

Body Image Despair and Eating Disorders: What's Age got to do with it?



Margo D. Maine, PhD, Adapted from *The Body Myth: Adult Women and the Pressure To Be Perfect* by Maine & Kelly (John Wiley, 2005)

National Eating Disorders Association

When eating disorders or body image conflicts are mentioned, the face we imagine is one of youth. It may be a preteen, an adolescent, or a young adult woman, but we rarely visualize an ageing face in that picture. Yet more and more older women, approaching or beyond “midlife,” are admitting that they too struggle with their bodies and their eating and are seeking professional help. Contemporary women experience unprecedented stress due to: their rapidly changing role in a globalized consumer culture; the strict cultural standards regarding women, weight, and appearance; unattainable media images; and the current fear of obesity. They find easy comfort in *The Body Myth* (Maine & Kelly, 2005), believing that the right appearance, weight, and eating can mitigate their stress and answer their relentless questions about their worth to self and to others.

Once again, the old rules about eating disorders are no longer useful, but the dominant thinking of both the public and professionals does not reflect current reality. Western women live in a culture of *Body Wars* (Maine, 2000) that do not end when they turn 25 or 30. Just as women become invisible as they age, their problems are also discounted, minimized, and ignored. The picture of a young, vibrant teenager who succumbs to an eating disorder is tragic, but eating disorders are just as destructive in the lives of adult women.

The Face of Adult Eating Disorders and Body Image Despair

Although hard data on adult eating disorders are absent, we do have compelling information about the extent of dieting and body image concerns, both of which are precursors to clinical eating disorders. For example:

- In 2003, 1/3 of inpatient admissions to a specialized treatment center for eating disorders were over 30 years old.
- 43 million adult women in the United States are dieting to lose weight at any given time and another 26 million are dieting to maintain their weight.
- Body image dissatisfaction in midlife has increased dramatically, more than doubling from 25% in 1972 to 56% in 1997.

- A major research project found that more than 20% of the women aged 70 and older were dieting, even though higher weight poses a very low risk for death at that age, and weight loss may actually be harmful.
- When asked what bothered them most about their bodies, a group of women aged 61 to 92 identified weight as their greatest concern.
- A survey of Swiss women found: 70% of women aged 30-74 were dissatisfied with their weight despite being at a normal weight; 62% of women over the age of 65 wanted to lose weight; 31% of them had dieted recently although most (62%) were normal in weight.
- Other studies have found comparable levels of dieting and disordered eating across young and elderly age groups.
- 60% of adult women have engaged in pathogenic weight control; 40% are restrained eaters; 40% are overeaters; only 20% are instinctive eaters; 50% say their eating is devoid of pleasure and causes them to feel guilty; 90% worry about their weight.
- Within three years after western television was introduced to Fiji, women, previously comfortable with their bodies and eating, developed serious problems: 74% felt “too fat;” 69% dieted to lose weight; 11% used self-induced vomiting; 29% were at risk for clinical eating disorders.

The Shape of Adult Eating Disorders

- Different shapes, sizes, and severities, suffer from anorexia to bulimia, EDNOS, binge eating disorder, subclinical eating disorders, and orthorexia.
- Some struggled since youth and have never escaped the grip of these obsessions.
- Others have struggled, recovered, relapsed.
- Some have been preoccupied with food and weight for years, but never incapacitated until now.
- Some, faced with the challenges of adulthood and loss of status in a youth-obsessed world, develop rituals related to diet, exercise and appearance for the first time in their lives.
- Co-existing issues: women with eating disorders are 5 times more likely to abuse alcohol/drugs; women with alcohol/drug abuse are 11 times more likely to have eating disorders. 20-50% of women with eating disorders have history of trauma. Depression, anxiety disorders and personality disorders also co-exist.

The Common Threads Across Age

- The universal “language of fat”
- A shared ambivalence about their power and place as women
- Potentially deep conflicts between their masculine and feminine strivings
- The challenge of an overpowering consumer culture that teaches them to want and to need, but not to know their true wants and needs.
- Constant exposure to strict and unrealistic media images of beauty
- Uncertainty of the validity of their feelings
- Exposure to the “war on obesity” and the misinformation propagated by the diet industry.

Differences Between the Young and Old

- Shame and embarrassment for having a “teenager’s problem”
- More years speaking the “language of fat”
- Greater difficulty admitting the need for help
- More motivation for treatment
- Greater awareness of what they have lost due to their eating or body image issues
- More obstacles to treatment due to other responsibilities
- Increased anxiety about appearance/ health due to natural aging process
- Multiple stressors and losses that accompany adult development.

Triggers to Adult Eating Disorders and Body Image Despair

- Pregnancy
- Childbirth
- Fertility/ Infertility
- Menopause
- Natural Signs of Aging
- Death
- The Work Environment
- Work-Family Balance
- Competing with Younger Women
- Retirement
- Childrearing
- Deciding Not to Have Children
- Empty Nest
- Children’s Marriage
- Becoming a Grandmother
- Aging Parents
- Infidelity
- Divorce

Medical Issues

- Same medical symptoms as younger patients: every system affected by malnutrition.
- Medical complications can emerge quickly despite long-term stability.
- Unique issues in adult women such as depleted fat stores increase menopausal symptoms.
- Muscle-wasting can reduce metabolic rate and hasten neuromuscular decline.
- Anorexia nervosa has highest morbidity rate of any psychiatric illness with 10% mortality rate at 10 years of symptom duration and 20% at 20 years. The longer the duration of illness, the higher risk for death. (Reliable stats on mortality related to bulimia or EDNOS are not available.)
- Alcohol abuse increases the risk of death due to medical issues or suicide.

Implications and Call to Action

The implications of the increasing incidence of eating and body image concerns at midlife are many. In order to address this critical problem affecting the health and well-being of contemporary women, we need:

- Real data on this problem so we can better define the range of severity and the types of eating disorders women experience at and beyond midlife.
- Training of all mental health and medical professionals, but especially providers in primary care, obstetrics and gynecology, to screen, identify and appropriately treat and refer women with disordered eating.
- An approach to the concerns about obesity that is tailored to individual risk, lifestyle and health factors, instead of the current inflammatory scare tactics that help to create disordered eating and body dissatisfaction.
- An awareness of how the war on obesity, the cultural expectations for women and appearance and attitudes toward older women, resonate in all of us and affect our ability to recognize and address these issues in adult women.
- Treatment options that meet the needs of adult women- many cannot consider leaving their families and their responsibilities for any protracted period of time- outpatient options and convenient treatment packages are critical.

- Support and education for eating disordered women in their role as mothers to create healthy home environments and role models for their children.
- Comprehensive, longitudinal research to track the most effective outreach and treatment programs for adults.
- Advocacy to assure access to and reimbursement of therapeutic services at the level of care appropriate to the individual patient. The Eating Disorders Coalition for Research, Policy, and Action (www.eatingdisorderscoalition.org) advocates at the federal level for this cause. The National Eating Disorders Association is involved in these efforts as well as advocating in individual states for appropriate insurance coverage and services.
- Efforts to fight for true gender equity and healthier ideals for women of all ages so that their bodies will no longer be their primary source of power.
- Optimism that we can help to improve the quality of a woman's life no matter how long she has suffered or how old she is.
- Emphasis on eating disorders and related nutritional and body image problems as a major public health issue, resulting in a shared and genuine commitment to: no woman left behind.