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Exploring the Psychological Factors of Eating Disorders in Young Women

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Abstract: The number of people suffering from eating disorders is increasing in modern society, both online and in real life. And most of them are female. The purpose of this study was to explore the causes of eating disorders in the female population, focusing on analyzing the psychological, family, and social factors that influence eating disorders in women. This study collects data from various case studies or cohort studies of people with eating disorders. The data were then analysed by classifying them into different treatment protocols. Women are more likely to be influenced by the external environment, including the living environment and social media. Moreover, women are more likely to be traumatised by childhood family conflicts than men, and childhood trauma can be any childhood injury to the individual, but most of it comes from family neglect, scolding and comparison. Eating disorders are treated with three types of psychotherapy, cognitive behavioural therapy, family therapy, positive thinking therapy and medication. Although medication can help alleviate accompanying psychiatric symptoms, its effectiveness in treating eating disorders remains limited. Future research should focus on developing new treatments, especially in dealing with early trauma and cognitive biases.

Keywords: Eating disorder; Young women; Causes

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1. Introduction

In contemporary society, Individuals with eating disorders can be discovered online, in publications, and in daily life. Abnormal eating behaviors and psychological issues are hallmarks of eating disorders (ED), a collection of psychosomatic illnesses that primarily include binge eating disorder (BED), bulimia nervosa (BN), and anorexia nervosa (AN). Frequent periods of overeating along with non-complementary behaviors like vomiting or abusing laxatives are hallmarks of binge eating disorder (BED). The relentless pursuit of thinness or a pathological fear of obesity are characteristics of anorexia nervosa[1]. In addition to compulsive eating and a strong urge to eat, Overstated beliefs appear to be closely associated with the fundamental psychopathy of bulimia nervosa, especially the overvaluation of a thin appearance[2]. Regardless of which of these three symptoms are present, they are slowly making their way into the minds of most people, which means that there is an increase in the number of people suffering from eating disorders. Whether influenced by the growth of social media or popular aesthetics, at present, the number of adolescents suffering from eating disorders in China is increasing, and the probability of having eating disorder tendencies or abnormal eating behaviours reaches 10%-30%, with 1.10%-3.23% of adolescents having been diagnosed with eating disorders, and the incidence rate of females is higher than that of males.

The causes of eating disorders can be discussed in many ways. The contributing factors to eating disorders include social factors (e.g., media and peer influence), family factors (e.g., spoiling and criticism), negative emotions, low self-esteem, and body displeasure[3]. In addition, cognitive and biological aspects of eating disorders have been reviewed. On the basis of culture, the current discussion about the factors influencing the etiology of eating disorders has been dominated by the belief that the internalization of social pressures from contemporary industrial economies or the standards of female beauty in Western cultures are linked to the the cause of eating disorders[4]. Furthermore, according to various surveys, it have been reported that sufferers are often female, which reflects the gender differences in eating disorders. Therefore, most scholars discuss physiological (hormone production, brain structure, etc.) differences. To learn more, this study focuses on the psychological (cognitive, etc.) causes of eating disorders, delving deeper into why women are more likely to suffer from eating disorders. Ultimately, the various causes can be researched thus suggesting appropriate solutions to the problem.

There is existing researches suggesting that young women are particularly affected by societal beauty norms, and that social factors such as social media exacerbate this body image anxiety. Therefore, this study will focus on young women, a population that is most vulnerable at the intersection of psychological and cultural factors.

This research takes a generalised analysis of the causes of eating disorders and focuses on the psychological dimension. The study will focus on young women because of the general social phenomenon and the main population of the disorder. And the study will use a systematic review approach, searching peer-reviewed journals in the field of eating disorders and focusing on studies from the last ten years to ensure the timeliness of the study. The study population will be targeted to females between the ages of 10-30 years old to explore the prevalence of eating disorders in this population, and relevant literature on psychology and epidemiology will be accessed through databases such as PsycINFO and PubMed.

