National Eating Disorders Association
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Please also cite the National Eating Disorders Association's Information and Referral Helpline: 1-800-931-2237 and website: www.NationalEatingDisorders.org

No Weigh!

A Declaration of Independence from a Weight-Obsessed World

I, the undersigned, do hereby declare that from this day forward I will choose to live my life by the following tenets. In so doing, I declare myself free and independent from the pressures and constraints of a weight-obsessed world.

★ I will accept my body in its natural shape and size.

★ I will celebrate all that my body can do for me each day.

★ I will treat my body with respect, giving it enough rest, fueling it with a variety of foods, exercising it moderately, and listening to what it needs.

★ I will choose to resist our society's pressures to judge myself and other people on physical characteristics like body weight, shape, or size. I will respect people based on the qualities of their character and the impact of their accomplishments.

★ I will refuse to deny my body of valuable nutrients by dieting or using weight loss products.

★ I will avoid categorizing foods as either "good" or "bad." I will not associate guilt or shame with eating certain foods. Instead, I will nourish my body with a balance of foods, listening and responding to what it needs.

★ I will not use food to mask my emotional needs.

★ I will not avoid participating in activities that I enjoy (i.e., swimming, dancing, enjoying a meal) simply because I am self-conscious about the way my body looks. I will recognize that I have the right to enjoy any activities regardless of my body shape or size.

★ I will believe that my self-esteem and identity come from within!

_____ _____

Signature Date

Factors that may Contribute to Eating Disorders

Eating disorders are complex conditions that arise from a combination of long-standing behavioral, biological, emotional, psychological, interpersonal, and social factors. Scientists and researchers are still learning about the underlying causes of these emotionally and physically damaging conditions. We do know, however, about some of the general issues that can contribute to the development of eating disorders. NEDA acknowledges there may be a difference of opinion among experts and the literature on this topic, and we encourage readers to explore the topic further, using all means available to them.

While eating disorders may begin with preoccupations with food and weight, they are most often about much more than food. People with eating disorders often use food and the control of food in an attempt to compensate for feelings and emotions that may otherwise seem over-whelming. For some, dieting, bingeing, and purging may begin as a way to cope with painful emotions and to feel in control of one's life, but ultimately, these behaviors will damage a person's physical and emotional health, self-esteem, and sense of competence and control.

Psychological Factors that can Contribute to Eating Disorders:

- Low self-esteem
- Feelings of inadequacy or lack of control in life
- Depression, anxiety, anger, or loneliness

Interpersonal Factors that can Contribute to Eating Disorders:

- Troubled personal relationships
- Difficulty expressing emotions and feelings
- History of being teased or ridiculed based on size or weight
- History of physical or sexual abuse

Social Factors that can Contribute to Eating Disorders:

- Cultural pressures that glorify "thinness" and place value on obtaining the "perfect body"
- Narrow definitions of beauty that include only women and men of specific body weights and shapes
- Cultural norms that value people on the basis of physical appearance and not inner qualities and strengths

Biological Factors that can Contribute to Eating Disorders:

- Scientists are still researching possible biochemical or biological causes of eating disorders. In some individuals with eating disorders, certain chemicals in the brain that control hunger, appetite, and digestion have been found to be unbalanced. The exact meaning and implications of these imbalances remains under investigation.
- Eating disorders often run in families. Current research is indicates that there are significant genetic contributions to eating disorders.

Eating disorders are complex conditions that can arise from a variety of potential causes. Once started, however, they can create a self-perpetuating cycle of physical and emotional destruction. All eating disorders require professional help.

NEDA

20 WAYS TO LOVE YOUR BODY!!

Compiled by Margo Maine, Ph.D.

