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Eating Disorders and Adolescents: A Plea for Early Childhood Intervention

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Abstract

According to Gerbasi et al. (2014), eating disorders are considered a global health crisis, if not a worldwide epidemic. Early intervention in adolescence may be effective in slowing the prevalence of disordered eating behaviors in this at-risk demographic. Bills et al. (2023) concluded that physical complications may come from participating in disordered eating and may eventually attribute to the development of an eating disorder; these complications may include diminished brain function and health, as well as diminished heart function and health. It was also concluded that eating disorders may be linked to suicidal ideation and other mental health issues (Bills et al., 2023). According to Gerbasi et al. (2014), peer influence may be connected to learning perfectionistic tendencies and may be a potential risk factor for eating disorders in adolescents. Studies have shown a direct correlation between childhood trauma or maltreatment and eating disorders (Caslini et al., 2016; Groth et al., 2020; Hicks White et al., 2018). Slowing down this epidemic may involve starting healthy eating habits in the home and combatting social norms and cultural expectations such as the body image ideal and perfectionism.

Keywords: adolescents, eating disorders, family trauma, social trauma, body image, and perfectionism
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Picture the regimented experience of adolescents in an eating-disorder residential treatment center. Regulations include the following: do not shut the bathroom door all the way, do not go outside without a care tech, do not color in group therapy, do not shake legs in group therapy, do not use tweezers, do not use razors, do not use flossers, and do not use cell phones. Attendance during meals and snacks are required, and there must be nothing left on the plate; otherwise, the dietary supplement that equates to the calories not eaten will be promptly dispensed. Go to school every weekday, do not swear, do not talk about past trauma or current treatment, do not self-harm, do not cause trouble, be quiet, do not disrespect staff members, do not listen to music during downtime unless directed to do so, follow the treatment plan, and follow the meal plan. These rules are just one aspect of an adolescent’s daily life inside an eating-disorder residential treatment center, a place where patients come and stay overnight and are helped through their eating-disorder recovery by direct-care staff members, including nurses and behavioral health technicians. Patients also receive their own individual treatment team, which consists of their individual therapist and dietitian.

According to the *APA Dictionary of Psychology*, an eating disorder is “any disorder characterized primarily by a pathological disturbance of attitudes and behaviors related to food, including anorexia nervosa, bulimia nervosa, and binge-eating disorder.” In other words, an eating disorder is characterized by an unhealthy relationship with food that can result in excessive thinness (anorexia nervosa), excessive purging of eaten foods (bulimia nervosa), and an uncontrollable consumption of food (binge-eating disorder) (American Psychological Association (APA), 2023). With an increasing number of patients in inpatient treatment centers and outpatient facilities around the world, Gerbasi et al. (2014) wondered if eating-disordered
behavior is becoming a global health crisis. Many people casually claim to have eating disorders, because they believe that they have an unhealthy relationship with food, but a diagnosis of an eating disorder requires more than just a few skipped meals. Multiple celebrities have admitted to struggling with eating disorders, and society is slowly recognizing eating disorders as an epidemic. Many researchers have discovered possible causes of eating disorders and have identified what could worsen symptoms. But several questions remain unanswered, such as why do adolescents in particular struggle with eating disorders? Why do eating disorders mostly affect females? How can having an eating disorder affect the physical aspect of the body and the brain? How do eating disorders impact an individual’s overall mental health? These questions along with further and continuing research may help to prevent eating-disordered behaviors from developing at an early age.

The long-term effects of eating disorders are still unknown, and additional research is needed to shed light on this important issue that can have a powerfully negative impact on the experience of many adolescents today. Negative experiences with culturally accepted but unhealthy eating behaviors should be clinically addressed in early adolescence, because disordered eating can become a harmful coping mechanism for the cultural norm of negative body image and for processing complex trauma.

