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Incidence of eating disorders in family environment in high school adolescents

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Abstract

The impact of risk factors occurring in families on the adolescents' attitude towards food, using the EAT-26 questionnaire and the Short (s)-EMBU was examined. Respondents were 464 high school students. Results show that in nearly 79% respondents there is at least one risk factor present in the family. Connection between a disturbed attitude to food and being on a family diet and failure to solve problems and absence of communication in families and the occurrence of psychic diseases in families was confirmed. The attachment was more disturbed on the father's side than on the mother's.

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Keywords: Eating disorders; Family; Risk factors; High school students; Short EMBU; EAT-26

1. Introduction

In 1987, eating disorders were declared by the World Health Organization as one of priority issues of the world's population. It is estimated, that around eight millions of people worldwide suffer from certain form of eating disorder (anorexia nervosa, bulimia nervosa, binge eating). A number of various hypotheses have been presented with regard to the possible etiology of eating disorders. However, each one of them, or the etiological and interpretation models have their restrictions and cannot explain all variants of the disorder. Controlled studies involving wider samples of patients have not yet confirmed a general validity of any of these models (Krch et al., 2005). Nowadays, majority of authors stress the coexistence of various factors and say that eating disorders are preconditioned biologically, psychologically and socially. In recent years, this multi-factorial conception is

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becoming a generally accepted standard of the description, interpretation and therapy of eating disorders (Garner et al., 1982; Vandereycken, 1996; Krch et al., 1999). Therefore, it can be said that eating disorders are a complex issue and have various causes (Lovell, 2002). Development of the disease depends on several matters and their mutual combination. Professional literature mentions the following risk factors in particular: socio-cultural factors, biological factors, life events, emotional factors, human personality and impact of the family.

1.1.1 Risk factors for eating disorders

One of the most important biological factor is gender. Girls and women are much more likely than boys and men to have eating disorders. Other important factor seems to be age, as most of the eating disorders are common during the teens and early 20s. Certain role also plays genetic, some genes may increase the possibility of development an eating disorder. Chemicals controlling appetite, hunger, mood, reward – pleasure response are still being examined.

Life events are often considered to trigger eating disorders. It may be a traumatic event, such as sexual abuse, relationship issues, loss, moving or critical comment about the body, etc. According to NICE (2004) 70% of eating disorders are trigerred by life event or issue. In this case, lack of support after stressful event is seen as most problematic and therefore triggering eating disorders (Pike et al., 2006)

It is mainly the low self-esteem that contributes to the development of eating disorders. But there is number of other psychological factors or personality traits that may be present in eating disorders, e.g. perfectionism, obsessive-compulsiveness, neuroticism, low self-control,

or some emotional disorders (Krch, 2005).

Socio-cultural factors can also contribute to eating disorders. It is especially the beauty ideal of modern society – thin and petite females and lean, muscular and strong males which affects dissatisfaction with body-image. People who internalise this 'thin ideal' have a greater risk of developing body dissatisfaction which can lead to eating disorder behaviours. Important role in the life od adolescents at present play media and especially social networks. Through them the beauty ideal not only is distributed and „supported", but young people can often find here also many recommendations on how to gain such an ideal body. With changes in communication also the forms of „support" are changing. Pro-anorexic or pro-bulimic websites providing tips, advice and an online community for unhealthy weight management are becoming the subject of research (e.g. Tong et al., 2013; Crowe, Watts, 2013). The society pressure is increasing and skinny body is seen as desirable and welcome. Physical appearance becomes important part of human or personal worth. Dunker and Phillippi (2003) connected the increase in the prevalence of anorexia nervosa with the greater emphasis on female thinness, which is seen as sexually attractive. From this point of view obesity has become a highly-stigmatized and rejected condition.

1.1.2 Eating disorders and family environment

In a family with a eating disorder, the communication among individual family members and the way of solving problems and conflicts is often a problem (Crooková, 1995). Families with anorexic children were described in detail by Minuchin, Rosman, Barker (1978) who described them as rigid, hyper-protective, having difficulties expressing their emotions and avoiding conflicts and conflict decisions. Štichová (2002) found the following common features of families with patients suffering from eating disorders: members of these families are overprotective and caring too much for one another, failing to respect personal boundaries; these families are isolated, separated, having a sense of being threatened; they are closed as if some danger was coming from outside and also rigid and not adopting to changes within the family (maintaining adults in the roles of children). These families do not express emotions, in particular negative ones and therefore are not able to solve conflicts. The families of eating disorders patients are often less cohesive and encouraging of personal growth (Latzer et al, 2002). Parental relationships are not very significant in terms of partnership which means that the husband and wife mostly take the positions of parents with mothers being usually dominant, but with too little empathy to real needs of their children. Mothers themselves often suffer from eating disorders. Fathers are not important, distant, either due to work overload and non-presence or inability to establish a strong relationship with the child.