DEPRESSION IN CHILDREN & TEENS
Recognizing signs early can make a world of difference.

QUIZ: How much do you know about stress?

SOCIAL NETWORKS AND HEALTH
Studies find that good company can prolong life.

QUICK & HEALTHFUL BREAKFASTS
Being busy isn't a good excuse for skipping breakfast.

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Depression in Children and Teenagers

Depression is a prolonged sense of hopelessness and lack of energy and enthusiasm that can last for weeks, months, even years at a time.

Building Better Body Image

Being thin doesn't always guarantee satisfaction... Nor does being fat always result in poor self-image. As with compulsive eating, it isn't the size of a person that matters so much as the weight of discontent.

QUIZ: How Much Do You Know About the Effects of Stress?

Modern annoyances aren't especially dangerous, but stress can be. How much do you know about stress and your health?
Although exercising, not smoking, and maintaining a healthy weight are crucial, many recent studies have found that good company can prolong life just as surely. A study of nearly 3,000 Dutch people between 55 and 85 years of age published in the American Journal of Epidemiology found that high and even moderate amounts of emotional support cut the risk of dying prematurely in half. Whether your best friend is an accountant or a nutritionist, simply spending time with him may give your health a big boost.

**Foul-Weather Friends**

How is it that the same people who occasionally make us crazy can also keep us healthy? For one thing, we might make healthier choices when we know somebody cares. But that’s not the whole story; plenty of people still drink too much and smoke and overeat even though they have lots of friends and family. For that matter, plenty of people drink too much and smoke and overeat with their friends and family.

Scientists see another, more powerful, connection between good health and an active social life: Friends and family seem to offer strong protection against stress and all of the diseases that go along with it. As reported in the Centers for Disease Control and Prevention’s Morbidity and Mortality Weekly Report on May 6, 2005, trying times just don’t seem quite so trying...
when we know we have support.

In recent years, scientists have found many ways to put this idea to the test. Some experiments are as simple as checking the pulse of people giving speeches. Not surprisingly, speakers with friends in the audience feel more relaxed and have lower heart rates than speakers surrounded by strangers. The same holds true for baboons, minus the speech, of course. Research shows that stressed-out baboons suddenly become more relaxed when surrounded by familiar baboon companions.

Even rodents know the value of friendship. A study published in Behavioral Neuroscience found that rats receiving mild shocks acted less stressed if they were with another rat. Interestingly, companionship found that rats receiving mild shocks evened found that rats receiving mild shocks.

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DANGER SIGNS

To truly see the relaxing benefits of friends and family — and to understand how socializing can prevent disease — scientists have to track stress at its most basic levels. Humans, rats, monkeys, and all sorts of other animals respond to dangerous or worrisome situations by producing hormones that prime the body for “fight or flight.” These hormones, including adrenaline and cortisol, provide short-term energy and long-term dangers. If stress goes on too long, the overflow of hormones can raise the risk of heart disease, depression, stomach problems, and many other illnesses.

By tracking levels of these hormones in the blood, scientists can directly measure the stress levels of loners and people who are outgoing. In study after study, whether the subjects are humans or rodents, the same story emerges: It helps to have friends.

Consider the case of 240 middle-aged people in England. As reported in the journal Psychoneuroendocrinology, the subjects who said they were lonely had extra cortisol pumping through their veins within 30 minutes of waking up. Lonely people also reported more sleep problems.

When asked to perform a mentally draining task, the loneliest subjects showed another hallmark of stress: They produced large amounts of a blood-clotting protein called fibrinogen. Fibrinogen can come in handy when a predator has a hold of you, but it’s not much good for handling other kinds of stress. As the researchers noted, high levels of this clot-maker can increase the risk of a heart attack or stroke.

To make things worse, the subjects without close friends and family also showed signs of a weak immune system under stress. Natural killer cells — the commandos of the immune system — are supposed to come to the rescue during hard times. In lonely people, these cells seemed less willing to put up a fight.

