

Eating Disorders: Risk in Adolescents with Anorexia Nervosa

Mohammad Shadab*

Department of Biomedical Sciences, Alagappa University, Karakudi, Tamil Nadu, India

Abstract

The goal of the current study was to compare adolescents with anorexia nervosa (AN) to a healthy control group in order to determine the relationship between the risk of eating disorders (ED), psychological adjustment, empathy, attachment style, and internalisation of the thin-ideal. 35 female adolescents with AN and 35 HC adolescents were given the Questionnaire of General Data, the Eating Disorders Inventory-3 (EDI-3), the Questionnaire of Sociocultural Attitudes Towards Appearance-3 (SATAQ-3), the Experiences in Close Relationships-Revised (ECR-R), and the Basic Empathy Scale (BES). Female ANs with greater degrees of general psychological maladjustment (GPMC) and female HCs with higher thin-ideal internalisation were shown to have the highest risk of eating disorders. In the AN group, GPMC alone or in conjunction with attachment style and thin-ideal internalisation were not shown to be meaningful predictors of the probability of developing an eating disorder. The findings of the study lend credence to theories about EDs that stress the contribution of general psychological maladjustment to ED development.

Keywords: Bulimia nervosa • Teenager • Emotional development • Empathy • Eating • Feeding problems

Introduction

The relationship between eating habits and body weight and mental and physical health has piqued curiosity for millennia. Eating disorders (EDs) have been identified in developed Western nations and are associated with eating behaviours and routines. One of the most common EDs is anorexia nervosa (AN). According to the DSM-V classification, anorexia nervosa (AN) is an illness that mostly affects female teenagers and young adults and is distinguished by sustained and effective weight reduction. In relation to the lowest predicted weight for age, sex, developmental stage, and physical health, AN is defined by chronically limited calorie intake, which results in a considerable loss in body weight [1]. In addition, despite having a significantly low weight, there is a great fear of gaining weight or getting fat, as well as false perceptions of their weight or body type, an excessive impact of these factors on one's own identity, or a persistent failure to acknowledge the gravity of the current low body weight. Anorexia often manifests around age 17 and affects young adult women with a frequency of 0.5% to 1%. According to recent views, ED is a complex condition. Environmental, social, psychological, biological, and cultural considerations must be made in order to comprehend ED. The success of TV, movies, and magazines in spreading beauty standards is a result of their widespread appeal. Dieting is linked to social variables including anxiety, verbal criticism, the desire to seem skinny because they think it will impress others, or the fact that their friends are dieting. Studies on families and twins have revealed a significant hereditary component to AN, which mostly becomes active after puberty and interacts with the environmental component. Recent research points to hormones as a crucial element in the increased heritability of ED throughout puberty and the early onset of menstruation as a risk factor for the development of ED. Although there is a trend toward younger age groups, AN often manifests in early puberty. The onset of puberty itself increases the likelihood of developing ED, which is viewed as an improper reaction to pubertal occurrences. Pubertal girls experience

everyday insecurities about how their bodies compare to those of their peers, and these feelings are likely to be the driving force behind them turning to diets and increasing their risk of developing ED [2]. Unexpected changes to the body's shape and size have psychological repercussions, which are typically manifested as poor body image and self-evaluation. Early adolescent attitudes about the body are formed, and nutrition can eventually promote the emergence of severe ED. When it comes to psychological issues, EDs are linked to greater levels of depression, poorer levels of self-esteem, higher levels of body dissatisfaction, perfectionism, and other psychiatric problems. As can be observed, AN development is accompanied by a wide range of risk factors.

Literature Review

There have been an increasing number of experimental researches on the risk variables for eating disorders and empathy, but neither a comprehensive evaluation nor synthesis of the literature has been done. Schipper and Petermann suggest that empathy deficits may act as a potential trigger of emotion dysregulation based on relationships between emotion processes and social information processing and recent neuroscientific findings showing that empathy deficits may not only result in difficulties labelling others' emotions but also one's own emotions [1]. Given the evidence, we think that a healthy dose of empathy forms the basis of a successful emotion management. Empathy is the capacity to understand the reasons behind other people's emotions and to be able to share in their emotional experience without really joining it. Cognitive and emotional empathy are the two components of empathy. Affective empathy is defined as an observer's emotional reaction to the affective state of another person, whereas cognitive empathy presumes a grasp of the others' sentiments. While personal suffering may be a continuous aspect of AN that results in poor emotional awareness and management, people with AN have weak cognitive empathy, including the comprehension of others' feelings. For instance, AN reports fewer pleasant but not less negative feelings than the healthy control (HC) group, has altered emotional facial expression, and displays less facial expression. Additionally, Davies et al. discovered that those with AN exhibited less happy and less negative facial expression in reaction to the presentation of a depressing tapes [2]. Effective emotional control and social interactions may be impacted by these elements. Some research revealed no changes in the self-reported systemizing and empathy between AN and HC participants, despite AN having higher scores on the ASD compared to HC. Body dissatisfaction, a propensity to exaggerate body size, depression, and bulimia are all linked in young women, especially those who are teenagers and young adults, to disparities in the mental picture of the body and the societal ideal. Through melancholy, body dissatisfaction, and food

