

UNDERSTANDING ANOREXIA AND BULIMIA

DVD VERSION

UNDERSTANDING ANOREXIA AND BULIMIA

CREDITS

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TEACHER'S RESOURCE BOOK

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UNDERSTANDING ANOREXIA AND BULIMIA

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DVD MENU

MAIN MENU

➤ **PLAY**

➤ **CHAPTER SELECTION**

From here you can access many different paths of the DVD, beginning with the introduction and ending with the credits.

1. Introduction
2. What is Anorexia?
3. Mindi Rold part 1
4. Effects of Anorexia
5. Mindi Rold part 2
6. Possible Causes of Eating Disorders
7. Bulimia
8. Josh Harper
9. Kristen Watt part 1
10. Bulimic Health Problems
11. Kristen Watt part 2
12. What about Guys?
13. The Media
14. Getting Help

The middle school years are a time when adolescents' uncertain feelings about their identity can lead them to extreme self-criticism. Young people are especially vulnerable to eating disorders as they come to terms with their changing bodies while at the same time being bombarded by media messages that people must be stick-thin in order to be happy or popular.

The number of cases of eating disorders has doubled since the 1960s, according to the Eating Disorders Coalition. *Anorexia nervosa*, which involves intentionally starving oneself, receives more attention than other eating disorders because the results are so disturbing. The sight of a once-lovely young person, now looking like a skeleton, is shocking. Yet, this person insists that she is "too fat" and needs to lose more weight! Anorexia has the highest death rate of any psychiatric disorder, as high as 20 percent, with most deaths resulting from medical complications of starvation or from suicide.

People with *bulimia nervosa* have uncontrollable urges to eat huge amounts of food—often junk food—and then rid their bodies of the excess calories by vomiting, abusing laxatives or diuretics, taking enemas, or exercising obsessively. Bulimics may develop feelings of depression and hopelessness, and in some cases, may even consider suicide. They are also impulsive and more likely to engage in risky behavior such as abuse of alcohol and drugs.

Eating disorders tend to peak during phases of intense life changes and self-questioning. One such peak is typically around age 13. Although cases of anorexia and bulimia have been seen in children as young as age seven and also in the elderly, teens and young adults are most at risk. Ten percent of clinicians report the onset at age ten or younger, 33 percent between ages 11 and 15, and 43 percent between ages 16 and 20. However, it is important to note that statistics tend to be underreported in early adolescents or pre-pubescent children.

First warning signs of eating disorders can begin at a very young age, even in elementary school. Some people may not have a full-blown eating disorder, but may become overly concerned about their appearance and pay so much attention to their bodies that they can't enjoy a normal life. If they continue along the same path, they may develop anorexia or bulimia in their teens.

According to the National Institute of Mental Health (2001), between 0.5 and 3.7 percent of females develop anorexia nervosa, while three to four percent develop bulimia. About half of people who have been anorexic develop bulimia. Although more common in females, boys are not immune from eating disorders. Approximately ten percent of all cases of anorexia and bulimia occur in boys and men. Precise numbers are difficult to determine, since males might be especially reluctant to seek help. The exact cause of anorexia and bulimia is not known, but social attitudes toward body appearance and family factors play a role in its development.

Body dissatisfaction sets in early, as revealed in the following statistics reported in Body Wars: Making Peace with Women's Bodies:

- 51 percent of nine-year-old girls feel better about themselves when dieting.
- Six to nine percent of boys and girls in grades three through six already score in the eating disorder range.
- 81 percent of ten-year-olds are afraid of being fat.
- 53 percent of 13-year-old girls are unhappy with their bodies.
- The number one wish of girls 11 to 17 years old is to lose weight.

Prevention efforts need to start early. It is important to teach children to avoid placing undue importance on a person's physical appearance and to encourage healthy, realistic attitudes toward body shape and weight. This program and the activities in the accompanying teacher's guide will lead your students to examine their own attitudes towards food, body image, exercise, and dieting. The program will educate your students about the signs and symptoms of anorexia and bulimia. It is hoped that a greater understanding of the issues surrounding eating disorders will help students avoid falling prey to these debilitating illnesses and help them know what to do when they suspect a peer is suffering from them.

After viewing the program *Understanding Anorexia and Bulimia* and participating in the activities presented in this Teacher's Resource Book, your students will be able to:

- understand that anorexia nervosa and bulimia nervosa are serious, dangerous diseases
- recognize the warning signs of anorexia nervosa
- recognize the warning signs of bulimia nervosa
- identify many of the physical and psychological consequences of anorexia and bulimia
- recognize that healthy bodies come in all different shapes and sizes
- apply tools to develop a more positive self-image
- gain the ability to keep the importance of body shape and size in perspective
- realize how important it is to build one's self-esteem from within
- understand that it is not wrong to have unpleasant emotions, such as anger or sadness
- become critical viewers of media messages that implicitly hype thinness as the key to happiness
- learn what to do when a friend is suspected of having an eating disorder

The program opens with the question, “What is beautiful?” Several young people offer their perspectives, including: “What makes a person beautiful is who they are inside.” “If they are a nice person and feel confident in what they look like.” “Beautiful means you have to have a good personality, you have to be nice; to be funny and smart.” “It’s the inside that counts.” However, the last two kids respond that for them, being beautiful means being thin.

