"What are we up against . . . and how did we get here, anyway?"

1

If It's Not One Thing, It's Another

Dealing with a Spectrum of Weight-Related Problems

Sarah is 12 and going through puberty. Like many girls her age, she's spending more and more time in front of the mirror. While she's there, she talks to herself—"I look *SO* fat"—and makes faces, pinching the flesh on her newly rounded hips.

David just got his driver's license, and now a few times a week dinner is a Mondo Deluxe Steerburger or a Super Grande "Works" Burrito instead of a home-cooked meal with his family.

Home for a visit after her first semester at college, Amanda has lost 15 pounds. The food at school is "horrendously disgusting," she protests while pushing her dad's specialty pasta primavera around on her plate. The next morning her parents awake with a start when they hear the front door slam at five o'clock and look out the window to see their customarily late-rising daughter jogging down the street.

When Joe comes home from middle school, the first thing he does is tell his mother how much he hates his school because the kids are so mean about his weight. The second thing he does is grab some chips and soda pop and sit down in front of the TV.

Maybe you know some of these kids. Possibly you've got one like them living in your house. If you do, you probably have the same worries their parents have. Is Sarah just going through a phase of negativity about her body? Will David's health start to suffer if he keeps substituting burgers and fries for balanced dinners? Why is Amanda behaving so differently—is something wrong? And can Joe's mom help him accept himself and reject the cruelty of teasing while also encouraging him to change habits that contribute to overweight? Can she do so without sounding like she's taking sides with the kids who demean her son?

Joe's mother is facing the dilemma we're all up against today: It's hard enough to find answers to the questions that come up about weight, food, exercise, body shape, and all the physical, mental, and emotional health factors connected to these topics. But even when we do have some of the answers, how do we *talk* to our kids in a positive, productive way? My goal in this book is to help you with both.

Most teenagers experience some type of eating-, activity-, or weight-related problem as they transition from childhood to adulthood. For some teens these problems are mild; for others they can be quite extreme. Often the progression of a problem and its final outcome depend on its early identification and appropriate intervention. That's why it's so important to seek answers to your questions and then act on them.

The trouble is, it's all so complicated. Joe's mother knows it's right to make her son feel good about himself and to instill in him zero tolerance for taunting people about their appearance. What mother wouldn't? She also knows her son would probably lose some weight if he did something active after school rather than watching TV and ate snacks composed of something other than junk food. But if she tries to deliver these messages simultaneously, she's afraid that one message might cancel out the other. So how *does* she handle it?

The parents of the other kids face similar challenges. Sarah's parents want to assure her that her body is normal and that she can take pride and enjoyment in maturing. But they also want her to know that she's made up of a lot more than flesh and bones and that she has many other strengths. How can they make her feel good about her body without making it seem disproportionately important in a world that tells her it is? And how do they know whether she's just going through a phase that will pass as it should if they *don't* say anything?

Amanda's parents have more pressing concerns: Their daughter has lost a lot of weight and seems determined to lose more. Is she developing an eating

disorder? What will happen to her once she goes back to school and is away from their watchful eyes? What can they do right now to protect Amanda from unhealthy weight loss? What *shouldn't* they do—to ensure that the lines of communication stay open?

David's parents want to allow him the freedom he's earned, but they don't want it to undo all the good work they've done to instill healthy eating habits over the previous 16 years. And they miss having him at the dinner table, where they can find out about what he's been up to all day. They're now realizing what they've always taken for granted—that family meals are not just about food.

If issues like these aren't complicated enough, there are the mixed messages that we're barraged with: Pick up a super-duper-sized, fat-laden quick-fix lunch at the drive-through every day, but make sure you can fit into that size-2 swimsuit. Play a sport, get buff, join a health club, no excuses—unless, of course, you're too busy trying to beat the newest videogame or you just have to catch the latest reality show episode. Go ahead and treat yourself to dinner at the new gourmet Italian place, but when they plunk a plate mounded with pasta in front of you, try not to eat more than a third of it. As adults we all fall prey to such pressures, and it's easy to pass on our confusion and ambivalence to our kids. Imagine how hard it is for teenagers to sort out everything they see and hear about food, exercise, and body image. Many of them can't, with the result that the prevalence of weight-related problems among our sons and daughters has never been higher, and their consequences have never been as serious:

- The prevalence of obesity in teenagers has tripled over the past 20 years. Currently 15% of teenage girls and boys are overweight.
- An additional 15–20% of teenage girls and boys are at risk of becoming overweight.
- Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives.
- Dieting has been found to lead to weight gain, and not to weight loss, in teenagers.
- Girls who diet frequently are 12 times as likely to binge eat as girls who don't diet, and boys who diet frequently are at a 7 times greater risk for binge eating.
- One-half of teenage girls and one-fourth of teenage boys are dissatisfied with their bodies.