Without natural killer cells on their side, people with little social support become vulnerable to all sorts of infections. In 1997, researchers from Carnegie Mellon University in Pittsburgh published a classic study showing how important friendships are to the immune system. After questioning 276 people about their social lives, the researchers exposed each person to a cold virus. As reported in the journal of the American Medical Association, the subjects with fewer social ties were four times more likely than people with many friends, family, and casual acquaintances to actually come down with a cold.

DARING A SOCIAL CIRCLE

Of course, not all relationships are created equal. A close friend who will give you a ride to the doctor when you’re sick is more important than a person you bump into once a year. Not all social ties will help ease stress, either. A turbulent, emotionally draining relationship can ramp up the stress in your life and threaten your health. After their first famous cold study, the Carnegie Mellon researchers found that conflict-ridden relationships more than double a person’s chances for catching a cold.

Since your doctor can’t write prescriptions for good friends and happy marriages, it’s largely up to you to get the positive support you need. For starters, keep ties to friends and family active through regular contact. If possible, make time for your family to sit down and eat together every day. If your week is too busy to have a friend or relative over to eat, get creative: Invite him or her to go shopping with you, accompany you on a long walk, or to go the park with you and your kids. Email frequently, or even — if you share the same doctor — consider scheduling your annual exams on the same afternoon so you can drive there together. At the same time, try reaching out to other people to expand your base of support. Invite a coworker out to lunch, join a book group, or take dance lessons — anything to get connected.

When stressful situations arise, don’t be afraid to ask others for help. And if you’re having a conflict with a friend or family member, try to stay calm and listen to the other person’s point of view. Choose your words carefully, and offer support and empathy. Communication holds people together. And if we aren’t together, we’re more likely to fall apart.

REFERENCES


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What can I eat on the go?

If it’s all you can do to grab something to have in the car or while waiting for the bus, go for one of these power sources:

Granola bars.
Loaded with fiber from whole grains, granola bars are a great source of energy in the form of carbohydrates. You’ll be mentally sharper if you’ve eaten something, and brain cells need a constant supply of carbohydrates.

Whole wheat bagel with peanut butter.
Whole grain bagels such as whole wheat and rye have more fiber than the plain or seeded varieties. Peanut butter is a great source of protein, and the fat in the “natural” varieties doesn’t clog arteries. (Just go easy on the peanut butter, because it packs a lot of calories.)

Oat bran muffin.
With more fiber and less fat than a typical blueberry muffin, oat bran muffins also provide surprising amounts of potassium and magnesium.

Fruit.
Apples are high in fiber and refreshing. Bananas top all other fresh fruits as a source of potassium. A snack-size box of raisins is loaded with energy-giving carbohydrates and fiber. By keeping your blood sugar level from slipping, fruit staves off a midmorning slump.

What should I choose if I can spare a few minutes?

Keep your refrigerator stocked with fruit and a few other basic items, and you can be gulping an energizing and nutritious breakfast before your freshly shampooed hair is dry. Here are some delicious ways to pep yourself up:

Orange-banana smoothie.
Orange juice, low-fat or nonfat yogurt, and a banana are all you need to blend up a treat that’s high in carbohydrates, vitamins and minerals, and calcium.

Very berry smoothie.
Blend a banana, a splash of cranberry or apple juice, and a
handful of fresh or frozen berries, which are exceptionally rich in antioxidants (substances that combat cancerous changes in cells).

Down under delight. Believe it or not, when researchers tallied up the nutritional value of popular fruits, kiwis came out on top. Peel one and zap it in the blender with a banana, apple juice, and your favorite berries.

Fruit salad. Prepare a big fruit salad on Sunday that you can dig into during the week. Add a dollop of yogurt to each serving for extra protein and calcium.

Toaster treats. Frozen waffles take almost no time to make. Choose whole grain varieties for a dose of fiber, and top them with berries or sliced bananas instead of syrup.

