DENOTATION

Eating disorders are considered to be critical illnesses that do not discriminate. “Eating disorders affect people of all genders, ages, classes, abilities, races and ethnic backgrounds. These complex disorders are serious, biologically influenced illnesses with physical manifestations - not personal choices. A number of factors can contribute to the development of an eating disorder, including genetics, and mental health as well as cultural factors. While eating disorders are serious and can have life-threatening complications, they are also treatable illnesses” (Nedic). There are many factors that can influence the evolution of an eating disorder. “These factors can be biological (genetic and biochemical), psychological (personality and mental health), and social (including cultural norms about food and appearance). Because eating disorders and mental illness are still stigmatized, some people who have disordered eating may be secretive or ashamed and go to great lengths to hide their disorder” (Nedic). What complicates the issue even more is that eating disorders affect people very differently. No two stories are exactly the same and the experience of living with an eating disorder can lead to or already be present with various unwelcomed feelings such as anxiety, shame, stress and depression. Eating disorders affect millions of people all over the globe. There are three main types of eating disorders: anorexia nervosa, bulimia nervosa and binge eating. Anorexia is classified as a potentially life threatening eating disorder whereby people have an intense fear of gaining weight and will restrict food intake to avoid doing so. Very often these people become dangerously underweight and will develop a very unhealthy relationship with food. Bulimia nervosa is also a very serious eating disorder. Those suffering from bulimia will eat copious amounts of food (bingeing) and then immediately purge by vomiting or taking laxatives in order to avoid gaining weight. “People with anorexia nervosa and bulimia nervosa tend to be perfectionists with low self esteem and are extremely critical of themselves and their bodies. They usually ‘feel fat’ and see themselves as overweight, sometimes even despite life-threatening semi-starvation (or malnutrition). Without treatment of both the emotional and physical symptoms of these disorders, malnutrition, heart problems and other potentially fatal conditions can result. However, with proper medical care, those with eating disorders can resume suitable eating habits, and return to better emotional and psychological health” (American Psychiatric Association). Treatments for eating disorders are reliant on professionals who are trained to provide medical care, counseling and therapy as well as by supportive family and friends who can encourage and provide hope for those who desperately need it.

GENESIS

The core topic of leadership will be discussed as it pertains to disordered eating. I will be looking into the role of leaders in the community that can facilitate treatment for patients with eating disorders as well as social leaders who have the power to help the vulnerable before an eating disorder manifests itself. “Leadership is one of the most complex and multi faceted phenomena to which organizational and psychological research has been applied. While the term ‘leader’ was noted as early as the 1300’s and conceptualized even before biblical times, the term leadership has been in existence only since the late 1700’s. Even then, scientific research on the topic did not begin until the twentieth century. Since that time, however, there has been intensive research on the subject” (King). Leadership theories are widely known as ‘schools of thought’ that describe the way people become leaders in society. Leadership styles are based on traits that individuals possess and the way they use those abilities to lead teams or organizations toward their desired goals and objectives. “Leadership has been a significant presence in the recorded history of humans and it is one of the world’s oldest obsessions, rivaling in age the very emergence of civilization. The topic of leadership is familiar to all people and it knows no cultural boundaries. Writings on leadership date back over 5000 years to ancient Egyptian hieroglyphics and have continued to be a recurrent theme amongst: philosophers, poets, playwrights, prophets, priests, royalty and entire societies” ( Cox). Numerous studies regarding leadership theories have been studied for many decades and researchers have explained leadership in different ways. “Theories are commonly categorized by which aspect is believed to define the leader most. The most widespread one’s are: Great Man Theory (traits of leaders are intrinsic-great leaders are born), Trait Theory (people are either born or are made with certain qualities like intelligence that will make them excel as leaders), Behavioural Theories (theory focuses on the behaviour of leaders rather than their mental or social characteristics), Contingency Theories (leadership style is based on the situation), Transactional Theories (mutually beneficial relationship between leaders and followers) and Transformational Leadership Theories (a person’s interaction with others creates leaders who are able to guide their followers)” (Leadership Theories). As a society, we will always study leadership styles and continually evolve in order to make effective change.

Eating disorders have been in existence for hundreds of years. Some people feel they are a byproduct of the times we live in as well as from the social pressures caused by the explosion of the internet. But, there are documented chronicles that prove otherwise. The first examples of disordered eating were recorded during the Middle Ages (12th and 13th centuries) where individuals were required to fast and self starve for religious reasons. This practice was mainly undertaken by women who felt that self sacrificing practices were necessary to achieve sainthood and to show their ultimate devotion to God. (NCBI). Then, “As early as 1869, an English physicist Richard Morton described symptoms of anorexia in a condition he termed, wasting disease” (Eating Recovery Center). “During the Renaissance period, religious context became less associated with extreme fasting, and new patterns of food deprivation appeared. Starving abilities were often explained with a mix of spiritual and material beliefs, but the trend toward medical and psychiatry explanations progressively increased, especially in the 18th century” (NCBI). At this time, the illness was documented in both women and men. Since then, self starvation has evolved. Many theories were developed by doctors and psychoanalysts to try and understand and treat the root causes of eating disorders. They would range from, “Parentectomy, or removing children from their parents as a cure, looking to sexual origins as a link to the disease as well as numerous books and journals and counselling for those affected” (Eating Recovery Center). Restricting one’s food intake is no longer about religious ideals. Industrialization changed people’s perceptions of appearances and eating disorders became connected to body image and a fashion statement in the 1900’s. From the 2000’s, eating disorders have become a multi faceted journey. From diagnosis to treatment, “a holistic model that addresses multi approaches - medical, psychological, nutritional, and more” (Eating Recovery Center) are weighed together to understand and support patients. Also much focus has turned to caregivers, family treatment methods and agents of change in order to help people get healthy again. What is evident though, is that the body shape (of women in particular) changes often and is guided by the particular social and cultural norms that exist at that time. Today’s world views ‘skinny’ as synonymous with health and this weighs heavily on those who fall prey to the many social pressures.

CONNOTATION

Leadership and eating disorders are both very important topics in current day society. Without the input of strong leaders, those affected by disordered eating have a small chance of dealing with and overcoming their illness. Research on eating disorders such as anorexia nervosa, bulimia nervosa and binge eating is exceptionally relevant and necessary as it brings awareness to the problems and aids in helping those in need with the appropriate tools and resources. In today’s society, social media and the easy access to the internet has jaded the lives of many people who feel they need to emulate what they see. Social platforms portray others in a way that makes people vulnerable and they will go to great lengths to copy what they deem as appropriate. Because of the pressures that people often feel to be and look a certain way, eating disorders have sadly become even more prevalent in our society. In fact, “in the United States alone, 20 million women and 10 million men suffer from a clinically significant eating disorder at some time in their life” (Mental Health America), therefore it is the responsibility of educated leaders, family members and the medical community to offer help and resources for those afflicted. In a recent Eating Disorders Leadership Summit, topics discussed related to the way in which leaders In the community could productively respond to sensitive issues like eating disorders. Those at the summit addressed “how to engage with one another and with those on social media in ways that are both responsive to the public and respectful of one another. It was noted that the eating disorders community has historically avoided both conflict and collaboration, but there is too much suffering that is going unaddressed and no time to waste. Where there are differences of opinion, we need to face them directly. Where there are opportunities to do good work together we need to support one another” (Feast). Communities such as F.E.A.S.T. are springing up to help foster solutions in the community and to let families have a voice in the process too. Their aim is to destigmatize eating disorders and to work together as a strong community. “The dialogue is ongoing and while not always comfortable is necessary for the progress we all want to see. Better treatment and support for families around the world requires engagement with professionals in the field (leaders), policy makers, and researchers” (Feast). The focus must be on helping patients to help themselves, helping families, providing support for physicians/those in charge and giving them the resources they need to care for people and to show others they are leading them to a better place emotionally and physically.