Furthermore, this study used cognitive-behavioural theory to explore how body image dissatisfaction and self-esteem issues contribute to maladaptive eating behaviours. In addition, psychodynamic perspectives on unconscious conflict and social norms can provide insight to help understand internalised pressures affecting women. In the addition, after comparing most of the literature surveys on the topic of ‘eating disorders’, it is found that most of the existing studies focus on Western societies and are difficult to be applied to non-Western cultural contexts such as China. Therefore, when conducting the statistical review method, it will combine the CNKI and other Chinese scholars’ published research surveys for China.

This study analyses the causes of eating disorders in general terms, focusing on the psychological level. The population of the study was young women, also because of the general social phenomenon and the main population of the disease.

2. CAUSES OF EATING DISORDERS

2.1. Cognitive behavioural theory

Anorexia nervosa maintenance is explained by a cognitive behavioral theory. According to others, the main characteristic of the condition is an intense urge to regulate eating, which is layered on top of a propensity in Western society to evaluate one’s own value based on one’s weight and appearance[5].

2.1.1. Distorted cognition in individuals with eating disorders

When someone has an eating disorder, their extreme worry for their body dimensions may lead to rigorous monitoring of their food consumption, which is a manifestation of mistaken beliefs[6]. If these inflated expectations are not fulfilled, the person may feel a great deal of guilt and self-criticism, which can show up as bulimia-related behaviors like vomiting after consuming too much food.

In order to receive praise from others and succeed at greater levels of achievement, people with ED often set unrealistically high goals for themselves in life (such as at work or school), feel personally unsatisfied even when they

succeed in different areas, and establish an intense desire to regulate the way they look.

In a study of the perceptions of people with eating disorders, it was demonstrated that people with eating disorders have lower self-esteem and are more demanding than healthy controls, as evidenced by multiple dimensions of the scale: the pursuit of thinness, overeating, feelings of ineffectiveness, dissatisfaction with one's body image, introspection, and so on, which were all measured more highly in eating disordered individuals than in healthy controls[7]. The fact that eating disorders tend to affect women may be due to the fact that women are more prone to changing their perceptions, are more sensitive, and are more reactive to any external influences. Either way, eating disorders are associated with an over-control of the body, and women tend to be more body-conscious than men in this regard.

2.2. Psychodynamic theory

Over the course of the 20th century, Sigmund Freud and his adherents built and extended the foundations of psychodynamic theory, which is still in place today. The three concepts are as follows: (a) the dynamic unconscious's role in emotional life; (b) the recurrence of behavioral and psychological themes derived from the dynamic unconscious that ensnare people in detrimental to oneself, cumulative, and unbreakable life trends; and (c) the significance of the therapeutic alliance in comprehending the patient and directing the treatment[8].

2.2.1. Childhood Trauma and Parental Influence

Childhood trauma, especially the parent-child relationship within the family, goes far beyond this. Individuals who were neglected early in life may develop psychopathological symptoms such as dissociation, impulsivity, obsessive-compulsivity[9], self-control, and failures in emotion regulation in adulthood. These childhood traumas have the potential to directly cause or exacerbate eating disorders.

Childhood wounds in female college students had distinct categories, and that the high trauma and high neglect groups were risk factors for eating disorders[10]. This suggests that childhood parenting and other childhood traumas also appear to be a factor in advancing eating disorders.

2.2.2. A form of anxiety or emotional distress in individuals

In the figure of the study by Pallister and Waller (2008)[11] three correlations between anxiety disorders and eating disorders(ED) are noted, namely anxiety disorders leading to ED, followed by ED leading to anxiety disorders, and also cases of ED and anxiety comorbidities due to environmental factors, such as bullying, and failure.

Emotional dilemmas are also considered by many researchers to be a major contributing factor to eating disorders. There was a correlation between adult attachment and self-compassion and emotional eating[12], and that self-compassion partially mediated the relationship between adult attachment and emotional eating. Young people in relationships are more likely to have emotional eating, and if this symptom continues to develop, it may worsen and become an eating disorder. In addition, many studies have indicated that there are gender differences in emotional eating, with males being significantly less likely than females.