- Approximately 1 out of 200 adolescent girls and young women develop anorexia nervosa.
- The prevalence of bulimia nervosa is 1–3% among adolescent girls and young women. Thus, out of 100 females, 1–3 will develop bulimia nervosa.
- Although eating disorders are more common among girls than boys, a significant number of teenage boys develop serious eating disorders, and many more engage in harmful weight-loss or muscle-gain behaviors.

Undoubtedly, you've already heard some of these statistics. You can hardly help it when it seems impossible to open a magazine or newspaper or watch television without reading or hearing about weight-related problems: "The new obesity epidemic!" "Lose five pounds in one week without breaking a sweat!" "Award-winning pop artist admits she has an eating disorder!" When I see the cover of a major magazine such as *Newsweek* or *Time* focusing on the "obesity epidemic," I have mixed feelings. As someone who works in the field, I'm pleased that weight-related problems are getting the attention they deserve. Unless we take problems such as the increasing prevalence of obesity among children seriously, they will continue. But I also get concerned about how vulnerable individuals may react when the alarm is sounded. I get particularly worried about teenagers, who may already have excessive concerns about their weight and appearance. On one side of the tightrope that we're forced to walk today is the risk of obesity; on the other, the risk of eating disorders. How do we keep our balance?

I believe the only answer is to consider all the weight-related issues together.

Why We Need to View Weight-Related Problems as a Spectrum

Too often when we address eating-, activity-, and weight-related problems, we focus on only one issue. When I say "we," by the way, I mean my colleagues and I in scientific research, doctors treating patients, journalists, and parents—all of us. We may worry about preventing obesity without paying enough attention to promoting a positive body image or preventing eating disorders. Sometimes we dismiss mild problems, such as skipping meals, body dissatisfaction, or unhealthy dieting, as normal for teens and wait until such problems

become more severe to intervene. As the kids introduced at the beginning of this chapter illustrate, however, we aren't one-dimensional, and neither are our weight-related problems. Therefore, over the years I've become more and more convinced that we need to:

1. *Pay attention to the different types of weight-related problems.* In trying to get our kids to make healthier food choices, we don't want our efforts to lead to an obsession with counting fat grams or calories. In trying to prevent eating disorders in our teens, we cannot ignore the dangers associated with being overweight.
2. *Be alert to mild shades of weight-related problems.* We can't afford to wait until our teens develop eating disorders to intervene; we need to step in much earlier. When they say things like "I feel so fat" or "I'm starting a diet tomorrow," we need to have a constructive response. We need to pay attention to the number of family meals they have missed recently or the disappearance of food from the kitchen.

The spectrum of weight-related problems includes five dimensions, ranging from healthy to problematic (as illustrated from left to right):

1. Weight control practices, from healthy eating to clinical eating disorders.
2. Physical activity, from moderate to either excessive or absent.
3. Body image, from satisfied to very dissatisfied.
4. Eating behaviors, from regular eating practices to binge eating.
5. Weight status, from healthy to severely underweight or overweight.

These five dimensions are interrelated and, in fact, can be tightly intertwined in any one person.This means that when you see one problem in your child, other problems may lie below the surface or may appear in the future. Sixteen-year-old Karen is overweight, so she begins to experiment with fad diets. She says she hates what she sees in the mirror and absolutely has to lose weight before the prom. Seeing how unhappy she is, and knowing the health risks that come with obesity, Karen's mother naturally wants to help her move toward a healthier weight. But that will involve more than putting balanced meals and reasonable portions on the table to steer her daughter away from a crash diet. She'll also need to help Karen develop a positive body image, override the influence of peers and advertisers who tell her that she can lose 30 pounds in 30 days, help her find physical activities that appeal to her, and help

	Healthy →	→	→	Problematic
Weight control practices:	Healthy eating	Dieting	Unhealthy weight control behaviors	Anorexia or bulimia nervosa
Physical activity behaviors:	Moderate physical activity	Minimal or excessive activity	Lack of, or obsessive, physical activity	"Anorexia athletica"
Body image:	Body acceptance	Mild body dissatisfaction	Moderate body dissatisfaction	Severe body dissatisfaction
Eating behaviors:	Regular eating patterns	Erratic eating behaviors	Binge eating	Binge eating disorder
Weight status:	Healthy body weight	Mildly overweight or underweight	Overweight or underweight	Severe overweight or underweight
	Healthy →	→	→	**Problematic**

The spectrum of eating-, activity-, and weight-related concerns.

her avoid binge eating. Unless Karen and her parents look at all the dimensions on the spectrum, they won't have much success in solving the surface problem and may inadvertently trigger additional problems.