Eating disorders and leadership have another strong connection. Those who have high achieving personalities, who are greatly motivated and possess the desire to accomplish goals at any cost are more likely to hold leadership positions in the business community. They are also more at risk for an eating disorder. This is mainly prevalent for women who hold high positions in their field of choice and strive for perfection. Although high achieving personalities are in fact a good quality to possess, it can sometimes lead to a distorted self concept whereby (women in particular) feel the pressure to look a certain way to achieve the skinny ideal in order to adhere to societal expectations.

OPPOSING/DIVERGENT VIEWS

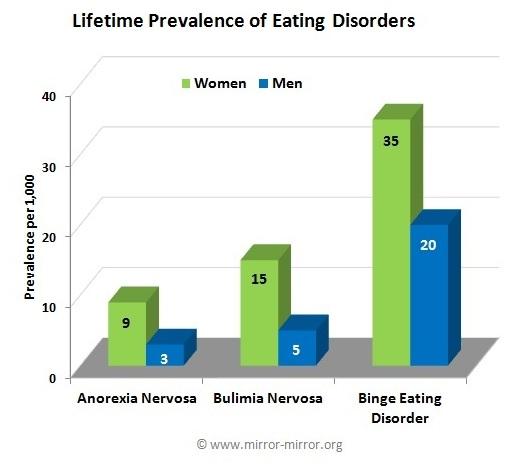
The problem with Ethics- The role of ethics becomes a factor when treating patients with eating disorders (especially underage patients). There are many complex issues to confront in the treatment of clients such as diagnosis, various health issues, relapse and other significant trauma that the patients are facing. Every challenge that the client goes through is significant and serious and must be handled with great care and sensitivity in order to protect the welfare of those suffering. Ethical issues involving confidentiality and informed consent must be weighed heavily by practitioners to safeguard the clients’ privacy and well being. For example, a doctor or counsellor is bound by the code of ethics not to share any confidential information about their patients without consent even though it may be in the patient's best interest. Without reliable confidentiality, no lasting trust can be established between the client and the healthcare provider. “When working with youth, the primary question may be if a minor child’s rights to confidentiality are outweighed by the need to inform a parent or guardian. There are many factors involved in an ethical analysis such as age, maturity, potential for harm, and the relationships with the child’s parents or guardians” (American Counseling Association).

Advantages/Disadvantages surrounding eating disorders-“previous studies highlight poor education around eating disorders (EDs) amongst the public, alongside negative attitudes towards those affected by EDs, which may reduce opportunities for help-seeking. Little is known about whether improved education regarding EDs gained through experience might impact negative attitudes and to attract government funding for public education campaigns, greater knowledge around levels of education required” (Harrison). As well, there still exists a very real stigma around mental illnesses, especially eating disorders and this greatly affects the public’s willingness to offer the necessary social support needed. “Poor education around EDs is not limited to the general public and has also been reported amongst health professionals, who may share similar misinformed negative attitudes and highlight their own education gaps” (Harrison). In order to make the situation more advantageous to those suffering with EDs, direct contact with them and improvised education will raise awareness and generate a more sympathetic and understanding point of view that is not based on preconceived misconceptions.

Myths surrounding Eating Disorders- narrow minded thinking and a blind belief in age old myths make it hard to treat and support those afflicted with eating disorders. Worse yet, opposing views and acts of denial contributes to making the acceptance of and treatment for eating disorders very complicated. Examples of common myths include, “parents are the cause of eating disorders in their daughters or sons, eating disorders are a matter of choice, or lifestyle, only white girls from the suburbs, get eating disorders, people with eating disorders are trying to punish their parents or loved ones, eating disorders are a matter of vanity or a way to get attention, eating disorders are just an adolescent phase, so they should be ignored and they will go away on their own, people with eating disorders are cured after inpatient treatment, to avoid conflict, parents should let their child with an eating disorder eat as much or as little that he/she wants, wherever, whenever and whatever the cost, getting better is just a question of eating and people at a normal body weight cannot have an eating disorder” (UR Medicine). These are just a few examples of dangerous thoughts that can cause tension and opposition between the patients and the leaders in the community who are supposed to help.

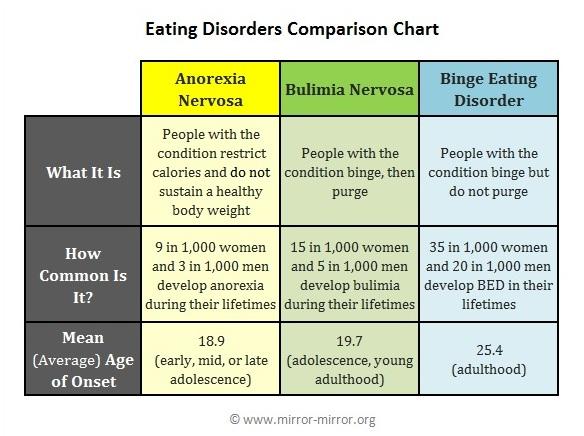
SYSTEMS/MODEL/THEORIES

Graphs on Eating Disorders



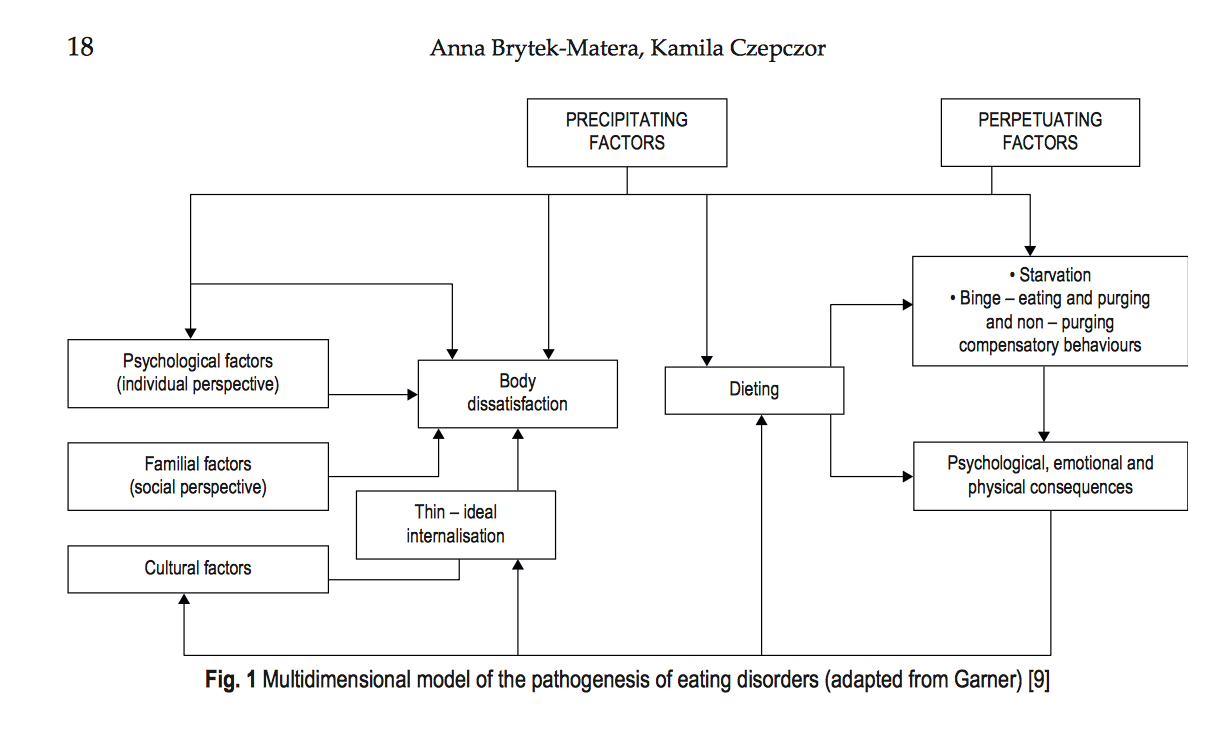
This graph is relevant and important to the understanding of the prevalence of eating disorders. Although some people would look at the chart and not feel that this issue demands significant attention, they need to remember that eating disorders are extremely serious and life threatening. What’s more, the illnesses can be cured successfully if treated properly with the resources in the community. The numbers could be zero if enough awareness and support is afforded to those in need.

