

Anorexia Nervosa: To Bite the Hand That Starves You  
Causes, Symptoms, Treatments, and Social Implications

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**Defining Anorexia Nervosa**

Anorexia Nervosa is a mental disorder which falls under the broader category of eating disorders. Anorexia, which was named in the 19<sup>th</sup> century meaning “loss of appetite” (Williams, 1993) is characterized by a severe weight loss and extreme thinness. Under the criteria for diagnosis of anorexia nervosa according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the tool for diagnosis of mental disorders by mental health professionals, the individual shows the following symptoms: restriction of calorie intake, excessive fear of gaining weight or becoming fat even after weight loss, and a disturbance of body image or body concept due to weight-focused self judgement. (Sue et al, 2017). Anorexia nervosa can be further divided under the umbrella of eating disorders into two subtypes categorized by the dietary habits that are seen in the individual. The restricting subtype of anorexia is characterized by experience of weight loss due to extreme dieting and/or intensive exercise. The binge-eating/purging subtype of anorexia is characterized by use of laxatives, diuretics, or self-induced vomiting to promote weight loss.

An aspect of eating disorders that is not seen within many other categories of mental disorders is that of potential physical complications. Due to the abuse of one’s body under the pretense of disorder-caused body image distortion there are physical problems which can be created. Some of the more major complications that come up from anorexia connected purging, vomiting, and other obsessive-compulsive eating behavior includes kidney disease, low blood pressure, and heart damage, all of which can ultimately result in death. Anorexia nervosa specifically of the category eating disorders has a high mortality rate due to potential physical

complications. (Sue et al, 2017). It has also been linked in comorbidity with depression and anxiety.

Anorexia nervosa is seen primarily in women and has typical onset years in post-puberty or in early adulthood, with the largest number of diagnoses falling in the mid to late teenage years. (Burch, 1973). The course of eating disorders is highly variable, meaning that it depends largely on the specific case. In some cases, recovery is seen after just one episode, while others may vary between healthily gaining weight and relapsing, and further others may continually deteriorate. (Sue et al, 2017). Due to the onset of anorexia nervosa at such a critical developmental period for females there is believed to be strong connection to sociocultural driven causes and potential risk factors. (Barbarich-Marsteller, 2012).

### **Etiology**

The multipath model can be used to attempt to better explain the causes of Anorexia. This multipath model of etiology highlights the interaction and contribution of different aspects of human life. The four dimensions of the multipath model are biological, psychological, social, and sociocultural. Each of the dimensions contribute to the overall source of development of anorexia nervosa. Psychological causes for eating disorders play an important role in the perpetuation of the illnesses. It is the negative mental beliefs about themselves that people have which lead them to partake in the aspects of anorexia. Psychological risk factors that can be seen in those more likely to become anorexic. These risk factors include depression, perfectionism, body dissatisfaction and control over eating to manage stress. (Sue et al, 2017). The biological dimension of etiology involves imbalances in brain chemistry to do with the neurotransmitters dopamine and serotonin. (Barbarich-Marsteller). Dopamine is a key component because of its connection with appetite and reward control.

A strong focus on the social and sociocultural dimensions of causation has existed in the discussion about anorexia since “as early as the late 1970s, Bruch (1978) described anorexia as an epidemic illness who’s ‘spread must be attributed to psycho-sociological factors...’” (Williams, page 5). This sociocultural dimension is seen to be the greatest contributing factor to onset of anorexia. A big risk factor associated with anorexia relates to the exposure to unrealistic beauty standards that mass media sets for adolescence. Specifically, the social implications of women needing to be acutely aware of their body shape and weight. (Sue et al, 2017). The objectification of women lends a great deal to this factor. In some cases, there is a negative reinforcement of this overvaluing of attractiveness by association with peers who value physical appearance above other values. The social and internal psychological factors that contribute to anorexia are a key focus when it comes to developing treatment plans.

### **Treatment of Anorexia Nervosa**

Since it’s defining in the 19<sup>th</sup> century anorexia nervosa has had many studies done on its possible causes and treatment modalities. (Barbarich-Marsteller, 2012). Though there has been progress made in new approaches and directions of ideas there has not been any pinpointed any one surefire treatment approach that works across the board. Rather than focusing too broadly on the aspects of the disorder physicians and mental health providers are intent to tackle each potential cause, as well as physical complications that may arise. The initial goal of treatment for anorexia is to induce healthy weight gain and to address any physical complications. (Sue et al, 2017). The other focus of treatment for anorexia nervosa is psychological interventions. One-on-one therapy works to help the patient understand why their behavior and thoughts are detrimental

to themselves. It also promotes self-acceptance and gives tools for patients to cope with interpersonal and social relationships that may cause them distress.

