Anorexia Nervosa

By: Anonymous

Colleges and universities around the country are reporting an increased prevalence of eating problems among young female students. Difficulties include obsession with food, starvation dieting, severe weight loss, obesity, and compulsive binge eating, often followed by self-induced vomiting (Hesse-Biber, 1989, p. 71). What are the reasons for eating disorders among college-aged women? It is the purpose of this paper to discuss this question and give an overview of several possible answers, determined following an examination of current psychological literature in this area of concern. The reasons for difficulties around the issues of food and eating are myriad and complex. They touch on every aspect of being female, and no single answer sufficiently explains the phenomenon of college students who overeat or undereat as a response to stress. In her book, Anatomy of a Food Addiction, author Anne Katherine calls eating the "great escape" and pinpoints the vulnerabilities of women to childhood origins (1991, p. 70). She believes that girls are taught that they cannot fight or flee. Unlike boys, who have the outlets of strenuous play and fighting to release anger, girls are taught that they must cope within the difficult situation while remaining there. In the girl-child's attempts to find solace in a situation from which she cannot escape, she learns that sweet food will release chemicals that soothe her when she is frightened and angry. Thus, she learns rather early in life that food gives her a way to avoid feeling trapped and overwhelmed. This conditioned response to stress then carries over into adult living, and in situations where the young woman feels overwhelmed, frightened, cornered, confused, miserable, or lonely, the body seeks relief, and the whole organism tries to lead her into a way of release. Even if the woman has made a conscious decision to not overeat in response to stress, the whole person has been deeply trained to eat anyway, and she automatically, unthinkingly reaches for something to eat or drink. This drive for release is almost unstoppable (Katherine, 1991, p. 71). Ms. Katherine describes this strong drive for eating in terms of Maslow's hierarchy of needs--safety and security come far before appearance and artistic taste. Therefore, if the student feels fear or uncertainty (which are common emotions among college students!, it is natural to reach for substances that she has learned give her a feeling of security and safety. Apparently in women who overeat or undereat, there has often been a childhood background of profound deprivation and emotional deficit. Such individuals learned in their families that they were not wanted, worthwhile, or valued. They did not learn to ask for help or to expect their needs to be met. They did not learn healthy ways to handle conflict, difficult emotions, or disappointments. They have not learned that the solution to loneliness is to seek friendship. Such individuals may have been severely abused in their homes and have no knowledge of awareness of the abuse (Katherine, 1991, p. 52). This type of woman may have been screamed at as a child when she expressed a need. She has become accustomed to fear. With such a background, the food addict is a person who expects to only have minimum needs met. She has learned that her needs will probably go unmet, even if she asks, and she adapts. The needs for affection, trust, safety, and honesty do not go away, but they move underground and surface in the adaptive response of food difficulties. Most people who suffer from eating disorders have severe, long-term deprivation in regard to their emotional needs. Leighton C. Whitaker discusses the specific characteristics of the college environment and lifestyle that contribute to the problem of female students with food. The college environment is similar to a family. It may bring demands, attitudes, support systems or lack of support. There are constant concerns with finances, transitions, the physical structure and atmosphere, as well as relationships with faculty, staff, and the other _ 1 students. The academic studies themselves may be unfamiliar and difficult at times. Student support services may not contribute any help to the student who has eating difficulties (Whitaker, 1989, p. 117). Going to college is an important transition for most students, and a~sizable number of freshmen experience leaving home for the first college semester as traumatic. The persistent, unrecognized dependency on parents and their lack of experience in making decisions on their own cause problems of functioning in the less-controlled college environment. Living in a dorm or apartment with other college individuals means getting along with others, withstanding the normal comings and goings as students leave school, and such a situation carries within it all the dynamics that contribute to problem eating. These interpersonal situations impact women more than men because women have greater needs for relationships and have been