Eating Disorders Comparison Chart



This chart shows the main types of eating disorders and the group of people most likely at risk. As seen, teenagers and young adults are the most vulnerable and leaders in the community need to focus funds and resources to target them.

Multidimensional model of the pathogenesis of eating disorders



This model is an important piece of the eating disorder puzzle. Perpetuating and precipitating factors are the driving force behind the illness. By understanding what drives a person to an eating disorder and the factors behind it, there is a better opportunity to treat these patients more effectively.

New Theory to treat Eating Disorders



Traditionally, eating disorders have been treated by counseling, support groups and therapy. Today, CBT or cognitive behavior therapy is gaining recognition and is considered to be a go to treatment for eating disorders. Professional leaders are thinking outside the box and are willing to take different approaches to treatment in the hopes of gaining recovery and relapse prevention. By pairing our thoughts with the emotions and behaviours that drive them, patients can learn to make associations and alter negative behaviours.

Thesis

Throughout most of history, it was fashionable to be fat. Being overweight was in fact a sign of prosperity and obvious wealth as those individuals who could fuel themselves with plenty of food, were people with money and status. In the past century, however, the abundance of food (particularly in developed countries) has created a dramatic shift in thinking and slenderness has become desirable and celebrated. Most common and talked about eating disorders are anorexia nervosa, bulimia nervosa and binge eating. These disorders have increased tremendously over the past 50 years as those struggling with an intense fear of becoming fat go to extremes to stay thin. Research shows that millions of people, predominantly women in the United States alone, suffer from either anorexia or bulimia. Individuals with anorexia will restrict food intake and starve themselves to stay slender while bulimics tend to eat large quantities of food in a short period of time (bingeing) and then immediately induce vomiting, or take laxatives to purge their systems. Eating disorders are serious illnesses that left untreated can cause serious health damage, and even death.

There are many factors that can influence the evolution of an eating disorder. These factors can be biological, psychological and social/societal and are often accompanied by various other feelings such as anxiety, shame, stress and depression. In today’s society, there still remains a stigma surrounding mental illness and therefore, those who suffer from eating disorders may feel too ashamed or frightened to come forward and seek help. This paper will investigate the possible root causes of eating disorders and why they are a major issue in society. As well, this paper will investigate how physicians, the community and the media can facilitate a multi modal approach to effect change that will focus on prevention and perpetuation of disordered eating so that those suffering have the opportunity to recover and regain their health.

Review of Literature

Article 1

Chalker, Annette. “ Adolescent Eating Disorders: Summary Overview, Common Causes, and

Counseling Methods.” *Inquiries*, vol. 4, no. 6, 2012, pp. 1–2., http://www.inquiriesjournal.com/articles/650/adolescent-eating-disorders-summary-overview-common-causes-and-counseling-methods.

This is an important article that helped to summarize and provide a detailed review of the most common eating disorders, their potential causes, the most vulnerable segment of society to develop an eating disorder and the many possible ways to treat them. The article points out that anorexia nervosa, bulimia nervosa and binge eating are the three most prevalent disorders that affect those who have an intense fear of gaining weight. The root cause behind this fear is complicated as there are many possible reasons for its occurrence. They can range from biological predispositions, whereby normal biochemistry changes in the body evoke self consciousness and discord, social and media influences that elicit negative feelings about body image, psychological factors that skew perceptions as well as professionally induced cases. Careers (for women in particular) are often competitive and the drive for perfection translates not just in the office but in physical appearance as well. The difficult factor surrounding eating disorders is that they can develop due to many different reasons but those who are vulnerable are more likely to experience disordered eating. The article also delves into the useful types of therapy methods that are available to people. Family therapy is beneficial because when one member of the family is stricken with an illness, it undoubtedly affects the entire family unit. By examining family dynamics and relationships, therapists can help identify triggers and focus on teaching leadership strategies to parents in a joint effort to help individuals get healthy. Behaviour therapy is another approach that therapists use to treat eating disorders. If clients are willing to take part, they become an active participant in their recovery. By substituting negative behaviours with more productive ones, patients can effectively eliminate the stressors and triggers that lead them to an eating disorder. Lastly, Rational Emotive Therapy is designed to teach patients to think about the irrational thoughts they are experiencing before they make the decision to try and keep losing weight and replace those thoughts with rational thoughts instead. The therapist’s goal is to effectively convey to the patient that their actions are not helpful and not beneficial to their well being. The most important takeaway from the article is that people with eating disorders must confront the beliefs they have about themselves but it is not a singular task. With the help of trained professionals, family members and leaders in the community, there is hope for a better, healthier future. This article relates well to my thesis as it outlines the possible causes of eating disorders, why they are an ongoing issue and society and what can be done to help those who need intervention.

Article 2

“Women in Leadership Roles, under Pressure, High Achievers, High Stress... and Eating

Disorders.” *The Balance House*, 27 Sept. 2018, thebalancehouse.co.uk/women-in-leadership-roles-under-pressure-high-achievers-high-stress-and-eating-disorders/.