What should I eat if I can sit down for 10 minutes before heading to work? Experts say the healthiest breakfast choice around is cereal with low-fat or nonfat milk. The combo is high in calcium, low in fat, and -- if you choose a whole grain variety -- loaded with fiber. Plus, all cereals these days are fortified with important nutrients like the B vitamin called folic acid. Read labels so you can steer clear of excessive sugar and partially hydrogenated oils; if you have a sweet tooth, sweeten your cereal with raisins, a sliced banana, or other fruit. Place a tall glass of juice alongside the bowl, and the vitamin C will help your body absorb the cereal's iron.

Cheerios. If you loved the little O's as a kid, revisit your childhood. Nutritionists love them because they're made of whole grains and have only 2 grams of sugar per serving. The best choice may be Multi-Grain Cheerios Plus, which is packed with vitamins and minerals.

Instant oatmeal. A minute in the microwave is all it takes to produce a steaming bowl of nutritious high-fiber oatmeal, a comforting choice in wintertime. Add raisins for some sweet energy.

Further Resources

References

American Medical Association, Good Food That’s Good For You: Good Nutrition at Every Age
American Academy of Pediatrics, Nutritional Needs of School Age Children


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Depression is far more than a temporary change in mood; it’s marked by a prolonged sense of hopelessness and lack of energy and enthusiasm that can last for weeks, months, or even years at a time.

Can children suffer from depression? Decades ago when baby boomers were still children, parents might have dismissed very real signs of depression as sulkiness or chronic moodiness. Today, doctors know that depression can affect even young children, and sometimes it can follow them throughout their lives.

Roughly 7 percent of all children are depressed, studies show, including 2 percent of children in grade school and 5 percent of adolescents. Adolescent girls are twice as likely to suffer from depression as boys their age. By recognizing the signs, you can help your child through a dark time, even if you don’t know what’s causing it.
My child seems sad. Are they suffering from depression?

Not necessarily. Normal sadness or grieving is not depression. Don’t worry if your child occasionally feels blue or down in the dumps. Life has its ups and downs, and it’s normal for children to grieve over a loss or feel sad for a few hours or days at a time.

But if his melancholy lasts for more than a couple of weeks or seems to interfere with his regular activities and relationships, he may be clinically depressed.

Depression is far more than a temporary change in mood; it’s marked by a prolonged sense of hopelessness and a lack of energy and enthusiasm that can last for weeks, months, or (in rare cases) even years at a time.

What are the symptoms?

It might seem logical that the most obvious symptom of depression would be sadness, but many depressed children say they don’t feel sad or gloomy. Interestingly, one of the key signs of depression in children is chronic irritability. Children may be depressed if they have trouble getting along with other kids and family members or have dramatic swings in mood. Other signs of depression include lack of energy, inability to concentrate, poor performance in school, a sense of hopelessness and helplessness, and frequent complaints about physical ailments like headaches or stomach aches.

Depression often goes hand in hand with other physical and mental health problems. Some children may be depressed because of a chronic illness, such as diabetes. A youngster who has an eating disorder or a substance abuse problem, as well as kids who are constantly defiant, disagreeable, and getting into trouble with authorities, may also suffer from depression.

What causes depression?

Psychiatrists still don’t completely understand depression, but most believe it’s caused by a combination of biological and environmental factors. Many people who are depressed have a family history of depression or other mental illness. A child who has one depressed parent, for example, has a 25 percent to 50 percent chance of suffering depression himself. If both parents have had problems with the disease, his chance goes up to 75 percent.

But depression is based on more than just genes. Traumatic life events – abandonment, violence in the family; chronic problems in school; a difficult move; or physical, sexual, or emotional abuse or neglect at home, school, or by other trusted caregivers – often trigger depression. Sometimes a loss such as the death of a beloved pet, a loved one, or parents’ divorce, can result in depression as well as grieving.

