

Eating disorders as a social problem



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Numerous facts prove the assumption that eating disorders are no longer the problem of an individual, but rather the problem of whole society. There are two main types of eating disorders – anorexia and bulimia. The majority of diseases are similar to anorexia or bulimia but have slightly different characteristics. Recently, overeating has also attracted the attention of researchers and the media; it is a type of eating disorder as well. Although eating disorders are primarily observed in women and girls, men and boys are also subject to the risk. People with eating disorders can also suffer from numerous physiological complications such as heart diseases or kidney failure, which can lead to death.

Social importance of the problem of eating disorders is defined by the threat of disability of younger patients and decreased overall survival due to frequent development of severe comorbidities. These include: diabetes mellitus type 2, hypertension, dyslipidemia, atherosclerosis and related disorders, sleep apnea syndrome, hyperuricemia, gout, reproductive dysfunction, gallstones, osteoarthritis, some cancers (in women – endometrial cancer, cervical, ovarian, breast; in men – prostate cancer; colon cancer in both sexes), varicose veins of the lower limbs, and hemorrhoids. Eating disorders reduce resistance to colds and infectious diseases, and in addition greatly increase the risk of complications after surgery and traumas. Therefore, the problem of eating disorders is becoming increasingly important and emerges as a threat to the social life of people. This problem occurs regardless of the social and professional status, area of residence, age, and gender. . In general, the prevalence of these diseases in developed

countries is so high that it has become a major social problem, not less important than, for example, HIV or AIDS.

Eating Disorders as a Social Problem

Introduction

Eating disorders in connection with the pathology of internal organs or mental disorders have long been known to physicians of different specialties and were described in detail in the relevant literature. However, in the late 20th century doctors in developed countries faced numerous cases of eating disorders in girls and young women, whose condition was generally healthy. This form of disease was called “ anorexia nervosa”, i. e. lack of appetite emerging due to the nervous condition. Today the complex of eating disorders includes several different disorders and is one of the most widespread health problems. According to Gordon (2001), “ the rise of eating disorders in the United States and Western Europe... is a modern epidemic and has coincided with a number of sweeping changes in Western societies in the second half of the 20th century” (p. 2). Numerous facts prove the assumption that eating disorders are no longer the problem of individual, but rather the problem of the whole society.

The Facts about Eating Disorders

Until the mid-20th century, cases of anorexia and bulimia were extremely rare. For example, only 4 patients were hospitalized in New York since 1916 to 1925. Only in the sixties an explosion in the anorectic population occurred. In the U. S. today more than 5 million people suffer from eating

disorders: about 5% of women and 1% of men (Ray, 2004, p. 98). More than 90% of these disorders begin in adolescence.

As to obesity, in the records of the period of ancient Egyptian, Greek, Roman and Indian cultures it was already considered a vice. Literary sources contain aversion to obesity and the tendency towards control. It was noted by Hippocrates that life of overly obese people is short, and that obese women are infertile. For the treatment of obesity he recommended to limit the amount of food eaten and pay more attention to physical activity. Fat, being the brilliant invention of nature with a protective function in the past, is now affecting millions of people. In general, the problem is a global issue affecting all countries. According to WHO, there are more than 1.7 billion people who are overweight or obese. In most developed countries, 15 to 25% of the adult population suffers from obesity.

Recently, an increased incidence of obesity in children and adolescents has been observed all over the world: in developed countries 25% of adolescents are overweight and 15% obese. Excess weight in childhood is a significant predictor of obesity in adulthood: 50% of children who had excessive weight in the age of 6 become obese as adults, and in teenagers this probability increases to 80%.

Anorexia nervosa occurs in 0.5–1% and bulimia nervosa in 0.9–4.1% of the female adolescent and young adult population, while additional 5–13% suffer from partial syndrome eating disorders (WHO, 2005). As to the mortality rates, “ crude mortality rates are 4.0% for anorexia nervosa, 3.9% for

bulimia nervosa, and 5. 2% for eating disorder not otherwise specified” (Kaye, 2011).

Eating disorders are characterized by extremes. These occur when an individual suffers from severe eating disorders, such as excessive decrease of food intake or severe overeating, the sense of extreme displeasure or anxiety about one’s weight or body. An individual with this problem can start to eat only a little more or less than usual, but soon the desire to eat is out of control. Eating disorders is a very serious issue, and despite considerable scientific efforts, the biological, developmental and social aspects remain hard to understand.

There are two most widespread types of eating disorders – anorexia and bulimia. The majority of diseases are similar to anorexia or bulimia but have somewhat diverse features. Recently, overeating has attracted the attention of researchers and the media; it is a type of eating disorder as well.

Eating disorders repeatedly occur during puberty or early adulthood, but some studies show that they can occur in childhood or, on the contrary, in the adult age. The probability of an eating disorder in women and girls is higher than in men. Among the total number of patients with anorexia or bulimia, men and boys by various estimates constitute from 5 to 15 percent. This percentage is higher among patients suffering from overeating, making 35 percent (WHO, 2005). However, according to Shannon Ray, “ specific prevalence rates among males are difficult to determine and may be higher than reported due to the hidden nature of eating disorders and the perception that eating disorders are found solely in females” (Ray, 2004, p. 98). Eating

disorders are serious but curable diseases with complex psychological and biological roots. They are often accompanied by other dangerous psychiatric conditions. Patients with eating disorders can also suffer from various physiological complications such as heart diseases threatening the life of a patient.