This is an interesting article as it highlights the pressures that women especially, face when they hold senior positions in the workplace. The balance of women in the workforce is finally starting to equal men but it seems they are buckling under immense pressure to keep up in the corporate world. Women, traditionally have the household/child responsibilities on their shoulders along with the added pressure of work at the office. When this happens, self esteem issues and coping strategies are not addressed and very often they become manifested in an eating disorder. When people can’t control the world around them, restricting food becomes a source of self satisfaction and a way to feel powerful in an otherwise powerless situation. This is most relevant to my research as I am discovering that eating disorders do not discriminate. They affect all social standings, ages, races, genders and those who are vulnerable. I was happy to see that the article presses for businesses to be aware of certain unusual behaviours and to look for red flags or warning signs in the office culture that is potentially placing both men and women at serious risk for health problems. This article suggests that there are many different programs and strategies that they can implement to help bolster the well being of their employees. The article suggests programs like team coaching, and one on one coaching to help staff find ways to deal with workplace stress and daily. pressures. In doing so, they will learn tools that help elevate their self esteem. Other programs include mental de-stressing initiatives like yoga, meditation or other forms of exercise that will act as an outlet to blow off steam and clear the mind. Just a few minutes a day can make a huge difference in someone’s day and their outlook. As well, mentor programs are highly effective tools to help those feeling stressed or overwhelmed. By having a mentor to guide, listen and advise individuals or teams will undoubtedly affect productivity and the overall workplace culture. As I delve into the area of leadership roles and eating disorders, this type of intervention is exactly what I was hoping to find. As stated in my previous research, eating disorders are not a singular illness. They affect many people on different levels and are dependent on others in the community to help control and prevent them.

Article 3

Sidani, Jaime. “The Association between Social Media Use and Eating Concerns among US Young

Adults.” *The Association between Social Media Use and Eating Concerns among US Young Adults*, vol. 116, no. 9, Sept. 2016, pp. 1564–1472., https://www.sciencedirect.com/science/article/abs/pii/S2212267216301101.

This article is very relevant to the study of eating disorders and modern times. Social media has been shaping our lives in ways we could have never imagined decades ago. In some ways, social media is a fascinating tool and if used thoughtfully, maturely and appropriately, we can benefit from all that it has to offer. Unfortunately, this is not always the case. The exposure to media messages has been a hot topic where eating disorders are concerned as some of the images and messages that are portrayed have played a contributing factor to illnesses such as anorexia nervosa and bulimia. The objective of this article was to examine the association between social media and eating disorders, using a large, global sample of young adults. The participants (1765 people in total) in the study were selected from a random group of young adults (19-32 years of age). The participants then answered questionnaires while their major social media platforms like Facebook, Instagram, YouTube, Google, Twitter, Pinterest, LinkedIn,Tumblr, Vine and Reddit were monitored and assessed (how many times per day and week utilized). The results of the study indicated that those participants within the highest group of social media use had significantly greater chances of having an eating disorder. The study concluded that there is a strong and consistent link between eating disorders and social media usage. This study is an important component to my research as eating disorders are not just a biological or psychological phenomena. There are many contributing factors in the world (such as triggers seen on social media) to influence the vulnerable sector of society (young teens and adults) who are desperately trying to fit into a complicated world and keep up with what they deem as appropriate. Social media sometimes portrays people’s lives and body image to be perfect in an imperfect world. It sends a message that if we don’t continually try to attain perfection, we can’t be as happy as those smiling images that are splashed all over the Internet. Young adults who are at a vulnerable time in their lives, who are trying to find their rightful place in society are at a greater risk of falling prey to social media pressures. They haven’t lived long enough to realize that it doesn’t matter what you see on the web and that they should be happy with who they are as unique individuals.

Article 4

Roth, Jacob. *Straw Man: My Battle with Anorexia*. IUniverse, 2018.

This important piece of literature is a memoir written by Jacob Roth and his struggle with and recovery from anorexia nervosa. Jacob Roth (affectionately known as Jake) is an accomplished writer and attorney who also happens to be my older brother and best friend. The memoir is unbelievably compelling. It is thoughtfully written and encompasses sadness, humor and wit while it details the circumstances that led him to his eating disorder and the eventual recovery from a very dark time. Growing up, Jake felt that he didn’t have control of the world around him and the many emotions that came from feeling socially awkward. Jake grew up in an extremely loving family with two parents, 4 grandparents and a large circle of very supportive friends and relatives who would go to the ends of the earth for him. Still, Jake felt that he lacked the power to control his emotions and how his contemporaries perceived him. Ultimately Jake discovered weight loss and thought he found the missing link to his happiness. By restricting food, he was finally able to unleash the power within himself and with each pound he shed, and with each fasting day completed, Jake was exhilarated. In the book, Jake takes us back to his childhood days where he often felt isolated and certain that his peers found him strange. In fact though, most of those feelings were his perceptions only and not the way people felt about him. When Jake graduated high school and left home to attend Queen’s University in Kingston, Ontario, Jake spiralled out of control. Alone and away from the comforts of his home and family, Jake’s anorexia was becoming a serious health threat. In fact by the end of his first year at university, my 5 foot 11 brother weighed just 110 pounds. He was too sick and weak to write any of his final exams as just getting up from the couch was an exhausting activity. Jake’s health was now declining rapidly. Jake was forced to go home where his doctor told him that his gig was up and if he didn’t start eating, he would surely be hospitalized soon from the effects of starvation. His organs were facing grave danger. Jake’s close circle of family and friends rallied around him and things began to change. After the doctors visit, Jake decided his pursuit of power was an exercise in futility and he began his slow and painful road to recovery. Restricted eating was unfulfilling, dangerous and it was killing his family who he cared very deeply about. Since that time, Jake has made a full and complete recovery. He is one of the lucky ones and exhibits no ill effects from the abuse he put his body through.

I think this book is very relevant to my research as it takes me away from the clinical aspect of eating disorders and allows me to understand anorexia from a patient’s perspective. This book reinforced the psychological/societal aspect of eating disorders as Jake’s reason for self harm was deeply rooted in his psyche perceptions and illusions as well as societal pressures to fit in and gain acceptance with his peer group. Jake’s eventual recovery demonstrates the power of leadership in our community. Jake’s physician, family members and close personal friends, stepped up and led him out of darkness and into the light. His many leaders made him feel safe, worthy and strong enough to seek help and recover. I’m so grateful that I was a part of this happy ending and leadership circle. In fact, the dedication that Jake wrote to me in his book, sums it up best - “To my sister, Maddie, I was supposed to be your big brother, but you helped guide me through my vulnerability. You heard more about my pain than anybody else did. I wasn’t easy to deal with, yet you never abandoned me. You supported me with levels of maturity and emotional intelligence that far exceeded what someone should expect from a high school student. I’m proud to have such a generous, compassionate, and caring sister. If I were cooler than I am, I’d find a Justin Bieber lyric to express my gratitude to you. Instead, I’m stuck with my words. They’ll never suffice” (Roth).

Article 5

Davidson, Kimberly. “Deadly Eating Disorders: What Youth Leaders Need to Know.” *YouthWorker*,

19 Jan. 2012, www.youthworker.com/articles/deadly-eating-disorders-what-youth-leaders-need-to-know/.

This article emphasizes that disordered eating is the greatest mental health challenge that our youth are facing today. Eating disorders do not discriminate and can manifest themselves in both males and females who are surrounded by a culture of food related obsessions such as dieting, fitness and healthy lifestyles. Eating small meals and exercising daily is celebrated and encouraged and there are thousands of internet sites available to help those achieve this ideal. Sadly, there are many ‘deceptive traps’ that lure teens and young adults into a deadly cycle of disordered eating. Most often, the symptoms and red flags are ignored or swept under the carpet because parents want to believe it is just a phase that will pass. This is generally not the case and the results are often serious and can even be fatal. Once the grip of an eating disorder takes hold, it is a monstrous demon to tackle. This article further states that illnesses like anorexia, bulimia and binge eating are a growing threat in a society that places incredible value on being thin. Both men and women are shown to have tremendous concerns about their weight and body image. Eating disorders can creep up on patients very easily. When people begin losing weight and become obsessed with their body image, they don’t know how to stop losing weight and will continue to shed pounds well beyond the need to do so. These patients have developed significant stressors and anxiety surrounding their self image and will continue to keep losing in the hopes of protecting themselves from further anguish. The article then goes on to reinforce the importance of educating ourselves. It’s not only crucial for parents to be well educated but also youth leaders like teachers and coaches to be cognizant and informed about the potential danger of eating disorders. Our societal leaders must be able to recognize potential warning signs and unusual behaviour and be confident enough to step in and offer the best resources available. There are a multitude of resources across the nation to help those who are suffering but leaders have to get the message out loud and clear for all to hear. The most important takeaway is that the community in its entirety has to be an integral part of the solution so that every patient has the same access to treatment and recovery.