*Address for Correspondence: Mohammad, Department of Biomedical Sciences, Alagappa University, Karakudi, Tamil Nadu, India, E-mail: shadabfirdausi10@gmail.com

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Date of Submission: 05 August, 2022; **Manuscript No.** jmt-22-79102; **Editor Assigned:** 08 August, 2022, PreQC No. P-79102; **Reviewed:** 10 August, 2022, QC No. Q-79102; **Revised:** 19 August, 2022, Manuscript No. R-79102; **Published:** 25 August, 2022, DOI: 10.37421/2471271X.2022.08.230

constraint, thin-ideal internalisation indirectly predicted ED attitudes. As well as that, it directly predicted ED attitudes. Stice demonstrated that internalisation of the slim ideal as the standard of beauty and the perception of external pressure to be thin (from partners, family, and the media) predicted and exacerbated body dissatisfaction in females between the ages of 14 and 17. The frequency of diets and unpleasant emotions are both significantly predicted by body dissatisfaction. The media communicate social and cultural ideas of beauty more effectively than any other source, and as a result, they have a big impact on how ED develops. Early adolescent females who believed that publications and advertising were reliable sources of knowledge about how to adopt a diet and maintain a flawless physique were more self-conscious about how they looked [3]. Comparison to thin and well-known media figures fosters negative feelings about one's weight and body form, particularly if one has a poor body image. To the best of the authors' knowledge, however, no research have been done to look at the relationship between the risk factors for ED, psychological adjustment, empathy, attachment style, and thin-ideal internalisation, particularly in clinical samples. In order to compare female adolescents with AN to the HC group, the current study looked at psychological adjustment, empathy, attachment style, and thin-ideal internalisation. The study examined psychological constructs and sociocultural attitudes that were unique to the patient as well as their psychological adjustment profile. The study's main hypotheses were that adolescents with AN would demonstrate 1) a statistically significant greater level of general psychological maladjustment than the HC group; and 2) a statistically significant deficiency in empathy, attachment style, and thin-ideal internalisation than the HC group. The study also aimed to look at how internalising slim ideals, empathy, attachment style, and general psychological maladjustment affect the chance of developing an eating problem (EDR). Insecure or avoidant attachment, thin-ideal internalisation, lower or greater levels of empathy, and overall psychological maladjustment were our main hypotheses that would result in increased EDR. We were interested in this study's determinants of acquiring EDR in both the HC group and the female anorexic population. The study's description of the general psychological adjustment profile in AN patients was one of its objectives. This was done by comparing it to the HC group's psychological adjustment profile. The GPMC and its composites would be greater in AN patients than in the HC group, as was predicted. In the GPMC, a significant between-group difference was discovered. A considerable increase in GPMC and its particular psychological composites was seen in AN females. The findings indicated that adolescents with AN exhibited higher rates of psychological maladjustment than the HC group, including more interpersonal and affective issues, low self-esteem, and a feeling of emotional emptiness. They also appeared to pursue perfection through self-denial and suffering. For additional information, see how they differed from the HC group in terms of reduced self-esteem, a desire to lose weight, body dissatisfaction, interpersonal insecurity, emotional dysregulation, asceticism, and perfectionism [4]. With relation to Maturity Fears and Bulimia, there was no difference between the AN and HC groups. These conclusions agree with those of several previous research. According to the research, EDs are characterised by concomitant psychopathology and psychosocial impairment. Before puberty and during adolescence, a female's self-esteem plays a significant role in her propensity to acquire ED [5]. In non-clinical student groups, ED and eating attitudes are likewise linked to low self-esteem, as are anorexic behaviours. In contrast to the control sample, 68% of anorexic females experienced depression at some point in their lifetime. Teenage food and body-consciousness issues are risk factors for the later emergence of EDs and are invariably associated, at the subclinical level, with depression, low self-esteem, and anxiety. According to the literature, empathy deficits—defined as having a limited capacity for empathy—may cause emotion dysregulation. Conversely, having an excessive amount of empathy could also cause it. But in our study, there was no discernible difference between the AN and HC groups in terms of empathy (BES). Additionally, there was no discernible link between EDR and empathy in the AN or HC groups. Psychoanalysts reported that there was a slight difference (small-medium effect) between the ED and HC groups for the emotion detection task, notably in the limiting AN group. In addition to ECR-R, substantial relationships were discovered between EDR and SATAQ and GPMC in both groups [6]. Only GPMC was a significant predictor in the AN group, though. However, only SATAQ has been shown to be a significant predictor of EDR in the HC group. It is interesting to note

