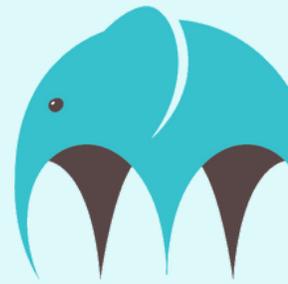


Understanding Body Image, Disordered Eating & Eating Disorders



For many of us, eating is straightforward—we eat when we’re hungry and stop when we’re full. However, for some children and young people, the relationship with food can be more complex, and this can be concerning for parents and caregivers. Developed in consultation with clinicians from [Crossroads Children’s Mental Health Centre](#), this resource discusses body image, disordered eating, and eating disorders. It covers important terms, different types of eating problems, possible causes underlying these concerns, how to know if your child or young person is struggling with an eating disorder or disordered eating, and suggestions for how to get help.

What’s in this resource?

- What are some terms I should know?
- What are some common eating disorders?
- What are some causes of eating disorders?
- How can I tell if my child has an eating-related problem?
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- What does treatment look like?
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What are some terms I should know?

Eating disorders affect about 1.4 million young Canadians, a number that grew during the COVID-19 pandemic. While people tend to use the terms “eating disorder” and “disordered eating” interchangeably, there are some important differences. Eating disorders are a life-threatening illness that can include a range of symptoms and behaviours, which we’ll describe in more detail below.

Eating Disorder

An eating disorder is a significant mental health condition where a person experiences distressing thoughts and emotions related to food, along with severe and persistent disturbances in eating behaviours. Eating disorders can have psychological, social and physical impacts that can be concerning.



Researchers estimate that about **15-17% of young females and 5.5-8% of young males** struggle with eating disorders, which puts them at risk for developing a range of physical health challenges. Eating disorders can vary from person to person, and symptoms can increase or decrease over time.

Disordered Eating

Disordered eating is more common. This is where children or young people engage in behaviours that interfere with feeding themselves properly. This can include skipping certain food groups, restricting the number of calories you take in and so on. Often, disordered eating and eating disorders can start to emerge when a person begins dieting. Dieting is a socially accepted way of intentionally restricting food intake to lose weight. Between 12-30% of young females and 9-25% of young males report dieting to change the size or shape of their bodies. Dieting can become disordered when it becomes compulsive, and the scale and outcome of food restrictions significantly impact a person's health.

Disordered eating can look different depending on the age of a child. In younger kids (typically in 3–6-year-olds), it's common and normal for them to be “picky” about foods that they either like or dislike. This can become a problem, however, when they stop wanting to try new foods, they limit the variety of things they will eat (for example, only eating beige foods, or soft foods), or they show a significant aversion to things that aren't what they want to eat (e.g., refusing to eat Wendy's chicken nuggets because they only want McDonald's ones). In most cases, children can get their nutritional needs met with a limited variety of foods and might only need a vitamin to provide an energy boost.

As a parent or caregiver, if you notice that your child is either not gaining or losing weight, if they appear to be stressed around food (and/or seem to feel safe only with certain foods), or their food preferences and avoidances start to impact their behaviours (like not going to a friend's birthday party because “they probably won't have the food I like to eat”), you may want to seek support. In older children or young people, disordered eating is most often linked with a heightened focus on body image.

Body Image

Body image (which also drives many eating disorders) is the mix of thoughts and feelings a person has about their body and how they look. This includes how a person sees their body (perceptual body image), how they feel about their body (affective body image, which can include being happy and satisfied or dissatisfied and disgusted), thoughts about their body which can cause them to be preoccupied with their body weight and/or shape (cognitive body image), and behaviours that a person engages in to try to change their body (behavioural body image). We all can struggle with body image now and then, even if we maintain a positive body image most of the time.

Body Dissatisfaction

Body dissatisfaction involves persistent and negative thoughts and feelings about one's body, leading to a greater risk of developing disordered eating or an eating disorder in younger people.

What are some common eating disorders?

Eating disorders are serious and complex mental health problems that can impact a person's long-term physical health and mortality. Over time, we have come to recognize eating disorders as a diverse group of conditions, which are described in the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) (DSM-5). These mental health concerns all share a common feature: disturbances in a person's feelings, thoughts, and behaviours related to their body and food.

