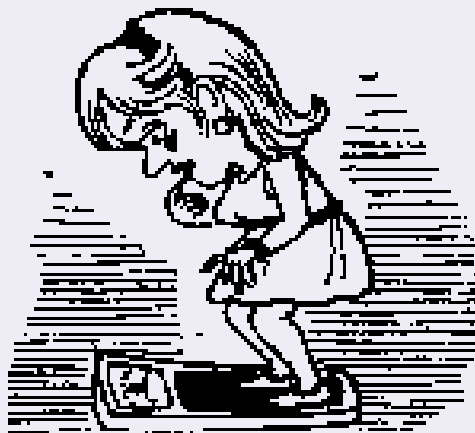


# Recovery!

## Fatism

### The Socially Acceptable Prejudism?

The term fatism has been adopted to describe the stereotyping of a person's personal characteristics based on their body size. Much like racism, fatism holds the belief that others, due to their physical appearance, are less valuable human beings. Both are types of discrimination of others regarding characteristics that they have little or no control over. The only difference between these two prejudices is that fatism remains to be socially acceptable. Why? Why do we have the right to treat these people differently simply because they are larger?



How often do you:

1. Make negative comments about your fatness?
2. Make negative comments about someone else's fattness?
3. Directly or indirectly support assumptions that noone should be fat?
4. Say or assume someone's 'looking good' because he/she has lost weight?
5. Say something that presumes fat people eat too much of the wrong things?
6. Dissapprove of someone gaining weight?
7. Tease someone about their eating habits?
8. Participate in 'fat joke' telling?
9. Support the diet industry by buying their services and products?
10. Say something that assumes being thinner is better?

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## Greetings!!

### Welcome to 2002!

We are so pleased to be able to offer these newsletters again, and we hope our readers find them useful and thought provoking. We want to thank our new Public Awareness and Promotions Director Lynne Robertson for all the work she has done to make this newsletter possible and for the great addition she has been to the clinic since July 2001!

We are starting off the year with a look at some relatively new concepts when discussing eating disorders - 'Fatism' and 'Males with Eating Disorders'. They both deal with the profound affects that attitudes and influences of society and culture have on the development of poor body image, low self-esteem and ultimately eating disorders in both genders.

We hope that 2002 will bring with it more significant advances in the areas of prevention of body image issues and eating disorders, because the current messages in our culture ultimately affect almost everyone negatively in some way. We would invite you to do your part and speak out against negative advertising and messages in the media. Help educate others on the damaging effects of fatism, and don't be afraid to let someone know if their jokes offend you. Together, we can make a difference for a better, healthier, more accepting society for all people.

Barbara Hodson R.D. M.A.

Bryan Gusdal, MA

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"It is not easy to live life sometimes,  
And face the world with a smile when you're crying inside,  
It takes a lot of courage to reach down inside of yourself,  
Hold on to that strength that's still there,  
And know that tomorrow is a new day with new possibilities,  
But if you can hold on long enough to see this through,  
You'll come out a new person - stronger,  
With more understanding and a new pride in yourself,  
From knowing you made it."

Kathy Ohara

This newsletter is a publication of the Westwind eating disorder recovery centre, and is intended for general information only. It is not intended to provide personal medical or psychological advice, which should be obtained from a qualified health professional.

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More information about Westwind can be obtained by calling 204-728-2499, or call toll free in North America at 1-888-353-3372. Check our web site at : <http://westwind.mb.ca>, or e-mail us at [westwindedrc@mb.sympatico.ca](mailto:westwindedrc@mb.sympatico.ca). We are located at 458-14th St, Brandon, MB, R7A 4T3, Canada.

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## Popular Fat Myths

### Myth # 1: Fat is a Death Sentence

Studies have found that weight is not a very good way to predict how long someone will live or that, in some cases, the fatter people lived the longest.

### Myth #2: Being Fat Causes Heart Disease

There is no proven correlation between body fat and atherosclerosis (the build up of fatty plaque in arteries), fat people are no more likely than thin people to have clogged arteries.

### Myth #3: Being Fat Causes Diabetes

Based on research, most people can rely on a good diet and exercise to normalize health problems such as high blood pressure, high cholesterol, and insulin resistance - with little weight loss.