**Negative Body Image**

Most, if not all, adolescents with eating disorders have a negative connotation of body image. Perfectionism as it relates to body image, is the unattainable ideal of having a “perfect” body. This ideal prevents individuals from seeing their own self-worth and from feeling “comfortable in their own skin.” Intervention in early adolescence is vital to combat ideals that can lead to eating disorders. These ideals come from widely known and accepted sources, such
as religious organizations, academic social culture and curriculum, sports, etc. (Donti et al., 2021; Latzer et al., 2019). Each of these places are thought to have cultural expectations that may be spoken or unspoken but that are required for an individual to feel like they belong. Early intervention is essential as cultural expectations may lead to ideations such as perfectionism which in turn may lead many adolescents to have negative body image ideals.

Among the individuals who struggle with eating-disorder behaviors are athletes who are often involved in intense physical sports such as rhythmic gymnastics, dance, and/or cheerleading. Some of these activities claim that optimal performance will only be achieved if an individual has a certain body type. According to Donti et al. (2021), high-intensity sports increased the likelihood of an individual obtaining perfectionistic tendencies, which then resulted in eating-disorder symptomology. The power of perfectionism in this instance seems to stem from the cultural idea that the more an individual exercises, the more their body reaches that intended state of perfection for optimal performance, or the “thin body ideal.” For adolescents, this may be an even bigger issue. Adolescents can be involved in multiple extracurricular activities, and many of those activities involve intense sports such as football, basketball, dance, and/or cheerleading. Although intense exercise may be considered healthy at first, excessive exercise often leads to loss of healthy body fat, and eventually loss of muscle mass, which can increase the risk for health issues. For example, Bills et al. (2023) confirmed that eating-disorder behaviors led to physical complications such as heart and brain abnormalities. With perfectionistic tendencies and an attempt to obtain the thin body ideal, those with an eating-disorder diagnosis may find that other health issues arise and, in extreme cases, may cause death (Bills et al., 2023). These sources commented on the physical aspect of perfectionism and eating disorders, but there are other instances where perfectionism can play an important role and be
incredibly dangerous, especially for adolescents. Perfectionistic tendencies are seemingly well intentioned, but taken too far, individuals dealing with negative body image who try to have the ideal body type may have dangerous physical complications.

Sports is not the only area where physical perfection gives an individual a powerful sense of belonging and worthiness. Handford et al. (2018) studied negative body image in female adolescents who could be influenced by their mothers’ negative ideas about body image; as shown in Table 1 most of the adolescents had higher scores for body dissatisfaction and eating-disorder symptoms, as influenced by their mother’s ideations of negative body image (Handford et al., 2018). Johnston et al. (2018) also confirmed that patients with eating disorders who had perfectionist ideals had an increased likelihood of relapse and rehospitalization. This suggests that parental influence may be powerful among children and early adolescents who know little about the world. Thus, parental perfectionistic tendencies, like the one related to negative body image, may contribute to a generational cycle of perfectionist ideals which in turn may result in eating disorders in adolescents.

Perfectionism can also lead to the idea of not being good enough or feeling unworthy, bolstering thoughts related to not belonging, intense depression, and eventually suicidality. Bills et al. (2023) also reported that suicidal ideation became a common occurrence if the patient was diagnosed with an eating disorder and had perfectionistic tendencies. The result of possible suicidal ideation due to the combination of eating-disorder and perfectionistic tendencies is a powerful reminder that perfection will not and cannot ever be achieved. Perfectionism may be used in an individual’s daily life to improve quality of life, increase work ethic, and many other adaptive things. However, the idea of having the perfect body type may lead to a negative perspective on body image and could contribute to eating-disorder behaviors. As Li et al. (2022)
studied the relationship between mental health, eating disorders, and children, they determined that if a child had history with maltreatment, they were at a greater risk not only for an eating disorder but also for suicidal ideation, anxiety, increased levels of stress, and depression. The combination of maltreatment, perfectionism, and an eating disorder in a child can become a dangerous combination (Li et al., 2022). Such findings suggest that children who have a history of maltreatment or perfectionism should be monitored closely for eating-disorder behaviors and other mental health issues. Eating disorders are often not taken seriously, but these studies show that an eating disorder is complex and can greatly affect the life of an individual, especially the life of an adolescent.