socialized to be care-givers, always sensitive to the needs of others (Whitaker, 1989, p. 118). For certain vulnerable students who function rather rigidly, the sudden availability of new choices and options may feel unbearable and unmanageable. This type of student may not trust the sorority big sisters or resident hall RA's and turn their helpless and other negative feelings upon themselves. Students from small communities may feel lost on campus. Women who have used and learned to abuse food since the crib and highchair days learn to misread their bodies' signals and without therapy or education easily reach for a sweet instead of another potential new friend (Whitaker, 1989, p. 119). Certain practical variables contribute to the young woman's problems with food. The dorm cafeteria food may be heavy in proteins and fats. Students who study late at night and become hungry cannot access the food services and resort to vending machines or fast food restaurants. Dorm rooms do not usually have refrigerators, so the young woman cannot provide herself with healthy fruits and vegetables for snacking. In a larger sense, the young female student has not observed others handle stress in a mature way, so she experiences loss of self-esteem and automatically seeks a safe emotional outlet which has brought her relief in the past--food. 5 Several researchers trace difficulties with food and eating to problems in the female student's family of origin. Edward Abramson found that there is a relationship between childhood sexual experiences and bulimia (1991, 529). Students who suffered from bulimia often came from families characterized by lack of parental affection, negative, hostile, and disengaged patterns of family interaction, impulsive parents, and familial alcoholism. Families in which the mothers and daughters do not differentiate from each other also showed a positive correlation with anorexia nervosa and bulimia (Friedlander & Siegel, 1990, p. 74). According to Murray Bowen's theories of family systems, the important task of individuation is denied the young person and the family remains "stuck together." Such a dynamic is troublesome for the young woman, and she develops poor eating habits as a way of exerting some control in a difficult family that is enmeshed and poorly differentiated. Carol Bailey found that families with low cohesion, low expressiveness, and high conflict were more likely to produce a young woman who is bulimic (1991, p. 272). An emphasis on achievement and the variable of the mother not working outside the home also has a significant effect on bulimic symptoms. Young women who suffer from bulimia report that their families lacked in commitment, help, and support, and instead exhibited anger and aggression. These dynamics are similar to those mentioned by Anne Katherine. The young woman tries valiantly to cope with the negative effects of such a family background. Research shows that she may ~r. 6 suffer from social phobia, hostility, locus of control problems, depression, and anxiety. Cynthia Bulik found that young anorexic and bulimic women held fears similar to those of social phobics. fears experienced not only in connection with eating or not eating but also in other social situations. They also felt insecure about their body shape and size (Bulik, Beidel, & Duchmann, 1991, p. 210~. Another study shows that depression, anxiety, and hostility all are associated with bulimic behavior (Rebert, Stanton, & Schwarz, 1991, p. 500). The young student who experiences extreme mood swings attempts to control the emotions through a destructive cycle of overeating and purging for relief and release. One study shows that students with eating disorders are likely to come from dysfunctional families but raises the question about why some people adapt to such stress in other ways and do not become overeaters or undereaters. The severity of the eating difficulty was apparently not related to the severity of the family disturbance (Stieger, Liquornik, Chapman, & Hussain, 1991, p. 512). Apparently this area deserves more research to determine the more exact relationships between types of family problems and the resulting eating disorders. One group of college women participated in a college study which found that those with eating disorders rated higher on body dissatisfaction, drive for thinness, child-like nature, and low self-esteem (Beren & Chrisler, 1990, p. 198). However, the study did not find any relationship between any particular personality type and eating disordered behavior. The tests used for the 7 study were the Eating Disorders Inventory, the Texas Social Behavior Inventory, the Social Desirability Scale, and the Bem Sex-Role Inventory. Another study examined the degree to which the eight subscales of the Eating Disorders Inventory compared with the MMPI (Minnesota Multiphasic Personality Inventory). This particular study, as others reported, found that female university students who had eating difficulties tended to also have complaints of anxiety, depression, and other symptoms (Anderson & Meshot, 1992, p. 253) Some writers suggest that the prevalence of eating disorders among female college students is not a new phenomenon but one that is receiving wider recognition because students are more open about psychological matters (Grayson & Medalie, 1989, p. 100). Students of the 1980's and 1990's