They may not know the exact cause, but scientists do know that depression is related to changes in brain chemistry. The specific changes involve chemicals called neurotransmitters, which help relay messages from one nerve cell to another. When there is a drop in certain neurotransmitters, the brain doesn’t function normally, leading to depression and other forms of mental illness.

How do I know if my child is depressed?

If your child exhibits any symptoms of depression, ask yourself three questions: Is this behavior new? Is it long-lasting (going on for several weeks or more)? Are the symptoms interfering with his ability to function at home, in school, or with his friends?

If you answer yes to any of those questions, you should probably have your child evaluated by a child or adolescent psychologist, psychiatrist, or other licensed mental health professional trained to work with children and adolescents.

How is depression treated?

Research has repeatedly demonstrated that psychotherapy, especially cognitive behavioral therapy, is an effective treatment for depression. In some cases, drug therapy may be needed as well.

Most therapists take a comprehensive approach that looks at your child, his family and social group, and the factors that may contribute to his depression. In addition to counseling your child, a therapist may also suggest family therapy or parent counseling and treatment for any related conditions your child has, such as substance abuse or an eating disorder.

Whether children can benefit from drug therapy must be decided on a case-by-case basis by the therapist and parents. The FDA strongly advises caution when giving antidepressants to children, teens, and young adults due to reports of increased suicidal thoughts and suicide attempts in some antidepressant patients in those age groups.

In 2004, the FDA strengthened warnings on all antidepressant packaging, directing manufacturers of all antidepressant drugs to add “black box” warnings that describe the increased risk of suicide and suicidal thoughts in children and teens who take the drugs. Several years later, the FDA extended the same warning to include young adults ages 18 to 24.

Black box warnings are the most serious type of warning placed on prescription medications. Additionally, the FDA is working with manufacturers to ensure that every patient who receives a prescription for antidepressants will also be given a MedGuide – a pamphlet that details risks associated with the drug and precautions to take.

Patients on antidepressants should be monitored for a worsening of their depression or the development of suicidal tendencies. This monitoring is particularly important, when the patient first begins taking the drug. Parents who are concerned about the lack of safety data may prefer alternate treatments.

Experts also caution that doctors should prescribe antidepressants only in cases of persistent, severe depression, or when therapy is impossible or is not working. It should not be used to treat kids suffering from painful situations like the death of a friend or relative, family violence, conflicts at home or school, or the loss of an important relationship. In those cases, using drugs can actually mask the real cause of the depression and keep a child from getting effective treatment. If he’s depressed...
because of family strife or an abusive teacher, for example, the depression may end if family conflicts are resolved or he's transferred to another teacher.

Although some experts believe drug treatment can be useful, they stress that it must be combined with therapy. Medication alone won't cure the problem. Depression can be a chronic disease that often recurs, and to successfully battle it, a child must develop new coping skills.

How do I find a good therapist?

Talk to your family doctor, your health providers, relatives, clergy, and friends; they may be able to refer you to someone they’re familiar with and trust. The American Psychological Association, (800) 374-2721, can also connect you with the state or local referral agency in your area. If you belong to a health maintenance organization, you may not have these options. Instead, your plan will refer you to two or three providers, and that’s where you’ll start.

If your child has another mental health problem related to depression, such as substance abuse or an eating disorder, look for a professional with expertise in that area. It’s important that you and your child have a good rapport with the therapist you choose. Find someone your child or teenager can talk with comfortably.

Once you have the names of several people, ask them some questions like these about their background: Are you a licensed psychologist/psychiatrist? What are your degrees? Are you board-certified? licensed psychologist/psychiatrist? What are your certifications? If he or she is a practicing? What's your specialty? What are your credentials? (If the therapist is a psychologist, ask if he or she is a fellow of the American Psychological Association or a fellow of the American Psychological Society. If he or she is a psychiatrist, ask about certification by the American Board of Psychiatry or the American Board of Child and Adolescent Psychiatry.) How long have you been practicing? How long do you usually use? How long does treatment usually take? What are your fees? Will you accept my insurance coverage? Do you have a sliding scale fee? Can you set up a payment plan?

