



## PRECEDENTS AND CONSEQUENCES OF EATING DISORDER AMONG ADOLESCENTS

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### ABSTRACT

The paper covers the problem of eating disorder among the adolescent population. It explains the concept of eating disorder in general and amidst adolescents in particular. Statistical data depicting the intensity of the issue has been backed up as well. The paper discusses in it the various types of eating disorders, its contributing causes, the personality and social risk factors that tend to develop eating disorder among adolescents, its symptoms in general with special reference to each classification. The psychodynamic theory by Sigmund Freud has been applied to the discussion. The treatment of the disorder has been deliberated which focuses on the importance of the influence of the parents and teachers in establishing a good relationship with food, feeling good about their bodies and especially by encouraging self esteem.

**KEYWORDS** : Eating Disorder, anorexia, bulimia, binge eating.

### INTRODUCTION

It is commonly defined as an all-consuming desire to be thin and/or an intense fear of weight gain. Eating disorders are complex illnesses that affect people of all ages. Eating disorders are about feelings, not food. Changes in behaviour with food, or feeling unhappy with body shape and size, could signal that a child is having emotional, social or developmental difficulties. The act of recovery is a lot of hard work and involves more than simply deciding to not act on symptoms. In most cases, the eating disorder has become a person's primary way of coping with intense emotions and difficult life events. Family therapy is a primary therapeutic modality used for adolescents and is also strongly encouraged for adults.

### EATING DISORDER AMONG ADOLESCENTS

In light of the stress and confusion that accompanies the period of adolescence, it is little surprise that an individual may struggle to deal with the whirlwind of change, uncertainty and often low self esteem. Eating disorders are very often a coping mechanism for people to attempt to gain control of their situation when they feel helpless in the face of other aspects of their life. When this quest for control goes too far, the risk of developing an eating disorder dramatically increased. Eating disorders affect millions of adolescents and young adults in the U.S. alone. While eating disorders generally begin during teen years they are not a normal part of growing up. Puberty is a time of great change biologically, physically and psychologically. Teenagers are often vulnerable to societal pressures and can often feel insecure and self-conscious, which are factors that increase the risk of engaging in extreme dieting behavior. Ignoring signs of adolescent eating disorders can have serious lifelong medical and psychological repercussions. Given the serious medical complications that may result from eating disorders, it is imperative to identify, diagnose and treat them as early as possible. With early diagnosis and proper treatment, recovery is possible. Eating disorders are more likely to affect females than males. However, about 25 per cent of cases in adolescents occur with males. Girls and boys can experience different social pressures about how they should look. Primary-school-age children are not immune to these pressures, and their attitudes and behaviours reflect adult concerns. Like many adult females, some girls want to lose weight and be thin and, like many adult males, some boys want to lose body fat, but increase muscle mass. Some boys try to meet unrealistically thin standards.

### TYPES OF EATING DISORDER

The most common eating disorders among adolescents are anorexia nervosa, bulimia nervosa and binge-eating disorder. Even

patients that do not meet all of the clinical criteria for an eating disorder can be at serious risk and should seek medical treatment.

#### Anorexia Nervosa

Adolescents with anorexia may take extreme measures to avoid eating and control the quantity and quality of the foods they do eat. They may become abnormally thin, or thin for their body, and still talk about feeling fat. They typically continue to diet even at very unhealthy weights because they have a distorted image of their body.

#### Bulimia Nervosa

Adolescents with bulimia nervosa typically binge and purge by engaging in uncontrollable episodes of overeating usually followed by compensatory behavior such as purging through vomiting, use of laxatives, enemas, fasting, or excessive exercise. Eating binges may occur as often as several times a day but are most common in the evening and night hours. Teenagers with bulimia often go unnoticed due to the ability to maintain a normal body weight.

#### Binge eating disorder

Binge eating disorder is characterized by a sense of uncontrollable excessive eating, followed by feelings of shame and guilt. Unlike those with bulimia, however, teenagers with binge eating disorders typically do not compensate for their binges. Adolescents with binge eating disorder are typically overweight. They may feel like they have no control over their behavior and eat in secret when they are not hungry.