The use of the spectrum also makes it easy to address budding problems early, when they are easier to solve. Too often parents and doctors get stuck in the dichotomy of "normal" versus "abnormal." When we can say, "No, this teenager doesn't have a serious problem," we absolve ourselves of the need to do anything about that gut feeling that something is not quite right—until we are forced to say, "Yes, now there is a serious problem." Then we intervene. Sarah, described in the first scenario at the beginning of this chapter, has normal developmental concerns about the changes going on in her body. Her parents can help prevent these concerns from blossoming into more serious problems in a slew of different ways. They can talk to Sarah about the normal changes that occur during adolescence. They can make an active effort to be positive role models. They can stay aware of the messages their daughter is getting from the media and advocate for positive, healthy advertising and marketing. And they can explore what Sarah really means when she says she feels fat. If they think about weight-related problems as falling along a continuum, from mild to severe, Sarah's parents won't wait until their daughter is in real trouble to take these and other kinds of actions.

OBESITY AND EATING DISORDERS: NOT SO FAR APART AFTER ALL

Traditionally, obesity and eating disorders have been viewed as distinct conditions. Yet research is beginning to reveal that they can be intertwined. In our own research, we found that overweight teenagers are at high risk of using unhealthy weight control behaviors and engaging in binge eating behaviors. In addition, individuals can cross over from one condition to another over time. Dr. Christopher Fairburn and his colleagues found that adult women with bulimia nervosa and women with binge eating disorder were more likely to have been overweight during childhood than comparison groups. They also found that exposure to weight-related comments and teasing increased the women's risk for the later onset of a clinical eating disorder. Research findings, clinical impressions, and personal experiences strongly suggest that excessive social pressure on overweight individuals to be thin can increase their risk for unhealthy weight control behaviors and even clinical eating disorders. Consequently, we can no longer think in terms of just one problem; rather, we need to pay attention to the broad spectrum of eating-, activity-, and weight-related problems.

SO, JUST HOW MANY TEENS ARE WE TALKING ABOUT HERE?: Prevalence of Body Dissatisfaction, Weight Control Behaviors, Obesity, and Eating Disorders

	Teenage girls	Teenage boys
Unhealthy weight control behaviors (for example, skipping meals, eating very little, fasting, or smoking for weight loss)	57%	33%
Dieting behaviors	55%	26%
Body dissatisfaction	46%	26%
Extreme weight control behaviors (for example, vomiting, use of laxatives, diet pills)	12%	5%
Binge eating behaviors	17%	8%
Obesity	15%	15%
Moderately overweight/at risk for overweight	15–20%	15–20%
Binge eating disorder	3–5%	1–3%
Bulimia nervosa	1–3%	<1%
Anorexia nervosa	0.5%	<0.2%

These data are from Project EAT and other large studies on teenagers and young adults.

Maybe the figures in the table come as a surprise to you. Maybe they just confirm what you've suspected all along about the magnitude of weight-related problems among our teens. To protect our sons and daughters, however, we have to know where the dangers lie. Let's take a closer look at each dimension and the hazards lurking at the extreme ends of each.

1. Weight Control Practices: Reasonable or Irrational?

How many people do you know who have never dieted? In our society, dieting is so common as to seem normal. But that doesn't mean it's harmless, particularly in children and teens. For some teens, the feelings of hunger and deprivation that often accompany dieting lead to binge eating and, somewhat ironically, to weight gain. Research has also shown that all too often simple dieting can turn into unhealthy dieting, and in some teens can be the first step

toward a more problematic eating disorder. How to prevent dieting from causing problems for your teen is discussed throughout this book, particularly in Chapter 6. The key features of some of the more severe eating disorders are described here.

ANOREXIA NERVOSA: NOT JUST TOO MUCH DIETING, BUT THAT CAN BE WHERE IT BEGINS

Anorexia nervosa is perhaps the most severe condition included on the spectrum of weight-related disorders. It's a very serious illness, requiring long-term treatment with a health care team that specializes in eating disorders. If you suspect your child may be developing this problem, it's essential that you contact a professional immediately. Also read Chapter 15.

