Disordered Eating Behaviors Among Young Women

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**Introduction**

The term “disordered eating” encompasses a range of behaviors which can include anything from moderately restrained eating or “normative discontent” with one’s body to diagnosable cases of eating disorders such as bulimia nervosa or anorexia nervosa (Striegel-Moore, Silberstein et. al, 1989). One does not have to be medically diagnosed with an eating disorder to participate in the behavior of disordered eating. The behavior of disordered eating can stem from a variety of life factors such as the media, parental figures, social interactions, mental health, substance use, negative self-perspective, and more.

The development of disordered eating can have long-term effects on one’s quality of life. One study shows that young women with disordered eating habits have more emotional distress and higher levels of functional impairment than young women without disordered eating behaviors (Wade, Wilksch et. al, 2012). Another study shows that any adolescents with disordered eating, male or female, have significantly lower levels of quality of life across several domains such as physical, psychological, family, peers, school, and self-esteem (Herperts-Dahlmann, Wille et. al, 2008). In a study conducted in 1994, women with diagnosed eating disorders such as bulimia nervosa and anorexia nervosa were found to have lower quality of life levels in areas such as emotional reaction, social isolation, and home relationships than people with physical impairments such as cystic fibrosis and angina (Keilen, Treasure et. al, 1994). The presence of disordered eating has been found to substantially affect social functioning and body pain (Hay, 2003).

In 2009, a study was conducted with women ages 25 to 45 to analyze the prevalence and patterns of disordered eating within women. Out of the participants of this study, around 31% of the women, who had never been diagnosed with an eating disorder, claimed to have participated in purging as an effort to control their weight. Around 74.5% of the women in this study stated that their physical appearance and weight interferes with their happiness (Reba-Harrelson et. al, 2009). Disordered eating behaviors can negatively affect a person’s quality of life long before they are officially diagnosed with an eating disorder or actively participating in the extreme behaviors of an eating disorder.

There is a high prevalence of psychiatric comorbidity associated with disordered eating. This typically includes, but is not limited to, mood disorders, anxiety disorders, and personality disorders (Gadalla and Piran, 2008). There is also a comorbidity link between the presence of disordered eating and the presence of substance use (Root, Pisetsky et. al, 2009). A study conducted in 2000 determined the crude mortality rate of eating disorders to be around 5.1% with elevated ratios for suicide (Herzog, Greenwood et. al, 2000). In the 22 years since that study was published, the mortality rate has increased about 0.9%. It is estimated that around 3.3 million healthy person-years are lost each year as a result of eating disorders (van Hoeken and Hoek, 2020).

Within the Healthy People 2030 objectives, there are two that stand out as applicable and beneficial when considering the behavior of disordered eating or diagnosed eating disorders. One of these objectives is IVP-19, otherwise known as “reduce emergency department visits for nonfatal intentional self-harm injuries.” Disordered eating behaviors are a type of self-harming activity that has the ability to send someone to the hospital. Increasing disordered eating screenings within the healthcare field may allow for harmful behaviors to be brought to light before they cause injuries or negative health effects that send an individual to the emergency department. Another Healthy People 2030 objective that is applicable to disordered eating is MHMD-01, otherwise known as “reduce the suicide rate” (*Mental Health and Mental Disorders – Healthy People 2030*, 2020). Suicide is often the end result of eating disorders that coexist with other psychological disorders. Providing safe spaces, open discussion, screenings, and treatment options would reduce suicide attempts or successes related to individuals with disordered eating.

**Theory**

Theories are a major component of identifying and providing intervention for certain health behaviors. Each theory is made up of different constructs that provide the structure for the theory itself. Although there are many theories that could be significant as it pertains to disordered eating amongst young women, the two most influential theories are the health belief model and the social cognitive theory.

Health Belief Model

The Health Belief Model influences behavioral change. There are six constructs that make up the Health Belief Model: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy. It suggests that a person’s beliefs about a threat combined with their beliefs about the effectiveness of the recommended health behavior predicts whether or not they will take part in the recommended health behavior.

