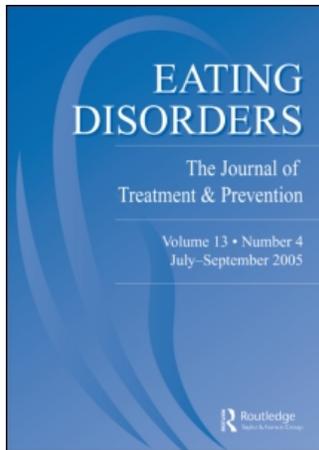


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## Eating Disorders The Journal of Treatment & Prevention

Publication details, including instructions for authors and subscription information:  
<http://www.informaworld.com/smpp/title~content=t713666342>

### School-Based Interventions to Prevent Eating Problems: First Do No Harm

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Online Publication Date: 01 March 2000

To cite this Article: O'dea, Jennifer (2000) 'School-Based Interventions to Prevent Eating Problems: First Do No Harm', *Eating Disorders*, 8:2, 123 - 130

To link to this article: DOI: 10.1080/10640260008251219

URL: <http://dx.doi.org/10.1080/10640260008251219>

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## **School-Based Interventions to Prevent Eating Problems: First Do No Harm**

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*The prevention of eating disorders and body image problems among adolescents is one of the most desirable achievements in contemporary health education. While preventive school-based education has been suggested as a possible way to reduce the prevalence of these problems in children and adolescents, this approach has also been cited as ineffective and potentially dangerous. This article discusses educational activities that deal with the prevention of eating problems and eating disorders. School-based activities are discussed in relation to how eating problems and eating disorders may be best dealt with in educational settings. Discussion focuses on how to avoid undesirable and unintentional effects such as the promotion of dangerous weight control methods and the glamorization or normalization of eating disorders. A new safe and effective school-based self esteem program (O'Dea & Abraham, in press) is discussed and this new approach provides support for the use of school-based strategies to prevent eating problems.*

### INTRODUCTION

The primary prevention of eating and body image problems among young people, and in particular, adolescents, is emerging as one of the most desirable achievements in contemporary health and nutrition education. To be able to effectively prevent the onset of eating disorders, disordered eating, and related problems such as poor body image would not only reduce the trauma and human suffering associated with these problems but also the economic cost of treatment.

In order to develop effective and sustainable eating disorder prevention programs we must first exclude those approaches and practices which have been proven to be ineffective. Additionally, to foster widespread recognition

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and support for preventive activities it is necessary to openly examine the limitations of ineffective strategies, and any harmful effects of such interventions must be thoroughly identified, evaluated, and acknowledged.

It is of paramount importance that potentially dangerous approaches to eating disorder prevention be disseminated to those working with young people in the community such as school teachers, youth workers, and sports coaches, who may be otherwise unaware of the etiology of eating disorders and the inherent dangers of some educational approaches and activities. By providing scientific and evidence-based reports of preventive strategies that have been proven to be effective or ineffective, we also provide those working in prevention with the opportunity to change their current programs (Mann & Burgard, 1998) and introduce more efficacious strategies.

### PREVENTIVE STRATEGIES

Several authors worldwide have called for the introduction of strategies specifically aimed at the primary prevention of eating disorders (Collins, 1988; Crisp, 1988; Gresko & Karlsen, 1994; Huon, 1988; Shisslak, Crago, & Neal, 1990). More recently, Striegel-Moore and Steiner-Adair (1998) call for a focus on prevention of the known risk factors in the development of eating disorders. They cite the need to address contributing factors such as the sociocultural context in which eating problems develop (e.g., social body ideals) the family context (e.g., inadequate parenting, abuse, parental weight concerns), self-deficits (e.g., low self-esteem), body image concerns, and constitutional vulnerability in the prevention of weight control behaviors and subsequent eating problems.