Characteristics of anorexia nervosa include self-starvation and a strong fear of being fat. Some of the symptoms include weight loss, severe body image disturbances, dry skin, intolerance to cold, fatigue, constipation, and irregular menstrual cycles, although not all of these may appear. Teens may develop unusual eating habits, such as limiting the types of foods they are willing to eat, avoiding family meals, pushing food around on the plate, cutting food into small pieces, and weighing or portioning food. They may engage in intense and compulsive physical activity as another weight control strategy.

Teens often begin the process by dieting for weight control purposes, but as dieting behaviors lead to weight loss, feelings of control, and compliments from others about weight loss, anorexia nervosa can develop in vulnerable individuals. Once it does develop, anorexia nervosa seems to take on a life of its own as the need for control over eating, activity, and other behaviors becomes extreme and somewhat obsessive. Consider the scenario, at the beginning of this chapter, about Amanda, who has just returned from college and appears to be displaying anorexic behaviors. Although her parents are concerned, Amanda may be getting compliments from others about her weight loss. These compliments can reinforce her unhealthy behaviors. I have seen this happen many times, and it is very disturbing to concerned family members who are aware of the underlying problems that others may not be seeing and are inadvertently reinforcing. Imagine how 13-year-old Linda's parents felt when she returned from long-term inpatient hospital treatment for anorexia nervosa and her neighbors, remembering how overweight Linda had been when younger, complimented her on how good she looked at her lower weight! About nine out of ten individuals with anorexia nervosa are female.

This doesn't mean you should ignore the signs of anorexia nervosa in your son, however. Because of its relative rarity in males, it is possible for health care providers, educators, and parents to overlook those signs in boys, which means the condition may be recognized only in its later stages, when treatment may be more challenging.

Unfortunately, denial of anorexia nervosa by a teenager and family members is common. This is understandable, since it's extremely difficult for parents to accept the fact that their child is starving him- or herself. One of the first things a mother does after giving birth is to feed her infant; this is the basis for the beginning of a relationship. Not having food to give to one's child, or having a child who refuses to eat in the midst of plenty, is one of the toughest things a parent will ever face. But if a teacher or friend raises concerns about your teen, resist any knee-jerk denial, listen to what you're being told, and take a close look at your child.

BULIMIA NERVOSA: YOU MAY NEED TO LOOK HARDER TO FIND IT

In bulimia nervosa the affected person cycles between eating large amounts of food and trying to get rid of the food consumed through self-induced vomiting, laxative use, strict dieting, fasting, or excessive exercising. Those with bulimia nervosa often experience feelings of failure and lack of control because of bingeing behaviors, which interfere with weight loss. School performance, relationships, and self-esteem can suffer dramatically. Teens with limited resources may steal money to buy food for their binges. They can end up with dental problems, throat irritations, stomach cramps, heartburn, and more severe electrolyte imbalances and cardiac irregularities. Sometimes a dentist will be the first to suspect the illness, because vomiting can lead to enamel erosion and cavities.

As with anorexia nervosa, approximately nine out of ten cases of bulimia nervosa are found in females, but males do develop bulimia nervosa, so it's important to be aware of any suspicious behaviors in adolescent boys and young men. Bulimia nervosa also tends to be more common among college-age adolescents than among middle school or high school students.

Be aware that those who have bulimia nervosa often try to hide their behaviors because of their fear of being discovered, embarrassment, and shame. In contrast to those with anorexia nervosa, who often exhibit severe weight loss, individuals with bulimia nervosa tend to maintain their weight within a 5- to 10-pound range or may show large weight fluctuations due to alternat-

ing bingeing and purging behaviors. This can make it harder to notice bulimia nervosa by just looking at your son or daughter. Many years ago, Dina, who was in a weight control group that I ran, told me how she would consume several whole loaves of bread at a time. Dina hid her behaviors from other family members and would sometimes go into a closet to eat. At the time, I did not know much about eating disorders, and I found it hard to believe that she ate so much since she had a lean body. I still regret not fully understanding her condition and giving her the help she was asking for. If missing food and/or money leads you to suspect that your teen is engaging in bulimic behaviors, don't ignore your suspicions. Again, remember that the power of denial can be strong, and do your best to overcome your natural tendency to deny that a problem exists. Excellent treatment options are available for bulimia nervosa, and recovery rates are high.

