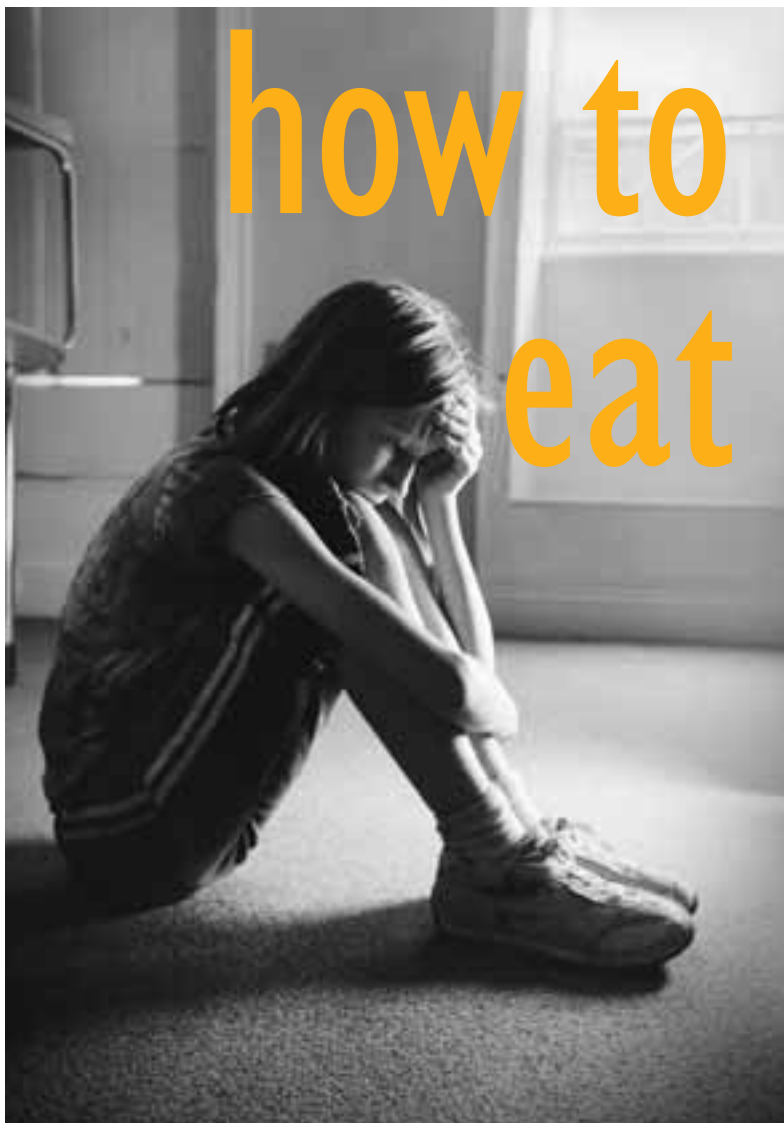


Jo, now 21, was hospitalised by anorexia when she was 17. She recalls: 'We had this lesson at school where they made us pile up cubes of butter next to foods — like packets of crisps, slices of bread and so on. It was so disgusting. I decided I was not going to eat anything with fat in after that.'

Teaching children



Food fights

Did you know that in your school, lunchtime may well have become a battleground? Children are constantly bombarded with messages about what they should and should not be eating, whether this is good nutritional advice, television advertising and shows or 'wisdom' from their friends at school. Like no other generation, today's children grow up thinking about what they do eat, should eat and should not eat. So who is teaching our children what to eat, and are they teaching them good lessons? The majority of advice about healthy eating focuses on avoiding obesity, a problem that is all too common in this country. But very little is said about the opposite side of the problem: under eating, and the risk of developing eating disorders, or problems with eating.

Magazines

Today's culture places a lot of emphasis on the importance and value of being thin. Magazines aimed at young teenagers are full of advice on how to lose weight and change eating habits, encouraging them to follow strict diet plans in order to 'feel good'. The average age of the readers of these magazines is 14, and they are also very popular with pre-teens. Recent studies have shown girls as young as six already feel dissatisfied with their bodies and want to be thinner. By the time they are teenagers, girls describe an 'ideal' bodyweight that is well below the normal healthy range, and would actually fall within the boundaries of anorexia. A recent survey by one magazine found over 90 percent of teenagers were unhappy with their bodies. Six out of ten felt they would be happier if they lost weight, and nearly half wanted to lose more than a stone – although only one in five was actually overweight.