Negative body image also comes into play as adolescents start comparing their bodies to learned cultural expectations. The cultural ideation of perfectionism can be interconnected with the cultural expectation of the ideal body type. This expectation of the human ideal may live culturally through generations and may be further exemplified by things such as peer influence and religious impact. While seeking acceptance, adolescents may try to combat and cope with these unrealistic humanistic ideals by pushing themselves towards the ideal body type.

Parental influence plays a large role in passing down generational ideas, perfectionistic tendencies, and cultural expectations. Handford et al. (2018), who studied mothers and daughters and their perceptions on body image, discussed the possibility that negative views on body image may have been influenced by the daughter’s peers. Peer influence is thought to be connected to a society’s culture, as children learn behaviors and cultural expectations from their parents or another influential adult; the children then pass those expectations on to their peers in different social activities such as school, sports, dance, and/or orchestra. Gerbasi et al. (2014) studied adolescent development in Fiji as it related to peer influence, social norms, and disordered eating
habits. They found that peer influence had a large correlation with disordered eating habits and that many eating habits found in the Fijian adolescents originated from Western culture. Westernized body ideals were introduced through television programming and other media, which led to negative body image ideals and disordered eating practices (Gerbasi et al., 2014). This finding suggested that the eating-disorder epidemic may have turned global, becoming a global eating-disorder risk. This possibility, although seemingly far-fetched, can be proven true with further study of peer influence and social norms. If disordered eating habits are taught to children at such a young age by their peers, intervention should be prioritized to mitigate the adverse effects.

Another important aspect of a society’s cultural expectations, aside from peer influence, involves expectations of body image stemming from religion. Orsini (2017) found that women who were on a journey of spirituality, self-acceptance, transformation, and belonging started comparing their appearance to others and sought after the ideal body type. One of the groups studied were Catholic nuns. These women willingly give their life to Jesus Christ, seeking to find more unity and oneness with Him. It was believed that fervent fasting, minimizing the body’s natural hunger cues and going without food for days on end, would lead to more unity with Christ (Orsini, 2017). Thus, the connection between fasting and being united with Christ may have contributed to the belief that being thinner meant more spirituality and more unity with Christ.

In the world of an adolescent, who is likely just discovering and exploring their spirituality, a long-standing religion that encourages fasting behaviors may be perceived as authoritative. The adolescents may feel unable to question the eating-disorder practices exemplified by the religious adults. Such religious traditions should be carefully addressed with
adolescents, so eating-disorder behaviors and other mental health issues that may arise as a result can be prevented.

Another example of religious impact bringing about cultural expectations on body image comes from a study done on ultra-orthodox women within Judaism. Latzer et al. (2019) explained that these women were struggling to find a balance between their own religious traditions and the traditions of a newly Westernized society. Researchers found that the religious traditions taught focused on being a homemaker, being a mother, and supporting a husband. The women in the study said that modernized society taught them they could have a career outside of the home and have an equal partnership with their husband. Latzer et al. (2019) noted these women’s inner conflict and distress as they dealt with trying to integrate these two cultures. The expectations of being a “perfect” woman, both in modern society and in their religious tradition, may have led to their struggle with body image, characterized by the onset of disordered eating, as they placed harsh judgement on themselves about their body type and their physical appearances (Latzer et al., 2019). This study suggests that disordered-eating behaviors may be employed by women to gain control, balance, and acceptance in their society. If it was difficult for adult women to integrate two cultures into a modern society, how difficult must it be for an adolescent who is still developing their own morals and values to try to incorporate several cultural expectations? Throughout history, and even now, the daunting cultural expectation to be healthy and have the ideal body type can very quickly go wrong, often leading to negative self-worth, negative self-acceptance, negative self-confidence, and unrealistic and virtually unattainable body-image ideals.