Other reports focus on the need to foster self-esteem (Button, Loan, Davies, & Sonuga-Barke, 1997; O'Dea & Abraham (in press); Shisslak, Crago, Neal & Swain, 1987), and peer (Paxton, 1996) and parental involvement (Graber & Brooks-Gunn, 1996) to prevent eating disorders. In addition, a wide range of other potential strategies have been trialed and suggested as effective, including a feminist approach (Levine, 1994; Piran, 1996) targeting of high risk groups (Killen, Taylor, Hammer, Litt, Wilson, & Rich, 1993; Piran, 1998) and in particular, peripubertal females (Killen et al., 1992; O'Dea & Abraham, 1995) and development of media analysis skills (Levine & Smolak, 1996; Paxton, 1993).

### SCHOOL-BASED PREVENTION PROGRAMS

There have been many suggestions for the prevention of eating problems using school-based programs (Fairburn, 1995; Neumark-Sztainer, 1996; Shisslak et al., 1987; Smolak & Levine, 1994). Previous large school-based interventions to prevent eating problems (Killen et al., 1993; Neumark-Sztainer, Butler,

& Palti, 1995; Paxton, 1993) have typically employed information-based strategies in traditional school classroom settings that have focused on providing female secondary school students with information about eating disorders, facts about the potential dangers of dieting, nutrition information, and analysis of the social construction of body image ideals and cultural stereotypes of the perfect body. While these previous interventions were creative and well designed, they did not actively consider or incorporate into their intervention design the potential problem of iatrogenesis, where eating problems may be caused by the process of diagnosis, intervention, or treatment. The subsequent ineffectiveness of such educational interventions may have been partially explained by the creation of adverse effects had these factors been considered and adequately measured.

Those involved in the planning of education programs to promote healthy eating and prevent eating problems including dietitians, teachers and educators, school administrators, nutritionists, researchers, and policy-makers, as well as those responsible for food product development, marketing, and advertising could be reminded of the most basic principle of modern medicine—first, do no harm.

### FIRST, DO NO HARM

There have been warnings about the potential for certain educational approaches to do more harm than good when attempting to reduce the incidence of eating disorders by way of preventive education (Garner, 1985; Gresko & Rosenvinge, 1988; Habermas, 1992). Two recent studies, one from the United Kingdom (Carter, Stewart, Dunn, & Fairburn, 1997) and the other from the United States (Mann et al., 1997), are the first to report the inadvertent harmful effects of interventions designed to prevent eating disorders among young adolescent and college women. These recent studies demonstrated that school- and college-based education programs that provide information about eating disorders, and particularly those led by recovered peers, may increase participants' knowledge and symptoms of eating disorders such as dietary restraint and purging.

Activities aimed at obesity prevention among children and adolescents may also produce undesirable outcomes. A recent set of obesity treatment recommendations states that weight loss treatment programs for children and adolescents may cause psychological or emotional harm and eating disorders (Barlow & Dietz, 1998). The report warns practitioners and educators who work with overweight children to proceed with great sensitivity and care when intervening with weight control programs for young people in order to prevent undesirable outcomes.

School-based interventions to prevent eating problems may inadvertently create potentially harmful outcomes in a number of ways (see Table 1). Providing direct instruction and information about eating disorders and

**TABLE 1.** Potentially Adverse Effects of School-Based Educational Strategies to Prevent Eating Problems

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- *Introduction* of young people to an awareness/concern about dieting/weight control. Introduction of a problem that did not potentially exist.
  - *Suggestive information* about weight control techniques (vomiting, laxative abuse, diuretics, slimming pills, smoking).
  - *Glamorization* of eating disorders (examples of sufferers who are rich and famous). Young people identify with sufferers.
  - *Normalization* of eating disorders (development of the idea that everybody's doing it).
  - *Transference* of poor body image, fear about food, and low self-image or body image from educators to students/clients.
  - *Negative focus* of food messages contributes to fear of food (fat and sugar are bad and the use of the term "junk food").
- 

problem eating, no matter how well-meaning, may inadvertently serve to introduce young people to the beliefs, attitudes, and behaviors that precede eating problems. For example, young adolescents may be inadvertently introduced to new and suggestive weight control methods (such as laxative abuse, vomiting, diuretics, slimming pills, smoking) during lessons about eating disorders. The education process may therefore serve to suggest to students that they could or should be trying to lose weight and to inform them of new ways to do so. This can be a particularly suggestive method of health education among young or preadolescent children who may have been otherwise uninterested in weight control issues.

