

The pursuit of thinness essay

[Media](#), [Television](#)



The National Institute of Mental Health estimates that between 5 to 10 million girls and women and 1 million boys and men suffer from eating disorders or other associated dietary conditions. Some will die each year as a result of their illness, making it one of the top psychiatric illnesses that lead to death. (National Institute of Mental Health 2008) The Pursuit of Thinness is a manifestation of efforts by individuals to solve or camouflage problems of living and leads many to the development of anorexia. Our culture of “thinness” is a contributing factor in the development of the disorders anorexia nervosa, and bulimia.

Just how prevalent are these disorders? The Anorexia Nervosa and Related Eating Disorders group, (ANRED, 2008) cites that “one out of every one hundred young women between the ages of ten and twenty are starving themselves, sometimes to death,” and for bulimia, the number is four out of each one hundred college aged women. According to the group, about 50% of the people who have anorexia develop bulimia. Even more startling is that more than ten percent of teenage girls and three percent of teenage boys admit to bingeing at least once a week. Anorexia affects people who are primarily in their teen years through early twenties, although studies have reported children as young as six and adults as old as in their 70’s have been affected.

The age of people affected is increasing, which may be a result of baby boomers that have grown in an environment with intense emphasis on beauty and thinness. Anorexia is characterized by self induced starvation and extreme weight loss. The starvation results from an intense fear of weight gain, even though the individual is underweight.

(The Alliance for Eating Disorders, 2008) There are two types of anorexia: each is equally dangerous. In the first, weight loss is achieved by restricting caloric intake. These individuals follow drastic diets, use fasting, and are prone to excessive exercise. The purging type of anorexic uses vomiting to get rid of the calories they have consumed, while adding laxatives and diuretics to help the process of weight loss. The word anorexia comes from a Greek word meaning, “loss of appetite.” This is a misnomer because loss of appetite only occurs in the later, most dangerous stages of the disorder.

(Hall & Ostroff) As the disorder progresses in severity, so do the complications. The use of diuretics to aid in weight loss affects the kidneys due to dehydration. Fainting and fatigue are common due to inadequate caloric consumption. The heart is affected as all muscles become weakened; the heart begins to beat more erratically, with the possibility of heart failure. Young women develop a disease of older women, osteoporosis, which is a thinning of the bone due to a lack of calcium in their system. Internal organs actually shrink, and fluid and electrolyte balances are askew.

Death may result. The road to anorexia often begins with a simple diet. As the pounds begin to melt away, something is triggered in the minds of certain individuals leading them to a progressively more stringent “diet,” one which oftentimes leads to starvation. The success at weight loss provides the individual with a sense of control and power: elements that are missing from their lives. Control becomes the center of everyday life: Control over the people in their lives (parents), and a sense of control over their everyday life by making things, including eating, more predictable. An

additional unconscious control achieved through anorexia in women, is the delay in puberty and the accompanying physical and emotional changes which come with that time. The final area of control for those with anorexia is control over their emotions. This emotional control makes the person feel good about herself because in her mind, she has learned to control her world: the people around her, her intake of food and the resultant weight gain, and control over emotions.

The tragedy is that the anorexia has the control by the individual giving up his or her life to the eating disorder. They believe they cannot live without it. When and where does this obsession with looks begin? From the time a toddler understands language, frequent phrases such as, “ oh you’re so cute,” or “ look how pretty she/he looks,” are common. Toddlerhood is followed by years in front of television sets, offering a superficial sense of what “ normal” is, determined to a great extent, by how the screens present everyday, “ average” people. The message received is that in order to look good, one must lose weight, be thin, and look like the “ average” women: the woman presented in the hundreds of magazines which stare at consumers from drugstore shelves. Television programs and magazines present thin, beautiful women and strong, attractive men, as successful, smart, and powerful. These are average people, or so it would appear in the magazines.

In reality, modeling agencies actively recruit anorexic models. Close the magazine, turn on the television and according to Health magazine, April

2002, 32% of female TV network characters are underweight, while only 5% of females in the U. S.

audience are underweight. “ A concave chest, pin-thin arms, and jutting hip bones can propel a teenager to catwalk stardom – or straight into hospital with a feeding tube down his nose. Model agencies are once again in the dock amid claims that an eating disorder is an advantage for young girls hungry for the fame and fortune that life as a clothes horse can bring.” (Hunt 1996) The problem isn’t limited to magazines and television. Pop-culture has its own list of who’s who including popular folk singer Karen Carpenter who brought the disorder to the forefront when she died as a result of complications stemming from his anorexia. Teeny bopper and millionaire Mary Kate Olsen made front pages, bones protruding and cheeks drawn, and actress Keira Knightly has joined the ranks of the new “ thinspiration” generation.