1. Think of your body as the vehicle to your dreams. Honor it. Respect it. Fuel it.
2. Create a list of all the things your body lets you do. Read it and add to it often.
3. Become aware of what your body can do each day. Remember it is the instrument of your life, not just an ornament.
4. Create a list of people you admire: people who have contributed to your life, your community, or the world. Consider whether their appearance was important to their success and accomplishments.
5. Walk with your head held high, supported by pride and confidence in yourself as a person.
6. Don't let your weight or shape keep you from activities that you enjoy.
7. Wear comfortable clothes that you like, that express your personal style, and that feel good to your body.
8. Count your blessings, not your blemishes.
9. Think about all the things you could accomplish with the time and energy you currently spend worrying about your body and appearance. Try one!
10. Be your body's friend and supporter, not its enemy.
11. Consider this: your skin replaces itself once a month, your stomach lining every five days, your liver every six weeks, and your skeleton every three months. Your body is extraordinary--begin to respect and appreciate it.
12. Every morning when you wake up, thank your body for resting and rejuvenating itself so you can enjoy the day.
13. Every evening when you go to bed, tell your body how much you appreciate what it has allowed you to do throughout the day.
14. Find a method of exercise that you enjoy and do it regularly. Don't exercise to lose weight or to fight your body. Do it to make your body healthy and strong and because it makes you feel good. Exercise for the Three F's: Fun, Fitness, and Friendship.
15. Think back to a time in your life when you felt good about your body. Tell yourself you can feel like that again, even in this body at this age.
16. Keep a list of 10 positive things about yourself--without mentioning your appearance. Add to it!
17. Put a sign on each of your mirrors saying, "I'm beautiful inside and out."
18. Choose to find the beauty in the world and in yourself.
19. Start saying to yourself, "Life is too short to waste my time hating my body this way."
20. Eat when you are hungry. Rest when you are tired. Surround yourself with people that remind you of your inner strength and beauty.

Don't Weigh Your Self-Esteem. It's What's Inside That Counts!

Every Body is Different

It is important to remember that **every body is different**. We all have different genetics. Even if everyone started eating the same things and did the same amount of exercise for a whole year, we would **not** all look the same at the end of the year. **This is because each person's genetics influence their bone structure, body size, shape, and weight differently.**

So, how can you calculate your ideal body weight? Well, your "ideal" body weight is the weight that allows you to feel strong and energetic and lets you lead a healthy, normal life. For example, when your body is healthy and at its ideal body weight, you are not too tired, too easily frustrated, too anxious or angry, and you have the energy to talk to your friends, participate in sports, and concentrate on school or work. When searching for your ideal weight, don't rely on charts, formulas, and tables to dictate what's right for you. Instead, **eat balanced meals full of nutritious foods and enjoy regular, moderate exercise**. This will help you be your ideal weight.

Most of all, **avoid comparing** your body with your friends' bodies or the people you see in advertisements or on your favorite TV shows. If you do start to compare yourself to others, try to remember that we are all naturally different which means we all have special qualities about us. **Make a list of some of your strengths.** What do you like to do? What makes you unique?

To make it simple, remember these keys to an ideal body:	
🗝 Treat your body with respect.	🗝 Give it enough rest.
🗝 Fuel it with a variety of foods.	🗝 Exercise moderately.
And...	
🗝 Resist the pressure to judge yourself and others based on weight, shape, or size.	🗝 Respect people based on the qualities of their character and accomplishments, rather than just because of their appearance.

Eat what you want, when you are truly hungry. Stop when you're full.
And eat exactly what appeals to you. Do this instead of any diet, and you're likely to maintain a healthy weight and avoid eating disorders.

Listen To Your Body

NEDA

Body Image

Body image is . . .

- How you see yourself when you look in the mirror or when you picture yourself in your mind.
- What you believe about your own appearance (including your memories, assumptions, and generalizations).
- How you feel about your body, including your height, shape, and weight.
- How you sense and control your body as you move. How you feel <u>in</u> your body, not just <u>about</u> your body.

Negative body image is . . .

- A distorted perception of your shape--you perceive parts of your body unlike they really are.
- You are convinced that only other people are attractive and that your body size or shape is a sign of personal failure.
- You feel ashamed, self-conscious, and anxious about your body.
- You feel uncomfortable and awkward in your body.

Positive body image is . . .

+ A clear, true perception of your shape--you see the various parts of your body as they really are.
+ You celebrate and appreciate your natural body shape and you understand that a person's physical appearance says very little about their character and value as a person.
+ You feel proud and accepting of your unique body and refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
+ You feel comfortable and confident in your body.

People with negative body image have a greater likelihood of developing an eating disorder and are more likely to suffer from feelings of depression, isolation, low self-esteem, and obsessions with weight loss.

We all may have our days when we feel awkward or uncomfortable in our bodies, but the key to developing positive body image is to recognize and respect our natural shape and learn to overpower those negative thoughts and feelings with positive, affirming, and accepting ones.

Accept yourself -- Accept your body.
Celebrate yourself -- Celebrate your body.

