

# Promoting Positive Body Image in Schools:

An eating disorder resource handbook for K-8 educators



**The Emily Program**  
FOUNDATION

Prepared January 2013

All material contained in this booklet is intended for educational purposes only and should not be used or reproduced for commercial purposes.



# Contents

4 Introduction

## Background Information (5)

6 Understanding Eating Disorders

8 Eating Disorder Signs and Symptoms in School

9 Helping Someone Who May be Struggling

10 Communicating Concern to a Student or Family Member

12 School Strategies to Combat Eating Disorders

13 Disordered Eating Interferes with Learning

14 Facts about Weight-Related Bullying

16 Everyday Prevention in the Classroom

17 Common Myths

20 Frequently Asked Questions

23 Glossary

## Additional Resources (26)

## References (30)

**Acknowledgements:** Thanks to all of those who took part in compiling this resource. Some of those individuals include:

Sarah Hauss, Violetta Babaeva, Megan DeRamus, Hannah Miller, Becca Phillips, Jamie Schwartz, Kristina DeMuth, Kaila Eberhardt, Melissa Ireland, Rachael Pearce, Anne Savat, Corissa Ranum, Nora Simonson, Michelle Rosas, LeeAnn Berkholtz, Bettine Hermanson, Billie Gray, Hallie Espel, Britt Ahlstrom, and many teachers from the St. Paul school district who provided feedback

“I heard my aunt tell my mom that I have the Anderson body. I really hate my legs because I know they are like my mother’s and she has big thighs. A couple of times my mom stayed home because she said she looked so fat, and she went in her room and cried. I feel like my legs are really big and fat, and I have to eat as little as possible to keep them from growing.”

*Nine-year-old girl, five feet tall, weighing 71 pounds,  
diagnosed with anorexia<sup>1</sup>*

# Introduction

We live in a world where image is often valued over substance. For some kids, “how I look” is more important than “who I am.”

In the past, eating disorder prevention efforts have focused on older adolescents. Recently, a disturbing number of cases involving disordered eating have been appearing in children as young as 7 or 8 years old.<sup>2</sup> Dieting, weight concerns, and body dissatisfaction are becoming more prevalent in younger children. In fact, 40% of elementary school-aged girls reported that they have tried to lose weight through dieting.<sup>3</sup> Restrictive dieting at this age can be extremely detrimental to the growth and development of the child.

Eating disorder prevention efforts must target younger age groups. Stress, anxiety, and bullying surrounding body types are present in all age groups and levels of schooling. At a time when children should feel secure about the growth and development of their bodies, most worry about their size and weight. By addressing these issues early and teaching students to accept that bodies come in all shapes and sizes, we can take a step towards preventing eating disorders and promoting the well-being of all students.

We hope you are able to use this handbook as a tool when approaching the topics of positive body image, nutrition, and eating disorders with your students. We appreciate your interest and support in the effort to help children and teens who are struggling with eating disorders.

Questions?

Contact:

The Emily Program Foundation

651-379-6134

[info@emilyprogramfoundation.org](mailto:info@emilyprogramfoundation.org)

[emilyprogramfoundation.org](http://emilyprogramfoundation.org)

# Background Information

# Understanding Eating Disorders

Eating disorders (EDs) are a complex and life threatening disorder that is characterized by an emotional and behavioral relationship with food, weight, and/or body image that impacts a person's life in a negative way. A combination of genes, mental cognitions, psychological factors, personality, life events, and physiological experiences all contribute to the complexity of an eating disorder.<sup>4</sup> Life for an individual with an eating disorder becomes revolved around weight, shape, and food, which is driven by a need for control and/or an over evaluation of weight and shape.<sup>5</sup>

Over 11 million people in the United States suffer from an eating disorder, and over 10-15% of those that suffer from eating disorders are males.<sup>6</sup> It is estimated that one in ten cases of eating disorders occur in the male population. However, males are less likely to seek treatment or be recognized as having an eating disorder due to the stigma and stereotypes that surround eating disorders.<sup>7</sup> While eating disorders remain one of the deadliest mental disorders, they are treatable and curable mental and physical illnesses.

Students with eating disorders are often preoccupied with weight, food, and their personal body image.

A student may develop disordered eating habits as a way to create or regain a feeling of control when everything else seems out of control.

*Contributing factors to the development of EDs:*

- Genetics
- Family relationships
- Stressful life events
- Bullying
- Cultural pressure to be thin
- Individual thinking process<sup>8</sup>

*Disordered eating behaviors include:*

- Skipping meals
- Cutting out entire food groups, or labeling foods as “good” and “bad”
- Self-induced vomiting
- Taking laxatives, diuretics, water pills, or diet pills<sup>9</sup>

## Types of Eating Disorders

### **Anorexia Nervosa (AN)**

“The inability to maintain body weight at or above the minimum of the normal weight range for height and body build.”<sup>10</sup> Individuals usually have an intense fear of gaining weight or being “fat.”