2. Physical Activity: Most of Us Need to Move More . . . But Too Much Is Also a Problem

The major problem facing all of us within a world of cars, remote control, and computers is a lack of physical activity. I can get through my day without much movement unless I make an effort to go for a walk, ride my bike, or lift some weights. Do you have a teen who spends too much time in front of a screen? We'll come back to some strategies for helping that child to get a bit more active in Chapter 5.

Although most teens are not doing enough in the way of physical activity, some are doing too much. *Anorexia athletica* is not recognized as a formal eating disorder, but the term has gained increasing use because of the recognition that excessive and compulsive physical activity can be harmful. Since it has not been recognized as a formal eating disorder, criteria for defining this condition have not been established and no estimates of its prevalence have been made; thus, at first I hesitated to include it in this discussion. However, I think it is important to consider here. Too often physical activity is presented as the be-all and end-all to solving obesity and eating disorders. The fact that any excess can be a problem illustrates the importance of viewing all of these dimensions in our spectrum as falling along a continuum.

What should you watch for here? I'd be concerned about teens who appear to engage in excessive exercise beyond the requirement for good health, steal time to exercise whenever feasible, have lost a sense of enjoyment in being physically active, and define their self-worth in terms of their level of phys-

ical activity. It may be that a teen has anorexia nervosa and is using exercise as the main route to weight loss. I remember seeing an excellent video in which a young woman realizes that she has a problem when she is about to complete a marathon and is already thinking about going to the gym. Teens engaging in excessive physical activity for weight control purposes definitely need to be evaluated for an eating or exercise disorder.

3. Body Image: Dissatisfaction Is a Problem

Isn't body dissatisfaction part of being a teen? No, it doesn't have to be. Does it really matter? Yes, it does. In the Project EAT study, described in the Introduction to this book, 46% of teenage girls and 26% of boys expressed dissatisfaction with their bodies. This will come as no surprise to the parents of a teenager. But it's like dieting: Just because it's prevalent doesn't mean it's benign. Research has shown that body dissatisfaction is closely linked to self-esteem in adolescents, more so than in adults. This isn't surprising either, but we sometimes lose sight of how significant it is. A key task of adolescence is to develop one's self-concept and sense of identity; body dissatisfaction can definitely interfere with that milestone of development. Body dissatisfaction can also lead to depression in teenagers and is probably the strongest risk factor for the use of unhealthy weight control behaviors. If we take these links seriously, it's clear that body dissatisfaction should *not* be viewed as a normal and acceptable component of adolescent development.

The teens who participated in our research studies were acutely aware of the far-reaching effects of a positive body image; they described how feeling good about your body instills a positive attitude, which attracts friends and gives you confidence, which helps you in your chosen career. On the flip side, severe body dissatisfaction can make it difficult for teenagers to accept compliments, describe themselves in positive terms, or even participate in activities that they might otherwise enjoy, such as dancing, swimming, or going to a party. If your child has a serious problem with body image, you might hear her constantly comparing herself negatively to peers, family members, and celebrities or models. She might begin to equate thinness with happiness and success, saying all of her problems would be solved and life would be different "if only" she were "skinnier" or had smaller hips or a narrower waist. When our research team interviewed larger-than-average teenagers, many of them expressed unforgiving disgust with their own images in the mirror. Some said

they wished they could literally cut off the bulging parts of their bodies—a wish that recent television makeover shows seem to promise to fulfill. Ideally, overweight teens should recognize that their weight may be higher than is healthy for them and work toward making changes in their eating and physical activity behaviors, yet should still be able to appreciate their positive aspects and view themselves with respect. We'll be coming back to how to achieve this balance throughout this book.

Teens need to be reminded about their positive traits. We can comment on our teens' physical appearance: "Your haircut looks great." But we also need to comment on other characteristics to help our teens broaden their self-image: "I love the way you express yourself" or "You have such a generous way of relating to your friends." We often do this with our younger children, but we sometimes forget that our older children also care about what we think. As I wrote this, in fact, I realized that I hadn't been very diligent in this regard myself. So I've been inserting comments into my conversations with my four children such as, "You really seem to have gotten into your studies this semester," "I loved watching you play tennis today," "You have a real knack for understanding where people are coming from," or "You are so amazing at math." They're all true; I just need to remember to say them.

