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THE DOUBLE S
EATING DI

By Isabell

Eating disorders are often thought of as a problem that only affects females, but in reality, they can affect males as well. According to the National Eating Disorders Association, approximately 10 million men in the United States will struggle with an eating disorder at some point in their lives. [1] Unfortunately, due to societal stereotypes and cultural bias, men are much less likely to seek treatment for their eating disorder. Although men may have different behaviors, language, and responses to their eating disorder compared to women, the negative impact on their physical, mental, social, and overall well-being is just as severe. Eating disorders in males can manifest in a variety of ways, and it is important to be aware of the signs and symptoms in order to help those who may be struggling.

Body image concerns are the most prevalent factor and cause of development of disordered eating and exercise behaviors. In women, eating disorders are commonly associated with a desire for thinness and weight loss. In men, however, the "idealized masculine body image" is often associated with muscularility and bulking up. Dr. Jason Nagata, an assistant professor at the University of California San Francisco, studies eating disorders in adolescents. He states, "The symptoms that one thinks about for a classic eating disorder are extreme or unhealthy weight loss behaviors, but the idealized masculine body image is actually not toward that same ideal." [2] In fact, more than 90% of adolescent males report exercising primarily to increase muscle mass or tone, and up to 15% will use appearance and performance-enhancing drugs, including anabolic steroids.[3]

When it comes to body image concerns, men tend to fall into two categories: feeling they are not big enough or not lean enough. This desire to increase muscle mass, known as Muscle Dysmorphia and sometimes termed "reverse anorexia," is characterized by an underestimation of one's actual muscle mass and resulting stress about this false perception. [4] This is similar to the experience of individuals with anorexia, who have little awareness of their state of emaciation (thinness or weakness). The behaviors and attitudes surrounding exercise and dietary restrictions in Muscle Dysmorphia are similar to those seen in anorexia. For men, this often involves spending long hours working on muscle-building regimes and following strict, high-protein diets. This can lead to body checking, prioritizing exercise and food over other aspects of life, and experiencing distress if a workout is missed. Exercising despite injury or illness is also common. However, unlike what is typically seen in women, missing a meal is a source of distress for men. Men with Muscle Dysmorphia may focus on consuming enough calories and the right nutrients to gain muscle mass and improve leanness, rather than listening to hunger or fullness cues.

The rigid and restrictive nature of these behaviors can be difficult to distinguish from a person who is simply dedicated to muscle building. With the popularity of muscle-building supplements and products, it can be challenging to identify when the behaviors have become harmful. Rigid rules and going to the gym are often perpetuated as masculine norms, especially on social media. However, the emotional and cognitive distress caused by deviation from a plan, or the continuation of the behaviors despite negative consequences, are key indicators that someone may need clinical help.

Although Muscle Dysmorphia is most prevalent in men, it is important to note that many men also struggle with traditional anorexic and bulimic behaviors, characterized by a focus on thin-

la Wu '24

gay or bisexual, as well as transgender individuals, have a higher likelihood of having these thinness-oriented and weight-focused beliefs compared to cisgender heterosexual males. [5]

Treatment for eating disorders in males typically includes a combination of therapy, counseling, and medical care. Cognitive-behavioral therapy (CBT) is a common form of therapy used to help individuals identify and change negative patterns of thinking and behavior that contribute to their eating disorder. [6] It is essential to be aware of the signs and symptoms of eating disorders in males, and to offer support and encouragement to those who may be struggling. With the right treatment, individuals with eating disorders can recover and go on to live healthy, fulfilling lives.

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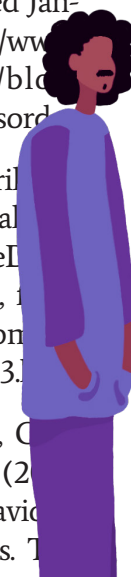
Graphic by Yujin Kim '23

HOW COVID-19 FITNESS I

By Analy

For more than half a century, the world has used exercise as a way to remain healthy, avoid chronic illnesses, and build and maintain strong muscles and bones. However, this industry was forced to shut down by April of 2020 as a result of the global pandemic. By the end of 2020, 17% of fitness clubs permanently closed, industry revenue fell by 59%, and 44% of the fitness industry lost their workforce jobs.

