
- Dehydration
- Vitamin and mineral deficiencies
- Gastrointestinal problems
- Chronic irregular bowel movements and constipation
- Inflammation and possible rupture of the esophagus
- Tears in the lining of the stomach
- Chronic kidney problems/failure
- Tooth decay

ANOREXIA

Are you at risk?

WARNING SIGNS

- Intense Fear Of Fatness
- Dramatic Weight Loss
- False Body Perception
Do You See Yourself As Fat When You Are Wasting Away?
- Rigid Dieting And Excessive Exercise
- Feeling Of Panic After A Small Weight Gain
- Relentless Pursuit Of Thinness
- Perfectionist And Rigid Control Of Lifestyle
- Monthly Periods Stops



■ Temperament in Bulimia Nervosa



- Harm Avoidant
- Obsessional
- Perfectionistic
- Depressed and anxious
- Low self-esteem
- Higher novelty seeking
- Impulsive
- Affective dysregulation

Binge Eating Disorder

- Recurrent binge-eating unusually large amount of food in a short amount of time
- Feeling out of control
- Marked distress
- No Compensatory behavior
- Can be of average or heavier than average weight



Possible Medical Complications of BED

- Type II Diabetes
- Osteoarthritis
- Lipid abnormalities (Including increased cholesterol)
- Increased blood pressure
- Chronic kidney problems
- Gastrointestinal problems
- Heart disease
- Gallbladder disease
- Joint and muscle pain
- Sleep apnea

■ Temperament in Binge Eating Disorder



- Dependent
- Avoidant
- Depressed
- Low self-esteem
- Passive-aggressive
- Impulsive
- Affective dysregulation
- Black & White/All or nothing thinking

Myth 3: Families are to blame

Truth: Families are often the best allies in treatment

Common Precipitants

Internal or external experience(s) of feeling out of control can include:

- Innocent weight loss via increased exercise (sports) or illness that results in compliments
- Onset of puberty between the ages of 11-14: in four years the average young woman gains 40 pounds with a disproportionate fat ratio
- Body dissatisfaction
- Bullying or teasing by peers or siblings related to weight, size or shape

Common Precipitants

- Abuse: physical, sexual, emotional
- Traumatic events leading to feelings of rejection or failure as perceived by the child/adolescent
- Major life stage transitions: identity formation, individuation
- Family difficulty: severe conflict, separation or divorce, disengagement of a parent/caregiver

Myth 4: Eating Disorders are a “female thing”

Truth: ED's are no longer a “princess disease”

Current statistics show that male eating disorders account for:

- 10% of all cases of Anorexia Nervosa
- 20% of all cases of Bulimia Nervosa
- 40% of all cases of Binge Eating Disorder

Myth 4: Eating Disorders are a “female thing”

- A recent national survey indicated that 41% of men are dissatisfied with their weight
- Adolescent boys who participate in football, track, and wrestling have increased risk factors of developing an eating disorder if biological and psychological predisposition is already in place
- The muscularity of ideal male body representations in the media (even in our favorite cartoon characters!) has increased exponentially since the 1970's, presenting a largely unattainable body type



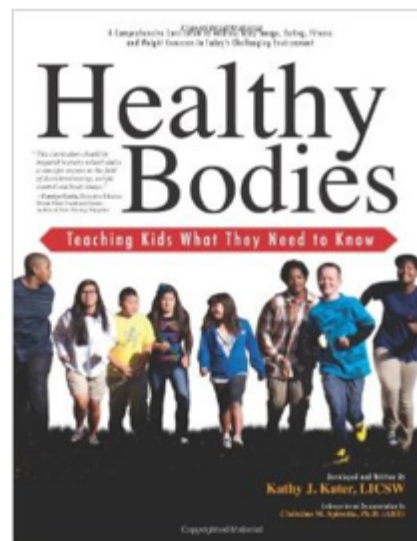
■ **Myth 5:** EDs are a phase and a way to seek attention

Truth: Approximately a half million teens (13-18) struggle with eating disorders or disordered eating

Steps Towards Change

- Identify own bias;
<https://implicit.harvard.edu/implicit/Study?tid=-1>
- Understand the strength of the diet culture
- Organize ED Awareness Day for Students & Parents (PTSA)
- Promote body positivity
- Investigate health class curriculum
- Consider Healthy Body Image Curriculum by Kathy Kater, LICSW

<http://bodyimagehealth.org/healthy-bodies-curriculum/>



Messages for Teachers

- Bullying: Include messages of weight and shape
- Promote health at any size through inclusive physical activity
- Consider your values, beliefs, and choice of language about body weight, shape, and health.
- Each persons body is different and we should accept, respect, and celebrate the differences.
- Role model positive body image and healthy lifestyle
- Teach students understanding of internal cues of hunger and avoid calorie counting, My Fitness pal, or weight charts.
- Discuss puberty and the variety that occurs based on genetics and environmental factors



View Media Critically

- Be a conscious consumer of media
- Be a critical viewer
- Seek out body positive media
- Be an activist
- Talk back to unhelpful messages
- Support those who send positive messages and tell them why
- Avoid supporting those who send negative messages and tell them why
- Take note of how you talk to and about yourself

Alternative Learning Methods

- Theatre can play a preventative role
- Performing in a play offers adolescents a leadership opportunity in which they get to teach, increasing their sense of self-empowerment and ownership of the messages
- Live drama may also be an effective way to engage parents in school-based interventions
- “Teen Spirit” play, performed for parents, and the school community.
- Increased self-esteem, and reduced internalization

School-based Initiatives

- Support by school leaders and the school community
- Reflect the school's vision and values
- Are aligned with the school improvement plan
- Are embedded in the curriculum and learning and teaching practices.