are more open and tolerant. However, student populations are diverse, and as other authors have r~eported, parental pressures can be great, causing students to seek adaptations to stress. Medalie believes that one of the causes of stress among campus females is the softening of gender roles and less rigid mores in the area of sexual behavior. Often the students of today have free access to each other in coed dorm living arrangements, much different from the more protected living situations of past generations. Sharlene Hesse-Biber finds, as have other researchers, that eating disorders among college women are fairly strictly genderbased (1989, p. 89). Few men adapt to stress with variations in eating behavior. This finding correlates with that of Anne Katherine who believes that women are socialized at a young age 8 to internalize problems and try to cope within the difficult situation rather than fight it or leave it. Hesse-Biber also purports that young women are more susceptible to cultural influences on the type of appearance that is desired for women-ultra-slender. Also the character trait of perfectionism was apparent on those women who took the Eating Disorders Inventory for the Hesse-Biber study. She believes that the eating difficulties of college women must be understood in the cultural context of pressures for attractiveness and thinness. Myrna Friedlander and Sheri Siegel agree with other findings that the constellation of difficulties associated with eating problems relate to the student's family background. Many college women who seek counseling for assistance with eating disorders have problems in their relationships with their mothers. These students experience dependency conflicts, a diminished sense of individuality, beliefs about personal ineffectiveness, qualities of distrust and immaturity, and an inability to distinguish between emotion and hunger tFriedlander & Siegel, 1990, p. 77). The difficulty in determining whether she is hungry or lonely, hungry or tired, hungry or afraid, greatly increases the chance that such a student will eat instead of meeting the emotional need in a healthier way. The young female student with eating problems feels worthless and inadequate. She has a poor sense of personal control. She may be hypersensitive and feel merged with others. She is unable to regulate herself and may be grandiose, exhibitionistic, even tyrannical. This type of student likely 9 comes from a dysfunctional background, one in which individual differentiation is not valued or promoted. It is unfortunate that the eating disorder serves to further tie her in an unhealthy way to her parents, who in turn, do not wish to let her grow into personal independence. It is evident from the research available that the reasons for college women's difficulties with eating disorders are many and complex. Some of the roots are in society itself--a society that teaches women to acquiesce to pressures and intimidation rather than to fight or change their circumstances and a society that teaches women that they are supposed to look a certain way in order to be acceptable. There is a great deal of information about the relationship between the family of origin and the resulting eating disordered behavior. Families with addictions, punitive behavior, anger, hostility, blurred identities, and lack of support for growth and individuation create young women who are unable to cope with the stresses of college living without their maladaptive eating. They do not know how to handle the difficulties of relationships, seeking support, and handling the normal changes of life without reverting to the learned childhood behavior of seeking solace in food. Evidence suggests that these difficulties are due to the lack of healthy food, inadequate support services, and the impersonal nature of college living. The problem is multifaceted and further aggravated by the isolation of female students who may not understand the nature of their difficulty. 10

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Anorexia

By: jC

Anorexia Nervosa In American society, people are given the message starting from a very young age that in order to be successful and happy, they must be thin. Eating disorders are on the rise not surprisingly with the current emphasis society places on thinness. Appetite is a desire for certain bodily satisfaction such as sustenance provided by food to satisfy the natural physiological needs of the body (Bolles, 1980; Emmet, 1985). It is a mental want related to a bodily need. Appetite is dependent on psychological factors such as learning, palatability, selection pressures, feeding strategies, and emotion; as well as cultural factors such as social pressures not to eat too much (Bolles, 1980; Emmet, 1985). Overwhelmingly, contemporary eating-disorder clinicians view anorexia as a disorder of adolescent development based on the ability to cope with the demands of that period, particularly the need to develop a clearly defined personal identity and sense of personal competence (White, 2000). There are many different causes, conditions, concerns, treatments and statistics about anorexia nervosa, yet a person who has never been in this situation or has never known someone with this disease couldn’t possibly understand the tragedy the poor victim must live through. The term "anorexia nervosa" literally means nervous lose of appetite. Most researchers and physicians agree that the number of patients with this life threatening disease is increasing at an alarming rate. Garfinkle & Garner (1990) define anorexia as “an emotional disorder characterized by an intense fear of becoming obese, lack of self-esteem and distorted body image which results in self-induced starvation”. The development of this disease generally peaks between the age of 14 to 18 but can occur later in life and is not uncommon to see it in women in to their early 40’s. Garfinkle & Garner (1990) state that recent estimates suggest that 1% of American girls between this age span will develop anorexia to some degree. It has also propagated in many college campuses, and it is spreading. The most common cause of anorexia in a woman is an incorrect self-perception of her weight. Anorexics feel as if they are heavier than the others around them, and believe the quickest way to lose weight is to simply stop eating. Ironically, starvation is a very inefficient way to lose weight. When a person stops eating, their body goes into an emergency conservation mode burning very small amounts of energy, food is then stored away as fat until more food is obtained. The disease develops slowly over a period of time anywhere from a few months to many years during which the sufferer changes her eating patterns to a very restricted diet. The anorexic may often becomes frightened of gaining weight and even of food itself. The patient may feel fat, even though their body weight is well below the normal weight for their height. Some may even feel they do not deserve pleasure out of life and will deprive themselves of situations offering pleasure, including eating. This fear becomes so difficult to manage that the sufferer will gradually isolate themselves from other people and social activities. This happens so the sufferer can continue the exhausting anorexic behaviors. Some factors involved in this tragic disease may be low self-esteem, unassertiveness or lack of confidence, negative reinforcement, body-image dissatisfaction, inadequate coping strategies, or just basic social issues. Some symptoms that give notice to this anorexia is the beginning diet, amenorrhea, hyperactivity, and weight loss. Many anorectics are within normal weight limits before they start their diets. Although his/her weight may be within the limit, the dieter sometimes receives much praise and encouragement from friends and family when there is a difference in their appearance. Dieting turns