This article reinforces my core topic of leadership and how it directly relates to eating disorders. Leaders in the community have to be involved and a part of the process to protect society’s most vulnerable citizens. The world is full of incredible things - technology especially has enlightened us and opened up our world to so many different possibilities and places to explore. Unfortunately, the internet can be a dangerous place and many people (mainly young adults) can fall victim to false ideals and unattainable goals. Therefore it is the responsibility of leaders in every community to protect and look out for the victims who can no longer look after themselves. With proper treatment and resources, many patients can make a full and complete recovery from their eating disorders - they just need the love and support from those in a position to help and lead the way.

Article 6

“Contact the Helpline.” *National Eating Disorders Association*, 24 Jan. 2020,

www.nationaleatingdisorders.org/help-support/contact-helpline.

This article suggests that eating disorders develop because of an inherited biological predisposition. The article provides evidence and claims that eating disorders tend to run in families and that biological and genetic factors contribute to this problem. In fact, “patients who have a mother or a sister with an eating disorder are actually 12 times more at risk to develop anorexia nervosa and about 4 times more likely to develop bulimia than those people with no familial history of eating disorders. Even further, a study of twins indicated that those that are identical rather than fraternal have a higher rate of disordered eating” (NEDA). Research on the biological component focused on the brain and the structure or activity of the hypothalamus in particular as this area is directly responsible for controlling eating behaviours. “Studies suggest that the hypothalamus of bulimics may not trigger a normal satiation (feeling full or finished) response. So even after a meal, these individuals do not feel full” (mental help). As well, specific transmitters and chemicals that carry messages to the brain may be skewed. “The neurotransmitter serotonin affects bingeing behaviour in bulimics. These individuals often crave (and gorge) on foods rich in carbohydrates. The body converts sugars from carbohydrates, through a multi-step process, into tryptophan. Tryptophan is then used to create serotonin, which is partially responsible for the regulation of appetite, creating a sense of satiation, and regulating emotions and judgment. Thus, the binge behaviour of bulimics may also be a response to low serotonin levels in the brain” (mental help). In order to care for patients who exhibit biological symptoms, they are often medicated with Prozac in order to help treat the underlying issues that contribute to the eating disorder.

This article was extremely thought provoking and insightful. It is easy to assume that eating disorders are directly caused by societal pressures to be thin and beautiful. Most research targets this approach and not enough attention has been given to other possible and plausible factors such as biological predispositions. Continued studies and experimentation is necessary in order to pinpoint brain activity and the chemicals/neurotransmitters that may play a direct role in the development of eating disorders. One positive take away from the research was that with proper medication and treatment, the brain can be manipulated in order to stop the chances of developing an eating disorder. Much more study and research needs to be done to follow up on this intriguing and plausible explanation.

Article 7

*The Psychological Causes of Eating Disorders*,

www.eatingdisorders.uk.com/the-psychological-causes-of-eating-disorders.html.

This article focuses on the psychodynamic perspective and the psychological causes of eating disorders. The first issue that is addressed in the literature is the concept of defense mechanisms being one of the root causes. It claims that all individuals have a desire to control not only their external environment but their internal environment (known as a psyche) as well. This is no easy task for many people. It is easier to control the external world in which we live but it is much more difficult to manage the psyche and all the various emotions that play on our moods and well being. For those who cannot manage or balance their internal emotions well, they very often try and compensate externally which manifests itself in certain behaviours. It is a direct reminder that what we see on the outside of a person, doesn’t necessarily match what is happening on the inside. In order to treat this, those suffering from eating disorders will benefit from therapy to help them understand their emotions, feelings and triggers. The article reminds us that we all have defense mechanisms. Some are overtly obvious but some are unconscious. Our mind uses defense mechanisms to help us cope with life. “An eating disorder is a form of a defense mechanism. That is, the excessive exercise, the perceived control over food, the purging, the weight, are therefore ways of keeping some form of perceived control, balance or even imbalance. For some individuals, feeling good can be uncomfortable and the imbalance, even if it makes them unhappy serves a purpose. This is a way of keeping what is in the unconscious mind from surging through to the conscious mind” (Mindalot). This article is very important to my research. It highlights how people with eating disorders try to gain emotional control. Although people focus on the physical behaviour like excessive eating, purging, or food restriction, the question remains, what is this individual trying to control? It may be a host of factors like anxiety, depression and stress and these are tough emotions to control. Anorexia and bulimia is just one way to cope and a behaviour that may help those struggling to deal with and control their emotions. It’s the feeling of control that individuals can see and feel as they can look in the mirror and know that all the exercise and food restriction/bingeing is having a direct result on their appearance. The most important factor to consider is that an eating disorder is never about food. Eating disorders arise because of a host of causes and symptoms and the only way to treat and recover from them will be if the individuals begin to understand and work with the underlying psychological issues.

Article 8

“New Research and Evolution in the Study of Eating Scientific Developments and Research in

Eating Disorders: Laying the Groundwork for Increasingly Effective Treatment.” *Eating Disorder Hope*, www.eatingdisorderhope.com/information/help-overcome-eating-disorders/studies/scientific-developments-and-research-in-eating-disorders-laying-the-groundwork-for-increasingly-effective-treatment.

This article talks about the new and vital treatments that are being developed to treat those individuals suffering from an eating disorder. Because eating disorders are multifaceted and quite complex, it is often difficult to help people in the same way. No two cases are alike. Eating disorders are a result of many different causes. It would be easy for researchers and practitioners if that were not the case and they had one issue to grapple with. Instead, they have to try and understand the many possible factors before they can make appropriate suggestions and assumptions. What makes it even more difficult to treat is that the factors contributing to eating disorders can be biological, emotional, environmental, societal, psychological or a combination of many. Lately, researchers are very interested in the biological component of eating disorders. Scientists around the world are trying to unlock the theory that will support whether potential contributing factors of disordered eating (like genetics, neurobiology and hormones) play a common role. “Neurobiology and brain research, as it pertains to eating disorders in particular, is becoming an increasingly promising area of eating disorder study. Researchers are uncovering new evidence that demonstrates how brain pathways function differently in individuals with eating disorders. Other research studies in this field have shown how both appetite and energy are regulated by a highly complex network of nerve cells called neuropeptides” (eating disorder hope). With increased understanding and new discoveries, doctors and family members will have a better chance of treating patients with eating disorders. Researchers also conclude that because of the nature of the illnesses and the biological component attached to them, eating disorders should be viewed as real diseases that require specialized treatment. Unfortunately, there is a stigma that still exists regarding eating disorders and mental health in general. Because of that, many men and women are reluctant to seek help and get the treatment they need. They will suffer in silence and live a sad and difficult life. Raising awareness and documenting that eating disorders can be caused by biology rather than a personal choice may encourage more patients to come forward and seek help in the future. Eating disorders are not to be taken lightly as they are serious problems and if left untreated can be fatal. There are many professionals who are making considerable gains in neurobiology research which is very promising. These researchers are finding that women in particular have different brain activity than other women who do not have an eating disorder. Scientists are now “working on comparing how brain pathways function in currently ill and fully recovered individuals that have had anorexia nervosa, in the hopes of studying whether changes in these brain regions can be connected with recovery” (eating disorder hope).