what you can do

IF THEY DON'T LIKE WHAT THEY SEE IN THE MIRROR, TELL THEM TO LOOK AGAIN TOMORROW

I have a friend whose pediatrician got her daughter on the right path with just a few wise words that my friend never forgot. When the daughter was 10 or 11, the doctor told her, "A lot's going to be happening to your body over the next six or seven years. Sometimes you're going to love your body, and sometimes you're going to hate it. Whenever you don't like it, just wait—it's going to change again." The warmth and we're-all-in-this-together sense with which the female doctor delivered this critical message may have been just as effective as her words. My friend could see the relief in her daughter's responding smile. And over the next few years, whenever her daughter said she couldn't stand the way she looked, my friend reminded her of what her doctor had told her. Every time, that memory brought the same relieved smile to her face. Why not try the same message with your own kids? It will go a long way toward establishing an identity that includes acceptance for the body and the many changes it will experience through life.

4. Eating Behaviors: Erratic and Emotional Eating in Teens

Does your teenager eat when hungry and stop when full, eat regular meals, choose orange juice instead of soda pop, and sometimes eat a bit of dessert? If so, skip this section . . . your daughter or son is probably at the healthy end of the spectrum for eating behaviors. Eating as a response to physical hunger, on a fairly regular basis throughout the day, and according to the food pyramid (Chapter 8) is an important goal for all teens.

The reality, however, is that many teenagers overeat in response to a hard day, to deal with difficult emotions, or just when there is good food around (so, for that matter, do a lot of adults). Many adolescents also go for long periods without eating and then get so hungry that they consume large amounts of foods in an uncontrolled manner. All of us do this to some extent, but it can become problematic when it occurs on a regular basis and becomes a pattern, when large amounts of food are consumed, and when the "extra" eating is followed by feelings of guilt, remorse, disgust, or shame. If a teen overeats at Thanksgiving, I wouldn't give it another thought. I would, however, worry about a teen who has been eating full boxes of cookies, ice cream by the gallon, or large bags of potato chips, often enough that it is having a significant impact on your grocery bill. I would be concerned about a kid who gets down on himself for overeating and either talks about it ("I am so mad at myself for eating all that. I have no self-control") or shows other signs of remorse such as moodiness or social withdrawal. Since binge eating may be done secretly, I would also be concerned about the disappearance of food.

Binge eating disorder, shown at the far right on the spectrum for the eating behaviors dimension, is a condition characterized by frequently eating large amounts of food and feeling out of control during these eating episodes. *Frequently* is generally defined as "an average of at least two times a week for six months." Sometimes binge eating disorder may be referred to as compulsive overeating. People who binge are known to eat more rapidly than usual and continue even when uncomfortably full. They often feel guilty and depressed following the binge, which can lead to bingeing again, creating a cycle of binge eating. Binge eating is often done alone because of feelings of shame or embarrassment. Binge eating disorder differs from bulimia nervosa in that binges are not generally followed by purging or other compensatory behaviors, such as extreme dieting or excessive physical activity. Although individuals of all body weights can have binge eating disorder, it is more common among overweight individuals. Binge eating can lead to psychological and

physical conditions, including depression, obesity, high cholesterol, diabetes, and heart disease. Among college students and adult populations, binge eating disorder is estimated to occur in about 5% of females and 3% of males. In younger teens who participated in Project EAT, the estimates were about 3% of females and 1% of males. Thus, gender differences are much smaller than those found for anorexia and bulimia nervosa.

Teens may engage in binge eating without having binge eating disorder. In Project EAT, 16% of average-weight teenage girls and 6% of average-weight teenage boys answered "yes" to the question "In the past year, have you ever eaten so much food in a short period of time that you would be embarrassed if others saw you (binge eating)?" Binge eating was more common in overweight teens than in average-weight teens; 21% of overweight adolescent girls and 12% of overweight adolescent boys reported binge eating.

Why are overweight individuals more likely to binge than others? Overweight teens report binge eating as a coping mechanism for dealing with stressful social situations, such as being teased about their weight or being excluded from friendship groups or sports teams, and with difficult emotions associated with high levels of body dissatisfaction. Ironically, this pattern just perpetuates a cycle in which the teenager gains more weight, continues to "feel so fat," and then just gives in to sitting in front of the TV and bingeing.