Two young narrators appear next, addressing the topic of self-esteem. “Most people are worried about how they look, especially teenagers,” acknowledges the female narrator. The male narrator observes that people who don’t feel good about themselves focus too much on how they look, hoping that this will help them feel better. “Sometimes negative feelings become so strong that people may become obsessed with their weight and body. Their eating habits change to the point where they’re not getting proper nourishment, which causes their health and body to seriously deteriorate.” Next, the main title appears: ***Understanding Anorexia & Bulimia.***

Various young people appear on camera to comment on the first major eating disorder, *anorexia nervosa*. The narrators characterize anorexia as a preoccupation with body size, body shape and weight so extreme that when you look in the mirror, you see a fat person when in reality you may be thin or even emaciated. It’s the refusal to maintain a normal body weight by restricting what you eat, despite your age, size or height. A person with anorexia drops at least 15 percent from his or her normal body weight. In girls, there is also the absence of a menstrual period for three months or longer. Anorexia can develop at any time—even in children as young as eight. However, teenagers are at the greatest risk.

At this point, viewers meet Mindi Rold, a recovering anorexic who relates her experience playing Dorothy in a children’s theater production of the Wizard of Oz. Her parents and doctor said that if she got the part, they would give her two months to put on weight so she wouldn’t have to go back in the hospital for treatment of her anorexia. However, as Mindi puts it, “I got the outside acclimated, but inside I knew I was basically dying. I couldn’t change.” After the performance, she was taken to the hospital for the second time.

The narrators explain the difference between anorexic thinking and the normal desire to be thin. People who feel good about themselves might want to lose a few pounds, but they know how to stop when they reach a sensible weight and do not let a few extra pounds seriously affect their well being, personal satisfaction or behavior. Anorexics, on the other hand, see themselves as overweight no matter what their body size is and begin to withdraw socially, feeling that they are too heavy to participate in activities. They might also feel jealous and competitive with other people’s body types to the point where they can’t let themselves feel good about their own bodies.

In the next segment, Mindi Rold recalls her childhood. She says she never felt comfortable in her body and remembers begging her mother to put her on a diet. Mindi’s mother paid for young Mindi to go on Weight Watchers and even rewarded her with money for the pounds

she lost. She feels the praise she got from adults fueled her anorexic thinking. Mindi always excelled at what she did, "...and dieting was something else I was going to succeed at." Within six months, she remembers walking to school one morning, feeling guilty after arguing with her parents. She came running home, crying that she needed help. "I had no clue what was going on. I just knew I couldn't stop." At eight years old, Mindi was officially diagnosed with anorexia nervosa.

The topic then turns to the medical consequences of anorexia. The narrators state that lack of nutrition affects every organ system in the body—from the brain to the heart, kidneys, liver, bones and the immune system. Registered dietitian Margarete Edouard describes the nutritional deficits that occur with anorexia, including: dehydration; thin, dry, brittle hair; amenorrhea (missing three consecutive menstrual periods); and dry, scaly skin. As Ms. Edouard puts it, "Your picture of an anorexic is not really a beautiful person who looks healthy, but someone who is really like a dried-out prune."

Mindi acknowledges that damage was done to her body and says she was lucky that she didn't die as a result. Although she was near death, she admits that her thinking was worse than ever. "Someone with an eating disorder like Mindi," interjects the narrator, "is ignoring the body's basic nutritional needs to stay healthy."

Next, Mindi talks about her family. She says that her father believed in her and insisted on getting her help. He told her he wouldn't give up on her. According to the narrators, anorexia is a symptom of deeper underlying problems that can include family issues, conflicts between parents, alcoholism, divorce, depression, low self-esteem, never feeling good enough, needing to be perfect, feeling misunderstood or failing to meet the family's expectations. In addition, eating disorders can develop in situations where there is rape, incest, physical abuse, emotional abuse or neglect.

The second major eating disorder is introduced: *bulimia nervosa*. Young people appear on camera to share their views on bulimia. The narrators define bulimia as eating food and then ridding the body of it, most commonly by making oneself vomit but also by abusing laxatives. Bulimia is also most common with teenagers.

The camera zooms in on a smiling 11-year-old boy in the front row of a class photo. Josh Harper, a recovering bulimic, explains that he was "the little fat kid that everybody makes fun of. There's always one of them." When Josh was in the sixth grade, he recalls, "It just got to me really bad." He came home from school after being teased all day and ate some pizza from his parents' restaurant. "I just freaked out. I couldn't handle it. I felt incredibly guilty. I knew I had to get rid of it." He bought a bottle of Ipecac syrup at a drugstore to force himself to throw up. Afterward, he felt great relief and was almost proud of himself. "After that first time throwing up, it was pretty obsessive," he reveals.