This article presents hope. It is encouraging that leading researchers and scientists all over the world are realizing the depth and magnitude of eating disorders. By understanding the causes, effects and possible treatment options for eating disorders, there is a better chance that these illnesses will result in better outcomes. This research is important to my paper as it represents the role of leadership in a very important way. Without specialists and individuals who are willing to invest their time and resources, thousands of people would have no chance of regaining their health and a better life.

Article 9

Staff, Mayo Clinic. “Eating Disorder Treatment: Know Your Options.” *Mayo Clinic*, Mayo

Foundation for Medical Education and Research, 14 July 2017, www.mayoclinic.org/diseases-conditions/eating-disorders/in-depth/eating-disorder-treatment/art-20046234.

Treating an eating disorder is dependent upon an individual’s symptoms and the particular illness that they are suffering from. The topic of disordered eating is a broad category that encompasses a large spectrum of possible disorders. Generally speaking though, treatment for eating disorders involves a combination of psychotherapy, nutrition counseling and medical intervention such as specific medications and possible hospitalization. Treatment for disordered eating involves getting to the root of the issue. The underlying catalyst could be biological, societal, psychological or a combination of any factors. If left untreated, the eating disorder can cause very serious and often life threatening consequences. Taking this into consideration, this article brings awareness to the many kinds of options available for people to get started on the road to recovery. Firstly, it is necessary to connect with a medical doctor who can quarterback the process. Practitioners and mental health specialists have the connections and wherewithal to manage treatment plans that are best suited for each individual person. They will develop a plan, tend to any physical complications, identify the appropriate resources and work toward the best treatment options available. Psychological therapy is the key component of eating disorder treatment. During therapy, patients learn life saving skills such as normalizing eating patterns, trading unhealthy habits for healthy ones, developing problem solving tools, ways to cope with anxiety and stress and how to improve relationships. This may be achieved through cognitive behaviour therapy, family based therapy or group therapy. Nutrition education is another vital practice for those suffering from eating disorders. Dieticians can help patients understand the proper way to view food and can help them achieve and maintain proper eating habits by working toward specific goals. Some patients suffering from eating disorders will combine medications with their psychological therapy to help lessen the other emotional distress that usually goes hand in hand with their disorder. This strategy is not for everyone but it is an option available to those who need it. Lastly, hospitalization may be a necessary treatment option if the patient has developed serious physical or mental health issues. Because life threatening health problems can occur with eating disorders, hospitalization may be necessary to stabilize weight and manage the other secondary illnesses that have materialized in the process.

This article is an important part of my research. I have mainly focused on the many reasons why eating disorders can manifest themselves but without treatment options available, these disorders will not improve. Patients suffering rely on the many leaders in their community to direct and manage their care. Without these forces to guide them to the proper channels, patients will fall through the cracks and either remain chronically unwell or even die. Education and bringing awareness is the key to reaching the public and letting them know that they are not alone. Patients can recover with the right leadership, guidance and treatment options.

Article 10

“Eating Disorder Myths.” *National Eating Disorders Association*, 22 Aug. 2019,

www.nationaleatingdisorders.org/toolkit/parent-toolkit/eating-disorder-myths.

This article is very important to my research as it debunks the many myths and misconceptions surrounding eating disorders. Those that are unfamiliar with eating disorders and how they are manifested, will often jump to conclusions about how they arise and how they should be treated. The first and most crucial myth that needs to be addressed is that an eating disorder is a personal choice. This assumption couldn’t be further from the truth. Eating disorders are serious medical and psychiatric conditions that individuals do not choose and that parents do not cause. Studies suggest that certain biological/genetic/psychological and even social predispositions often play a role in the development of disordered eating and that they are often accompanied by other significant health issues like depression and anxiety. Telling a patient who suffers from an eating disorder to just snap out of it will be counterproductive as they require serious intervention to help them do so. Another myth that is commonly accepted is that eating disorders are no big deal. What most people do not understand is that eating disorders are extremely serious and have the highest mortality rate of any psychiatric illness. In fact, “up to 20% of individuals with chronic anorexia nervosa will die as a result of their illness. Community studies of anorexia, bulimia, and other eating disorders show that all eating disorders have similar mortality rates” (National Eating Disorders). Other myths that surround eating disorders are: anorexia is the only serious disorder, my loved one isn’t ready to recover from their eating disorder so there is nothing I can do about it, if my loved one insists they are fine, I should believe them, as long as someone isn’t emaciated, they are not that sick, eating disorders only focus on food, I have a son, I don’t have to worry about eating disorders because it’s a girl thing, my child is too young to develop an eating disorder and people suffering from eating disorders will eventually grow out of it (National Eating Disorders). The list could go on and on. If individuals do not educate themselves about the possible causes, symptoms and available resources to help, eating disorders can become chronic and life threatening. This research drives home the point that myths often arise from misconceptions and the stigma surrounding mental illnesses. Many people in the general public do not have any knowledge of the signs and symptoms of eating disorders that pose a significant health risk. Education is key. As well, those suffering from eating disorders often feel judged by family and friends because of the many misconceptions surrounding their illness- especially that it is their choice to have one. The reality is that this couldn't be further from the truth but it often prevents patients from seeking help and finding proper treatment options. Even with increased awareness, public misconceptions are still common. Research suggests that a need for more education in order to prevent and treat eating disorders is vital so that patients suffering have a chance to recover and live a happier and healthier life.

Research Design

Qualitative/Quantitative Research

Qualitative Research #1

Interview with Erin, personal friend and recovered anorexic

Interviewer (Me): How did you become anorexic?

Erin: My condition started toward the end of grade 12. I slowly stopped eating after making the choice to become vegetarian and to eat healthy. Initially, I lost some weight but I was a chubby kid so it was easy to hide at first. As long as I ate around my family, I didn’t worry too much. Once I saw how easy it was to lose weight, I didn’t want to stop. I liked the validation I received from people who said I looked great. At this point, I felt that If I continued to limit my intake, I could

lose more weight quickly and really earn the praise from others. It was a euphoric feeling.

Interviewer: Did your family and friends sense that you were becoming anorexic?

Erin: At first my weight loss was gradual and was not noticeable to my friends at school. However, my mom recognized the changes immediately, both in my appearance and in my behaviour. And once the weight continued to drop, there was no hiding it from anyone.

Interviewer: When did you realize that you needed an intervention?

Erin: at the end of my first year in university, I became very ill. I felt weak and faint if I tried to get up and walk and I was having significant medical symptoms that really frightened me. I had no energy and no motivation to see friends or go to school. I realized then that my health was deteriorating rapidly and if I wanted to live, I better seek help.