### **Bulimia Nervosa (BN)**

“People with bulimia go through behavior cycles marked by binge eating followed by purging through self-induced vomiting, excessive exercise, or use of laxatives... [They] tend to be average weight to overweight, because of their episodes of intense eating.”<sup>11</sup>

### **Binge Eating Disorder (BED)**

The most common eating disorder, characterized by frequent episodes of binge eating. Binge eating is defined as eating a large amount of food in a short period of time, and a sense of loss of control over eating. “These periods of overeating, often six months or longer, are followed by feelings of guilt and shame.”<sup>12</sup>

### **Eating Disorder-Not Otherwise Specified (ED-NOS)**

Defined as “some combination of the signs and symptoms of anorexia, bulimia, and/or binge eating disorder.”<sup>13</sup>

“Girls or boys who are self-conscious about their weight and shape, engage in restrictive dieting or excessive exercise, or think of their goals in terms of pounds or fashion models are less interested in and less able to participate in learning.”

*Michael Levine, PhD, Professor,  
Department of Psychology, Kenyon College<sup>14</sup>*

# Eating Disorder Signs and Symptoms in School

Below are common signs and symptoms of eating disorders, described by the National Eating Disorders Association, which can have many physical consequences.<sup>15</sup> It may be difficult to see that a student is exhibiting these signs and symptoms. And, students who exhibit the signs and symptoms outlined in this section do not necessarily have an eating disorder. If you are concerned about a student, know the policies that are in place at your school for dealing with these situations. Get other staff involved (cafeteria staff, nurses, etc.) to compare notes about what you are seeing and to decide the best course of action. Communicating with the individual you are concerned about is important. Consider consulting with an expert.

Emotional	Behavioral	Physical
<ul style="list-style-type: none"><li>• Appears sad, depressed, anxious, or easily irritated</li><li>• Change in academic performance</li><li>• Talks about dieting or weight loss</li><li>• Is the target of body or weight-related bullying</li><li>• Is obsessed with maintaining a low body weight in order to perform better in sports, acting, or modeling</li><li>• Expresses concerns about body image or a fear of weight gain</li><li>• Shows feelings of low self-esteem through changes in body language, clothing, or social relations</li><li>• Withdraws from others, even declining or avoiding invitations from friends</li><li>• Is stubborn and inflexible when faced with changes to routines</li></ul>	<ul style="list-style-type: none"><li>• Diets excessively</li><li>• Skips meals, throws food away, or pretends to eat</li><li>• Exercises excessively</li><li>• Goes to the restroom frequently</li><li>• Wears baggy clothing to hide physical appearance</li><li>• Gets dizzy</li><li>• Avoids school cafeteria or social events that involve food</li><li>• Hoards or hides food</li><li>• Eats food alone or secretly</li></ul>	<ul style="list-style-type: none"><li>• Sudden weight gain, loss, or fluctuation in a short period of time</li><li>• Abdominal pain, cramps, or tremors</li><li>• Bloodshot eyes or broken blood vessels under the eyes</li><li>• Dry or discolored skin (yellow or gray)</li><li>• Cold hands and bluish fingernails</li><li>• Fine hair on face or body hair (lanugo hair)</li><li>• Feels full or “bloating”</li><li>• Feels faint, weak, or tired</li><li>• Often complains of feeling cold</li><li>• Unexplained cavities or discoloration of teeth</li><li>• “Chipmunk cheeks” - swelling of the face and salivary glands</li></ul>



# Helping Someone Who May be Struggling

**Know the signs.** Remember that eating disorders are often difficult to detect. Any concern you may have about a person is important to address no matter how small it seems. An in-depth list of the emotional, physical, and behavioral signs of an eating disorder can be found on page 8 of this handbook.

**Start the conversation.** If you suspect someone is struggling with disordered eating behaviors, ask if it is okay to discuss his/her habits. For example, “I’m concerned about you and wondering if you might be struggling with food. Is this something we could discuss?”

**Ask more questions.** These 6 assessment questions can help assess the situation.<sup>16</sup>

- Do you feel like you sometimes lose or have lost control over how you eat?
- Do you ever make yourself sick because you feel uncomfortably full?
- Do you believe yourself to be fat, even when others say you are too thin?
- Does food or thoughts about food dominate your life?
- Do thoughts about changing your body or weight dominate your life?
- Have others become worried about your weight and/or eating?

**Give feedback.** In this informal survey, 2 or more “yes” answers strongly indicate the presence of disordered eating.

**Listen and be patient.** Talking about eating disorders with someone who is struggling can be difficult. Keep in mind that an individual may not respond to your concerns the way you expect at first, but that does not mean you should give up. Let the person know you are available to listen whenever they are ready to talk.

## Other Tips.

- Respect privacy
- Speak in private and allow time for an uninterrupted conversation
- State your concerns in a calm yet direct manner
- Focus on health and function rather than weight, body image, or morality
- Be specific citing days/times, situations, and behaviors
- Listen openly and be compassionate and non-judgmental
- Ask if he/she is willing to discuss these concerns with a professional
- Emphasize that recovery is possible
- Be supportive and follow-up<sup>17</sup>

**Refer as needed.** Discuss options to address difficulties with food, body image, weight, and eating. Your school nurse may know of assessment and treatment resources in your local community.