Obviously, it's important to work toward breaking this cycle, and there are various points in the chain of events that offer opportunities. An obvious one is the point at which the need for a coping mechanism arises. Parents can help their kids learn healthier coping mechanisms for dealing with difficult emotions and social situations by modeling and gently suggesting healthier alternatives such as listening to music, talking with friends, taking a hot bath, or going for a walk. As discussed in Chapter 6, avoiding restrictive dieting practices can make teens less vulnerable to binge eating in times of stress. Another point at which the cycle may be broken is before a particular stress is imposed on the teenager. Can we prevent teasing and make our adolescents feel accepted and loved regardless of their shape or size? There are a number of ways to encourage this attitude in friends and family provided throughout this book.

5. Weight Status: The Challenges of Being Different

We need to pay more attention to the needs of overweight teens. As I discuss in Chapter 4, weight stigmatization is all too common in our society. All

teens, but particularly overweight teens, are affected by it. The strong pressures on overweight youth to be thin increase their risk for unhealthy weight control behaviors, disordered eating behaviors, and eating disorders. In Project EAT, *nearly one-fifth (18%) of overweight girls and 6% of overweight boys reported that for weight control purposes they had made themselves vomit or taken laxatives, diuretics, or diet pills in the last year. Seventy-six percent of overweight girls and 55% of overweight boys reported unhealthy, although less extreme, weight control behaviors such as skipping meals, smoking, fasting, using food substitutes, and eating very little food.* These behaviors are not likely to be effective and may even lead to weight gain! Furthermore, they can be very harmful.

If you are the parent of an overweight teen, it's important to be aware of his or her increased risk for engaging in unhealthy weight control behaviors and experiencing the associated complications, including, but not limited to, the onset of an eating disorder. Some health care providers look for these behaviors only in very thin kids, and overweight teens may be overlooked. Parents are the gatekeepers to help for these teenagers.

A supportive home environment can greatly reduce the contribution of childhood obesity to the development of psychological problems and the use of unhealthy weight control behaviors. One teen we interviewed said her adult siblings encouraged her to try when she protested that she wanted to lose weight but couldn't, yet she emphasized that her family was "more concerned about me as a person than about my weight" and always provided support. Another teenager attributed her commitment to avoid purging behaviors for weight loss to a supportive family. It can be hard to parent a larger child within a society such as ours that places so much emphasis on thinness. Parents of larger children often find themselves in a bind about how to help . . . and not make things worse. Strategies for helping your overweight child with healthy weight management—without impairing your child's self-esteem, inadvertently prompting the use of extreme weight loss behaviors, or adding stress to your relationship—are discussed throughout this book, particularly in Chapter 14.

Eating-, Activity-, and Weight-Related Problems: Where Does My Child Fit In?

Take a few moments to fill out the following questionnaire that asks about your own child's attitudes and behaviors. If you have more than one child, complete the questionnaire separately for each child, or do it for the child who

most concerns you. For ease of reading, some of the questions refer to girls and others to boys; all should be answered for your child, regardless of gender. Carefully considering the answers will better equip you to make decisions about how to move toward the healthy end of the spectrum.

WHERE IS YOUR CHILD ON THE SPECTRUM FOR EATING, ACTIVITY, AND WEIGHT-RELATED PROBLEMS?

		Circle one	
1. Does your teen experiment with different diets?	M	Yes	No
2. Does your child talk about looking forward to dance class, soccer practice, or any other sports?	H	Yes	No
3. Does your teen enjoy picking out new clothes and feel she knows what looks good on her?	H	Yes	No
4. Does your child eat regular meals?	H	Yes	No
5. Has your physician said anything negative about your child's weight status—that your child is underweight or overweight?	M	Yes	No
6. Does your teen play a sport, jog, attend a dance class, or follow an exercise program a few times a week for an hour or so each time?	H	Yes	No
7. Given the choice, would your teen usually choose to watch television over roller-blading, ice skating, or some other sport?	M	Yes	No
8. Do you have reason to believe, because of what you've heard from your teen or someone else, that your teen is being hurt by being teased about her body?	P	Yes	No
9. Does your child overeat whenever appealing food is around?	P	Yes	No
10. Does your child drop out of games or sports or other physical activity before the other kids because of tiring easily due to being overweight?	M	Yes	No
11. Does your teen eat a variety of foods, including fruits and vegetables, every day?	H	Yes	No
12. Does your teen spend his days running from activity to activity and spending his time in his bedroom doing jumping jacks or sit-ups?	P	Yes	No
13. If you asked your teen to describe himself, would he list all of his physical flaws before his strengths?	M	Yes	No

(*cont.*)