Interviewer: What kind of treatment did you go through?

Erin: I sought help from my family doctor as well as a lot of psychotherapy to help me understand the reason behind my destructive behaviour. I have learned other ways to cope with my feelings and better behaviours to manage my stress. Most importantly, I learned not to equate my self esteem and self worth with my weight. Counseling has helped to improve my self image and to see the number on the scale in a positive, healthy way.

Interviewer: Do you still consider yourself in recovery?

Erin: I think I will always be in recovery. I have been at a healthy weight for 4 years now, but I still struggle with some difficult days. Talking about my experience with anorexia helps me a lot and gives me a clearer understanding of my past behaviours. I think my eating disorder will always be in the back of my mind but I don’t want to go back to a place in time where I almost died because of it. I will continue to seek help and go to therapy so that I can continually work on my body image issues and my self esteem. I am lucky also that I have a loving and supportive group of family and friends.

Interviewer: Any advice for others who are dealing with an eating disorder?

Erin: I want to stress to others that they shouldn’t feel ashamed of what they are experiencing and don’t ever be afraid to ask for help. There are so many resources and avenues to provide help for those who need it. Never feel like you are in this alone. No one should be afraid to reach out and ask for help. Eating disorders don’t discriminate. They can happen to anyone from all walks of life but there is hope for everyone.

Interviewer: What motivates you now to stay healthy?

Erin: Lucky for me, I was always active. Now, I work with a personal trainer that focuses on strength training and body awareness. I also go to Pilates to build on the strength that I am developing in the gym. I also eat clean, healthy foods but I will indulge in special treats when I have the urge. The difference is I don’t beat myself up over it and I have realized that balance is the key to a happy life.

Qualitative Research #2

Questions to ask Patients when they are showing signs of an eating disorder- always keep in mind that they may hide their symptoms and feel threatened. Developing a relationship built on trust is very important at this stage of the relationship.

All questions seen below were taken from psycho Scene Hub Website. I felt it was necessary to include them in my research as it is important for practitioners to ask pertinent questions before making a diagnosis.

-what do you do on a typical day?

-what food do you eat for your breakfast, lunch and dinner? Anything in between?

-How does your food intake make you feel?

Other questions practitioners ask to get more insight into their behaviour in order to diagnose properly:

-are you worried about your weight?

-does gaining weight frighten you?

-what do you do that stops you from gaining weight?

-what image do you see when you look at yourself in the mirror?

-what is the ideal weight that you want to achieve?

-have you ever been admitted to the hospital for chest pains, fainting, dizziness or bone fractures?

-for women, doctors will ask, how are your menstrual

Periods to determine if they still have one

These questions are very important to help in a diagnosis. Practitioners are trained to analyze the criteria they are presented with before making assumptions. Along with the many questions they ask, doctors will also monitor blood pressure, blood levels, heart function and electrolytes.

Qualitative Research #3

Objective: “Despite traditional views of eating disorders as a female illness, there is a growing body of evidence that the incidence rate of eating disorders in men is rising. Research suggests that these men may experience unique symptoms and difficulties, however, it is unclear how these unique needs may impact treatment. The aim of the study was to explore clinicians’ views on whether men have gender-specific treatment needs, and how far these needs require treatment adaptations” (Kinnaird et al).

Design: A qualitative interview was used to investigate men with eating disorders and how a handful of clinicians’ worked with them in an outpatient environment.

Results: three themes emerged.

1. Male specific issues were identified by clinicians such as masculinity and the difficulty discussing emotions
2. Treatment options that are comprised of a male friendly group only.
3. Importance of creating a male-centred environment that is supportive and accessible to male clinicians

Conclusions:

“Although men do present with specific treatment needs, these can typically be met within the framework of typical treatment approaches by experienced clinicians in an environment sensitive to the presence of men in an otherwise female dominated space. However, there are a lack of explicit guidelines for this process, and areas such as male-only treatment spaces require further research”’(Kinnaird et al).

Qualitative Research #4

Methods: “we selected variables for which there were available data using integrative methodologies (Ex. Twin studies, gene environment interactions) and/or data at the biological and behavioural level (Ex. Neuroimaging). Factors that met these inclusion criteria were idealization of thinness, negative emotionality, perfectionism, negative urgency, inhibitory control, cognitive inflexibility, serotonin, dopamine, ovarian hormones” (Culbert et al).

Findings: sociocultural idealization of thinness was measured by variables like exposure to media and the pressures to become thin because of it. As well, personality characteristics like negativity, perfectionism were also measured as possible risk factors to a predisposed eating disorder.

Conclusions: Many ‘biopsychosocial’ factors are inherent in people with disordered eating and these factors are now considered as potential risk factors. “The psychological and environmental factors interact with and influence the expression of genetic risk to cause eating pathology. Additional studies that examine risk variables across multiple levels of analysis and that consider specific transactional processes amongst variables are needed to further elucidate the intersection of sociocultural, psychological, and biological influences on eating disorders” (Culbert et al).

Quantitative Research #5

“Identifying risk factors for eating disorders may help us develop more evidence-based prevention mentions. Identifying risk factors may help us determine which individuals should be screened in subsequent years and if they do develop eating disorders, they will hopefully be more likely to receive early intervention and treatment” (Tetyana).

Elizabeth Evans conducted a study in 2016 to identify predictors of eating disorder symptoms. In the study, she measured risk factors for boys and girls at ages 7, 9 and 12. At this time, the study measured “eating attitudes and dietary restraint, BMI, body dissatisfaction, and depressive symptoms” (Tetyana).

The study: (Tetyana)

-516 participants - 262 girls, 254 boys

-all participants lived in the UK

-98% of participants were white (ethnic majority)

-study focused on 7, 9 and 12 year olds

Findings

Girls exhibited more depressive symptoms than boys and a higher feeling of body dissatisfaction than boys although they were present in boys (esp at age 12)

Eating disorder symptoms were directly associated with depressive symptoms in both boys and girls at a young age. (Tetyana)

Conclusion

The findings are important because they reinforce the fact that we need to focus on body image/body dissatisfaction awareness and prevention. We need to provide young children and adolescents with the right tools and support to deal with the unpleasant emotions they are experiencing before they turn into a full blown eating disorder. Given that children showed signs of depression, extra attention should be given to creating opportunities for them to discuss their feelings and issues and to address ways to cope before an eating disorder takes hold. Future research is necessary to consider other factors that play a role in the development of eating disorders.

Quantitative Research #6

“Eating disorders statistics, studies and research are surprisingly difficult to find. Occasionally you will find websites and articles that reference a few key studies, but they are few and far between outside or clinical journals and papers” (eating disorder hope).

A few qualitative statistics to put things in perspective. All statistics listed below are from the Journal of Eating Disorder and Hope and the National Institute of Mental Health

Anorexia Nervosa (National Institute of Mental Health)

-estimated 1-4.2% of women have experienced anorexia in their lifetime.

