

Over the past several decades, eating disorders like anorexia nervosa, bulimia nervosa and binge eating disorder have become major health problems, particularly among young women in high school and college. In fact, a recent article on *WRAL.com* stated that one out of every four women on college campuses has some kind of eating disorder. The story states, “With 7,000 female undergraduate students at UNC-Chapel Hill, that would mean around 1,700 female students would statistically have an eating disorder” (*WRAL.com*). Universities like UNC-Chapel are not unique to this problem however; eating disorder specialist Roberta Seldman says that about 65 percent of the entire female population is affected by an eating disorder, or nearly 5-10 million women (qtd. in Walker, National Eating Disorders Association Web site). Even more disconcerting is the fact that many women suffer from disordered eating patterns that are not easily diagnosable as severe and, therefore, go unnoticed. In this way, these problems are likely to manifest themselves slowly over time (i.e. on one’s health), and are, more significantly, evidence of a deeper problem. Furthermore, while a variety of causes have been associated with the growth of these diseases, it seems that a media-created “culture of thinness” serves as the best link to female body dissatisfaction. Essentially, the resulting low self-awareness and self-esteem coupled with dangerous health consequences, such as heart complications and bone deterioration, make eating disorders both psychological and physical problems for many young women.

In his article “Eating Disorders: Essential Information”, Paul Robinson asserts that the most common forms of eating disorders are not fully diagnosable as anorexia, bulimia or binge eating disorder (189). Rather, most women deal with a more moderate form of disordered eating, or what Allen Schwitzer and his associates call the Not Otherwise Specified (NOS) eating disorder profile. They write, “By far, the most commonly seen eating related disorders are a heterogeneous group of less severe problems centering around weight preoccupations and dissatisfaction with body image and diagnostically subthreshold problems with eating and

compensatory behaviors”. Moreover, they note that 25-40% of female undergraduates display these more moderate “symptoms”, consistent with statistics of about 25 percent (Schwitzer, 157). The idea that women display more concern with their appearance and regularly engage in dieting practices correlates with the NOS framework; but, because it has been somewhat “mainstreamed” into society as “this is just what women do”, the signs of a more serious problem are less discernible. In other words, if a woman goes on a diet, exercises a lot or consistently restrains herself from eating certain foods, it is often seen as “typical”, not problematic. Essentially, though, eating disorders among young women are manifest in both the most severe cases (anorexia, bulimia, etc.) and the more ambiguous cases (regular dieting, exercise, preoccupation with weight, etc.), a fact that many choose to overlook.

The most extreme forms of eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. Anorexia is characterized by under-eating and/or excessive exercise that results in weight loss of dangerously low levels. Basically, someone with anorexia uses drastic measures to control her weight. Bulimia (which can also develop alongside anorexia) is characterized by consuming large amounts of food (often thousands of calories at a time) and then purging (vomiting, taking laxatives or diuretics, etc.) (Royal College of Psychiatrists Web site). Although those only suffering from bulimia do not experience the rapid weight-loss of anorexics, and for the most part maintain a normal weight, they still experience many of the negative repercussions of an eating disorder. The less commonly researched, but increasingly more visible binge eating disorder is identified as “eating binges” without “purging” (Walsh and Devlin 280: 1387-1391). The cases of binge eating disorder have grown with notable frequency, as obesity has also become a larger national problem. Ultimately, these three diseases and similar, yet less severe dieting practices continue to have a tremendous impact on young women physically and mentally.

The physical repercussions alone are intense enough to have long-term effects on one’s life and require considerable recovery time. Dr. Edward Cumella writes, “The malnourishment

caused by both anorexia and bulimia affects the body rapidly and can lead to hypoglycemia, pancreatitis, enlargement of the heart, heart attacks, congestive heart failure, permanent brain shrinkage with loss of memory and I.Q., infertility and osteoporosis” (Cumella, 12). Short-term effects include tooth decay, loss of energy, damage to bowel muscles and erosion of the esophageal lining (Royal College of Psychiatrists). These effects are only compounded by the deep emotional trauma inherent in such diseases.

Research has identified a number of causes of eating disorders among young women, the most significant of these being societal/cultural pressures that value “thinness over fitness” (Walker). Nutritionist Mae Cleveland says, “The media perpetuates and feeds into the strong feeling that women have to be thin” (qtd. in Walker). In the U.S., women are inundated daily with advertising and media that purport the ideal “beauty” as thin (and “white”, will be discussed later) while simultaneously portraying “fat” as something undesirable and unattractive. Essentially, to “get the date”, you must fit into this mold. Inherent in this “standard” (which is in fact a very minute percentage of the entire female population) is the inevitability of failure however, for achieving perfection is clearly a Herculean task. Nevertheless, many young women, feeling dissatisfaction with their own bodies (especially in the presence of such incredible “values”) strive to reach this “goal” of flawlessness but to no good end; in fact, because the task is so immense, these women often have to go to extreme measures (and frequently end up suffering undesirable consequences).

