

Tyre, Peg. (05Dec2005) "Fighting Anorexia: No one to blame," Newsweek, Online article.

OVERVIEW

While traditionally, anorexics were assumed to be white, upper-class, type A young women, care practitioners are now seeing patients as young as eight and nine with greater and greater frequency. Remuda Ranch in Arizona is a faith-based treatment program and after receiving so many calls from parents of young children in 2004, decided to establish a program for youth 13 years old and under and, as of Dec, 2005, had treated 69 of them.

Not only are anorexics appearing younger, they're also more likely to be black, Hispanic or Asian, and more like to be boys as well as middle-aged. Such findings, alongside a few key studies with anorexic twins for example, have led doctors to question the nature vs. nurture origins of the disease. Increasingly, doctors are "compar[ing] anorexia to alcoholism and depression, potentially fatal diseases that may be set off by environmental factors such as stress or trauma, but have their roots in a complex combination of genes and brain chemistry. "

Regardless of the origins, the author of this article shows that children with eating disorders, as apposed to adults, can develop debilitating and life-threatening symptoms within months. So, early prognosis and treatment is critical. And, new treatments are stressing a family-centered and home-based approach as opposed to separating the child from the parents in a treatment facility. Ironically, states the author, "family dinners are one of the best ways to prevent a vulnerable child from becoming anorexic." She goes on:

Mental-health specialists say the success of the family-centered approach is finally putting the old stigmas to rest. "An 8-year-old with anorexia isn't in a flight from maturity," says Dr. Julie O'Toole, medical director of the Kartini Clinic in Portland, Ore., a family-friendly eating-disorder clinic. "These young patients are fully in childhood." Most young anorexics, O'Toole says, have wonderful, thoughtful, terribly worried parents. These days, when a desperately sick child enters the Kartini Clinic, O'Toole tries to set parents straight. "I tell them it's a brain disorder. Children don't choose to have it and parents don't cause it." Then she gives the parents a little pep talk. She reminds them that mothers were once blamed for causing schizophrenia and autism until that so-called science was debunked. And that the same will soon be true for anorexia. At the conclusion of O'Toole's speech, she says, parents often weep.

While the jury is still out on the genetic origins of the disease, it does seem clear that the family-centered approach to treatment should be considered, especially as victims of anorexia are showing up younger and younger.

QUESTIONS FOR REFLECTION & DISCUSSION

1. What is your response to this article? How much of anorexia is genetics and how much is due to the surrounding environment (family, friends, media, etc.) in your mind?
2. Have you or someone you known experienced an eating disorder? If so, what was the experience like and what did you learn from it?

3. Do you think the family-centered approach is an appropriate treatment? What kinds of cases would you recommend it for and when would you want to avoid it?

IMPLICATIONS

1. Anorexia is clearly a serious illness that youth workers should pay attention to. They should know the warning signs and be aware of children's home environment and the various treatments and facilities they can refer them to.

2. Youth workers also should not be surprised to find the disease among young, male and minority youth.

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