from just watching what they eat to full fledge researching and seeking information on different diet plans. Although, there may be moments of temptations, the dieter resists them and continues on with her resolution to get thin. A major symptom of anorexia is amenorrhea. It isn't exactly stated when the anorectic begins and it is different for each individual person. Amenorrhea is the termination of menstruation periods. Also, anorectics are extremely hyper active and it seems to be the combination of involuntary and voluntary actions. It may be a result of internal tension, or maybe just because he/she realizes that the more energy they have, the more calories they burn. When a person gets compliments on how great he/she looks after a diet, the confidence level builds up and it becomes a dependency. Major weight loss is the biggest sign of a problem. As time goes by, if relatives and friends don't recognize the problem, the symptoms get worse until the anorectic may even withdraw from total outside opinions. This disease can come over a person so quick, that before they know it, they are in over their heads. Physical signs are intolerance of cold due to the absence of the body's natural insulator (fat), dizziness and fainting spells, dry skin, loss of muscle, and the most obvious, a weight loss of about fifteen percent. There are also behavioral changes in a person when they becomes anorexic including restricted food intake, odd food rituals, an increased fear of food, dressing in layers, and regular weighing. Anorexics are not repelled or revolted by food, in fact their minds are often dominated by thoughts of food. Steven Levenkron (2000) explains in his book, Anatomy of Anorexia, that there are four stages needed to explain anorexia. The first is called the Achievement Stage, which contributes to anorexia as the need to obtain perfection. A perfectionist desires excellence in all aspects of their life. When they cannot achieve perfection in their endeavors, they "punish" themselves by restriction or starvation. A recent study taken place in November of 2000, called Perfectionism in anorexia nervosa: Variation by clinical subtype, obsessionality, and pathological eating behavior, shows that perfectionism is a healthy and perceptive characteristic of anorexia nevosa. The study is from the American Journal of Psychiatry. The purpose of this study was to examine the role of perfectionism as a phenotypic trait in anorexia nervosa and its relevance across clinical subtypes of this illness (Halmi, et al, 2000). The Multidimensional Perfectionism Scale and the perfectionism subscale of the Eating Disorder Inventory were administered to 322 women with a history of anorexia nervosa who were participating in an international, multicenter genetic study of anorexia nervosa (Halmi, et al, 2000). The basic differences with women that have anorexia nervosa and those who don't were examined by using generalized estimating equations. A unidimensional definition of perfectionism is 'the belief that a perfect state exists that one should try to attain' (Pacht AR, Halmi, et al, 2000). The participants with a history of anorexia nervosa were enrolled in an international, multicenter study examining the genetic basis of anorexia nervosa (Halmi, et al, 2000). The basic goals of this particular genetic study of anorexia nervosa were to use family history to identify genes that may or may not be receptor genes for the further studies of anorexia nervosa. All the people that were involved completed the Multidimensional Perfectionism scale which is a self-report questionnaire that evaluates six areas of perfectionism, including concern about mistakes, personal standards, parental expectations, parental criticism, doubts about action, and organization (Halmi, et al, 2000). The results of this study is that the people who had had anorexia nervosa had significantly higher total scores on the Multidimensional Perfectionism Scale than did the healthy comparison subjects (Halmi, et al, 2000). This is the largest study to date that observes anorexia nervosa with perfectionism, proving that perfectionism is an important feature in the personalities of those with anorexia. The second stage that Levenkron describes is the Security-Compulsive Stage, the thinner they get, then the fatter they feel. Anorexics desire control over their lives, including their physical and emotional surroundings. People who fall in to the trap of anorexia often feel they have a lack of control over their lives and the only thing they can control is what they eat. They have control over their body and eat exactly what they want and as little as they want. It is common for an anorexic to feel a "high" from periods of starvation. He states that their compulsion to lose weight becomes their singular focus. Levenkron (2000) explains that it is as if all other problems, including their relationships, have faded and her only problem is to lose weight. Stage two then is really an increasingly desperate attempt to avoid insecurity, which is doomed to failure; it will leave the victim obsessive, compulsive, distanced, ashamed and depressed at her state of mind (Levenkron, 2000). Stage three is the assertive stage, when deep emotional conflicts can add to the disease. When a child (or any person) is told that they are fat, ugly or dumb often enough they begin to believe it. As a woman grows into an adolescent, comments such as fat, ugly, dumb tend to take