Prevention programs that focus upon the use of case studies such as media reports, discussions led by recovered peers, or drama activities (e.g., plays) about sufferers of eating disorders may be counter productive because they reduce the stigma of these extreme disorders, inadvertently glamorizing the problem. Popular media reports of eating disorders among the rich and famous, such as Princess Diana, are examples of this phenomena. Frequent coverage of eating disorders in the media and in school health education lessons may also produce a sense of normalization of the problem where children begin to believe that disordered eating practices such as starvation and vomiting are common and therefore appear to be normal and socially acceptable behaviors.

A more widespread phenomenon in the inadvertent promotion of problem eating, body image problems, and eating disorders is the negative treatment of food and nutrition issues in school health education, health promotion messages, media reports, and food marketing and advertising. The use of negative language and a focus on problem-based messages—sugar and fat are "bad" and the use of the term "junk food"—contributes to the underlying fear of food, dietary fat, and weight gain that precipitate eating problems. Negatively focused school-based nutrition and health education messages and food advertising activities perpetuate the myth that foods are either "good" or "bad." This negative approach produces an atmosphere of

apprehension around food and eating that not only reduces the enjoyment of food but may also contribute to eating problems. Those who receive these unbalanced, negative, and sometimes frightening messages about bad food may develop the intense fear of food that is characteristic of eating disorders.

Those responsible for food product development, marketing, and advertising should be aware of the potential to give negative and possibly harmful messages about food and nutrition in the marketing of food products. The negativity of such messages is likely to have the greatest impact on children, adolescents, and young women. The perpetuation of body image ideals via some forms of food marketing and advertising must change if we are to protect young people from eating disorders. Food marketers should question whether their marketing activities have the potential to harm young consumers, and in particular, marketers should attempt to keep their messages about food and body image positive rather than negative.

In addition to the negative focus of food and nutrition education in communities and schools, is the relatively unexplored problem of transference of negative body attitudes to others by nutritionists and teachers. It is well known that young women are likely to possess a degree of normative discontent (Rodin, Silberstein, & Striegel-Moore, 1985) with their body shape and size. This common concern and dissatisfaction with weight, shape, and body composition and misinformation and negative beliefs about food may be unknowingly transferred to the young women and school students in their care.

Similarly, those with un-informed views of what constitutes a normal body weight or normal percentage of body fat in male or female adolescents, may transfer incorrect and unhelpful anti-fat messages to young people.

Health educators, nutritionists, and teachers should examine the important role they play as models of eating behavior and should consider their own body image and explore ways of developing their self-esteem, body esteem and appropriate eating habits. Some educators may benefit from assessment of their eating habits, beliefs, attitudes, and body image in order to determine how best to improve them. The establishment of referral and treatment services may be required in some instances. Additionally, the training of teachers, nutritionists, health educators, and other health professionals should not only provide correct information about weight issues in children and adolescents (e.g., accurately defining overweight in children) but should also incorporate activities that foster healthy and realistic attitudes about body weight, shape, growth, food, and nutrition. Specialized training or re-training may be required in order to effectively deal with such issues in our interactions with adolescents. The primary focus of such training should be to encourage educators to present food, nutrition, and body weight issues to students in a positive light and to avoid the common negative approach of focusing on junk food, bad foods, overweight, and other such terms. Children and adolescents need to know that they can enjoy a variety of different foods as part of a healthy lifestyle and they need to be enabled to do so. A

summary of potentially harmful outcomes of school-based education to prevent eating problems is presented in Table 1.

### SAFE AND SUCCESSFUL APPROACHES

School-based education to prevent eating problems is not an impossible task. Changing the focus from highlighting negative, problem-based issues to helping young people build self-esteem and enjoy healthy eating and regular enjoyable physical activity without developing a fear of food is the first step in establishing positive nutrition messages and school-based education programs which will do no harm.

