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The Effects of Eating Disorders on Student Academic Achievement and the School Counselor’s Role
Dana Livingston and Lori Sammons

Eating Disorders have become an increasing reality among today’s youth. According to the U.S. Department of Health and Human Services, “approximately one out of every 100 adolescent girls develops anorexia...another two to five out of every 100 young women develop bulimia nervosa” (Understanding Disordered Eating and Eating Disorders, 2005, p. 6). Although eating disorders are usually seen as affecting girls, studies have shown that hundreds of thousands of boys experience eating disorders as well (Boys and Eating Disorders, 2004).

Anorexia Nervosa is “characterized by a refusal to maintain a minimally normal body weight” while Bulimia Nervosa is “characterized by repeated episodes of binge eating followed by inappropriate compensatory behaviors such as self-induced vomiting, misuse of laxatives....[and] excessive exercise” (American Psychiatric Association, 2000, p. 583). Factors that make anorexia and bulimia painful, such as intense fear of weight gain and lack of self-esteem, cannot be overstated. An anorexic’s personality type usually includes perfectionist, obsessive compulsive, socially withdrawn, and depressive behaviors. Behaviors of bulimics typically include poor impulse control, depression, and anxiety. Other behaviors associated with bulimia are sexual promiscuity, substance abuse, self-mutilation, and suicide (American Family Physician, 2001). “Eating disorders need to be taken seriously because they are potentially life-threatening conditions that affect an individual’s physical, conditional, and behavioral growth and development, and they may lead to premature death” (Bardick et al., 2004, p. 1).

Society and media play a huge role in the impossible dream of having the perfect body. Striegel-Moore, Silberstein, and Rodin state, “Socializing agents such as television and children’s books have contributed to the belief, even in young children, that appearance is extremely important” (as cited in Rhyne-Winkler and Hubbard, 1994, p. 195). One of the socializing agents is the Barbie doll. When Barbie was first showcased, 351,000 dolls were sold within the first year (Wolf, 2000). This symbolizes the influence Barbie had on the generation of young girls. Barbie’s appearance reflected America’s beliefs about women and was used as a tool for teaching femininity (Wolf, 2000). Barbie was modeled after the “ideal western woman with long legs and arms, a small waist, and high round chest” (Wolf, 2000, p.1). For example, if a Barbie doll was a real person her measurements would be an impossible 36-18-38 (Bellis, 2006).

Treating eating disorders soon after onset increases the likelihood of a good prognosis for adolescents (Bardick, et.al., 2004). School counselors are at an advantage because they work daily with the age group in which eating disorders frequently begin. Therefore, it is necessary that the school counselor be informed of the warning signs that enable them to identify at-risk students and make appropriate referrals.

Identifying at-risk students can be difficult. Bardick, et.al. (2004) say that there are behavioral, psychological, and social warning signs that school counselors and others may observe. Some behavioral warning signs are: excess intake of low-fat or healthy foods, counting calories, vegetarianism, fasting, obsessive ruminating about food, skipping meals or refusing to eat, avoiding food in social situations, complaining of food allergies or hypoglycemia, substance abuse, and becoming the family cook without eating what he or she has made. Some psychological warning signs include: perfectionism, competitiveness, a sense of over responsibility, emotional distress, criticism of self and others, conformity, external locus of control and low self-esteem, mood swings, complaining of feeling fat, an inability to express emotions, and demonstration of black and white thinking. There are social warning signs as well,
and they include: isolation or withdrawal from friends and family, avoidance of social or recreational activities, dieting schedules, and a desire to hide one’s compulsive behaviors from family and friends.

Another potential warning sign is decreased academic performance. In a recent survey of over 1,000 people with clinically diagnosed eating disorders, Reiff discovered that people with anorexia nervosa report 90 to 100 percent of their waking time is spent thinking about food, weight, and hunger; an additional amount of time is spent dreaming of food or having sleep disturbed by hunger...[and] people with bulimia spend about 70 to 90 percent (Key Information for School Personnel, 2005, p. 8).

Therefore, students with eating disorders experience an inability to concentrate, irritability, nausea, headache, and lack of energy, which can result in lack of motivation, lower academic performance, and absenteeism. Also, deficiencies in nutrients, such as iron, can affect a student’s memory and ability to concentrate, therefore affecting a student’s performance on tests and school work (Key Information for School Personnel, 2005).

There are several key steps that a school must take to be able to identify at-risk students and to intervene effectively. The first step is to have a school-based resource person. This person would have the knowledge of how to confront the at-risk student, discuss concerns with parents, and make a referral (Bardick et.al., 2004). This would more than likely be the school counselor. The next step is to educate all school personnel about eating disorders and how to identify at-risk students. The final step is to have a procedure that allows school personnel to refer the at-risk student to the school counselor for counseling and assessment.

After identifying students at risk for an eating disorder, the school counselor must talk with the student’s parents. Bardick et.al. (2004) suggest doing this by demonstrating support and concern, expressing empathy and understanding, and telling the truth. Rogers and Petrie (as cited in Bardick et.al., 2004) state that, “When an eating disordered individual is first confronted about his or her condition, denial and resistance frequently are inevitable” (p. 4). The school counselor must take into consideration the factor that these students are starving themselves or binging and may not be capable of appraising their condition. Also, the school counselor must make a referral to get the student the proper care he or she needs and deserves. The school should have a list of appropriate doctors or facilities to which they can refer the family during these times.

Treatment options include cognitive-behavioral therapy, psycho-educational approach, pharmacotherapy, nutritional counseling, guided imagery, interpersonal therapy, family therapy, feminist therapy, group therapy, and narrative therapy (Bardick et.al., 2004). The school counselor can be a part of the treatment plan. Bardick et.al. explain that this can be done by helping students monitor their daily activities to balance work and leisure. The school counselor can also help the student transition into new life changes or with additional challenges in life.

Because of the prevalence of eating disorders among adolescents, it is imperative that school counselors are aware of warning signs and the detrimental effects on student academic achievement. School counselors must provide appropriate treatment options.

References