# Communicating Concern to the Student or a Family Member

It is important to understand that eating disorders are serious mental illnesses that require specialized treatment. Most school personnel do not have the skills to deal with the underlying emotional turmoil that often accompanies eating and exercise problems. If you are concerned something may be wrong, discuss with an advisor the best course of action when approaching the student or student's caregiver(s).

1. Tell the student that you care about him or her.
2. In a direct and nonjudgmental way, list your specific reasons for concern.
3. Let the student talk without interruption or judgment.
4. State your belief that the student should talk to someone who has special expertise in eating behaviors.

According to BodyWise, “Your goal is to communicate to the student that you care and to refer her or him to a health care provider knowledgeable about eating disorders.”<sup>18</sup>

There is a chance that the student or family member will react negatively to the suggestion that disordered eating is suspected. In many situations, denial is the first response of students with eating disorders. It is recommended that teachers keep clear, concise notes of any incidents that have led them to suspect that the student has a problem. The notes should be clear and focus on specific observed behaviors.<sup>19</sup>

Provide the family members with additional information on eating disorders. Prepare a list of resources that includes contact information for eating disorder specialists so the student and family can get an opinion from an expert. Remember, it is not your job to diagnose a student. Emphasize that only an expert can determine whether or not there is a problem.

"I compared myself to others and to the commercials on losing weight. And my mom and my friends' moms are always talking about dieting. Then one day this boy and I were kidding around and he said, 'You're fat.' That did it. I just stopped eating and I weighed myself all the time. This went on through fourth and fifth grades."

*Katie was in third grade when she developed an eating disorder.*

*The summer before sixth grade she was put in the hospital.<sup>20</sup>*

# School strategies to combat eating disorders <sup>21</sup>

1. Develop a program where teachers, administrators, and staff can address any non-academic concerns that they may have about a student.
2. When incorporating anti-harassment and anti-discrimination policies, make sure to add in provisions about physical appearance and body shape. Have clear consequences for bullying. Start support groups around body image.
3. Ensure students of all sizes are encouraged to participate in school activities such as band, athletics, clubs, etc.
4. Create referral guidelines for students suspected of having an eating disorder.
5. Teach students that all types of foods fit into a healthy diet when eaten in moderation, including sweets and fast food. Offer a variety of food choices and give adequate time to eat. Teach students about the potential negative impacts of dieting, and that diets simply *don't work*.
6. When concerned about the well-being of a student, appoint a teacher to play the role of "check-in." This can be done informally and doesn't need to last more than ten minutes. Briefly talk with the student to see how they are doing (any conversations should always be in accordance with confidentiality, laws, and school protocol).
7. Consider offering a community outreach program on eating disorders to increase awareness, particularly to parents.
8. Plan time at faculty meetings to discuss eating disorders. Go over topics like healthy body image, nutrition, signs and symptoms of eating disorders, etc.
9. Create a policy that prohibits weighing students publicly or in close proximity to fellow students. When kids do need to be weighed (by nurses) be aware of the language and facial expressions that you use (it's just a number).
10. Check that all posters, books, and materials include a variety of body shapes, sizes, and racial groups.
11. Know what professional resources are available for students and families.

## Assisting a student with an eating disorder

- Be supportive and listen carefully. The student needs to feel understood. He or she does not need a lecture.
- Be mindful of the confidentiality of the situation around the other students.
- If the student shares a personal problem, be aware of the setting where this occurs. If others are around, tell the student you would like to follow up on the topic later.
- Avoid making any comment about the appearance of the student. Even comments like "You don't look fat to me," can heighten the student's focus on body image.

**According to the National Eating Disorders Association, research on eating disorders found that malnutrition:**

- has a negative impact on student behavior and school performance
- causes irritability, decreased ability to concentrate, headaches, and lack of energy
- makes students with disordered eating behaviors less able to perform tasks as well as their nourished peers
- leads to deficiencies in specific nutrients, affecting students' memory and ability to concentrate
- can make students become less active and more withdrawn
- results in increased absenteeism<sup>22</sup>

Disordered eating  
interferes with learning.

Research done by Tufts University School of Nutrition Science and Policy reports that "under-nutrition during any period of childhood can have detrimental effects on the cognitive development of children."<sup>23</sup>

41%

of students identified being overweight as the primary reason that students are bullied.

84%

of students witnessed overweight students being called names and getting teased in a mean way, especially during physical activity, such as gym class.

## Weight-related bullying has serious consequences.

A study from the Yale Rudd Center for Food Policy & Obesity surveyed over 1500 high school students. The students were asked about their perceptions of teasing and bullying at school.<sup>24</sup>

66%

of students observed their overweight peers as being ignored, avoided, and excluded from social activities; having negative rumors spread about them; and being teased in the cafeteria.

50%

of students surveyed remained passive bystanders in these situations.