Many of these individuals have a high degree of perfectionism, making them overly critical of themselves and the way they look: they crave approval. The possibility of abuse within the lives of some cannot be discounted although not all anorexics suffer from abuse. An additional contributing factor may be genetics. The possibility of a genetic predisposition to the disorders is being more closely studied. One author uses the metaphor of a gun to describe the relationship between genetics and societal pressures. “ Think of a genetic predisposition as a loaded gun: your genetic heritage may place the gun in your hand, but environmental and cultural factors load the gun and pull the trigger.

” (Costin 1999)The Alliance for Eating Disorder Awareness states that the National Institute of Mental Health/ National Institute of Health are supporting a study into genetics and the possible link to anorexia. The study is trying to determine whether a gene or genes might predispose certain individuals to develop anorexia nervosa. The treatment of individuals affected by anorexia is complex and multi-faceted. This is due to the nature of the disorder itself which wreaks havoc not only on the body of the individual, but on the psyche. If an individual is in a severe state of debilitation due to lack of adequate food intake, hospitalization is a necessity.

Treatment is often difficult since the patient sees nothing wrong with body weight, and often enters into treatment programs against their will.

Psychotherapy focuses on a number of issues and is at the heart of most treatment programs. The most powerful issue for a clinician to deal is the obsession with body-image, which is also the most difficult to change.

Generally, cognitive therapies are used in an attempt to focus on self-image.

The goal is to help the individual achieve a healthy body weight, as well as giving the mind a chance to achieve a healthy state. Most recently, a new

modality of treatment has surfaced which is promising, developed by two

British therapists, child psychiatrist Christopher Dare, MD, and child

psychologist and family therapist Ivan Eisler, PhD, of the Maudsley Hospital

in London. The treatment depends heavily upon family therapy, and an

active role by the parents in getting their daughters to eat again. “ Unlike

other treatments, the method targets the obsessive anorexic mindset as the

villain rather than the patient or family,” explains psychologist Daniel LeGrange.

A study on the treatment offered by Le Grange, “ found that two-thirds of all patients regained weight within a normal range without needing to be admitted to the hospital, that most showed striking improvements in psychological functioning...” (DeAngelis 2002) If detected early, Anorexia is curable in 80 percent of cases with treatment. In 50 percent of cases, anorexia ceases to be an issue for the individual. In the other 30 percent of cases, anorexia is totally curable, although the patient may need to stay in treatment or return to treatment on occasion in times of emotional stress to assure the emotional issues which were at the core of the problem, are managed effectively. (Natonshon 2008) The Pursuit of Thinness may end in anorexia for some as a result of societal pressures or possibly a genetic link which predisposes development of the disorder. What begins as a method of weight monitoring and control goes awry as individuals seek control over their physical and emotional lives through changes in eating patterns. The tragedy of the Pursuit of Thinness is best stated by an anorexic: “ Anorexia nervosa is a Thief. A Thief and a Murderer. It stole from me five years of life during which time it murdered my spirit and sucked the life out of me, leaving a fragile shell, ready to crumble at every moment.

” (Hornbacher) Anorexia is treatable, and can be cured. References ANRED: Eating Disorders Statistics. (n. d.

). Retrieved November 11, 2008, from [http://www. anred. com/stats. html](http://www.anred.com/stats.html). Child and Adolescent Mental Illness and Drug Abuse Statistics | American Academy of Child & Adolescent Psychiatry. (n. d.

). Retrieved November 10, 2008, from [http://www. aacap. org/cs/root/resources_for_families/child_and_adolescent_mental_illness_statistics](http://www.aacap.org/cs/root/resources_for_families/child_and_adolescent_mental_illness_statistics).

Costin, C. (1999). *The Eating Disorder Sourcebook : A Comprehensive Guide to the Causes, Treatments, and Prevention of Eating Disorders*. New York: McGraw-Hill. Deangelis, T. (n. d.

). Promising treatments for anorexia and bulimia. Retrieved November 11, 2008, from [http://www. apa. org/monitor/mar02/promising.](http://www.apa.org/monitor/mar02/promising.html)

html. Hall, L., & Ostroff, M. (1998). *Anorexia Nervosa: A Guide to Recovery*.

Carlsbad: GÃ¼rze Books. Hornbacher, M. (1999). *Wasted : A Memoir of Anorexia and Bulimia*. New York: Harper Perennial. Hunt, L. (n. d.

). The model agencies say one of these girls is the proper shape and the | Independent, The (London) | Find Articles at BNET. Retrieved November 10, 2008, from [http://findarticles.](http://findarticles.com/p/articles/mi_qn4158/is_19960830/ai_n14058772)

[com/p/articles/mi_qn4158/is_19960830/ai_n14058772](http://findarticles.com/p/articles/mi_qn4158/is_19960830/ai_n14058772). Natenshon, A. (n. d.).

Anorexia Nervosa – myths, causes and cure. Retrieved November 12, 2008, from [http://www. empoweredparents. com/1eatingdisorders/anorexia.](http://www.empoweredparents.com/1eatingdisorders/anorexia)

htm. The Alliance For Eating Disorders Awareness. (n. d.). Retrieved November 11, 2008, from <http://www.eatingdisorderinfo.org/5.html>.