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# What are the Factors Contributing to Eating Disorders Among Adolescents?

## Karomat Kilicheva

Doctor of Pedagogy, Professor Department of General Education, Journalism and Mass Communication University of Uzbekistan, Tashkent, Uzbekistan

Corresponding author email: [klichevagavkhar@gmail.com](mailto:klichevagavkhar@gmail.com)

## Gavkhar Klicheva

Undergraduate Student, Psychology Department, Korea University, Seoul, South Korea

Email: [klichevagavkhar@gmail.com](mailto:klichevagavkhar@gmail.com)

**Abstract**---Eating disorders are defined by a disturbance in eating habits that may be either excessive or insufficient food intake. Eating disorders are affecting adolescents with increasing frequency. The most common eating disturbances among adolescents are Anorexia Nervosa, Bulimia Nervosa, and Binge-Eating Disorder. Those critical psychiatric conditions are influenced by various factors. Although has not been definite proof for the cause of these abnormalities, there is an existing consensus suggesting it is a range of biological, psychological, and social factors. This paper thus provides an overview of previous studies related to psychosocial and biological effects on the development of eating disorders in young adults. It is hoped that additional large prospective risk factors studies coupled with prevention programs targeting the implicated risk factors will shed additional light on the etiologic processes that give rise to these pernicious disorders and permit the development of more effective preventive and treatment interventions.

**Keywords**---adolescents, eating disorders, psychosocial and biological effects.

## Introduction

Eating disorders are a type of mental disorder characterized by disturbance in eating behaviors. These include anorexia (individuals restrict themselves from eating to the point of starvation), bulimia nervosa (consumption of excessive amounts of food), and binge-eating (out-of-control eating patterns). Although they affect all people regardless of their characteristics, the onset of eating disorders occurs in adolescence. For instance, an 8-year longitudinal study demonstrated that 5.2% of adolescent girls, by the age of 20, met the criteria for the eating disorders (Stice et al., 2010). Even though a huge body of research has carefully examined the possible risk factors associated with eating disorders, they have failed not only to uncover the exact etiology of eating disorders but also to understand the interaction between different causes of eating disorders (Papežová et al., 2005; Monteleone et al., 2020). This failure may be due to the complexities of eating disorders, limitations of the studies, or a combination of two factors.

Despite increasing awareness of the major eating disorders, a specific etiology for the pathogenesis of anorexia nervosa (AN) and bulimia nervosa (BN) remains unclear. Rather than single-factor causal theories, eating disorders are now viewed as multifactorial disorders with the symptom pattern representing a final common pathway. Interest has focused variously on the contribution of environmental and social factors, psychological predisposition, and biological vulnerability, with recent familial aggregation studies renewing interest in the contribution of genetic predisposition (Horesh et al., 1996; Monsma & Malina, 2004).

Eating disorders are believed to arise primarily from the interaction of multiple psychosocial risk factors. For example, there is an existing relationship between social standards of image (body image) and eating disorders, which is supported by Izydorczyk & Sitnik-Warchulska (2018). They also found that girls aged between 12 and 15

were most dissatisfied with their bodies and showed considerably higher levels of efforts to be slim compared to adult females. The issue of body esteem has been studied and supported by [Evans et al. \(2017\)](#) as well. Such pressure to be thin and the idea of thinness being ideal beauty is the result of social comparisons, according to [Saunders & Eaton \(2018\)](#). They explicated the link between SNS (Instagram, Snapchat, and Facebook) use and abnormal eating behaviors. Additionally, the current COVID-19 global pandemic has an impact on eating disorder risk occurrence. [Rodgers et al. \(2020\)](#) reported that numerous factors, namely fear of contamination, and boredom from reduced social interaction, might lead individuals to experience increased levels of emotion-related eating behaviors.