“You won’t believe this, but in my school, how you look is everything. If I don’t lose 10 pounds by next fall, I might as well not even go to high school.”

*Beautiful and slim-by-any-standard eighth-grade girl*<sup>25</sup>

# Everyday Prevention in the Classroom

## How Teachers Can Create an Environment to Support Student Wellness and Prevent Disordered Eating<sup>26</sup>

Eating disorder prevention can happen on an ongoing basis, even if you cannot devote extended classroom hours to eating disorder specific curriculum. Here are some easy ways to incorporate prevention in your everyday interactions with students.

**Discourage dieting.** Adopt the NEDA slogan, "Don't Weigh Your Self-Esteem - It's What's Inside That Counts."

**Be a role model.** If students overhear their teachers criticizing their own bodies or observe them adhering to the newest fad diet, it reinforces this behavior in the students. Encourage faculty to explore their thoughts about their own bodies and behaviors surrounding food and exercise.

**Practice what you preach.** Create a supportive environment by eating well-balanced meals. When you hear teachers talking about "being fat" or going on diets, challenge them. The same goes for kids. Whenever students begin talking negatively about their bodies or about restricting their food intake to lose weight, respond immediately and stress that their bodies need fuel several times daily to be able to think, grow, and be healthy. Remember, internal - not external - beauty is important.

**Find out what kids are eating.** Encourage the school food service to provide a broad range of meal options. Help students learn to trust their bodies, their hunger, and their ability to self-regulate.

**Encourage healthy exercise.** Help your school develop physical education programs for all students to enjoy, keeping in mind that students will be more excited about exercise in a safe and accepting atmosphere.

**Teach respect.** Establish a zero tolerance stance on teasing, taunting, and negative talk about children's bodies in schools. Treat derogatory behavior the same way you would racial or sexual harassment.

**Teach media literacy.** Media literate students are more critical consumers because they know that every image, commercial, and television show has a message, constructed by an individual or group with a particular agenda or point of view. Create experiential lessons, such as photo shoots and ensuing touch-ups, visiting ad agencies, or developing news shows. When looking at media, use a variety to emphasize differences in agendas.

**Speak up for size acceptance.** Survey your school for "weightism" and do something about it. For example, if physical education teachers practice routine body fat testing, explain why that may be unhelpful to students. You might need to take your issue to the administration, in which case you would also want to forward letter copies to local newspapers, and/or radio stations.



# Myths Debunked <sup>27</sup>

## **Myth: Eating disorders are rare.**

Eating disorders are common. More than 11 million people have eating disorders in the United States.

## **Myth: Eating disorders are a choice.**

A number of factors lead to the development of an eating disorder. It is not a choice, but a serious mental illness with biological and psychological causes.

## **Myth: Eating disorders occur only in females.**

Eating disorders are typically seen as a problem that affects only girls. However, this is not the case. One in four preadolescent cases of anorexia have been found to occur in boys. In addition, eating disorders affect people of all ethnic backgrounds.

## **Myth: Anorexia Nervosa is the only serious eating disorder.**

All eating disorders have significant health consequences with the potential to be life threatening. Bulimia causes an electrolyte imbalance which can be extremely detrimental to health, and binge-eating disorder can lead to cardiovascular disease and high blood pressure.

## **Myth: A person cannot die from Bulimia Nervosa.**

Bulimia is a very serious illness that should not be taken lightly. It causes an electrolyte imbalance which leads to irregular heartbeat and sometimes heart failure.

## **Myth: A person with Anorexia Nervosa never eats at all.**

It is very rare that someone suffering from anorexia cuts out food completely. If someone does, it would result in death in weeks. Eating patterns vary among individuals. Examples of eating behaviors adopted by those suffering from anorexia include cutting out food groups, eating smaller portions, eating in ritualistic ways or eating unusual food combinations.

## **Myth: You can tell if a person has an eating disorder simply by looking at them.**

Eating disorders are not simply about being underweight and come in a variety of shapes and sizes. People need to be aware of other behavioral warning signs that indicate someone may have an eating disorder.

## Myths Debunked (Continued)

### **Myth: Eating disorders are caused by unhealthy and unrealistic images in the media.**

Eating disorders are complex illnesses that go beyond appearance. Images in the media can act as a trigger but are rarely the sole cause. Eating disorders are the result of cultural, biological, and emotional factors.

### **Myth: Throwing up is the only form of “purging”.**

Purging means removing the contents of one’s stomach, and vomiting is not the only method people are using to do this. Other methods individuals have used include enemas, laxatives, excessive exercise, and insulin abuse.

### **Myth: Purging will help someone to lose weight.**

Purging is not an effective method to lose weight which explains why people who have bulimia often appear to be at a normal weight. After self-induced vomiting, about half of the food consumed remains in the body.

### **Myth: Kids under age 15 are too young to have an eating disorder.**

Children and teenagers are just as aware of image as adults. In a recent study of children ages 8 to 10, half of the girls surveyed were dissatisfied with their size. Eating disorders have been diagnosed in children as young as 7 and 8 years old.