#### CAUSES

Although there is a correlation between the notion of an "ideal" body and eating disorders, there is no consensus as to the root cause of eating disorders. The general belief is that eating disorders result from one or more biological, behavioral, and social factors including genetics, unpleasant experiences/trauma, peer pressure, teasing, and family members with eating disorders, among others. While eating disorders as a group are complex, most begin with either accidental or purposeful weight loss that can lead to unhealthy measures to sustain the loss. Pre-adolescence and adolescence are particularly challenging years for those with eating disorders given emotional and physical changes, as well as academic, family and peer pressures. Many teenagers report that the onset of their eating disorder involved comments or teasing by peers, usually about appearance. Whether done in the context of an innocent family nickname or in a malicious bullying event, these instances of feeling shame, or being shamed, based on size or physical appearance are powerful contributors to a teenager developing an eating disorder.

The tendency for females, specifically, to 'bond' around 'fat talk' and negative body discussions have also been associated with the development of an eating disorder. Teenagers and their families can play a significant role in preventing or stopping early-stage eating disorders by not participating in these types of conversations and by taking bullying concerns seriously.

### RISK FACTORS DEVELOP EATING DISORDER

Eating disorders are developed by many types of risk factors. Personality factors that make a person more at risk of developing an eating disorder may include low self-esteem, perfectionism, difficulties in expressing feelings like anger or anxiety, being a people pleaser, difficulties being assertive with others and the fear of adulthood. Social or environmental risk factors in the development of an eating disorder may include being teased or bullied, a belief that high expectations from family and others must be met, major life changes such as family break-up, or the accumulation of many minor stressors, peer pressure to behave in particular ways, a parent or other role model who consistently diets or who is unhappy with their body, media and advertising images of the 'perfect' body, a cultural tendency to judge people by their appearance.

### SYMPTOMS

General symptoms of eating disorders among adolescents include rapid weight loss, an intense fear of gaining weight, denial of being hungry, deceptive behaviour around food like instance, throwing out or hiding school lunches, avoiding food and eating in social situations, compulsive exercising and a need to be active all the time, eating in secret, cutting out particular food groups, such as meat or dairy products, developing food rituals such as always using the same bowl, cutting food up into tiny pieces or eating very slowly, behavioural changes such as social withdrawal, irritability or depression and sleep disturbance.

### TREATMENT

Recommended treatment for adolescent eating disorders usually involves a multidisciplinary approach. Treatment should include medical, psychiatric, individual, group and in particular, family therapy, along with nutritional rehabilitation aimed at restoring health and body weight and eventually modifying behaviors related to eating and exercise. Treatment should always be based on a comprehensive evaluation of the individual and family.

The frequency of medical complications during the course of treatment requires the close supervision of a medical professional. Medication may be required if certain psychiatric disorders are also present, most commonly depression and anxiety disorders. Adolescents may have obsessive-compulsive disorder or tendencies, and may also suffer from trauma or substance abuse, or engage in self-harming behavior, such as cutting or burning. It is important that eating disorder treatment works to identify and address these co-occurring disorders. Individual therapy usually includes both behavioral and cognitive techniques. Group therapy allows individuals struggling with eating disorders to find a place where they can open up and be honest and real about their struggles, relate to others, and receive much needed support. Family therapy is initially focused on supporting the family in nutritional rehabilitation and later, offering the opportunity to navigate other challenges of adolescence and mental health. Nutritional counseling includes a combination of nutrition education, meal planning and goal setting. It also may include hands-on experiential and skills work. Treatment helps the individual recovering from an eating disorder cultivate a healthier relationship with food in order to gain the skills and education needed to eventually feed oneself going forward.

### THEORETICAL BACKGROUND

The psychodynamic theory of Sigmund Freud explains that adolescents do not want to grow up and separate from their parents. They become fixated at the oral stage when they were completely dependent on their parents. Adolescents affected by

anorexia nervosa lose weight, lose secondary sexual characteristics, become childlike again termed as asexual and return to the safety of being a little girl again. In Freudian terms, eating and sex are symbolically related. A refusal to eat represents a refusal of sexuality.

### CONCLUSION

Recovery, though challenging, is absolutely possible. Recovery can take months or years, but with proper treatment, started immediately, many people do eventually recover and go on to live a life free from their eating disorder.

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