### Myth #4: Fat People can't be Healthy

Those who are fittest live longest, no matter what they weigh. Generally, it has been found that fat people who exercise regularly live longer than thin people who don't exercise.

### Myth #5: You can Lose Weight if you try Hard Enough

Ninety five percent of people who lose weight on diets gain back every pound within three years.

## The Cultural History of Weight

In the years long before written history our ancestors worshipped an ample, abundant goddess symbolizing creativity, fertility, nurturance, birth and bounty. Her rotund stomach, big hips and huge breasts were the ideal features of the female body idolized by women of that time.

The Greek and Roman ideal woman, represented by Aphrodite and Venus, would

be considered fat in comparison to the models that grace the covers of today's magazines. Full, round bodies of beautiful women were portrayed in the artwork of Rubens and Rembrandt in the 17th century. Even America's sweetheart of the late 1800's, Lillian Russell, weighed over 200 pounds.

Thinness became fashionable once again in the 1920's to the late 1930's, yet full bodied women became in vogue in the 1940's, a time in which fashion magazines ran articles on how not to be too thin. The arrival of Twiggy, the first waif-like model, accelerated the 'war on fat' of the mid 1960's and ever since this time in history we have lived in a social climate where fat is evil.

In our Western culture our hatred of fat is learned from an early age. We often associate fat with being stupid, ugly, sloppy and lazy. Why is this fatism socially acceptable?

Fatism leads to a vicious cycle of oppression. Feelings of helplessness, hopelessness, low self-esteem, frustration, anger, hostility lead the victim to more eating. We can't stop fatism or any kind of prejudice on our own, but we can change our reaction to it which will probably influence the thoughts and actions of those around you. Start small, try the following:

1. Encourage someone to let go of guilt.
2. Admire self acceptance and self appreciation or love.
3. Encourage someone to feel good about his/her body as is.
4. Openly admire a fat persons behaviour, character, personality or actions.
5. Oppose or challenge fatism verbally or in writing.
6. Voice disapproval of fat joke telling.

7. Developing an Appreciation for Larger Bodies
8. Buy or subscribe to a magazine for larger women such as
9. Join NAAFA (National Association to Advance Fat Acceptance).
10. Check out books on painters who glorified large women.
11. Watch the movies 'The Famine Within', 'Nothing to Lose: Women's Body Image Through Time', 'Yoga for Round Bodies' and 'Fat Chance'.
12. Notice the diversity of nature. Feel good by moving your body.
13. Live one day this week without dieting.
14. Throw away your scale and stop weighing yourself.
15. Go through your closet and get rid of everything that doesn't fit.
16. When someone makes a positive comment about your appearance or something you do well, say thank you.
17. Take an assertiveness training class.
18. Think about another out group - an ethnic minority, the homeless, battered women, the aging - see if you can find a way to reach out in thought or action to embrace them as connected to you.
19. Make a positive statement about yourself and say it aloud to someone.
20. Develop a support network with family and friends.
21. Become active in areas of your life that don't revolve around body size, food or dieting.
22. Discover one way you enjoy being creative.
23. Look around for larger women you admire.

24. Practice positive self-talk.

References:

- Wann, M. (1998). *Fat! So?* Berkeley, CA, Ten Speed Press.  
Poulton, T. (1996). *No Fat Chicks*. Toronto, ON, Key Portor Books Ltd.

## **WHAT ABOUT COMBINATION FOODS?**

We often eat meals which have more than one kind of food in them. Casseroles, chili, pizza, spaghetti, soup, stew and sandwiches all contain foods that fit into different food groups. These are called combination foods. It's hard to determine how many servings of each food group you are getting in meals of this kind.