As it pertains to disordered eating, studies have been conducted using the Health Belief Model to determine the barriers and deterrents in place that prevent individuals with disordered eating or eating disorders from seeking support. One study discovered that many individuals do not seek help because they are in denial. These individuals do not perceive their susceptibility to disordered eating or an eating disorder, therefore they do not take any action. Most of the individuals in this study claimed to “block out” their awareness of a disorder until a circumstantial or environmental catalyst forced them to face their disorder head on (Akey, Rintamaki et. al, 2013).

Another barrier to seeking help is an individual’s perception of severity. Many individuals with eating disorders or disordered eating perceive themselves to be better off than others they have seen with eating disorders, therefore they consider themselves to lack in severity. This lack in their perception of their own severity can quickly become a serious health risk if not addressed. Lastly from this study, the perceived benefits of changing their health behavior and reaching out for help were determined. The participants of the study had many reservations as it pertained to the quality and effectiveness of the support they would receive. Some of these concerns were based on pure speculation while others were based on past experiences. Many were afraid of others denying the existence of their eating disorder and downplaying its severity. Others were afraid of the effectiveness of clinical efforts. And still others were afraid of the stigma that follows admission of an eating disorder (Akey, Rintamaki et. al, 2013).

Through the Health Belief Model, a light can be shined on the different perceptions and barriers that prevent people who are suffering from an eating disorder or disordered eating from seeking help. With this light, changes can be made socially, environmentally, and clinically in order to promote individuals to speak up about their disordered eating and receive the help they need.

The Theory of Planned Behavior

The Theory of Planned Behavior is often used to explain behaviors over which individuals can exercise self-control. There are six constructs that make up the Theory of Planned Behavior: attitudes, behavioral intention, subjective norms, social norms, perceived power, and perceived behavioral control. The Theory of planned Behavior is most often used to predict an individual’s intention as it pertains to engaging in a specific behavior. One study, however, used the Theory of Planned Behavior as a diagnostic screening tool for the detection of eating disorders.

Several other diagnostic screening tools for eating disorders exist, but most are inconsistent and fail to reflect the multidimensional nature of eating disorders that range outside of *anorexia nervosa*. One study determined that the intentions of an individual are significantly likely to predict behavior. This study also states that the Theory of Planned Behavior gives an accurate and efficient measure of one’s body image which plays a key role in the development of an eating disorder (Pickett et. al, 2012).

Although more studies need to be conducted on the use of the Theory of Planned Behavior as a diagnostic tool, this is a promising start of the development of more accurate diagnostic tools. This theory may have the ability, if used correctly, to prevent the onset of extreme disordered eating in individuals. It can bring to light the different risk factors of eating disorders such as body dissatisfaction.

**Organizational, Community, Environment, and Policy Factors**

Disordered eating cannot be traced back to one cause or one influential factor. Different organizational aspects, community aspects, environmental aspects, and policies negatively or positively affect the eating habits of young adults. Although the culture today has improved as it pertains to the appreciation of different body types and sizes, a stigma remains surrounding weight gain or weighing a certain amount. All the aforementioned factors have contributed in one way or another to said stigma.

One of the greatest organizational risk factors for body insecurity and disordered eating in the last ten to fifteen years is social media (Rodgers, O’Flynn, et. al, 2019). In 2017, a study was done determining the number of hours young women spent on social media each day. This study stated that young women spend on average 4.1 hours on social media each day (Santarossa and Woodruff, 2017). It was also determined that these young women were spending time on social media doing what was deemed as “lurking”, otherwise known as looking at other people’s profiles without communicating with those people. This study found there is a strong link between the amount of time spent on social media “lurking” and eating disorder symptoms or concerns.

Different communities contain different social norms, and this statement applies to college communities full of young women. Around 10% of college age women are preoccupied with their body in relation to the social norms that surround them (Forney and Ward, 2013). These women who suffer from body dissatisfaction are more likely to suffer from disordered eating, especially when the social norms surrounding them encourage excessive thinness. The median age onset for eating disorders is between 18 and 21 years old, leaving young women most at risk for developing disordered eating (Forney and Ward, 2013). Perfectionism and unhealthy exercise amongst college students also plays a key role in the development of disordered eating (Paulson and Rutledge, 2014). College girls joke with one another about skipping meals and “living off coffee”, but truly they are putting themselves at risk for or are already displaying signs of disordered eating.