When you meet with the therapist, he or she will probably begin by doing an interview, get a complete family history, and give your child a standardized test for depression such as the Beck inventory.

What should I do if my child talks about suicide?

Always take this threat seriously. Suicide is the third leading cause of death for teens aged 15 to 19. Get your child evaluated immediately by a licensed professional to see whether he should be hospitalized. Also, get professional advice on how to make your home safer for your teenager, which usually means moving razor blades, pills, and guns, if you have them, out of the house.

Studies indicate that about one in five teenagers seriously contemplate suicide, and one in 8 try to kill themselves. Girls are more likely to try suicide, but boys, who tend to choose more violent methods, are more likely to succeed.

Be especially concerned if your child begins giving away treasured possessions or stops talking about his future. If you suspect he may be considering suicide, get help immediately – and again, make sure that he can’t get hold of a firearm.

Most communities have suicide prevention hotlines that can refer you to local resources.

Recognizing your child is depressed early on and seeking treatment can help him or her find the skills to get it under control.

If depression runs in the family, it can also help you and others get the same help. 😊
QUIZ: HOW MUCH DO YOU KNOW ABOUT THE EFFECTS OF STRESS?

Stress happens, no matter how much we might try to avoid it. Whether we’re stuck in a dead-end job or merely stuck in traffic, we all face aggravation from time to time. Any major change in our lives -- from the loss of a loved one to the arrival of a new baby -- can also cause stress. Whenever we’re stressed, our bodies and minds go on alert, a remnant of the bygone days of our distant ancestors, when our problems tended to take the form of saber-toothed tigers and woolly mammoths. Modern annoyances aren’t especially dangerous, but stress can be. How much do you know about stress and your health? Take this short quiz to find out.

1. A little stress can actually be good for you.  
   a. True  
   b. False

2. Which of these forms of stress can weaken the immune system?  
   a. Marital conflict  
   b. Grueling physical labor  
   c. Job dissatisfaction  
   d. All of the above

3. Studies have found that long-lasting emotional stress makes people vulnerable to all of the following conditions EXCEPT what?  
   a. Cold and flu  
   b. Heart disease  
   c. Peanut allergy  
   d. Hypertension

4. Emotional stress is the primary cause of stomach ulcers.  
   a. True  
   b. False

5. Which of the following physical symptoms can be a sign that you’re overstressed?  
   a. Lingering back pain  
   b. Insomnia  
   c. Upset stomach  
   d. All of the above

6. According to the American Academy of Family Physicians, avoiding anxiety-provoking situations is the best way to manage stress.  
   a. True  
   b. False

7. Which of these is a good way to manage everyday stress?  
   a. Practice stretching and deep-breathing exercises  
   b. “Vent” anger whenever needed  
   c. Rest your body as much as possible  
   d. Learn to be passive and take life as it comes

HOW MUCH DO YOU KNOW ABOUT THE EFFECTS OF STRESS: QUIZ ANSWERS

1. A little stress can actually be good for you.  
   The correct answer is: True.

   Too much stress may be hard on your health, but you don’t want to flatline, either. In fact, a little stress can help you perform your best at work and play. When you’re under pressure, your body gives you a quick shot of energy by releasing “stress hormones” such as adrenaline. Anybody who doesn’t feel at least a little rush of excitement before a big speech or a big game may be headed for a lackluster performance.

2. Which of these forms of stress can weaken the immune system?  
   The correct answer is: All of the above.

   For the most part, the best way to manage stress is not considered a risk factor for ulcer-causing infections. One AAFP study found that job-related stress more than doubled the risk of a fatal heart or stroke. In contrast, stress -- are the primary causes of most stomach ulcers. Still, long-term stress may help raise the risk of ulcer-causing infections by weakening the immune system. A recent study found that people with generalized anxiety disorder, a condition that causes a near-constant state of worry, had more than their fair share of stomach ulcers.