Research has been done primarily to compare the different types of therapy that can be done in hopes of treating the negative self-perceptions that are equated with eating disorders. Group therapy has been seen to be effective, because of providing a “unique opportunity for participants to assess themselves, validate their experiences and perceptions, attempt personal, behavioral, and attitudinal changes, express feelings, and receive feedback.” (Williams, page 17). Ultimately this variety of therapy was seen to be just as successful as one-on-one outpatient therapy. An interesting take on group therapy that has been shown to have a positive effect for female patients is that of “feminist-oriented groups” (Williams, 1993). These groups oriented towards women were created because of the gendered discussion surrounding anorexia. They promote the expression of body-image problems in terms of stereotypes surrounding the female experience.

Other techniques that have been researched as having positive treatment impact on anorexia are relaxation, nonverbal therapeutic techniques, guided imagery, which is like hypnosis, movement therapy, and video feedback. Nonverbal therapeutic techniques help give patients a way to express the thoughts and feelings with negative body image that is hard for them to express. Video feedback is a different type treatment option that works to expose the patient to the reality of their physical appearance, and separate them from the dysmorphic imagined appearance. (Williams, 1993).

In recent years there has been more of a push for pharmacology across the board, which has had an impact on the way that anorexia nervosa is being treated. Antidepressants, typical/atypical antipsychotics, and SSRIs have all been attributed with having positive effects

on patients with anorexia. (Barbarich-Marsteller, 2012). There is now the ability to combine these medications and therapy efforts in the treatment of anorexia nervosa. A push in the media for mental health awareness has also taken force in recent years. This wave of support and discussion includes more celebrities coming out about their own personal stories of dealing with mental disorders, and many of these celebrities have been affected by eating disorders.

### **Anorexia Nervosa in the Media**

Eating disorders are something that have been given media exposure due to its close connection with outward perception of attractiveness. Many female, and a few male, celebrities have come out to discuss their experiences with eating disorders. The pressure to look “perfect” weighs heavily on those who are meant to have a social standing as a role model and can contribute to the social risk factors associated with developing anorexia. It seems to be especially experienced within celebrities who grew up in the industry, either those who were child stars or who came to popularity around their younger teen years. The more the exposure to the world of Hollywood it seems the higher the chances of developing an eating disorder. Hillary Duff, Mary Kate Olson, Demi Lovato, Candace Cameron Bure, and Zoe Kravitz have all experienced an eating disorder. (Pearl, 2017). Troian Bellisario, best known for her role as Spencer in *Pretty Little Liars*, has been very vocal about her experience with anorexia. The way she speaks about it is very important for the rhetoric that has been expressed where anorexia is not commonly thought of as a “mental disorder,” but rather because of the category of “eating disorders” something entirely its own, separated from the psyche. Troian discusses the trouble that she had during the peak of her illness with her mind constantly pushing her farther than even she knew was logical. She wrote in a Lenny Letter, “There is a part of my brain that defies logic. Once, it completely convinced me I should live off 300 calories a day, and at some point, it told me even

that was too much.” (Mazziotta, 2017). This focus on the affects that her mind had in driving her to restrict her eating habits exemplifies the psychological aspect of the anorexia subtype of restricting. Her experience with anorexia is what lead for her to take on the project of writing and producing the movie *Feed*, about a teen who “loses control” and is impelled to develop an eating disorder when her twin brother dies. (Mazziotta, 2017). Troian attributes her personal need for control as the vision for the movie, her etiology shows a previously discussed physiological risk factor: use of control over eating to cope with stress. Her writing was motivated by her desire to express what that “voice of her disease” is saying by capturing a character who is also struggling to find a way to *be enough*. (Mazziotta, 2017). She is sure to express that this feeling of need for self-restriction is something that she still has to this day, acknowledging that the process of recovery is long and tough and still ongoing. She thanks those around her for her success in recovery so far, attributing it to “hard introspection, intense medical and mental care, a supportive family, friends and a patient and loving partner.” (Mazziotta, 2017). This is key in highlighting the importance of social connection and self-acceptance in the road to recovery from anorexia nervosa. As far as sharing her story and ultimately creating this movie about it the hope is that it can reach out to those who may be going through something similar and assure them they are not alone. Due to the enormous negative psychological factor associated with anorexia it is important to try to have others experience that courage of “if she can do it so can I” and “I can be enough too” (Mazziotta, 2017).

## **Conclusion**

The discussion about eating disorders is an important one to have. Anorexia nervosa can be deadly if it goes untreated and in most cases social support and being able to shut down those

dysmorphic thoughts goes a long way. Though the possibility of relapse is often high, the chances of recovery are just as high in other cases. The topic of eating disorders is very centered around females, and though they are the majority who are affected by these disorders I feel that it's important to acknowledge the impact that anorexia, etc. has on males as well. Men are also negatively impacted by the media and unrealistic expectations of hypermasculinity that are set out for them. The step that could be taken to decrease the amount of development of anorexia would just be to take that social and media influenced pressure off looking any one way. Sadly, at this day in age that is far from happening so instead perpetuating the acceptance of oneself as they are is the next best step.

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