Current or past living environments also create an impact on the development of disordered eating in young women. The presence of a family member with an eating disorder contributes to the link between body insecurity and the development of disordered eating (Forney and Ward, 2013). To be surrounded by people who struggle with and maybe promote disordered eating or by people who are naturally “thinner” can play a role in the development of disordered eating. The environment makes a difference. A study was done comparing mothers of daughters who have disordered eating to mothers of daughters without disordered eating. It was found that mothers with daughters who have eating disorders were much more dissatisfied with the family functioning within their household and they also partake in disordered eating habits (Pike and Rodin, 1991). These mothers also believed that their daughters should lose more weight than the mothers of daughters without eating disorders.

There could be beneficial policies put in place to stop the development of disordered eating. One study developed effective strategies and policies to prevent disordered eating starting at a younger age. One of the methods is to, “improve school-based health curriculum to include content aimed at preventing eating disorders” (Puhl and Neumark-Sztainer, 2014). They also stated that training educators and health providers on prevention and early identification of disordered eating would create an impact. Some believe schools should screen for eating disorders, while others believe such screenings to be uncomfortable and unnecessary. Most believe that schools should put in place anti-bullying policies, especially as it pertains to bullying about weight (Puhl and Neumark-Sztainer, 2014). If policies can be put in place at a younger age, maybe disordered eating in college aged women can be prevented.

**Intrapersonal Factors**

Intrapersonal factors are major determinants of an individual’s behavior. Examples of intrapersonal factors include beliefs, attitude, knowledge, values, personality characteristics, age, and psychological characteristics. As it pertains to disordered eating and eating disorders, intrapersonal factors such as age, psychological characteristics, and values play large roles.

The age of an individual contributes to their likeliness of developing an eating disorder. A study conducted in 2017 determined that older women are less likely to diet or develop disordered eating and have better psychosocial functioning. This study concluded that implementing group-based intervention programs for disordered eating is most valuable in girls up to the age of twenty (Rohde et. al, 2017).

Perfectionistic tendencies, which are psychological characteristics, of young women also contribute to disordered eating. One study found that maladaptive perfectionism, which consists of high standards and higher discrepancy, is a risk factor for developing an eating disorder (Paulson and Rutledge, 2014). These girls internalize their perfectionistic tendencies onto the “ideal body type” according to their personal beliefs. Their attitude towards and the value they place on weight-esteem and appearance-esteem can help to determine the type of disordered eating a girl may be at risk for developing. A study from 2012 concluded that value placed on weight-esteem placed girls at risk for restrained eating while value placed on appearance-esteem placed girls at risk for emotional and external eating habits (Flament et. al, 2012). Young women’s values or attitudes towards weight-esteem or appearance-esteem can be heavily influenced by the value they place on social normatives and can also be influenced by their own psychological health.

**Interpersonal Factors**

Outside influences, also known as interpersonal factors, heavily contribute to the development and continuation of disordered eating. These influences can be social circles, family members, and environmental factors. These relationships can either tear an individual down or encourage and build them up.

Arguably the most influential person in a young woman’s life is her mother or her mother figure. A study found that mothers who are dissatisfied with the general functioning of their family were more likely to have daughters with eating disorders. It was also found that mothers who participated in disordered eating and dieting were more likely to have daughters who also developed disordered eating habits or eating disorders (Pike and Rodin, 1992). Family structure and its view on relationships to food or how food effects weight is extremely influential on the life of a young woman or any child. Words or attitudes from family members that reinforce negative eating habits can be detrimental to the mental health and self-esteem of young women. This can cause them to resort to *restrictive anorexia* tendencies or other harmful eating behaviors.

Opinions and normatives related to one’s peers also effect the development of disordered eating in a young woman. A study conducted in 2013 found that norms of peer thinness and peer acceptability contributed to the relationship between body dissatisfaction and disordered eating. If a young woman is within an environment that values thinness and generally approves of disordered eating habits, she is at risk for developing an eating disorder. This study also determined that the beliefs, perspectives, and behaviors of friends are extremely important to college-aged women (Forney and Ward, 2013).