Numerous research have provided proof that suggests the expression of these gender differences may be significantly influenced by female reproductive hormones and biological variables[13] , which is the one of the reason why anxiety among women is more associated with eating disorders.

2.3. Family Systems Theory and Self-Objectification

The family system is like a planned organisation that includes many family members, which creates the relationship of predecessors and successors, which can lead to both positive and negative feedback. Between the family system and eating disorders, blaming and scolding by the elders for the younger ones is also responsible for making the child sensitive and vulnerable, which may then lead to eating disorders.

Some of the criticisms from parents about their children's appearance are, in the case of girls, more significant than

in the case of boys. This is mainly due to gender differences in external social pressures: the ideal female body is often expected to be thinner, whereas the ideal male body is often described as more muscular[14].

Especially for younger children, when their self-awareness is not fully developed, it is more difficult for them to distinguish between right and wrong criticisms from their parents, and they will not add their own thoughts to it, so most of the children will be more likely to change themselves because of their parents' comments.

For eating disorders, parents' comments about the child's body, such as "you are getting fat", "the thinner you are, the better you look", or praise for other relatively thin children, 'your child is so slim! '. Without proper guidance, children will unconditionally agree with what their parents think, even if the parents only say it unconsciously. In order to achieve the goal of slimming down, children will eat less, which may lead to symptoms such as anorexia nervosa. If this continues, it may lead to self-objectification.

Self-objectification is the habitual substitution of other people's evaluations and perceptions for one's own value, and this habitual withdrawal from one's own life can have a significant impact on an individual's physical and mental health.

Self-objectification is also one of the causes of eating disorders, and many studies have shown that self-objectification is more common in women than in men, precisely because of the relatively high demands and evaluations of the outside world on women, whether in terms of body shape and appearance or behaviour, and also because of women's relatively high degree of sensitivity, which makes them more susceptible to external evaluations, which in the long term can lead to eating disorders mainly based on anorexia. This will lead to anorexia nervosa as the main eating disorder in the long-term.

2.4. Sociocultural factors

2.4.1. Social Media and Internet Views

In terms of recent social development, the storm of online opinion has had an impact on the shaping of eating disorders, and it is not uncommon to see pictures of girls with slim bodies and clear skin on Instagram, Weibo and other Chinese and foreign social media.

Even celebrities and entertainers nowadays are subjected to abuse and sarcasm for their lack of so-called 'body management', which naturally leads to an aesthetic and cognitive influence on those who are immersed in these opinions to follow what they feel is a beautiful, distinguished appearance and body. Prolonged viewing of unrealistic videos of ideal bodies on social media can harm an individual's satisfaction with their own body[15] .

2.4.2. Social circumstances of life

Social factors are not just limited to the internet, but also the environment in which the individual lives, the potential for comparison between friends and the concern for what people around them think, all of which can lead to changes in oneself, especially in appearance. For example, in the modelling profession, female models are expected to be tall and thin, with flat chests and hollow, skinny cheeks, which is why most of the cases of eating disorders that appear in the news are models and are anorexic, which is the result of excessive dieting.

However, according to public opinion concerns about eating disorders in recent years, despite the demands of the profession, it is still women who have a higher probability of suffering from eating disorders, precisely because the profession of modelling also has different demands on the body shape and appearance of males and females, whereas the body shape standard for males is tall and thin, but requires some arm and abdominal muscles, for females it is just as easy to make money as it is to be thin, and even a little bit bony for a model， because it is more in line with the show standards.

The main reason for this phenomenon is the monstrous aesthetics of our society nowadays, where the over-pursuit of thinness leads people to be interested in change, whether it is a professional demand, a social image or an internet tiff. Among the social factors, there are still aesthetic differences in gender bias, which leads to more women suffering from eating disorders.

