

## EATING DISORDERS IN ADOLESCENCE: SOCIAL CAUSES AND CONSEQUENCES

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**Abstract:** The understanding of eating disorders (EDs) as purely female diagnosis is crumbling, disease affects individuals with different educational, cultural and family background of all ages, but it mostly affects adolescents, in which the paper is focusing on. The number of people suffering from eating disorders is increasing, the disease penetrates into developing countries or even third world countries. These changes and the increasing prevalence of eating disorders cause efforts to identify risk factors and causal mechanisms of these disorders. Since social factors are not fully recognized in the etiology of eating disorders, paper analyses the risk factors together with the social consequences of eating disorders, emphasizing the multifactorial nature of EDs.

**Keywords:** Adolescence, Eating Disorders, Risk Behaviour, Social Context.

### 1 Risk behaviour of adolescents

People go through several ontogenetic phases during their life, each of which brings the specifics that characterize a group of peers of a particular age. These common features are subject to developmental patterns, which help to create theories of periodization of human development, focusing on different psychological, physiological and social aspects (Langmeier, Krejčířová, 2006).

In a biological sense, the period of adolescence is defined as a life stage that is associated with growing up, reproductive ability and the end of growth. However, biological maturation take place simultaneously with psychological changes and social inclusion of an individual occurs too. We are talking about the period between childhood and adulthood (Nielsen Sobotková et al., 2014). However, demographic pathways to adulthood have changed significantly over the past 50 years (Studer, Liefbroer, Mooyaart, 2018). The transition to adulthood is moving to a higher age, it is now being localized not in the second, but rather in the third decade of human life and it is individualized. Over time, the traditional sequence of events is disappearing too: the completion of school – employment – own housing – marriage – family (Shanahan, 2000). Key indicators such as leaving a parent's home, marriage or parenting are delayed. Other events, such as entry into free cohabitation, an extramarital child, have also gained popularity in the US and Europe (Thornton, Axinn, Xie, 2007; Billari, Liefbroer, 2010; Cherlin, 2010). There is an increasing number of so-called "backward" events, such as returning to parents after a period of independent living, break up of partner relationship or re-studying after several years of employment. This means a transition from a linear course of life to a cyclical one (Filadelfiová, 2007), which is now becoming a civilization model (Džambazovič, 2012).

In adolescence, mental abilities develop and this period often brings hard emotional expressions and swings. One of the general opinions is, that adolescence is a troubled period in a life of a human, it can be called as a period of "storms and crises" (Atkinson, 2003). The desire for emancipation from the family environment and the need to identify with another, in most cases peer group, arrives (Williams, 2007). It is therefore a period of life when it is important for an individual to fit into the peer group. To become a member of such a group, an individual often has to perform certain tasks. It may be a certain feature that is characteristic for the given group, such as listening to the same music, wearing extravagant clothes or having the same view of the world. However, some of these groups may require risk behaviours, such as smoking, drug use, drinking alcoholic beverages, or a general lifestyle change for the worse. Although an individual may not have had such tendencies yet, due to the desire to fit into the group, he/she can take over this nature of

behaviour (Novotná, 2010). Globally, we can talk about socio-pathological phenomena or risk behaviours, while Lichner and Šlosár (2017) consider adolescents to be the most important risk group in terms of an emergence and development of risk behaviour.

One of the forms of risk behaviour among adolescents are eating disorders, as shown by the results of many studies (e.g. Garfinkel et al., 1995; Woodside et al., 2001; Striegel-Moore et al., 2005). During the period of adolescence, there are changes in body appearance (Atkinson, 2003), individuals are extremely focused on their appearance, which for them is some tool that could help them to achieve their desired position in the society or group, it acts as a tool of self-realization or as a mean of solving problems (Kopčanová, Kopányiová, Smiková, 2016). Adolescent pays more attention to his/her appearance, he/she has to accept changes in appearance caused by reaching sexual maturity and developing secondary sex characteristics. He/she compares himself/herself with peers, tries to approach the current standard of attractiveness, or on the contrary, resigns and rejects it (Thorová, 2015). He/she is worried about how the peers will accept him/her, if he/she will be different (Šiňanská, 2013). Appearance is used as a strategy to gain attention (Thorová, 2015). Changes that take place on the body and the body itself, are the basis of identity in adolescence and identity development processes are associated with body image (Voelker, Reel, Greenleaf, 2015; Vašková, Lovašová, 2019). Higher interest in self-care and appearance has its own benefits, as well as negatives that can be reflected in unhealthy eating habits that can develop into eating disorders.

### 2 Eating disorders

Eating is one of the necessities in the life of every person, as it is a basic biological need. However, the perception of eating is different for people. By eating habits, people can express their opinions and attitudes. The hunger strikes or fasts that have roots in religion mean voluntary renunciation of food - whether in part or in full, for the purpose of internal purification, preparation, or expectation. For some, eating may be a ritual, with certain principles and rules. For another, it is just a way of "relieving hunger". Some people enjoy their food, it is a pleasure for them. They like to try new foods and discover unknown flavours. The ways how people eat are different. If they lead to the preservation of human existence and do not create wrong habits in any way, it is only a natural difference between people. If so, we can talk about eating disorders (Obuch, 2007).

