

Eating & Weight Issues

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Definition

Caller concerned specifically about their weight or behaviour surrounding eating. Callers with anorexia or bulimia, under/over eating and including behaviours such as the use of laxatives, appetite suppressants, obsessive exercise etc.

Media, advertising and popular culture continue to glamourise the lean look for women promoting thinness as synonymous with health, success and beauty. The 'ideal' female form currently portrayed by fashion magazines, store mannequins and children's dolls is unrealistically thin and represents dangerously low body weights that would pose serious health risks to most women (Women's Infoclink, 1999).

These pervasive stereotypes have a powerful influence on young people's attitudes, feelings and behaviours towards their own bodies. Research over the last 20 years has revealed that most young women in western societies want to be thinner (WHQW, 2003). One Australian study found that over three-quarters of girls aged 14 to 16 years wanted to weigh less. Further, while 63% of these young women thought that they were overweight only 16% actually were overweight for their height. These beliefs have been found to be firmly in place among girls as young as six years of age (Grigg, et al., 1996).

The pressure to be thinner leads many young people to dieting and/or excessive exercise as a way of losing weight. Australian research has found that over 85% of girls aged 14 to 16 years have been on a diet of some form, while 7% have been found to be extreme dieters. (Patton, et al., 1997). It has been clearly demonstrated that girls who engage in extreme dieting are much more likely to develop eating disorders in later life (Patton, et al., 1997).

The incidence of eating disorders is relatively low - estimated at between one and three percent of the population (CDHAC, 2000). However, the seriousness of eating disorders becomes evident in the light of research indicating that around 20% of the young people who develop an eating disorder die as a result (Slade, 1995).

KHL Caller Data

Every year Kids Help Line (KHL) counsellors respond to over 550 calls concerning eating and weight issues, accounting for almost 1% of all counselling calls. However, the introduction of online counselling has resulted in a sharp increase in the number of contacts about eating and weight issues in recent years. During 2003, KHL received over 800 contacts about eating and weight issues. In addition, counsellors respond to a further 200 contacts each year where eating and weight issues are a significant secondary concern for young people.

The following report is based on KHL phone, web and email counselling contacts received between 2002 and 2003 where eating and weight issues were the young person's main concern.

Who Makes These Contacts?

Females aged between 15 and 18 years make the largest proportion of these contacts (62%), while 10 to 14 year old females are responsible for a further 34% (see Table below).

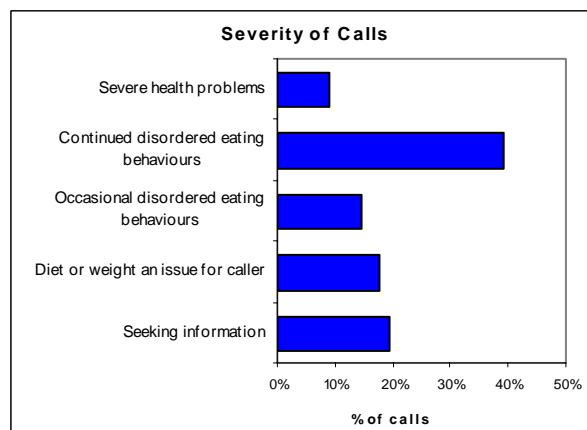
AGE	FEMALE	MALE
5-9 years	<1%	<1%
10-14 years	34%	2%
15-18 years	62%	2%

Counsellors record the young person's ethnic background for 17% of contacts relating to eating and weight issues. The majority are Anglo-Australian (87%), with nine percent of clients of non-English speaking backgrounds.

Seventy-three percent of contacts about eating and weight issues are from metropolitan regions of Australia - 16% higher than the proportion of calls from metropolitan areas about all other issues (62%)*. This could indicate that eating and weight issues are of greater concern for young people in urban centres or that KHL is simply better recognised in these areas as a service that can respond to the issue.

What Are These Contacts About?

Nineteen percent of young people who contact KHL about eating or weight issues are seeking information while dieting or weight is an issue for 18% of clients. A further 15% report occasional disordered eating while 39% are engaging in continued disordered eating and weight issues and 9% are experiencing severe health problems (see Figure below).



