

## The Dangers of “Getting Healthy” for Teens

By Rachel Hannab Fields, Psy.D.

As a clinical psychologist who works with teens and their families in an adolescent eating disorders program, I have seen many parents with one thing in common. They fear for their daughter's (or sometimes son's) health. Over the years, numerous parents have told me that their daughter developed an eating disorder soon after she became

brewing.

Normal eating is flexible. It involves a balanced diet that includes protein, fat, and carbohydrates. Normal eating might mean occasional

loss of weight, and loss of the monthly menstrual cycle (the latter two are not required for the diagnosis of an eating disorder). The most common eating disorders are anorexia nervosa (which involves calorie restriction, weight loss, disordered thinking and extreme fear of fat) and bulimia (which can also involve restriction, but always involves purging of calories by means of



hyper focused on nutrition, weight and shape. Dietary changes can be simply experimentation as teens struggle through the thorny maze of identity development, but a girl's efforts to “get healthy” can be a red flag, a warning that an eating disorder may be

overeating and occasional under eating. Normal eating means being mindful of balanced, healthy nutrition, but not making foods “good”(grilled chicken) or “bad” (a cheeseburger). Normal eating involves food for the sake of nutrition and food for the sake of pleasure. Normal eating is important in one's life, but is not a major preoccupation or focus.

By contrast, eating disorders involve rigidity, a fear of fat or weight gain, a significant

vomiting, laxatives, or overexercising). Eating disorders are full of rules - about what to eat, what not to eat, when to eat, whom to eat with, even how to eat.

However, before the outward signs of an eating disorder are apparent, there are invisible signs percolating beneath the surface. Just like trees have a root system, eating disorders have complex roots of their own. Genetics and environment are contributing factors. Many girls I see have a family history of disordered eating, anxiety, and/or depres-

## Mothers & Daughters: Conflict & Closeness

By Diana Divecha

Mothers sometimes feel that nothing they say is right.

“Don't put your hands on the handrail and then touch your face,” I chastised my teenage daughter riding behind her on the escalator and thinking that I'd teach her to avoid germs as she adjusted her nose-pierce,

“Oh my god, stop invading my life!” She turned around and gestured to me as if she wanted to give me a mock shaking.

Sometimes I feel as if we are conversing from different planets. Of all the family dyads, it is the mother-daughter relationship that tends to generate the most stress in a family during the early teen years. Cambridge psychologist Terri Apter, who studied 65 mother-daughter pairs in Britain and the US, believes there is something unique going on between mothers and daughters that creates discord but also opens up opportunities for a special connection.

In her 1991 award-winning book, *Altered Loves: Mothers and Daughters During Adolescence* (still one of the best books on the topic), Apter says that a daughter looks primarily to her mother to

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# The Dangers of “Getting Healthy”

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sion. The environmental factors include cultural messages about diet, weight and shape, and the high value placed on thinness. Other triggers include trauma (death of someone close, divorce, moving), academic pressure, early puberty, negative comments from authority figures, and a perfectionist temperament.

About a third of girls who develop bulimia also have a history of sexual abuse.

During adolescence teens may start to differentiate themselves by trying out different ways of eating: for example becoming a vegetarian or focusing on “getting healthy.” This change usually starts out in earnest. Sometimes it is ignited by the well meaning health or PE teacher who naively encourages students to cut fat out of their diets. Sometimes it is triggered by a peer or family member’s comment about the teen’s body, weight or diet. But for some vulnerable teens the very act of restricting sets the eating disorder in motion. For vulnerable teens, these new rules about eating become more and more rigid. What starts as (seemingly simple) calorie restriction turns into social and emotional restriction and turbulence.

Even though teens often feel powerful when they first start to restrict, this feeling quickly turns to intense preoccupation, increased insecurity, irritability and anxiety. The eating disorder becomes a voice for the teen’s pain and a (negative) coping mechanism. Controlling what they eat, don’t eat, how much

they exercise, what they allow themselves to digest, and so on, develops into a way to manage emotional pain. With a teen who is not vulnerable to developing an eating disorder, the vegetarianism and/or the efforts to exercise or eat healthfully are short lived or stay in a moderate, relaxed zone. For the

vulnerable, however, these efforts increase in intensity and take on a life of their own.

The difference between a vulnerable teen and a resilient teen is sometimes subtle and sometimes obvious. After all, adolescence and vulnerability are somewhat synonymous. Two of my patients illustrate these differences. Pam

was a 15 year old girl who confided in her pediatrician that she had an eating disorder. As a competitive gymnast, Pam was worried that she was feeling dizzy on the balance beam. When I met Pam she told me that she started restricting in middle school. Her body began changing (sudden weight gain is common for girls at the onset of puberty), and this scared her. She was also having trouble managing the social drama of middle school and constantly compared herself to her peers whom she perceived as really thin.

