



Eating Disorders

This factsheet summarises the characteristics of anorexia nervosa, the characteristics of bulimia nervosa and explanations of eating disorders.

What are eating disorders?

An eating disorder is where a person has a severe problem in eating or appetite. For example, pica is an eating disorder in which the person repeatedly eats non-food substances, such as hair.



In this Factsheet, we will focus on the disorders of anorexia nervosa and bulimia nervosa.

Anorexia and bulimia were first included in **DSM-III** (see Glossary p3) in 1980. Bulimia and anorexia share some of the same characteristics but there are also some differences. For example, bulimics are more likely to recognise that they are behaving in an unusual way than anorexics.

Characteristics

Exam Hint: You should be able to describe three or four characteristics of anorexia and/or bulimia. To gain good marks, do not just name them but also explain what they are.

Exam Hint: Be aware that 'characteristics' are not the same as causes/explanations of eating disorders.

Anorexia nervosa

- 90% of sufferers are female.
- It begins during adolescence.
- It occurs more in Western cultures and more in middle class people than working class people.
- Eating patterns – compulsive starvation and a preoccupation with thinness, dieting and exercise.

Psychologists base a diagnosis of anorexia on four criteria included in DSM-IV. These are;

- Weight – less than 85% of body weight expected for age and size. Refuse to maintain body weight above minimal weight for age and size.
- Anxiety – intense fear of becoming fat despite being very underweight.
- Body-image distortion – person has distorted idea of own body weight. They put too much importance on body weight or they minimise the dangers of being underweight. The person feels 'fat' even when extremely thin and overestimates their body size.
- Amenorrhoea – this means that menstruation stops (with three or four consecutive periods missed).

Anorexics also show dysfunctional attitudes and illogical thinking. For example, they believe that they must be perfect in every way. Anorexics have other medical problems, such as low body temperature.

Bulimia nervosa

- It affects mostly women (fewer than 5% of cases are in men).
- It tends to begin during the 20s instead of adolescence.
- It occurs more in Western cultures and more in middle class than working class people.
- Bulimia is more common than anorexia in Western societies.
- Eating patterns – preoccupation with weight, repeated binge/purge cycles.

Psychologists base a diagnosis of bulimia on five criteria included in DSM-IV. These are;

- Binge – the person has many episodes of binge eating which is a lack of control over eating in short period of time. The bulimic eats much more food than normal in a short space of time.
- Purge – is inappropriate behaviour to prevent weight gain, such as vomiting, excessive exercise or misuse of laxatives.
- Body-image – the person's view of themselves is based excessively on their shape/weight.
- It is a separate condition from anorexia – binge and purge cycles do not occur only during anorexia nervosa.
- Frequency – the binge/purge cycle occurs at a rate of two times a week or more over a three-month period.

Bulimics also have medical problems, such as losing tooth enamel due to stomach acid washing over the teeth when vomiting.

Explanations of eating disorders

There are several explanations of the causes of eating disorders. These explanations include:

- **biological causes (also known as physiological causes or the ‘medical model’);**
- **psychological causes.**

Biological explanations



1. Genetic causes

- Eating disorders run in families. Relatives of people with eating disorders are four or five times more likely to also suffer (Strober and Humphrey, 1987).
- Holland, Sicotte and Treasure (1988) studied anorexia in identical (monozygotic) and fraternal (dizygotic) twins. Identical twins share exactly the same genes whereas fraternal twins do not. Holland et al. (1988) looked at how much anorexia occurs in both kinds of twins (the concordance rate). They found a 56% concordance rate that both identical twins suffered, but only a 5% concordance rate in fraternal twins. They concluded that identical twins are more likely to suffer as they share the same genes. So, genetic factors must be important.

- A study by Kendler and colleagues (1991) also supports genetic causes. They looked at bulimia in female twins. They found that the concordance rate was 23% in identical twins, but only 9% in fraternal twins.

Strengths and weaknesses of genetic causes

- Not all identical twins have the eating disorder, so some other factor must also be involved.
- Genetic changes occur slowly over time, so it is difficult to explain the recent increase in the rate of anorexia just by genetics.
- Twins not only share the same genes but also grow up in the same family, so it is hard to separate genetic factors and environmental factors.
- Anorexia and bulimia are most common in Western societies. It is hard to tell how much is due to genetic factors and how much is to social/cultural factors.

2. Brain structure

- It may be that one part of the brain, the **hypothalamus**, does not work properly in anorexics. The hypothalamus is part of the brain that keeps bodily functions in balance, such as thirst and appetite. Two parts of the hypothalamus control eating.

These are:

- the lateral hypothalamus (LH) and
- the ventromedial hypothalamus (VMH). The LH controls hunger and the VMH controls stopping eating.

- Garner, Garfinkel, Schwartz and Thompson (1985) proposed that the LH and VMH work together to control weight. When weight is low, the LH produces hunger and when weight is high, the VMH suppresses hunger. This keeps weight at a ‘set point’. They suggest that this does not work properly in anorexics.

Strengths and weaknesses of brain structure explanations

- Post-mortems of anorexics do not show any abnormalities in the hypothalamus.
- Any abnormal functioning in the hypothalamus may be a result of eating disorders rather than the cause.