Eating disorders are complex diseases that affect mostly adolescents and are considered to be the third most common chronic disease in adolescent women (Golden et al., 2003). Currently, they are classified as socio-pathological phenomena, listed as forms of risk behaviour with a distinct aspect of addiction to eating and food. It is a conscious (but not always realized) form of self-harm, respectively self-destruction of an individual (Hupková, 2009).

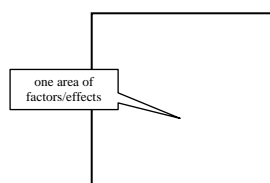
The increasing prevalence of eating disorders raises efforts to identify risk factors and causal mechanisms of these disorders, while their identification is important for identifying risk groups and targeted prevention and intervention.

At the present, eating disorders are perceived as multifactorial disorders with a pattern of symptoms that represent a common path, rather than of single-factor causal theories (Garner, 1993). Interest focused in various ways on the benefits of environmental and social factors, psychological predisposition and biological vulnerability, while recent studies on family aggregation have renewed interest in the benefits of genetic predisposition (Rome et al., 2008).

According to the author, in this context, eating disorders can be seen as a cube, each side of which is another separate area of risk factor involved in increasing the risk of eating disorders, as well

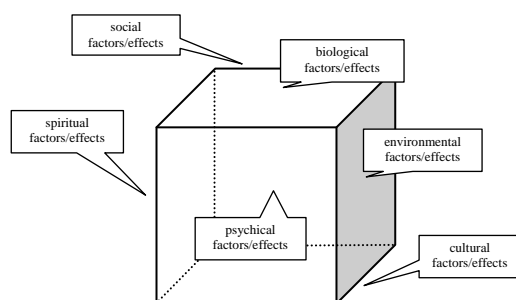
as the effects of eating disorders. However, for the correct perception of EDs, these areas of factors and effects need to be perceived holistically. If we look at the cube from one side only, it will be possible to perceive only one range of factors or effects, while others escape. But looking at the cube as a complex, thus perceiving eating disorders as a complex, it is possible to observe all spheres of factors and effects (Fig. 1 and Fig. 2), as the interplay of a wide variety of factors contributes to the disease and the wide range of effects is caused by disease. The complex etiology of eating disorders and knowledge of its consequences require a multifactorial character that takes into account multiple domains.

Fig. 1 Visibility of one domain of risk factors/ consequences of EDs



Source: author

Fig. 2 Multifactorial character of EDs



Source: author

The aim of the paper is to identify and review the evidence of risk factors and effects of eating disorders that could serve as focal points for integrated preventive interventions. As social factors are not fully recognized in the etiology of eating disorders, the author seeks to emphasize them, together with the social effects of EDs, but not in terms of isolating them from other variables.

## 2.1 Social risk factors of eating disorders

Although social factors are less frequently identified as causal factors of eating disorders, several factors have received support. Carson et al. (1996, in: Heretik, sr., 2007) report low socio-economic status, social role disorders, prejudice and discrimination, economic and employment problems, social change and uncertainty as pathogenic social impacts on mental and somatic disorders. Krch (2010) distinguishes several types of social factors affecting the emergence of EDs:

- media pressure (via the internet and television) on ideas and life models,
- underweight woman is considered the ideal of beauty,
- superficial linking slowness with health,
- specific food requirements,
- obesity not tolerated by society,
- excessive focus on physical appearance,
- competition among peers,
- obesity and subsequent diets caused by incorrect eating habits.

Likewise, according to Buchanec et al. (2001), social expectations and influences that exert pressure on modern women play a significant role in the development of these disorders. They are more often children and adolescents whose parents are perfectionists with an increased tendency to protect their offspring, or on the other hand, those who neglect care. In causal relationship with the disease, mother is more often reported.

The area of social risk factors is therefore closely connected to family relationships. It has been proven that parents directly contribute to their children's eating problems by commenting on their appearance or weight, and trying to influence them in this direction. It has also been shown that functional family relations, regular family meals and positive atmosphere at the table, have a significant positive impact on children's mental health and the sense of subjective well-being, while also negatively correlate with symptoms of child depression and unhealthy weight control. Family weight comments (e.g., mockery or encouragement of parents to make their child to hold a diet) have been associated with many symptoms of impaired mental conditions (Rašticová, 2009). Polivy, Herman (2002) and Kluck (2008), recognize the family as an important factor associated with the development of eating disorders. In particular, they talk about parents who are involved in a high level of parental control, express critical comments, emotional needs of their children.

Family problems have been identified as risk factors (Haworth-Hoepfner, 2000; Holiday et al., 2005), Campbell and Rohrbach (2016) state that disruption of families because of divorce, separation or alienation, abuse, excessively strict nurture, but also a lack of social support, educational problems, unemployment, difficult working conditions, inappropriate housing, poverty, cultural and spiritual identity belongs to the risk factors.