Anorexia Nervosa

Anorexia nervosa is where a child or young person overestimates their body size and places a significant amount of emphasis on the importance of their physical appearance. They are motivated by a powerful and persistent fear of gaining weight or "becoming fat."

Here, a child or young person will engage in behaviours that interfere with maintaining adequate weight (like restricting food, exercising intensely, using medications to lose weight or keep it low) and use "body checking" strategies (like habitual weighing, using mirrors to check for fat, obsessively measuring body parts) to evaluate body size and weight frequently.

Bulimia Nervosa

Bulimia nervosa is when a young person negatively evaluates their weight and body shape and believes that the way they look matters more than anything else about them. These thoughts and feelings lead them to engage in a cycle of restricting food, followed by bingeing food, and then either purging (throwing up) or using laxatives as a way of attempting to rid the body of the calories consumed. A person is diagnosed with bulimia when this cycle typically happens weekly for at least three months.

Binge Eating Disorder

In binge eating disorder, a young person tends to eat very quickly and continues to eat despite being full. They often eat alone because they're embarrassed by the quantity of food they are consuming and feel a mix of emotions (like disgust, guilt, or depression) while doing so. We all overeat from time to time, but binge eating disorder involves regularly consuming more food than your body needs. This behaviour is psychologically distressing for the individual and uncontrollable.

Avoidant Restrictive Food Intake Disorder (ARFID)

Avoidant Restrictive Food Intake Disorder (ARFID) is where a child or young person limits the volume and/or variety of food they eat. Unlike other eating disorders, ARFID isn't due to a person's distress about weight or body shape. Instead, it's selective eating that is motivated by a lack of interest in food, a sensitivity or strong reaction to the taste, texture or smell of food, and/or a fear of choking or vomiting while eating.

ARFID typically starts in infancy or early childhood and can persist into adulthood (it's present in about 0.5-5% of children and adults in the general population). This condition isn't related to a lack of access to food (food insecurity) or cultural practices (like fasting during Eid or keeping kosher), and it can't be explained by another medical issue or disorder. Children or young people diagnosed with ARFID aren't just "picky eaters." The impacts of this condition include weight loss, stalled growth, nutritional deficiencies, and behavioural consequences (like troubled relationships, poor engagement in work or school, etc.).

Orthorexia

Orthorexia is a pattern of behaviour that involves an obsession or preoccupation with "healthy eating." Here, a child or young person tends to focus on eating correctly or properly rather than enjoying a range of foods. Although many of us prioritize healthful eating, people struggling with orthorexia focus obsessively on food and use weight as a measure of their success in controlling their nutrition. Social isolation and health problems can occur in orthorexia. While this isn't a diagnosable eating disorder in the DSM-5 (instead, it's an "informal definition"), this condition can evolve into anorexia nervosa if weight loss becomes extreme.

There are other eating disorders that don't necessarily match the criteria for any of the conditions described above but impact a child or young person's health negatively, nonetheless.

Pica

Pica is the consumption of non-food items (like paper, hair, string, soil, paint, rocks, etc.) that lasts for at least a month. While children between a year and a half to two years of age often put things in their mouths, this is a deliberate, persistent act of eating objects (some of which can be toxic) that can interfere with digestion and weight gain and cause illness.

Rumination Disorder

Rumination disorder (which is sometimes linked to anorexia or bulimia nervosa) is where a child or young person swallows food and brings up the chewed or partially digested contents back into the mouth without any signs of gagging or nausea. For a medical professional to diagnose this eating disorder, the act of regurgitation must take place regularly over the course of a month.

In some cases, there may be some qualities or characteristics of an eating disorder present that don't fit neatly into any one of the above DSM-5 categories. In these situations, a diagnosis of Other Specified Feeding or Eating Disorders (OSFED, formerly known as "eating disorder not otherwise specified") may be used. This is an umbrella term that encompasses a mix of symptoms, so it's a good idea to ask your primary care doctor or eating disorder specialist for specific details about how this term applies to your child or young person.

What are some causes of eating disorders?

Registered dietitian, family therapist and internationally recognized authority on eating and feeding, [Ellyn Satter](#) recommends that when children are small, parents and caregivers should decide what a child eats, and when they do so, and children should choose how much they eat. This approach can help children explore their likes and dislikes and learn about cues for hunger and fullness. Children innately eat when they're hungry and stop when they're full, and parents and caregivers should take their lead. She also suggests that "food neutrality" is adopted, where there is no "good" or "bad" food, but rather a range of nutritious options is made available.

