Eating Disorders in Adolescent Females: Signs, Symptoms, Consequences and Intervention

PCP548 Counseling Issues/Lifespan Development

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Abstract

Erik Erikson describes adolescence as being a time where one searches for his/her identity. There is a tremendous amount of social pressure and confusion found in this developmental stage. The need for social acceptance and popularity among peers is of extreme importance. During this time (begins with the onset of puberty), eating disorders are most likely to develop. Eating disorders are extremely common and dangerous, though not always apparently so. Anorexia nervosa causes more deaths than any other psychiatric illness, and eating disorders in general are the third most common chronic illness in young adults after asthma and obesity. (MacDonald, 2001) One in five college age women is engaging in some form of bulimic behavior. (Stacker, 1987)

This paper is designed to accurately and concisely describe eating disorders, their symptoms, consequences and interventions; and to provide a resource for members of the community who are confronted with an eating disorder in some manner.

"Being a teenager is weird." Evette DiMartino (Sacker, 1987, p.147) applies an apt description to a time in one's life that is marked by confusion, experimentation and new experiences, loneliness, being accepted, friendships, physical changes, and emotional changes. A formidable task that adolescents face is establishing their identities. Erikson identifies this stage as *Identity versus Role Confusion*. This stage encompasses the adolescent years of one's life. The adolescent years begin with the onset of puberty. The visible physical changes are an accurate representation of the magnitude of change taking place on the inside. Their identity shifts from a familial/parental framework to one of autonomy. The adolescent realizes that he/she has the capability (and is expected) to make decisions and take responsibility for his/her actions and decisions.

During this stage, friendships and peer relations are of utmost importance. Being accepted and fitting in is crucial to the adolescent mind. This creates a sense of dissonance between the desire to establish an individual identity and wanting to fit in with the peer group—thus illustrates the challenge and trauma associated with the adolescent's quest for identity. According to Erikson, the resolution of one's identity carries with it the ability or inability for an individual to interact healthily to his/her environment.

The search for identity causes increases in the individual's self-awareness, self-consciousness, preoccupation with image, and a greater concern for social acceptance. As aforementioned, puberty marks the onset of adolescence. So begins the paradox of achieving society's standards of beauty and popularity and dealing with the physical changes that the adolescent body undergoes during puberty. What occurs in females is a

striving for thinness, the most necessary qualification for beauty (according to media) and growing into a body that is developing in the opposite direction of thinness. Females will begin to develop breasts and wider hips. These opposing dynamics further contribute to the confusion and frustration so prevalent in adolescence.

The onset of eating disorders typically occurs during adolescence (late). The combination of societal/media messages and the vulnerable emotional state of the adolescent mindset sets the stage for the development of an eating disorder. During adolescence there is such a high degree of change in the adolescent's life—changes in friends, physical appearance, values—that the adolescent will grasp for an area in which she can maintain some level of control (Sacker, 1987). The physical self is the most concrete venue in which this control can be exercised. This need for control is another factor that contributes to the development of an eating disorder. For the purpose of this paper, eating disorders will refer to the two most common ones—anorexia nervosa and bulimia.

In one study that was conducted, a group of females between the ages of 11 and 17 were asked, "if you had three wishes, what would you wish for?" The top wish of almost every girl was to lose weight. In another survey, young girls admitted that they feared gaining weight and becoming fat more than they feared cancer, nuclear war, or losing their parents (Berg, 1997). The cultural and media-defined notions of beauty are not consistent with a medical model of health. In the last two decades, the picture of attractive female body size has lost a third of her weight (Berg, 1997). Despite this discrepancy 77% of college women sampled chose the cultural standards of beauty as their model of what constitutes attractiveness (Hesse-Biber, 1996).

Anorexia Nervosa

It is this striving for thinness, this need to be at a weight level that is significantly less than what is considered physically healthy, that drives such a damaging percentage of adolescents to develop eating disorders. It is estimated that 1 to 3 percent of women in the population suffer from anorexia nervosa. Ten to twenty percent of these cases are fatal.

Anorexia is self-starvation. In her book entitled *Afraid to Eat* (1997), F. Berg presents a thorough summary of the diagnostic criteria for Anorexia Nervosa as described in the DSM-IV. Patients who have anorexia nervosa exhibit a refusal to maintain weight at or above what is minimally normal for age and height standards (less than 85% of expected weight). These patients have an intense fear of gaining weight or becoming fat. They have a disturbance in body image, which affects in strong ways their self-esteem. If the patient is female, she has amenorrhea, which is the absence of at least three consecutive menstrual cycles. Berg also includes a list of warning signs that if present, could indicate that an individual suffers from anorexia. Berg's warning signs are as follows:

> "Significant or extreme weight loss (at least 15%, with no known medical illness); reduces food intake; develops ritualistic eating habits such as: a. cutting up meat into extremely small bites, b. chewing every bite a large number of times; denies hunger; becomes more critical and less tolerant of others; exercises excessively (hyperactive); when eating, chooses low to no fat and low calorie foods; says

> he/she is too fat, even when this is not true; has highly self-controlled behavior; does not reveal feelings" (1997, p. 77).