3. Studies have found that long-lasting emotional stress makes people vulnerable to all of the following conditions EXCEPT what?  
   The correct answer is: c. Peanut allergy.

   Prolonged stress can raise the risk of a wide range of health conditions, including hypertension, heart disease, stroke, infections, and back pain. The link between stress and cardiovascular disease is especially strong -- and especially dangerous. A Finnish study of 812 workers found that job-related stress more than doubled the risk of a fatal heart or stroke. In contrast, stress is not considered a risk factor for peanut allergy.

4. Emotional stress is the primary cause of stomach ulcers.  
   The correct answer is: False.

   In some cases, avoiding stressful situations is definitely a good strategy. If certain people drive you crazy, you don’t need to seek them out. And if you can’t stand driving in traffic, you just might consider taking the bus. But you can’t completely avoid all forms of stress, nor would you want to. For the most part, the best way to manage stressful situations is to control your reaction to them. As the AAFP puts it, you
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should “try to look at change as a positive challenge, not a threat.”

7. Which of these is a good way to manage everyday stress?

The correct answer is: a. Practice stretching and deep-breathing exercises.

Stretching and deep breathing can calm the mind in almost any situation. The other approaches – venting, resting, and staying passive — might worsen your stress instead. Instead of venting your anger, try to calm down with a few deep breaths. Rather than resting all day, be sure to get regular exercise. A good workout will burn pent-up energy and make you feel better all day long. And instead of being passive, you should take action. Plan ahead for stressful events, set realistic goals, and reach out to people who can help.

References


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Women aren’t scrutinized nearly as much as they think they are.

Being thin doesn’t always guarantee satisfaction... Nor does being fat always result in poor self-image. As with compulsive eating, it isn’t the size of a person that matters so much as the weight of discontent.

L et’s face it, it’s hard to find a woman in this culture who feels comfortable in her own skin. We’re bombarded with so many images of thinness and perfection that women, regardless of their weight, are often unhappy with their bodies. They stand in front of their mirrors, pinching and judging, and they feel ashamed. They feel fat. Their legs are too big, their breasts too small, their stomachs too round. They dislike the bodies they live in, and as a result, end up disliking the person who lives there. That doesn’t mean that body image can’t be improved, though, particularly after people become aware of how poorly they treat their bodies, and why.

What Your Body Really Needs

Most psychologists who treat body image say that the first step is recognizing the problem, and acknowledging that it comes from a society that places ridiculous demands on women to fit an impossible mold of beauty. The next step is trying to give your body more genuine care. “If you treat your body with more respect, you will like it better,” says psychologist Judith Rodin, the author of Body Traps, a book that examines the role of women’s physical appearance and their psychological health. “What your body really needs is moderate exercise, healthy foods, sensual pleasures, and relaxation. Give it those, and it will respond by treating you better.”

One of the first women I met in the group, sitting in a circle on the floor, was Elizabeth Beale. If you saw her walking down the street, you wouldn’t think she had reason to hate her body. The 47-year-old librarian, who is 5 foot 6 and 145 pounds, looks healthy and fit for her age. But that’s not how she sees herself, she says. She is so ashamed of the size of her hips and thighs that she wears loose, dark clothes, avoids mirrors, and tries never to draw attention to herself. “I don’t want to wear anything that says, ‘Hey, look at me.’ I’m just hiding.”

Hutchinson, a graceful fat woman who sits cross-legged in the circle like a Buddha, asks the ten women in the room to lie on the floor for an exercise. So many of us, she says, have a mental picture of ourselves—our body image—that doesn’t fit our actual size. She tells us to close our eyes, stretch our arms in front of us, and place our hands as far apart as we think our hips are wide. “No one in this room thinks she can get through a doorway,” says Hutchinson.

