

DICK UND DÜNN, Martina Hartmann

Dick und Dünn is an association focused only on one main field, eating disorders. In fact it is an exception in Berlin as the only centre specialized in the treatment of such diseases. But what makes this place an example is that since its first beginning in 1986, Dick und Dünn still keeps working on which has been always its main goal, make society aware of a real problem, drawing attention to the social significance of eating disorders nowadays.

Though 1986 was the year of the official foundation (with 8 founding members) everything began in 1984 with a first bulimic women self help group. Soon due to a lack of centres with such features and a considerable demand, the support of new volunteer members (all them from the psychosocial occupational field) was terribly needed. Things got better organized and new steps were carried out, new weekly meetings with the volunteers to get new material information, new contacts with doctors, psychotherapist and clinics... and a successful result of over 100 people advised in only 6 months and the creation of 5 new self-help groups. Since those beginnings lots have been the achievements and which started as a group of motivated people conscious of the eating disorders' importance now counts with a multi-professional team from therapist, social workers to nutrition experts

One of those members is Martina Hartmann, a social worker, addictions therapist, systematic counsellor who works basically with children and teenagers in the field of counselling and group work. And also, and as an important area for this association, she along with some other member is in charge of the public relations with the aim of, as said before, make eating disorders visible as the reality they actually are.

Taking into account the topic of this project, "gender, body image, disability and integration" eating disorders seem to fit perfectly under that line.

1. Though more and more men are joining to these diseases, it can be affirmed that it is basically a women illness. And it is this tag which at some point some experts blame for the inefficiency in terms of funding, investigation, lack of specialized centres... It doesn't seem to be important enough to invest on it until it covers all social groups. Dick und Dünn's work is based on a feminist approach. It understands this disease under a critical examination of the woman's role in society. In ancient China, it was considered the height of beauty for women to have very small feet, and in order to achieve this idea the feet of young girls were bound with hard bandages which were kept on for many years which obviously caused serious deformation and prevented these women from ever walking normally. Well this brutality is no longer accepted, but not matter how freedom in terms of actions women are in compared with our past generations, women nowadays still have to deal with new roles and new unnatural ideal of beauty. Many transcultural anthropology and psychiatry studies have shown that eating disorder are pathologies with a very important cultural factor, how they develop in countries where the prevailing culture emphasizes slimness as a desirable, socially important value shows this fact. The female body is simultaneously denied and adored. In this society, the body has become a consumer, diets, surgeries can manipulate and measure aspects of your body to get from it, the one desired or socially expected. The physical aspect doesn't cover the whole debate, socialization in terms of psychological values and ways of behaviour have a huge weight in these diseases. Women are told to be dynamic, intellectual, career-conscious, delicate, lovely, fragile, while they are still responsible of the future, giving birth at some point of their lives and once that happens coping with the pressure of raising a child and keep a certain stability at home. And so regarding to the treatment from a feminist approach Dick und Dünn explores how women are socialised and the expectations placed on them. The therapist considers: gender, socio-cultural, family and individual factors and how these all interact with each other and the impact they have on the person. Examines how symptoms of eating issues reflect the culture that we live in and the contradictory expectations placed on women with the final goal of making these women aware and critical about the feminine role and what that means in their lives.
2. Mirror, Mirror on the wall...who's the thinnest one of all? People with eating disorders have a poor contact with their own inner world, feelings or needs. They have dysfunctional thoughts concerning their own body image which makes them unable to evaluate their real weight and body image in an objectively way. One theory about their motivation to go ahead with these unhealthy habits is that they begin their "rational" acts on weight control because it is easier and offers shorter term results to exercise control over one's body than to improve character features. And so, these people spend so much time trying to get that body ideal, which very often only exists in their own minds and in reality is unachievable or mortal. They do not like themselves and either what they see on the mirror, becoming weight control (by eating or avoiding food) obsessive control of their bodies and appearance a mean of overcoming this lack of self-esteem. The consequence of this is they will

finally mix up their feelings, getting the wrong information from their inner bodies and requests, and so they can't clearly distinguish between feelings and physical sensations. It is for that than promotion of emotional perception and discrimination (e.g recognition of anger, sadness, anxiety) and interpretation of your body request (eg hunger, satiety) by body-oriented exercises among others techniques is a mandatory in order to get a successful recovery. Another techniques are also used from more alternative measures like respiratory techniques, yoga, dance therapy..to the classic methods like cognitive behaviour, psychotherapy... with a main goal, identify thoughts, emotions, body answers and requests and so response in an adequate way depending on the situation given.