Research Results on Eating Disorders in Diverse Populations

- A January 1994 Essence survey found that:
  - ★ **71.5%** of respondents reported being preoccupied with the desire to be thinner
  - ★ **71.5%** reported being "terrified" of being overweight
  - ★ **64.5%** were preoccupied with fat on their body
  - ★ **52%** reported being preoccupied with food
  - ★ **46%** reported feeling guilty after eating
  - ★ **39%** stated that food concerns virtually control their lives (Villarosa, 1994).
- African American girls aged 11-14 consistently scored higher than white girls of the same age on all Eating Disorder Inventory (EDI) scales measuring features commonly associated with eating disorders except for body dissatisfaction and drive for thinness (Striegel-Moore et al, 2000).
- Black girls may be especially vulnerable to developing eating disorders with binge eating features (Striegel-Moore, 2000).
- Browne (1993) reports that African-American women feel tremendous pressure as role models, and that as a result, feel they must be perfect in order to counteract negative stereotypes.
- Hall (1995) reports that Asian and Asian-American women are becoming increasingly susceptible to eating and body image problems.
- Yoshimura (1995) documented that Asian-American females are not immune to developing eating disorders.
- A study conducted by Robinson et al (1996) found that among the leanest 25% of 6th and 7th grade girls, Hispanics and Asians reported significantly more body dissatisfaction than did white girls.
- Numerous studies of various Native American populations have shown a high incidence of disordered eating symptoms among adolescents (Story, 1997).
- One study of adolescents belonging to the Chippewa tribe and living on a reservation in Michigan found that 74% were trying to lose weight, and of those, 75% were using at least one pathogenic weight control method (Rosen et al in Story, 1997).
- In studying Native American teenagers, Story et al (1997) found that 48.3% of girls and 30.5% of boys in grades 7-12 had dieted in the past year, and 28% of girls and 21% of boys reported purging behavior.
- In a study of Cuban American women, Jane, Hunter, and Lozzi (1999) found that close identification with Cuban culture was associated with lower EAT scores and may have a protective factor in the development of eating disorders.
- Chamorro & Flores-Ortiz (2000) found that second-generation Mexican-American women-those born in the US to foreign born parents-were the most acculturated and had the highest disordered eating patterns.
- Contradicting the common assumption that lesbian beauty mandates guard against body dissatisfaction, Striegel-Moore, Tucker, and Hsu (1990) found no significant difference between lesbian and heterosexual female undergraduates on measures of body dissatisfaction (In Myers, Taub, Morris, & Rothblum, 1999).
- Similarly, Beren, Hayden, Welfley, and Grilo (1996) found no significant differences in regards to body dissatisfaction between lesbian and heterosexual women, but did find more appearance dissatisfaction in gay men than in heterosexual men (In Myers, Taub, Morris, & Rothblum, 1999).
- In a study measuring body-image, weight concern, and eating patterns among 263 lesbian women, Hefferson (1999) found that lesbians were generally more critical of social norms concerning the roles of women, but not in regards to women's weight and appearance. In addition, the author found that 48% of the participants had dieted in the past 3 months, almost half were dissatisfied with their weight, and self-esteem was strongly linked to body satisfaction. As eloquently stated by Hefferson, "lesbians are no less heterogeneous than heterosexual women...it cannot be assumed that all lesbians equally reject or accept these societal (beauty) norms" (pg.123).

Facts for Activists (or Anyone!)

In spite of the unprecedented growth of eating disorders in the past two decades, eating disorders research continues to be under-funded, insurance coverage for treatment is inadequate, and societal pressures to be thin remain rampant.

Use these attention-grabbing statistics in your legislative advocacy efforts, outreach, and education. Show others that **Eating disorders are serious, costly illnesses** that can no longer be overlooked and ignored.

- In the United States, eating disorders are more common than Alzheimer's disease (as many as 10 million people have eating disorders compared to 4 million with Alzheimer's disease).

- Despite its prevalence, there is inadequate research funding for eating disorders. Funding for eating disorders research is approximately 75% less than that for Alzheimer's. In the year 2005, the National Institute of Health (NIH) funded the following disorders accordingly:

Illness	Prevalence	Research Funds
Eating disorders:	10 million	$12,000,000*
Alzheimer's disease:	4.5 million	$647,000,000
Schizophrenia:	2.2 million	$350,000,000

** The reported research funds are for anorexia nervosa only. No estimated funding is reported for bulimia nervosa or eating disorders not otherwise specified.*

- Anorexia nervosa is more expensive to treat than schizophrenia, yet insurance coverage for treatment is exceedingly insufficient. The average direct medical costs for treating anorexia nervosa is $6054 a year compared to $4824 a year for schizophrenia.

