

Good research paper about anorexia in young women and the influence of parental r...

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Introduction

Anorexia nervosa is an increasingly serious eating disorder characterized by a patient's preoccupation with weight loss, which motivates them to engage in such actions as skipping meals, engaging in extreme physical activity to lose weight and using diet pills among others. It is a psychiatric disease which is increasingly common, partly due to the way the current society glamorizes thinness, leading many young women to get anxious at the thought of gaining weight. The health condition affects virtually people of all demographic segments, but young women are arguably the main culprits as research has shown (Ruth et al. 2003, p. 1326), primarily because being slim and lean is considered beautiful and fashionable for the women. As it is, the said clinically complex health condition is a cause of morbidity and mortality, underscoring the need for preventive and curative interventions. From osteoporosis, muscle loss and weakness, fatigue and fainting, to severe dehydration and low blood pressure which increases the risk of heart disease, anorexia has far reaching consequences. Multiple research findings have also established the influences of parents on anorexia in young women, indicating that unhealthy daughter-parent relationships and extreme control may increase the risk of the condition. This essay summarizes research findings on anorexia in young women and the influence of parental relationships.

Anorexia in Young Women: Causes

According to Ruth et. al (2003), more women than men suffer from anorexia on average. There are various causes of anorexia in young women, all of

which appear to emanate from the desire to achieve the ideal body image (Martin 2010, p. 99). The modern society depicts the ideal woman as slim, creating a perception that being fat is 'not cool'. Obsessed with the pursuit of the ideal body which the society praises, young girls want to fit in the 'ideal body image' (Martin 2010, pp. 98-102). As the young women embark on a self-starvation cycle with a view to achieving the 'ideal body', the body is deprived of essential requirements which can only be obtained from a balanced diet. These include water and other nutrients without which the normal body physiology is impaired, leading to an array of health complications and pathology (Paulson-Karlsson and Nevonen 2012, p. 169; Tan, Stewart, Fitzpatrick and Hope 2010, pp. 13-14).

The press and electronic media, as well as the internet have played a key role in influencing the young women to pursue the ideal body (Martin et al. 2010; Natenshon 2013). The web is full of thousands of 'weight-loss' websites where being fat is virtually criminalized as the thin and lean girl is glorified. This is also true of Television commercials, movies and TV talk shows, as well as style magazines and news outlets (Natenshon 2013).

Seeing as the current generation has virtually 100% access to the aforementioned sources of information, the young women (and men) often fail to resist the influence and begin their way to anorexia and bulimia among other eating disorders (Ruth et al. 2003; Canetti, Kanyas and Lerer 2008, p. 703).

According to Rosen (2013), the brain may also play a part in the onset of anorexia. However, this may not be a major course and is possibly related to the phobia for weight gain, because one's perception of weight and the ideal

body image can possibly alter their thinking (par. 5). In addition, while there have been cases where anorexia runs in a family, researchers are yet to establish a genetic link to the diseases (Rosen 2013; Canetti 2008, p. 706). However, the role played by parental relationships has been the subject of a wide range of research, with findings pointing to the fact that poor parent-child relationships are associated with increased possibility of the children developing anorexia nervosa and other eating disorders in the future (Canetti 2008, pp. 703-709). According to Natenshon (2013), an experienced psychotherapist who specializes in treating disorders in families and individuals, if parents fail to establish a connection with their children, including giving them the good information they need, setting good examples and teaching them to value themselves, the children are likely to develop eating disorders such as anorexia nervosa in future. Natenshon (2013) says that parents should create a healthy eating model, failure to which their children are likely to develop eating problems.

The Effect of Anorexia Nervosa

Anorexia nervosa has far reaching effects on the victims, ranging from mild morbidity to mortality (Tan et al. 2010; Paulson-Karlsson and Nevonen 2012, p. 169). As the anorexic engages in self-starving cycles over time, their bodies are deprived of important nutrients, leading to impaired physiology (Arcelus, Mitchell, Wales, and Nielsen 2011, pp. 724-727). Excessive weight loss, faulty thinking about hunger, and malnutrition are characteristics of the mental condition (Rosen 2013). As the body adapts to the changes in order to save energy, many effects result. For example, the heart rate and blood

pressure decrease significantly, increasing the risk of heart diseases such as stroke and ischemic conditions (NEDA 2013). Dehydration also results, increasing the risk of kidney diseases. Other effects include a decrease in bone density, muscle weakness and loss, overall weakness and fainting and, in extreme cases, death (NEDA 2013; Tan et al. 2010 Arcelus et al. 2011, p. 724). The progression of the disease is marked by increasingly intense phobia for getting fat, engagement in intense exercises to lose weight (Zipfel et al. 2013, p. 37), adherence to extreme dietary plans, refusal to eat, bingeing and purging, and misjudgment of one's weight (Natenshon, 2013). A study by Ruth et al (2003) showed that complications of starvation could lead to a variety of psychosocial impairments and health effects, including infertility, high rates of suicide and mortality, and loss of bone mass among black and white women.

