

Eating Disorders: An Emerging Psychopathology

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Eating disorders are a group of severe and often chronic mental disorders characterised by abnormal eating patterns and cognitive distortions related to food and weight (1). Studies indicate that the usual timing of the onset of eating disorders is following puberty and that pathological eating predominantly occurs in females (2). These eating disorders result in adverse effects on nutritional status, medical complications, and impaired health status and function (1). Examples of eating disorders include anorexia nervosa, bulimia nervosa and binge eating disorders and they are all associated with significant impairment in quality of life, as well as psychological and physical functioning (2). Anorexia nervosa has been recognised in the medical literature since the mid-1800s, whereas bulimia was identified in the 1970s and was predominantly noted to be a disorder of Western culture (2, 3). These eating disorders, once considered to be “culture bound syndromes” are now being recognised in differing ethnicities (4). In addition, disordered eating was thought to be a feature of high-income countries where cheap, calorific and highly palatable foods are in relatively greater abundance, but increasingly cases are being identified in low and middle income countries of Asia, Africa, Latin and South America and the Caribbean (2). The increasing rates of eating disorders in some of these non-Western societies have been attributed by some to acculturation and exposure through the media to Western standards of attractiveness and body size (2, 3). Increasingly, these countries have adopted Western views on thinness, as well as concerns about the body’s shape and tone and the dietary habits associated with that state (3).

The racial differences in the incidence of eating disorders are now being questioned as research has shown the occurrence of binge eating in black women to be comparable to white women and this particular eating disorder has been found to be the most common among black women. The rates of anorexia and bulimia are said to be rising in black American women as well (4, 5). A wide cross-section of ethnicities and socio-economic levels which were once thought to be somewhat protected from these disorders are now being found to have significant rates of disordered eating (6, 7).

Existing research in Barbados, Jamaica and Trinidad and has indicated that eating disorders are present in these countries, though their incidence was found to be low (3, 8). The cases identified in Jamaica were mainly persons residing in urban settings with approximately half of these persons being students at the time of the diagnosis. Among this Jamaican sample, the most commonly used methods to control the individual’s weight were decreased food intake, increased exercise and vomiting (8).

While it is clear that the dominant features of eating disorders are preoccupations with food and weight, these disorders often involve much more than food. Persons with eating disorders use their control of food intake as a compensatory mechanism for managing difficult thoughts and emotions. In some of these individuals, the bingeing, purging and dieting is a way of trying to handle hurtful emotions and to feel in control of their lives (1, 9, 10). Like other complex psychiatric disorders, the psychopathology of eating disorders is influenced by multiple factors. These include neurobiological, psychological, interpersonal and societal factors (2, 11). A number of neurobiological factors have been postulated as contributing to the development of eating disorders. These include disturbances of neurotransmitters, neuropeptides and neuroendocrine systems. Neurotransmitters such as serotonin and dopamine are thought to be affected and these neurochemicals have been shown to be influential in the regulation of appetite, hunger, digestion, libido and emotion (1, 2, 9, 11, 12). Multiple genetic factors, such as an anorexia nervosa-susceptibility locus on chromosome 1p, have also been shown to predispose individuals to the development of eating disorders (13). The presence of general psychopathology in the family is also another factor linked to the likelihood of manifestation of an eating disorder (12).

Particular individual psychological characteristics are found to be associated with eating disorders. These include perfectionist tendencies in the individual, which cause them to strive to attain what they consider to be their ideal physical form. A negative self-evaluation with low self-esteem, feelings of inadequacy and a lack of control in life may make an individual vulnerable to pathological eating (11, 14). The existence of mood symptoms such as depression and anger, as well as anxiety and associated feelings of isolation are also documented vulnerability factors (9, 14, 15, 16, 17). Interpersonal factors may also contribute to the development of an eating disorder. Where there are troubled family and per-

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sonal relationships, with dysfunctional communication styles, the incidence of eating disorders has been shown to be increased (2, 11). Evidence of dysfunctional communication would include individuals having difficulty expressing emotions and feelings and families characterised by excessive criticism (1, 2, 12, 14, 18). Adverse life experiences are also vulnerability factors and these include being teased, embarrassed or ridiculed because of body size or weight. Another significant factor in the development of eating disorders is a history of childhood physical or sexual abuse (2, 11, 12, 19).

Societal influences are also significant contributors to the development of eating disorders. The excessive importance placed on having the "perfect" physical form by members of a society may compel susceptible individuals to try and attain that particular form. Eating disorders are more likely to occur where beauty is defined using very narrow parameters that involve only persons of a specific weight and shape (1, 2, 5, 9, 11, 16, 20). In addition, when the norms of a society or culture place greater value on its members based on their physical appearance, at the expense of the character attributes of the individual, these individuals are more likely to become obsessed with their appearance and may take extreme measures to gain acceptance (1, 2, 11, 16, 21, 22). Sources of these societal influences have expanded over time to include television, print media and more recently the internet (2, 9, 23, 24, 25). As highlighted by Sloper Talbot in this issue of the Journal, there is the growing trend of establishing pro-eating disorder or "Pro-ana" websites which, based on their content, are said to promote the ideal of thinness and provide tips to visitors on how to become more effective at disordered eating and avoiding easy detection (26, 27, 28).

To date, there is no definitive way of preventing these eating disorders but the likelihood of an individual developing an eating pathology may be reduced by encouraging healthy-eating habits and discouraging dining alone (1, 4, 6, 11, 19). With respect to children and adolescents, monitoring computer usage and access to the internet also limits the exposure to sites promoting anorexia and bulimia as a lifestyle choice rather than disordered eating (9, 23, 24, 25). Talking to children and adults about their self-image and refraining from making jokes about persons who have weight or body shape issues will help persons appreciate and resist the ways in which television, internet, print and other media distort the true variance of human body types (10, 11, 14, 16, 19, 20, 21). Frank and open discussions will enable vulnerable members of the society to develop greater resiliency so that they can cope with societal pressures that imply that thinness is synonymous with acclaim, power, excitement or excellence (11, 18, 19, 23).

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