Processing Complex Trauma
As society becomes more complex, so does human experience. An adolescent trying to cope with elaborate and complex emotions and situations may try use the unhealthy coping skill of disordered eating. The *APA Dictionary of Psychology* defines *trauma* as an experience that creates long-lasting effects on the body and the mind; traumatic experiences may include experiences with rape, war, or a type of natural disaster such as earthquakes or hurricanes (APA, 2023). Individuals may experience trauma differently. What may not be traumatic to one individual may be very traumatic and have a long-lasting effect on another individual. Examples of trauma for adolescents include childhood sexual abuse (CSA), childhood emotional abuse (CEA), and childhood physical abuse (CPA) (APA, 2023). Social trauma for adolescents may consist of witnessing or experiencing violence in childhood, bullying from peers, and experiencing the significant loss of a loved one (APA, 2023). Adolescents who struggle with these types of trauma, specifically family and social trauma, are thought to be at greater risk for developing an eating disorder as they turn to disordered-eating behaviors for an easy, acceptable, and seemingly attainable coping mechanism.

Experiences with family trauma can contribute to eating disorders in adolescents. Cerniglia et al. (2016) identified a correlation between the development of binge-eating disorder (BED) and parental trauma. They also found that BED was related to male externalization and female rumination for processing traumatic experiences (Cerniglia et al., 2016). Parents who have undiagosed trauma may have their children witness unhealthy behaviors without realizing it. The children, seeing their parents as trusted adults, may then imitate that behavior. Parents who may not be emotionally available for their children may find that their children are using coping skills related to their food (Cerniglia et al., 2016). Studies have also confirmed that emotional abuse can be one of the highest contributors to eating-disorder behaviors in adolescents (Caslini
et al., 2016; Guillaume et al., 2016). In the family, emotional abuse could occur between a parent or an older sibling (authority figure) and a younger child. As children learn to deal with these stressful situations, the adrenaline hormone is produced as the body goes into “flight or fight” mode. Long-term effects of adrenaline on the brain and body have not been well studied, but as an individual tries to find control and searches for coping skills to deal with anxiety-filled situations, they may turn to an easily accessible and controllable method such as eating-disorder behaviors.

Familial trauma is becoming more and more common, but social trauma can be particularly harmful. Groth et al. (2020) observed a strong correlation between violent victimhood and eating-disorder symptomology. Hicks White et al. (2018) similarly concluded that exposure to violence at a young age led to more potential risk factors for eating disorders, including a significantly higher body mass index (BMI), which can increase the risk for obesity. Victims of violence may include victims of sexual assault, physical assault, individuals who witness crimes, those who witness war, and those who witness violence between parents or siblings (APA, 2023). Coping mechanisms for such intense situations may lead to disordered-eating behaviors to perceive a sense of control.

Hicks White et al. (2018) added that adolescents who experience bullying from peers may be at risk for developing eating-disorder habits. Being bullied by a peer may cause trauma in a child, and coping with this trauma in such cases may elicit a more intense focus on physical appearance. It was also found that exposure to violence led to a significant increase in the risk for a higher body mass index (BMI) (Hicks White et al., 2018). Multiple studies have found that childhood trauma and adversities tend to increase the risk for eating-disorder behaviors (Caslini et al., 2016; Groth et al., 2020; Guillaume et al., 2016; Hicks White et al., 2018). These findings
suggest that when a child is a victim or witness of any type of violence, they may participate in disordered-eating behaviors to process and cope with the dysfunction and trauma.

**Conclusion**

Throughout history, and even now, belonging seems to be sought through comparison and appearances. The thinner the better. The prettier the better. However, the consequences of this devout focus on appearance often involve disordered-eating habits, as one tries to achieve acceptance by unrealistic social standards. Given this largely negative part of humanity’s culture, it is vital that humanity learns how to prevent the development of eating disorders in adolescents who deal with negative body image and complex trauma daily.