A recently evaluated large, randomized, and controlled school-based intervention (O'Dea & Abraham, *in press*) to improve the body image of young adolescents using a self-esteem approach provides those working in the field of prevention with some positive encouragement. The fostering of self-esteem among the young people in this study helped to improve their physical self-concept and reduce the importance of both peer group pressure, and physical appearance. The self-esteem approach to the prevention of body image and eating problems pioneered in this study also prevented dieting and weight loss among the females and reduced eating disorders, attitudes, and beliefs (e.g., body dissatisfaction) among both males and females. Results were similar among those students with high trait anxiety and low self-esteem who may be considered to be at high risk for eating disorders. One year after the intervention, body image and attitude improvements were still present, indicating that the self-esteem approach to eating disorder prevention can have positive and sustainable outcomes. Importantly, the intervention produced no harmful or adverse effects as monitored throughout the intervention period and follow-up by measures of depression, anxiety, self-concept, and eating disorders.

School-based education programs can do much to prevent eating problems in young people. Fostering an environment in schools where food and eating are promoted as enjoyable, fun, easy and nonthreatening experiences may be achieved via cooking classes, supermarket taste tours, food and nutrition games, and visits to restaurants (e.g., multicultural food markets or restaurants). Fostering self-esteem, and in particular, body esteem among health educators, nutritionists, and school teachers may prove to be one of the most potent ways of improving body image among the young people in their care.

We currently have a clearer evidence-based picture emerging of eating disorder prevention strategies that are effective and desirable and those which are not. Future school-based prevention programs should utilize this current information to ensure the most effective, sustainable, and safe programs for the prevention of eating problems among children and adolescents.

## REFERENCES

- Barlow, S., & Dietz, W. (1998). *Obesity evaluation and treatment: Expert committee recommendations* [On-line]. Available: <http://www.pediatrics.org/cgi/content/full/102/3/e29>
- Button, L., Loan, P., Davies, J., & Sonuga-Barke, E. (1997). Self esteem, eating problems and psychological well-being in a cohort of schoolgirls aged 15–16: A questionnaire and interview study. *International Journal of Eating Disorders*, *21*, 39–47.
- Carter, J. C., Stewart, A., Dunn, V. J., & Fairburn, C. (1997). Primary prevention of eating disorders: Might it do more harm than good? *International Journal of Eating Disorders*, *22*, 167–172.
- Collins, M. E. (1988). Education for a healthy body weight: Helping adolescents balance the cultural pressure for thinness. *Journal of School Health*, *58*, 227–231.
- Crisp, A. H. (1988). Some possible approaches to prevention of eating and body weight/shape disorders, with particular reference to anorexia nervosa. *International Journal of Eating Disorders*, *7*, 1–17.
- Fairburn, C. G. (1995). The prevention of eating disorders. In K. D. Brownell & C. G. Fairburn (Eds.), *Eating disorders and obesity: A comprehensive handbook* (pp. 289–293). New York: Guilford Press
- Garner, D. M. (1985). Iatrogenesis in anorexia nervosa and bulimia nervosa. *International Journal of Eating Disorders*, *4*, 701–726.
- Graber, J. A., & Brooks-Gunn, J. (1996). Prevention of eating disorders: Including parents. *Eating Disorders: The Journal of Treatment and Prevention*, *4*, 348–363.
- Gresko, R. B., & Karlsen, A. (1994). The Norwegian program for the primary, secondary and tertiary prevention of eating disorders. *Eating Disorders: The Journal of Treatment and Prevention*, *2*, 57–63.
- Gresko, R. B., & Rosenvinge, J. H. (1998). The Norwegian school-based prevention model: Development and evaluation. In W. Vandereycken & G. Noordenbos (Eds.), *The Prevention of Eating Disorders* (pp. 75–98). London: Althone.
- Habermas, T. (1992). Possible effects of the popular medical recognition of bulimia. *British Journal of Medical Psychiatry*, *65*, 59–66.
- Huon, G. F., (1988). Towards the prevention of eating disorders. In D. Hardoff & E. Chigier (Eds.), *Eating disorders in adolescents and young adults* (pp. 447–454). London: Freund.
- Killen, J. D., Hayward, C., Litt, I., Hammer, L. D., Wilson, D. M., Miner, B., Barr Taylor, C., Varady, A., & Shisslak, C. (1992). Is puberty a risk factor for eating disorders? *American Journal of Diseases in Childhood*, *146*, 323–325.
- Killen, J. D., Taylor, C. B., Hammer, L. D., Litt, I., Wilson, D. M., & Rich, T. (1993). An attempt to modify unhealthy eating attitudes and weight regulation practices of young adolescent girls. *International Journal of Eating Disorders*, *13*(4), 369–384.
- Levine, M. P. (1994). Beauty myth and the beast: What men can do and be to help prevent eating disorders. *Eating Disorders: The Journal of Treatment and Prevention*, *2*, 101–113.
- Levine, M. P., & Smolak, L. (1996). Media as a context for the development of disordered eating. In M. L. Levine, L. Smolak, & R. Striegel-Moore (Eds.), *The developmental psychopathology of eating disorders* (pp. 313–339). Mahwah, NJ: Lawrence Erlbaum.