greater effect and when she looks in the mirror she begins to see only what others tell her to see, at fat, ugly, dumb girl. This image will prevail even when anorexia has brought a persons weight down to the point were the person is at risk of death. However, Steven Levenkron (2000) states that when their loved ones begin realizing the tenacity of the illness and nothing that they say to help them is working, they now know that the disease has given her a new sense of power she did not anticipate when she first begun to lose weight. The final stage is the Pseudo – Identity stage and this is when sooner of later, anorexia has completely taken over and become that person. It means that people now stop trying to fight with the victim, they are learning to accept that it is a disease. The fourth stage in not characterized by new behaviors, but rather by the anorexic's new sense of power, of her own notoriety, which has marked a deepening conviction that she is on the right path (Levenkron 2000). The effects of anorexia nervosa are severe and sometimes irreversible. It can cause changes externally, internally, and psychologically. The external changes include obviously dramatic weight loss but also can include rotting teeth, receding gums, dry skin, fainting spells, hair loss, and growth of fine body hair on face and back. The internal changes include loss of menstrual cycle, infertility, headaches, swelling, loss of bone density, kidney infections, liver damage, constipation, diarrhea, extreme temperature sensitivity, cramps, poor circulation, dehydration, low blood pressure, slowed or irregular heart rate, bowel tumors, hypoglycemia, throat infections, and low blood sugar (Pirke & Ploog, 1984). Psychologically, the anorexic suffers with isolation from others, mood swings, insomnia, hyperactivity, low self esteem, fatigue, depression, self-hatred, electrolyte imbalance and loss of sexual desire. Treatment for anorexia usually begins before the victim may or may not decide that they are ready. Medically speaking, we cannot wait them out until they are ready for treatment because they will not only run out of pounds, but also the ability to survive (Levenkron 2000). Treatments for anorexia nervosa usually consists of nutritional therapy, individual psychotherapy, group psychotherapy and family counseling. Teams made up of pediatricians, psychiatrists, social workers administer treatment. Some physicians hospitalize anorexia patients until they are nutritionally stable, while others prefer to work with patients in a more safe and secure family setting. When hospitalized, privileges are sometimes granted as a reward in return for gaining weight. Individual psychotherapy is also necessary in the treatment of anorexia to help the patient understand the disease process and its effects. Therapy focuses on the patient's relationships with her family, friends, and the reasons she may have fallen into the trap of anorexia. As a patient learns more about their condition, they are more often willing to try to help themselves recover. In treating anorexia nervosa, it is extremely important to remember that immediate success does not guarantee a permanent cure. Many times, even after successful hospital treatment and return to normal weight, patients suffer relapses. An average female model weighs 23% less than the recommended weight for a woman. Maintaining a weight 20% below your expected body weight fits the criteria for the emotional eating disorder known as anorexia (Pirke & Ploog, 1984). According to medical weight standards, most models fit into the category of being anorexic (Garfinkle & Garner, 1990). It was however only about one hundred years ago that Professor Ernest Lasegue of the University of Paris finally identified anorexia as an illness (Pirke & Ploog, 1984). 95% of individuals with eating disorders are female, and now researchers are also pointing out a cumulative impact that may cause the death rate to be as high as 20 percent. Women may appear to survive anorexia only to succumb to an early death years later; the end result of intense abuse on their bodies, especially the heart (White 2000). Body dissatisfaction, a precursor to eating disorders, has become the basic norm in females. By age 13, 53% of girls are unhappy with their bodies and feel they are too fat. By age 18, the percentage has jumped to an astonishing 78 percent who are dissatisfied with their bodies (White 2000). Anorexia nervosa is a collection of interrelated eating habits, weight management practices, attitudes about food, weight and body shape and physiological imbalances that become disordered. Eating a variety of foods helps to assure that you are eating a well-balanced diet. It is important that the body receives its nutritional needs of fat, protein, fluids, carbohydrates, vitamins and minerals. Building healthy attitude towards food involves learning about essential nutrition, such as the basic food groups. The anorectics must understand that calories are strength for the body to survive. If they learn to recognize what hunger really is, they can program themselves to eat at proper times. They need to learn to see food not as a poison or comfort, but rather a fuel for the body. They need to find interesting activities to take part in outside of food. The anorectics cannot look at calories as pounds added to their body. The can neither lie about their food intake, nor avoid any of the four