Eating disorders often develop through negative body image and complex trauma. Aspects of negative body image may be modeled in the home via parental influence (Cerniglia et al., 2016). They can also start at social events, where peers may have a large influence on a child or adolescent (Gerbasi et al., 2014; Li et al., 2022). Perfectionistic tendencies are a common part of an individual’s eating disorder symptomology, and these tendencies may also be learned from parents, peers, society, or religion (Latzer et al., 2019; Orsini, 2017). Many individuals who have perfectionistic tendencies and high religious or cultural expectations employ disordered eating (as a coping mechanism) as they try to perfect and control their own body.

Complex trauma in childhood may also contribute to the development of eating disorders. Many studies have found a relationship between various forms of childhood abuse (CPA, CSA, and CEA) and disordered eating habits (Caslini et al., 2016; Groth et al., 2020; Hicks White et al., 2018). Along with familial trauma, other types of traumas can be related to eating disorders, including bullying, violence, war, etc. (APA, 2023). These events are important to address as adults but should especially be addressed during adolescence. The adolescent developing brain
may be severely impacted by trauma and may lead to an increase of disordered-eating habits. Early therapeutic intervention for processing and healing from trauma is essential for adolescents so that they may be able to learn healthy coping skills for their futures.

As mental health has become more prominent in society, with a growing need for psychological support resources, eating-disorder residential treatment centers, partial hospitalization programs, and intensive outpatient programs are becoming more common. Society is moving in a positive direction to mitigate the effects of this eating-disorder epidemic, and early intervention and treatment in adolescence appears to be a key part of the solution. Parents, guardians, teachers, leaders, or anyone that is involved in the life of an adolescent should help to counteract the negative influence of unrealistic societal norms and teach the adolescents to fight against negative body image. Doing so may help to ensure that adolescents find hope and healing while dealing with complex trauma. Although the eating-disorder epidemic is well underway, the way to slow it down is clear: a greater attempt must be made to mitigate disordered-eating behaviors in the lives of adolescents who suffer from negative body image and complex trauma.
References


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Appendix

Table 1

Female Adolescent Body Image Scores Before and After a Mother’s Influence

<table>
<thead>
<tr>
<th></th>
<th>Pre (Maternal modeling)</th>
<th>Post (Maternal modeling)</th>
<th></th>
<th>Pre (No maternal modeling)</th>
<th>Post (No maternal modeling)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Esteem</td>
<td>16.11 (1.17)</td>
<td>12.35 (1.30)</td>
<td>3.04</td>
<td>17.41 (1.17)</td>
<td>17.41 (1.30)</td>
<td>0.00</td>
</tr>
<tr>
<td>Body Satisfaction</td>
<td>-0.51 (0.12)</td>
<td>-1.18 (0.17)</td>
<td>4.62</td>
<td>-0.41 (0.12)</td>
<td>-0.54 (0.17)</td>
<td>0.90</td>
</tr>
<tr>
<td>Eating Attitudes</td>
<td>3.15 (0.63)</td>
<td>13.00 (1.02)</td>
<td>-11.94</td>
<td>4.17 (0.63)</td>
<td>8.99 (1.02)</td>
<td>-5.84</td>
</tr>
<tr>
<td>Number of Sweets Consumed</td>
<td>4.55 (0.49)</td>
<td></td>
<td></td>
<td></td>
<td>6.72 (0.49)</td>
<td></td>
</tr>
</tbody>
</table>

Note. This table depicts female adolescent body-image scores before and after a mother’s influence. The number of sweets consumed was only measured post manipulation. Cohen's $d$ effect sizes are reported per condition for changes in pre- and post-manipulation outcome measures. Means for body esteem, body satisfaction, eating attitudes, and the number of sweets consumed are adjusted for daughter anxiety, daughter depression, daughter age, daughter BMI, mother age, mother BMI, mothers' concerns about their daughter's weight and diet, and mothers' concerns about their own weight and diet. Adapted from “The Influence of Maternal Modeling on Body Image Concerns and Eating Disturbances in Preadolescent Girls” (Handford et al., 2018).