Moreover, some findings suggest that psychological factors may be a reflection of the accumulation of genetic factors and neurobiological disturbances. It is believed that certain chemical alterations in the brain can make some individuals more prone to eating disorders. In particular, serotonin actively participates in appetite function and mood regulation ([Rikani et al., 2013](#)). Further, several genetic studies (family and twin studies) indicated that eating abnormalities run in families. It is suggested that even though twin research cannot identify which genes affect the development of risks, there is a strong genetic contribution found in eating disorders ([Striegel-Moore & Bulik, 2007](#); [Yilmaz et al., 2016](#)).

Even though childhood sexual (CSA) abuse as a risk factor for eating disorders has been a source of debate among clinicians and researchers. While some studies showed a strong relationship between CSA and eating disorders, some other studies strongly refuse to accept this interaction ([Bluett et al., 2016](#); [Vasquez et al., 2019](#)). The discrepancy between the results of various studies could be due to the non-uniformity in the definition of CSA. Although the association between different psychiatric disorders with the severity of trauma due to CSA is not well understood yet, different severity of CSA ranging from non-touching, single episode to long-term sexual abuse combined with physical abuse reported by victims may affect the result of studies. The entry time of sexually abused subjects with eating disorders into the study should also be considered. If the gap between the development of eating disorders and the occurrence of sexual abuse is very short, subjects may not be recovered from memories of such a horrible experience ([Jenkinson et al., 2018](#); [Allen et al., 2009](#); [Yates, 1989](#); [Granillo et al., 2005](#)).

Sociocultural models of eating disorders have emphasized “Western” culture’s female beauty ideal of extreme thinness and objectification of the female body as specific risk factors for the development of an eating disorder. The cultural models describe these steps: exposure to the thin ideal; internalization of the ideal; and experience of a discrepancy between self and ideal, which in turn leads to body dissatisfaction, dietary restraint, and restriction. In some individuals, restraint and/or restriction leads to over-eating, in turn amplifying body image concerns and, thus, precipitating further restraint and/or purging ([Polivy & Herman, 1985](#); [Striegel-Moore et al., 1986](#)). Objectification of the female body contributes to risk by teaching girls and women that they are valued primarily for their looks, reinforcing the need to pursue attractiveness ([Moradi et al., 2005](#)).

## Conclusion

In conclusion, over the past several decades, the risk factors of eating disorders have been the center of attention. It is established that the accumulation of biological (genetic and neurophysiological), psychological, and sociocultural factors contribute to the development of dysfunctional eating behaviors. In addition, while eating disorders affect individuals of all ages, adolescence is the greatest period of vulnerability toward such abnormalities. Additional work is needed to better understand risk factors, course of illness, and treatment of eating disorders. Important for advancing science in this area is the ability to remain flexible in thinking about causal factors and acknowledge accumulating evidence underlying these truths to eliminate misconceptions that have plagued the field for decades. In addition, providers should be mindful of the multitude of ways eating disorders can arise and be especially vigilant to signs of somatic and psychiatric complications resulting from AN, BN, and BED. Specialized settings such as partial hospitalization programs, therapeutic use of community in a boarding school, and other innovations such as clinical pathways can help address the medical, nutritional, and mental health needs of these patients ([Rome et al., 2003](#); [Wooley, 1994](#); [Lewinsohn et al., 2000](#)).

As scientists, providers, patients, family, and friends, we need to continue educating others in the community about these truths to detect and treat eating disorders as soon as possible. To address and prevent this issue, further research needs to be conducted on analyzing risk factors leading to eating disorders. It will be important to investigate additional risk factors that may elucidate other pathways to eating pathology. Further, because there is always a possibility that some omitted third variable explains any prospective effects observed in longitudinal studies, it will be vital to conduct randomized prevention trials that reduce suspected risk factors to provide an experimental test of the relationship between these risk factors and these eating pathologies. It is hoped that additional large prospective risk factors studies coupled with prevention programs targeting the implicated risk

factors will shed additional light on the etiologic processes that give rise to these pernicious disorders and permit the development of more effective preventive and treatment interventions.

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