Unfortunately, eating problems do develop for some children and young people. There's no straightforward cause for why this happens in some and not others. There is a range of biological, genetic, social, and psychological factors that can account for the emergence of an eating disorder. These tend to interact with each other, shift and change over time, and look different in each child or young person.

For example, some children or youth might have a family history of an eating disorder, which could suggest a genetic vulnerability to developing this type of condition. There are also links between eating disorders and different mental health or psychological problems like depression, anxiety, obsessive-compulsive disorder, self-harm and suicidality. Other risk factors can include low self-esteem, perfectionism, being stigmatized because of weight (either too heavy or too thin) and general body dissatisfaction.

There are a host of socio-cultural factors that contribute to the development of eating concerns. For example:

- Children and young people continue to grow up in a “[diet culture](#)” that values thinner, smaller bodies and normalizes food restriction as a way of being “healthy.”
- We live in a time when “[gym culture](#)” or “fitness culture” has exploded. This involves constantly pushing yourself to improve your body, tracking workouts, and counting calories for weight loss. There are a shocking number of social media sites, calorie-counting apps, books, videos, etc., accessible to young people that perpetuate the flawed belief that being tiny and constantly striving for the perfect body equals health.
- Being “white and skinny” is a big part of diet and gym/fitness cultures, which is particularly problematic for children and youth who are Black, Indigenous, racialized, or have diverse identities or genders.

How can I tell if my child has an eating-related problem?

There are several different conditions that are grouped together as “eating disorders,” which can make it hard to know whether your child or young person might be struggling with disordered eating or an eating disorder. In general, signs of an eating disorder can include:

Behavioural Changes

- Restrictive eating patterns (adopting a new diet, cutting out certain foods)
- Eating more than usual (even when not hungry) to the point of discomfort
- Eating in secret
- Disappearing to the bathroom after meals
- Losing interest in hobbies, friends and other things they used to enjoy
- Denying hunger or, conversely, becoming fixated with making food
- Engaging in ritualized eating behaviours (only eating in certain places and at certain times without any flexibility)
- Increased exercising, exercising in secret or showing extreme stress when exercising isn't possible
- Hiding or hoarding food
- Wearing layers to hide their body shape (like oversized, baggy sweaters when the weather doesn't call for this)

Physical Changes

- Showing signs of extreme weight loss
- Failing to gain weight or keep weight on (in younger children)
- Experiencing gastrointestinal issues, stomach aches, constipation, and/or abdominal pain
- Showing signs of tiredness or exhaustion
- Experiencing dehydration
- Sleeping too much or too little
- Being unable to regulate body temperature
- Experiencing dry mouth or brittle nails
- Losing hair
- Fainting or feeling dizzy
- Showing signs of lethargy or weakness
- Getting sick often (impaired immune function)
- Losing menstrual period (in girls)

Emotional Changes

- Appearing to be unable to find comfort in anything other than food
- Increased moodiness or emotional dysregulation
- Expressing disgust with their body and believing it's flawed
- Feeling guilty, ashamed or embarrassed
- Showing signs of depression or anxiety



As a parent or caregiver, it's important to consider what you're seeing over time. For example, we all engage in disordered eating from time to time (eating more than usual while on vacation, eating poorly during exam time or when something stressful is going on). If you don't see a return to regular eating behaviour fairly soon (once you're home from vacation, once temporary pressures have been removed), something else might be going on. Remember that you know your child best, so if you see sudden changes or behaviours that seem to persist (and don't seem to be related to a specific reason or time period) it's a good idea to take a closer look.

What should I do if I think my child or youth has an eating disorder or is engaging in disordered eating?

It can be very upsetting to see your child or young person struggling—no one wants their child to be in pain. And conversations about eating disorders or disordered eating can be tough, since you may be worried about saying or doing the wrong thing. If you are concerned about a possible eating disorder or disordered eating, there are a few concrete things you can do to help:

1

Promote positive eating behaviours. From a very early age, children are born wanting to eat and knowing how much to eat. The role of the adults in their lives is to help them have positive attitudes and behaviours about food and nutrition. When parents and caregivers support this by exposing children to new foods without pressure related to what or how much they eat, children typically eat what they need and gradually accept new food easily. Creating a positive culture around food in the family home can help prevent eating issues from developing.