To figure out the number of servings of each food group you have eating in combination foods:

1. List the main food item
2. Estimate how much of each food item you ate
3. Look at the food guide to see roughly how many servings each food item provides

For example:

- one small piece (20 cm/8") of ham, pineapple and cheese pizza contains;
- 3 servings of grain products (20 cm/8" crust)
- 1 serving of vegetables and fruits (50 mL or 1/4 cup of pineapple, 50 mL or 1/4 cup of tomatoe sauce)
- 1 serving of milk products (50 g or 2 oz. of cheese)
- 1 serving of meat and alternatives (50 g or 2 oz. of ham)

## It's Not Just a Woman's Disease

Contrary to popular belief, eating disorders are not limited to females. In fact, the first recorded case of an eating disorder was reported in a sixteen year old boy in 1694. Anorexia, bulimia and binge eating disorders are becoming more evident in males every year. Unfortunately, society is still 'in the dark' about what eating disorders really are and who may develop one. Eating disorders are still considered to be a disorder that affects young impressionable females. This stereotype causes men to fear that others may think that they are gay or weak, and discourage them from seeking treatment for their struggles with food. Since childhood, men have been taught to be 'in control', 'tough it out', and 'handle it themselves' without seeking help from others.

Traditionally boys are taught to value their self-esteem and strength, whereas girls are taught to value their beauty. In the past, men have not been challenged with the pressures to be thin from their surroundings as women have. They don't seem to be as greatly affected by the fashion industry and other cultural pressures. In the past few years, however, men are facing more pressure to fit a certain athletic body type seen more often in magazines and on television. More and more men are heading to the gym to 'bulk up'.

The majority of the underlying issues surrounding eating disorders in men are the same as those of women. They experience low self-esteem, depression, a feeling of loss of control, abuse, identity concerns, inability to cope with emotions and family communication problems. Variations may occur in that men are more concerned with body size and shape, while women are more concerned with weight.

The major causes of eating disorders in men have been found to be:

- to avoid being teased again for chubbiness as experienced during childhood
- to improve athletic performance in sports such as wrestling, boxing, rowing or long distance running
- to avoid developing the medical illnesses their fathers have (eg. heart disease, diabetes, high blood pressure)
- to improve a gay relationship
- to conform to social expectations

There are several differences between the development of eating disorders in men compared to women. Both sexes are genetically predisposed to have different typical adult weights, heights, body shapes and composition. No two men or women are alike, we inherit body types similar to those of our family members. The average man is taller with a higher percentage of body weight as lean muscle, greater physical strength, but less endurance. Men are more physically active, muscularly stronger and have a higher death rate at every stage of life. Tall men with good muscle development and symmetrical features are considered more attractive. They earn higher salaries, are more likely to be promoted, respected by peers, appeal to equally attractive females, and are more elected. The major challenge is to develop a healthy self-esteem and body image independent of how closely they meet cultural stereotypes for ideals.

Males are as dissatisfied with their weight as females, but their goals for change differ. Forty percent of men want to be slimmer, and an equal percentage of men want to increase their weight, especially muscle mass. Men are often more dissatisfied with their body from the waist up, while women are dissatisfied from the waist down. Those people who are slow developers, short and thin, have a more difficult time in social development and building positive self-esteem during adolescence. Testosterone has been demonized and trivialized. High levels of testosterone can't cause rage behaviour and adequate levels are important for calm, effective male functioning. Low testosterone is a source of irritability, depression and low self-esteem. Most differences in eating patterns are culturally determined. The important indicators of feeling hungry, full, set point weight, etc., are biologically built in. Men often eat with less resistance in their food choices and quantities consumed.



The developmental needs of boys not meeting society's ideals can be met by appropriate teaching and thoughtful guidance. Society in the 1970's and 1980's tended to encourage gender-neutral play. Recently, there's been an appreciation that the developmental needs of boys are different than girls. Boys may do better in a learning environment with more chances to run around, more hands-on experiential work, and more physical outlets. Girls benefit from single gender classes in sciences and maths, while boys needs for gender specific verbal learning have been neglected.

Society has pushed women to be thinner for decades, but until recently, men's normal weight has been generally accepted. Today, media pushes men to have the 'perfect' body through the same kind of advertising and marketing that has traditionally been aimed at women. Cases of eating disorders in men will increase as long as the societal pressures to obtain the 'ideal' body image are no longer gender specific. The male body is viewed as a sex object. Men of today are willing to endure strenuous workouts, strict diets and cosmetic surgeries to fit the mold of the 'ideal male body'. It is important that we understand that eating disorders do not specifically affect women. Treatment and support needs to be available to all those suffering from eating disorders, male and female. As we learn to recognize the need for treatment for males with eating disorders more men will come forward to seek help.