Further complicating a woman’s self-awareness and degree of body satisfaction, is often a patriarchal society that complies with these unrealistic “standards”. In a study testing the objectification theory among college women (which basically states that the female body is “a thing that belongs to and is evaluated by others”), researcher Rachel Calogero found that women anticipating a “male gaze” were more likely to report “greater body shame, social physique anxiety and intent to diet” than if anticipating a female gaze (Muehlenkamp and Saris-Baglama, 371; Calogero 19). This suggests that social expectations of the “ideal beauty” are compacted by

a history of male [sexual] objectification of women, causing many women to view themselves as inadequate and, therefore, to employ drastic measures (like extreme dieting or non-eating) to achieve what they have been taught by those in society that they need. Self-objectification (essentially, strict evaluation of one's own body) often comes at the hands of objectification, a fact that both Calogero and researchers Jennifer Muehlenkamp and Renee Saris-Baglama address in their studies. Muehlenkamp and Saris-Baglama, specifically, test the hypothesis that there is a relationship between self-objectification and eating disorders. Their results confirm this hypothesis and write, "When confronted with one's inability to attain the cultural standards of beauty, some women experience guilt, shame, and a sense of helplessness, all of which could contribute to the development of depressive symptoms. In order to cope with these depressive symptoms, women may engage in disordered eating as an attempt to control and change their appearance" (377). Furthermore, high school and college women, at a time in their lives when it is important to "belong" and the pressure to attract "mates" is especially great, experience a greater sense of urgency to "do whatever necessary" to conform to these ideals.

While societal pressures and objectification/self-objectification play heavily into the occurrence of disordered eating patterns among young women, researchers have noted that other causes have been linked with these diseases as well. Family situations, depression, histories of abuse, puberty and upsets have also been associated with the onset of eating disorders (Royal College of Psychiatrists). One article notes, "If a child grows up in a household where being thin is valued, then the chance of that child developing problematic eating behaviors is most likely increased" (Belangee and others, 463). In regards to depression and other histories of psychological trauma or emotional distress, eating disorders have been identified as a way of regaining "control". Furthermore, the Royal College of Psychiatrists adds, "Most of us know the feeling when the scales tell us that we have lost a couple of pounds...it is especially satisfying for girls in their teens who may often feel weight is the only part of their lives over which they do have any control" (Web site). Paul Robinson says that "family over-protectiveness" may also be

a factor and at the same time notes that female athletes are at an increased risk for developing such problems (189).

The pervasive idea is that Euro-American women are most prone to these kinds of diseases and while minority women have been proven to have more positive body images as a whole, the numbers of particularly African-American and Latina females with eating disorders are growing. One article states, “[B]lack women, who do not commonly develop eating disorders, tend to express less dissatisfaction with their bodies than do white women of similar weight” (Walsh and Devlin, 1387-1391). Countering this point, though, a recent *PBS: Nova Online* article confirmed that this is no longer the case, as many more minority women have begun to develop disordered eating patterns. Additionally, it seems that the pressure for these women is actually even more intense because of the constant demand to assimilate (and therefore adhere to the predominantly “white” beauty standards) (Fitzgibbon and Stolley). Essentially, in U.S. “culture”, not only is the ideal to be thin, but also to be white.

Eating disordered behaviors among college women are quickly reaching epidemic proportions. College counseling centers and health centers have been inundated with cases of eating disordered behaviors. Sororities seem to be breeding grounds for these problems because of the competition, close living quarters among the students and word-of-mouth transmission of ‘Throw up and you won’t gain weight’. *People Magazine* conducted a poll of 500 female college students in the fall of 1998 and found that more than half of the respondents stated knowing at least two students with an eating disorder (Belangee and others, 461).

Clearly, this is problem spinning out of control. There are multitudinous sources of information – books, Web sites, rehabilitation and help centers – that educate people about the diseases and their treatment options; however, there are not enough efforts being made to educate those who perpetuate this unrealistic standard of thinness and beauty. By making this information available to particularly men, the media and families who encourage these kinds of unhealthy eating practices, some headway might be made in helping to create a society that values women for *all* of who they are and not just their bodies as well as appreciating them *all*, no

matter what shape, size, color, etc. In general, people seem to understand the consequences of eating disorders among young women; it is now time to make people fully aware of the true causes.