Chapter 15: Eating Disorders

Learning Objectives

1. Discuss the gender similarities and differences in the eating disorders.
2. Discuss the key symptoms of anorexia nervosa, and distinguish between the restricting and the binge-purge type.
3. Discuss the prevalence of anorexia and its associated health risks.
4. Discuss the key symptoms of bulimia nervosa, and distinguish between the purging and nonpurging type.
5. Discuss the prevalence of bulimia and its associated health risks.
6. Identify the similarities and differences between anorexia and bulimia.
7. Discuss cultural and historical trends in the prevalence of eating disorders.
8. Discuss binge-eating disorder and how it differs from anorexia and bulimia.
9. Discuss the evidence that genetic factors contribute to the development of eating disorders.
10. Discuss the biological abnormalities in anorexia and bulimia.
11. Discuss the societal pressures on people (especially women) to maintain a slim appearance and the behaviors people engage in to meet these expectations.
12. Discuss the impact of athletics on eating disorders.
13. Discuss the relationships among socioeconomic status, ethnicity, and eating disorders.
14. Discuss the emotional and cognitive styles of individuals with eating disorders.
15. Summarize the theories of Hilda Bruch and Salvador Minuchin.
16. Discuss the proposed explanations for why girls are at an increased risk for eating disorders compared to boys.
17. Discuss the argument that eating disorders result from sexual abuse, and summarize what the evidence suggests about this idea.

Socio-Cultural Contributions to Eating Disorders

Are eating disorders more common now?
- No evidence for increasing rates of ______________________
- __________________ is increasing
- __________________ is increasing, probably

Socio-Cultural Contributions to Eating Disorders

- More common in industrialized countries
- Becoming more common in all countries influenced by Western media, e.g., Fiji
- We are presented – barraged – with an image of beauty that is, for most of us, ________________

Eating Disorders & the Media

- We are not passive receivers of media messages.
- We ________________ messages
- We ________________ messages
- We ________________ messages
Eating Disorders & the Media

• Who is most influenced by media messages? Those with:
  • Low ______________________
  • Low ______________________

Eating Disorders & the Media

• Media’s “Damaging Paradox”
  • Cultural ideal of feminine beauty is getting _________________ in the last 50 years.
  • Easy access to high caloric, high fat foods
  • Result: gap between ideal body weight, normal body weight, & actual body weights become greater

Eating Disorders & the Media

Which of the women on the left do men generally identify as the most attractive?

Eating Disorders & the Media

• “short-term association between reduced self-esteem, heightened anxiety or anger and depression, and exposure to culturally ideal body shapes, less among men and more among women.”
• ______________________ (one study found a connection with soap opera watching)
• ______________________ (connected with reading women’s magazines)

The media can:

• “…confers hidden meanings on food - nostalgia, sexiness, being a good housewife and mother, rewarding oneself, having uninhibited fun etc, and creates unnatural drives for food
• The media can persuade us that wrong eating habits are right and natural. I cite the case of a MacDonald’s advertisement recently in which a young boy persuades both his parents to take him for a burger and chips rather than a healthy outing at the zoo.
• The media can create anxieties about being deprived if we don’t have what “everyone else” is having”
• The media presents us with an idealised shape which is invested with attributes of being attractive, desirable, successful and loveable but which is unattainable without resorting to sinister or dangerous eating habits.
• The media perpetuates the feeling in people who do not have the ideal shape that their life would be fine if they were slim”

Deanne Jade
Influence of the Media

“It would seem that the media doesn’t simply make the ideal body desirable, these dieting behaviours spring from an epidemic of low esteem, stress, guilt and depression about having a body that falls short of the cultural ideal.”

Jeanne Dade

Does mainstream culture value thinness?

- People diet, in part, to look better & feel better
- So that they can get better jobs and attract better mates –
- Which has support in the research.

Beauty

- In general, people evaluate physically attractive people much more favorably than unattractive people:
  - As a rule, beauty = _______________________
  - People consistently report that being in the presence of beautiful people puts them in a better _______________________.