One of the narrators comments on the psychological aspects of bulimia. “When someone with bulimia throws up, symbolically they are getting rid of negative feelings, issues they don’t want to deal with, problems and stresses.” The other narrator adds that there is physical relief, too. The body calms down after purging, so relief is not in the eating—it’s in the purging. The narrator emphasizes that bulimia is a repetitive pattern. “Someone who is throwing up their food or taking laxatives on a regular basis... that is bulimia.”

The next scene cuts to a family photo. Stephanie Watt says of her youngest daughter, “Kristen would have been 17 now.” She tells how Kristen, one of the taller and bigger kids in her class, was always self-conscious about her weight. Kristen’s father, Mike Watt, comments, “I knew she took teasing in school. I always thought she had a strong enough personality to carry it.” One Christmas they began to notice that Kristen wasn’t eating much. After Kristen dropped 50 pounds in about four months, they realized what the problem was. But soon there was a change and she started eating again. The family was relieved until they noticed that she was spending a great deal of time in the bathroom.

Some people who are bulimic have been anorexic in the past, says the narrator. Bulimia tends to be more hidden than anorexia since bulimics are of more normal weight, making it harder to detect. In addition, there are often more feelings of shame associated with bulimia.

We return to Kristen Watt’s mother. Kristen didn’t look so thin that she would cause concern, but she showed typical symptoms of an eating disorder, such as feeling cold and suffering from severe stomach aches. Next, the narrators list many of the health problems that bulimics can suffer as a result of purging. These include esophagus tears, mouth irritation, tooth erosion, sinus problems, rupture of the stomach lining and heart palpitations. Bulimia, viewers learn from the male narrator, is not an effective way to lose weight. He explains that people do not actually purge all they have eaten. And laxatives do not control weight because they take effect *after* the body has absorbed the calories from the food. Laxatives cause a person to lose fluids and minerals that are vital for a heart to remain working normally. In fact, laxative abuse can cause death from a heart attack.

Kristen Watt’s mother and father then relate the events that led to their daughter’s death. After two years of treatment in and out of hospitals, Kristen was allowed to go to a summer camp. Her father thought that it would be a good time for her. She had been checked by a pediatrician shortly before going, but “She was actually calling home screaming for help and we didn’t interpret it... She didn’t have the tools there to deal with her disorder.” Her father breaks down in tears as he recounts the last time he saw his daughter. She came home from camp and argued with her sister. After her dad had a talk with her, he gave her a kiss and they danced. “Off she went to bed. That’s the last time I saw her.” The next morning her parents heard her get up and then return to bed. But actually she had collapsed. They never found a positive cause of death, only a probable cause: cardiac dysrhythmia, which is essentially a heart attack.

A graphic introduces the next segment: “What about guys?” One of the narrators says, “When you think of eating disorders, you might automatically think of girls, but the truth is that more and more guys are being diagnosed with anorexia and bulimia.” Statistics indicate that about ten percent of all people with eating disorders are male. Often males who develop eating disorders go undetected by family, physicians, teachers and friends—especially if the boy is an athlete. The other narrator maintains that people who exercise three to five hours a day are often viewed as dedicated to their sport, whereas this can actually be a symptom of exercise bulimia. Symptoms are listed: exercising to routinely burn off calories just eaten; exercising to exhaustion; inability to take a break despite feeling tired, ill or injured; and scheduling your life around exercise.

The next segment opens with a wrestling scene. Wrestling gear supplier John Bologna says that a compulsion to lose weight has been going on in wrestling, weight lifting, judo and boxing, just as it has been going on in society. Addressing the pressure to keep his weight down, a young wrestler named Kyle says that if he doesn’t make his weight, he doesn’t get to wrestle and someone else fills the position. Thomas Ryan, head wrestling coach at Hofstra University, doesn’t approve of weight cutting at this level. He advises, “Don’t sacrifice your health in order to make a certain weight.” Kyle concludes the segment by telling viewers how he runs five miles every night. “You’ve got to have willpower to be in this sport. If you don’t have the willpower, it’s not the sport for you.”

The narrator then asks, “Why do we feel this pressure to look a certain way?” She points out that pictures in magazines or on television can lead people to feel badly about themselves and obsess about their bodies. Several young people appear on camera to discuss the effects of media images on how kids feel about themselves. One girl says that seeing really skinny girls and guys with big muscles in magazines and on television can make you feel worthless. A boy claims that since models shown in magazines are never overweight, we feel pressured to look like these people. A girl comments, “It’s not cool that they promote skinny people all the time because in real life we all come in different shapes and sizes.”

In the final segment, the narrators urge viewers, “If you think that you might have an eating disorder or if you think you might be developing an eating disorder, the best thing you can do is talk to someone. And if you know someone who has an eating disorder, encourage that person to get help!”

