

A Dangerous Disorder

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Growing up in society with media, such as radio, television, movies, and the Internet, men and women have been presented with ideas of how a person should appear. In a perfect world, which the media has falsely created for us, women should be big breasted and slender, wearing a size four, and men should be tall, dark, handsome, and muscular. Unfortunately, in some cases, the desires to achieve these "accepted" stereotypes are taken to extremes, causing major eating disorders. One such eating disorder is anorexia nervosa. It "ranks as the third most common chronic illness among adolescent females in the United States" (Matthews 3), and, according to *People* magazine, "up to 10 percent of anorexia patients die" ("Dying" 65).

Anorexia is defined as "a psychological illness characterized by marked weight loss, an intense fear of gaining weight even though the patient is underweight, a distorted body image, and amenorrhea" (Matthews 45). Men and women often look at their own bodies critically and think of themselves as being overweight. Trying to compensate for what they think of as fat, they lose large amounts of weight at one time. Also, they may attempt to create perfection in themselves by having what they think of as perfect bodies (Kinoy and Holman 3). The solution to an eating disorder, such as anorexia, is not, as many people think, just to eat more (Varnado-Sullivan C111). Anorexia is not only a psychological illness, but it also is associated with "actual behavioral, physical, and emotional symptoms" (Kinoy and Holman 3). Thus, unfortunately for those with this disorder, more care is needed than to "just eat" (Varnado-Sullivan C111).

The typical anorexic is said to be "an adolescent female who is a high achiever. She

usually has successful parents and feels compelled to excel" (Mathews 46). But not all anorexic cases occur in females. Male anorexia makes up "a fascinating, sometimes neglected area of clinical and research interest" (Kinoy and Holman 21), since males also seem to have an "overestimation" of what their body type should look like ("Body Image" 7). According to the Eating Disorders Sourcebook, "approximately 5 to 10 percent of patients with anorexia nervosa are men" (Matthews 46). As with females, most male cases of anorexia are treatable, if there is proper diagnosis, treatment, and patient cooperation (Anderson 27).

To begin treatment for an eating disorder, one must first be diagnosed. According to Adrian Thurstin, an expert in the field, initially, the behavior of a person with anorexia may be like that "of a normal dieter" (15), but, as time goes on, many behavioral, physical, and psychological differences begin to occur. A person may eat small amounts of food and then complain of being full. He often finds reasons to eat alone, and eventually ends up withdrawing himself from all social activity. He also may feel the need to exercise compulsively, even when large amounts of calories and fats have not been consumed. A significant amount of weight is dropped in a short period of time. Hair begins to thin, nails become brittle, and skin becomes discolored. The body is not able to keep itself warm because of lack of fat and muscle on the bones. Eventually, this leads to the shutdown of all major bodily functions. A person experiencing anorexia, nevertheless, often is in denial of his or her situation (Thurstin 15-17).

In the *Eating Disorders Sourcebook*, Dawn Matthews states there are four traits that allow anorexia to be diagnosed clinically, which are as follows: the inability to maintain a constant body weight, the fear of gaining weight, the denial of the dangers of the extreme weight loss, and amenorrhea, which is the missing of the menstrual cycle for three consecutive months (47). Anorexia then is broken up into two subtypes: restricting type and purging type. Restricting

implies that a person is not participating in binge eating, whereas purging is just the opposite: a person binge eats and then self-induces vomiting (Varnado-Sullivan e117). Once a person has been clinically diagnosed with anorexia, measures can be taken to begin the road back to health.

Unfortunately, maintaining a healthy weight has not only become a problem for "normal" people, but also for celebrities. For example, the front cover of the October 9, 2006, edition of *People* magazine featured pictures of Keira Knightley, Nicole Richie, and Kate Bosworth, all looking extremely unhealthy and underweight. Actress Debra Messing explains, "There's pressure to stay thin for every actress and unfortunately every American woman" (Tauber 60). The media has done a great job of convincing the population that being a normal size is not good enough. According to Michelle Tauber in *People* magazine, "Drastic thinness has become the reigning beauty ideal from runways to the red carpet-and it's having an alarming effect on girls everywhere" (58).

