

Compare and
contrast the problems
society encounters
with eating disorders
such a...

[Health & Medicine](#), [Obesity](#)



Food is a necessary part of all our lives. Many people experiment with food by becoming a vegan or trying out the latest dieting trend, and this within reason is generally accepted as being normal. However, eating patterns can become damaging and food can be abused. If an eating pattern begins to get erratic; perhaps eating too much or not at all, then the individual may be in danger of developing an eating disorder. The problems society encounters from these disorders will be investigated, taking into consideration, the causes, different types of disorders, economic damage, health problems and treatments. To fully understand the problems within society, the meaning of eating disorders must clearly be explained. Contrary to what is often society's perception, eating disorders are not primarily about food. They are symptoms of underlying emotional and psychological disorders and as such, have a huge impact on the lives of sufferers and their carers (Orbach, 1998). Anorexia Nervosa is often thought to be the most serious of these disorders, with sufferers practicing self-starvation (Orbach, 1998). Whilst they will not have lost their appetite, they lose the ability to allow themselves to satisfy it. Eating disorders are often described as an outward expression of internal emotional pain and confusion (Gross, 2005). Obsessive thoughts about, and the behaviour associated with food are maladaptive means of dealing with emotional distress is often to do with a negative perception of self, a feeling of being able to change bad things about oneself (Gross, 2005). Food is used as an inappropriate way of taking control. An eating disorder involves a distorted pattern of thinking about food and size/weight. There is preoccupation and obsession with food, as well as an issue of control, or the lack of control around food and its consumption. There are several

recognised eating disorders which can be described as follows (Gross, 2005).

Anorexia is characterised by a significant weight loss due to excessive dieting, most women and an increasing number of men, are motivated by the strong desire to be thin and a fear of becoming obese (NHS direct).

Anorexics consider themselves as thin no matter what their size or weight, they do not recognise their weight and will see themselves as fat no matter what others tell them. Even if they are close to death, they can still pinpoint bits of their body that they feel are fat, they feel, powerful and in control when they can make themselves lose weight (NHS direct). Focusing on calories and weight loss is their way of blocking out other feelings and emotions. Anorexia sufferers will do vast amounts of exercising whilst starving themselves in an added attempt as losing weight (NHS direct).

Bulimia, is a psychological eating disorder that is characterized by episodes of binge-eating followed by inappropriate methods of weight control (Jane Ogden, 2003). Inappropriate methods of weight control include vomiting, fasting, enemas, excessive use of laxatives and diuretics, or compulsive exercising. Excessive shape and weight concerns are also characteristics of bulimia. A binge is an episode where an individual eats a much larger amount of food than most people would in a similar situation. Binge eating is not a response to intense hunger. It is usually a response to depression, stress, or self esteem issues. During the binge episode, the individual experiences a loss of control (Jane Ogden, 2003). However, the sense of a loss of control is also followed by a short-lived calmness. The calmness is often followed by self-loathing. The cycle of overeating and vomiting usually becomes an obsession and is repeated often. Bulimia was only diagnosed as

its own eating disorder in the 1980s (Jane Ogden, 2003). In an attempt to understand eating disorders, scientists have studied the biochemical in the neuroendocrine system a combination of the central nervous and hormonal systems. Through carefully balanced feedback mechanisms, the neuroendocrine system regulates sexual function, physical growth and development, appetite and digestion, sleep, heart and kidney function, emotions, thinking, and memory in other words, multiple functions of the mind and body. Many of these regulatory mechanisms are seriously disturbed in people with eating disorders (Gross, 2005). In the central nervous system, particularly the brain key chemical messengers known as neurotransmitters control hormone production. Scientists have found that the neurotransmitters serotonin and norepinephrine function abnormally in people affected by depression. Recently, researchers funded by NIMH have learned that these neurotransmitters are also decreased in acutely ill anorexia and bulimia patients and long-term recovered anorexia patients. Because many people with eating disorders also appear to suffer from depression, some scientists believe that there may be a link between these two disorders. In fact, new research has suggested that some patients with anorexia may respond well to the antidepressant medication fluoxetine which affects serotonin function in the body (Gross, 2005). If families play a role in the onset of eating disorders is still open for debate. Some people with eating disorders say they feel smothered in overprotective families (Jane Ogden, 2003) . Others feel abandoned, misunderstood, and alone. Parents who overvalue physical appearance can unwittingly contribute to an eating disorder. So can those who make critical comments, even in jest,