#### Facts about men and eating disorders

- The first case of an eating disorder was seen in a 16 year old male in 1694.
- Forty eight percent of overweight males are trying to lose weight by reducing calorie intake, increasing exercise or both.
- Boys are taught from a young age to value their self-esteem and on being strong and athletic.
- Males struggling with eating disorders were often teased more about their bodies while growing up and were preferred less for athletic teams.
- Males with eating disorders are becoming

- more recognized than they once were.
- In men, starvation leads to diminished sperm production.
  - Men undergo 25% of all cosmetic surgeries.
  - Men are much less likely than women to recognize eating disorders in themselves and seek help.

## References:

Anderson, A., Cohn, L., Holbrook, T. (2000). *Making Weight: Men's Conflicts with Food, Weight, Shape and Appearance*. Carlsbad, CA, Gurze Books.

## What's New at Westwind?

### New Website!

Our website has undergone some extensive changes with the addition of helpful information about eating disorders as well as a list of other treatment centres in Canada and other countries. Please note that our URL is now <http://westwind.mb.ca>.

### Support Groups!

Support Groups are held every Wednesday evening in the sunroom of the clinic. These groups are free of charge to anyone who is suffering from, or affected by an eating disorder.

### Golf Tournament!

We will be holding a golf tournament in August 2002 as a fundraiser for the Westwind foundation. For more information us at 1-888-353-3372 or (204) 728-2499, or send us an e-mail at [westwindedrc@mb.sympatico.ca](mailto:westwindedrc@mb.sympatico.ca).

### Foundation!

Our foundation is almost up and running, look for details of how you can help in the near future.

## Nutrition Quiz

1. Many foods are mostly composed of water. T F
2. Protein is necessary for building muscle, growth and repair of tissues. T F
3. The terms 'energy content', and 'calorie content' can be used interchangeably. T F
4. Fats yield more energy per gram than carbohydrates. T F
5. Vitamins directly provide energy to the body. T F
6. Taking vitamin and mineral supplements will make you healthy. T F
7. Fatigue and poor body temperature control can be signs of advanced iron deficiency. T F
8. Food choices are most often determined by nutritional knowledge. T F
9. Sugar is the cause of many diseases such as obesity, diabetes and hyperactivity in children. T F
10. Foods are our best source of nutrients. T F

Answers:

## “What is Normal Anyway”

Recovering and letting go of an eating disorder is like finding a new you. ‘Who am I without this disorder? Who are I if my weight isn’t the focus of my attention anymore? Who will I be to everyone else? If I don’t have this I’ll have to continue with my life like normal...what is normal anyway?’

For most people the thought of recovery is scary. They are afraid to let go of their eating disorder even though it is painful. Often the illness can become one’s identity, and the way they measure their value.

Normal may not be the right word. What is normal for one person might not be normal for the next person. The norms of society tend to include socialization, relationships, jobs, desired weight, and the list goes on. These norms of society may not be right for you. In searching for your norm, search for the most creative lifestyle that suits your own personal situation. This might include:

- a stable weight that you can manage
- a pattern of eating that nourishes your body
- a social life that isn’t restricted by fear of food
- acceptance of yourself and your body as being unique
- some awareness of your spirituality
- being comfortable with your sexuality
- relationships built on respect
- expressing your creative energy in ways you feel comfortable
- realizing that you are normal, what troubles you troubles most other people too

It is your conscious choice and decision to recover from an eating disorder. The energy you put forth into maintaining your eating disorder will now have to be channelled and used differently. It takes a strong person to develop an eating disorder and a strong person to recover. Make this choice yourself, for yourself.

- be patient with yourself
- gain a better understanding of yourself
- create a goal you will aim for in your recovery
- be open-minded
- attend a support group
- read books, newsletters and articles about recovery from eating disorders
- be resilient so that you don’t become overwhelmed by any set-backs in your recovery
- be tolerant of your weaknesses
- explore your spiritual resources
- accept yourself for who you are
- value support from your family, friends, dietitian, counsellor, or others you trust

Adapted from NEDA