food groups. They cannot continue a habit of suppressing or ignoring their body's cues. The one thing that people cannot do is look at food as the enemy. Anyone can develop an eating disorder including males and females or all social and economic classes, races and intelligence levels. Anorexia nervosa is increasingly common and can range from very mild to life threatening. Women in society need to examine the relationship between society's current values of dieting and exercising and the high incidence of the disorder among women.

Anorexia is a mental Issue

By: TrayDogg

The problem is a very serious mental problem. Anorexia Nervosa is an eating disorder characterized by self starvation. Anorexia is a very complex, often chronic, illnesses with physical and psychological ramifications. It is not just a problem with food or weight. It is attempt at using food and weight to deal with psychological and emotional problems (McKinney). Out of every two hundred American girls between the ages of twelve and eighteen, one will develop anorexia to some degree (Dove 2). This number is what upsets me. It may seem like a small number to you, but if you look at it in comparison, it is to many. Dove states what kind of home an anorectic patient comes from, "Anorexia nervosa patients typically come from white, middle to upper-middle class families that place heavy emphasis on high achievement, perfection, eating patterns and physical appearance." This was even more surprising to me. These and many other reasons are why I came up with the solution that I came up with. Before I give you my solution let me explain why I think it can be solved. Anorexia is mostly a problem because of the standards that are a part of today's society. Most young girls believe that if the weighed a certain weight or looked a certain way, they would be really happy. Their self esteem is the major problem. Most problems with self esteem can start as early as grade school. In "My Life Anorexic", Charlotte Carrington says about the kids that teased her when she was young, "I never wanted to give them another reason to tease me, which is probably one of the many things that led me to become anorectic". She wasn't even overweight. She had a thin body frame, but her family had a history of weight problems, so she became worried that she would be overweight (Carrington). Just because overweight people weren't accepted, she was worried about her generic makeup. Dove states a reason why they turn to their diet for control, "The patient has a lack of control in all other areas of their life so they turn to that of food. This seems to be the only aspect of their life they can control, in their mind". In Charlottes case this was very true. She states "I had no confidence whatsoever, so I took control over the one thing I could - which was my diet". Anorexia is very serious and can be very fatal. I believe that this is a huge problem in today's society and we need to deal with it. There can be a solution to the problem. Most everybody can even prevent the problem, but it must be a joint effort. Plain and simple, my solution is to be a totally open-minded and accepting society. The truth is that everyone needs to be willing to accept people for who they are. Every single person must believe that they are a unique person for a reason. If people look at the situation realistically, they would have realized a long time ago that there is no normal. Normal is absolutely unattainable, because there are too many different opinions of "normal". People should realize that they are different and accept it for what it is, a reality. It is unrealistic to actually have a normal person. Every single person has some little idiosyncrasy that makes them a unique person. Believe it or not, every single person that has ever lived or will ever live will be their own person. Not a single person living or dead will ever be the same as anyone else before or after them. This makes it very completely impossible for there to be a normal. I believe that if we accept each and every person as an individual we would be able to rise above all the self esteem problems that exist in our society today. Anorexic people are crying out to the public. They want nothing more than to be accepted. If we as a society would only look beyond all physical attributes to the person inside the body, we would be happier. I think that the people that tease endlessly are only insecure with themselves so they lash out at others to hide their problems with themselves. I guess my solution would help the people that are doing the teasing too. You may think that is a little over the top and that it is impossible. I think you are right, but think, is there any other way to prevent low self esteem? I mean really think about it. What else could we do to prevent something we are not really sure is happening until it is too late. We don't really know of all of the people that have low self esteem, until they do go to the extreme of an