### **Myth: You can’t suffer from more than one eating disorder.**

It is possible for people to suffer from more than one eating disorder. People often go back and forth between the use of different symptoms, and they may also receive different diagnoses throughout the course of the illness.

### **Myth: Achieving a normal weight means the eating disorder is cured.**

Reaching a normal weight is important for the health of the individual but does not signify the illness has been cured.

Like many illnesses and conditions, eating disorders are associated with an unsettling number of misconceptions. They are stigmatized and misunderstood in our society. Working to dispel these common myths is an important step in getting people the help they need. One of the best ways to spread awareness is to use accurate information.

"I think I started having a problem when I was 12. I became very worried about my weight and my body. I had put on a bit of weight and was very upset when a boy in my class called me fat... I ate less, lost masses of weight, but still believed that I was fat... I stopped seeing most of my friends, and spent more and more time thinking about food and my body."

*Annabelle, aged 16<sup>28</sup>*

# Frequently Asked Questions <sup>29</sup>

## **A group of students is dieting together. Should parents and teachers be concerned?**

Studies often indicate that dieting can be a risk factor for the development of disordered eating habits and eating disorders. While dieting may not be the only cause of the disorder, the preoccupation with weight and food that comes with dieting is not healthy. Seeing someone struggle with issues can cause others to question how they feel about their bodies and health, so it is important to take action when you observe students dieting together. Talk with your class about proper nutrition and positive body image. If you see the situation escalate or persist, consult with a guidance counselor or social worker at school to see what steps you should take.

## **I'm noticing some changes in weight, eating habits, exercise, etc., with a student, but I'm not sure if it's an eating disorder. How can I tell?**

You cannot tell if someone has an eating disorder simply by appearance alone, and as someone who is not a physician, you cannot make a diagnosis. If you suspect a student may have an eating disorder, familiarize yourself with the signs and symptoms and refer to the section about school strategies for assisting students in this handbook (see pages 8, 10, and 12), then to consult with a guidance counselor or social worker to know the appropriate steps to take.

## **What if I say the wrong thing and make it worse?**

It is unlikely that anything you say will make the disorder worse, but it is important to demonstrate to the individual that you are there to be supportive. Before talking to someone, it is valuable to educate yourself on eating disorders. Here are some recommended dos and don'ts when talking to people struggling with an eating disorder.

### Do

- Ask what you can do to help
- Listen thoughtfully
- Let them know you just want what is best for them
- Be honest
- Compliment their personality and accomplishments
- Ask how they are feeling

### Don't

- Accuse or make them feel guilty
- Threaten
- Nag about food
- Center the conversation around food, eating, or appearance
- Offer help you are not qualified to give

## Frequently Asked Questions (Continued)

### **Are the issues different for males with an eating disorder? What do I say?**

The first thing to realize is that males can and do get eating disorders. There are similarities between the genders in how the eating disorder manifests itself, but there are some issues specific to males that are important to consider:

**Stigma:** Eating disorders are often thought of as something only occurring in females, so there may be an added feeling of embarrassment felt by males. When voicing concerns, it may be best to avoid the term “eating disorder,” and focus on the behaviors you have observed and find troubling.

**Focus:** Males may be focused on losing weight but may also emphasize gaining muscle and eliminating all body fat to improve body image.

### **What should be done when rumors are circulating about a student with an eating disorder?**

When rumors are circulating about a student having an eating disorder, it can make that person very uncomfortable. Rumors can be a form of bullying and should be addressed immediately. In some cases, if the student is actually suffering from an eating disorder the situation could worsen. Talk with your students about the negative impacts of gossiping. If you notice that there are particular students who are instigating or perpetuating the rumors, consider working with them privately so that they understand the importance and value of confidentiality.

## Recommended Reading for Teachers and Parents

*I'm, Like, SO Fat!: Helping Your Teen Make Healthy Choices about Eating and Exercise in a Weight-Obsessed World*, by Dianne Neumark-Sztainer, MPH, RD, PhD

This book gives a thorough overview of the pressures that teens face in today's weight-obsessed culture, as well as how parents and teachers can be instrumental in promoting health without dieting.

*100 Questions and Answers About Eating Disorders*, by Carolyn Costin, MA, MEd, MFCC

A quick and straight-forward reference tool for anyone wanting more information about eating disorders and disordered eating at every stage of life.

"Perhaps one of the biggest mistakes that caring, well-meaning people can make when attempting to help someone with an eating disorder is to take a 'wait and see' attitude."

*Barbara Cole, MFT, Psy.D.,  
author of The Eating Disorder Solution<sup>30</sup>*

# Glossary

Common terms associated with eating disorders. All terms and definitions are from the National Eating Disorders Association.<sup>31</sup>

**Alternative Therapy** In the context of treatment for eating disorders, this is any treatment that does not use drugs or conventional treatment models. For example yoga, guided imagery, expressive therapy, acupuncture, and massage therapy are considered alternative therapies.

