

Eating Disorders at Camp

How to Help Campers and Staff with Disordered Eating

Eating disorders and subclinical disordered eating affect many campers and staff each season. Although outside cultural and media influences are strong, you can intentionally create a robust camp culture where healthy lifestyles are emphasized but diets, body image, and weight are not. For more information on eating disorders, visit NationalEatingDisorders.org (a source for this handout) or in Canada, nedic.ca.

What

- “Disordered eating” means any unbalanced or unhealthy set of behaviors, attitudes, and emotions surrounding eating, weight, and food.
- A true “eating disorder” is a clinically significant condition characterized by severe behaviors, attitudes, and negative emotions around eating, weight, and food.
- **Anorexia** (or *anorexia nervosa*) is characterized by self-starvation and excessive weight loss. Individuals with this disorder refuse to maintain a normal body weight for their height, body type, age, and activity level. People with anorexia feel fat and look fat to themselves, even though they may be underweight. They are excessively concerned with their body’s weight and shape. Depression and anxiety are common.
- Anorexia affects the body in different ways. Women with anorexia stop menstruating. Normal feelings of hunger may disappear. Because the body is malnourished, cognitive functioning suffers and permanent bone loss may occur.
- **Bulimia** (or *bulimia nervosa*) is characterized by a secretive cycle of binge eating followed by purging. Individuals with this disorder eat large amounts of food--more than most people would eat in one meal--in short periods of time, then get rid of the food and calories through vomiting and/or laxative abuse and/or over-exercising.
- Bulimia also has negative effects on the body, including electrolyte imbalances (which can lead to heart attack), inflammation of the esophagus, and erosion of tooth enamel. Depression and anxiety are also common.
- **Binge eating disorder** is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge.
- People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.

Myths

- Boys and men never get eating disorders or have disordered eating.
- Medical charts can indicate an “ideal body weight” for every individual.
- Telling a person “Just eat more. It’s stupid to starve yourself.” is helpful.
- Eating disorders are “just a control issue” and “the person could stop if they tried.”

Why

- Eating disorders and disordered eating result from a confluence of several factors, including cultural pressures to conform to a certain body type and a desire to control distressing emotions or situations. Family dysfunction may also be a causal factor.
- Difficult intrapersonal conditions, such as depression, and difficult interpersonal circumstances, such as abusive relationships, put individuals at higher risk for developing an eating disorder. Eating disorders may also run in families.

Ways to Prevent Eating Disorders at Camp

Model Model healthy living by eating a balanced diet; being physically active; refraining from lots of food talk and diet talk; refraining from discussing your own nutritional goals or political / religious beliefs about certain foods; and not commenting on other people's bodies or eating habits.

Notice Be mindful of the early warning signs of an eating disorder, including:

- excessive preoccupation with food, calories, dieting, weight, etc.
- unhealthy dieting (overly restrictive, unbalanced, or binge eating)
- lots of talk about food ("I'll be bad and eat this." or "I'm such a pig.")
- excessive criticism about self, body, food, weight, popularity, etc.
- obsessive or compulsive exercise or "exercise binging"
- not attending food-related events or rushing to the bathroom after meals
- use of diet pills or laxatives, including herbal laxative teas, etc.
- purging (making oneself vomit in order to empty one's stomach)

Consult If you are concerned about a camper or staff member, do something! Eating disorders can be lethal, so always consult with your camp's health care professionals and possibly an outside expert. Consider the effects of the person's negative emotions and unhealthy behaviors on the individual *and* on the camp community as you make important decisions about caring for a person with eating issues. Staying at camp may not be best.

Assist Help a camper or fellow staff member find professional help. Don't wait to get help. Eating disorders can be "contagious" in a group setting *and* camps are not treatment facilities. The sooner someone gets help, the better chance they have of recovering, so you are not helping them by letting them stay at camp when they are symptomatic. By not intervening, you only play into the person's denial that they don't have a problem.

Accept Once you understand the facts and myths about eating disorders and disordered eating, your awareness will be heightened and you can avoid judgmental or mistaken attitudes about food, weight, body shape, and eating disorders. Accept people—and yourself—for who they really are.

Reflect Honestly examine the relevant aspects of your camp's culture. What are the prevailing attitudes about exercise, meals, snacks, weight, body type, fashion, and popularity? What is truly valued at your camp? Work to change ideas that a particular diet, weight, or body type will automatically lead to happiness. Challenge false beliefs that thinness and weight loss are great, whereas fat and weight gain are horrible or indicate laziness, worthlessness, or gluttony. Promote healthy eating and exercise.

Discuss When the opportunity arises with campers or staff, critique media (magazines, movies, television, video games) and popular attitudes that convey unhealthy messages about eating, exercise, and a person's physical appearance.

Case Studies of Eating Disorders at Camp

Case Study #1

Breakfast this morning is scrambled eggs, sausage, toast, fresh melon, yogurt, oatmeal, and orange juice. As the platters of food are passed around the table, Denise says, “Oh my gosh! Just look at these sausages. They are swimming in lard.” She holds one up with two fingers as if it were a dead mouse. The other girls chime in with “Ew!” and “Gross!” Denise declares that she’s only having a small piece of melon because the dance is tonight.

- What is your response to Denise’s behavior?
- How do you prevent the other girls from imitating this behavior?

Case Study #2

As you walk into the bathroom during staff training week, you hear someone vomiting. “Are you OK?” you ask. Out steps your co-counselor. “I’m fine,” he says. “I guess the spaghetti at lunch didn’t agree with me.”

- What are your concerns at this point?
- How and when will you address these concerns?

Case Study #3

During free time, you spot several campers leafing through magazines on the lodge porch. There’s a fair amount of pointing and giggling going on, but at least two of the campers are silent. As you near the porch, you can see they’re leafing through People magazine and making comments such as, “He is so hot!” and “I hate her. She has a huge butt.” and “No wonder they broke up. Look at how hairy he is.” and “Now those are some great abs.”

- How do you regulate this behavior without sounding too parental?
- What elements of the camp’s culture contributed to this event?

Case Study #4

Darcy is first-year camper who is slim, beautiful, and instantly popular with her cabin mates. She eats only a few vegetables at meals, claiming she’s a vegetarian, though this wasn’t noted on her health form. On the fourth day of camp, you take your cabin to play soccer with a neighboring cabin. It’s a hot day, so you’re trying to keep everyone hydrated. Suddenly, Darcy faints on the field. She comes to immediately and is not disoriented.

- What’s your first move, from a first-aid standpoint?
- What kind of follow-up care will you discuss with the camp nurse?
- Could this incident have been prevented? If so, how and when?