3. Brain chemistry

- Eating disorders are associated with imbalances in chemicals in the brain. For example, severely ill anorexics and bulimics can have low levels of **serotonin**.
- People with anorexia and depression have high levels of a hormone called **cortisol** (released in response to stress). Bulimics have low levels of a hormone called CCK (cholecystokinin). The gut releases CCK and causes people to feel full and to stop eating.

Strengths and weaknesses of brain chemistry explanations

- It is not clear whether the chemical imbalances are causes or effects of the eating disorders.
- Antidepressants that contain high levels of serotonin are successful for bulimics. This may indicate that serotonin is involved in bulimia.

Exam Hint: If an exam questions asks for a psychological explanation then do not use a biological explanation and vice versa. Do not muddle ‘psychological’ with ‘physiological’.

Explanations of eating disorders

Psychological explanations

1. Family systems theory

- Family systems theory is part of the **psychodynamic approach**. It views each family as a system of interacting parts. When one member of the family has an eating disorder, it shows that there is a problem with the family as a whole.
- This theory suggests that the family plays an important role in the development of eating disorders. For example, Irving (1990) said that families of people with eating disorders have a history of emphasizing thinness, dieting and physical appearance.
- **Minuchin, Rosenman and Baker (1978)** suggest that one type of family, the 'enmeshed' family, causes eating disorders. 'Enmeshed' means that the family members are over-involved in each other's lives. These families are loyal and affectionate. However, they are also clingy and stop the child becoming independent during adolescence. The child rebels against this by refusing to eat. Enmeshed families also find it hard to resolve conflicts.

Strengths and weaknesses of family systems theory

- Some research supports this theory as it shows that enmeshed families have a higher than average level of stress and conflict (**Levine, 1987**).
- A weakness of this theory is that conflict between the child and parents may be the result of having a child with anorexia, not the cause.
- Such 'enmeshed' families have always been around so this cannot account for the recent increase in the rate of eating disorders.

2. Cognitive approach

- This approach looks at such factors as distortion of body-image. People with eating disorders have a distorted view of their own body shape and weight, called a 'cognitive bias'.
- **Garfinkel and Garner (1982)** found that anorexic patients overestimate their body size more than non-anorexics.
- **Cooper and Taylor (1988)** found that bulimics overestimate their own body size and desire a body size smaller than most.

Strengths and weaknesses of cognitive approach

It is possible that these 'cognitive biases' exist before the eating disorder begins and actually play a role in its development. Alternatively, the biases may only develop as a result of the eating disorder and so are not causes at all.

3. Learning theory

- Learning theory (also known as the behavioural approach) proposes that anorexics learn to associate eating with anxiety. They become anxious because they think that being overweight is unattractive. Anorexics therefore want to lose weight to reduce their anxiety. Their weight loss then becomes associated with relief from an unpleasant feeling. This is an example of **classical conditioning**.
- People with eating disorders may also associate food avoidance with the reward of the attention it gains. This is an example of **operant conditioning**.
- In bulimics, bingeing causes anxiety and the purging is reinforced because it reduces the anxiety.

Strengths and weaknesses of learning theory

- Learning theory provides some reasons for why anorexics/bulimics maintain their disorder.
- Some behavioural therapies are successful in treating bulimia as they reward the person when they reach a target weight.
- This theory does not account for why some people are more likely to develop an eating disorder than others.

These are just some of the explanations. Other factors, such as media influence, may also play a role in causing eating disorders.

Exam Hint: When discussing the explanations, say that there are a large number of possible explanations and we need a balanced approach to explain eating disorders.

Example exam question

- Describe three characteristics of an eating disorder.
- Evaluate how successful biological explanations have been in explaining anorexia or bulimia.

Answers

- Requires a description of any of the characteristics mentioned in this factsheet. Describe each in a few sentences.
- Needs you to discuss the strengths and weaknesses of biological explanations. You should briefly describe what they are (e.g., learning theory proposes that a person associates eating with anxiety or gains a reward from not eating). Then discuss the strengths and weaknesses of each explanation. In this question, discussing psychological explanations will not gain any marks unless it highlights a strength/weakness of a biological explanation.

Glossary

Classical/operant conditioning:

See Curriculum Press Factsheet 'Operant conditioning'.

DSM:

DSM stands for the Diagnostic and Statistical Manual of Mental Disorders. The number after DSM refers to the edition (e.g., DSM-III refers to the third edition). Clinical psychologists use this manual as a reference.

Serotonin:

Serotonin is a chemical messenger (neurotransmitter) involved in such functions as the sleep/wake cycle and aggression.

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Worksheet: Eating Disorders

Name _____

1. Describe three characteristics of bulimia.

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2. Describe three characteristics of anorexia.

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3. In which ways are anorexia and bulimia similar and how do they differ?

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4. Describe and evaluate one psychological explanation of an eating disorder.

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5. Describe and evaluate one biological explanation of an eating disorder.

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6. Complete the table below.

Term	Description
Amenorrhoea	
Binge	
Purge	
Cognitive bias	
Enmeshed family	