

What Factors Affect the Development of Eating Disorders?

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**Statement of the problem:**

She sprints to the bathroom immediately after lunch, hoping she won't run into her roommate in the hallway. Feelings of worthlessness and hurt overwhelm her as she emerges shakily from the bathroom. As she stood in the front of the mirror, she gasps as she lifts her T-shirt up, revealing her ribs protruding harshly through her skin. She quickly pulls her shirt down. She just wanted to fit in and be one of the pretty girls, not the "chubby girl" from high school. Unfortunately, this situation is heartbreaking reality for young people of all kinds in the United States. This paper seeks to understand and consider the psychological, social, and genetic factors behind eating disorders in young people and how these disorders can be prevented and treated effectively. I believe that researching the factors of eating disorders may prove to be an effective breakthrough for providing better understanding and treatment. In my own personal experience, I have been exposed to the horrors of eating disorders and the negative consequences it brings. I have seen the collarbones on a close friend protrude hideously from her body, and the worst part was that she *liked* the way it looked. If that was not enough to raise concern, she would often say in our group of friends, "Am I fat?" as she pinched the skin on her hip. Unfortunately, my friend suffered one of the common factors that affect the development of eating disorders: she had a distorted idea of body image that was causing her skip meals and only eat carrot sticks instead because she believed it was "healthy." My high school friend is not the only one who is still suffering from this skewed mindset and needs effective medical and psychological treatment. For this reason, and many others, exploring the factors that instigate and contribute to eating disorders is vital, because it gives both victims and medical professionals, a deeper understanding of the contributing factors of this worldwide epidemic.

The National Association of Anorexia Nervosa and Associated Disorders (ANAD), reports 30 million people of all ages and genders suffer from an eating disorder in the United States (ANAD, 2017). The association also reported that at least one person died as a direct result from an eating disorder every 62 minutes (ANAD, 2017). Even more disturbingly, eating disorders have the highest mortality rate of any mental illness (ANAD, 2017). Genetics, environmental factors, and personality traits all combine as risk factors contributing to eating disorders according to this study. While there is a wide variety of eating disorders, the most common and lethal are: Anorexia Nervosa, Bulimia Nervosa, and Binge Eating Disorder (ANAD, 2017). 0.9% of American women suffer from anorexia in their lifetime, and 33%-50% of anorexia patients have a combined comorbid mood or anxiety disorders such as depression, obsessive-compulsive disorder, or social phobia (ANAD, 2017). It is also important to note that 50%-80% of the risk for anorexia and bulimia is genetic. 1.5% of American women suffer from bulimia nervosa in their lifetime. At a higher amount, 2.8% of American adults suffer from binge eating disorder in their lifetime. Approximately half of the risk of binge eating disorder is genetic, and is also associated with comorbid disorders, such as alcohol abuse. Among a wide array of eating disorders, these are at the top of the list according to medical professionals. These statistics show the severity of eating disorders, and offers insight on the dynamics of the problem. This problem affects peoples lives in many extents. To begin, people who suffer from an eating disorder have an unhealthy diet, whether it be eating an excessive amount or not eating at all, these patients are not receiving the proper nutrients for the body to be functioning correctly. This has other health implications as this may create other health issues from an insufficient diet. Also, eating disorders are categorized as mental health illnesses because they possess the same traits such as depression, substance abuse, and other mood disorders. These

patients often suffer feelings of low self-worth and may think negatively towards themselves and others, which may lead to destructive behaviors. For these reasons, it is essential that this problem be explored.

**Problem Exploration:**

The underlying effects of eating disorders have been researched extensively for years by experts in the psychological and medical spheres. Sten S. Thender, a specialist in the eating disorders unit, department of clinical neuroscience in Lund University, Sweden, provides remarkable research that proves that research on eating disorders is an extensive field that has improved in recent years. This study states that in the last 40 years, the field has experienced a 27-fold increase in the number of references (Theander, 2002). During the 1980's there was a significant increase in the number of bulimia cases caused a sparked interest in bulimia's symptoms. From 1980-1984, there was only 1666 references on bulimia, but from 1995-1999 there was 3631 references available (Theander, 2002). This provided better identification of the symptoms of bulimics compared to other disorders. Although this research is from earlier years the study still stands and even expanded. Maddie Burton, senior lecturer in child and adolescent mental health, is a registered mental health nurse in the University of Worcester offers insight on understanding eating disorders in young people. She focuses in the article on these questions: Why eating disorders occur in young people and the models used to understand them? What is the practice nurses' role in both identifying those presenting symptoms and ongoing care for the patient? The article states that most eating disorders develop from the ages of 15 through 35 years of age (Burton, 2014). Mental illnesses develop come from a variety of factors, Burton focuses on factors of biological/medical, psychological, and social/environment factors (2014). Burton focuses on the interrelation and overlapping of these theories to understand the cause of

