BODY IMAGE AND EATING DISORDERS IN ADOLESCENCE

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Abstract: In the current study we aim to analyze the influence of eating disorders, such as anorexia and bulimia, on teenagers' self-image and personality. We are going to analyze the direct correlation between the risk of eating behavior disorder and neuroticism – anxiety and the reversed correlation between the risk of eating behavior disorder and body esteem.

Key Words: body image,eating disorders, adolescence

Particularities of self-image during teenage

According to Erikson (1986, 2015), the developmental task of youngsters in early and mid adolescence is to form a sense of identity, that is, to decide who they are and what kind of person they will be. In late adolescence, the task is to form a sense of intimacy or close relationships with persons of the opposite as well as the same sex. Concentration on these two tasks leads to typical adolescent behaviors. The four main areas in which adolescents must make gains to achieve a sense of identity are:

1. accepting their changed body image,
2. establishing a value system or what kind of person they are going to be,
3. making a career decision,
4. becoming emancipated from their parents.

Just as the bodily self is the first aspect of the self-concept that emerges in the baby, so the bodily self undergoes a dramatic change with the onset of puberty, which marks the beginning of adolescence, according to Gross R. (1999). Prior of the onset of puberty, most children have been relatively unconcerned with what their bodies are like (and how they look) and more concerned with what their bodies enable them to do. But the growth spurt of puberty, the dramatic changes in the shape and appearance of the body, plus the new sexual feelings and other

sensations that accompany these changes, change all that. Inevitably, it seems, the adolescent has a much stronger and more clearly defined body image.

According to Coleman (1985) and Gross R. (1999), the development of identity requires not only feeling separate and different from others, but also knowing how one appears to the rest of the world. Dramatic bodily changes seriously affect these aspects of identity and represent a considerable challenge in adaptation for even the most well -adjusted young person. Consequently, the timing of the adolescent growth spurt may have an important effect of the adolescent's self-concept, especially self-esteem.

Adolescents who have developed a strong sense of industry have learned to solve problems and are best equipped to adjust to their new body image. Those who have a healthy working knowledge of their body and why it is changing are also well prepared to deal with their new growth. Adolescents are usually their own worst critics, never pleased with any aspect of their bodies. Some have a lower sense of self-esteem than others, however. Like body image, self-esteem may undergo some major changes during the adolescent years. Self-esteem, however, can be challenged by all the changes that occur during adolescence, including changes in one's body and physiologic functioning, changes in feelings and emotional focus, changes in social relationships (including relationships with both family and friends) and changes in family and school expectations on the adolescent. All of these factors will have an effect on the adolescent's feelings about himself or herself, sometimes resulting in crisis, according to Pillitteri A. (1992)

Characteristics of eating disorders during teenage

Research suggests that excessive concern of young girls about weight is a predictive factor of latter symptoms of nourishing and depressive disorder, of low self-esteem and feelings of inadequacy and personal uselessness (Killen et al., 1994; Lewinsohn et al., 1993; Stice & Bearman, 2001, apud Stice, Peterson, 2009).

According DSM-V (APA, 2013), eating disorders include the following types:

- Nervous anorexia, with the subtypes: restrictive and binge-eating (compulsive eating) / purging;
- Nervous bulimia;
- Binge-eating (compulsive eating) disorder
- Pica eating disorder
- Rumination disorder;
- Avoidant / Restrictive Food Intake Disorder – ARFID;
- Other Specified Feeding or Eating Disorder - OSFED;
- Unspecified Feeding or Eating Disorder - UFED.

Bryant-Waugh and Lask (2013) describe eight forms of eating disorders that can appear during childhood and teenage:

- Nervous anorexia;
- Nervous bulimia;
- Avoidant Food Intake Disorder (avoiding food; losing weight; changing mood; no distorted cognition and / or intense care as far as weight and / or form are concerned; there is no organic disease of the brain, psychosis, drug addiction or side effects of prescribed drugs)
- Selective eating (small range of food for at least two years; refuse of trying new food; no distorted cognitions or intense morbid care about weight and / or form; weight can be reduced, normal or high)
- Restrictive eating (smaller quantities than the average specific to the requirements of the age; the diet is normal as far as the nutritional content is concerned, but not related to the quantity as well; no distorted cognition and / or intense care about the weight and / or form; weight and height tend to be low);
- Refuse to eat (tends to be periodic, discontinuous or situational; no distorted cognition and / or intense care as far as weight and / or form are concerned)
- Functional dysphagia and other phobic conditions (avoiding food items; the specific fear that generates avoiding food items – fear to ingurgitate, suffocation, vomiting, no distorted cognition and / or intense care as far as weight and / or form are concerned)
- Pervasive syndrome of refuse (deep emotional excitation and withdrawal, manifested through avoiding to eat, drink, walk or talk or avoiding self-care; reluctance to the efforts to helping)

Anorexia nervosa is a disorder characterized by preoccupation with food and body weight creating a feeling of revulsion to food to the point of excessive weight loss.(APA, 1987, Pillitteri A.,1992). It occurs most often in girls (95%), it usually occurs at puberty or during adolescence. As many as 1 in 250 girls between 12 and 18 years of age develop the disorder. It is more common among sisters and mothers of people with the disorder.