Seeing as too many physical clubs closed, those who relied on these methods for exercising stopped exercising entirely, or found other ways to exercise such as walking and running. There has been data that has proved that regular exercise can help with mental health disorders by releasing endorphins, which can also take concentration off of worries. Exercise promotes neural growth, reduced inflammation, and new activity patterns that promote feelings of calm and well-being.[1] With the imposing lockdown, the negative effects of Covid-19 include dissatisfaction with mental well-being, psychosocial and emotional disorders, and sleep quality. Researchers from the University of Virginia Health System suggest that regular exercise might significantly reduce the risk of acute respiratory disease. However, when activities such as not doing sports and regularly going to the gym become inhibited, it is more difficult for people to meet the 150 minutes of recommended-moderate to mild exercise.

Even after sports were on the verge of returning to normalcy, some athletes had trouble returning to full potential due to some side-effects of the complications. Myocarditis is an inflammation due to the viral infection SARS-CoV-2, which has led to long-term consequences of myocarditis in athletes.[2] During the pandemic athletes turned to the use of virtual content, and now data shows that customers are working out 20% more compared to March of 2020, as exercising is no longer confined to sports or gyms, and people can turn to virtual options for their utmost convenience.[3] Additionally many athletes have turned to no-contact sports with the pandemic and have not turned to their original sport, since. According to World Athletics, on a survey conducted more than a fifth of all runners reveal that they run more often than they did previously as a result of Covid-19, and most in that group say they will continue to run more often once the pandemic is over. Many people have gotten a chance to experience the runner's high and it eases into a sense of power and confidence.[4]

Although the Covid-19 pandemic has provided a multitude of restrictions that limit people's ability to exercise in the same format they previously had, it has encouraged people to explore new modes of movement that can provide the same health benefits.

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Graphic by Melody Qian '24

OBESITY IS A PUBLIC HE WORRYING ABOUT EV

By Chloe

Lean Cuisine is making a comeback. Its first steps: wearing away its associations with the now outdated diet culture popular in the 80s.[1] More than Lean Cuisine, though, the entire $10 billion global industry of low-fat, low-cholesterol diet meals popular in the last few decades are trying to rebrand itself. It is hard to keep up with the ever-evolving diet industry— due to the imprecise and difficult nature of dietary research, a plethora of dietary guidelines stem from inaccurate information.[2]

Why do we drift back to different diet cultures even when we obviously know too little about nutrition to do so?

There's an imminent pressure to be healthy. As humans, we all need to eat and we all feel compelled to eat healthily. Under the influence of popular trends on social media and advertising from companies that benefit from such trends, our society is often led down the rabbit hole of dieting, wanting

to be slimmer, and never feeling satisfied with our own bodies. However, we as individuals also subconsciously contribute to the toxic diet culture by associating a healthy meal with a slimmer body.

Diet culture and weight stigma are heavily entrenched in our behavior and eating habits. It is common to see comments like "go eat a salad" under a picture of someone with a larger figure, or "I just put down the burger in my hands" under a picture of someone we deem skinny. While harmless at first glance, these comments perpetuate the link between eating healthy and having a slimmer body. Eating healthy became a symbol of being skinny, and eating unhealthily became synonymous with gaining weight. In the 80s, when low-fat, low-cholesterol meals were extremely prevalent, companies used marketing tactics to associate their

products with losing weight and achieving an "ideal" body.

These challenges that accompany what we consume fall under the omnivore's dilemma— issues that arise because of the wide variety of food choices presented to us, omnivores.[3] While most species don't take the extra effort to consider what to have for their next meal, humans tend to spend more energy on deciding whether we would want a nice cooked steak or some "authentic" Chinese food. It is not the omnivore's dilemma that automatically leads us to subconsciously contribute to diet culture, but rather our interpretation of different foods that influence what the omnivore's dilemma now means to us. We hesitate on greasier and more sugary foods not because it doesn't bring benefits to our health, but because we