eating disorder, or as far as suicide. My solution is the only full-proof plan to prevent self esteem issues, and therefore preventing the disease we call anorexia. Now that you understand that this solution may be over the top, but the only real one, let me explain on how we should go about doing this. First we should vary the types of people in the media spotlight. We should realize all people for their wonderful qualities above appearance. We should eliminate all of the hoopla about diet products. Get rid of Jenny Craig, Metabolife, Slim Fast, or any other product that makes us doubt our appearance. All these products are doing is damage. I realize that some of the people that lose all of the weight feel better about themselves. Think about it though, if they were happy with themselves in the first place they would have felt good to begin with. They wouldn't have needed to invest lots of money and time into a product that did nothing but put the hope that being skinny would make them a better person. There should be "Mind Pageants" and "Personality Contests" that are just as important if not more so that "Beauty Pageants". I mean, game shows should not be the only place where people can test their intelligence and be rewarded for it. The fact of the matter is, people need to be publicized because of everyday things we take for granted. How about that little old lady that seems to be so gentle that she wouldn't even hurt a fly. Kindness like that comes from a lifetime of wisdom. We could learn a lot if we spent more time conversing with the elderly, rather than ignoring them. We should treat them with the utmost of respect, rather than as a burden. We as a society should break down all of the racial and sexual barriers that lower self esteem. I thing that people should be able to accept others as well as themselves with respect. Every person that you met can teach you something. We should learn to open our hearts and minds to the idea of differences bringing us together. I know that this may seem impossible, but a person can hope can't they? I have had a person very close to me suffer from anorexia and no amount of me telling them that they were a good person was ever going to change their view. A big part of anorexia is that you see yourself as less of a person. We have to accept ourselves before we can begin to live a happy life. I know that it isn't other peoples fault all of the time. I also know we can't blame others for our problems, but we should learn to be able to share responsibility. If every person was a little more accepting, we wouldn't question our worth to begin with. The problem begins externally, and if we would just learn to get rid of all the judgments made on and by others, we could accept ourselves more willingly. I understand that the society is not ready for this as a whole, but there is really no other solution to this complex problem, and I guess that's why I thought of what I did. It may be farfetched, and I sure don't accept it to be a reality soon, but maybe this train of thought will spread like a brush fire. I don't think that this will catch on very soon because of the lack of self esteem that the nation has as a whole as it stands. I mean, nobody fully understands each other because of the barriers that we are taught to put up around our views right from the start. If we, as a generation, could begin to teach the younger generations this concept of acceptance, it could become a reality faster than I hope. I only wish that my solution was simple because the problem is obvious, and very much without a solution.