A specific cause of anorexia nervosa is unknown, but most theories have focused on psychodynamic views of the disorder as a phobic-avoidance, response to food resulting from the sexual and social tension, generated by the physical changes associated with puberty. (Popper, 1988).

The nervous anorexia and the nervous bulimia usually affect the teenage girls and young adult women, the majority of those who are getting medical and psychological treatment for eating disorders being between 15 and 35 years old (Calderon, 2010). Eating disorders are not limited to this population, they also affect boys and men (Muise, Stein and Arbess, 2003; Mangweth-Matzek, Rupp, Hausmann, Gusmerotti, Kemmler et al., 2010; Pinhas, Morris, Crosby and

Katzman, 2011, apud Bryant-Waugh, Lask, 2013) and pre-pubertal children, both males and females (Swenne şi Thurfjell, 2003, Lazaro, Moreno, Baos and Castro, 2005, Madden, Morris, Zurynski, Kohn and Elliot, 2009, apud. Bryant-Waugh, Lask, 2013).

In differentiating the eating disorders, more dimensions are included. One of these dimensions is represented by the weight or the Body Mass Index (BMI). A person suffering from anorexia or bulimia eating disorders can fit in the normal weight interval, and can be underweight or overweight (Stice, Peterson, 2009).

Binge-eating is defined by DSM (2000/2012; APA, 2013) as:

Eating a bigger quantity of food, in a discrete period of time, than expected that the majority of people would eat in the same period of time and

The sensation of lack of control over food during this episode.

Also, the method that the individual uses to control his / her weight is significant, often being distinctive between the constraining strategies (severe limitation of food intake and / or practicing extreme physical exercises) and the purging strategies (unwanted calories purging through methods such as: vomiting or laxative and diuretic abuse or enemas).

Hence, even though the eating disorders which match the complete criteria of diagnosis usually appear during late teenage, but the diet, the eating behaviors and attitudes can appear early (Stinton & Birch, 2005; Thompson & Smolak, 2001, apud Goodman, Scott, 2012). These problems can be predecessors of severe eating disorders. Starting with the fourth and the fifth grade, a lot of girls are worried about being or becoming overweight, wishing to become supple. Among secondary school children, weight care remains dominant, and some extreme behaviors of weight control start to appear (Hill, 2007)

For Iftene (1999), the eating instinct disorders emerge between 11 and 18 years old and do not represent real diseases not until they interfere with mental and physical health, bringing severe medical complications and highly disturbing the affected person's life.

Davies and Furnham (1986) in a study of 182 adolescents of 11-18 years old, reported that, although comparatively few at any age were actually overweight, nearly half in each age group wished to lose weight and considerably fewer wished to put on weight. Dissatisfaction with their weight was also found to increase with age and this was particularly marked between 14 and 16. Further, the numbers wishing to lose weight (at all ages) far exceeded the numbers classifying themselves as overweight, which seems to represent very powerful evidence of the influence of cultural pressures. Indeed, Davies and Furnham noted a trend towards exercising as against dieting as a way of losing weight, reflecting the recent aerobics revolution.

The pressure to conform to ideal bodily types may partly account for the illness anorexia nervosa (literally, nervous lack of appetite), which is suffered mainly by 16-19 year - old girls. What all anorexics seem to have in common is a

distorted body image, a belief that they look and are greatly overweight when, in fact, they are severely underweight. They are also particularly vulnerable to ordinary life events, have rather obsessive personalities and tend to avoid situations they fear. They have low self-esteem and seem incapable or afraid of managing their own lives as an adult- it is easier to remain a child and they both want and fear autonomy. Some anorexics cannot control their desperate need to eat and find a solution in starving, then going on a binge of eating and then finally making themselves vomit.

Psychological research

- Research objectives:

-The evaluation of eating disorders risk for teenage girls.

-The evaluation of the level of neuroticism and anxiety, for teenage girls.

-The evaluation of body esteem, for teenage girls.

Research hypotheses

1. We assume that there is a direct correlation between the eating behavior disorder and neuroticism – anxiety.
2. We assume that there is a reversed correlation between the risk of eating behavior disorder and body esteem.

