Chapter 4

"Eating is a Cultural Affair" — Obesity and Eating Disorders: Applications

pp.116-118
Chapter 4: “Eating is a Cultural Affair” — Body Image and Health

- The Obesity Epidemic
- Disordered Body Image and Eating Behaviors
- Eating Disorders
  - Anorexia nervosa
  - Bulimia nervosa
  - Binge eating
  - Orthorexia nervosa
  - Selective Eating Disorder (SED)
  - Pica
  - Others
- What Causes Eating Disorders?
- Applications
success in assisting people in achieving their ideal weight requires an understanding of both the medical and cultural definitions of the term “ideal weight,” as well as the ability to reconcile the differences between them . . .

_The Cultural Feast, 2nd ed., pp. 116-117_
medically, ideal weight is usually determined in terms of height, as given in the body mass index, Metropolitan Life Insurance tables, or other indexes...
Chapter 4: “Eating is a Cultural Affair” — Body Image and Health

\[
\text{BMI} = \frac{\text{weight (lb)} \times 703}{\text{height}^2 (\text{in}^2)}
\]

or use a calculator

or a BMI table . . .

*The Cultural Feast, 2nd ed.*, p. 107
it’s easier to figure out by looking at a BMI height/weight table . . .
http://en.wikipedia.org/wiki/Body_mass_index
if your BMI is equal to or above 25, you are considered overweight

if it is equal to or above 30, you are considered obese (unless you are extremely muscular)

underweight is defined as having a BMI below 19

*The Cultural Feast, 2nd ed.*, p. 107
http://news.bbc.co.uk/2/hi/health/5297790.stm
because the relative amounts of fat and muscle tissue and bone size vary greatly from person to person, ideal weights are given as ranges . . .
many experts argue that these ranges should be made even more flexible . . .

and point out that the health hazards are associated only with extreme overweight and underweight

(that is, 20% over or under the ideal range)

*The Cultural Feast, 2nd ed.*, p. 117
recommendations to diet, therefore, should be directed only to those who are extremely over- or underweight . . .

(that is, 20% over or under the ideal range)

The Cultural Feast, 2nd ed., p. 117
flexibility allows one to adapt to cultural notions of body size . . .

- working at the upper end of the range in cultures that value fatness
- working with the lower end of the range in cultures that value thinness

_The Cultural Feast, 2nd ed., p. 117_
efforts reinforcing unrealistic standards of beauty and thinness may do as much harm as good . . .

• one must avoid “contributing to the barrage of media messages portraying an ultrathin figure as the only way to be attractive and healthy”

*The Cultural Feast, 2nd ed.*, p. 117
proactive behaviors include . . .

• increased fruit and vegetable consumption
• physical activity, rather than dieting
• focusing on a wide variety of benefits rather than solely on weight loss
  • e.g., ethnic pride with Native American youth

*The Cultural Feast, 2nd ed.*, p. 117
avoid blaming the victim . . .

• focus on environmental factors rather than just individual knowledge and attitudes

• support lowering the fat content of school cafeteria food

• support offering phy ed programs during or after school

• building walking trails in safe neighborhoods

*The Cultural Feast, 2nd ed., p. 117*
avoid blaming the victim . . .

- reframe weight-loss goals so that even small weight losses are considered successful and cause for celebration

*The Cultural Feast, 2nd ed., p. 117*
debate continues on the feasibility of significant, long-term weight loss for severely overweight people, and some medical professionals have change their approach radically, recommending a “nondiet” approach to eating moderately . . .

(Parham1999)

The Cultural Feast, 2nd ed., p. 118
Friedman essentially said diets do not work in the long run, that people eventually level off at a weight that for them is more or less genetically determined and “natural” . . .
others focus their efforts on prevention of obesity rather than weight loss . . .

(Parham1999)

*The Cultural Feast, 2nd ed.*, p. 118
anorexia nervosa, bulimia, and other severe forms of eating disorders are *not* nutritional problems . . .

and may require assistance from other professionals . . .

(Parham1999)

*The Cultural Feast*, 2nd ed., p. 118
And sometimes even the physicians specializing in relevant medical complications, the other medical personnel skilled in treating eating disorders, the psychologists, nutritionists, and the prayers of all of the good sisters at the St. Scholastica Monastery can’t help...
for further study consider . . .

- **CST 3080 - Cultural Constructions of the Body**
  (4.0 cr; Prereq-Min 30 cr or #; A-F or Aud, fall, spring, offered periodically)
  Contemporary cultural constructions of the human body. How biology and culture intersect in body building, menstruation, childbirth, and tattooing. Students gain skills in reading the body as social text and learn core theoretical approaches to cultural studies of the body.

- **PSY 3540 - Psychology of Food Abuse**
  (3.0 cr; Prereq-1003 or #; A-F or Aud, fall, spring, summer, every year)
  Basic understanding of eating disorders: obesity, binge eating, anorexia, bulimia, and social, psychological, and physical influences on normal and abnormal eating. Social evaluation of obesity.
Obesity

- Hypertension
- Psychological Problems
- Infertility
- Cardiovascular Disorders
- Gastrointestinal Disorders
- Type 2 Diabetes
- High Cholesterol
- Gallstones
- Osteoarthritis
- Cancer
- Stroke
- Sleeping Disorders

- Depression
- Colon, Rectum, Prostate, Breast, Ovarian
- Sleeping Apnoea

Factors which may cause Obesity

Obesity
BMI Equal to or Greater than 30

Physiological Factors
- Energy intake (more than is needed)
- Energy expenditure
- Thrifty Gene
- Ethnic tendencies especially if adopting Western lifestyle

Genetic Factors
- Prader-Willi syndrome
- Other syndromes
- Leptin deficiency
- Other defects and deficiencies

Enviromental Factors
- Advertising and marketing of high density foods and soft drinks
- Social deprivation
- Lifestyle changes, more cars etc

Mental & Physical disability
Mental:
- Schizophrenia, Downs syndrome
- Mental illness, Learning disabilities and Eating disorders

Physical Disability
- Greatly reduced activity levels eg (Wheelchair bound) from physical impairments or age
- Combination of difficulties in regulating food intake & energy output

Behavioral Factors
- Consumption of fast food
- Consumption of healthy unprocessed food
- High fat diets
- Snacking
- Alcohol consumption
- Weight gain associated with cessation of smoking
- Disorganised eating patterns and eating disorders

Social Factors
- Reduction in exercise
- Sedentary lifestyle
- TV
- Computer games
- Sedentary jobs
- Fat children become fat adults
- Pregnancy - may eat more or erratically

Others
- Endocrine disease
  - Hyperthyroidism
  - Hypothyroidism
  - Cushings syndrome
  - Growth hormone deficiency
  - Polycystic

Drugs
*PA=physical activity
Hashed lines represent cross-links between the different factors and contexts influencing childhood obesity