



# Extension FactSheet

Family and Consumer Sciences, 1787 Neil Avenue, Columbus, OH 43210

## EATING DISORDERS AWARENESS

# Emotional Issues Involved With Eating Disorders

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Eating disorders are devastating illnesses brought on by a combination of factors. These factors may include emotional and personality disorders, family pressures, a genetic or biologic susceptibility, physical or sexual abuse, and a culture in which there is an overabundance of food and an obsession with thinness. Eating disorders are generally categorized as anorexia nervosa, bulimia nervosa, binge eating disorders, or not otherwise specified (NOS).

Anorexia nervosa is a state of starvation and emaciation that is caused by severe dieting or by purging. Bulimia nervosa describes a style of bingeing and purging. It usually begins in early adolescence when young women attempt restrictive diets. When these diets fail, the adolescent reacts by binge eating and purging through vomiting or taking laxatives, diet pills, drugs to reduce fluids, and excessive exercising. A third category called "not otherwise specified" was established to define eating disorders not specifically defined as anorexia, bulimia, or binge eating disorder. This category includes binge eating without purging, and other behaviors or anorexia and bulimia accompanied by normal weight or vomiting after eating small amounts of food.

Studies of high school students indicate that 2.7 percent of girls and 1.4 percent of boys engage in bulimic behavior. College age students are at even higher risks. Anorexia nervosa is the third most common chronic

illness in adolescent women, and is estimated to occur in 0.5 percent to 3 percent of all teenagers.

This fact sheet will focus on individual and family emotional problems which contribute to eating disorders.

### Personality Characteristics of Individuals With Eating Disorders

#### *People with Anorexia Nervosa:*

- Perfectionists
- Conflict avoidant
- Emotionally and sexually inhibited
- Compliant
- Approval seeking
- Excessively dependent
- Socially anxious
- Fear of spontaneity
- Reluctant to take risks
- Practice food rituals

#### *People with Bulimia:*

- Unstable moods, thought patterns, behavior, and self-images
- Cannot stand to be alone

- Demand constant attention
- Difficulty controlling impulsive behavior
- Secretive behavior

### ***Bulimia, Anorexia Nervosa, and Binge Eating Disorders:***

- Inability to soothe oneself or to empathize with others
- Need for admiration
- Hypersensitivity to criticism or defeat
- Frequently experience depression
- Depression common in families
- Low amounts of neurotransmitters
- Low amounts of tryptophan

Anxiety disorders are more common in anorexia and its variations. Obsessive-compulsive disorder (OCD) usually precedes the onset of anorexia nervosa.

### **Family Factors**

#### ***Families of people with anorexia nervosa:***

- Enmeshed, overprotective, conflict-avoiding
- Unresponsive to patient's self-expressions
- Independence is discouraged
- Patient overly dependent on parents
- Parents may urge young daughters to lose weight

#### ***Families of people with bulimia:***

- Parents are critical and detached
- Characterized by hostile enmeshment
- Non-nurturing
- Emotionally unresponsive
- May have an obese parent, a parent with an eating disorder, or who may have been overweight themselves during childhood

People with eating disorders are more likely to have parents with alcoholism or substance abuse than the general population, and women with eating disorders have a higher incidence of being sexually abused. In addition, anorexia is eight times more common in people having relatives with the disorder, but experts do not know precisely what the inherited factor might be.

### **Family Intervention and Therapy**

In order to help a person with an eating disorder, the following issues must be addressed:

- Feelings of intense guilt and anxiety.
- Families must understand the danger of the disorder.
- Families must acknowledge their collaboration in the patient's illness.
- Appropriate interpersonal boundaries need to be established.
- Needs and feelings of patient must be recognized, accepted, and articulated.
- Sense of self should be separate from parents, especially that of mother-daughter.

### **Resources**

Johnson, Craig L., Sansone, Randy A., Chewing, Mary. (1992). Good Reasons Why Young Women Would Develop Anorexia Nervosa: The Adaptive Context. *Pediatric Annals*, 21 731-737.

Mehler, Philip. (1994). Eating Disorders: Anorexia Nervosa. *Hospital Practice*, 109-117.

Meyer, Dinah F., and Russell, Richard K. Caretaking, Separation from Parents and the Development of Eating Disorders. *Journal of Counseling and Development*: Alexandria, Spring 1998.

Well Connected, Nidus Information Services, 175 Fifth Ave., Suite 2338, New York, N.Y. 10010 Email: [Nidus@panix.com](mailto:Nidus@panix.com) Eating Disorders: Anorexia and Bulimia Nervosa.

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