Given how much some women hate their bodies that can be difficult to do. But psychologists who treat body image problems say it’s possible to at least make some improvement in the relationship between a woman and her body. A workshop given by psychologist Marcia Hutchinson on transforming body image, which I attended in a rural conference center in New Hampshire, suggests how this change can begin.

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We’re not so unusual. Most women can’t accurately guess how wide they are. It’s well known that women with anorexia can look at their gaunt reflections in the mirror and point out huge pads of fat. But a few years ago, psychologists who looked at how such women distort their size and compared them with normal women got a surprise. The normal women also viewed themselves as much larger than they really were. More than half of all American women, it turns out, overestimate the size of their bodies. The majority of women who stand in front of their full-length mirrors asking, “Who’s the fattest of them all?” get a stern reply. “You are.”

And it isn’t that women are generally bad at judging size. When psychologists at St. George’s Hospital Medical School in London asked 50 normal-sized women to estimate the width of a box, the women were dead on target. But when asked to estimate their body widths, they exaggerated the sizes of their waists by about 25 percent and their hips by 16 percent. More than half the women criticized their hips as part of their bodies they hated most; the only ones who were content with their size were those who were ten pounds overweight.

Being thin doesn’t always guarantee satisfaction, though. Nor does being fat always result in a poor self-image. As with compulsive eating, it isn’t the size of a person that matters so much as the width of her discontent. One thing that contributes to the difference among women in the amount of uneasiness they feel about their bodies, several studies show, is how they perceive their bodies more harshly. If you’ve ever changed your outfit six times before going out, relentlessly shopped for clothes that never seemed quite right at home, or obsessively checked out your rear view in the mirror, you know how body-image concerns can infiltrate daily life.

When it comes to body size, even in this fat-obsessed culture, women view themselves much more harshly than others view them. “Women aren’t scrutinized nearly as much as they think they are,” says April Fallon, a psychologist at the Medical College of Pennsylvania. When she asked nearly 291 men and women to rate sketches of a range of women’s body types, the women predicted men would prefer much thinner bodies than the ones the men actually picked as their favorites. “If a woman is 20 pounds over the ideal, that doesn’t actually have a big impact on people’s interest level,” says Fallon. More likely, she says, a poor body image gives a person an air of resignation and unhappiness. “That,” says Fallon, “is something people notice.

Of course, some women have compounded reasons for hanging on to a poor body image. For example,麼 men who are teased about their bodies as children, exercise often prompts an epiphany. They realize for the first time that their bodies are valuable not only for the way they look but also for what they can do. Friedman suggests forms of exercise, such as dance, yoga, and walking, that are relaxing and directed toward making you feel better about your body at its present size.

Friedman also suggests that people accept what they like about themselves. Even the toughest self-critics generally take pride in their eyes, hair, hands, or some other body part, she says. She tells clients to use a mirror constructively to zero in on the parts they like, rather than the parts they hate, and encourages them not to be afraid to play up the parts they like about themselves. Friedman also suggests that her clients pamper themselves, learning to enjoy their bodies by indulging in small, sensual pleasures such as soaking in a scented bath, slathering on lotion, or giving away clothes that are too small — can make people feel better about their bodies, too.

Friedman says that transforming the way you feel about your body, like changing your eating or exercising habits, is a slow process. But like those, once started, it is a series of small, positive changes. After the workshop, Elizabeth Beale still feels fat. Just a few weeks later, she noticed a difference. She got up the nerve to wear a hand-painted silk scarf—a real attention-grabber—and relished the compliments. She’s learning to catch herself before she starts criticizing her body flaws. And she’s taken up figure skating.

We live in a culture where it’s normal for women to feel we are “too thin” or “too fat.” So it’s normal for us to have body-image problems. “I’ve just stopped thinking so much about my body,” she says. “It gives me time for more important things in my life.”
WHAT IF IT WAS MORE THAN JUST A BAD DAY?

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