**Amenorrhea** The absence of at least three consecutive menstrual cycles.

**Ana** Slang for anorexia or anorexic.

**Anorexia Nervosa** A disorder in which individuals refuse to maintain minimally normal body weight, intensely fear gaining weight, and exhibit a significant disturbance in their perception of the shape or size of their bodies.

**Anorexia Athletica** Slang for the use of excessive exercise to lose weight.

**Anxiety** A persistent feeling of dread, apprehension, and impending disaster. Anxiety is a type of mood disorder. There are several types of anxiety disorders including: panic disorder, agoraphobia, obsessive-compulsive disorder, social and specific phobias, and post-traumatic stress disorder.

**Arrhythmia** An alteration in the normal rhythm of the heartbeat. This is a common medical complication of bulimia.

**Art Therapy** A form of expressive therapy that uses visual art to encourage the patient's growth of self-awareness and self-esteem to make attitudinal and behavioral changes.

**B&P** An abbreviation used for binge eating and purging in the context of bulimic behavior.

**Binge Eating** (also Bingeing) Consuming an amount of food that is considered much larger than the amount that most individuals would eat under similar circumstances within a discrete period of time.

**Body Dysmorphic Disorder or Dymorphophobia** A mental condition in which the patient is preoccupied with a real or perceived defect in his/her appearance.

**Body Image** The subjective opinion about one's physical appearance based on self-perception of body size and shape and the reactions of others.

**Body Mass Index (BMI)** A formula used to calculate the ratio of a person's weight to height. BMI is expressed as a number that is used to determine whether an individual's weight is within normal ranges for age and sex on a standardized BMI chart. The U.S. Centers for Disease Control and Prevention Web site offers BMI calculators and standardized BMI charts.

**Bulimia Nervosa** A disorder in which a person binges on food an average of twice weekly in a three-month time period, followed by compensatory behavior aimed at preventing weight gain. This behavior may include excessive exercise, vomiting, or the misuse of laxatives, diuretics, other medications, and enemas.

**Bulimarexia** A slang term used to describe individuals who engage alternately in bulimic behavior and anorexic behavior.

**Cure** The treated condition or disorder is permanently gone, never to return in the individual who received treatment. Not to be confused with "remission." (See Remission.)

## Glossary (continued)...

**Compulsive Overeating (COE)** An eating disorder in which a person continually feels compelled to eat. Similar to Binge Eating Disorder, except the overeating occurs throughout the day, rather than in distinct binge episodes.

**Diabetic Omission of Insulin** A nonpurging method of compensating for excess calorie intake that may be used by a person with diabetes and bulimia. The individual deliberately does not take any insulin.

**Disordered Eating** Term used to describe any atypical eating behavior.

**Eating Disorders Anonymous (EDA)** A fellowship of individuals who share their experiences with each other to try to solve common problems and help each other recover from their eating disorders.

**Eating Disorders Not Otherwise Specified (ED-NOS)** Any disorder of eating that does not meet the criteria for anorexia nervosa or bulimia nervosa.

**Ed** Slang for Eating disorder.

**ED** Acronym for eating disorder.

**Enema** The injection of fluid into the rectum for the purpose of cleansing the bowel. Enemas may be used as a compensatory behavior to purge after a binge eating episode.

**Hematemesis** The vomiting of blood.

**Hypoglycemia** An abnormally low concentration of glucose in the blood.

**Ketosis** A condition characterized by an abnormally elevated concentration of ketones in the body tissues and fluids, which can be caused by starvation. It is a complication of diabetes, starvation, and alcoholism.

**Major Depressive Disorder (MDD)** A condition that is characterized by one or more major depressive episodes that consist of periods of two or more weeks during which a person has either a depressed mood or loss of interest or pleasure in nearly all activities.

**Mia** Slang for bulimia or bulimic.

**Obsessive-Compulsive Disorder (OCD)** Mental disorder in which recurrent thoughts, impulses, or images cause inappropriate anxiety and distress, followed by acts that the sufferer feels compelled to perform to alleviate this anxiety.

**Orthorexia** Type of disordered eating in which a person obsesses about eating only “pure” and healthy food to such an extent that it interferes with the person’s life.

**Overeaters Anonymous (O.A.)** A program of recovery from compulsive overeating using the Twelve Steps to address physical, emotional, and spiritual well-being.

**Purging** To evacuate the contents of the stomach or bowels by any of several means. Purging is used to compensate for excessive food intake. Methods of purging include vomiting, enemas, and excessive exercise.

**Recovery** This term has no universal definition for those recovering from eating disorders. Each individual defines his/her own recovery in a different way. The process is often gradual and can sometimes take years.

**Remission** A period in which the symptoms of a disease are absent. Remission differs from a “cure” in that the disease can return. The term “cure” signifies that the treated condition or disorder is permanently gone, never to return in the individual who received treatment.

**Substance Abuse** Use of a mood or behavior-altering substance in a maladaptive pattern resulting in significant impairment or distress to the user.