Mike Watt, Kristen’s father, offers his advice: “Don’t be embarrassed or keep it in the closet. It’s such a huge load to carry. It’s something that is virtually impossible for you to get over by yourself. Don’t be afraid to go for help.” Mindi Rold suggests reaching out to a close friend or adult, such as a parent or a teacher. The dietitian recommends talking to the school nurse or guidance counselor. Mindi adds that there are wonderful Internet tools

to provide support and information. Mrs. Watt claims that sometimes if you catch it at the earlier stages, it doesn't become as severe. Josh urges, "Find someone that you trust. The most important thing in treating an eating disorder is having somebody that can help you through it, so you're not alone." Mindi concludes, "It's something that you don't want to live in secret with. That only contributes to making you feel worse and making you feel alone."

STUDENT ACTIVITIES

Name: _____

Having good self-esteem means that you accept yourself, your feelings, and your body. It means having tolerance for your faults, and not feeling that you have to be perfect at all costs.

Part 1:

What makes you feel good about yourself? In the spaces below, make a list of the things that you like about yourself.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

This activity is continued on the next page.

Name: _____

Part 2:

Look at your list and make a check mark (✓) next to all the items that are PERSONAL ATTRIBUTES, such as the color of your eyes, your sense of humor, your natural talents, skills you have developed, etc.

Next, make an X mark (X) next to any items on your list that are EXTERNAL ACQUISITIONS: things that you have bought or have been given to you (e.g., a leather jacket, a skateboard, an piece of jewelry, a pair of cool sneakers, etc.).

How many ✓ marks do you have? _____

How many X marks do you have? _____

Part 3:

Consider: Read fact sheet 4, *Developing a Positive Body Image*. Which items from this list are part of your life now? Which things can you try harder to accomplish?

Write: On a separate paper, write a paragraph about your self-esteem. What is your self-esteem based on? Do you rely on external things to make you feel good about yourself? Do you give yourself enough credit for your personal attributes? Of your personal attributes, do you place more emphasis on your inner qualities or on your external, physical characteristics? What things do you do to maintain a positive body image? How might you try to develop a more positive self-image?

Name: _____

Read the statements below. Circle “T” if you think the statement is true, or “F” if you think the statement is false.

TRUE OR FALSE?

CIRCLE ONE:

- T** **F** 1. People with anorexia are usually troublemakers.
- T** **F** 2. Bulimia is known as the “secret eating disorder.”
- T** **F** 3. Anorexia usually begins with a successful diet.
- T** **F** 4. Most people with anorexia feel proud and beautiful because they are thin.
- T** **F** 5. Only females develop eating disorders such as anorexia and bulimia.
- T** **F** 6. People with bulimia are usually extremely thin.
- T** **F** 7. Anorexics tend to be in good health because they do not eat a lot of junk food.
- T** **F** 8. Eating disorders such as anorexia and bulimia can be deadly.
- T** **F** 9. People with anorexia do NOT have a realistic view of their bodies.
- T** **F** 10. Anorexia and bulimia are usually just “passing fads” in a young person’s life.

Please consult the Answer Key on the next page.

Name: _____

1. People with anorexia are usually troublemakers.
False. *People with anorexia tend to be thoughtful and obedient; they aim to please others.*
2. Bulimia is known as the “secret eating disorder.”
True. *People with bulimia often binge in secret because they feel ashamed when their eating is out of control.*
3. Anorexia usually begins with a successful diet.
True. *When young people are successful on a diet, they usually feel good about themselves and get praise from others. The feeling of control over their bodies motivates them to continue dieting. As anorexia develops, they find it hard to stop dieting. All they can think about is food and the desire to become thinner.*
4. Most people with anorexia feel proud and beautiful because they are thin.
False. *Even though they may be severely underweight, anorexics continue to believe that they are fat, unattractive, and inadequate.*
5. Only females develop eating disorders such as anorexia and bulimia.
False. *Although much more common in girls, anorexia and bulimia can affect boys, too. Male athletes in particular can become preoccupied with shape and weight. Males account for up to ten percent of people with eating disorders, yet boys might be especially reluctant to seek help.*
6. People with bulimia are usually extremely thin.
False. *People with bulimia generally weigh within or above a normal range.*
7. Anorexics tend to be in good health because they do not eat a lot of junk food.
False. *Anorexics are literally starving themselves. Signs of undernourishment are dry, scaly skin, brittle fingernails, thinning hair, and excessive growth of hair on their face and bodies—not a pretty picture!*
8. Eating disorders such as anorexia and bulimia can be deadly.
True. *Anorexia has the highest death rate of any mental illness. Anorexics may die from physical complications of malnutrition, or from suicide. More young women die each year from anorexia nervosa than from all other causes. Bulimics are at risk of heart failure and may suffer from hopelessness, which may lead them to consider suicide.*
9. People with anorexia do NOT have a realistic view of their bodies.
True. *Their view of themselves is so distorted that no matter how thin they are, anorexics always see a fat person staring back from the mirror. Even when dangerously underweight, they insist they need to lose more weight!*
10. Anorexia and bulimia are usually just “passing fads” in a young person’s life.
False. *For those who suffer from anorexia or bulimia, the problem is not just a fad or a passing phase. Most former anorexics and bulimics struggle with food and body image all their lives.*

