

Personal Well Being

Summary

The reciprocal relationship of food, stress, and personal resources.

Materials

- *Guide to Good Food*
 , Largen and Bence, Goodheart-Willcox Company, Inc. 2006.
- *Food for Today*
 , Kowtaluk, McGraw-Hill Glencoe Publishing, 2006.
- *Toward a Psychology of Being*
 , Maslow, A.H. (1962)
- *Motivation and Personality*
 , Maslow, A.H. (1954)
- *Don't Let Stress Get the Best of You*
 , Choices Magazine, November 1989.
- *THE CARPENTERS: The Untold Story, An Authorized Biography*
 , Coleman, Ray, Harper Collins Publishers, 1994.

Background for Teachers

The relationship between nutritional status and self-image may be evident from appearance, behavior, or life span; overeating or undereating might not be the most effective resource to use in coping with stress.

There are strong correlations between emotional ups and downs and food intakes. Some of this is rooted in the miniculture of home and family. For example, it is poor practice for parents to use food to reward or punish a child. The child might associate eating with feelings of worth or uselessness. A second example of relationships between food and emotions has to do with stress.

Stress enters everyone's life. It takes many forms. It has many causes: problem friends, lack of money, moving to a new area, balancing work and school, meeting deadlines, getting good grades, stretching a budget, loss of a loved one, and on and on. Often stress is family- related.

Some stress in our lives may be positive. It can fuel creativity and provide energy to do demanding tasks. Reacting to stress triggers biochemical reactions and can also compound existing tensions.

Your body, under the gun, shows the following physical reactions to stress:

- Release of energizing fight or flight hormones.
- Rise in breathing rate, preparing the body for action.
- Increase in brainwaves, boosting alertness; pupils dilate.
- Diversion of blood cools the skin.
- Elevation of heart rate and blood pressure.
- Decrease in blood flow to stomach; stomach acid rises.
- Release of fat and cholesterol into the blood by the liver.
- Tensing of muscles, readying you to fight or flee.

People react to stress in different ways. Stress may be manifested as irritability, lack of sleep, inability to concentrate, depression and other behaviors, with suicide being one of the most extreme. Left unchecked, stress can eventually lead to depression which makes a person feel helpless as if there is no control over life.

How you handle stress can appear to be a combination of heredity and learned behavior. This can affect food choices. Some people eat to relieve stress. Other people find that stress keeps them from eating.

Eating or not eating does not regain control of oneself. A better approach is to identify the cause of stress. Use personal and social resources to help get control of your life. Refer to the quiz on [FIND YOUR TENSION TRIGGERS](#).

Nutritional status is a term used to describe aspects of health as related to nutrition. Life span and body weight are indicators of nutritional status. Behavior may be another indicator (irritable, nervous, listless, etc.) In addition, nutritional status influences how people see themselves (self-image).

Self-image can also affect nutritional status. It's a cycle. People with a positive self-image usually try to take better care of themselves, pay more attention to grooming, etc. Pretty hair and teeth and good skin also influences self-esteem in a positive way. Both our attitudes and our practices can be reflected in our appearances.

The development of self-image is tied to an individual's perspective of how he or she looks and feels. Maintaining a body weight that other people consider ideal helps a person have a positive self-image. The myths and stereotypes of society have a real effect on people. A change, for example, in body weight can improve personal evaluation or evaluation by others.

There are many connections between food and emotional problems. People with a positive self-image usually engage in good nutritional practices.

The relationship between nutritional status and self-image is especially critical to teenagers. During adolescence bodies are changing rapidly and this causes teenagers to have changing perceptions of themselves. If a person does not perceive himself/herself favorably, he/she may try to take drastic measures (e.g., fad diets, self-starvation) in attempting to conform to his/her understanding of society's standards of physical attractiveness.

FAD DIETS

Diet for 15 days a month and eat whatever you want the rest of the month. Cut out all carbohydrates. Eat lots of lean meats, but no more than a few hundred total calories per day. These are just a few examples of fad diets. A fad is a "practice that is very popular for a short time" (Guide to Good Food, by Largen and Bence). Hence, a fad diet is one that the public grabs onto and spreads quickly, but usually doesn't last very long because it doesn't have long-term effects or is difficult to continue over a lifetime. You've probably heard people express that diets don't work. That's because any "diet" that makes a promise that seems too good to be true probably is. It is best to avoid "diets," but to implement a healthy eating plan based on MyPyramid. If trying to lose excess weight, slow and steady is the best way to go, losing 1-2 pounds per week.

BODY IMAGE

It's especially difficult for teens today as they are bombarded by the media with images of "perfection" in television and movie stars. As famous personalities are shrinking, the general population, especially impressionable teen girls, feel they must follow suit. Likewise, as young men see the muscular physiques of famous personalities, they must realize that this is not reality for every young man. Rather than focus on the scale or a "six pack" as a measure of health, one should focus on taking good care of his/her body through proper nutrition and physical activity. One's weight is made up of the weight of bone, muscle, fat, and other tissues. No two body compositions are alike because everyone has different proportions of muscle, bone, fat, etc. ; therefore, it is unreasonable to try to look just like another person.