2

Show empathy. If your child or young person is struggling with an eating issue, they are likely experiencing a range of really challenging emotional and physical symptoms. When you broach the topic with them, let them know you're there to help and not judge, by saying things like "I know this is really upsetting for you" or "I understand this is difficult—I care about you and think we should talk about this" or "How can I make this conversation easier?"

3

Ask questions. As we've described above, every child or young person experiences eating concerns in a unique way. It's important to ask them questions that will help you understand their specific situation and how they're feeling about it. As a parent or caregiver, it's second nature to want to solve your child or young person's problems, but be careful not to get caught up in looking for the root causes of eating challenges at this point. Also, make sure conversations are calm and unhurried.

4

Keep comments neutral. As a parent or caregiver, we can sometimes inadvertently amplify a child or young person's disordered thinking. Commenting on their weight or their appearance (e.g., "Wow, you've lost a lot of weight—you're so skinny"), no matter how well-intentioned, can inadvertently send a message to your child or young person that their disordered eating behaviours are producing the desired outcome. Try to make these conversations as neutral as possible (e.g., "I notice you seem to be more tired than usual. What do you think is going on?").

PARENT
to PARENT

If you comment on their weight, shape, or size, it could amplify or confirm their shame or guilt about their body. Try to make conversations about their physical appearance as neutral as possible. For example, "I'm noticing that you seem tired lately. I wonder if we should talk to the doctor about that."

5

Show support. It's normal for a child or young person to tell parents and caregivers that there's nothing wrong. Reassure them that you're there to support them, whether that's by being there to listen or helping them to access professional help, and that you will be there for them through this journey.

6

Call out diet and gym culture. Recognize that as adults, we're also a part of diet culture and gym culture. It's important to acknowledge this and think about how this might affect what we're seeing in our kids, and how we speak about ourselves and our bodies. While practicing healthy eating habits and engaging in physically healthy behaviours are important, diet and gym culture can have extreme and damaging consequences.

Don't be afraid to call out sizeism and diet/gym culture when you see it. Building our vocabulary around this can help normalize making these things not normal. Also, focus on "body diversity" and emphasize other aspects of your child or young person's identity (for example, instead of commenting on their physical appearance, be sure to say things like "I love how kind you are" or "you're so smart and capable").

7

Educate yourself. Reading books, consulting trusted websites and watching evidence-based videos can help you to learn more about disordered eating and eating disorders (there are some suggestions at the end of this resource). Share this information with your child or young person as appropriate and when you think the time is right.

8

Visit your primary care practitioner. Ask your family doctor or nurse practitioner if they are familiar with both the symptoms and the treatments/supports for disordered eating available to your child or young person. If you or your primary care practitioner thinks an eating disorder specialist would be helpful and appropriate, ask them for a referral to this kind of support (i.e., a disordered eating-informed dietitian, psychotherapist, or nurse practitioner).

9

Seek counselling for your child or youth. Managing the physical symptoms of the eating issue is only part of the solution. To understand what is causing your child or young person's challenges, and to figure out the best way to respond, it's important to access mental health services from those who specialize in body image, eating disorders and disordered eating to support your child or young person's recovery.

What does treatment look like?

In cases where an eating disorder is diagnosed by a primary care provider and/or an eating disorder specialist, there are three main settings in which treatment is offered.

Outpatient Care

Usually, the first line of treatment, children and young people who are medically stable may be supported with weekly therapy that involves the use of both one-on-one and family-based approaches. The focus of outpatient care is on ensuring that problematic eating behaviours are addressed and that physical symptoms improve.

Day Treatment

This type of support is meant for young people who are medically stable but not quite ready for outpatient care. Supports from a multidisciplinary team are provided in a clinic that the individual attends during daytime hours, 5 days a week. The focus of day treatment programs is on education and sustaining gains made in intensive or inpatient care settings.

Inpatient Care

Also known as intensive care, in cases where a child or young person requires medical intervention and stabilization, 24-hour care is delivered in a hospital or eating disorder unit. Supports include medical monitoring and intervention by a range of health professionals (e.g., psychiatrists, nurses, psychologists, dieticians, social workers, etc.), with treatment goals focused on restoring nutrition and interrupting eating disorder symptoms.