Name: _____

Answer the 25 questions below, using the following responses:

A = Always

U = Usually

O = Often

S = Sometimes

R = Rarely

N = Never

- _____ 1. I am terrified about being overweight.
- _____ 2. I avoid eating when I am hungry.
- _____ 3. I find myself preoccupied with food.
- _____ 4. I have gone on eating binges where I feel I may not be able to stop.
- _____ 5. I cut my food into small pieces.
- _____ 6. I am aware of the calorie content of foods that I eat.
- _____ 7. I particularly avoid foods with a high carbohydrate content.
- _____ 8. I feel that others would prefer if I ate more.
- _____ 9. I vomit after I have eaten.
- _____ 10. I feel extremely guilty after eating.
- _____ 11. I am preoccupied with a desire to be thinner.
- _____ 12. I think about burning up calories when I exercise.
- _____ 13. Other people think I am too thin.
- _____ 14. I am preoccupied with the thought of having fat on my body.
- _____ 15. I take longer than others to eat my meals.
- _____ 16. I avoid foods with sugar in them.
- _____ 17. I like my stomach to be empty.
- _____ 18. I eat diet foods.
- _____ 19. I engage in dieting behavior.
- _____ 20. I feel uncomfortable after eating sweets.
- _____ 21. I feel that food controls my life.
- _____ 22. I give too much time and thought to food.
- _____ 23. I feel that others pressure me to eat.
- _____ 24. I display self-control around food.
- _____ 25. I have the impulse to vomit after meals.

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Please consult the Scoring Instructions on the next page.

Name: _____

Scoring Instructions

Give yourself:

3 for every “always” answer

2 for every “usually” answer

1 for every “often” answer

Interpreting Your Score:

A total score of over 20 points often indicates abnormal eating behavior, and might suggest that you are at risk for an eating disorder. Treatment is available. Your teacher can provide you with a sheet of resources and organizations. Also, you can speak to your family doctor or your school counselor for some suggestions on where to get help.

Name: _____

In small groups of two-to-four students, discuss the scenarios below and decide what you would do in each situation. Then choose one scenario and perform a role-play for the class. The information provided on fact sheet 3 (*How to Help a Friend*) may be helpful as you prepare your skits.

1

You are with two slender, healthy-looking friends at the mall. You have all just finished a meal at the food court. One of them wants to get ice cream. The other says, "Are you sure that's a good idea? You don't want to get fat." What do you say?

2

You are at a birthday party. Everybody is having a good time pigging out on pizza. Everybody, that is, except for Jenny. Jenny doesn't eat any pizza. Instead, she has brought along a plastic bag with grapes in it. She counts out exactly eight grapes. That is all she eats the whole time you are there. At the end of the party you ask her why she didn't have pizza. She says, "I can't eat that. Look at me. I'm a cow!" But Jenny is not fat. In fact, Jenny is probably the thinnest one at the party. What do you do?

3

You and your friends are talking about what to do over the weekend. Sean wants to go watch a basketball game at school. Dale says, "I don't know. I don't really have anything to wear. And besides, I'm too fat." What do you say?

4

You are on the swim team and talking with the coach, who insists that you lose five to ten pounds in the next week before the state swim meet. "You'll be in better shape," the coach argues. "And besides, you'll look better in a swimsuit." How do you respond?

5

You notice your friend is acting strangely about food. She has been overly concerned about her weight and is getting very thin. She stopped eating lunch with you a couple months ago. In fact, she never seems to eat anymore. You are worried about her. What do you do?

6

You think your friend may have bulimia. She has been driving herself crazy about her weight and goes into the bathroom immediately after a meal. One day you are in the school restroom and your hear someone come into the stall next to you and throw up. While you are washing your hands, your friend exits the stall. What do you do?

Name: _____

Most middle school students do not feel comfortable talking about themselves, but getting to know more about yourself is an important part of developing self-esteem. If you can learn to value who you are now, it will be easier to make good choices in the future. You're worth it!

Part 1:

Interview five people who are close to you. Ask each one to name five or more good qualities that they see in you. The people you choose might be family members, teachers, friends, classmates, or other individuals who you think know you well. List those qualities below.

Person 1 _____

Person 2 _____

Person 3 _____

Person 4 _____

Person 5 _____

Part 2:

On a separate sheet of paper, summarize the qualities that people described above and create a "portrait" of yourself. You can write down the qualities, or you may choose to create a visual collage.

You are a valuable person!

Name: _____

There are two ways you can use this activity. Your teacher will provide you with directions on how to proceed.

Option 1:

DISCUSS IN CLASS.