**Thinspiration** Slang for photographs, poems, or any other stimulus that influences a person to strive to lose weight.



"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, a 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,  
Conneticut<sup>32</sup>*

# Additional Resources

## **Additional Resources**

### **Websites**

#### **Academy for Eating Disorders (AED)**

A multidisciplinary professional organization that focuses on Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder and related disorders.

[www.aedweb.org](http://www.aedweb.org)

#### **American Dietetic Association**

Includes nutrition resources specifically addressing eating disorders, including an extensive nutrition reading list.

[www.eatright.org](http://www.eatright.org)

#### **Binge Eating Disorder Association**

A national organization that focuses on the prevention, diagnosis, and treatment for Binge Eating Disorder.

[www.bedaonline.com](http://www.bedaonline.com)

#### **Body Image Health**

Provides resources to help individuals build healthy body esteem from the author of NEDA's Healthy Body Image.

[www.bodyimagehealth.org](http://www.bodyimagehealth.org)

#### **Bulimia Nervosa Resource Guide**

Provides information and resources to support those with bulimia nervosa.

[www.bulimiaguide.org](http://www.bulimiaguide.org)

#### **Eating Disorder Expert**

Help and advice on eating disorders including extensive information on signs, symptoms, diagnosis, and treatment.

[www.eatingdisorderexpert.co.uk](http://www.eatingdisorderexpert.co.uk)

#### **GirlsHealth.gov**

Strives to promote healthy, positive behavior in girls between the ages of 10 and 16. It gives reliable, useful information for girls regarding health issues they will face as they mature. The site also provides advice on handling relationships with family and friends at school and at home.

[www.girlshealth.gov](http://www.girlshealth.gov)

#### **In Her Image: Producing Womanhood in America**

An experiential program and curriculum for middle school and above. It encourages groups to reflect upon the influence of media, value tolerance, and build confidence. The program's mission is to initiate discussion and action.

[www.juliabarry.com/inherimage/home.html](http://www.juliabarry.com/inherimage/home.html)

## Websites (Continued)

### **KidsTerrain, Inc.**

Focuses on identifying and managing the challenges affecting parents, teachers, employees, and employers regarding children and families.

[www.kidsterrain.com](http://www.kidsterrain.com)

### **Media Education Foundation**

Produces and distributes educational videos about media, culture, and society for classroom use.

[www.mediaed.org](http://www.mediaed.org)

### **National Eating Disorders Association**

Provides information, resources, advocacy and media campaigns designed to educate the public.

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

### **New Moves**

Physical education program designed to promote positive self-image, healthy eating, and physical activity in adolescent girls.

[www.newmovesonline.com](http://www.newmovesonline.com)

### **Project Look Sharp**

Provides lesson plans, materials, training, and support for the integration of media literacy into classroom curricula at all education levels.

[www.ithaca.edu/looksharp/](http://www.ithaca.edu/looksharp/)

### **Something Fishy**

Provides links and information about eating disorders and body image issues.

[www.something-fishy.org](http://www.something-fishy.org)

## **Educational Videos**

**The following list includes suggested educational video resources available on eating disorders, dieting, and body image**

### ***Behind Closed Doors*. 8 min. LMNO Productions.**

A brief and intense look at the unreal world of fashion photography.

Available from Remuda Ranch: 1-800-445-1900 x 4501

### ***Body Image for Boys*. (2002). 18 min. Films for the Humanities and Sciences.**

Explores some of the issues facing men and boys today as they grapple with media images of the idealized and unattainable male body.

Available at: [www.films.com](http://www.films.com)

## Educational Videos (Continued)

### ***BodyTalk 2: It's a New Language.* (2001). 17 min. The Body Positive. Ages 8-13.**

“Children of diverse backgrounds and sizes talk openly about puberty, teasing, trying to fit in, and the pressure they feel to look a certain way.”

Available at: [www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org)

### ***BodyTalk 3: My Special Body.* (2004). 20 min. The Body Positive. Ages 6- 9.**

“Teaches children that health can come at any size, to eat when they are hungry and stop when they are full, and to move because it feels good.” Children speak about the harm of being teased, tips are provided for coping with these situations, and eating for health and exercising for fun is discussed.

Available at: [www.gurze.com](http://www.gurze.com).

### ***Prevention Puppet Program.* (2001). 57 min., NEDA. Grades K-5**

Utilizes life-size puppets to engage children’s imagination and understanding of important social issues. (Activity and discussion guide included).

Available at: [www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org)

### ***This is Your Life! - Video Kit.* (1999). 54 min. Foodplay Productions. Grades 4-9.**

A fun and thoughtful tool for teaching media literacy and helping adolescents make healthy choices regarding nutrition, fitness, body image, and eating disorders.

Available at: [www.gurze.com](http://www.gurze.com)

### ***What a Girl Wants.* (2001). 33 min. Elizabeth Massie and CHC Productions. Grades 6-9**

An examination of how the media represents girls, as told by girls themselves.

Available at: [www.mediaed.org](http://www.mediaed.org)

## Books

### **Gürze Books**

Gürze Books publishes and distributes a wide variety of book titles dealing with eating and body image issues.