Pam’s eating disorder began with restricting. She skipped breakfast, telling her mother that she wasn’t hungry, threw out her lunch at school, and came home with the intention of eating a small dinner to keep her mom from finding out about her efforts to lose weight. At first, Pam was starving and could barely concentrate at school. But soon her body adjusted, her appetite

faded, and she initially lost a significant amount of weight. She received compliments from her peers and coach. Over time, however, Pam’s normal hunger got the best of her and after school Pam began to binge. Ashamed and guilty after her binges, Pam’s anxiety increased and depression set in. She gained weight. In an attempt to lose the weight and to combat her feelings of being out of control, Pam began to purge after her binges. Soon she was purging several times a day. When I first met Pam, her mom told me that Pam was a perfectionist, that even as a young child she got really upset if she did not meet her own high, unrealistic expectations. Pam had a history of emotional intensity and anxiety. Pam’s parents were also divorced and Pam had little contact with her father. Pam had friends, but nobody she “could really trust” or talk to about her insecurities. By the time I met Pam, she was attached to her eating disorder and was not motivated to give it up. There was a lot of work ahead.

Sarah, on the other hand, was a 13 year old girl with a serious face and an earnest temperament. She too had difficulty adjusting to middle school (who doesn’t?), but soon found a small group of friends who shared her interests in writing and drama. Sarah lived with her parents and a younger brother, had no history of trauma, and had attachments to both parents. During that first year of middle school, Sarah had a PE teacher who talked a lot about nutrition and avoiding fat or at least this is what Sarah, a somewhat literal thinker, heard her teacher say. Sarah had always been a picky eater, and it was easy for her to dramatically cut down on fats including all desserts and foods that she perceived as unhealthy.

Sarah’s mom noticed that her daughter was losing weight, was suddenly tired all the time, and that her mood seemed flat or depressed. She took Sarah to see her pediatrician who confirmed that Sarah was suffering the effects of seriously compromised nutritional intake. She had lost ten pounds and her heart rate was too low. The pediatrician was alarmed and explained to the family that if Sarah’s heart rate continued to drop she would be hospitalized. She also warned Sarah and her parents about the life threatening dangers of disordered eating. By the time Sarah and both of her parents came to their eating disorder evaluation with me one week later, Sarah had already gained back three pounds and said she was feeling better. Sarah said she did not want to lose weight, and she was visibly terrified of going to the hospital. Sarah told me that she had just wanted to eat more healthfully and, unlike vulnerable teens for whom this drive is connected with a need to feel in control of something, Sarah was eager to learn how to get better. Psychoeducation around eating disorders and a few more appointments to check on her progress were all that were necessary. Sarah had the support of her parents and friends and felt amazed at how much better she felt once she returned to normal eating. I do spend lots of time with my patients and their parents talking about the contributing factors to problems with eating and body image, but blame is left out of the conversation. While there are many things that parents cannot control in their teen’s world, there are many things parents can do either to help prevent an eating disorder or to respond appropriately if one should be in bloom. If you have any serious

**“The eating disorder becomes a voice for the teen’s pain and a (negative) coping mechanism”**

# Mothers & Daughters

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concern that your teen has an eating disorder, do not wait to get professional help from someone with eating disorder expertise. Early intervention is the best, most effective intervention. No doubt about it.

If you want to do everything you can to help buffer your teen, there are many preventive things you can do. Creating a healthy home environment helps to counter the negative messages girls get from the media. Throw out your scales (they are triggering) and pay attention to what you bring in your home. For example, diet and fat-free foods, fashion magazines and diet books all promote an over focus on weight and shape. Discuss the subtle (and not so subtle) messages that undermine a teen's sense of self and body image in the media. Stay tuned in to your teen. Adolescents need an emotionally connected relationship with their parents as much as they did when they were little. They just don't usually let themselves show it. It is also critical that moms model positive body image and acceptance. Too often teens report that their moms are openly critical of their own bodies. This has a profound effect on girls. Teens are watching what parents do and say, what you eat and don't eat. It is as if they have an x-ray machine pointed on you at all times. If they see you utilizing positive coping skills, they are more likely to do the same. Above all else, parents need to be persistent in working on nurturing the emotional connection with their teens.

