# Food & Weight Preoccupation During Midlife

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Never before has there been such a focus for young and old alike on physical appearance as a marker of success and belonging. A cultural ethos of "self-improvement" dominates our bookshelves and our airwaves. Who can resist this? As women in midlife, we face challenges to our identities and self-concepts as a result of biological changes, life events, and a culture in which healthy, strong images of older women are largely absent. For those of us who are unable to constantly maintain a healthy self-image, the idea that taking control over one's body is a means of controlling one's life is seductive.

## The extent of disordered eating

Eating disorders and weight preoccupation can and do affect individuals of all ages, classes, racial and ethnic backgrounds, sexual orientations, abilities and occupations, although girls and women make up 85-95% of those diagnosed with clinical eating disorders.1 While the most common age of diagnosis for eating disorders among women is between the ages of 14 and 25, studies reveal that individuals in their 70's can exhibit attitudes and behaviours congruent with eating disorders, with one study reporting a first time diagnosis of anorexia nervosa for a woman in her early 90's.2 While the dangers associated with food disorders for teenaged girls are widely known and well documented, the fact that approximately 79% of deaths related to anorexia occur in individuals over 45 years of age is less well-reported.3 However, researchers have paid relatively little attention to midlife women as a population for whom disordered eating is a serious problem.

When a woman in midlife is diagnosed with an eating disorder, it is usually one of three situations. She may have had a history of disordered eating but never received appropriate diagnosis and intervention. She may have been diagnosed and received treatment earlier in life, and is returning to, or continuing previous behaviours of her eating disorder. Or, she may have turned for the first time, as an adult, to self-harming manipulation of food and weight.

Disordered eating patterns are complex conditions with multiple causes: social, individual, familial and biological factors all contribute in unique ways to developing and maintaining eating disorders in specific individuals. Consequently, disordered eating is not just a problem with food and weight; rather, it can be seen as a complex expression of how an individual sees herself in the world, and a response to how she experiences that world.

## Issues that increase our vulnerability to disordered eating

No one is immune to the overwhelming messages about weight and appearance in North America, most evident in the advertising that surrounds every aspect of our public and private lives. We are exposed to approximately 3000 advertisements a day4, delivered via newspapers, television, magazines, the Internet and direct mail. Most sell an image of perfection, which especially for women includes a slender, toned, young body. These pervasive and unrelenting images use thinness and youth as symbols of a woman's success and worth. This emphasis on thinness is aggravated by a cultural imperative of lifelong self-improvement. Ever new – or recycled – self-improvement and self-help methods dominate talk shows and best-seller lists. A huge number of these are specifically related to achieving a youthful, slender and toned appearance. "Fat" in our culture evokes – and even represents – fear: fear of being inferior, rejected, marginalized. The fear is internalized, and affects individuals regardless of size. "Fat" becomes a feeling, a judgement, rather than a simple descriptive adjective.

Implicit in much of what we see and hear and read around us are myths about food and weight. Few exhortations to lose weight address the biological set-point to be within a particular weight range that we each inherit. Few address the fact that our bodies will vigorously defend this set-point weight, so that dieting is a winning prospect only for the diet industry. Weight is regained in 95% of cases, and in some cases, more is added. When diets fail, we feel frustrated and guilty, and our self-esteem and sense of efficacy plummets even further, leading to renewed weight-loss behaviours, and for some of us, clinical eating disorders. Ironically, and as a consequence of dieting behaviours, obesity has reached its highest rates ever - at a time when there has never been a greater emphasis on, and bigger industry for, weight loss and manipulating body shape and size.

Related to the belief that "self-improvement" is a moral imperative is the notion that physical appearance can and should be manipulated as readily as we can manipulate our physical environments. Botox injections, liposuction and the like are advertised widely as safe and viable options for remaining young looking, and hence, desirable. The competitive edge that looking youthful seems to promise the working woman, or the woman dating again after many years, may drive many into the gym, diet centers and operating rooms. In a world where midlife women are largely identified with deteriorating minds and bodies, older women who lead normal, graceful and engaged lives are seen as anomalies. Some women turn to rigorous weight management practices in the effort to deal with the difficulties they experience in navigating this time of change and loss of youth.