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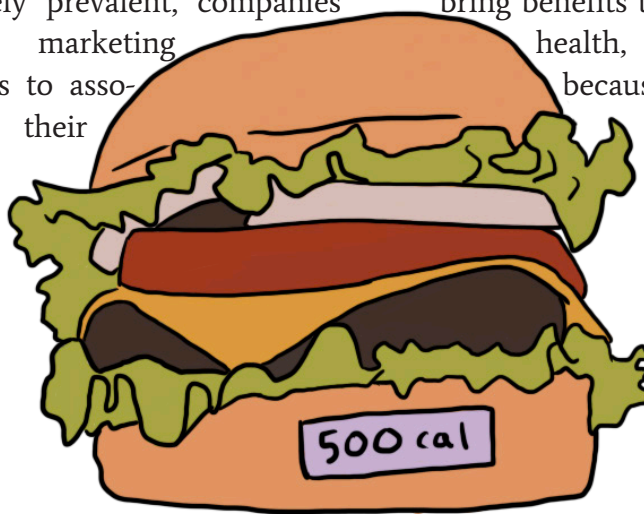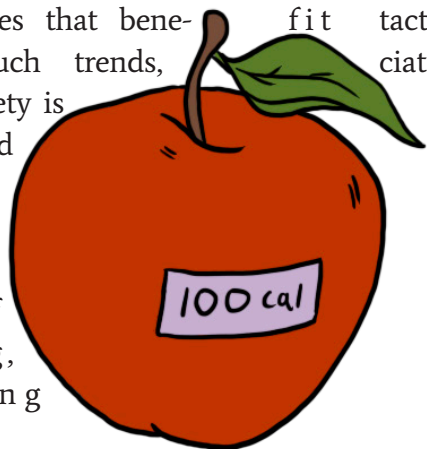
Chan '23

don't want to see extra rolls on our bellies tomorrow. We lean towards salads not because they're clean and beneficial for our bodies, but because it has low calories and is known for their weight-loss effects. We put much more emphasis on the physical manifestations these foods can have on our bodies when we should have been evaluating them through the nutrition they possess.

While obesity is a current public health crisis that needs to be combatted, obesity and fatness should not be entirely attributed to the contents one consumes. Along the same vein, the content one consumes should not be an indicator of one's fatness. Although an unhealthy body could be a symptom of an unhealthy lifestyle and diet, our society holds an extremely strict limitation as to what diets are considered healthy. For example, the unreasonable concern raised towards moderate con-

sumption of sugary treats contributes to diet culture— we aren't worried about how the extra amounts of sugar would raise our blood pressure but how the extra amounts of sugar would look on us instead. While excessive consumption of unhealthy foods brings a plethora of defects and is worrisome, moderate consumption of sugary treats or other conventionally unhealthy foods should not be frowned upon.

It is in our nature to want to be healthy and watch out for what we are putting in our bodies, but we should put less emphasis on the impacts the foods we consume have on our body shape. Rather, we should focus on the health benefits of eating clean— a stronger immune system, better cardiovascular health, faster metabolism, and much more.

To be proactive in contributing less to the toxic diet culture, it is important for not just governments but also the general public to not blindly follow current diet trends.

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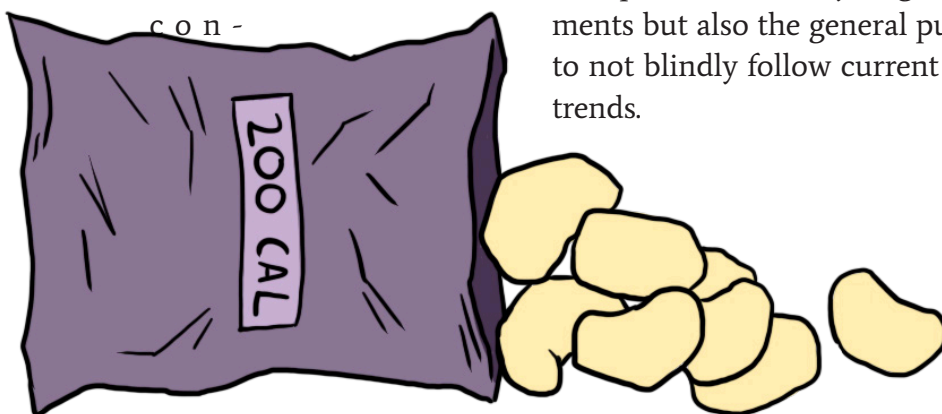
Stephanie Wang '23