3. Effects of eating disorders

3.1. The impact on emotions

Eating disorders and negative emotions, such as depression, anxiety, and loneliness, are mutually reinforcing and can lead to more serious outcomes if left unintervened for long periods of time.

Obese and overweight individuals have more pronounced psychological problems with eating. And adolescents with binge eating disorder and bulimia nervosa were accompanied by higher negative emotions, and lower interpersonal trust and sense of self-efficacy compared to the control group[16]. This study proves that eating disorders can lead to low mood and low self-esteem, and that the negative emotions received due to body size are also more likely to lead to emotional eating, which can lead to eating disorders.

The exacerbation of negative emotions by eating disorders is due to the fact that eating disorders trigger individuals' dissatisfaction with their body size, and the interplay between the two is not prevented. In a study by Dingemans et al.(2009)[17], compared to those with moderate or no depression symptoms, people with BED who experienced severe depression symptoms consumed a greater quantity of calories. consumed a greater quantity of calories. so either of these factors, such as eating disorders, in the context of self-control and not being controlled, the individual's negative emotions are increased.

3.2. Cognitive function impairment

There is a significant correlation between eating disorders and cognition, not just a one-sided impact on eating disorders. The individual's cognitive function, based on the presence of an eating disorder, will also be interfered with and restricted.

If an individual suffers from bulimia and binge eating disorder, both conditions will lead to excessively abnormal eating behaviors and self-induced vomiting. Over time, uncontrolled eating habits, if left unaddressed, will exacerbate the patient's negative perceptions of their body. While releasing their inner emotions in this way, they will also develop a dependence on binge eating. In addition, individuals with BED show increased behavioral rigidity in a number of areas, including set changing, habit building, and persistence[18].

The relationship between anorexia patients and cognition mostly involves aesthetic perception of their own body, negative self-evaluation, and excessive focus on weight. After the onset of anorexia, it is usually divided into two situations: one is the intensification of body control, an excessive pursuit of thinness, which ultimately leads to neglecting one's health and continuing to avoid eating, worsening the condition. The second situation occurs after developing anorexia, where the individual is unable to eat normally and cannot resist their physiological control. However, the individual becomes aware of the progression of the illness, continuing in an undesirable direction, which creates cognitive dissonance. However, the former will not change in terms of cognition but will instead intensify the individual's pursuit of perfectionism.

3.3. Self-emotional distortion

Individuals' feelings of disapproval of themselves due to eating disorders can exacerbate feelings of low self-esteem. At the same time, chronic negative evaluations of self-image can trigger low self-esteem during the course of the disease. Instead of reducing the constraints of their anxiety, patients' excessive body image management over time can become increasingly severe, creating a negative cycle.

Various of these effects interact with eating disorders, and a significant somewhat positive relationship between disordered eating and self-objectification. sex, gender identity, race, and self objectification assessment may all contribute to the substantial variations in observed effects[19]. The positive correlation between the two suggests that self-objectification not only leads to eating disorders, but also that being affected by eating disorders exacerbates such a psychological condition. As a result, most women will be more attuned to the opinions of others, thus resulting in low self-esteem.

3.4. Avoidance of social functioning

At the level of the life of the eating disorder sufferer, this symptom can lead to health problems, causing sufferers of all different ages to spend most of their time in treatment, reducing going out, interfering with school and work. Thereby socializing with friends and coworkers.

Secondly, both anxiety and depressive symptoms triggered by eating disorders can directly affect socialization, causing patients to develop social avoidance. According to a study by Anna and Jillon (2010)[20], eating disorder symptoms are closely linked to fear of unfavorable assessment, a cognitive component of social anxiety.

4. Intervention and treatment of eating disorders

4.1. Psychotherapy

4.1.1. Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a therapy that focuses primarily on thought patterns and the distorted cognition of the individual. In the context of eating disorders, it is divided into two main factors, one cognitive and the other behavioral. Cognitive factors are the devaluation of the sense of self-worth, the pursuit of body image and perfectionism, among others. Behavioral factors are behaviors such as binge eating, dieting, and hyperventilating. CBT helps patients regulate their emotions by modifying unrealistic beliefs and negative thinking patterns, promoting more realistic thoughts and behaviors[21].

