

EVALUATION OF EATING DISORDERS IN ADOLESCENCE

F.M. Calin

Florica Mariana CĂLIN

lecturer, PhD,

Ovidius University from Constanța

Faculty of Psychology and Education Sciences

fmariacalin@gmail.com

Abstract: Adolescence brings many important changes, from stormy puberty changes, to significant cognitive and emotional changes, or to the increased influence of the group, all of them tracing lifestyle trajectories with long-term implications. Thus, the risk of eating disorders is greatly increased during the vulnerable period of adolescence, when these disorders often take the form of an adaptation mechanism by which the adolescent seeks control over a situation when other aspects of his life make him powerless. In this paper, I have been looking at the assessment of the reality of eating disorders in adolescents in the form of screening in relation to various predisposing factors, precipitators or maintenance of the disorder, especially in the context of adolescents either minimizing, denying or not realizing the importance of these disorders. Feel fear, guilt and shame in recognizing them.

Keywords: eating disorders, vulnerability, adolescence

Introduction

There are different dimensions involved in differentiating eating disorders or attempting to subcategorize a particular disorder. Weight or body mass index (BMI) is such a dimension. A person with a food disorder can be, in the normal weight range, underweight or overweight (Stice, Peterson, 2009).

A second aspect relates to the binge eating defined by DSM (DSM IV – TR, 2000) as: (1) eating a larger amount of food during a discrete period of time than it would be expected from most people to eat at that time and (2) the feeling of lack of control over eating during this episode. However, questions

arise around the importance of the amount of food consumed in defining a compulsive eating episode, some authors (Andreson, Murray, 2010) suggesting that the sense of loss of control and breach of dietary standards are the central features of such an episode.

The third aspect to be considered is the method the person uses to control their weight, often we distinguish between restriction strategies (severe limitation of food intake and / or extreme exercise) and purging (purging unwanted calories by methods such as vomiting or laxative abuse, diuretics or enema).

Regarding how these dimensions are involved in describing eating disorders, it is of particular interest the fact that subclinical concerns with unusual weight, form and eating behaviours are becoming more common among young adolescents and even preadolescent girls. Thus, although eating disorders that meet the full diagnostic criteria usually occur in late adolescence, the diet, behaviour, and eating attitudes may occur early (Goodman, Scott, 2010). These problems can be precursors to more serious eating disorders. Starting with the fourth and fifth grades, many girls are worried about being or becoming overweight, wanting to become supple. Among schoolchildren, weight concerns remain prevalent, manifesting extreme weight control behaviours (Hill, 2007). Evidence suggests that excessive weight concerns in young girls are a predictive factor for the later occurrence of symptoms of food disorders and depression, of low self-esteem, and feelings of inappropriateness and personal uselessness (Stice, Peterson, 2009). Such manifestations may, in turn, lead to a greater worry about weight and shape among girls who already attach great personal value to these physical attributes. Even at this age it was noted that girls are more concerned with weight and body shape than boys (Wertheim, Paxton, 2011) although increased concerns about a disorderly diet and discontent with the body are noticeable among adolescents boys as well (Ricciardelli, McCabe, 2011).

Based on the ICD-10 classification (The International Statistical Classification of Diseases and Related Health Problems, version 2016), the psychiatric eating instinct disorders are commented in the behavioural syndromes associated with physiological disorders and physical factors (F50-F59) chapter, indicating a broad group of psychological disorders with abnormal eating behaviours that cause physiological effects due to overeating or insufficient food intake; a group of disorders characterized by physiological and psychological disturbances of appetite or food intake. The eating disorders (F50) listed and described in ICD-10 (The International Classification of Diseases, 2016) are:

- Nervous anorexia (F50.0);

