

Feeling, Fat, and 40

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Are you a woman who recently passed the age of forty?

Are you approaching the age of 40?

If not, do you remember a recent need to increase your clothes size, particularly your slacks?

Did it appear to happen *overnight*?

Did it occur again within six months?

Do you feel powerless to deal with this unexplained phenomenon?

If you answered “yes” to any of these questions, this article may be the most important information for the future of your figure. Only since counseling hundreds of panic-stricken women did our clinical staff uncover a pattern to account for the problem, then develop a systematic program for its solution.

The Problem: Typical Story and Symptoms

Common scenario: Mary is a 36-year-old mother-of-three who works full-time as a nurse in addition her domestic duties. Excepting her pregnancies, Mary has remained a size 10 since her early twenties. Only within the past year, her hips, thighs, and tummy became *out of control*.

Although she applied dietary restrictions that had always worked before, she recently increased her clothes size to 12. Mary admitted that she had no choice. Her slacks at size 10 became plainly too tight. She assured herself that she had done all she could do and that the larger size would be more comfortable. Her retreat from size 10 gave her a margin of confidence about size 12. She was sure that size 12 could never be too small.

Within another six months Mary required a size 14. She forced herself into the size-12 slacks until one pair tore. This occurred as she rolled back and forth on the bed—her desperate dressing technique.

Mary was now panic-stricken. Though a medical professional, she was willing to try any and all diets. She consulted her physician, a dietitian, and several fitness experts. She became convinced that no one understood or empathized with what she experienced. No one could explain her dilemma. All of her consultants seemed to voice the same stock notions that she had heard or read before. They were really no help.

In fact, Mary’s consultants angered her. Most of them declared that she needed to control her calories. Her dietitian showed her better techniques to insure accuracy, but Mary had starved herself off-and-on for eighteen months. She was in no mood to pay for advice she had already given herself.

Mary represents the typical mind-set of many women that visit a SuperSlow® Facility for the first time. There is a difference, however: The Certified SuperSlow® Instructors understand Mary’s problem as well as its solution. For an explanation, please continue.

Cause: A Simple Explanation

Mary’s dilemma has an insidious cause. The problem begins soon after maturity, but does not express itself until many years later.

Assuming that Mary is a fully-matured female at age 20, her body composition includes a maximum muscular size and a minimum fat level. These composites are due to natural growth, maturation, and daily activity.

As Mary ages, in addition to three pregnancies to term, she loses muscle and gains fat. She feels secure about her figure for several years, because she faithfully maintains her weight at a magic number: perhaps 125 pounds. All the while her figure is changing its appearance, changing slowly and in a way that neither she nor scales detect.

As Mary loses her muscle and gains additional fat her weight is consistent, but her shape changes. Her high firm hips slowly fall into a shapeless baggy bottom. Simultaneously, she collects a paunch of fat just below the navel. Part of this, of course, is due to the deformation of the abdominal muscle fascia during pregnancies. Nevertheless, the material required at hip level remains fairly constant. What space in her slacks that were once occupied by her hips in the rear is now occupied in the front by her growing paunch. Mary’s body transforms for several years without the need for a

clothes-size increase. She continues to wear the same size although she appears differently in them. In fact, her clothes tend to support and hide her eroding proportions.

Eventually the fat-increase rate accelerates beyond the muscle-loss rate and — *suddenly* — Mary's slacks are too small. She may increase several sizes in two years. In actuality, the process began as soon as her natural maturation slowed or ended sixteen years ago. It simply sneaked up on her.

More Details

Mary's affliction affects most women. It is a natural maturation and aging effect. This effect is encouraged by ignorance, social habit, and myth.

Mary erroneously determined her esteem from the bathroom scales. Her mommy taught her that *good little girls* keep their husbands and therefore their families happy by keeping their weight under control.

The largest industry in the world is the insurance industry. Insurance actuaries determine risk for height/weight charts representing statistical bell curves involving millions of individuals. The rest of society, including the medical community, places too much emphasis on these magical numbers.

Emphasis must be placed on body composition, not weight. Weight-loss programs are archaic. The real issue is fat, not weight. And fat loss is not ensured unless muscle maintenance is assured. A legitimate fat-loss program is impossible without a simultaneous strength-training program.

Each time Mary bolsters her resolve with a starvation diet, she wastes her muscles and stimulates fat accumulation. The typical woman like Mary alternately fasts and binges several times per year. She unknowingly promotes her greatest fear.

Many women believe that the purpose of exercise is to burn calories. This is incorrect. Its first purpose is to force the body to discriminately lose fat when on a deficit caloric diet. For more information, please read *Proper Exercise . . . and Its Role in Fat Loss* by Ken Hutchins.

Solutions:

The solution to the Fat and Forty Syndrome is simple, but not easy. There are few fitness or *weight-loss* centers that understand the problem. Even fewer understand proper strength training and how to instruct it. In a nutshell, the Fat and Forty Syndrome requires the following elements:

- A moderately-reduced caloric-deficit diet
- A strength-training program.