**FASHION AND THE DANGEROUSLY THIN**

**Introduction**

Beauty sells. Advertisements of beautiful people influence us to buy clothes, music equipment, make-up, and cars. But what is beauty? And who defines it? In Canada and many other nations, thinness is a prerequisite to beauty. It wasn’t always this way, but for the past 15 years or so, thinness has been “in.”

Over the past few years, a preference for thinness has progressed to a preference for super-thinness within the fashion industry and the world of entertainment. Unflattering pictures of super-thin Hollywood stars appear regularly. In the world of fashion, models have become thinner and thinner and, in many cases, sicker and sicker.

But do these super-thin models and stars have an influence on the rest of us? You might be surprised to learn that in some ways the answer is “no.” A recent study by social psychologist Helga Dittmarr of the University of Sussex in England determined that average-sized models are just as effective as super-thin models for promoting body-care products, make-up, and diet foods (*Natural Life*, Jan-Feb 2007). This is a surprise because the sole purpose of models is to influence the public to purchase the products they promote in advertisements.

Dittmarr did find, however, that one influence the ultra-thin have on the rest of us is that they make us feel bad about our own bodies. Even if we know that the super-thin are not really “normal” we still feel inferior and wish we could look more like them. This results in dieting and the development of eating disorders like anorexia nervosa and bulimia. In some cases, people resort to plastic surgery to change their original appearance to closer match the “beauty myth” projected all around them.

Ironically, although the image of beauty currently in fashion in our culture is one of super-thinness, as a population we are actually getting heavier and heavier. Obesity rates are on the increase across the country, and kids are getting fatter the fastest. In Canada, almost 60 per cent of adults and one in four children are now considered to be overweight or obese.

This *News in Review* story examines our struggles with body image: from the super-thin to the overweight. We will explore the pressure that models face to lose weight and the tragic consequences this pressure can bring. As well, we will explore the many health impacts of obesity, including skyrocketing rates of diabetes.

**To Consider**

1. How realistic is it to attempt to mould your appearance into the ideal image as projected by models in magazines and actors in films?
2. In your experience, how are boys and girls who are overweight treated by other kids? Provide some specific examples.
3. Have you or your friends ever dieted or restricted your food choices in order to lose weight? If so, what were your reasons for doing this?
4. Do you think that men and boys feel the same pressure as women and girls to have a “perfect” body? Provide reasons or examples to support your answer.
5. Have you ever felt bad about your body because it seemed less that “perfect”? Did this affect your confidence or how you felt about yourself in any way? Discuss.
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Video Review

As you watch the video, respond to the questions in the spaces provided.

Update
As this issue of News in Review was being prepared, a study from Harvard University suggested that obesity might begin in the womb of mothers who gained more weight than needed during pregnancy. The report was published in the April 2007 issue of The American Journal of Obstetrics and Gynecology.

1. What percentage of the Canadian population between two and 17 is obese? _______________

2. What are the negative consequences of obesity?

3. Describe the physical appearance and age of model Natasha De Ruyter.

4. a) How does the fashion industry view De Ruyter?

   b) Do you agree with this assessment? Why or why not?

5. How has the image of beauty changed since Monica Schnarre was a supermodel in the 1980s?

6. In what ways do dangerously thin models have a negative effect on society?

7. In what ways has the fashion industry turned a blind eye to dangerously thin models?

8. What changes resulted from the death of Brazilian model Anna Carolina Reston?
9. Explain why some people say that these changes do not go far enough.

10. a) What did Monica Schnarre mean when she said that “real change will have to come from women who idealize thinness”?

b) Do you agree with this statement? Why or why not?
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*The Perils of Obesity*

In March, a story about an overweight boy in Britain made the headlines in Canadian newspapers. Not that a story about an overweight boy is unusual. But what was unusual was that this boy, eight-year-old Connor McCready, was so overweight that social workers had threatened to remove Connor from his home to protect his health. Connor weighed 97.5 kg. This is four times the weight of the average eight-year-old. Although specific details about the case have not been released, Connor’s mother was able to come to an agreement with government officials (and likely a plan to help her son lose weight). As a result, Connor was not removed from the family home.

The McCready case set off a storm of controversy. Many people started to debate whether obesity in children is a form of child abuse. Others argued that focusing on just one obese child overlooks the fact that thousands of children in Britain are obese and that the entire culture has to change the way it eats and exercises.

We are Getting Fatter and Sicker

Unfortunately, this is not a situation that applies only to Britain. Canada is now facing an obesity epidemic itself. And the statistics are startling:

- Health Canada reports that nearly 60 per cent of adult Canadians are overweight or obese (about 14 million people).
- More than 25 per cent of Canadian children are overweight or obese.