3. Disability definition refers as a physical or mental condition that limits a person's movements, senses, or activities. Well, I will say that eating disorder goes further than limiting person's movement, eating disorder is a dangerous way of life with massive, health and psychological complications. 15 % of those affected will die, committing suicide or due to several health devastated consequences. There are some signs which can helps to make us aware of the problem:

**Psychical:** individuals suffering from eating disorders are often highly secretive about their thoughts and behaviours but there are a variety of physical signs that become evident if an eating disorder is affecting someone's life. Unfortunately if the signs become obvious it means that the individual has already put his or her health at risk. Dry hair, nails and skin, loss of hair or nail, anaemia, lost of menstrual periods, muscle mass, heart liver or kidney damages among others.

**Social:** Very often it is how individuals act about these subjects in social settings that are the most telling. In general, many eating disorders will leave individuals withdrawn from their previous social lives, avoiding social meetings that involve food and uninterested in activities that they previously enjoyed.

**Psychological:** A variety of psychological illnesses have been proven to associate with eating disorders as well. Alcoholism, drug addition, self injury can be all condition that can accompany eating disorders along with obsessive compulsive disorder, post traumatic stress disorder, depression and panic disorder.

**Behavioural:** Most of them, do not recognise their behaviour as dangerous and may be so rigid in their regimes that they are unwilling to consider acting in a different way. It goes from extreme dieting, excessive exercising, obsessively counting calories in anorexia, skipping meals, displaying low energy levels, sleeping excessively including during the day or easily falling sick.

These signs can give a brief view of how complex the problem is, that it is not just avoiding or compulsory eating food. Eating disorders arise from a variety of physical, emotional, social, and familial issues, all of which need to be addressed for effective prevention and treatment.

4. **Integration:** What Dick und Dünn looks for since its first beginning is integrate these diseases into society, What I mean by this is to give them the importance they all deserve as the mortal illnesses they can become . Making them visible is the best tool to prevent. Know the causes, the factors, know you are not alone and you have from fathers, friends and specialized centres a constants support. This is the message Dick und Dünn try to promote. When is invited to numerous radios and TV programs, by several articles published ,press collaboration or new conferences regarding to this topic, some of them organized by themselves to discuss about the new developments in the area. Dick und Dünn has something very clear and that is prevention efforts will fail, or worse, inadvertently encourage disordered eating, if they concentrate solely on warning the public about the signs, symptoms, and dangers of eating disorders. To be an effective prevention program must also address:, our cultural obsession with slenderness as a physical, psychological, and moral issue, the

roles of men and women in our society and the development of people's self-esteem and self-respect in a variety of areas (school, work, community service, hobbies, etc.) that transcend physical appearance.

## VIDEO

This video is organized in different categories all them obviously related to the topic eating disorders.

1. It starts with an explanation by Martina Hartmann about how Dick und Dünn started and which were the reasons to begin a project with those features.
2. A completely definition of each disorder and their respective features.
3. Main risks , mostly psychical that the individual can suffer, from osteoporosis to death.
4. The profile of the patients, sadly she classifies them as everyone, like you and me.
5. Once they look for help or are force to do it, Martina Hartmann explains how they feel when they get to the clinic for the first time.
6. Explanations of the main factors which is believed are the firmly subjects in the beginning of the disorder and also the maintenance.
7. Regarding to the topic women and due to the large and majority presence of these, she answers the question, but why women? Explained basically under the hypothesis of a strong influence by society and culture as the main reason.
6. Prevention. Making people aware and critical about the world be live in, that means knowing that all we see don't have to be admirable or taken as an example because it may not be truth. But also develop social skills in order to learn how to act in determinate situations which can be seen as overwhelming or anxious indicators.
7. Last advice, the problem is there don't try to be blind.

## EATING DISORDERS IN THE SCHOOL.

Possibly the best way to understand and learn is getting involved. Listening about these disorders, though can be shocked doesn't make you analyse in a deeply way. You can be told how society stereotypes plays a main role on it, you can be told how badly it is for your body and their consequences but nothing will work until you know your own body, you know the importance of a healthy life and you know that you cannot control your body as you please, what you have to do is take care of it

So more than questions, I would suggest some dynamic activities which make students reflect get involved.

1. Divided the blackboard in two. One will be the woman side and the other will belong to the man. Give two pieces of paper to the student and ask them to write one characteristic of both genders, one in each paper. Then, put all the paper with women features in its side and the rest, man features in the space left to it. Read all them out loud, and ask women and men if they feel identify with all them, If not, ask them why. It is a good way to create a debate and make people realize what an stereotype means and how they can be sometimes far from reality.
2. Related to body images, magazines, movies are good resources. Bring some pictures of some popular celebrities show all them and ask students for a descriptions of their bodies. Once all them have give n their answers, ask them. How many of them are overweight then? They could see around and probably realize that none of their mates look like none of those celebrities. But also it would be perfect if all those

conclusions were accompanied by real statistic showing the high rate of overweight in western societies. This activity is focused on the idea of an ideal body, and while doing it you realize and also them that most have a misconception of what an ideal body means in terms of a health approach and how them take it as only the shape, how beauty of ugly you seem to be.