The symptoms of anorexia nervosa include skinniness, persistent pursuit of a thin figure, and reluctance to maintain a normal body mass, a misrepresentation of body image and a strong fear of being fat, abnormality of menstruation cycle in girls and women, and extremely troubling eating habits. Most patients with anorexia try to lose weight by means of an overly strict diet; the others lose some weight by artificially induced vomiting or by abusing laxatives/ purgatives.

Individuals suffering from anorexia believe that they are overweight even when they are dying of hunger or obviously undernourished. An individual becomes obsessed with nutrition and weight control. Patients with anorexia typically weigh all products, count calories, and eat only in very small amounts and only certain products. Some people with anorexia recover normal diet after a single course of treatment, others suffer from relapses. People with chronic anorexia suffer more. In the course of many years, while they fight with the disease, the state of their physical health deteriorates.

According to some studies, people with anorexia are 10 times more likely to die as a result of an ordinary disease as compared to people without disorders. The most common reasons that lead to death include cardiac arrest and imbalance of electrolytes and fluids in the body. There is also a

serious risk of suicide. In a fairly large number of people with anorexia there are also mental and psychological diseases such as depression, nervousness, obsessive conduct, substance abuse, circulatory and neurological disorders, as well as problems of physical development.

Bulimia is connected with repeated episodes of consumption of unusually large quantities of food, and the sense of uncontrollable desire to eat. The instances of overeating are followed by another type of actions that compensate for overeating, for example, purging (when a person artificially induces vomiting and frequently uses purgatives or diuretics), a strict diet, and/or inadequate physical activity.

Unlike the cases of anorexia, the weight of people with bulimia is usually within the norm for their age and height. Similar to patients suffering from anorexia, they are afraid of becoming fat, want anxiously to lose weight, and are dissatisfied with the size and shape of their bodies. Typically, episodes of bulimia (binge food absorption) occur in secret, as they often go together with the feeling of revulsion and shame. Cycles of binge eating and cleaning regularly repeat several times a week. Those who suffer from bulimia also suffer from mental health problems such as despair, nervousness, and/or substance abuse. There are also physiological disorders caused by episodes of purging, such as electrolyte imbalance, problems of gastro-intestinal tract, as well as dental diseases.

Binge eating or compulsive overeating is also an eating disorder associated with repeated episodes of binge eating, during which an individual experiences lack of control over the process of eating. Binge eating is not

supplemented by purging, exercise or diet. Due to this fact people suffering from compulsive overeating are often overweight or fat. This disorder is connected with the sense of guilt and shame, which can lead to more bouts of overeating. Obese people suffering from binge eating often have comorbid psychiatric disorders such as nervousness, despair, and personality disorders. Furthermore, there is a direct link between obesity, circulatory disease, and hypertension.

While eating disorders are mainly observed in women and girls, men and boys are also subject to risk. Every fourth teenager with anorexia is male. Eating disorders affect men and women equally. As well as women suffering from eating disorders, men have a distorted attitude towards their bodies and often suffer from body dysmorphic disorder.

The same type of disorder which is associated by a greater concern for the body often leads to excessive muscle building. While some individuals with eating disorder want to lose weight, other patients want to gain it. Those who think that they are too thin are at a higher risk of using steroids or other hazardous drugs to grow the muscle mass. Men with eating disorders have the same set of emotional, somatic, and behavioral problems and symptoms as women, but for different reasons it is more difficult to diagnose their condition correctly, because eating disorders are stereotypically believed to be a purely female problem.

Social Aspects

Social importance of the problem of eating disorders is defined by the threat of disability of younger patients and decreased overall survival due to

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frequent development of severe comorbidities. These include: diabetes mellitus type 2, hypertension, dyslipidemia, atherosclerosis and related disorders, sleep apnea syndrome, hyperuricemia, gout, reproductive dysfunction, gallstones, osteoarthritis, some cancers (in women – endometrial cancer, cervical, ovarian, breast; in men – prostate cancer; colon cancer in both sexes), varicose veins of the lower limbs, and hemorrhoids. Eating disorders reduce resistance to colds and infectious diseases, and in addition greatly increase the risk of complications after surgery and traumas. Therefore, the problem of eating disorders is becoming increasingly important and emerges as a threat to the social life of people. This problem occurs regardless of the social and professional status, area of residence, age, and gender.

The problem of well-being of people suffering from eating disorders in today's society is quite urgent, massive, and socially significant. Modern society provokes unintentional obesity in its citizens promoting the consumption of high-calorie foods that contain a large share of fat, and at the same time, due to technological progress, it promotes a sedentary lifestyle. In the same way modern representations of beauty and life success stimulate anorexia.