eating disorders. The first factor, biological/medical, states that illness comes from an individual's genetic makeup, according to the World Health Organization and the American Psychiatric Association (Burton, 2014). In this study, data displayed that anorexia nervosa patients displayed differences in brain structure during a neuroimaging test, suggesting that anorexia is directly correlated with brain activity. It also suggests that anorexia, "is not a lifestyle choice but is rather caused by an inherent gene, which can be expressed when exposed to other factors" (Burton, 2014). With the aspect of psychological factors, which Burton associates high risk groups for eating disorders. "Perfectionism" is a risk and a maintaining factor that can be represent a large underlying factor of high risk eating disorders. Burton continues to assess that usually patients with these perfectionist traits, can be high academic achievers but have low self esteem and have issues expressing negative emotions (Burton, 2014). Social and environmental theories that correlate with eating disorders include adverse life events such as, parental divorce, sexual abuse, and bereavement (Burton, 2014). Further research in the article states that, "the nature vs. nurture discussion; poor mental health, including eating disorders, result from a combination of the young person's inherent characteristics, environment, and experiences (Burton, 2014). This research directly correlates with a patient's perception of body image. Contributing factors to eating disorders is this Western perspective on beauty, that portray thin, unhealthy models that are labeled as society as "beautiful." The societal attitudes towards thinness and the media is not a "reason" for eating disorders, according to Burton, but a contributing factor or trigger. This article points out an interesting phenomenon, stating that, anorexia has been previously referred to as "slimmer's disease." This is significant because dieting alone does not cause anorexia, and neither do societal attitudes towards thinness actually *cause* anorexia, but they are contributing factors (Burton, 2014). Burton also provides a risk and resilience model that identifies three areas

of risk that can contribute to the development of mental health disorder, and the potential further development for eating disorders. Table 1 displays these three areas of risk:

Environmental/Contextual, Family, and Child/Young Person, which can be combination factors for the development of mental disorders.

<b>Table 1. Risk factors contributing to the development of emotional and mental health disorders</b>	
<b>Environmental/ contextual</b>	Socioeconomic disadvantage
	Homelessness
	Disaster
	Discrimination
	Violence in the community
	Being a refugee or asylum seeker
	Other significant life event
<b>Family</b>	Early attachment or nurturing problems
	Parental conflict
	Family breakdown
	Inconsistent or unclear discipline
	Hostile and/or rejecting relationships
	Significant adults' failure to adapt to child's changing developmental needs
	Physical, emotional or sexual abuse
	Parental mental and/or physical illness
	Parental criminal behaviour
	Death, loss and bereavement issues
<b>Child/young person</b>	Genetic influences
	Low IQ or learning difficulties
	Specific developmental delay
	Communication difficulties
	Difficult temperament
	Gender identity conflict
	Chronic physical illness
	Neurological disorder
	Academic failure or poor school attendance
	Low self-esteem

These contributing factors directly correlate with mental health disorders and depend on the individual's resilience factors such as, social skills, family attachments, or stable family environment (Burton, 2014). Burton also offers long term approaches in the treatment of eating disorders such as: Systematic Family Therapy, and Individual Work for nurses to treat patients more effectively. Another study was done in Germany and it was based the relation of eating disorders and psychological functioning in young adulthood. The different aspects were based on the different psychological functions and different eating disorders addressed. Through this research they found that, unhealthy weight control, loss of control over eating, body dissatisfaction, and a high impact of food on life could all be risk factors to eating disorders (Herpertz-Dahlmann et al.,2015). An association was also found between eating disorders and depression. Higher depression scores were related to later underweight, while higher anxiety scores were related to later obesity (Herpertz-Dahlmann et al., 2015). Some limitations of this study were that it was focused on adolescents and mainly on psychological factors and how it relates to the development of eating disorders. This next article also identifies psychosocial risk factors for eating disorders. However, their main goal is to discover opportunities for intervention. Their purpose was to examine psychosocial risk factors and how it can be transformed into models for intervention (Forney &Keel, 2013). The study done resulted in stated that personality factors such as negative emotionality and perfectionism as previously stated, contribute to the development of eating disorders. It also said that it increases susceptibility to internalize the thin ideal or because of peer environment (Forney &Keel, 2013). The limitations of this study were on adolescents and females specifically. The next article goes into how you self-evaluate yourself and perceive yourself when having an eating disorder. The