*Rachel Hannah Fields is a clinical psychologist who works with children, teens, and parents in the adolescent eating disorders program at Kaiser in Walnut Creek. She is also the mother of three children. P*

validate the new person she is becoming. The daughter's maturing self-esteem, ideals, and self concept are formed in part from the reflection she sees in her mother's eyes and hears in her mother's words – that she is adult enough to be trusted, that her judgment is sound, her values good, her opinion important.

But in most cases, mothers are not yet ready to offer that admiration and respect. The mother views her daughter's growth as superficial, or piecemeal – one moment, child-like, the next, mature – particularly when the stakes are high like driving, dating, and risky behavior. Mothers of younger teens rightly gauge that their daughters are not ready for adult responsibility – a conclusion supported by recent

brain research. The prefrontal cortex, which influences judgment, reasoning and planning, is not mature until the 20s, and is easily overwhelmed. So the mother, often sympathetically and with genuine concern, continues to tell the daughter what she should be doing, thinking, and feeling. But the daughter is on a growth path with her eyes on the horizon. She seeks assurance for her emerging adulthood, and becomes frustrated when she doesn't get it.

“Mo-o-ther,” with the drawn-out vowel sound, is a common warning sounded by daughters that mother is going down the wrong path.

Daughters in Apter's study repeatedly complained about how their mothers viewed them. On the escalator, my daughter offered what Apter calls an “identity reminder” – a signal that she sees herself as more grown up, that she wants a different kind of relationship with me now. It is easy to overlook a daughter's growing capabilities, especially since some of that growth takes place away from

home, at school, or in outside activities. To complicate matters, the daughter's challenges can trigger crises in the mother. The daily hassles can make a mother feel rejected or disconnected as a parent. Apter observed that some mothers seemed to have a kind of amnesia about their own youth. The clashes with their daughters spurred a developmental shift in themselves, and they had to acknowledge that they, too, may not have been

so right, and their mothers so wrong, when they, themselves, were teens. Some mothers became defensive, some went into denial, and some dug in their heels and became more controlling. Other mothers could laugh, regroup, and reconnect.

When Apter watched the mother-daughter conflicts unfold in their homes, she found a surprising thing. Contrary to popular stereotype, the daughters were not rebelling or trying to separate or break away from the family. Rather, they were trying hard to stay connected to their mothers. In interviews with the daugh-

ters, they said they loved their mothers, they admired their mothers; they enjoyed confiding in, talking to, and spending time with their mothers. Mothers supplied the “meaning of their daily lives,” their emotional stability. Only in cases of extreme unavailability, like alcoholism or drug abuse, did daughters want to leave the relationship.

Subsequent researchers also found that teens in general, and daughters in particular, do not want to sacrifice family closeness in order to grow their new identities. They just want to reconfigure the family power balance to accommodate their growing adulthood. Over the course of a decade or so, they drive their family toward a more egalitarian relationship, all the while trying to retain their intimate connections to their parents. Girls, in particular, stay connected to their mothers over the lifespan, although the nature of the relationship shifts with development.

Getting off the escalator, I put my hands up in surrender. “I get it!” I smiled at her.

What does a daughter want? According to Apter “to capture her parents' love for the person she is becoming, not who she has been.” P

For some specific examples of how to keep a mother-daughter relationship out of the ditch, see: [http://www.ehow.com/how\\_2266249\\_motherdaughter-relationship-her-teenage-years.html](http://www.ehow.com/how_2266249_motherdaughter-relationship-her-teenage-years.html)

*Diana Divecha, Ph.D. is a developmental psychologist in San Francisco. Her two daughters attended Lick-Wilmerding High School and are now in college. She can be reached at [diandivecha@comcast.net](mailto:diandivecha@comcast.net).*

# Getting to Calm: Successful Parenting Strategies

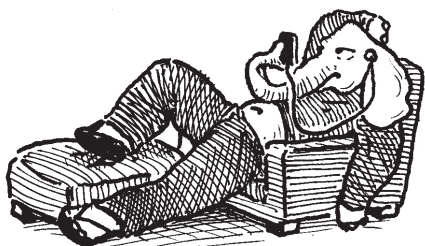
By Martha Mangold

"Raising a teenager is like taming a wild elephant," Laura Kastner, Ph.D. told a large group of parents from more than 20 Bay Area high schools at the Annunciation Greek Orthodox Cathedral in San Francisco on October 19. We were eager to learn what to do when our teens do really dumb things, when they are surly and selfish, and when our relationship with them feels on the verge of collapse.