Parents and caregivers, along with other family members, are both supported and engaged in this process to ensure that care continues and stability is sustained once a child or young person returns to the home.

A range of evidence-based, psychotherapeutic approaches can be used in each of these settings (and are often combined to offer a comprehensive set of supports), including:

- **Cognitive-behavioural therapy (CBT)**, an approach that focuses on shifting the beliefs, values and ways of thinking that sustain the eating disorder. This, in turn, helps shape new eating behaviours.
- **Dialectical behaviour therapy (DBT)**, which involves support to identify, manage and regulate intense emotions that underlie the eating disorder. DBT blends elements of CBT with mindfulness and acceptance techniques.
- **Emotion-focused therapy (EFT)** helps children and young people to learn techniques to manage difficult emotions in ways that don't involve controlled eating.
- **Family-based therapies** actively engage parents, caregivers, siblings, and chosen family members in treatment as a way of helping them to help children and young people establish healthy eating and control the symptoms of the eating disorder.
- **Peer support** for both the children and young people, as well as parents, caregivers and family members, brings people together who are managing different challenges to both give and get support from one another.



Visit [eMentalHealth](https://www.eMentalHealth.org) to find a program or service to address eating disorders in your community.

How can I take care of myself?

As a parent or caregiver, it can be hard to put your needs first when it comes to the children or young people in your life. It's important, however, to take care of yourself so that you can be there for your child. Here are some concrete ideas you can try.

- **Learn as much as you can** about disordered eating and/or eating disorders. Knowing what you're dealing with can help decrease the stress and anxiety that often come with navigating new or unknown territory.
- **Acknowledge your emotions.** The feelings and reactions you're experiencing are normal and reasonable. Give yourself time and space to process these, and seek [peer support](#) or your own [therapist](#) if you think that would be helpful.
- **Separate the person from the behaviour.** It's important to remember that although your child or young person is struggling with an eating problem, this doesn't define them. Work to tease apart the challenging behaviours from the person your child or young person is and find ways to celebrate their unique qualities. Focus on having many conversations and connections with your child or young person that aren't about food or eating, but rather are about other important aspects of their life.
- **Practice [mindfulness](#).** When you're managing many emotions that are stressful and anxiety-provoking, it can be helpful to engage in activities like meditation and deep breathing. These practices have been [shown to decrease stress and anxiety](#), help with memory and focus, support emotional regulation, and encourage self-compassion.
- **Balance your time.** Strong, positive relationships with family, friends, and other parents or caregivers are essential for our mental health and wellness. Spending time with others can boost our mood and help us to feel supported. It's equally important to take time for yourself, where you can do something on your own that you enjoy and that recharges you.

Additional Resources

Check out these additional resources for more information and support on eating disorders and disordered eating.

- [Body Image and Disordered Eating webinar](#) with Isabelle MacNider and Marissa Burliuk from Crossroads Children's Mental Health Centre in Ottawa.
- The [National Eating Disorder Information Centre](#) (NEDIC), a Canadian resource for eating disorder and education support, with trustworthy information for people affected by eating disorders and those caring for them.
- [The Ellyn Satter Institute](#) provides resources and supports for parents and caregivers, children and young people, families, and health professionals to ensure a positive relationship with food within the family.
- The [Bulimia Anorexia Nervosa Association](#), a community-based organization providing specialized treatment and supports in the Windsor-Essex community that also contains important information and resources for those affected by or supporting someone with an eating disorder.
- [Body Peace Canada](#) is a free, online resource for young people 14+ in Canada who are struggling with an eating disorder, or who have concerns about their relationship with food, exercise and/or their body.
- [Sheena's Place](#) works to inspire hope, reduce stigma, raise awareness and offer meaningful help and information at all stages of recovery for young people affected by an eating disorder or disordered eating. Group support is available free of charge, and registration does not require a diagnosis or referral.
- [CAMH](#) offers information, resources, and a list of available supports in the Greater Toronto Area for those struggling with an eating disorder or disordered eating.

You don't have to do this alone.

If you are a parent or caregiver worried about your child, or a young person looking for help yourself, please use our Find Help tool to connect with a service provider near you. Our network of child and youth mental health centres has 4,000 professionals ready to help children, youth, and families with free counselling and treatment. Our agencies provide care in person, on the phone, and virtually. No problem is too big or small.

[Find your closest child and youth mental health centre.](#)