A bulimia nervosa patient using CBT, a number of scales were used to measure the patient's condition, such as the DSM-5, which was used to measure the visitor's criteria for bulimia nervosa using a controlled approach[22]. After several counselling sessions to understand the visitor's family situation and experience, the cause of the bulimia was analysed because of the dieting type of weight loss which caused the visitor to eat uncontrollably as soon as she found snacks around. The main intervention of CBT in this case was the change from overeating to compensatory behaviour.

From this case study, it can also be analysed that cognitive behavioural therapy requires confronting the cause of one's illness, suggesting that the patient may need to need to think back again to their childhood traumas and other things that make them feel depressed. Thus, patients need to be more mentally strong or less serious etiology and better mental state when undergoing cognitive behavioural therapy.

4.1.2. Family-based therapy

Family-based therapy(FBT)is mainly for eating disorders with childhood family trauma, such as parental resentment and chastisement, parental marriages, which are also the most common causes. This type of therapy is also found in adolescents with eating disorders. Family therapy involves analysing the family structure and so on to find the cause.

In Oshukova et al.(2023)'s experiment, the subjects who participated in the experiment completed the entire study with family members and were all adolescents (13-18 years old)[23]. They all suffered from AN and during the FBT the participants were required to develop a plan and each family had a regular therapist who would go through the family system to analyse the cause of the patient's illness and the role played by each family member. The results of the experiment achieved the target weight of these patients at the beginning and effectively relieved the patient's condition.

In summary, FBT identifies the patterns of each family and analyses the main causes of the patient's illness during the course of the treatment.

This treatment also advocates a holistic approach to analysing the individual's characteristics.

4.1.3. Mindfulness therapy

Mindfulness therapies include Mindfulness-Based Eating Awareness Training (MB-EAT) and mindfulness meditation. In addition to this training for people with eating disorders, mindfulness meditation generally includes body scanning, sitting meditation, and other exercises that enhance awareness of one's own body.

In a study by Bulter et al. (2024), it was mentioned that non-judgment has been related to reduced anxiety-induced food avoidance and less adherence to dietary guidelines. Mindfulness therapy can help patients to focus on their hunger and body image from a non-judgemental perspective[24], suggesting that this approach can alleviate a relatively wide range of conditions, both in patients with anorexia nervosa caused by self-objectification and appearance anxiety, and in patients with eating disorders who often binge eat as a result of misuse of emotion regulation.

In the case of AN and BED patients, mindfulness emphasises attention to the self, which increases the ability to monitor the self, reduces distracting stimuli, and allows the patient to refocus on his/her state of consciousness to reduce bulimic behaviour[25].

In conclusion, mindfulness is often used to regulate an individual's self-perception, emotions, etc., and allows patients to recognise healthier coping strategies to improve eating disorders.

4.2. Pharmacotherapy

Pharmacotherapy is needed for people with eating disorders that are usually accompanied by psychiatric complications such as depression and anxiety. Examples include antidepressants. At the same time, medication can also be used for people who have physical injuries caused by eating disorders, such as damage to the body's stomach and liver as a result of prolonged binge eating, vomiting, or dieting.

Pharmacotherapy is one of the ways to reduce the index of negative emotions such as the depression index, especially when it is treated as a complication, and it will be less burdensome for the eating disorder patients when it comes to treatment. Very often, negative emotions are the cause of eating disorders, therefore, medication can help to alleviate the condition of eating disorders at its root by treating negative emotions. However, at this stage, there is a lack of effective medications and innovations in pharmacological treatments for eating disorders worldwide. For example, the side effects of drugs, hormones that lead to body weight, individuals' emotions will become dependent on drugs and so on and there is a long way to go in the development of pharmacological treatments.

4.3. Social Support and Behavioral Interventions

When the individual is experiencing the precursors of an eating disorder, all the possible triggers of the eating disorder are to be stopped in time so that the probability of the eating disorder occurring can be avoided or reduced.