**Suggestions for Intervention**

The biggest influences as it pertains to disordered eating are the individual’s environment, organizational factors, and interpersonal factors. With that being said, all of those influences encompass many aspects of life, which can make it difficult to intervene at each factor. Environment, especially a home environment, can be a huge risk factor for disordered eating. Words and attitudes of family members towards weight and appearance can define a young girl’s perspective of herself, especially as it pertains to body image. There are several methods to intervene at this level of risk factor. One intervention could be to offer counseling and education on disordered eating and eating disorders to parents of young adults in the hopes of encouraging them to create a safe, non-judgmental environment in their home. Also granting counseling to mothers who currently struggle with disordered eating or body dissatisfaction could lower the risk of their children developing disordered eating in the future (Pike and Rodin, 1992). Providing children and young adults with a safe space in their educational facilities is also an effective intervention strategy since a lot of environmental time is spent in an educational facility, whether that be middle school, high school, or college (Puhl and Neumark-Sztainer, 2014). Children and young adults in these facilities should have open access to counselors, adult figures to uplift them, education on the issue itself with separated genders, and promotion of proper eating habits amongst influential adults.

As it pertains to intervention at the organizational level, the largest influence on body image and disordered eating is social media. Unfortunately, it can be difficult to intervene when it concerns social media and social norms that are propagated through social media. The time an individual spends on social media is typically determined by the individual themselves, unless an authoritative figure, such as a parent, plays a role in this determination. The best intervention would be to alter the social norms that are presented on social media concerning body image, weight, and eating habits. Fortunately, in the last decade or two, these norms have been shifted towards a more accepting and encouraging attitude as it pertains to body image and weight. Social media as a whole, however, will always have negative and positive factors that will either contribute to or discourage disordered eating. The entirety of social media cannot be controlled, but public health can promote healthy food relationships through ads, social media accounts, and other promotional tools.

Another huge contributor to disordered eating is the interpersonal factors of an individual’s life. Whether it be friends, family, teachers, or acquaintances, the words people say and the behaviors they take part in can cause damage to an individual’s relationship with their body and the foods they eat. Unfortunately, often the biggest contributors to a negative relationship with food is a mother figure. In my close relationships, I have witnessed how detrimental a mother can be to her child’s self-confidence and relationship with food. Usually, these mothers struggle with disordered eating as well. In the midst of their struggle, they can often project their insecurities onto their children. These projections take a huge toll on their children and can cause disordered eating. Often, I believe the best intervention strategy in a family setting is to help make the mother aware of what she is doing and offer counseling at the family and individual level. Providing educational materials to families through medical offices, schools, workplaces, and other organizational facilities would bring more awareness to the issue in the eyes of the parents (Pike and Rodin, 1992). Bringing healing to the mother or mother figure should have a trickle-down effect into the life of the daughter.

Beyond familial relationships, there are other influential relationships that can affect disordered eating habits and body dissatisfaction. The most important of these are the people within the individual’s social circles, especially as it pertains to their behaviors. Young women are highly influential and tend to follow their peers in order to “fit in”. If their peers are participating in disordered eating, they are more likely to follow in their path. Also, if these peers participate in negative self-talk, this could cause an individual to then compare themselves to that person and also participate in negative self-talk. It is a cycle that is highly influenced by the people surrounding them. To provide intervention for these behaviors, we should focus on promoting educational materials within schools and encouraging girls to have open conversations with trustworthy adults and their peers. We want to create a safe space to allow open conversations that result in confidence building and encouragement. Providing students and young adults with books or other media materials that show disordered eating behaviors and eating disorders in a more relatable and realistic light could also help students to notice their own unhealthy behaviors. Another way peers can negatively contribute to disordered eating is through bullying. Unfortunately, bullying based on appearance is very common, especially in high school students. These harmful words and actions can be detrimental to an individual’s relationship with their body and food. Putting anti-bullying policies in place and providing realistic information on the effect of bullying is extremely important. Also having counselors who can reach out to students who are bullied or reach out to those who are doing the bullying will be helpful to provide healing and growth to discourage bullying from the same individuals in the future.

There are a lot of steps that can be taken to provide intervention for disordered eating behaviors and eating disorders. The list could go on and on. There are so many influential factors that contribute to a poor relationship with food and one’s body image. There are so many factors we could address, but education on the issue is one of the most influential. It is important for individuals to recognize their disordered eating habits in order to take the steps to heal.

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