The last sign that Berg listed ("does not reveal feelings") is potentially due to the patient's inability to understand and discern feelings and causes of certain feelings.

J. DeLucia-Waack published an article designed to aid counselors in counseling females who have eating disorders. The purpose of her article is to examine issues of transference between the therapist and client, however she discusses several common issues that play out in female sufferers of eating disorders. One that she discusses is a diminished awareness of internal standards.

Females who have suffered from an eating disorder have caused their internal senses and standards to become warped. For example, an anorexic girl may not feel she is hungry for an extended period of time, up to 48 hours. Her body is obviously in need of food, however she has neglected to acknowledge the physiological signs, and therefore can no longer recognize them. This also applies to a bulimic; (a bulimic may not feel full until she reaches the point where she is physically incapable of consuming any more food). This lack of internal standard carries over to the emotional realm as well. A woman who is anorexic may not recognize that she is angry, but her body language and nonverbal behavior indicates that she is upset. She may recognize that she is upset or angry about something and react as such, but she may not have an awareness of what prompted her negative emotions.

In this article, DeLucia-Waack also identifies other important issues and thought-patterns that are helpful in understanding and working with a female adolescent who has an eating disorder. One of the most extreme thought patterns is dichotomous thinking.

In this way of thinking, everything comes across as black or white, good or bad, fat or thin. There is no middle ground. Because their thinking tends to be dichotomous in nature, there is a greater capacity for judgmental behavior. It is important to keep in mind that an anorexic's world is based on body size. People who are heavier are considered less valuable than those who are thin. It should also be kept in mind that anorexics view themselves as fat, and therefore bad.

Females with anorexia also often possess a sense of helplessness, or a lack of control. The only area that they may feel like they can control is their food intake and body weight. When working with an anorexic adolescent, it is important for her to examine the connection between her eating behaviors and other issues in her life. It is also important that she be empowered, and that the idea that she is out of control is disputed and problem solving techniques are learned.

Another common issue that is found among female adolescents with anorexia is the avoidance of affect. Often women with eating disorders have a serious difficulty expressing emotion, as well as being exposed to expressed emotion. They are often uncomfortable around people who are crying, around silence, and confrontation. A key process in working with an eating disorder patient is helping her learn how to understand what and why she feels affect, and to express that in a positive manner. (DeLucia-Waack, 1999)

Bulimia

Anorexia is a very real and very present problem among adolescent females. However, it is estimated that bulimia is four to five times more common than anorexia, and more difficult to detect. An adolescent who suffers from bulimia may not appear

underweight, but even be slightly overweight. Bulimics are also very secretive about their behavior. Bulimia is characterized by cycles of binging and purging. A bulimic individual will consume copious amounts of food, comparable to that of a football player. Then following this binge is a purging, oftentimes done by self-induced vomiting, though other methods are also employed (laxative use, fasting, excessive and extreme exercise). (Hesse-Biber, 1996)

> Berg summarizes the DSM-IV's diagnostic criteria for bulimia nervosa (1997, p 68). "In bulimia nervosa the individual has recurrent episodes of binge eating. An episode includes eating, in a discrete period of time, an amount of food larger than most people would eat, and a sense of lack of control over what or how much one is eating during the episode. It includes recurrent inappropriate compensatory behavior to prevent weight gain, such as induced vomiting, misuse of laxatives, diuretics, enemas, or other medications; fasting or excessive exercise. Both binge eating and the compensatory behavior occur at least twice a week for three months, on average. One's self-evaluation is unduly influenced by body shape and weight."

Girls who suffer from bulimia are highly ashamed of their behavior and go to great lengths to conceal their behavior. Their life is based on this secret. Their private world is full of dangerous secrets. "Secrets about anger. Guilt. Power. Sexuality. Fear. Growing up. Self-hatred and self-doubt" (Sacker, 1987, p. xiii).

Berg lists warning signs potentially present in someone suffering from bulimia. If an adolescent is engaging in bulimic behavior, she may exhibit the following signs:

"Makes excuses to go to the restroom after meals; has mood swings; may buy large amounts of food and then suddenly it disappears; unusual swelling around the jaw; weight may be within normal range; frequently eats large amounts of food, often high in calories, (a binge) and does not seem to gain weight; may decide to purchase large quantities of food and eat it on the spur of the moment; laxative or diuretic wrappers found frequently in the trash can; unexplained disappearance of food in the home or residence hall setting." (1997, pp. 77-78)

Consequences

For both eating disorders, the physical consequences are severe, with 10-20% cases of anorexia nervosa ending in death. The risks that accompany an eating disorder are severe emotional and psychological changes, anemia, stomach pain and cramping, electrolyte imbalance, bone fractures, tooth decay, stunted growth, cardiac arrhythmias, amenorrhea, kidney damage, and death. (Berg, 1997)

Sacker, in his book *Dying to be Thin*, graphically describes the physical effects that eating disorders reek on an adolescent's developing body. It was mentioned earlier that after an individual starves her body for a certain period of time, her menstrual cycle will lapse. Another detriment to an anorexic's femininity is the atrophy of her breasts. Regardless of size prior to the self-starving behavior, an eating disorder can cause the breasts to look small withered. Unfortunately, someone who feels fat often considers this a reward.