- Research dollars spent on eating disorders averaged $1.20 per affected individual, compared to $159 per affected individual for schizophrenia.

- The average direct medical costs for treating eating disorder patients in the *United States* is currently between $5-6 billion per year, whereas the *global* cost of anti-psychotic medication is $7 billion per year.

- Anorexia nervosa has the highest premature mortality rate of any psychiatric disorder. The majority of deaths are due to physiological complications.

- Although recovery from anorexia nervosa is often protracted nearly a decade, the outcome of treatment is better than for obesity or breast cancer.

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Ten Steps To Positive Body Image

One list cannot automatically tell you how to turn negative body thoughts into positive body image, but it can help you think about new ways of looking more healthfully and happily at yourself and your body. The more you do that, the more likely you are to feel good about who you are and the body you naturally have.

1. Appreciate all that your body can do. Every day your body carries you closer to your dreams. Celebrate all of the amazing things your body does for you --running, dancing, breathing, laughing, dreaming, etc.

2. Keep a top-10 list of things you like about yourself -- things that aren't related to how much you weigh or what you look like. Read your list often. Add to it as you become aware of more things to like about you.

3. Remind yourself that "true beauty" is not simply skin-deep. When you feel good about yourself and who you are, you carry yourself with a sense of confidence, self-acceptance, and openness that makes you beautiful regardless of whether you physically look like a supermodel. Beauty is a state of mind, not a state of your body.

4. Look at yourself as a whole person. When you see yourself in a mirror or in your mind, choose not to focus on specific body parts. See yourself as you want others to see you -- as a whole person.

5. Surround yourself with positive people. It is easier to feel good about yourself and your body when you are around others who are supportive and who recognize the importance of liking yourself just as you naturally are.

6. Shut down those voices in your head that tell you your body is not "right" or that you are a "bad" person. You can overpower those negative thoughts with positive ones. The next time you start to tear yourself down, build yourself back up with a few quick affirmations that work for you.

7. Wear clothes that are comfortable and that make you feel good about your body. Work with your body, not against it.

8. Become a critical viewer of social and media messages. Pay attention to images, slogans, or attitudes that make you feel bad about yourself or your body. Protest these messages: write a letter to the advertiser or talk back to the image or message.

9. Do something nice for yourself -- something that lets your body know you appreciate it. Take a bubble bath, make time for a nap, find a peaceful place outside to relax.

10. Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others. Sometimes reaching out to other people can help you feel better about yourself and can make a positive change in our world.

What is an Eating Disorder? Some Basic Facts

Eating disorders -- such as anorexia, bulimia, and binge eating disorder -- include extreme emotions, attitudes, and behaviors surrounding weight and food issues. Eating disorders are serious emotional and physical problems that can have life-threatening consequences for females and males.

ANOREXIA NERVOSA is characterized by self-starvation and excessive weight loss.

Symptoms include:

- Refusal to maintain body weight at or above a minimally normal weight for height, body type, age, and activity level
- Intense fear of weight gain or being "fat"
- Feeling "fat" or overweight despite dramatic weight loss
- Loss of menstrual periods
- Extreme concern with body weight and shape

BULIMIA NERVOSA is characterized by a secretive cycle of binge eating followed by purging. Bulimia includes eating large amounts of food--more than most people would eat in one meal--in short periods of time, then getting rid of the food and calories through vomiting, laxative abuse, or over-exercising.

Symptoms include:

- Repeated episodes of bingeing and purging
- Feeling out of control during a binge and eating beyond the point of comfortable fullness
- Purging after a binge, (typically by self-induced vomiting, abuse of laxatives, diet pills and/or diuretics, excessive exercise, or fasting)
- Frequent dieting
- Extreme concern with body weight and shape

BINGE EATING DISORDER **(also known as COMPULSIVE OVEREATING)** is characterized primarily by periods of uncontrolled, impulsive, or continuous eating beyond the point of feeling comfortably full. While there is no purging, there may be sporadic fasts or repetitive diets and often feelings of shame or self-hatred after a binge. People who overeat compulsively may struggle with anxiety, depression, and loneliness, which can contribute to their unhealthy episodes of binge eating. Body weight may vary from normal to mild, moderate, or severe obesity.