What do the sayings below mean? Do you agree with the statements? Do they express a healthy or unhealthy way of thinking? How do they relate to having an appropriate body image? How do they do relate to anorexia or bulimia?

Option 2:

WRITE YOUR OWN SAYING.

Choose three of the sayings below and write your own versions. Make sure that your sayings help people to have a more reasonable body image.

"Thin is in."

"Beauty is in the eye of the beholder."

"Beauty is only skin deep."

"You can never be too rich or too thin."

"The mirror doesn't lie."

"Pretty is as pretty does."

"It's what's inside that counts."

Name: _____

ACTIVITY 7A

WORD JUMBLE

Find the words in the letter jumble below. You will have to look up, down, and diagonally.

anorexia

B	O	D	Y	L	U	G	T	X	N	T
---	---	---	---	---	---	---	---	---	---	---

appearance

Z	A	D	F	O	D	R	W	I	O	H
---	---	---	---	---	---	---	---	---	---	---

appetite

Q	P	G	Y	Z	I	P	E	L	F	I
---	---	---	---	---	---	---	---	---	---	---

body

U	A	N	O	R	E	X	I	A	T	N
---	---	---	---	---	---	---	---	---	---	---

bulimia

S	P	A	M	S	T	A	G	W	A	A
---	---	---	---	---	---	---	---	---	---	---

dieting

C	P	T	T	U	I	L	H	V	C	P
---	---	---	---	---	---	---	---	---	---	---

food

A	E	P	M	C	N	K	T	R	S	P
---	---	---	---	---	---	---	---	---	---	---

health

L	T	U	N	I	G	T	O	S	T	E
---	---	---	---	---	---	---	---	---	---	---

mirror

E	I	Y	X	A	R	L	T	N	A	A
---	---	---	---	---	---	---	---	---	---	---

scale

M	T	V	S	O	N	R	F	E	R	R
---	---	---	---	---	---	---	---	---	---	---

starving

H	E	A	L	T	H	P	O	N	V	A
---	---	---	---	---	---	---	---	---	---	---

thin

R	B	T	C	E	P	S	O	R	I	N
---	---	---	---	---	---	---	---	---	---	---

weight

V	U	N	A	W	C	C	D	E	N	C
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B	U	L	I	M	I	A	M	O	G	E
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When you have finished, use each word in a sentence on a separate sheet of paper.

Name: _____

Answer Key

anorexia

appearance

appetite

body

bulimia

dieting

food

health

mirror

scale

starving

thin

weight

B	O	D	Y	L	U	G	T	X	N	T
Z	A	D	F	O	D	R	W	I	O	H
Q	P	G	Y	Z	I	P	E	L	F	I
U	A	N	O	R	E	X	I	A	T	N
S	P	A	M	S	T	A	G	W	A	A
C	P	T	T	U	I	L	H	V	C	P
A	E	P	M	C	N	K	T	R	S	P
L	T	U	N	I	G	T	O	S	T	E
E	I	Y	X	A	R	L	T	N	A	A
M	T	V	S	O	N	R	F	E	R	R
H	E	A	L	T	H	P	O	N	V	A
R	B	T	C	E	P	S	O	R	I	N
V	U	N	A	W	C	C	D	E	N	C
B	U	L	I	M	I	A	M	O	G	E

Name: _____

Part 1:

What is beauty? In small groups of two to three students, create a collage that expresses different ideas of beauty from different time periods and different cultures. Bring in pictures that represent beauty in a different era or a different culture. You can look in a magazine such as *National Geographic* or consult books on the history of fashion or the movie industry to see how popular looks and body types have changed over time.

Part 2:

When you are finished with your collage, share it with your classmates. Your teacher may be able to designate a portion of the classroom as a “Wall of Real Beauty” for all to see.

Part 3:

Discuss the different collages with your classmates. Here are some questions to get your discussion started:

- Did everyone make the same collage? Explain.
- In what way was your collage different from others?
- Does everyone have the same concept of beauty? Explain.
- What can you learn from the different collages that your classmates have made?

Name: _____

Beauty and fashion magazines, television shows, music videos, street billboards, and even health and fitness magazines give us false ideas about what we should look like. Incredibly thin models and actresses and super muscular men send the message that this is how you have to look if you want to be popular, attractive, confident, and happy.

Consider this: 20 years ago, the average model weighed eight percent less than the average woman, but today's models weigh 23 percent less. That's almost three times skinnier! It puts a lot of pressure on young people to have to cope with unrealistic images. These media images are driving young people to diet constantly, suffer from a poor self-image, and develop eating disorders. What can you do about it?

For this activity, choose one of the following:

1

Clip magazine pictures of very thin or pumped-up models. Discuss whether these are attractive body types in real life, and if they are factors in being popular and happy. Write a letter to the magazine. Ask the publisher to use different models who look like real people with more realistic bodies.