14. Does your teen tend to eat a lot of foods that are low in nutrients and high in fats and sugars?	M	Yes	No
15. Does your teen's weight allow him to play the sports he likes and do as well as he would like?	H	Yes	No
16. Do you ever notice the smell of vomit in the bathroom after your teen has been there or find empty laxative packages in the garbage?	P	Yes	No
17. Does your teen seem distressed when she can't get to the health club that day or when she has to cut a practice short?	P	Yes	No
18. Does your teen explain not going to a dance, or not trying out for a team, as a result of being "fat" or "bad at sports"?	M	Yes	No
19. Does your child eat when hungry and stop eating when full?	H	Yes	No
20. Has your child's weight, in relation to his height, tended to be consistent over the years?	H	Yes	No
21. Does your teen talk about wanting to go on a diet?	M	Yes	No
22. Does your child like a variety of physical activities, including nonstructured activities such as walking and biking and structured activities like soccer team and dance class?	H	Yes	No
23. Has your teen suddenly started comparing his body negatively with everyone else's, to the point of refusing to go swimming, starting to wear nothing but baggy clothes, or giving up a sport?	P	Yes	No
24. Does your child tend to munch when nervous, sad, stressed, or angry?	P	Yes	No
25. Does your child seem too weak to keep up with the other kids because of being underweight?	P	Yes	No
26. Does your teen often engage in behaviors such as pushing food around the plate, cutting food into small pieces, or preparing food for others without eating it?	P	Yes	No
27. On average, does your child spend more than two hours a day watching television, playing video games, or doing nonschool activities on the computer?	M	Yes	No
28. If you asked your child to list five things she likes about herself, would she be able to do this?	H	Yes	No
29. Does your child skip meals on a regular basis?	M	Yes	No
30. Has your child recently had a large change in weight—either weight loss or weight gain?	P	Yes	No

SCORING THE QUIZ

What Is Your Teen's Overall Position on the Spectrum?

How many "yes" responses did you have for H questions? ____
How many "yes" responses did you have for M questions? ____
How many "yes" responses did you have for P questions? ____

The questionnaire contains 10 *H* questions, 10 *M* questions, and 10 *P* questions. A "perfect" score would include 10 "yes" responses for the *H* questions and zero "yes" responses for the *M* and *P* questions. Why? Because *H* indicates a healthy behavior, *M* a behavior that's moving toward problematic, and *P* a problematic behavior. Where does your child stand? Where is there room for improvement?

Where Is Your Teen in Regard to Specific Dimensions Shown on the Spectrum?

Now count the number of "yes" responses for questions marked with either an *M* or a *P* for each dimension. Do any of the dimensions appear to be problematic for your child? Even one "yes" response to a *P* question can indicate that there is a serious problem in that dimension.

Dimension on spectrum	Relevant questions	Number of "yes" responses
Weight control practices	1, 16, 21, 26	____
Physical activity behaviors	7, 12, 17, 27	____
Body image	8, 13, 18, 23	____
Eating regularity	9, 14, 24, 29	____
Weight status	5, 10, 25, 30	____

So, What Should You Do about What You've Learned?

• If your children are in the healthy range for most of these dimensions, your task will be to help them stay there as they go through adolescence. This book can help you prevent their progression toward the problematic end of

the spectrum by keeping you apprised of the issues your kids are facing and helping you take some steps to stave off negative influences.

- If the questionnaire revealed that your son or daughter is moving toward the problematic in some dimension, this book will provide you with the skills to help your teen progress toward the healthier end of the spectrum. This may mean taking the same steps as for kids who are still in the healthy range but making a more concerted, targeted effort. It may also mean spending some time right now to find out more about the budding problem specifically or the whole spectrum of issues generally. You'll find tips for communicating in Chapters 7 and 13 that can be helpful if you have any hesitation about talking to your teen about these subjects.

- If your teen is at the most problematic end of the spectrum for any of the five dimensions, this book will guide you in making some changes to help your child, but it especially will tell you how urgently you need to act and how you can find the most appropriate health care resources for your teen. I firmly believe that solving eating- and weight-related problems is a matter of teamwork among health care providers, parents, and teens. An experienced and empathic health care provider can bring objectivity and calm to a turbulent situation and, through early involvement, can often keep problems from doing serious harm, but he or she cannot do it without you. Health care providers tell me time and time again that family support and healthy role modeling are essential for successful treatment.

Guilford Publications
72 Spring Street
New York, NY 10012
212-431-9800
800-365-7006
www.guilford.com