Rising rates of obesity have health-care officials and politicians concerned. Obesity is linked to heart attacks and strokes, many cancers, and diseases like diabetes. Not surprisingly, since obesity is on the rise, so is diabetes. In fact, cases of diabetes in the province of Ontario alone have risen over 113 per cent in the past 10 years.

Diabetes is a chronic health condition where the body is unable to produce or utilize insulin and properly break down sugar (glucose) in the blood. Symptoms include hunger, thirst, excessive urination, dehydration, and weight loss. The treatment varies depending on the type of diabetes a person has but can involve a combination of daily insulin injections, proper nutrition, and regular exercise.

Diabetes is a treatable disease, but it is also a serious disease.

- It is the leading cause of new cases of adult blindness.
- It is the leading cause of kidney failure.
- Other than accidents, it is the leading cause of amputations of legs or feet.
- Heart attacks are twice as likely in individuals with diabetes.
- Strokes are five times more common.
- It complicates pregnancy (birth defects are twice as prevalent in babies born to mothers with diabetes).

Perhaps most importantly, most cases of type 2 diabetes are preventable. Few people who get sufficient exercise, eat a good diet, and maintain a healthy weight will get diabetes.

Obesity in the North

The obesity epidemic is having a particularly significant impact on indigenous peoples in North America. Indigenous peoples have seen their way of life change significantly in the past 50 years. Many used to live off the land,
eating what they hunted or trapped. But fewer and fewer indigenous people make their living off the land, and lifestyles have become more sedentary (less active). And as northern communities became more accessible to the south through air travel and improved roads, indigenous peoples have become exposed to processed food—a major change in their traditional diet. As a result, obesity is on the rise, as are obesity-related diseases like type 2 diabetes.

Before the 1950s, obesity-related diabetes did not exist among indigenous North Americans. As late as the 1960s, researchers travelled to the boreal forest to study the Cree and their apparent immunity to diabetes. However, in an article for The Globe and Mail on October 7, 2006, Dr. Kevin Patterson reports that in Norway House, a Cree reserve near Lake Winnipeg, type 2 diabetes rates now stand at 40 per cent. As well, he reports that complications from diabetes such as amputations and kidney disease are twice those of non-aboriginal communities.

**Turning the Tide**

If we know that obesity poses a significant health risk, as well as a financial nightmare for the health-care system, what do we do about it?

1. **Reduce our intake of processed foods.**
   - We have to eat more whole grains, fruits and vegetables.
   - Even if we are unable to eat at home, we need to make healthier choices while eating out or buying fast food.
   - Processed foods generally contain too much fat and not enough nutrition.

2. **Increase our amount of exercise.**
   - Ministries of education are looking at making physical education a mandatory part of the education system again.
   - Currently, students in many provinces do not have to take physical education after they complete Grade 9.
   - Adults need to drive less and walk more.

3. **Improve urban planning.**
   - New subdivisions need to include features to increase levels of exercise—like parks and walking trails.
   - Bike lanes should be mandatory for all new roads.
   - Shopping areas need to be built within each subdivision to increase daily walks to the store rather than car rides to major grocery stores.

**Your View**

Be prepared to share your responses with the rest of the class.

1. The case of Connor McCreaddie outraged many people. Some have called for the government to include gross obesity as a form of child abuse. Do you agree or disagree with this position? Record at least three points to support your position.

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________
2. Experts predict it will be harder to fight the obesity problem facing northern communities than it will be in southern communities. State whether or not you agree or disagree with this statement and then record at least three points to support your position.

________________________________________________________________________

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________________________________________________________________________

3. What steps have you and/or your family personally taken to ensure that you have a healthy body size?

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Individuals who are dangerously thin actually weigh so little they are at risk of dying. People who are dangerously thin are not attractive. In fact, they are quite the opposite. They become skeletal-like, and their skin is tightly stretched across their faces. Because their bodies have become so thin, their heads appear large in proportion to the rest of the body. Their skin loses colour and turns grey. They begin to grow hair all over their bodies. Females stop menstruating. And they become too weak to stand or walk for any length of time.

Why would anyone want to be that thin? The truth is that no one really plans to become dangerously thin. In an interview for People Weekly magazine, Portia de Rossi describes how she became sick.

“When I got the job on Ally McBeal, it was because I was healthy and attractive at my natural weight. But every single day, you’re basically in fittings, constantly being measured. . .

“I would eat 300 calories a day—a lot of Jell-O and no-sugar everything, of course. I was also doing Pilates, weight-training, a circuit training . . .

“I realized something was drastically wrong when I stepped on the scale at the end of 1999 and saw 82 pounds [37 kg]. It became a struggle just to feel good. Then I went back home to Australia, and my brother and mother said, ‘You’re going to die.’ It really woke me up; I had to do something, or I was going to lose everything. I went to a counselor and saw it for what it was—an eating disorder.”