Female (12): Caller is concerned that she is the only member of her family who hasn't lost weight in preparation for a beach holiday in a few weeks. She and her sister are frequently compared by their mum and are in constant competition.

Comparisons between phone and online clients reveal that young people are more likely to report occasional or continued disordered eating via web and email counselling than via the phone. These findings may indicate that young people engaging in disordered eating feel more comfortable seeking help online.

What About Eating Disorders and Males?

While females make the vast majority of contacts concerning eating and weight issues, 4% are from males. Forty-five percent of these callers report that dieting or weight is an issue while 27% report disordered eating and weight issues or a severe health problem.

Body dissatisfaction and dieting are increasingly being recognised as concerns for young males. For example, it has been found that 27% of 12 to 15 year old boys want to weigh less and over 60% of 14 to 16 year old boys have engaged in some form of dieting (Nowak, 1998; Patton, et al., 1997).

Male (10): Caller said he gets teased at school and on the holidays about his weight. In the last two days of school he stopped eating as much, and today he has decided not to eat at all.

What Are The Underlying Concerns?

Body image, eating behaviours and weight issues are not about food but about feelings. Low self worth, anxiety and feelings of depression and loneliness are often reported by the young people who contact KHL about eating and weight issues. Furthermore, extreme eating and weight issues have stronger connections with clinically diagnosed eating disorders and other mental health problems, such as depression and anxiety, than with being overweight (Patton, et al., 1997).

Female (16): Caller wants to stop bingeing. Feels out of control with her eating. Also feels depressed and guilty about her eating and weight issues.

The intensity of these feelings and the lack of other viable coping responses lead some young people to self-injure or attempt suicide as a way of reducing or escaping their emotional pain.

Female (17): Caller has had bulimia for five years and has started self-harming recently trying to cope with the pain of this eating disorder and her feelings of depression.

Relationship difficulties with family, friends and partners are also very common issues for these young people.

Female (14): Has continued stress about her eating behaviour. Feels like it is consuming her life. It is often triggered at the moment by fights with mum.

In addition, young people who contact KHL about eating and weight issues have often experienced some form of violence through past instances of bullying, child abuse or sexual assault.

Female (13): Caller worried that her disordered eating patterns may reflect an eating disorder. Suffered eight years of sexual abuse from age 3-11.

Other themes in calls about eating and weight issues include grief in response to significant losses and pressure from others

Female (16): Caller is a gymnast who recently fainted and was told she has anorexia and an irregular heart beat. Has exams for gym coming up very soon and to compete she must weigh a particular weight - which she doesn't.

The literature suggests that by controlling their weight an individual can have a sense of control over their lives. In anorexia, self-starvation numbs the individual to their emotions. The person suffering from anorexia really has no thought for anything other than how much food they have eaten, what they weigh and what they will eat next. All their feelings are experienced in relation to food and thus other problems may seem to disappear or become more manageable.

Kids Help Line provides a safe, accessible environment for young people to discuss their concerns. Counsellors are able to provide support and empower the young person to feel more in control and to develop a wider range of effective coping mechanisms. Assisting young people to build on existing supportive relationships with family, friends and professional helpers is also important. Young people can call back and speak to the same counsellor as often as they need to as they work through their concerns.

What Are The Outcomes of These Contacts?

Twenty-one percent of those young people who contact KHL about eating and weight issues are referred to other support services. This is more than double the proportion of referrals for all other contacts (10%). A further 12% are provided with a non-specific referral to either a local doctor, school guidance counsellor or mental health worker.

The majority (56%) of contacts concerning eating and weight issues are of such a nature that no referral is required while 10% are unable to be referred due to either a lack of services in their local area or the client ending the session before a referral could be given.

Less than 2% of contacts about eating and weight issues involve a duty of care action being taken. However, 19% of young people with concerns about eating and weight issues agree to reconnect with their counsellor at a specific date and time compared with 16% for all other contacts.

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*Client location recorded in 22% of contacts

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