OTHER EATING DISORDERS can include some combination of the signs and symptoms of anorexia, bulimia, and/or binge eating disorder. While these behaviors may not be clinically considered a full syndrome eating disorder, they can still be physically dangerous and emotionally draining. All eating disorders require professional help.

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National Eating Disorders Association

Statistics:

Eating Disorders and Their Precursors continued...

American Public Opinion on Eating Disorders

In March 2005, NEDA contracted with Global Market Insite, Inc. (GMI), a leader in global market research, to conduct a 1,500 nationwide sample of adults in the U.S. Their findings concluded from those surveyed that:

- Three out of four Americans believe eating disorders should be covered by insurance companies just like any other illness.
- Americans believe that government should require insurance companies to cover the treatment of eating disorders.
- Four out of ten Americans either suffered or have known someone who has suffered from an eating disorder.

Dieting and The Drive for Thinness

- Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005).
- Girls who diet frequently are 12 times as likely to binge as girls who don't diet (Neumark-Sztainer, 2005).
- 42% of 1st-3rd grade girls want to be thinner (Collins, 1991).
- 81% of 10 year olds are afraid of being fat (Mellin et al., 1991).
- The average American woman is 5'4" tall and weighs 140 pounds. The average American model is 5'11" tall and weighs 117 pounds.
- Most fashion models are thinner than 98% of American women (Smolak, 1996).
- 46% of 9-11 year-olds are "sometimes" or "very often" on diets, and 82% of their families are "sometimes" or "very often" on diets (Gustafson-Larson & Terry, 1992).
- 91% of women recently surveyed on a college campus had attempted to control their weight through dieting, 22% dieted "often" or "always" (Kurth et al., 1995).
- 95% of all dieters will regain their lost weight in 1-5 years (Grodstein, et al., 1996).
- 35% of "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995).
- 25% of American men and 45% of American women are on a diet on any given day (Smolak, 1996).
- Americans spend over $40 billion on dieting and diet-related products each year (Smolak, 1996).

National Eating Disorders Association
Statistics:
Eating Disorders and Their Precursors

The Prevalence of Eating Disorders

In the United States, **as many as 10 million females and 1 million males** are fighting a life and death battle with an eating disorder such as anorexia or bulimia. **Millions more** are struggling with binge eating disorder (Crowther et al., 1992; Fairburn et al., 1993; Gordon, 1990; Hoek, 1995; Shisslak et al., 1995). Because of the secretiveness and shame associated with eating disorders, many cases are probably not reported. In addition, many individuals struggle with body dissatisfaction and sub-clinical disordered eating attitudes and behaviors. For example, it has been shown that **80%** of American women are dissatisfied with their appearance (Smolak, 1996).

- For females between fifteen to twenty-four years old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of ALL other causes of death (Sullivan, 1995).
- Anorexia nervosa has the highest premature fatality rate of any mental illness (Sullivan, 1995).

In a 2003 review of the literature, Hoek and van Hoeken found:

- 40% of newly identified cases of anorexia are in girls 15-19 years old.
- Significant increase in incidence of anorexia from 1935 to 1989 especially among young women 15-24.
- A rise in incidence of anorexia in young women 15-19 in each decade since 1930.
- The incidence of bulimia in 10-39 year old women TRIPLED between 1988 and 1993.
- Only one-third of people with anorexia in the community receive mental health care.
- Only 6% of people with bulimia receive mental health care.
- The majority of people with severe eating disorders do not receive adequate care.

Despite the prevalence of eating disorders they continue to receive inadequate research funding. In 2005, the National Institutes of Health estimates funding the following disorders accordingly:

Illness	Prevalence	NIH Research Funds (2008)
Eating disorders:	**10 million**	**$7,000,000***
Alzheimer's disease:	**4.5 million**	**$412,000,000**
Schizophrenia:	**2.2 million**	**$249,000,000**

** The reported research funds are for anorexia nervosa only. No estimated funding is reported for bulimia nervosa or eating disorders not otherwise specified.*

Research dollars spent on anorexia averaged $.70 per affected individual, compared to over $159.00 per affected individual for schizophrenia.