According to social evaluations, beautiful people are:

- **Kind**
- **Strong**
- **Outgoing**
- **Nurturant**
- **Sensitive**
- **Sexually warm and responsive**
- **More talented (hence, earn more and are hired more often**
- **Interesting**
- **Poised**
- **Sociable**
- **Exciting dates**
- **Have better character**
- **More likely to be vain**
- **More likely to be promiscuous (only true in males)**

In general: the effects of beauty are:

- **Largest for social competence characteristics**
- **Intermediate for potency, adjustment, and intellectual competence**
- **Low for integrity and concern for others**

Physically attractive people’s futures are judged:

- More _______________________
- Likely to have a happier marriage with greater competence as a partner
- More likely to have social and professional success
- To be more likely to be fulfilling
Bias for beauty is universal

- Exists in all cultures
- Infants exhibit a bias for faces we consider beautiful
- Some specific content varies by culture, e.g., in Korea’s collectivist culture attractive people are assumed to be more concerned with the well-being of others (not so in our culture)

What is beautiful?

- “Beauty is in the ________________________ of the beholder.” Donald Symons, 1995
- What does this mean?
- An adaptation is: “a reliably developing structure in the organism, which, because it meshes with the recurrent structure of the world, causes the solution to an adaptive problem.” Larsen & Buss, 2002

What is beautiful in both men and women?

- Signs of health
- Symmetry
- Averageness of features
- Weight

Signs of Health

- Youth

Signs of Health
- Vigor
  - Who’s more attractive, ______________________________

- or ______________________________

Signs of Health

Clear skin, eyes, and lustrous hair

Which is more attractive:
Symmetry

_____________________________ faces are more attractive than nonsymmetrical faces

_____________________________

Essential locations on faces are given coordinates
Features are then mapped to compatible sizes:

Weight

Evaluations of the attractiveness of weight vary by environmental circumstance:
  – With ________________, thinness is desirable
  – With ________________, heaviness is desirable

What do women find physically attractive?

Which face do women find more attractive?

Masculinized face

– Broader forehead
– Prominent brow
– Larger jaw
– Strong chin

What do women find physically attractive?

– Above average height, 5’10” – 6’1”; or a man approximately ___________ taller than themselves; or above average for the population
– Waist-hip ratio of __________________________
– Health

What do men find physically attractive?

Averaged face – attractive
Feminized – juvenilized face

What do men find physically attractive?

Feminization/juvenilization consists of:

– Larger eyes
– Smaller nose
– Fuller lips
– Delicate jaw
– Small chin
– (model also has arched eyebrows)
What do men find physically attractive?

- A recent unreplicated study using a small sample of young adult males found:
- Beautiful female faces activated the same brain areas as are activated by cocaine and money (the pleasure centers: hypothalamus, nucleus accumbens, amygdala, orbitofrontal cortex, & ventral tegmentum)
- These males will tap the space bar on the computer at a rate of 600 times per minute in order to keep the beautiful face on the screen (same rate as cocaine addicted rats will tap a bar to receive a dose of cocaine)

What do men find physically attractive?

- Feminized facial features
- Lower WHR - range __________ in healthy women. (Body fat distribution as measured by WHR is correlated with youthfulness, reproductive endocrinologic status, and long-term health risk in women.)
- Youth
- Health

What we find physically attractive in the other sex is primarily the result of the influence of sex hormones during development.

Chemistry

- “Chemistry” is very often a requirement for a dating partner. Chemistry consists of:
- Physical attractiveness
- ___________________
- Reciprocity
- Warm personality
- ___________________

DSM-IV-TR Criteria for Anorexia Nervosa

- Refusal to maintain body weight at or above a minimally normal weight for age and height
- Intense fear of gaining weight or becoming fat, despite being underweight
- Distortions in the perception of one’s body weight or shape, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight
- In females who have reached menarche, amenorrhea (absence of at least three consecutive menstrual cycles)
Types of Anorexia Nervosa

Restricting type of anorexia nervosa: simply refusing to eat as a way of preventing weight gain. Some might go for days without eating.