THE COMPLEXITIES

BEAUTY STANDAR

By Evelyn

Eurocentrism within East Asian beauty standards has been a topic of controversy for decades. The desire for pale skin is a prime example of Eurocentric beauty standards in East Asian cultures. Pale skin is exemplified by the advertising slogans of Japanese cosmetics company Mosbeau, which proclaims, "White is clean, white is pure, white is beautiful."[1] Specializing in skin-whitening makeup, the company promises customers to attain their "most beautiful" selves through the use of skin-whitening cream. A study on the Asian beauty industry has further highlighted this phenomenon, revealing that 44% of Korean and 54% of Japanese advertisements featured Caucasian models.[2] Even when Asian models are featured, their skin is often depicted as being pale. This pervasive idea that paler skin is more attractive is deeply ingrained within various beauty products and advertisements in East Asian countries.

A study conducted by the World Health Organization (WHO) has revealed that skin-lightening products are utilized by an alarming proportion of women in certain East Asian countries, with usage rates as high as 77%.[3] Furthermore, research conducted by the International Dermal Institute (IDI) has disclosed that approximately 50% of Asian women are dissatisfied with their skin color.[4] The latter finding by IDI highlights the negative impact that the pervasive ideal of pale skin can have on individuals, particularly in terms of self-esteem and body image. The usage of skin-lightening products and dissatisfaction with one's natural skin color is indicative of how deeply ingrained pale skin beauty standard is in East Asian cultures and their detrimental effects on individuals.

The phenomenon of a desire for pale skin within East Asian beauty standards has been a longstanding one, dating back centuries. Regardless, the discourse surrounding the origins of the desire for pale skin within East Asian beauty standards remains contentious and unresolved. Some scholars and experts contend that the pale skin aesthetic ideal is a direct result of Westernization, as Western ideals of beauty have permeated East Asian cultures through the dissemination of media and the effects of globalization. However, others argue that the standard

is deeply rooted in the history of East Asian cultures and is not solely a product of Western influence. For instance, in ancient China, pale skin was a marker of nobility and wealth, as it indicated that one did not have to participate in manual labor and instead had the leisure to remain indoors. This aesthetic ideal was also present in other East Asian cultures, such as Japan and Korea, where pale skin was considered a symbol of beauty and femininity. The debate continues to be a topic of ongoing academic and cultural examination. Nevertheless, in recent years, the desire for pale skin has become increasingly pronounced, with a plethora of East Asian women going to great lengths to achieve a pale complexion.

The persistence of the ideal of pale skin within East Asian beauty standards, regardless of its origins, has far-reaching and pernicious consequences. The use of skin-lightening products, for instance, poses significant health risks, as they often contain harmful chemicals that can damage the skin, increase the likelihood of developing skin cancer, and cause other long-term health issues. Furthermore, the societal

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pressure to conform to this standard can have a deleterious effect on the mental and emotional well-being of those who do not fit the ideal, leading to feelings of low self-worth, self-doubt, and negative body image. The ideal of pale skin can also contribute to the perpetuation of discrimination and prejudice against individuals with darker skin tones, further marginalizing downtrodden groups. These issues demonstrate the urgent need for a critical examination and rejection of the harmful societal norm of the pale skin beauty standard.

The desire for pale skin, found within East Asian beauty standards, is a multifaceted and nuanced issue with a variety of contributing factors. While it may have roots in both historical cultural ideals and the influence of Westernization, it is vital to recognize that this standard is problematic and has detrimental effects on both individuals and society as a whole. Harmful side effects from skin-lightening products, the pressure to conform to a narrow standard of beauty, and the marginalization and discrimination of individuals with darker skin tones, are all negative consequences that stem from this ideal. It is therefore imperative to actively engage in a process of critical examination and rejection of these harmful beauty standards in order to strive towards creating a more inclusive and accepting culture.