Those who become dangerously thin likely started out wanting to lose some weight but ended up developing an eating disorder. The two most common eating disorders are anorexia nervosa and bulimia.

Anorexia Nervosa
Anorexia is both an eating disorder and a psychological disorder. Someone who develops anorexia often goes through the following pattern:

- The person initially begins dieting to lose weight.
- The weight loss becomes a sign of mastery and control, and the drive to become thinner is actually secondary to concerns about control and/or fears relating to one’s body.
- The individual continues the endless cycle of restrictive eating—often to a point close to starvation in order to feel a sense of control over the body.
- This cycle becomes an obsession and is similar to any type of drug or substance addiction.

Anorexia is further complicated by the fact that those who develop the disease are in denial about their problem. This denial is linked to the fact that when they look in the mirror they don’t see a dangerously thin person; they see an ugly person and feel they have to diet even harder to look better.

Bulimia nervosa
Bulimia is also considered to be both an eating disorder and a psychological disorder. Those who suffer from bulimia go through a cycle of bingeing and purging. Bingeing is the consumption of abnormally large amounts of food in a short period of time. Purging is the elimination of food by some
unusual method, such as vomiting and taking laxatives.

Bulimia has serious health implications and can even cause death. Some other problems associated with bulimia include:

- A ruptured stomach
- The loss of nutrients, such as potassium, as a result of purging can cause heart failure.
- The stomach acids from vomiting can burn the digestive tract, mouth, lips, and teeth.
- A disrupted menstrual cycle

Most bulimics know their eating patterns are not normal, but they feel unable to change their behavior. Their bingeing and purging is done in secrecy so that family and friends often do not know about their disorder. Some bulimics may turn to other ways of solving their problems, such as drugs and alcohol. Many develop other mental disorders, such as depression and anxiety.

Both anorexia and bulimia are much more common in females than in males. People of all ethnic backgrounds develop these disorders, but the majority who receive treatment are white. These disorders are difficult to treat and, in most cases, a physician and mental health professional must be consulted.

For Discussion

1. Do you know anyone personally who may have an eating disorder?

2. Name any celebrities who appear to suffer from eating disorders.

3. Why do you think those suffering from eating disorders often try to keep their conditions a secret?

4. Why is it important for family and friends to speak out if they suspect someone they love has an eating disorder?

5. Is there anyone whom you feel that you need to counsel about their diet? Will you?
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Body Image

When we talk about body image we are talking about the mental picture a person has of his or her own body. This picture is the result of a person’s own self-observation and by noting the reactions of others. For example, you may believe that your build is quite “normal” until you mention to a friend that you just got a new piece of clothing that is a size 8. Upon hearing this, your friend acts surprised and says: “Oh, I always thought you were at least a size 12.” Your body image would likely be negatively affected by your friend’s comment because it would make you think that you appear heavier than you really are.

Today, the image of ideal beauty presented by the fashion and entertainment industries is of the super thin. As a result of constantly being bombarded by images of the super thin, even those people who have perfectly healthy and normal bodies might start to feel insecure. This can lead to unhealthy dieting practices and eating disorders like bulimia and anorexia nervosa.

It is interesting to note that the current super-thin beauty ideal is a new phenomenon. Images of beauty vary from culture to culture and change over time. As you review the information below, consider whether or not our current super-thin beauty ideal is an improvement over the images of beauty that have existed in the past.

Chinese Foot Binding
This practice existed for about 1000 years, beginning in the 10th century and ending in the early 20th century. Foot binding involved wrapping young girls’ feet in tight bandages, which caused bones in the feet to break and prevented growth of the feet. Foot binding resulted in highly deformed feet, measuring 10 to 15 cm in length and forced the girls and women to take very small steps and shuffle their feet while they walked. Small feet and this style of walking were thought to bring femininity and beauty to a woman. It also resulted in frequent foot infections and paralysis. Foot binding as a child is a significant cause of disability among elderly Chinese women today.

Victorian Corsets
Corsets were worn by women in the Victorian Era to give women an extremely small waist. Fabric corsets, often containing whalebone inserts, were tightly laced around a woman’s torso to squeeze her internal organs into a much smaller area. Corsets often resulted in deformed rib cages, and breathing was seriously impaired, which is why women of this era were famous for fainting. In some cases, women would have the bottom two ribs surgically removed so they could be corseted more effectively. Because of damage to internal organs women who were corseted suffered from pain and a lack of energy. It was not unusual for women to aim for a 40 cm waist when they were corseted.

Flappers of the 1920s
As women became more emancipated, they also rejected the restrictive clothing worn by their mothers. “Flappers,” as these women were known, wore loose clothing that dropped straight down the torso and was gathered low across the hips. The flapper look was
almost boyish in that it emphasized straight lines and did not focus on enhancing the bosom. Voluptuous and curvy. She played on her femininity and was seen as very sexy. Her look directly contrasted with the flappers of the 1920s.