2

Find a magazine advertisement that you believe promotes an unhealthy self-image. Write a letter of complaint to the advertiser about the harmful messages it is sending.

3

Identify a particular television program that sends out damaging messages about body image. Write to the network to express how you feel.

4

Write an article to help other middle school students separate fantasy from reality in terms of the images presented in magazines and on television. Advise the students on how to tune out media messages that might make them feel bad about themselves. Let them know what they should focus on instead.

5

Create your own cartoon book in which the characters look healthy and normal, instead of looking like superheroes or idealized "perfect" body types.

Name: _____

What could you do to increase awareness of anorexia and bulimia at school and in your community? Working in groups, plan a presentation to teach others about these eating disorders and promote a healthy body image.

- Decide who would be welcome at your presentation. Would it be suitable for all students in your school? A particular grade level? Elementary school children? Members of the community?
- Make up a slogan that will help people remember your message.
- Create a poster to advertise the presentation and encourage people to attend.
- Decide what your main message will be. You should focus on at least three important points that you want others to learn.
- Present your plan to the rest of the class, along with your poster and slogan.

OUR THREE MAIN POINTS WILL BE:

1. _____

2. _____

3. _____

Name: _____

“Refusing to eat is an attempt to control, hide, or forget emotional pain, stress, or self-hate.”

People develop eating disorders as a way to avoid difficult emotions. While some feelings are uncomfortable, it is important to recognize that there are no “bad” feelings. All emotions, even the most uncomfortable ones, serve a purpose. Look at the feelings listed below. Can you think of any positive function that they serve? What is their value? In small groups, brainstorm how these unpleasant emotions can actually help you.

Example

fear: *Gives you wisdom so you don’t do dumb things. Keeps you safe. Helps you to protect yourself and get yourself out of dangerous situations.*

1. anger

2. sadness

3. embarrassment

4. guilt

5. loneliness

Emotions can be painful, but they are necessary for growth. The key is to acknowledge even unpleasant emotions and realize their benefit instead of running away from them or covering them up.

FACT SHEETS

WHAT IS ANOREXIA NERVOSA?

Anorexia nervosa is an eating disorder that involves extreme weight loss—at least 15 percent below the normal weight for an individual. Young people with anorexia starve themselves on purpose and may exercise excessively to control their weight. Anorexics see themselves as “too fat” no matter how thin they are. They view their weight loss as a badge of achievement, whereas weight gain is seen as an unacceptable loss of self-control. Anorexia can be fatal.

Profile of an Anorexic:

A high achieving, self-disciplined perfectionist who aims to please others and rarely disobeys. She is intelligent, thoughtful, and demanding and critical of herself. She keeps her feelings to herself. She has a low opinion of her worth as a person. She decides that by controlling her body, she will feel more in charge of her life and will start to feel better about herself. Her whole life—all her thinking, planning, and dreaming—become focused on avoiding food and getting thinner.

SYMPTOMS OF ANOREXIA NERVOSA

- experiences profound weight loss
- looks emaciated
- exercises excessively
- wears baggy clothing
- refuses to maintain a normal weight
- withdrawn and isolated
- has an intense fear of gaining weight or becoming fat
- is preoccupied with weight and shape
- is preoccupied with food
- lies about eating
- practices food rituals
- bruises easily
- swelling in the abdominal area
- complains of nausea or bloating after eating small amounts of food
- mood swings
- feels cold much of the time
- has difficulty eating in front of others

CONSEQUENCES OF ANOREXIA

- depression, loneliness
- fatigue
- muscle weakness
- wasting away of muscles
- loss of bone mass
- low blood pressure
- dry, thinning hair
- dry skin that is gray or yellowed
- chemical imbalances
- problems with teeth and gums
- fine hair covering the face and body from lack of protein in the diet
- delayed puberty
- stunted growth
- irregular heart rate; possible heart failure
- malnutrition
- insomnia
- kidney infection and failure
- cramps or bloating
- constipation or diarrhea
- incontinence (wetting one’s pants)
- **death: one in ten cases leads to death from starvation, heart failure, other medical complications, or suicide!**

Bulimia Nervosa—also called the ***Binge and Purge Cycle***—is characterized by uncontrollable urges to eat huge amounts of food (often junk food) and then get rid of excess calories by vomiting, abusing laxatives or diuretics, taking enemas, or exercising compulsively. Binges are often tied to times of anger, loneliness, fear, stress or anxiety. Binge eating is done in secret and causes guilt and depression. Bulimia is called the “secret eating disorder” because bulimics maintain a near-normal weight, hide their habits from others, and continue to function in a relatively normal way. **Bulimics may develop feelings of hopelessness and in some severe cases may even consider suicide.**

SYMPTOMS OF BULIMIA NERVOSA

- recurring binge eating episodes with a sense of lack of control during the episodes
- making oneself vomit; misusing laxatives, diuretics, enemas, or other medications; fasting; or exercising excessively to make up for a binge
- swelling in face or cheeks (after vomiting)
- preoccupation with food; hoarding, hiding, or stealing food
- fear of gaining weight
- depression, isolation, and loneliness
- low self-esteem
- being a “people pleaser”
- weight fluctuations
- rash or skin eruptions
- callused or bruised fingers (from repeated use of fingers to make oneself vomit)
- broken blood vessels in the eyes