Doughnuts and chocolate

One very powerful source of information is teaching at school about healthy eating and balanced nutrition. The national curriculum requires that children are taught about the effects of both eating too much and too little. However, in spite of resources which encourage a balanced approach to this subject (eg www.mindbodiesoul).

Recent studies have shown girls as young as six already feel dissatisfied with their bodies and want to be thinner

gov.uk/eating/teacherspage.htm), often lessons are taught without a good awareness of what puts children at risk of developing disordered eating patterns, and with a one-sided focus on teaching them how to avoid becoming overweight. This, combined with the pressure they already feel to keep their weight low, can lead children to form very strict beliefs about which foods are 'good' and 'bad', for example believing that in theory you should 'never' eat foods such as doughnuts and chocolate because they are 'bad for you'.

The truth is of course that these foods are fine as part of a balanced and healthy diet. 'Black and white' rules about what to eat are not only incorrect, but have also been shown to be linked with problems such as binge eating and at the other end of the scale, anorexia. Younger children in particular can be at risk, particularly those who are most eager to 'be good' and do everything right. The results can be serious (see *Harriet: A case study*).

Body image

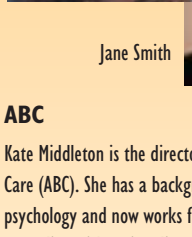
Of course, eating disorders are about much more than simply getting the wrong idea about what we should be eating. But children can be at increased risk of developing problems if they start to try to control their weight in unhealthy or overly strict ways. We have heard stories of children as young as 11 deciding to compete to see who could eat most healthily (sadly this involved eating as little as possible and resulted in the 'winner' being hospitalised), weighing themselves to see who was lightest, and going through each other's lunches removing anything they felt was 'fattening'.

Reading this article, you may be thinking that it all sounds like a lot of fuss about nothing. After all, having a concern about your body image, and wanting to be thinner is a part of normal life for most adults – so why should we be concerned about our children picking up the same messages. But, as Christians, shouldn't we be challenging these kinds of messages from our society? Are we really satisfied that this is a normal part of life? The Bible teaches us that God looks at His creation and sees it is good – and that all of us are 'wonderfully made' (Psalm 139:14). Huge numbers of young people are growing up without knowing just how special they are. Growing up with a poor self-image which results from this kind of pressure to have a body shape that is unrealistic can result in low self-confidence, low self-esteem and problems such as depression and anxiety. These are problems which can hold people back and limit them in their whole Christian lives. They are problems which we risk seeing become an epidemic if we do not take action.

Contacts



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ABC

Kate Middleton is the director of Anorexia & Bulimia Care (ABC). She has a background in medicine and psychology and now works full-time supporting those struggling with eating disorders, and offering training and advice to those seeking to care for sufferers.

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ACHE

Anorexic Children, Help and Encouragement (ACHE) is a national Christian charity working to support all those who struggle because of eating disorders and self-harm. It provides advice and a listening ear to parents, siblings, family members and other concerned individuals such as teachers. It provides ongoing encouragement from a Christian perspective for those facing the impact of a child struggling with an eating disorder. ACHE also works to raise awareness of eating disorders in schools.

Jane Smith is a teacher with ten years experience and is currently a full-time mum to daughters aged 9, 13 and 15. In 2004 she started running ACHE as a result of prayer, and following her experiences of supporting an anorexic daughter through hospital and to recovery.

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So what should we do?

We hear a lot from parents and teachers who are very worried about the risk of eating disorders. How do you distinguish between the normal dieting and body consciousness shared by almost all teenagers, and something more serious? The vast majority of teenagers will not go on to develop an eating disorder and will become more confident about their body as they get older. But if you are concerned about a child, here are some simple things to look out for:

Children can be at increased risk of developing problems if they start to try to control their weight in unhealthy or overly strict ways

■ Very strict or inflexible diets

Most teenagers who are dieting will show a fairly flexible approach to their eating – sometimes following the diet and sometimes not. Most also continue to eat 'treat' foods, but might try to cut down on them instead. If this is not going on, it may be a sign for concern. People in the early stages of an eating disorder tend to make very strict rules for themselves, where certain foods are 'forbidden' or should never be eaten. They feel they should never let themselves come off the diet and may get very upset if they do, or if they have to eat something they think is forbidden. Jenny

remembers when her 13 year old daughter returned from a party with friends ...*she was distraught and would not settle to go to sleep. In the end I had to lie next to her to help her to calm down. 'Mum, I'm so fat,' she sobbed, 'I can't believe I ate pizza. I'm so fat...'*

■ Noticeable weight loss

As a rule, children under 16 should not lose weight unless they really do need to – and this should be monitored by your GP. If a teenager or younger child is losing weight as a result of controlling his/her diet, then do seek further advice. [This is particularly important in younger children who simply do not have the physical reserves to be able to cope if they lose too much weight.]