With a view to losing more weight besides self-starvation, research shows that persons with anorexia engage in intensive physical activity (Zipfel et al. 2013, p. 37). The excessive physical activity involves energy expenditure, which makes it a concern for medical personnel handling anorexics. Not only does the excessive energy expenditure associated with intensive physical activity worsen the symptoms for anorexics, it also jeopardizes the treatment process (Zipfel et al. 2013, p. 37).

Effects of Parental Relationships

As already implied, young women are more likely to be influenced by the societal pressures such as the ideal body image among others (Martin 2010, p. 99). Parental relationships play a key role in the onset and management of

anorexia in young women. One study found that “ anorexia nervosa young women report their mothers to be less caring when compared to a nonclinical group” (Canetti et al. 2008, p. 704). The same study established that fathers of the anorexic participants were more controlling and less caring, compared to the test group. Accordingly, low parental care, characterized by lack of emotional warmth, affection, empathy and closeness, can be said to bolster anorexia among young women (Canetti et al. 2008, p. 70-705). The intergenerational aspect is also important, since the relationship between an anorexic’s mother and her own mother (anorexic’s grandmother) has been shown to be associated with the psychiatric syndrome (Canetti et al. 2008, p. 703).

Turner, Rose and Cooper (2005, p. 113) note that lack of parent-child bonding is associated with increased eating pathology among young women. According to Canetti et al. (2008, p. 704), “ abnormal mother-daughter relationships underlie the later development of eating disorders”, because a mother’s failure to offer her daughter adequate external answers to her (daughter’s) inner state leads to later confusions between biological needs and emotional experiences. A parent’s inability to cultivate and maintain an empathic relationship towards their daughter is partly to blame for the child’s future development of anorexia nervosa. In the study by Canetti et al. (2008), the researchers interestingly note that where grandparents were less caring and exercised excessive control over their children, that their abnormal parent-child relationships were likely to be copied by parents in relating with their own children, leading to later developments of eating disorders.

According to Hotzel, Brachel, Schlossmacher and Vocks (2013, p. 38), motivation to change is essential in managing anorexia. The main sources of positive motivation are the patient's parents and professionals in eating disorders. As such, in the absence of positive relationships between an anorexic and her parents, such motivation may not be there (Hotzel et al. 2013). Conversely, if a young woman suffering from anorexia has a good relationship with her parents, the parents may be able to take care of her and motivate her to change her perceptions about weight gain (Canetti et al. 2008). Lack of healthy parent-daughter relationships implies that the young girl may not have someone to talk to and advise her regarding the wide range of pro-anorexia information (Turner et al. 2005, pp. 113-115). As it is, treatment of anorexia involves administration of a diet plan which the patient is required to follow in a bid to restore the body's normal functionality (Tan et al. 2010). Parental assistance is essential in such a case, especially where the patient has to follow the medical prescriptions and guidelines from home (Canetti et al. 2008). If there are no good parental relationships between the anorexic young woman and her parents, the much needed support and motivation in following the doctor's prescriptions may jeopardize her recuperation process (Hotzel et al. 2013, p. 38). It is also notable that little or complete lack of parents to encourage their child to be independent during the individuation and separation phase is related to the anorexic's behavior in terms of obedience and conformity characteristic (Canetti et al. 2008). To this end, if a young woman lacked encouragement of independence during the separation phase, she may be more likely to deviate from the anorexia treatment regime (Canetti et al. 2008).

In a study conducted to investigate the attitudes of patients with anorexia to compulsory treatment and coercion, the researcher reported that “ what mattered most to participants was not whether they had experienced restriction of freedom or choice, but the nature of their relationships with parents and mental health professionals”(Tan et al. 2010, p. 16). This underscores the role parental relationships can play in the treatment process of anorexics, particularly where the condition is life-threatening and compulsion is inevitable.

Prevention and Treatment

According to Natenshon (2013), the place of parental relationships in preventing anorexia nervosa cannot be overstated, because it the parents that are better placed in guiding their children as they grow and develop. The experienced psychotherapist implies in his article that eating disorders can be prevented if parents and other stakeholders take initiatives to inform and guide children.

The fact that anorexia nervosa is a serious condition with far reaching consequences underscores the need for appropriate diagnosis and treatment. According to Paulson-Karlsson and Nevonen (2012, p. 169), anorexic patients are ambivalent towards change and treatment, highlighting the need for medical professionals to understand the specific needs of the anorexics before commencing any form of treatment. While there is “ no empirically supported treatment of choice for adults” (Paulson-Karlsson 2012, p. 169), it is imperative that professional eating disorder therapists invest in the anorexics’ perceptions on such relevant issues as

eating behaviors, faulty thoughts and a healthy life, as well as what motivates them to want to recover. This would go a long way in understanding the patients' personal motives and treatment expectations such as treatment focus, content and medical personnel (Paulson-Karlsson 2012, p. 169); and help the professionals to develop suitable treatment plans such as dietary regimes and counseling among others in respect to the specific patient's needs.

Conclusion

In conclusion, anorexia nervosa, which technically is the fear for weight gain is a serious disease which depicts poor outcomes, and is common among women than men. As explained in this summarization report, parental relationships influence the epidemiology and management of the condition; hence parents should adopt healthy, supportive relationships with their children as a preventive measure.

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