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Face Whitening

Graphic by Stephanie Wang '23

RACIAL AND ETHNIC DIS OBESITY + SUBSEQUEN

By Deven

In recent years, childhood obesity has garnered much attention in mainstream media, due in no small part to its increased prevalence in our population. As with obesity at any age, childhood obesity is a risk factor for a myriad of immediate adverse health outcomes, including high cholesterol, high blood pressure, and prediabetic glucose levels, as well as increasing the risk of developing chronic diseases such as diabetes, coronary heart disease, and several cancers. Of course, childhood obesity is also linked with obesity persisting into adult life.1 While childhood obesity is a public health crisis, it should be noted that it does not affect all communities in the same way. From 2017-2020, the national prevalence of childhood obesity was 19.7% and affected about 14.7 million children and adolescents across the country, but it had a prevalence of 26.2% among Hispanic families, 24.8% among Black families, 16.6% among White families, and 9.0% among Asian families. There are also socioeconomic differences; childhood obesity had a prevalence of 18.9% among children in the lowest income group, 19.9% among those in the middle-income group, and 10.9% among those in

the highest income group.[2] It can be seen from these statistics that healthcare disparities arise in the prevalence of childhood obesity, but where do these inequities come from?

Childhood obesity shares many of its risk factors with other instances of healthcare disparities, risk factors such as racial, socioeconomic status, cultural, family, community, environmental and psychological factors. It's important to note that these factors do not exist in isolation from one another; instead, they are often interwoven in how they interact, resulting in complex differences. For example, socioeconomic differences are often stratified by race, which also impacts the foods that can be afforded. These lead to differences in culture and psychological differences. One instance of this is that minority youths cite a multitude of reasons as barriers to eating healthy. They say that fast food options are more available and cheaper, there is a cultural attraction to eating certain foods, and that cultural eating and family norms cause them to eat less healthily than in families where these factors don't exist. It makes sense why in families that have the economic resources to support a healthy

diet and families without certain dietary customs childhood obesity is lower. Psychological factors can also arise from cultural norms. For example, a sample of Hispanic mothers supported the belief that having a thin child indicates poor parenting. Beliefs like these can cause both parents and children to endorse overeating, resulting in increased rates of childhood obesity in those populations. Other psychological factors include the fact that childhood obesity has been found to be associated with a number of psychological diseases, such as poor social functioning, anxiety, and depression. These diseases affect different racial and socioeconomic groups differently, so when they negatively affect individuals' ability to eat healthily, they also further exasperate the effects of other healthcare inequities.[1] It's impossible to fully express the complexities and intricacies of the different factors that play a role in the development of this healthcare disparity, but these are some of the most published differences.

It is, however, important to note that even the factors listed above are not clean-cut rules; there are further differences that arise between races, especially

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when gender is taken into account. For example, eating meals as a family was associated with increased BMI z-scores among Hispanic girls, but associated with decreased BMI z-scores among African American girls. There are also models that adjust prevalence taking into account SES, neighborhood safety, and food insecurity. One such model adjusts Hispanic prevalence to be on par with Asian prevalence, but it is yet to be seen how accurate and useful these models are. [3]

Regardless of this, childhood obesity is a growing issue in many communities, one that has lasting consequences on those affected and their families. Youth intervention, communal education, and facilitation of proper eating habits should all be used to reduce childhood obesity overall, but also to fight the racial and socioeconomic differences that arise as a result.

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Graphic by Yujin Kim '23

HISTORY OF TOXIC

By Alex Sk

Society has long held beauty ideals, many of which stemmed from a prejudiced origin and demanding unrealistic, or toxic, expectations. They have often represented the status quo and emulated the aristocracy or those at the pinnacle of popular culture.[1] Beauty standards are frequently associated first with prolific eurocentric beauty standards for women– tall, long hair, big eyes, and fair skin— among other expectations.[1] Yet, what is commonly misunderstood is how these ideals took root and the damaging effect they can have as modern ideals clash with traditional values.

Most of Central Asia, consisting now of former Soviet republics, maintain standards of beauty rooted in traditional poetry. This literature emphasizes the desire for lighter skin, larger eyes, and dark hair. However, as those existing beliefs were exposed to Western ideals, some aligning and some in stark contrast, following the collapse of the Soviet Union, an interesting development occurred. A 2020 Harvard study into the appearance of Western beauty standards in Asia notes

that as Western ideals aligned more and more with Central Asian beauty standards, those physical traits began to be treated as a form of "national identity." [1] With the emergence of social media, facilitating the dissemination of these beauty standards, the "fetishization" of certain ethnic groups developed. To further align with Europe's ideals, widespread dependency on skin whitening products and cosmetic surgery was experienced by younger generations. However, the desire for a paler complexion was present not just in Asia.