The Bible teaches us that God looks at His creation and sees it is good – and that all of us are 'wonderfully made' PSALM 139:14

■ Obsessive or repetitive exercising

Exercise is another clue which many parents have noticed as the first sign of a problem. Again, what is most concerning is a lack of flexibility in exercise regimes, or very intense and unforgiving regimes. Exercising may be particularly evident after a meal, particularly if they have had to eat and would rather not have. One father recalls: *After meal times our daughter began to go straight upstairs to her room. We heard her jumping up and down repeatedly and when we asked her about it she was very defensive and angry. Whenever we went swimming as a family we found to our horror that she didn't stay with us but*

A recent survey by one magazine found over 90 percent of teenagers were unhappy with their bodies

that she disappeared off doing lengths over and over again. She became very competitive to the point of being obsessed. We also saw this at home where she would use exercise videos whenever no one was looking.

■ Other signs of emotional distress

People with eating disorders are experts at hiding what is going on, even from their family. So you may find you notice other things first: changes in mood or personality, a tendency to be sad, tearful, anxious or depressed. Self-harm is something that is often linked with worries and concerns about body image. These are important signals that should not be ignored, so do seek further help if you are worried.

The most important thing for any teacher or parent is that if you are concerned, you get some support and find out if you really do have anything to worry about. ACHE (Anorexic Children, Help and Encouragement) is a support line specifically for those concerned about school-aged children, where you can phone for advice or information. ACHE is a part of ABC (Anorexia & Bulimia Care) which also produces leaflets and literature for teachers who need advice on how to cover nutrition and healthy eating as well as the more difficult issues of eating disorders.

■ Kate Middleton and Jane Smith

Harriet: A case study

Our daughter, Harriet was in her final year of junior school: a normal, happy 11 year old from a Christian family. We all enjoyed our food and ate happily together every evening. As the SATS exams loomed, Harriet complained of the pressure she was facing from the workload and the staff and began to exercise more frequently and with an enthusiasm more like a discipline. We knew she needed to let off steam but something wasn't quite right. She was also declining crisps and chocolate and was obviously losing weight. I went to see her teacher and she checked with the dining room staff who reported that Harriet was eating very little at lunch. By the time we found out she had lost 5lbs. She had also become really depressed and withdrawn, becoming very sensitive to some of the unkind acts or thoughtless comments of her friends. Although we talked to her and tried to boost her self esteem we could not lift her spirits or persuade her to eat more. We thought it might be a phase that would pass once

the exams were over and the holidays began, but I was worried enough to go and see my doctor alone, taking Harriet's new weight and height with me. The GP referred her immediately without having to see her.

The summer holidays were a nightmare. Harriet became obsessed with food, and watching me cook, refusing certain foods and only eating minute amounts. The whole family was frightened and affected badly as mealtimes became so unhappy and Harriet's behaviour became so volatile. We clung to God and asked him for help and guidance and the strength to endure what was quickly diagnosed as anorexia nervosa.

Sadly, despite our best efforts to change the situation at home and because Harriet was at the peak of her growth, she lost weight so rapidly that she had to be admitted to hospital. In eight weeks she had lost a third of her body weight. She was fed by tube 24hrs a day for two weeks in order to restore

some of the weight lost. It was the most heartbreaking time for us all, but the Lord was with us throughout the ordeal and had his hand on Harriet in his love for her and for us. Harriet went on to an inpatient unit specialising in eating disorders and was helped to not only eat again without fear but to explore the issues and feelings which led her to use food as a coping strategy.

I am so thankful to God and delighted to say that she has made a full and remarkable recovery, and has continued to maintain her proper weight for over a year now. She has learnt how much God loves her, how much we love her and how vital it is to talk about her fears and worries. Actually, I think God has enabled her to grow in strength and wisdom as a result of her terrible ordeal.