The sample of subjects

The sample is composed of 60 teenagers from Constanta and Tulcea, between 14 – 20 years old.

Research tools

1) The Eating Disorder Inventory for Children - EDI 3

2) Zuckerman-Kuhlman Personality Questionnaire – ZKPQ

3) The Body Esteem Scale for Adolescents and Adults - BESAA; Mendelson, Mendelson and White, 2001

Research results

For hypothesis no. 1 we correlated the registered results of the 60 teenagers to the composite Eating Disorder Inventory for Children - EDI 3 – Cognitrom Scale with the scores they obtained in Zuckerman-Kuhlman Personality Questionnaire – ZKPQ – Cognitrom Scale.

For both scales, the results were transformed in T grades, with the big values indicating a high risk of eating disorder, consequently a high neuroticism (anxiety). The Correlation Pearson Coefficient is r=.450, p=.006, the hypothesis according to which there is a direct correlation between the eating behavior disorder risk and neuroticism – anxiety.

In order to verify the second hypothesis, we used the subjects' answers to the *Eating Disorder Inventory for Children* - EDI 3 - Cognitrom Scale, as well as the answers to the *Body Esteem Scale for Adolescents and Adults - BESAA; Mendelson,*

Mendelson and White, 2001). For the scale that measures the risk of eating disorders, the high scores indicate the high risk and for the tool that measures the body esteem, the high scores indicate the high body esteem.

The esteem scale includes three subscales: the Look Esteem, the Weight Esteem and the Attribution.

In order to test the relationship between the risk if eating behavior disorder and the body esteem, we used the Correlation Pearson Coefficient r =.-693, p=.00, which statistically confirms the hypothesis according to which the eating disorder negatively correlates with the body esteem. Hence, the lower the teenagers' body esteem is, the more grows the risk of eating behavior disorders.

Conclusions

Body esteem represents a measure of someone's body image and can be appreciated as self-esteem related to the body. In eating disorders development, the body image is an element with a significant contribution, during teenage its influence being significantly bigger than during other periods of evolution.

Most obese adolescents have obese parents, suggesting that inheritance is involved. Approximately 80% of adolescents who are obese continue to be obese as adults. Because they have shorter life spans than healthy adults, obesity can be viewed as life-threat-ening disease, similar to blood disorders. It also presents a psychologic problem because obese adolescents tend to have poorer body images and lower self-esteem than those who are slimmer. It is difficult for adolescents to learn to like themselves (achieve a sense of identity) if they do not like their reflection in a mirror. It is equally difficult if they are always excluded from groups because of their weight.

Anorexia nervosa tends to occur in girls who are described by their parents as perfectionist, *model children*. They may be overvalued by both parents. Parents are fairly demanding and controlling. Girls who develop this disorder tend to have a poor self-image (they cannot live up their parent's expectations). By excessive dieting, girls are able to feel a sense of control over their own body. Anorexia nervosa often occurs in girls who were mildly overweight before the onset of the illness. Some girls with the phenomenon seem reluctant to grow up or mature physically. They have delayed psychosexual development. With a lean, nearly starved appearance, they do not appear as sexually developed or as old as they are. They may be worried that they are pregnant, and the starvation may be unconscious attempt to abort the pregnancy. In some girls, a period of stress or an unpleasant sexual encounter, such as a stranger making a pass as them on a bus, may have occurred prior to the anorexia nervosa .They may be attempting subconsciously to prevent further such sexual encounters.

Like those adolescents with anorexia nervosa, these girls exhibit great concern about their weight and overall body image and appearance. In contrast with anorexic girls, most girls with bulimia are only slightly underweight and so

may be discounted as only slim unless a thorough history is obtained. Counseling for the disorder, the same as for anorexia nervosa, is aimed at increasing the girl's self-esteem and sense of control. (Gianni et.al., 1990, Pillitteri, 1992).

There is a connection between the body esteem and teenagers' body weight, in the way that the bigger the body mass index is, the lower the body esteem of the teenagers goes (although not all the studies agree to this relation). Depending on the sex, research (Hill, 2007) indicates that girls experience a low body esteem, the higher the weight goes, and the boys have a low body esteem if they are either underweight or overweight. Overweighed teenagers do not represent only the high probability of having a negative body image, but also they are being teased and harassed by their colleagues (Smolak, 2009).

Mendelson, Mendelson and White (2001) suggested that the body esteem of a person involves three domains: the weight esteem, the look esteem and the attribution. In the direction of the correlational conducted study, the risk of eating disorder is lower if the teenagers are more satisfied with their bodies, having a positive body esteem, manifested as positive feelings about the self-aspect, positive believes about the way the others see and appreciate their body and positive feelings about their own weight.

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