- Atypical nervous anorexia (F50.1)
- Nervous bulimia – NOS bulimia and nervous hyperorexia (F50.2);
- Atypical nervous bulimia (F50.3);
- Over-feeding associated with other psychological disorders - due to stressful life events and psychogenic over-feeding (F50.4);
- Vomiting associated with other psychological disorders - psychogenic vomiting (F50.5) eating disorders without specification (F50.9)
- Other eating disorders - Pica disorder of adults and psychogenic loss of appetite (F50.8)
- Eating disorders with no specification (F50.9)

According to DSM-IV-TR, eating disorders, depending on the age of onset and the similarities between the symptoms, cover two categories (DSM IV – TR, 2000):

- eating disorders and eating behavior disorders of the infant or of the young childhood period (Pica syndrome, rumination and eating disorder of the infant and young childhood period);
- eating disorders (nervous anorexia – restrictive type and compulsive eating / purging and nervous bulimia – type of purging and non-purging)

DSM-V (APA, 2013) brings several changes to better represent the symptoms and behaviours of patients with eating disorders throughout their entire lives. The most significant changes are: recognition of the binge eating disorder, revisions of the diagnostic criteria for nervous anorexia and nervous bulimia, the abandonment of the category of eating behaviour disorder without further specification, and the introduction of two new categories (the eating or eating behaviour disorder with specification and the eating or eating behaviour disorder without specification) and removing the chapter on eating disorders and eating behaviour disorders of the infant or young childhood period, all eating disorders being treated together.

Bryant-Waugh and Lask describe eight forms of eating disorders that can occur during childhood and adolescence (Bryant-Waugh, Lask, 2013):

- nervous anorexia;
- nervous bulimia;
- the food avoidant emotional disorder (avoidance of food products, slimming, mood disorders, no distorted cognition and / or intense weight and / or shape concerns, there is no organic brain disease, psychosis, illicit drug use or secondary effects of prescribed drugs)

- selective eating (restrictive range of food products for at least two years; the refuse of trying new food products; no distorted cognition or morbid concern regarding weight and/or shape; weight can be reduced, normal or high)
- restrictive eating (lower quantities than the usual ones in relation to the age requirements; the diet is normal in terms of nutritional content but not quantitative; no distorted cognition and / or intense weight and / or shape concerns; weight and height tend to be low)
- Refusal to eat (tends to be episodic, intermittent or situational; no distorted cognition and / or intense weight and / or shape concerns)
- Functional dysphagia and other phobic conditions (avoidance of food products, specific fear that is the base of avoiding food products - fear of swallowing, suffocation, vomiting; no distorted cognition and / or intense weight and / or shape concerns);
- Pervasive rejection syndrome (deep emotional excitement and withdrawal manifested through avoiding eating, drinking, walking, talking or self-care, resistance to helping efforts)

For Iftene, eating instinct disorders begin between 11-18 years and do not represent diseases by themselves unless they interfere with physical and mental health, bringing severe medical complications and disrupting the person affected to a high degree (Iftene, 1999). Nervous anorexia and nervous bulimia are usually affecting adolescent girls and young adult women, most of whom receive treatment for eating disorders at the aged 15 to 35 years old (Calderon, 2010). Nutritional disorders are not limited to this population, also occurring in boys and men and in pre-pubertal children of both sexes (Bryant-Waugh, Lask, 2013).

Although there may be some variability in the details of the clinical presentation based on age and gender, the baseline characteristics are constant throughout the entire life.

In the studies on the adolescents, body image disorders and over-concern about body shape are common, although the prevalence of eating disorders remains low. These results reinforce the probability of epigenetic effects in which the development of eating disorders reflects the intersection of genetic predisposition, environmental triggers and personal experience (Rosen, 2010).

The etiology of eating disorders in adolescence is multifactorial (Nicholls, 2013). Genetic theories and sociocultural theories focus mainly on biological and psychosocial predisposing factors. Transition and life-cycle stress theories attempt to explain how various precipitating factors lead to the onset of eating disorders. Psychoanalytic, cognitive-behavioural and systemic theories focus mainly on intrapsychic and interpersonal factors that maintain

eating disorders as predisposing factors. The theories of starvation concern, first of all, how biological sequelae of self-starvation contribute to maintaining abnormal eating patterns.