What to Watch For: When to Refer

- Weight loss with inability to re-gain
- Medical instability (dizziness, fainting, chest pain)
- Suicidality/cutting
- Inability to contain purging behaviors
- Physical Signs (cold intolerance, brittle hair & nails, pale/grey skin, scars on knuckles, chronic sore throat, swollen glands (sialadenosis- occurs 3-4 days after cessation)
- Decreased Motivation/falling grades
- Fatigue
- Isolation
- Eating Behaviors

Support Plan for Students

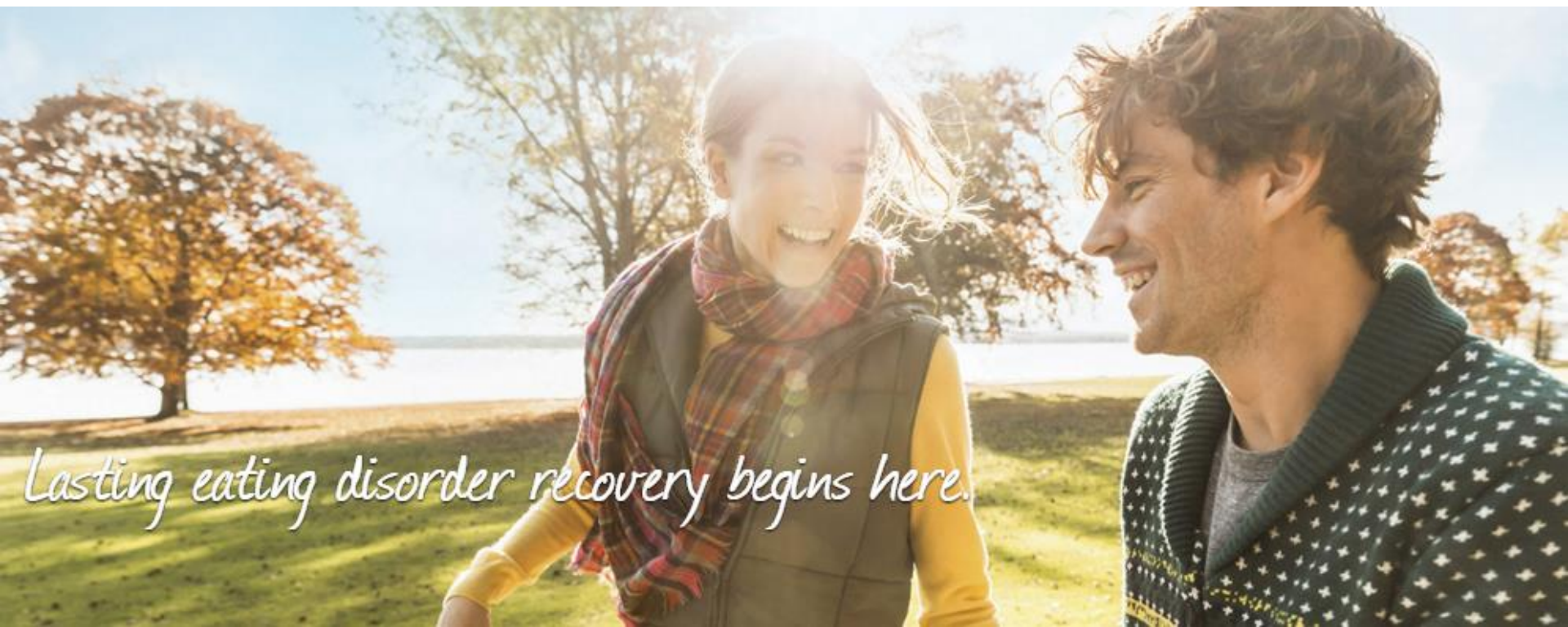
- Approach – don't avoid! (Shame & EDs thrive in silence)
- Express your concerns compassionately
- Be Honest
- LISTEN!
- Refer to an outpatient team
- Agree on support person (parent/other family member)
- Accountability – lunch partner
- Promote a healthy balanced culture at your school

Be the Change

- “Consider the impact you have on the culture around you-
how will you use your power?”

Ellie Herman, MA, LPC, NCC, Eating Recovery Center

■ Questions and Thank You



Online Resources

- **Association For Size Diversity and Health (ASDAH)**
www.sizediversityandhealth.org
- **National Eating Disorders Association (NEDA):** www.nationaleatingdisorders.org
- **Academy for Eating Disorders (AED):** <http://www.aedweb.org/web/index.php>
- **Eating Recovery Center:** www.EatingRecoveryCenter.com/category/resources-eating-disorder-recovery/for-families/
- **International Association of Eating Disorder Professionals (IAEDP):**
www.iaedp.com
- **Eating Disorders Information Gateway:** www.EatingRecoveryCenter.com/EDIG
- **Be Nourished** <http://benourished.org/>
- **Brene Brown** <http://brenebrown.com/>
- **The Body Positive** <http://thebodypositive.org/>
- **The Body Project Collaborative** <http://www.bodyprojectcollaborative.com/>
- **Robert Crown Center** <https://www.robertcrown.org/>
- **Kathleen Kater** <http://bodyimagehealth.org/healthy-bodies-curriculum/>
- **Safe School Hub Activity** <http://safeschoolshub.edu.au/>