The Hourglass Figure of the 1950s
Marilyn Monroe was the most famous sex symbol of the 1950s. She was

Analysis
1. How does this information demonstrate that images of beauty fluctuate across cultures and time periods?

2. Describe the current image of beauty in your culture and then explain the impact it has on your own body image.

3. What steps can be taken to help young men and women feel better about their natural body shape?

4. Describe the role that school and peers may have to play in developing positive body image.
The fashion industry has been under pressure to stop using super-thin models for the past few years. But this pressure increased after two extremely thin models died in 2006. In August, 22-year-old Luisel Ramos collapsed and died of heart failure while participating in a fashion show during Fashion Week in Montevideo (Uruguay.) Ramos’s father said that she had starved herself for several days before the show.

In November, Brazilian model Ana Carolina Reston died from complications linked to anorexia nervosa. The 21-year-old Reston started modelling in her early teens, but faced huge pressure to help support her impoverished family after robbers stole everything from their rural home when she was 16. Although she had been signed to the Ford Modeling Agency when she was in her early teens, she never grew tall enough to command high fees. So she tried to compensate by losing weight.

Friends said that Reston was so beautiful she looked like an angel. But by the middle of 2006, she was so thin she was too weak to carry her own luggage. She had literally become a skeleton. As well, her skin was grey and her eyes were sunken and “without light” (People Weekly, December 4, 2006). By the time she entered hospital, the 170-cm-tall Reston weighed only 40 kg. She died in November of multiple organ failure caused by anorexia.

The Fashion Industry Response
In December 2006, the Italian government teamed up with the country’s fashion industry to demand that the fashion industry stop using ultra-thin models. As well, they imposed a ban on the use of models under the age of 16 for Milan Fashion Week.

Another step forward occurred when the organizers of Madrid Fashion Week said they would ban models with body mass indexes below 18. The body mass index (BMI) is calculated by dividing a weight in kilograms by the square of height in metres. Generally speaking, this means dividing weight by height. By setting a BMI of 18, a 175 cm model would have to weigh at least 57 kg.

Some critics believe that the Milan/Madrid restrictions will not do enough to shift the industry away from the super thin. But the industry also has its supporters who argue that it is not the only factor in our culture’s obsession with the super thin. These people argue that the industry has taken important steps to reduce the use of super-thin models, but that parents, teachers, and the media also have a role to play to improve this situation.
**Analysis**

1. Rank order the influence that you feel the following have on our culture’s obsession with the super thin:

<table>
<thead>
<tr>
<th>Influence Factor</th>
<th>My Ranking</th>
<th>Three Steps to Encourage Healthy Body Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents</td>
<td></td>
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<tr>
<td>Friends</td>
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<tr>
<td>Hollywood</td>
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<tr>
<td>Fashion industry</td>
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<td>Education system</td>
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<td>Music industry</td>
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<tr>
<td>An individual’s own personality</td>
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</tbody>
</table>

2. Discuss your rankings with a partner and then work together to record three steps that each of the above could implement to encourage healthy body weight among males and females.

3. Although the fashion industry claims that it wants to help reverse the trend toward a super-thin body image, designer Nicole Miller has just introduced a line of “subzero” clothing for Banana Republic. Miller said that since her size zero clothing was selling so well, she wanted to introduce the subzero line. Size zero clothes are targeted to females with 60 cm waists—which is about the circumference of a junior soccer ball.

Discuss this new initiative with your partner and record your thoughts in your notebooks. Be prepared to share your thoughts with the larger class.
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Activity: Choosing a Model

Background
According to social psychologist Helga Dittmarr, of the University of Sussex in England, average-sized models are just as effective as super-thin models for promoting body-care products, makeup, and diet foods. Dittmarr also found that ultra-thin models make the rest of us feel uncomfortable about our own bodies. Over the past decade, models have become younger and skinner.

The Activity
Your teacher will divide you into groups of three. Your roles within the group are as follows:
• One student will role-play an advertising executive who wants to choose an ultra-thin model for an ad campaign.
• One student will role-play an advertising executive who wants to choose a model with a more average build.
• One student will role-play the president of the company who has to make the final decision.

Before the Role-play
• Decide on the product you are to promote.
• The two advertising executives should prepare a list of points to support their position.
• The president of the company should become familiar with both sides of the issue so that he or she will be able to make an informed decision.

After the Role-play
• Your teacher will ask each group to share the decision made by the president of the company.
• The president will have to provide reasons for the choice.

Research sources to help you prepare:
• This CBC News in Review guide
• CBC news at www.cbc.ca/news/
• BBC news at news.bbc.co.uk
• The National Eating Disorder Information Centre at www.nedic.ca
• The Canadian Health Network at www.canadian-health-network.ca; search within the site for “eating disorders”