At the very time when one's biological drives are about to slow down, or are slowing down, many midlife women experience competing societal and individual pressures. These may include dealing with changes we face in self-image, time and psychic energy when children leave home. Conversely, as more adult children remain in the family

home, some women may long for their own psychic and physical space, free of the demands of parenting, and struggle with the changing roles that come with having adult children.
On the other hand, many women today have children later in life. The birth rate in the United States for women between 40 and 45 increased 81% between 1980 and 1995.5 Midlife moms face other challenges, such as addressing the needs of young children while they themselves are facing hormonal and environmental changes. Some may want to do everything 'perfectly', leading to unrealistic self-demands. These self demands can lower one's sense of competence and self-esteem, and again may lead to seizing control over something that seems manageable: food and weight.

Biological drives to slow down may also compete with social/professional impulses to review life and re-energize our midlife transitions. If we face the prospect of retirement or loss of work, we may feel overwhelmed by feelings of fear, loss and uncertainty. Culturally sanctioned food and weight manipulation may be our tool of choice for presenting an energetic and self-disciplined facade, while masking our difficulties with such challenges.

Many midlife women are also coping with the needs of aging parents. This can lead to increased demands on time and consideration of multi-faceted issues, such as negotiations with health professionals and the need to advocate on behalf of both children and aging parents. These demands often deplete one's resources and lead to a sense of incompetence or inability to cope, especially when normal experiences and processes related to aging are termed 'deficits'. This may be exacerbated for those who must also deal with personal illness, disability or other marginalizing experiences, such as loss of employment, independence, or transition into a new country as an immigrant or refugee.

## Final thoughts

Midlife women who engage in patterns of disordered eating may have lived with longstanding food and weight issues that were never resolved, or may have struggled intermittently with these issues and relapse during times of duress. Disordered eating at midlife may also be a reversion to our earlier strategies for 'coping' with stress. Some of us may also develop dysfunctional food and weight practices in later life in response to specific midlife challenges or insults to self-perception.

When hormones fluctuate at the same time as family, work and social demands increase, the lack of a supportive environment and constructive coping strategies may catapult us (back) into problematic food and weight control behaviours. Memory lapses, poor concentration, fuzzy thinking - all related to life-stresses and/or hormonal fluctuations - may contribute to a sense of incompetence, fear, anxiety, and a need to take back control. What better way to take control, we are told, than through restrictive dieting and weight

management practices? These practices can become all-consuming and impact severely our life and well-being, and that of our family.

Sadly, in-line with our cultural ethos of 'self improvement', excessive physical exercise and restrictive eating are perceived as adaptive and healthy - signs of much vaunted self-discipline. The often-invisible damage disordered eating and exercise creates includes diminished physical and mental health and well-being, impaired family, social and professional lives, which impact on the larger community.

In our favour is the vastly increased access, awareness and knowledge of issues related to food and weight preoccupation, and the right to self-care. This is combined with many years of life experience which allow us to determine the values that we hold dear, and which stand us in good stead. With these, we can help to put physical appearance and its manipulation into perspective, both for ourselves and the women and men in our spheres of influence.

*Age-related anorexia is a term frequently used to describe the loss of appetite amongst elderly individuals, and is not to be confused with anorexia nervosa, which includes deliberate control over food and weight as a means of gaining psychological rewards.*

## References


Becker, Anne E., and Grinspoon et al. 1999. Eating Disorders. *New England Journal of Medicine,* 340(14): 1092-1098.

Mermelstein, Hindi T. and Basu Rabita. 2001. Can you ever be too old to be too thin? Anorexia nervosa in a 92 year old woman. *International Journal of Eating Disorders,* 20(1): 123-126.

Gagnon, Louise. 1996. Despite Image. Most Anorexics are 45 or Older. Medical Post.

Kilbourne, Jean. 1999. *Deadly Persuasion*. New York: Free Press.

London, Nancy. 2002. The Clash of the Titans: Motherhood Meets Menopause. A Friend Indeed. Vol XIX (5).