When the individual is experiencing prolonged depression, it is important to stop the use of heavy eating to regulate their mood and also try to prevent the individual from engaging in other behaviors that would harm them. It is also important not to avoid socializing with the outside world because of low mood.

Other non-complementary behaviors such as excessive weight loss, hyperventilating because of self-perceived overeating, and other non-complementary behaviors should not be imposed on the individual with regard to their own body image evaluations and so on, as well as external aesthetic perceptions. Especially for outside judgment and opinions, do not just listen to them, but have self-judgment.

For people with childhood trauma, after learning that the individual has been affected by childhood trauma, they can help themselves build a safe and loving relationship. For example, classmates who are united and loving, friends who are there for each other, partners who often compliment each other, etc. These characters who are important to the individual form a new living environment that can effectively help the individual to stay away from the shadow of childhood.

5. Conclusion

Eating disorders predominantly affecting women can be analysed from many psychological aspects.

Cognitive functioning reveals that women are more likely than men to be disturbed by external factors and change their minds. This leads to the fact that, for people with eating disorders, women are more likely to be subjected to external comments about their body image than men. This phenomenon, if developed over time, can lead to self-objectification.

Therefore, it is important for the individual to establish his or her own values and criteria for judgement in any situation, so that he or she can be based on the correct perception of the self and the acceptance of the reasonable advice of others. This not only obtains the desired state, but also acts as a preventive measure against the condition. However, if the individual is unable to control the cognitive direction on their own and has already caused harm to themselves, then professional treatment methods are needed, the most common of which is CBT, which allows the patient to help them adjust their cognitive biases and regulate their emotions by confronting themselves directly. Additionally, mindfulness therapy is also a means of regulating the self so as to improve eating disorders. It is intuitive that different levels of the condition require different levels of treatment.

Subsequently, female patients who have been exposed to childhood trauma will have a higher prevalence of eating disorders, which may be related to the higher sensitivity of women, combined with the low self-esteem that childhood trauma creates in an individual. Much of this stems from the family of origin, where parental scolding, pressure, or coldness can lead to long-term negative feelings of anxiety, low self-esteem, shame, and double sensitivity. Addressing these childhood traumas that have a family origin, FBT is used in most cases, which allows the individual condition and childhood trauma to be linked to the family and the individual to be analysed from a system. As a result, the family conflicts, the way they get along, and also the individual's emotions are slightly dissolved to go about treating the eating disorder.

This negative emotion continues to develop and can eventually lead to the overdevelopment of psychiatric disorders such as depression and anxiety, which become comorbidities when they occur at the same time as an eating disorder. The treatment of eating disorders with comorbidities is then longer and more complex than other types of patients. Therefore, medication can be used in this case. The advantage of medication is that it can be used directly to help patients with eating disorders who suffer from psychiatric disorders, for example, antidepressants for depression and other medications for other symptoms. However, many researchers believe that the development of medication at this stage is not comprehensive enough. Firstly, it is because there is not enough innovation to invent more effective medication. Secondly, it is because medications are chemical substances, which are highly damaging to human health, and there are few alternatives. Therefore, the continued development of medication for eating disorders suggests that patients suffering from psychiatric disorders should try not to use medication as a last resort, in order to avoid irreversible damage to the individual.

In this study, although the study analyzed the psychological, family, and sociocultural factors of eating disorders, as well as the effectiveness of different treatment approaches, there are certain limitations. First of all, this study relies on secondary data and case studies, which may fail to fully capture all relevant factors. In addition, only one or two previous studies by scholars are used under each subheading, which will cause the integration of data to be affected by external factors such as study region and sample size. Second, the sample size of the study is narrow, and future research should consider a broader cultural and social context. In addition, this paper did not fully explore the applicability of different treatment methods for different types of patients, and subsequent studies can further refine the personalized adjustment of treatment strategies.

Disclosure statement

The author declares no conflict of interest.

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