Eating Disorders

By: C

Eating disorders are not severe diets; they are illnesses with severe health risks. There are three different types of eating disorders that include, anorexia nervosa, bulimia nervosa, and binge eating. Each of these has very different qualities of poor health and very unusual habits. Denial is one of the main elements in these illnesses. It is hard for an individual to differentiate between healthy weight loss and an out of control problem. Friends and family members should watch for warning signs and seek help if the symptoms persist. First, the most popular of all the eating disorders is Anorexia. Anorexia Nervosa, the technical term, is defined as a significant weight loss from excessive dieting. In basic terms a person with anorexia nervosa starves themselves. It involves extreme weight loss of at least fifteen percent below a person's body weight. A person with Anorexia Nervosa fears becoming overweight, when in reality they may be just skin and bones. (www.psychcentral.com/disorders/) Secondly, the next common eating disorder is Bulimia. Identified as, Bulimia Nervosa, it is a cycle of binge eating followed by purging to try and rid the body of unwanted calories. Other forms of Bulimia include abusing laxatives of diuretics, taking enemas, or exercising obsessively. There are two subtypes of Bulimia Nervosa. The first is the

purging type, when a person regularly engages in self-induced vomiting or the misuse of laxatives, diuretics, or enemas. The second is the non-purging type, when a person fasts or excessively exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas. (www.psychcentral.com/disorders) Lastly, Binge Eating is the most unnoticed disease of the three. Binge Eating is an uncontrollable eating that results in consequent weight gain. Behaviors of Binge Eating include eating more rapidly than usual, eating until uncomfortably full, even if the individual is not hungry. Most people suffering from binge eating eat alone because they feel embarrassed of the quantity of food they eat. This is why Binge Eating is sometimes overlooked because individuals hide and eat away from others. (www.psychcentral.com/disorders/) Dr. John Grohol, an affiliate with the Department of Psychiatry at Harvard Medical School, states that the main targets of Anorexia Nervosa and Bulimia Nervosa are teenagers. He also states that binge eaters include mainly obese women, or other individuals that are obese. (www.psychcentral.com/disorders/) "The problems of obesity and the tendency to become overweight is much greater in women than in men, because the pressure to be thin and stay thin is far greater on young women. It seems as though most people in our culture feel that a person can never be too thin." This was quoted from Dr. Michael Myers, MD., a practicing physician, member of NAASO (North American Association for the Study of Obesity). (http://www.weight.com/eating.html) In society today America culture centers around the ideals of being thin and beautiful. Beginning symptoms of all the disorders include low self-esteem, denial, a feeling of no control over their life, and a distorted body image. The individual may have no perception of hunger, their menstrual cycle stops, and there is an increased growth of facial hair. Bulimia nervosa may have the same symptoms as anorexia nervosa, but the individual may have a drug and alcohol abuse problem, always has a chronic sore throat, mood swings, and suicidal tendencies or exempts themselves. Social isolation, lying, persistent remorse, heart disease risk, and drug and alcohol abuse all may make up the crucial symptoms of binge eating. Each person who develops an eating disorder does not show all of these signs, but may show some because each eating disorder is unique. (www.eatingdisorders.about.com) Jane Rachel Kaplan, Ph.D., M.P.H. is a psychologist and she has developed and directed a weight management program for Alta Bates Medical Center in Berkeley, California. She has come up with a great way to lead a patient with an eating disorder to recovery. She proclaims that there are five stages of recovery in curing these eating disorder diseases. Stage one is the pre-recovery stage. Eating disorders are actions used to express yourself rather than words. In stage one these feelings of self-hate are pushed away, by therapy of recognizing the problem. In stage two there is a heightened awareness of the eating disorder and leads to great shame about it. A desire not to use food to deal with expression now begins. In stage three payoffs begin to arrive. The patient learns new behaviors and this makes life easier. The patient also has pride in having more control over food. In the fourth stage, the patient is transitioning from a bad person that has an eating disorder to a therapy patient in recovery. Feelings of low self-esteem are replaced with feelings of having worth. The fifth stage concentrates friendship and dating therapy. This stage is used because the patient has a great bond with their therapist and does not know how to react to other humans. This stage teaches the patient how to interact with others. These recovery steps do not fit every on, but they can at least help.(www.optimaleating.com/article.html) Eating Disorders are diseases that can take over a human. Many distraught people resort to grasping the horrible habits that can have risky effects on their bodies, so that they think they have the perfect body. There are cures for this condition and it is good to catch a disorder at an early stage so that recovery can go smoothly. The recovery is long and tedious, but it worth the wait to obtain good health.

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