Objectives

The purpose of this paper is to study if there is any relationship between eating disorders and personality factors.

Hypothesis

1. It is assumed that there is a direct correlation between the risk of eating behaviour disorder and adolescent anxiety in the sense that the more anxious the teenagers are, the more they will eat inappropriate food.
2. It is assumed that there is an inverse correlation between the risk of eating behaviour disorder and body esteem. In the sense that the more teens have a lower sense of well-being towards their body, the risk of eating disorders increases.

Methods/Instruments

For the hypothesis verification, we used the Eating Disorder Inventory for Children (Site Cognitrom, provider of psychological tests, 2017) Zuckerman-Kuhlman Personality Questionnaire (ZKPQ - Cognitrom), The Body Esteem Scale for Adolescents and Adults – BESAA (Mendelson, Mendelson, White, 2001).

Lot of participants

The sample includes 60 teenagers between 15 to 18 years old. Inside the sample, the age is distributed as follows: 30% of the participants are 18 years old, 25% of the participants are 17 years old, 21,67% are 16 years old and 23,33% are 15 years old. Gender representativeness is achieved by 54.10% of adolescent girls and 45.9% of adolescents in the research sample.

Results and discussions

For the first hypothesis, we correlated the results for the 60 teenagers at the Risk of Food Behavior Disorder in the Inventory of Food Behavioral Disorders Composite Scale - 3 with the scores obtained at the Neuroscience-Anxiety Scale of the Zuckerman-Kuhlman Personality Questionnaire. For both scales, the scores have been translated into T notes, the high values indicating a high risk of food disorder, or increased neuroticism (anxiety).

The Pearson correlation coefficient is $r = .350$, significant at $p = .006$, the hypothesis according to which there is a direct correlation between the risk of eating behaviour disorder and neuroticism - hence the anxiety is statistically

confirmed (Rus, Sandu, 2015).

Based on the effect size calculation, it is highlighted that the risk of food disorder for adolescents is 12% associated with the neuroticism-anxiety personality factor.

The direct relationship between the risk of eating disorder and neuroticism-anxiety indicates that the risk increases with a high level of neuroticism in adolescents, a relationship symbolically highlighted in Figure 1 through the cloud of points aiming towards the upper right side.

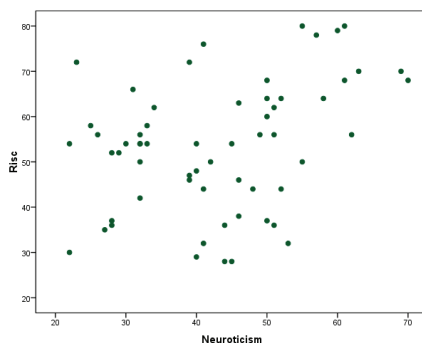


Figure 1. Cloud of points for the correlation between the risk of eating disorder and neuroticism-anxiety

Adolescence involves intense and rapid changes that can lead to a high level of anxiety, anxiety symptoms are common for teenagers with eating disorders and are often appreciated as comforting or rewarding in reducing anxiety and guilt. In this context, a high level of neuroticism - anxiety, as a personality factor describing people who experience emotional tensions, annoyances, worries, lack of self-confidence, constant indecision and criticism sensitivity may increase the risk of eating disorder for adolescents (Hill, 2007).

In order to investigate the second hypothesis, we used the responses of participants in the Risk of Food Behavior Disorder of the Inventory of Food Behavioral Disorders Composite Scale - 3 and the answers from the Body Esteem Scale for Adolescents and Adults. For the scale that probes the risk of eating disorders, high scores indicate increased risk, and for the instrument that measures body esteem, high scores indicate a high body esteem.

