

The role of family in eating disorders

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Abstract

This essay aims to assess the role that family members play in the development, maintenance and treatment of an adolescent with an eating disorder. It looks at the effects of family contribution on the behaviour of the adolescent and methods that could be used to improve his/her ailment. Studies indicate that family play a very important role in influencing the eating behaviours of most adolescents.

Introduction

Eating disorders are one of the most common disorders affecting 1 in 4 teenage girls worldwide (Maine, 2001). They are generally characterised by disturbances in eating behaviour. This implies eating too much, not eating enough, or eating in an extremely unhealthy manner (such as bingeing or stuffing oneself repeatedly). The two most common eating disorders include, Anorexia Nervosa (AN) and Bulimia Nervosa. According to the DSM-IV, Anorexia Nervosa can be described as “ A refusal to maintain body weight at or above a minimally normal weight or becoming fat even though underweight” (American Psychiatric Association, 1994). Some signs and

symptoms include repeatedly avoiding food, reduction in amount and types of food eaten, feeling extremely restless and guilty after having a meal.

In contrast to Anorexia, Bulimia is characterised as “ Eating in a discrete period of time (e. g. within any 2 hour period) and amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances” (American Psychiatric Association, 1994). The general symptoms include dramatic fluctuation in weight, low self-esteem, feeling extremely anxious after completing a meal and feeling the need to vomit (French, 1987).

There is no single cause for eating disorders; however concerns about weight and body shape play a role in all eating disorders, the actual cause of these disorders appear to result from many factors, including cultural and family pressures, emotional and personality disorders. Genetic and biologic factors also contribute towards the development of eating disorders. Eating disorders are more prevalent during adolescence. The effects range from growth retardation, lack of bone mass development during adolescence.

The relationships an adolescent has with family and peers have been shown to predict strongly adjustment in later life (Vernberg, 1990). In relation to these findings, researchers have sought to investigate whether family and peers also contribute to either clinical eating disorders or less severe forms of eating problems (Oliver and Thelen, 1996). Much research has been completed on this disorder and results indicate a strong familial involvement. Many individuals with Anorexia come from over controlling families where nurturance is lacking family history of alcoholism, eating disorders or

preoccupation with food and appearance (Bulik, 1994). Some studies indicate that fathers played a salient role in the expression of more severe forms of eating products (Vincent, 2000).

In a early study carried out by Johnson & Flach (1983) bulimics perceived their families as low in cohesiveness and high in conflict, yet also very low in independence and highly achievement-oriented (Johnson & Flach, 1983). Mukai (1996) also found that almost 50% of adolescent girls reported being encouraged to lose weight by their mothers. In addition, teasing and criticism about body weight or shape by family members has been found to predict ideal body internalisation, body dissatisfaction and eating problems among girls (Levine, Smolak and Hayden, 1994).

The main treatment for eating disorders include restoring normal weight for Anorexia, reduce and hopefully stop binge eating and purging for Bulimia. The encouragement of proper nutritional habits and how to develop healthy eating patterns and meal plans have been proven to be effective (American Psychiatric Association, 2006). Family-based treatments such as the Maudsley Approach, assist parents in their efforts to help their adolescent in his/her recovery of AN and to return their to their normal eating habits (Eisler et al., 2000). More interventions like this should be encouraged to help adolescents overcome eating disorders.

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