3. Though this is a bit more complicated needing a video to do it, it is definitely a great way to make students put in the shoes of eating disorder victims. On the internet you can find dozens videos about the daily life of those suffering from anorexia or bulimia. Before play it, discuss in order to know what they really know about the different disorders, if the video is about anorexic for example, then try to as a class get a definition of it. Play the video which should show the routine and the consequences not just psychical but also social and cognitive. Once finished, ask them questions like: How they think the character in the video feels? Or which could be reason this person still thinks she is a "big body" when actually lost so much weight? This is the time to explain, that this person has a disrupted body image, explain what it is and the difference from someone with a healthy body image. It is a way to make people aware that this disorder is not due to a rational thought in order to lose some weight, but it is actually this unconscious disrupted perception of one's body the most clear indicator of a possible disorder.

## GLOSSARY

**Anorexia nervosa:** A serious, potentially fatal, brain disorder characterized by a compulsion for self-starvation and/or excessive exercise, severe weight loss, distorted body image and impaired thinking, particularly around issues of food, weight and body.

**Anxiety:** A persistent feeling of dread, apprehension, and impending disaster. There are several types of anxiety disorders, including: panic disorder, agoraphobia, obsessive-compulsive disorder, social and specific phobias, and post-traumatic stress disorder. Anxiety is a type of mood disorder.

**Binge eating disorder (BED)** Characterized by recurrent episodes of binge eating but without the characteristic compensatory purging behaviours of bulimia nervosa such as vomiting, use of laxatives or excessive exercise

**Binge eating episodes:** associated with eating much more rapidly than normal, eating until feeling uncomfortably full, a sense of being out of control, dissociation, eating large amounts of food when not feeling physically hungry, eating alone due to embarrassment about how much one is eating, feeling disgusted, depressed, or guilty following overeating

**Body image:** The subjective opinion about one's physical appearance based on self perception of body size and shape and the reactions of others.

**Bulimia nervosa:** Disorder characterized by frequent binge eating followed by inappropriate compensatory behaviours, and diagnosed when occurring on average at least twice a week for at least 3 months

**Cognition:** is the process of thought, the faculty for the processing of information, applying knowledge, and changing preferences. In psychotherapy cognitive therapy aims to substitute desirable patterns of thinking for maladaptive or faulty ones.

**Cognitive distortions:** Inaccurate thoughts or ideas identified in cognitive therapy and its variants which maintain negative thinking and help to maintain negative emotions. Eating disorders are characterized by distorted thinking or cognitions.

**Compensatory behaviour:** Utilized to relieve guilt associated with eating and consuming more calories than intended or discomfort for a patient; or to relieve anxiety that may not be directly correlated with food/eating but provides physical and/or emotional relief. Examples include: purging via self-induced vomiting, misuse of laxatives, enemas, or diuretics, fasting or restricted intake for a period of time following consumption, use of diet pills, or over-exercising.

**Eating disorders:** Refer to a variety of disturbed eating behaviours, all associated with misusing food for emotional reasons. They range from chronic dieting to compulsive overeating and often involve behaviours

ranging from bingeing and purging to self-starvation

Extreme exercise: defined as exercise utilized as a means of burn calories or compensating for eating. Indicators: continued exercise despite injury, increased tolerance, needing to increase duration of activity to attain the same benefit/relief, and the inability to interrupt symptoms. It may include refusing to sit, continually walking around the house, going up and down stairs, repetitive movement of extremities, frantic pace of exercise, or exercising at unusual hours.

Obsessive compulsive disorder: A psychiatric disorder characterized by obsessive thoughts and compulsive actions, such as cleaning, checking, counting, or hoarding. Obsessive-compulsive disorder (OCD), one of the anxiety disorders, is a potentially disabling condition that can persist throughout a person's life.

Overweight: In adults, a body mass index reading of 25.0 to 29.9 is considered overweight by the CDC. In children, the BMI range for this classification varies according to age and height.

Psychotherapy: The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being relief of symptoms, changes in behaviour leading to improved social and vocational functioning, and personality growth.

Self-Esteem: Cognitive evaluation of how we see ourselves, our sense of personal worth.

## BIBLIOGRAPHY

Materialsammlung Psychogene Essstörungen, Oktober 2009. Dick und Dünn e. V

Links:

[www.dick-und-duenn-berlin.de](http://www.dick-und-duenn-berlin.de)

<http://www.nationaleatingdisorders.org>

<http://www.something-fishy.org/reach/bodyimage.php>

<http://web4health.info>

<http://www.healthyplace.com>