study evaluated fifty healthy participants, 46 with an eating disorders, and 22 people recovered from an eating disorder (Cardi et al., 2014). The results were reported that people with eating disorders showed vigilance toward social ranked related stimuli and that they also have lower positive self-evaluation. The data also confirmed that people with eating disorder had higher levels of unfavorable social comparison, submissive behaviors, and external and internal shame than the rest. Lastly, people who had recovered from an eating disorder showed an intermediate position (Cardi et al., 2014). The limitations to the study was that it was focuses on fifty participants mostly with eating disorders and some without. There were not any difficulties stated otherwise. Lastly, I want to talk about how the risk factors are increasing. There was a study done that had 219 female participants 12 years or older. The main objective of this study was to know more about the characteristics and outcome of midlife patients compared to younger patients (Ackard et al., 2014). Because there are not many studies based on this, I thought I would research this article to compare risk factors and see if the same factors still came into play. The results of this study were that midlife adults had the highest rates of poor outcome or death than youth patients. All the same factors still stood still. The main difficulties of this study were that there were not many previous studies done like this and it was only limited to the female population. No other difficulties were present.

### **Theoretical perspectives**

The one theory that stood out to me the most out of all theories was Erickson's theory. In Erickson's theory stage 5, Identity vs. role confusion, was the stage most identified with my research. This stage identifies with adolescence when young people are figuring out who they are and establishing their identity. This is also a time of role confusion, since young people are trying to find who they are they often get confused on what part to play. During this time, a lot of



characteristics and personality traits play a huge part in a person's life. How they are treated and what happens to them can increase or decrease the possibility of developing eating disorders, like previously stated. This theory helps me understand how a person might feel at this time and helps me understand how that could affect the development of eating disorders and contributing factors.

### **Gaps in Literature:**

Although there have been major advancements in the research of eating disorders in recent decades, there is still an extensive amount of research that could be done in several areas. In my personal research over this topic, there are some gaps that could be addressed. I found many articles on women's issues in regards to eating disorders, yet research was not as diverse or complete in regards to men's eating disorders. Much of the focus was on the female perspective on body image and lacked on a males' perspectives. Another gap in literature could be a lack of a global perspective. The majority of the journals and studies were from the United States, and one from Europe. It would be beneficial to have more resources from not only Western nations, but from other areas. This would offer more insight on a more diverse cumulation of statistics, and thus provide a wider understanding. I believe that these two aspects should be addressed more efficiently.

### **Conclusions and Position**

The main findings through the research, talked about the contributing factors that affect eating disorders. These contributing factors directly correlate with mental health disorders and depend on the individual's resilience factors such as, social skills, family attachments, or stable family environment (Burton, 2014). The factors are listed in Table 1 that I provided in the section with problem exploration. There you can see what main factors affect the development of

eating disorders. Psychosocial risk factor research suggests that eating disorders may be prevented by interventions that challenge the thin ideal within peer groups of late adolescent females (Forney & Keel, 2013). There was no tension by the research I had done and from my own personal opinion. I believe that every aspect of the research that was done was accurate and matched up with what I was expecting. Therefore, no tension had to be addressed. My position on the topic lies with the findings and how it is sometimes not addressed correctly. I believe that eating disorders should be researched more for both males and females. I believe that all the factors that were found through the findings are all contributing factors to the development of eating disorders. Eating disorders have been found to be an increasing problem all over the United States. I believe eating disorders is not a problem that should be overlooked, but addressed appropriately. I recommend conducting a research about this issue specifically so it could be addressed properly and effectively. I also believe as social workers we need to keep finding ways to prevent this issue from worsening or from happening again. There are resources we can give to people to prevent this issue and programs that educate families and individuals on this certain issue. I found through research that programs to increase life satisfaction and self-esteem are important for prevention. Interventions that target person-centered factors, such as dispositions (e.g., cognitive focus on positive aspects of life and goals) and resources (e.g., character strengths), have shown to increase life satisfaction and engagement (Herpertz-Dahlmann et al., 2015). Education programs for your character that focus on how to develop specific character strengths, such as kindness and compassion to others as well as to one's self (Herpertz-Dahlmann et al., 2015). We have to integrate ways to work with different situations at different levels as well. At the micro level, we can work with the client with one on one therapy to help find resources or solutions. At the mezzo level, we can develop support groups and small

groups in different institutions with the focus on this issue. For example, we can develop a support group for teens that have recovered or are recovering from eating disorders. We could also have small groups where you learn about the different types of eating disorders. Lastly, at the macro level events can be held, like education on development, prevention, and identification of eating disorders. These events can be held for a whole community or school that help identify and prevent the issue at hand. This event could be held once a year in order to be educated and aware.

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