about their children's bodies (Jane Ogden, 2003). There is biological evidence to suggest that those with a mum or sister who have had the disorder are much more likely to get it themselves, but many believe that other social and cultural factors play a larger role (Bruch, 1973). Sometimes friends or partners can create pressure that encourages eating disorders, and parents who over value physical appearances can sometimes unconsciously contribute to anorexia (Bruch, 1973). People vulnerable to eating disorders, in most cases, are experiencing relationship problems and loneliness in particular. Some may be withdrawn with only superficial or conflicted connections to other people. Others may seem to be living exciting lives filled with friends and social activities, but later they will confess that they did not feel they really fit in, that no one seemed to really understand them, and that they had no true friends or confidants with whom they could share thoughts, feelings, doubts, insecurities, fears, hopes, ambitions, and so forth the basis of true intimacy (Bruch, 1973). Often they desperately want healthy connections to others but fear criticism and rejection if their perceived flaws and shortcomings become known (Jane Ogden, 2003). On the other hand some would argue that the Media and advertising companies who are constantly informing their readers of the latest diets, pictures of skinny celebrities that are now size 0 play a role in dieting disorders. The media mock any celebrity that is unfortunate enough to be pictured with an inch of fat on show, thus adding to the pressure that skinny is appealing. Super models in all the popular magazines have continued to get thinner and thinner. Modelling agencies have been reported to actively pursue Anorexic models (internet source). The average woman model weighs up to 25% less

than the typical woman and maintains a weight at about 15 to 20 percent below what is considered healthy for her age and height. Some models go through plastic surgery, some are "taped-up" to mould their bodies into more photogenic representations of themselves, and photos are airbrushed before going to print (internet source). By far, these body types and images are not the norm and unobtainable to the average individual. Shops not only advertise their garments with super skinny models, but most of the cloths on sale are designed for slim girls in turn making bigger girls unable to buy them. From early-on children are taught by society that their looks matter, telling 3 year olds how cute they are, the dolls that children play with are super model shaped eg, Barbie, Cindy, teaching children from a young age how they should look (internet source). The media's obsession with painfully thin fashion models has contributed to the growth in eating disorders among young girls, according to the British Medical Association (BMA). A report by the association published identifies a link between the images of "abnormally thin" models, which dominate TV and magazines, and the rise in conditions such as anorexia nervosa and bulimia (British associated medical report). It is the first time that the BMA has acknowledged such a link. There are an estimated 60, 000 people in Britain with eating disorders. Nine out of ten are female (British associated medical report). The report calls for urgent action to reduce the pressure on young women to be thin, asking publishers in particular to be more responsible. The association asks for "more realistic body shapes" to be featured in a bid to cut the number of women dying from the so-called "slimming" diseases. Schools are also encouraged to stamp out teasing of overweight pupils, and to encourage them to take part in sport. Dr

Vivienne Nathanson, BMA head of science, said: " The image of slim models in the media are a marked contrast to the body size and shape of most children and young women, who are becoming increasingly heavier." (British associated medical report). There is numerous health implications through having anorexia or bulimia, sufferers may develop malnutrition caused by under eating or overeating. The word malnutrition indicates deficiency for energy, protein and micronutrients (e. g. vitamin A, iodine and iron) either singularly or in combination (Bruch, 1973). It can cause severe health risks including (but not limited to) respiratory infections, kidney failure, blindness, heart attack and death. Dehydration will be caused by the depletion or lack of intake of fluids in the body, or by restriction of carbohydrates and fat. Restriction/Starvation, vomiting and laxative abuse are the primary causes in sufferers of Eating Disorders (Gross, 2005). Symptoms include dizziness, weakness, or darkening of urine. It can lead to kidney failure, heart failure, seizures, brain damage and death. Lanugo (soft downy hair on face, back and arms) this is caused due to a protective mechanism built-in to the body to help keep a person warm during periods of starvation and malnutrition, and the hormonal imbalances that result from the disorder. The Eating Disorder Association estimate that it costs the NHS £12, 000 for a 12 week in house programme (Jane Ogden, 2003). On the other hand obesity in the UK is on the rise a quarter of men and a fifth of women are obese. A Further 41% of men and 33% of women are overweight (NHS direct). Obese levels are also on the rise with children too. Insurance companies have known for nearly a century that very heavy people or very light people are likely to die young and are therefore unprofitable to insure (NHS direct). Being

overweight also cost the UK large amounts of money, it is reported that the cost to the NHS is approximately £485 million a year and that obesity related disorders result in 18 million sick days a year (NHS direct). Increasing rates of obesity appear to be common to the process of industrialisation and have been linked with many factors, including a more sedentary lifestyle and diets high in fat and sugars and an abundance of food. (Gordon, Richard, 2000)

The number of children suffering from obesity has increased dramatically since the mid 1980's in the UK. However this is not just a UK problem but also a global issue. Results in America have shown that the numbers with obesity have doubled since 1980. (Brown, 2001). Obesity is defined as " An abnormal accumulation of body fat usually 20% or more over an individual's ideal body weight. Obesity is associated with the increased risk of illness, disability, and death. "(cited in; Gale, 2000) " The role of obesity in the aetiology of diseases such as hypertension, diabetes, and coronary artery disease is well established. Obesity is also recognized as a major risk factor in the development of many other diseases, such as gastro esophageal reflux, arthritis of weight-bearing joints, sleep apnea, and certain types of cancer" (cited in; Bond, Evans, DeMaria, Meador, Warren, Shannon, & Shannon, 2004, p. 849). Media is not only thought to play a role in anorexia and bulimia it is also thought to play a role in the outset of obesity.