- Mann, T., & Burgard, D. (1998). Eating disorder prevention programs: What we don't know can hurt us. *Eating Disorders: The Journal of Treatment and Prevention*, 6, 101–103.
- Mann, T., Nolen-Hoeksema, S., Huang, K., Burgard, D., Wright, A., & Hanson, K. (1997). Are two interventions worse than none? Joint primary and secondary prevention of eating disorders in college females. *Health Psychology*, 16, 214–225.
- Neumark-Sztainer, D. (1996). School-based programs for preventing eating disturbances. *Journal of School Health*, 66, 64–71.
- Neumark-Sztainer, D., Butler, R., & Palti, H. (1995). Eating disturbances among adolescent girls: Evaluation of a school-based primary prevention program. *Journal of Nutrition Education*, 27, 24–31.
- O'Dea, J., & Abraham, S. (in press). Improving the body image, eating attitudes and behaviours of young male and female adolescents: A new educational approach which focuses on self esteem. *International Journal of Eating Disorders*.
- O'Dea, J., & Abraham, S. (1995). Should body mass index be used in young adolescents? *The Lancet*, 345, 657.
- Paxton, S. (1993). A prevention program for disturbed eating and body dissatisfaction in adolescent girls: A 1 year follow-up. *Health Education Research*, 8(1), 43–51.
- Paxton, S. (1996). Prevention implications of peer influences on body image dissatisfaction and disturbed eating in adolescent girls. *Eating Disorders: The Journal of Treatment and Prevention*, 4, 334–347.
- Piran, N. (1996). The reduction of preoccupation with body weight and shape in schools: A feminist approach. *Eating Disorders: The Journal of Treatment and Prevention*, 4, 323–333.
- Piran, N. (1998). A participatory approach to the prevention of eating disorders in a school. In W. Vandereycken & G. Noordenbos (Eds.), *The prevention of eating disorders* (pp. 173–187). London: Althone.
- Rodin, J., Silberstein, L. R., & Striegel-Moore, R. H. (1985). Women and weight: A normative discontent. In T. B. Sonderegger (Ed.), *Nebraska Symposium on motivation* (pp. 267–308). Lincoln, NE: University of Nebraska Press.
- Shisslak, C. M., Crago, M., Neal, M., & Swain B. (1987). Primary prevention of eating disorders. *Journal of Consulting and Clinical Psychology*, 55, 660–667.
- Shisslak, C. M., Crago, M., & Neal, M. E. (1990). Prevention of eating disorders among adolescents. *American Journal of Health Promotion*, 5, 100–106.
- Smolak, L., & Levine, M. P. (1999). Toward an empirical basis for primary prevention of eating problems with elementary school children. *Eating Disorders: The Journal of Treatment and Prevention*, 4, 293–307.
- Streigel-Moore, R. H., & Steiner-Adair, C. (1998). Primary prevention of eating disorders: Further considerations from a feminist perspective. In W. Vandereycken & G. Noordenbos (Eds.), *The prevention of eating disorders* (pp. 1–22). London: Althone.