

Anorexia and Eating Disorder

Anorexia is an eating disorder, which can be described as 'self-starvation'. The person with anorexia has appetite and food tastes good for him/her, but the food is seen as 'the enemy'. Failure of gaining weight and disturbance in self-perception of the body size and shape is characteristic. It has been estimated 0.5-1% of the population has anorexia. 90% of them are young women. It causes medical problems (loss of weight, dehydration, periods stop, liver problem, osteoporosis, skin loses elasticity, dizziness, loss of brain tissue) even death. Recovery is difficult, it requires developing healthier relationship to food and to own body. 50% of relapse rates are estimated for anorexia.

Behavioural explanation of anorexia is that maladaptive eating patterns are learned through processes of classical and operant conditioning and modelling.

An association between thinness and admiration or success/popularity is learned. Later this admiration from the family/friends can become a concern, but this attention is also rewarding. Cross cultural studies support the idea that eating disorders are more common in industrialised countries where food is plentiful and the ideal shape is slim. Nasser (1986) compared Egyptian girls studying either in London or in Cairo. 12% developed eating disorder in London, but none in Cairo.

Some profession place emphasis on slimness – Garner (1987) – 25% of female ballet students (age 11-14) developed anorexia in 2 years follow up period.

Social learning develops imitating models (TV, magazines).

Some behavioural therapies are successful in treating eating disorders. *Not address the depression that often accompanies eating disorder.*

Only few studies have been done in non-industrial societies, so it is difficult to find comparison.

Explain gender differences. *Does not explain individual differences, we are all exposed to thin models, but we do not all develop eating disorders.*

Some psychological explanations focus on family relationship. Strong control over child restrict to achieve own identity. Middle-class children often have pressure to succeed and family conflicts also can develop psychological problems, including anorexia.

Biological explanation

Genetic causes

Relatives of people with eating disorders have 4-5 time more likely to also suffer (Strober and Humphey, 1987). Holland et al. (1988) found 56% concordance rate in identical twins, but only 5% concordance rate in fraternal twins. *But he had small sample size it is not representative. Also they have same environmental and social/cultural factors are hard to separate from genetic factors.*

Brain structure

2 parts of hypothalamus control eating, balance thirst and appetite. Abnormal functioning of hypothalamus may be result of the eating disorder rather the cause. *Autopsies of anorexics do not show abnormalities in the hypothalamus.*

Brain chemistry

Eating disorders are associated with imbalances of chemicals. Anorexics have low level of serotonin and high level of cortisol. Evidences support biological explanation and there are successful drug therapies –

antidepressants to reduce serotonin. *Not clear whether the chemical imbalances are causes or effects of the eating disorders. Biological explanation cannot give reason for the recent increase of anorexia.*