The Pearson correlation coefficient had a value of $r = -.693$, significant at $p = .00$, which statistically confirms the hypothesis that the risk of eating disorder correlates negatively with the body esteem. Thus, the risk of eating behaviour disorder increases as the teenagers' body esteem is lower, with 48% of the risk associating with the body esteem.

The significant reversal correlation of the risk of behavioral disorder with

the body esteem is also reflected at the level of body esteem dimensions, and in this sense the risk increases along with the decrease of the body esteem ($\rho = -.575$, $p = .00$; the risk associates 33% with the body esteem), the attribution ($\rho = -.566$, $p = .00$; the risk associates 32% with the attribution) and the weight esteem ($r = -.557$, $p = .00$; the risk associates 31% with the weight esteem).

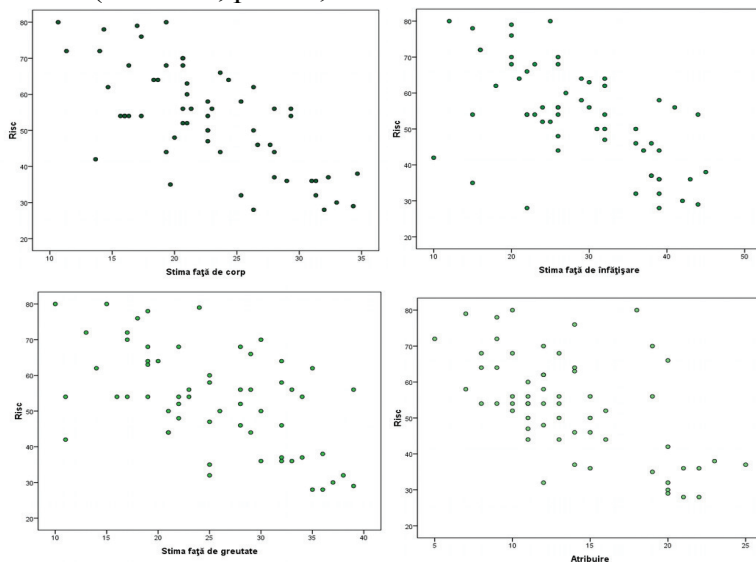


Figure 2. Cloud of points for the correlation between the risk of eating disorder – the body esteem and its dimensions

The body esteem represents a measure of the body image of a person and can be appreciated as a self-esteem related to the body. In the development of eating disorders, the body image is a robust factor that brings a significant contribution, in adolescence, its influence being significantly higher unlike other periods of development.

Between the body esteem and the body composition of adolescents there is a well-established connection, as adolescents have a lower body esteem, as they have a higher body mass index (although not all the studies support this relationship). Depending on the gender, researches (Enache, Giurgiu, 2017) indicate that girls experience a lower body consciousness as they have a higher weight, and boys can experience a low body esteem as much as they are underweight or overweight. Overweight teenagers are not only more likely to have a negative body image, but also to be teased and harassed by their peers (Smolak, 2009).

Mendelson, Mendelson and White have suggested that a person's body esteem involves three areas: weight esteem, appearance esteem and attribution.

To support the correlated study, the risk for food disorder is even lower as the adolescents are more satisfied with their own body, having a positive body esteem, manifested through positive feelings about their own appearance, positive beliefs about how others see and appreciate their bodies' weight and positive feelings about their own weight (Mendelson, Mendelson, White, 2001).

Conclusions

Adolescence brings many important changes, from stormy puberty changes, to significant cognitive and emotional changes, or to the increased influence of the group, all of them tracing lifestyle trajectories with long-term implications. Thus, the risk of eating disorders is greatly increased during the vulnerable period of adolescence, when these disorders may often take the form of an adaptation mechanism by which the adolescent seeks control of a situation when other aspects of his/her life make him/her powerless.

As we can see, adolescents with high levels of ineffectiveness, emotional problems, interpersonal problems and exaggerated control, neuroticism and internalization of the ideal of the athletic body and perfect body in general, with oppression to have a perfect strong body and with low levels of body esteem show a high risk of eating disorders.

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