### ***Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!***

Kater, Kathy. *Healthy Body Image: Teaching Kids to Eat and Love Their Bodies Too!*. National Eating Disorders Association. Seattle, WA, 2005.

## References

- <sup>1</sup> “Eating Disorders: BodyWise Handbook.” At Health. Web. 26 Nov. 2011. <<http://www.athealth.com/consumer/disorders/bodyimage.html>>.
- <sup>2</sup> “Your own Healthy Body Image, A Middle School Curriculum to Enhance Body Image.” Web. 5 Dec. 2011. <<http://opi.mt.gov/pdf/health/bodyimagecurr.pdf>>.
- <sup>3</sup> Kater, K. “Healthy Body Image, Teaching Kids to Eat and Love Their Bodies Too!” Web. 6 Dec. 2011. <<http://www.bodyimagehealth.org/resources/PREFACEINTRODUCTION.pdf>>.
- <sup>4</sup> National Association of Anorexia Nervosa and Associated Disorders (ANAD) (2011). <http://www.anad.org>
- <sup>5</sup> Murphy, R., Straebler, S., Cooper, Z., & Fairburn, C. (2010). Cognitive behavior therapy for eating disorders. *The Psychiatric Clinics of North America*, 33, 611- 627.
- <sup>6</sup> National Association of Anorexia Nervosa and Associated Disorders (ANAD) (2011). <http://www.anad.org>
- <sup>7</sup> Ibid.
- <sup>8</sup> Ministry of Education. "Contributing Factors." *Teaching Students with Mental Health Disorders*. Vol. 1. Victoria, BC, 2000. 11-12. Print.
- <sup>9</sup> BodyWise. *Eating Disorders Information for Middle School Personnel*. 3rd ed. Washington, DC: U.S. Department of Health and Human Services, 2005. Print.
- <sup>10</sup> Ibid., 13
- <sup>11</sup> Ibid., 15
- <sup>12</sup> Ibid., 17
- <sup>13</sup> *National Eating Disorders Association*. Web. 1 Dec. 2011. <<http://www.nationaleatingdisorders.org/>>.
- <sup>14</sup> “Eating Disorders: BodyWise Handbook.” At Health.
- <sup>15</sup> *National Eating Disorders Association*.
- <sup>16</sup> Morgan, J.F., F. Reid and J.H. Lacey. The SCOFF questionnaire: assessment of a new screening tool for eating disorders. *BMJ*. 319:1467-1468, Dec 1999.
- <sup>17</sup> National Eating Disorders Association (NEDA). (2008). Educator Toolkit. Retrieved from [http://www.nationaleatingdisorders.org/uploads/file/NEDA-Toolkit-Educators\\_2012.pdf](http://www.nationaleatingdisorders.org/uploads/file/NEDA-Toolkit-Educators_2012.pdf).
- <sup>18</sup> BodyWise. *How to Help a Student*. 3rd ed. Washington, DC: Office on Women’s Health, 2004. Print.
- <sup>19</sup> Ministry of Education. "Identifying and Referring At Risk Students." *Teaching Students with Mental Health Disorders*. Vol. 1. Victoria, BC, 2000. 23-24. Print.
- <sup>20</sup> “Eating Disorders: BodyWise Handbook.” At Health.
- <sup>21</sup> *National Eating Disorders Association*.

- <sup>22</sup> BodyWise. *Eating Disorders Information for Middle School Personnel*.
- <sup>23</sup> Tufts University School of Nutrition Science and Policy. "The Links Between Nutrition and Cognitive Development." Tufts University, 1998. Web. <[http://www.eecom.net/mfsp/projects\\_school\\_links.pdf](http://www.eecom.net/mfsp/projects_school_links.pdf)>.
- <sup>24</sup> Orciari, Megan. "Adolescents Report Weight as Primary Reason for Bullying at School." *YaleNews*. Web. 30 Nov. 2011. <<http://news.yale.edu/2011/11/09/adolescents-report-weight-primary-reason-bullying-school>>.
- <sup>25</sup> Kater, K. "Healthy Body Image, Teaching Kids to Eat and Love Their Bodies Too!" Web. 6 Dec. 2011. <<http://www.bodyimagehealth.org/resources/PREFACE2.pdf>>.
- <sup>26</sup> Maine, M. *Body Wars*, (2000). Gurze Books
- <sup>27</sup> *National Eating Disorders Association*.
- <sup>28</sup> "Annabelle's Story." *Royal College of Psychiatrists*. Web. 2 Dec. 2011. <<http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/eatingdisordersinyoung/annabelsstory.aspx>>.
- <sup>29</sup> *National Eating Disorders Association*.
- <sup>30</sup> "Advice to the Family and Loved Ones of a Woman or Girl with an Eating Disorder." *Eating Disorder Treatment*. CRC Health Group, 2011. Web.
- <sup>31</sup> *National Eating Disorders Association*. Web. 1 Dec. 2011. <<http://www.nationaleatingdisorders.org/>>.
- <sup>32</sup> "Eating Disorders: BodyWise Handbook." At Health.