

Abstract

Making children strong and immune to eating disorders

Fostering life competence at an early stage and preventing the development of a dysfunctional family system

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Protecting children from developing eating disorders such as anorexia, bulimia and binge eating disorder (B.E.D.) is a complex task as a number of so-called destabilizing factors which enhance the proneness to such disorders are involved. The family and closer social environment always have to be taken into account for a child is a part of a complex network of relationships.

This complexity is illustrated using a case study, and factors which could be precursors to eating disorders are explained. In order to identify and classify eating disorder symptoms, and to find the right port of call for help, it is important that everybody who has contact with families, parents and children be sensitized and trained. Thus it is above all educators, physicians, paediatricians, as well as staff at advice centres and therapy facilities, who are being addressed. Simple patterns are not applicable here, i. e. being overweight or underweight in the case of a child or young person is not automatically associated with an eating disorder.

Why a child becomes ill depends on numerous factors. A dysfunctional family system does not necessarily lead to an eating disorder – there are no direct links here. A major role is played by the dynamics within the family, the rules for interaction and the communication within the family. Thus, parents may lack suitable strategies for solving problems and/or avoiding power struggles.

Disastrous links

Very often the eating habits of children are linked to the well-being and fears of the parents and often what are unsolvable tasks for children become transferred to the latter. Food is often abused as a substitute satisfaction.

Systems of rules such as the division of foods into “good” and “bad”, as well as the rigid counting of calories, prevent children from experiencing food as something that is also full of fun and pleasure, is relaxing and thus pleasant.

A lack of learning processes and unfavourable role models

Important learning processes such as letting go of the parents, coping with limits and frustration are not encountered, with the effect that children are not given the chance to develop a “positive” autonomy. If shame/embarrassment and feelings of guilt are part of the parents’ conduct repertoire, these are often also assumed by the children. Shame/embarrassment creates a feeling of helplessness and results in feelings of guilt, something which is a burden on the relationships between children and parents, as well as between the parents themselves.

First the soul becomes ill then the body

Eating disorders are often linked to addictive behaviour with the child seeking flight if he does not feel understood, for instance, wanting to avoid conflicts or can no longer tolerate a situation. If the parents have an eating disorder or there are other addictive systems in the family, the risk is particularly great that the children will also assume such behaviour patterns and develop eating disorders.

If the body image is disturbed, the path can also be prepared for conscious and sub-conscious stress, which arises from the media-driven ideals of beauty and the trend towards cosmetic surgery. Children and young people attempt to control these using a morbid system and thus run the risk of developing an eating disorder. It is an attempt to come to terms with and cope with matters; one which lead to young people first developing a “mental illness” and then a physical one. A healthy body image and a strong physical consciousness are important protective factors in this respect.

In addition the author also looks in brief at the traumata, unprocessed slights, organic and psychiatric diseases which can also contribute to the development of eating disorders among children, thus also showing the wide-ranging nature of the causes.

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