that only in the HC group in our study was SATAQ a significant predictor, not in the AN group. These outcomes partially match our predictions. SATAQ is a major predictor of the development of ED, according to the research and socio-cultural theories that explain the risk of developing ED. Studies undertaken over the past 20 years have shown that thin female forms are becoming more and more socially desirable.

Discussion

According to studies on the impact of the media, more media exposure causes thinness and more intense ED symptoms. Internalization of the slim ideal is one risk indicator that has drawn a lot of attention. Recent research in the prevention field has shown that internalisation among teenage girls and women with AN may be a causative risk factor for the beginning of eating and shape-related disorders and a major predictor of treatment effectiveness. Importantly, such internalisation is modifiable, and variations in this risk factor seem to be correlated with variations in degrees of body dissatisfaction. According to data, striving for perfection as well as accomplishment expectations are risk factors for the emergence of AN. In addition to serving as a maintenance factor for bulimic pathology, thin-ideal internalisation is a causative risk factor for body dissatisfaction, dieting, negative affect, and bulimic pathology. These findings should be taken cautiously, though, as the majority of the studies came from a single study organisation and focused more on bulimia groups than anorexia samples, as well as non-clinical samples. It is crucial to emphasise that these research are unable to explain why just a small percentage of teenagers exposed to cultural messages develop concerns about their bodies and diets. While only GPMC appears to be a meaningful predictor in the AN group, SATAQ appears to be the strongest predictor of the probability of eating disorders in our healthy sample. These findings suggest that, just as sociocultural attitudes about body image in the general population shouldn't be neglected, especially when developing programmes for ED prevention, the role of psychological maladjustment should not be disregarded when it comes to risk of developing ED in adolescence. Finally, it is important to discuss certain study limitations. It should be noted that none of the study's results were of a causative character; rather, they were all just correlational in nature. As a result, future study should concentrate on alternative research methodologies such cross-sequential draught with the longitudinal component, which would offer more reliable data regarding the impact's direction. Additionally, because the study was done on a manageable sample, it is somewhat more difficult to extrapolate the findings to the overall population of teenagers with AN. This work makes a special addition to our understanding of the causes of ED. The study's findings may serve as helpful guidance for future research in this field. The results provide credence to ED conceptualizations that highlight the contribution of general psychological maladjustment to the emergence and persistence of EDs. The focus of future study will be on determining whether these findings represent state- or trait-level characteristics of EDs [7,8].

Conclusion

Researchers and clinicians have come to the same consensus that teenage females with ED may exhibit a particular type of emotional instability. These findings support the notion that women with AN have psychological profiles that differ from those of HCs. In comparison to the HC group, they are less emotionally fulfilled and have higher levels of interpersonal and affective issues. They also have poorer self-esteem and a greater sense of emotional emptiness. Empathy appears to be the same in both healthy and anorexic females, and no correlation was identified between empathy and the chance of developing an eating disorder. Internalization of the slim ideal, attachment style, and overall psychological maladjustment all considerably increase the chance of developing eating disorders. The likelihood of developing an eating disorder was shown to be highest in females with AN who were more severely psychologically maladjusted, followed by HC women who internalised the thin-ideal more strongly. When combined with overall psychological maladjustment in the AN female adolescent group, attachment style and thin-ideal internalisation were not shown to be significant predictors.

Acknowledgement

None.

Conflict of Interest

None.

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How to cite this article: Shadab, Mohammad. "Eating Disorders: Risk in Adolescents with Anorexia Nervosa." *J Ment Disord Treat* 8 (2022): 230.