Another detractor from one's femininity is the hair growth that lightly covers her entire body. This growth is called Languno. While hair is growing in unwanted places and quantities, it is breaking and falling out where it is wanted. Regardless of how

healthy and thick an adolescent's hair is, starving herself will cause it to become unhealthy and fall out. Also, for reasons not quite clear, anorexics develop a skin discoloration called hypercarotinemia. This condition causes one's skin to turn noticeably yellow in color.

Bulimics suffer from slightly different consequences from anorexics, though they are still very serious in nature. One of the first visible signs displayed by a bulimic is tooth damage. A bulimic's teeth will begin to look gray. According to dentist Dr. Joseph Vitale (as quoted by Sacker, 1987, p. 35), teeth develop an etching as an effect of being bulimic.

> "That etching can develop because the [regurgitated] stomach acid erodes the hard enamel that protects the dentin, which is the softer inner material of the tooth. If the dentin is exposed and left unprotected, the teeth undergo accelerated wear and are particularly vulnerable to decay. In other words, without extensive capping, bulimia can destroy a beautiful smile. Even with that capping, advanced gum disease can make the patient require dentures."

Another painful aspect of bulimia is the damage that the esophagus undergoes. Consistent purging is very traumatic and damaging to the esophagus. The esophagus can rupture as a result of all the pressure and irritation that regurgitating causes. The rupturing can be life threatening, and in the very least causing hospitalization and extensive delicate surgery. This consequence is exceptionally dangerous because one has no indication as to how close the esophagus is to reaching the point of rupturing. One's esophagus can rupture after being bulimic for only a short time.

A couple of "minor" consequences that result from bulimic behavior include "chipmunk" cheeks (result of swollen salivary glands) and damage to the fingernails on the dominant hand. The latter symptom occurs only if the bulimic uses her hand to induce vomiting. If this is the case, then the stomach acids have contact with the fingernails and cause damage that is usually visual. Similarly, if this method of inducing vomiting is used, then the knuckles on the dominant hand will eventually become calloused and irritated from harsh contact with the teeth.

Intervention

Overall, eating disorders are a sad and terrible commonality in our society. Adolescents are full of confusing thoughts and feelings as they try to determine who they are as an individual. *Helping the Struggling Adolescent* by Dr. Les Parrot III is a very valuable resource for anyone who works with people who are in this volatile stage in development. Dr. Parrott addresses several issues that are pertinent to this population, including eating disorders.

One of the most valuable aspects of this book is the section entitled "How to Help". Dr. Parrott instructs counselors, youth workers and pastors on the best way to identify and approach an individual that may have an eating disorder. It should be noted that upon discovery that an individual has an eating disorder, immediate referral to a professional counselor, psychiatrist, or psychologist is imperative.

He includes a list from the American Anorexia Nervosa Aid Society of things for parents to do and to not do. "Do not urge your child to eat, and do not watch her eat. Do not even discuss food intake or weight with her. Leave the room if necessary. Your involvement with her eating is her tool for manipulating you. Take this tool out of her

hands by letting her alone". (2000, p. 151) "[Do] love your child. Love makes anyone feel worthwhile. Do everything to encourage her initiative, independence, and autonomy. Be aware, though, that anorexics tend to be perfectionistic. Thus, they are never satisfied with themselves." (2000, p. 151) Dr. Parrott also includes some helpful and credible assessment resources in his book.

Is love and support always the answer to prevention and cure for eating disorders? Is love and support enough to direct an adolescent toward the establishment of a healthy identity as he or she swims upstream through the adolescent stage? Perhaps in some cases the answer is 'yes', but as far as providing an extensive solution to this sad cultural epidemic, the answer is 'no'. The brighter side of working through Erikson's fifth stage and battling all the hormonal foes and puberterial demons is the emergence of virtues. Adolescence is a time of discovery and refinement. This stage can reek havoc on children lost in its middle, but many of them make it out with only moderate bruises and cuts. And they make it out with a greater sense of self, which is what Erikson would consider a success.

What is most important is that a significant portion of the helping community, lay and professional (and relational) understand what goes on in the mind of a female adolescent, and after having somewhat of an understanding providing in an appropriate capacity for her needs. Understanding what pitfalls and traps lie in the adolescent stage, the community can be ready to steady a toppling adolescent, or be ready to knowingly aid someone who struggles with an adolescent problem such as eating disorders. Eating disorders are frighteningly common, seriously detrimental, and heartbreaking to witness.

The helping community, especially the Church should be aware of this cultural epidemic and fight to help adolescent females emerge from adolescence as healthy individuals.

Resources

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