Eating is a basic biological need. However, people may compensate for failures by food (Prigl, 2008). EDs seemingly "solve or help to forget" the stress and suffering that a person can experience in his/her life. They create a kind of illusion that starvation suppresses emotional stress, but it is primarily an expression of dissatisfaction, unhappiness and stress (Papežová, Hanusová, 2012). Psychosocial burden or lack of interest and love from the family or the neighbourhood is being solved by food (Prigl, 2008).

An important role is played by peers, especially among adolescents (Vincent, McCabe, 2000; van den Berg et al., 2002; Ata, Ludden, Lally, 2007; Lampard et al., 2014). During this period, peers influence the development of individual personality, physical characteristics and behavioural trends. An adolescent tends to resemble his/her friends in appearance and social attributes, but also in interests, attitudes and behaviours (Schutz, Paxton, 2007; Markey, 2010). Healthy and good friendship, trust in friend, acceptance of peers makes it possible to accept the image of an adolescent's body, reducing the likelihood of developing eating disorders (Schutz, Paxton, 2007; Thompson et al., 2007). Romantic partners have an impact through negative commentary on appearance too (Weller, Dziegielewska, 2004; Sheets, Ajmere, 2005).

In addition to the influence of the family, peer groups, the pressure from friends, social isolation and loneliness were most often identified (Lee, 1997). According to Scheel (2012), the latest research shows that up to two-thirds of people that suffer from EDs experience social anxiety. It turns out, however, that these people often suffer from the social anxiety even before the EDs occur, which implies that there is a correlation between EDs and social anxiety, and that one influences, respectively determines other. The people with EDs report the fear of criticism and public humiliation as a main source of anxiety. Most often it is the fear from the judgement of others, particularly in relation to body proportions and the choice of food, or the way in which food is consumed (e.g. slicing food into small pieces, deliberately leaving out certain ingredients, etc.). Many people suffering from EDs claim that the feelings of

others are more important to them than their own. These feelings and unsatisfactory social relationships are reduced or even displaced into a safe world and food.

Attention is drawn to the concept of social support that is related to the feelings of individual love, care, appreciation. It is considered an important factor of protection against eating disorders (Bodell et al., 2011). The element of social support is the development of a strong network of mutually supportive relationships and the ability to seek help if necessary (Jašková, Sabolová Fabianová, 2018). Although the real amount of support for people with eating disorders may be similar to that of healthy individuals, those who are suffering from these disorders are very dissatisfied with their support networks, perceiving them as insufficient (Fitzsimmons, Bardone-Cone, 2011). Other studies (Gonzales, Kohn, Clarke, 2007) also highlight an important role of social support, as well as the role of social functioning and social inclusion (Meyer, Gast, 2008). A strong relationship between the social interaction problems and EDs has been registered (Alves et al., 2008).

## 2.2 Social consequences of eating disorders

The social impacts of eating disorders are characterized by the fact that friendly and social relationships are disrupted. A person suffering from the disorder does not trust people around him, because he/she feels strong that he/she can handle the situation alone. However, these behavioural deviations may also cause social isolation over time (Papežová (ed.), 2010). Social isolation can arise from uncertainty of personal relationships that is not unique (Černá, 2008). Excessive attention to dieting, restricting or controlling weight, leads to a vicious circle. Conflicts with family or friends multiply too. Physical contact with other people is slowly disappearing. Subsequently, disgust to one's own body arises, causing the occurrence of depressive conditions (Papežová (ed.), 2010). Frequent fluctuations in weight lead to mood swings, and to depressive disorders (Černá, 2008). Anorexic patients suffer from alternate depressive and euphoric feelings resulting from biochemical changes, irritability, experience instability, panic, paranoia, anxiety, remorse, anguish, guilt, inferiority, disgust, shame, they resort to self-harm, and have suicidal (Leibold, 1995). High social anxiety occurs (increased susceptibility to social feedback) (Striegel-Moore, Bulik, 2007).

Easy to observe are communication problems, such as loss of humor, too much food bias, an individual avoids social contact and social events associated with food, other issues include social isolation and socio-phobia, loss of acquaintances and friends, problems in partner and love life occur (Krch et al., 1999; Papežová, 2000).

People suffering from EDs have no difficulty in abandoning their previous activities and friends, losing interest in work or study, they are unable to concentrate. Through their hostile and aggressive behavior, they try to drive away all people who try to explain to them that their behaviour is not normal, or that they are seriously ill (Leibold, 1995).

## 3 Conclusion

At the present, great attention is paid to the problem of eating disorders, as these disorders are becoming more common. The issue of EDs also begins to be perceived as a social problem in our conditions, and social work should also be a part of its solution.

Eating disorders are most common in adolescence, which is a challenging period in terms of the number of changes that occur during it. There is a differentiation of the status of parents in the life of the adolescent, while the role of peer groups increases, their position strengthens and influence grows.

The author's effort was to analyze the social risk factors and the impacts of eating disorders in the relevant width, while in order to identify them, the paper reflects the adolescence, the changes that occur during this period, the role of the family and peers.

Although it focuses on the social area of these factors and impacts, it emphasizes the multifactorial approach in the context of eating disorders.

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#### Primary Paper Section: A

#### Secondary Paper Section: AN