Interesting enough, even the star who looks "perfect" probably is not. Many times photographs are "airbrushed," a technique that removes imperfections from a photograph before it is put into print. In 2003, actress Kate Winslet brought to the forefront the prevalence of airbrushing. According to GQ magazine, Ms. Winslet had approved the photographs prior to the digital altering. The editor explained that her appearance had been altered "no more than any other cover star...These days you only get two kinds of pictures of celebrities - paparazzi pictures or pictures like these which have been highly styled, buffed, trimmed and altered to make the subject look as good as is humanly possible." The editor then added, "We do that for everyone, whether they are a size six or a size 12. It hasn't a

lot to do with body size. Practically every photo you see in a magazine will have been digitally altered in this way." Winslet wanted it clear that she is not a person who starves herself to appear as she did on the magazine cover (source: BBC News online. Original release Thursday, January 9, 2003).

The eating disorders anorexia and bulimia are attributed to psychological problems of low self-concept and/or stress in addition to the strong sociocultural pressure to be too thin. The ability to maintain positive feelings about ones self and to cope with personal problems is needed to avoid or cure anorexia and bulimia.

ANOREXIA

Anorexia involves losing an extreme amount of weight through self-starvation. Anorexia is much more common among females than males, although some males do get the disorder. Teens between ages 14 and 18 are the most likely age group to become anorexic. Often times a girl will set a goal to lose a few pounds. Even when the weight loss goal has been achieved, she will continue to diet because she has a distorted body image where she sees herself as fat. A person with anorexia has a rigid diet, may use diet aids and/or laxatives and exercise excessively. Food rituals develop such as cutting up particular foods a certain way. The range of calories consumed daily is often between 600 and 800 calories. This is far below what should be consumed for good health.

Perfectionist, ambitious, high expectations are characteristics that describe those who have anorexia. An anorexic, however, has real feelings of worthlessness and inadequacy.

An anorexic's ability to diet serves as proof of perfection. It is also a kind of rebellion. Anorexia masks other worries like fear of close relationships, poor family relationships and life changes such as college and leaving home. An anorexic may feel a measure of safety and control when on a strict diet because the only concern is with dieting rather than other things.

Family members and others may express extreme uneasiness about an anorexic being too thin. An anorexic, however, may believe that these persons only want her to fail and be fat.

BULIMIA

Bulimia is an eating disorder in which a person eats large amounts of food and then vomits to avoid gaining weight. Bulimia is easier to hide than anorexia; weight loss is not apparent because some of the food is digested before the person vomits. Most bulimics are within 10 to 15 pounds of their ideal weight. A bulimic gets caught in a binge-purge cycle.

A person who becomes bulimic may feel pressure to be thin in addition to feeling extreme frustration, loneliness, boredom or an intense need to be noticed. Many teens feel pressure to be thin. Julie, a junior in high school, was an example. She felt invisible. Her parents never seemed to have time to talk to her. Julie didn't see her dad very much because he worked long hours, and Julie's mother always seemed preoccupied with community service projects. Julie yearned for more attention from her mom and dad. She turned to food because it just seemed to comfort her feeling that she was not heard. Food served as an anesthetic. Vomiting took so much out of her that it would make her forget her problem with her parents.

Understandably, food, dieting and figure become constant thoughts to a bulimic who eats massive amounts of food, vomits, and may use laxatives and/or diuretics. Excessive exercise may also be undertaken by a bulimic. Large amounts of food may be hidden to eat privately. Eating dinner at numerous fast food restaurants before vomiting is not uncommon. A range of 3000 to 5000 calories can be consumed at a time. A person who repeatedly binges can eat 20,000 calories in one day. An enormous amount of money is needed to purchase food. A bulimic may steal and/or lie to help hide the problem. Feelings of shame develop for being deviant. A bulimic, however, feels trapped and powerless to change.

Effects of Eating Disorders

Anorexia and bulimia have serious effects on the body. When one of these conditions occurs during adolescence, the effect on growth is serious and the damage is often irreversible. Such damage affects not only the psychologically and physically-impaired person, it can also damage a child born

years later to such a person. After a while an anorexic will look like a skeleton, stop menstruating and feel weak. Anorexia affects all parts of the body that use protein; i.e., heart, lungs and kidneys. Approximately 10% of anorexics die.

Repeated vomiting damages teeth, gums and the esophagus. A bulimic may have to have false teeth. The esophagus will bleed and the esophageal sphincter (the door that keeps stomach acid in the stomach) is permanently damaged to the point that it will not close. Stomach acids splash into the esophagus causing heartburn. A bulimic will eventually have to sleep sitting up to avoid intense heart burn.