A lot of social and technological factors have contributed to the rising prevalence of obesity in recent decades. The World Health Organization (WHO) has concluded that the main cause of obesity epidemic in the world is the lack of labor and spontaneous physical activity, combined with the excessive consumption of fatty, high-calorie foods. Obesity considerably reduces life expectancy by an average of 3-5 years with a little overweight, <https://assignbuster.com/eating-disorders-as-a-social-problem/>

and by 15 years in patients with severe obesity. Nearly two out of three human deaths occur from diseases associated with disorders of metabolism (WHO, 2005).

Eating disorders represent a “ disease of epidemic proportions and a social problem” (Gard & Wright, 2005, p. 182). Most people suffer not only from the diseases connected with eating disorders and mobility limitation, but they also have low self-esteem, depression, emotional distress, and other psychological problems caused by prejudice, discrimination, and bias that are demonstrated towards them in the community. In the society, the attitude to patients with weight problems is often inadequate.

At the household level it is often considered that obesity is the punishment for gluttony and laziness, therefore the treatment of obesity is a private matter. Indeed, public opinion is far from the idea that extremely fat or thin people are sick and that the cause of their disease is more often than not in the unrestrained passion for food, but in complex metabolic disorders, leading to excessive accumulation of body fat.

The social significance of this problem is that the person suffering from an eating disorder can hardly get a job. The research carried out by Puhl and Brownell (2005) has proved that “ there is a clear and consistent pattern of discrimination against obese persons in major life areas of employment, medical care, and education” (p. 111). For example, obese people suffer from discriminatory restrictions in promotions, everyday inconveniences, restrictions of movement, choice of clothing, and inconveniences in carrying out adequate hygienic measures. Often they suffer from sexual problems. In

children, “ problem-eating behaviors can go hand in hand with increasing social isolation and withdrawal, and a reluctance to engage in peer activities” (Nicholls & Bryant-Waugh, 2003, p. 417). Therefore, the society has not yet finally recognized the need to create and implement the programs to prevent eating disorders.

There is an assumption that if humanity manages to solve the problem of eating disorders, especially obesity, life expectancy will increase by 4 years. To compare, if the problem of cancer is solved, life expectancy will increase by only 1 year. The urgency of the problem of eating disorders lies in the fact that the number of overweight people is progressively increasing. This increase constitutes 10% from the same number for every 10 years. It is estimated that if this trend continues, by the middle of this century almost entire population of the developed countries will suffer from eating disorders.

Economists have calculated that the person who invents an effective means of weight loss will become a billionaire in less than a minute (Oliver, 2006, p. 52). This reflects, on the one hand, the ineffectiveness of most diets and drugs for weight control; on the other hand, it demonstrates the importance of the issue. The above mentioned facts indicate that eating disorders are a burning problem, despite the fact that almost every month a new tool or method that promises a guaranteed weight control appears. Meanwhile the industry of production of various tablets, slimming belts, and other miraculous ways to lose or gain weight is thriving, the body weight of an average individual is increasing year by year.

Anorexia, as well as obesity, can be called the disease of the modern epoch. This is related to the requirements that are put forward regarding the physical condition of modern people, which is reflected in their psyche. The ongoing dialogue about the ugliness of obesity, critical looks, and teasing injure a sensitive personality and become the basis for formation of overvalued ideas to achieve a standard appearance.

Anorectic explosion among population is directly or indirectly associated with the emancipation of women, including them into productive activities and a broad scope of communication. A modern woman does not have the right to enjoy the natural beauty of her own body. If that happens, it will soon collapse entire corporations – drug companies, fashion houses, plastic surgery clinics, etc., built in the last decades. The media often lobby the interests of pharmaceutical companies and invent new ways of implementation of commodity fetishism regarding cosmetics and clothing.

In order to achieve an unhindered development, the beauty industry was forced to form a coalition which includes fashion houses, fashion designers, fashion magazines, cosmetic and pharmaceutical companies. “Extra” weight of the female body is outlawed. Painful thinness was declared an ideal of beauty. Since then, the new ideal of beauty and attractiveness has become an obsession for most women. A sick system has created a new symptom. Such actions encourage girls to give up their own image and personality and feel the sense of inferiority and frustration in order to move towards the so-called “perfection”, torturing themselves with diets, controlling food intake, and experiencing loss of health.

Conclusion

Deterioration of the social environment and dramatically increased number of harmful psychological effects led to increased prevalence of psychiatric and medical eating disorders, whose mechanism is powered by emotional factors. The scope of these diseases includes a variety of abnormalities in the organs and systems due to the influence of certain stressful factors. Such eating disorders as anorexia nervosa, bulimia nervosa, psychogenic obesity have become a major social problem in the countries with a high level of economic development. Eating disorders are connected with a manifold increase in the incidence of hypertension, non-insulin dependent diabetes mellitus (NIDDM), atherosclerosis and coronary heart disease, degenerative disc disease and spinal arthritis, chronic cholecystitis and cholelithiasis, various tumors, and other health problems. Among the existing eating disorders, obesity is the most dangerous, since it reduces life expectancy by an average of 3-5 years with moderate overweight and by 15 years in patients with severe obesity. In general, the prevalence of these diseases in developed countries is so high, that it has become a major social problem, no less important than HIV or AIDS.