Dr. Kastner explained that once parents understand the physiological changes in the teen brain, we could adjust our reactions to our teens' behavior accordingly. As a practicing psychologist and author of *Getting to Calm: Cool-Headed Strategies for Parenting Tweens & Teens* and *The Launching Years: Strategies for Parenting from Senior Year to College Life*, she reassured us that there are strategies available to help us keep cool even under trying circumstances.

Significant changes in the teen brain explain a large part of what affects the parent/teen relationship. Although we cannot excuse rudeness and thoughtlessness, we can gain insight into the source of the behavior. The "thinking brain" - the prefrontal cortex ("pfc") - is responsible for empathy, creativity, planning ahead, goal setting, analysis and impulse control. The "emotional brain" - which contains the fast acting amygdala - is responsible for our fear, flight or fight response.

From ages 13 to 23 there is massive pruning and blossoming in the pfc. Up to one-half of the neural branches of the brain are pruned off, and over the next 10 years new brain branches grow. During this brain remodel the pfc is highly reactive, and the emotional brain governs more



behaviors than the thinking brain. Teens are vulnerable to the "amygdala hijack." That is, instead of using their "thinking brain," neural impulses that would be going to the pfc are stimulated in the amygdala. The teen brain does not allow teens to reign in their emotions. Consequently it is no surprise that teens react emotionally to a broader variety of circumstances than adults do. We often say to our teens "use your brain." Unfortunately, during this time, teens have very little brain to use. Moodiness, emotional reactivity, conflict and risk taking behavior are typical during the teen years.

In response to their behavior, our teens have the ability to unleash powerful emotions in parents. The resulting release of stress hormones makes productive and meaningful conversation all but impossible. All of a sudden we parents find ourselves yelling right back at our teens. This is a co-amygdala hijack. Given their challenging behavior, we can accept our teens' moodiness, work to develop our own personal self-regulation skills and try to choose parenting approaches that provide the best learning opportunities for teens.

Our teens are like racecars: big engine (brash new push for autonomy), poor driver (remodeling of the pfc and the ensuing amygdala hijacking), faulty breaks (lack of impulse control) and high-octane fuel (hormonal flooding). So when they blow off curfew or tell us a big lie, we need to stay in our "adult brain"

with its functioning pfc. and, as Dr. Kastner suggests, utilize the CALM technique:

**C - Cool down.** Use mechanisms to self-soothe - even if you must take your own "time out" in the bathroom. Don't talk. Control yourself without trying to control the situation. Remember that your own anger is one of the most disabling emotions. Don't even go into punishment mode - that can be taken care of later.

**A - Assess the options.** Would it be better to keep talking or postpone the conversation? Weigh the cost/ benefit of each choice. Engage your own pfc. Once you start to evaluate, you automatically engage your pfc and stop your own amygdala flooding.

**L - Listen with empathy.** When you engage or reengage with your teen, start without the "buts." Remember that appreciating another's feelings does not require agreement.

**M - Map a plan.** Consider ways to move forward. Attempt a substantive debriefing. Asking your teen to write a review of the events with honest reflection allows parents to tailor an appropriate punishment, one that offers an opportunity for learning and creates an incentive for improved behavior. For example, if the teen is grounded, let him or her know that there is the possibility of time off for good behavior. If a collaborative resolution isn't possible, figure out a graceful exit without hostility.

Dr. Kastner urges parents to keep the big picture in mind. There is an easy way to know whether your teen is merely "pushing" or there are more significant problems. If week in and week out there are generally smiles and laughter, your relationship is OK. Just take a deep breath and try to stay CALM. **P**  
*Martha Mangold is a parent of a senior at San Francisco School of the Arts and a college junior.*

## Coalition Mission

"To support, educate, and inspire parents of adolescents in order to promote the health and safety of our youth."

Please direct your inquiries regarding the Coalition to [parentscoalition@gmail.com](mailto:parentscoalition@gmail.com)

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<i>Coordinator</i> Diana Divecha	<i>Illustrator</i> Alek Kardas
<i>Editor</i> Elizabeth Fishel	<i>Contributors</i> Diana Divecha Rachel Fields
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For upcoming forums and other resources, please visit [parentscoalition.net](http://parentscoalition.net)

## HOT DATES!

Upcoming Parents  
Coalition Forum:

**Monday, March 22, 2010**

The Jewish Community High School of the Bay, 1835 Ellis St., (between Pierce and Scott), SF.  
**"Teen Panel Discussion: The Role of Parent Involvement in a Teen's Life"**

A panel of Bay Area students discuss how parents can be positively involved in their lives, what's helpful, what's not.

7:30 - 9pm; \$5 donation requested at the door

Secure lot parking available (enter on Pierce between Ellis & Eddy)

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