Binge/Purge type of anorexia nervosa: binging or purging behaviors (e.g., self-induced vomiting or the misuse of laxatives or diuretics). Yet it is different from bulimia nervosa in two main ways:
1. People with the binge/purge type of anorexia nervosa will continue to be at least 15% below a healthy body weight.
2. Women with this type of anorexia may also develop amenorrhea, whereas women with bulimia nervosa do not.

Common Medical Complications

- Cardiovascular complications
- Metabolic complications
- Fluid and electrolyte complications
- Hematological complications
- Dental problems
- Endocrine complications
- Gastrointestinal complications

Anorexia Nervosa

DSM-IV-TR Criteria for Bulimia Nervosa

- Recurrent episodes of binge eating characterized by
  1) eating in a discrete period of time an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
  2) a sense of lack of control over eating during the episode
- Recurrent inappropriate behaviors to prevent weight gain such as self-induced vomiting or misuse of laxatives.
- The binge eating and inappropriate purging behaviors both occur, on average, at least twice a week for 3 months.
- Self-evaluation is unduly influenced by body shape and weight.

Types of Bulimia Nervosa

- Non-purging type of bulimia nervosa: people who use excessive exercise or fasting to control their weight but do not engage in purging are said to have a non-purging type of bulimia nervosa.
- Purging type of bulimia nervosa: people who use self-induced vomiting or purging medications.
Common Medical Complications of Bulimia Nervosa

- Renal complications
- Gastrointestinal complications
- Electrolyte complications
- Dental problems
- Laxative abuse complications
- Other abnormalities and complications

Bulimia Nervosa

Binge-Eating Disorder

Another eating disorder that resembles bulimia nervosa in many ways, except that the person with binge-eating disorder does not regularly engage in purging, fasting, or excessive exercise to compensate for his or her binges.

Contributors to the Eating Disorders

Biological Factors
- Genetic predisposition to eating disorders
- Predisposition to depression
- Dysregulation of hypothalamus
- Serotonin imbalances

Sociocultural and Psychological Factors
- Pressures to be thin
- Cultural norms of attractiveness
- Use of food as a way of coping
- Overconcern with others’ opinions
- Rigid, dichotomous thinking style, perfectionism
- Poor family dynamics
- History of sexual abuse

Rates of Eating Disorders in Elite Women Athletes
Treatments for Anorexia Nervosa

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<td>• Hospitalization and refeeding</td>
<td>• Hospitalize the patient and force him or her to ingest food to prevent death from starvation.</td>
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<td>• Behavior therapy</td>
<td>• Make rewards contingent upon eating. Teach relaxation techniques.</td>
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| • Techniques to help the patient accept and value his or her emotions. | • Use cognitive or supportive-expressive techniques to help the patient explore the emotions and issues underlying behavior.  
  • Raise the family’s concern about anorexia behavior. Confront the family’s tendency to be overcontrolling and to have excessive expectations. |

Treatments for Bulimia Nervosa

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<td>• Cognitive-behavioral therapy</td>
<td>• Teach the client to recognize the cognitions around eating and to confront the maladaptive cognitions. Introduce “forbidden foods” and regular diet and help the client confront irrational cognitions about these.</td>
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<td>• Interpersonal therapy</td>
<td>• Help the client identify interpersonal problems associated with bulimic behaviors, such as problems in a marriage, and deal with these problems more effectively.</td>
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<td>• Supportive-expressive therapy</td>
<td>• Provide support and encouragement for the client’s expression of feelings about problems associated with bulimia in a nondirective manner.</td>
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<td>• Tricyclic antidepressant and selective serotonin reuptake inhibitors</td>
<td>• Help to reduce impulsive eating and negative emotions that drive bulimic behaviors.</td>
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