CONSEQUENCES OF BULIMIA

- sore throat
- infected salivary glands
- tearing of the esophagus
- acid reflux and other problems with the digestive tract
- cancer of the esophagus and voice box
- erosion of tooth enamel, rotting teeth
- dehydration
- muscle spasms
- fatigue and insomnia
- heart palpitations
- malnutrition
- dry skin and hair; hair loss
- low blood pressure and body temperature
- electrolyte imbalances, which can lead to kidney problems or heart failure
- cramps, bloating, constipation, diarrhea

Keep in mind that you **cannot** force an anorexic to eat or keep a bulimic from purging. You must not concentrate immediately on the issue of food because eating disorders are emotional problems; the eating behaviors are only a symptom. Refusing to eat is an attempt to control, hide, or forget emotional pain, stress, or self-hate.

IF YOU SUSPECT SOMEONE HAS ANOREXIA OR BULIMIA...

- Learn as much as you can about the eating disorder.
- Approach the person when you can talk in private without interruptions.
- Begin by telling your friend how much you care.
- Express your concern. Share what you have noticed in a straightforward way. Point out things that make you worry about your friend's health, happiness, and safety.
- Encourage the person to express his or her feelings.
- Give your friend enough time to respond. He or she may deny there is a problem, be furious at you for uncovering the secret, or feel threatened by your caring.
- Encourage the person to seek professional help. Medical and psychological help are needed to treat anorexia and bulimia. No one should try to treat this disease entirely on his or her own.
- Avoid conflicts. If your friend refuses to acknowledge that there may be a problem, restate your feelings and be open to listen when your friend is ready to talk.
- Tell a responsible adult, such as the school nurse, a doctor, a teacher, a guidance counselor, or a parent. Don't wait until the situation is so severe that your friend's life is in danger. Many young people refuse to get help until a parent forces them into treatment.
- Avoid placing shame, blame, or guilt on your friend.

Things to say:

"You deserve to get help and get better."
"I believe in you."
"I think you're really struggling and need outside help."
"I don't care if you're mad at me. Friends don't let friends suffer in a dangerous situation."
"I won't stop caring."
"I'm worried that you're trapped and not seeing your situation clearly."

Things NOT to say:

"You just need to eat."
"You are acting irresponsibly."
"Are you sick?"
"You look like a corpse."
"Would you just eat already?"
"It's not healthy to throw up all the time."
"I don't understand why you don't just eat."
"Why are you doing this to yourself and everyone who cares about you?"

“People with a negative body image have a greater likelihood of developing an eating disorder and are more likely to suffer from feelings of depression, isolation, low self-esteem, and obsessions with weight loss.”

— National Eating Disorders Association

How can you develop a more positive body image?

1. Focus on the qualities you like about yourself that are not related to appearance.
2. Remember that your body size and shape have nothing to do with your worth as a person.
3. Bodies come in all different shapes and sizes. Understand that a person’s physical appearance says very little about their character and value as a person.
4. Refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
5. Don’t allow your body size and shape to become your entire identity.
6. Learn to feel comfortable in your own unique body.
7. Make a list of all the things you are thankful for your body’s ability to do: breathing, laughing, dreaming, etc.
8. Create a list of people you admire—people who have contributed to your life, your community, or the world. Was their appearance important to their success and accomplishments?
9. Be your body’s friend and supporter, not its enemy and detractor.
10. Count your blessings, not everything that you see as flawed with your body.
11. Demonstrate confidence in yourself by walking with your head held high.
12. Remind yourself that true beauty is a state of mind, not a state of body. It has to do with letting your inner qualities shine through.
13. Surround yourself with positive people who are not overly concerned with appearance.
14. Don’t put yourself down in your own mind.
15. Wear clothes that are comfortable and make you feel good about yourself.
16. Be a critical viewer of the media: Do the people shown have realistic body types? Do they make you feel like you don’t measure up?
17. Become good at things outside of your body.
18. Develop your unique gifts and talents to their fullest.
19. Develop meaningful relationships with friends and family.
20. Set goals.

Name: _____

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Eating Disorder Referral and Information Center

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Del Mar, CA 92014-2052
(858) 792-7463
www.edreferral.com

National Association of Anorexia Nervosa and Associated Disorders

P.O. Box 7
Highland Park, IL 60035
(847) 831-3438
www.anad.org

National Eating Disorders Association

603 Stewart Street, Ste. 803
Seattle, WA 98101
(206) 382-3587
www.nationaleatingdisorders.org

National Institute of Mental Health (NIMH)

Office of Communications and Public Liaison
(301) 443-4513
www.nimh.nih.gov

Name: _____

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