In Europe and the United States during the 19th and 20th centuries, many products marketed toward women claimed to lighten one's skin. Unceremoniously called "face bleach," this tonic allegedly whitened skin. African-American women, along with European and American white women utilized this product.[2] These products usually included potentially lethal compounds, such as mercury or arsenic, adding a new, more sinister, meaning to "toxic beauty ideals."

As the world moves past the era of poisonous elixirs and creams claiming to change complexion or darken hair, many believe that modern beauty standards are being followed by independent choice and less of a desire to "fit" in society.[2] According to Dove's "The Real Cost of Beauty Report," that belief is partially untrue.[3] The same practices of lightening skin and changing the texture or appearance of hair are now part of a multi-billion dollar cosmetics industry, which is however more regulated. That begs the question, are these decisions to follow beauty standards made on the basis of fitting within society? Or on independent desires, unaffected by the influence and long history of toxic beauty standards? Dove reports that standards remain unrealistic, contributing to tens of millions of young people across the globe feeling dissatisfied with their physical appearance. [3]
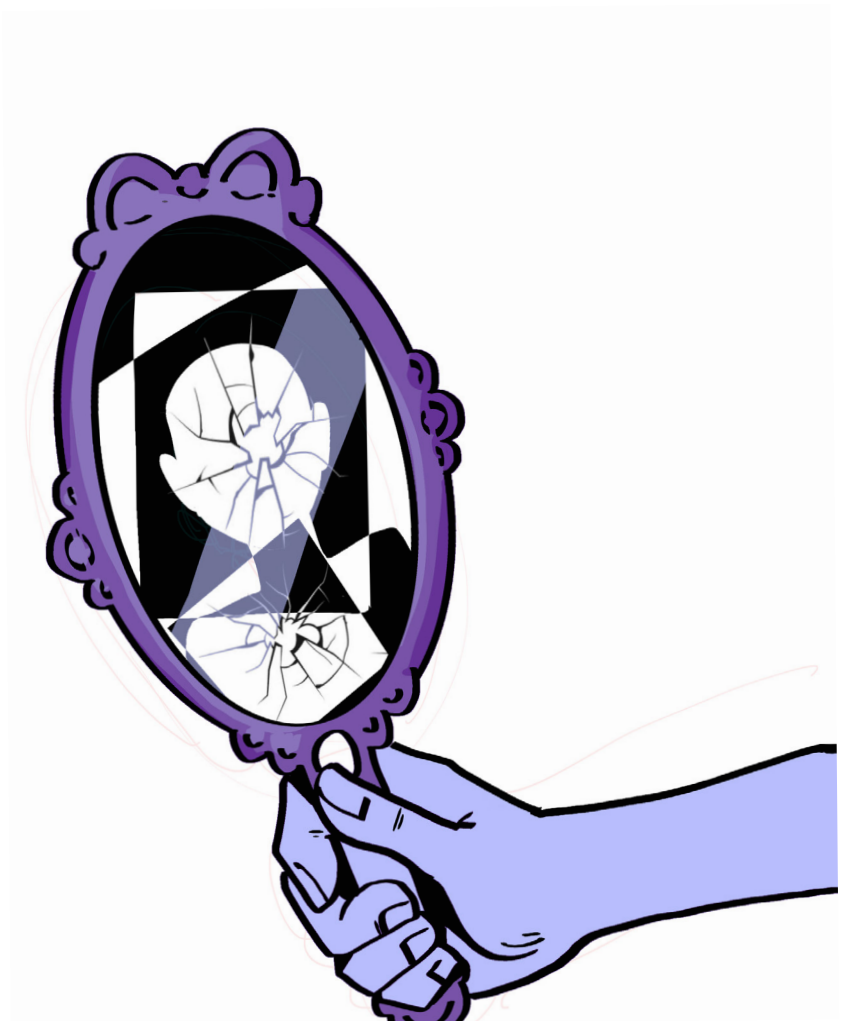
BEAUTY STANDARDS

Krypek '23

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Graphic by Melody Qian '24