Getting Over Anorexia and Bulimia

Most anorexics and bulimics cannot cure themselves. Anorexia generally requires hospitalization and therapy from both a person trained in psychology and a dietician. Both individual and family therapy may be needed. Bulimia is generally cured through group therapy and consultation from a dietician; individual and family therapy are also available. The problems masked by anorexia and bulimia need to be solved. In addition, balanced meal patterns must be learned. Years of treatment may be needed for full recovery.

CAUTION: Teachers and students must be careful about doing analysis of self or others. There are other causes of many of the symptoms of anorexia and bulimia. If there is suspicion that a person may be anorexic or bulimic, professional help should be obtained.

The story, THE SCARS OF CHILDHOOD CAN ADD UP TO LOT OF WEIGHT, illustrates how food is used to substitute for control of one's life. NOTE TO TEACHER: You may choose to have the students participate in Option #3 now.

SPECIAL NOTE TO TEACHER: [Additional resource material on the subject of anorexia and bulimia.](#)

Instructional Procedures

LEARNING ACTIVITIES AND TEACHING STRATEGIES

OPTION #1

Have the students work through [FIND YOUR TENSION TRIGGERS](#). Let them score themselves. Assure them that the information is confidential and that they will not be graded on the activity. Give each student completing it an A. Have student groups develop a set of objectives and an action plan to handle stress in their lives. (Encourage, but do not require, sharing the information with parents or guardians.) Have them keep this in their notebooks.

OPTION #2

Write the Physical Reactions to Stress listed below on the board (or use a transparency). As each one is discussed, have the students record them in their notebooks. (Having to write something gives more responsibility to the students and makes them more accountable for it. They will remember better than if the information was passed out on a handout which may not ever be read.)

Physical Reactions to Stress:

- Release of energizing fight or flight hormones.
- Rise in breathing rate, preparing the body for action.
- Increase in brainwaves, boosting alertness; pupils dilate.
- Diversion of blood cools the skin.
- Elevation of heart rate and blood pressure.
- Decrease in blood flow to stomach; stomach acid rises.
- Release of fat and cholesterol into the blood by the liver.
- Tensing of muscles, readying you to fight or flee.

OPTION #3

As [THE SCARS OF CHILDHOOD ADD UP TO A LOT OF WEIGHT](#) is read, have the students use the [WORKSHEET](#) provided and write down the problems identified by the author. Discuss how food is substituted for real solutions. Use the following questions to facilitate discussion:

How might parents' reactions to one child's eating problem affect other children in the family?
What gets covered up when food is a weapon?
What does this say about who is in control?
What are some beliefs about food and eating that parents pass onto children? Give examples.
What are some reasons for parents passing on these beliefs?
Why do they do this even when the beliefs can be harmful?

Students will write paragraphs in a reflection section of a notebook describing their own childhood experiences with food.

OPTION #4

Have each student think of and describe someone who is well-adjusted and has a strong self-image (but is not conceited). Have the students describe the person (without telling the name) and also describe the nutritional status of the person.

OPTION #5

Choose a comic strip character or show a video taped segment of a television show and have the students analyze the self-image of the characters. This could be a homework assignment.

OPTION #6

Present the students with a list of several kinds of jobs. Have them describe the characteristics of an ideal candidate for each job. Identify the characteristics related to nutritional status. Discuss the relationships between nutrition and effectiveness in various areas of life.

OPTION #7

Give the students examples of stressful situations that occur in a teen's life (see [STRESS TEST](#) for general categories.) Allow time to work in groups to determine solutions for dealing with the situation. Discuss in class. Have the students score themselves on a STRESS TEST.

OPTION #8

Discuss and give the students a copy of [IDEAS TO RELIEVE STRESS](#) to keep in their notebooks.

OPTION #9

Have the students listen to a tape of the song "We've Only Just Begun" sung by Karen Carpenter. Use the resource [THE KAREN CARPENTER STORY](#) and tell her story. OR tell the story of a current personality who suffers from an eating disorder. (Be cautious to use substantiated information, rather than tabloid-type resources). Discuss how even successful people can be victims of diseases related to food choices.

OPTION #10

Have students do research in local paper (archives on website are helpful) for story on eating disorders or teen self-image. Students will give brief oral or written report on the story.

OPTION #11

Invite a former anorexic or bulimic to speak about the disorder they had, the physical consequences and the recovery process.

OPTION #12

Have each lab group research a different fad diet and give an oral report to the class about the diet, its claims, its deficiencies according to MyPyramid, and the reality of continuing or not continuing the diet for a lifetime.

OPTION #13

Have the students find a picture of someone who is healthy. Have them describe what they think that person does to attain and maintain a healthy appearance.

OPTION #14

Have the students take the [POST TEST: ANOREXIA AND BULIMIA](#).

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