Advertising plays a role in expanding children's waistlines in three primary ways: 1) the types of products targeted at kids; 2) the influence of ads on children's food preferences; and 3) the extent to which these preferences actually impact children's food consumption. Studies have found that the vast majority of television ads targeted at children are for food products and

services (cited in: Barcus, 1975). Of those ads, most are for sweets, sweetened cereals and fast-food restaurants. But does exposure to such ads translate into requests for those foods? The research indicates that it does. Ads for junk food and sweets have been found to influence children's short and long-term food preferences (Atkin and Gibson, 1978; Goldberg et al, 1978). The hypothalamus is a part of the brain that controls our controlled weight loss and weight management, our motivation to eat and how the eating experience it experienced, if food is satisfying or not. If the hypothalamus is not working correctly food becomes increasingly more and more important, but yet increasingly more and more unfulfilling. It is this knowledge that has proved a link between the function of the hypothalamus and obesity (Gross, 2005). After diagnosis of an eating disorder has been made the next step is to treat it, treatment is available in different ways. A doctor of health physician can help treat the damage caused by the disorder; they can also recommend and refer the patient to a specialist eating disorder specialist (Jane Ogden, 2003). The specialist can then treat the disorder this can be done by counselling by which the patient can openly talk about their eating habits and begin to recognise their problem and begin to take control over their eating pattern (Jane Ogden, 2003). Cognitive behavioural therapy is another option, the patient would be taught new ways of thinking about their eating, and deal with deeper emotional problems that may have caused the disorder. In extreme cases hospitalisation would be an option, so the patients eating and calorie intake can be professionally monitored (Jane Ogden, 2003). Similar treatment is available for treating obesity, combining diet and exercise and behaviour therapy is a good place to start. Stomach

stapling is another option for extreme cases, it reduces the size of the stomach thus making you eat less (Jane Ogden, 2003). There are drugs available from a health physician the most popular of these being, Orlistat that works by reducing the amount of fat absorbed from food. Sibutramine works by depressing the appetite, and finally Rimonabant that is the first ever drug to be prescribed for obesity. This works by reducing appetite and is thought to be used combined with exercise and diet (BBC). This essay has discovered that Eating disorders are extremely dangerous in many ways and if left untreated can be fatal. It has been disclosed in this essay that chemical imbalances, social and media, family, possibly depression are all major contributors to the outset of any eating disorder. Their symptoms are different but the starting point for these disorders appears to be similar. With professional help they are thankfully if caught in time able to be overcome.

References Atkin, C., & Heald, G. (1977). The content of children's toy and food commercials. *Journal of Communication*, 27, 107-114 BBC, internet page: [http://www. bbc. co. uk/health/healthy_living/your_weight/medical_ed.shtml](http://www.bbc.co.uk/health/healthy_living/your_weight/medical_ed.shtml) Accessed on 8th May 2007. [http://www. bbc. co. uk/dna/h2g2/A13785014](http://www.bbc.co.uk/dna/h2g2/A13785014) Accessed on 8th May, 2007. Bond, D. S., Evans, R. K., DeMaria, E. J., Meador, J. G., Warren, B. J., Shannon, K. A., Shannon, R. M. (2004). A conceptual application of health behavior theory in the Design and implementation of a successful surgical weight loss program. *Obesity Surgery*, 14 849-856. Accessed June 30, 2007 from EBSCOhost database. Brown, Liz, 2001, Go outside and play (obese children), *Better Nutrition* (online), Sept. 2001, Available at [http://www. findarticles. com/cf_0/m0FKA/9_63/78477096/html](http://www.findarticles.com/cf_0/m0FKA/9_63/78477096/html) (accessed 1st June 2007) Bruch H

<https://assignbuster.com/compare-and-contrast-the-problems-society-encounters-with-eating-disorders-such-as-anorexia-and-obesity/>

(1973) Eating Disorders — Obesity, Anorexia Nervosa, and the person within, Basic Books, http://www.chuckiii.com/Reports/Health_&_Beauty/Anorexia_Nervosa_and_the_media.shtml. The

Gale Encyclopaedia of Alternative Medicine, 2000, Gordon, Richard, 2nd

edition, 2000, Eating Disorders: Anatomy of a Social Epidemic, Blackwell,

Oxford Gross, Richard Gross, 2005. The science of mind and behaviour,

Hodder & Arnold, Kent. Hwang, Mi Young. " Are you obese? " The Journal of

the American Medical Association October 27, 1999 . NHS, internet page:

<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=27>. Accessed

on 10th May, 2007. Orbach S (1998), Fat is a Feminist Issue, Arrow Books,

[http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=27&ionId=](http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=27&ionId=31884)

31884 The psychology of eating: Jane Ogden, 2003 Blackwell publishing,

Oxford.