People across the world have been deceived into thinking only the skinniest models will be featured on the front covers of the most popular magazines and will land the leading roles in box office hits. In fact, according to several eating disorder specialists, "experimental studies generally indicate short-term negative effects on body image of exposure to idealized media images" (Wertheim, Paxton, and Blaney 469). This helps to prove certain media images do negatively affect the way a person perceives his or herself, whether short or long term. If media was filtered and stopped presenting thin as the only way to be, fewer teens would be influenced by what they see on television and in magazine and hopefully would realize body image is not the most important thing in life. Women and men would not feel like they were unattractive because they did not look like the ninety-nine pound model or the body builder with five percent body fat, but would feel good about themselves, knowing they are a healthy, average-size

weight. However, media filtration is not a job to be done by the government, but rather by those producing media. These producers of magazines, television shows, and movies must recognize the influence they have, be aware of the negative images they are presenting, and self-regulate.

Additionally, Americans need to be more aware of the warning signs of an eating disorder, whether it is anorexia, bulimia, or obesity. Because patients with eating disorders often deny the fact that anything is wrong (Matthews 49), family members, friends, loved ones, and the general public need to have knowledge of these disorders, in order to prevent them in themselves and to help others. According to an interview with Dr. Dinah Roy, "Every area should have an eating disorders coordinator to provide information to schools, practices and other organizations" (43). These areas could be divided by schools districts, each having its own coordinator. Also, local health units and mental health clinics could incorporate their services to help the school systems spread eating disorder awareness and assist in treating these disorders. The districts could be funded by both the state and federal government, with the goal of spreading information on eating disorders. A speaker on the subject of eating disorders then could be brought into the school system, just as speakers are used to talk about such things as drugs and alcohol, sexually transmitted diseases, and body development. In order to better relate to students, this speaker could be an individual recovering from an eating disorder. This would enable the students to hear true life stories from an individual who has experienced the heartache of an eating disorder. In addition, a medical professional on the subject of eating disorders could be available to discuss not only how an eating disorder can emotionally affect an individual, but also how dangerous it is to the human body. Since most young minds are shaped by what they learn at an early age, if this program was established, anorexia awareness would increase and would, most likely, cause the number of cases to decrease.

Once a person has been diagnosed with anorexia, group therapy is a solution that has proven "effective in behavioral disorders such as eating disorders" (Guarda and Heinberg 309). Group therapy is described as a time "when persons meet in a warm, supportive, and confidential setting to discuss their common concerns and learn to deal with their problems through mutual sharing, support, and feedback from other group members" (Lemberg 99). According to *Controlling Eating Disorders with Facts, Advice, and Resources*, there are a number of things group therapy helps a person with an eating disorder realize and accomplish. These include: learning the anorexic is not alone in his or her struggle, encouraging him to open up in a "safe" environment, teaching him about his disorder and how to make changes to improve his health, and providing hope through other's inspirational stories (Lemberg 99-100).

Additionally, there are many types of group therapies available to fit the needs of the specific individual; a person might be in a closed group, meeting with the same people each session, or in an open group, experiencing new people each meeting (Lemberg 100). There are also structured and unstructured groups, as well as homogeneous and heterogeneous groups (Lemberg 100). With group therapy, patients may take part in group discussions, focusing on meal planning, self-esteem, and nutrition (Guarda and Heinberg 310). All of these things tie together to help pinpoint exactly what areas an individual may need to focus on, as well as the best ways to help him conquer his fear of weight gain and begin a road back to healthy living.

Media has one of the biggest effects on teens and their body image. Filtering it would solve many problems, but it would be virtually impossible to do. Producers, writers, and photographers do not seem to care whether or not they are lowering the self-esteem of young men and women by making them seem inadequate in comparison to celebrities. Instead, these producers focus on how much money is in their pocket. As long as money is being made, the

media will always be there promoting young, muscular men and tall, thin women, and therefore, media will never be filtered. Instead of trying to reach large populations at once, focus should be placed on a smaller concentration of young individuals. Bringing a speaker into schools to tell young people of the dangers of an eating disorder would be a more effective way of reaching boys and girls.

Although group therapy is a great way to deal with anorexia after a person has been diagnosed, by the time a person has reached this stage, he has already struggled emotionally and physically with a life-threatening disease. Therefore, it should be a goal to reach individuals before they are required to begin actual treatment. By educating school-aged children, this goal could easily be achieved.

Anorexia, as with most diseases, can possibly take a person's life without proper care, and it is beginning to affect an increasing number of the population each year. There are many measures which can be implemented to prevent the occurrence of such, but little is being done. A stand needs to be taken to prevent future generations from encountering anorexia—a disease so preventable, yet so dangerous.

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Mr. Genre's Comments: *Excellent example!*