-anorexia has the highest death rate of any other mental disorder

-4% of anorexics will die from other medical complications associated with anorexia

-a mere ⅓ of people diagnosed with anorexia in the US will access treatment

Bulimia Nervosa (National Institute of Mental Health)

-as much as 4% of women in the US will experience bulimia during their lifetime

-almost 4% of people with bulimia will die from the disease

-only 6% of bulimics will access treatment Binge Eating Disorder

-2.8% of US adults will have a binge eating disorder in their lifetime and 43% will seek treatment for it

-approximately 43% of people with binge eating disorders will seek treatment

General Statistics on Eating Disorders (National Institute of Mental Health)

-a shocking 10 million females and 1 million males in the US alone have an eating disorder

-4 out of 10 people have either personally struggled with an eating disorder or know someone that is struggling with one.

Female Eating Disorder Prevalence Rates (National Institute of Mental Health)

-.9% of women will battle anorexia

-1.5% of women will battle bulimia

-3.5% of women will battle binge eating

Male Disorder Statistics (National Institute of Mental Health)

-.3% will battle anorexia

-.5% will battle bulimia

-2% will battle binge eating

Adolescents (National Institute of Mental Health)

-National Institute of Mental Health states that 2.7% of teenagers (13-18 years of age) will battle with disordered eating.

-50% of adolescent girls and 30% of adolescent boys have an unhealthy relationship with weight and engage in behaviours that jeopardize their well being such as fasting, skipping meals, inducing vomiting, using laxatives and smoking cigarettes in order to manage their weight

-25% of college women binge and purge as a way to control weight

Prevalence of eating disorders among athletes (National Institute of Mental Health)

-13.5% of athletes struggle with an eating disorder

-42% of female athletes who are involved in aesthetic sports, struggle with an eating disorder.

Dieting Statistics and Prevalence (National Institute of Mental Health)

-more than 50% of teenage girls and 33% of teenage boys will utilize restrictive methods to lose weight

-46% of 9-11 year olds are oftentimes on diets as well as 82% of these children’s families

-91% of women surveyed on a university campus admitted to trying to control their weight through dieting

-95% of all dieters end up regaining their lost weight in 1-5 years.

-33% of regular dieters go on to dangerous dieting and of those people, 20-25% will develop an eating disorder

-25% of US women and 45% of US men are on a diet on ‘any given day’.

These statistics set out by the National Institute of Mental Health are extremely important to the research and show the prevalence of eating disorders and the widespread problems associated with them. Eating disorders do not discriminate. They are rooted in psychological, societal and biological factors and much more research is necessary to understand the full scope of the complex issues that surround them.

Quantitative Research #7

Below is an excellent questionnaire example that has been set up by the The Eating Disorder Foundation. Taken by those who are struggling, they are told if they answer yes to any of the questions, they should get professional help. Although it should not be mistaken as a diagnostic tool, it should be used to make patients aware that they may be suffering from an eating disorder and should go one step further and seek the opinion of a practitioner.

Here are the surveyed questions that the Eating Disorder Foundation feels are important to those who may need assistance and I feel they are important to share.

1. Do you feel guilt and remorse when you eat?
2. Are you terrified of being overweight?
3. Do you isolate so that you can eat?
4. Do you avoid eating when you’re hungry?
5. Do you continue to eat even after you are full?
6. Do you take medication or exercise instead of eating a meal?
7. Do you weigh yourself at least once a day?
8. Do you evaluate yourself based on your body size and shape?
9. Do you eat large amounts of food in a brief amount of time?
10. Do you feel out of control when you eat?
11. Do you make yourself vomit to avoid gaining weight?
12. Do you regularly take laxatives or diuretics to lose weight?
13. Do you exercise no matter how tired or sick you may feel?
14. Do you skip meals in order to lose weight or to avoid gaining weight?
15. Do you diet often?
16. Do you exercise more than once a day?
17. Do you hide food?
18. Do your emotions affect your eating habits?
19. Are you preoccupied with food or your body size?
20. Do you avoid close relationships or social activities?
21. Do you feel as if food controls your life?

Quantitative Research #8

Below is a simple, online survey of 5 questions that is used to screen for potential eating disorders. I feel it is effective as bombarding people with too many questions may scare them off and they won’t be bothered to partake. Self assessment is very important as it is a tool that paves the way for help and possible treatment.

Here are the questions asked by emental health:

1. Are you satisfied with your eating patterns? Yes or No
2. Do you ever eat in secret?

Yes or No

1. Does your weight affect the way you feel about yourself?

Yes or No

1. Have any members of your family suffered with an eating disorder?

Yes or No

1. Do you currently suffer with or have you ever suffered in the past with an eating disorder?

Yes or No

These questions are taken online and results are provided immediately in privacy. This may give those in need the incentive to ask for help as they are not feeling threatened by anyone standing over them and telling them what to do. The site offers help by providing information of how and where to access the services for treating an eating disorder.

Discussion/Data Analysis

The quantitative and qualitative research is based on small studies of people who have been diagnosed with an eating disorder. The findings confirm that eating disorders do not discriminate. They affect men and women, teenagers and young adults from all walks of life. There is a greater incidence of women being diagnosed with eating disorders mainly because they are generally more body conscious and men still feel apprehensive about coming forward and admitting they are suffering. The research does emphasize that there is a lot of support in the community for those people who need help. There are many sites with help lines, questionnaires and surveys that individuals can access in the privacy of their own home. Once armed with information, there are many options for people to choose from if they decide to seek professional help. Research also confirms that diagnoses are complicated as there are many factors to consider. The cause of an eating disorder can be biological, societal and/or psychological (biopsychosocial) and studies suggest that these factors inherent in patients pose potential risk factors to develop disordered eating. Research even confirms that depressive episodes in boys and girls ages 7-12 are predictors for potential eating disorders in subsequent years. Identifying these risk factors may help families and practitioners determine who needs to be watched closely and monitored as a preventive measure. Research shows that eating disorders are alarmingly concerning. Statistics only take into consideration those patients who come forward. It is felt that there are many others who are suffering in silence and hence, those numbers would be substantially higher.

Eating disorder research is constantly evolving and because of that, diagnostic tools and treatment options are refined based on new findings. But, the nature of eating disorders are multifaceted and complex and this sometimes makes helping those in need, quite difficult. Research just confirms that there is not only one single culprit responsible for the development of an eating disorder. Instead, it can be a host of many possible factors that are deeply rooted biologically, societally and psychologically. And these factors are very often combined with feelings of anxiety, stress or depression which complicates the situation even more. I did notice that biological research is being investigated constantly in today’s world as scientists are theorizing that mechanisms in the human body may play a more important role than previously expected in years past. Neurobiology and brain research is a promising area of study for disordered eating and it is my hope that researchers will continue to uncover new evidence in the future to help support this plausibility. I also hope that more in depth studies on eating disorders will develop. As of now, they are difficult to find and often involve obscure study groups with little or no substantive or conclusive results. Even researchers concur that more studies need to be done, especially because there are so many individuals suffering and the incidence is widespread and numerous. Since there are many factors to consider when diagnosing an eating disorder, we need to examine and research, psychological and societal factors as fervently as biological predispositions. Also, it would be interesting to know whether treatment options and the support of leaders in the community are making a difference. So many unanswered questions remain. As well, the studies that I did locate, for the most part, were quite scientific, extremely long, confusing and quite disappointing. There is a real lack of available research for those interested to access and it is important to improve on this. For those needing more information that is user friendly, they will have a hard time finding what they need without feeling bogged down and frustrated.

The Final Perspective/Conclusions

There are many factors that can influence the evolution of an eating disorder. It is widely known and accepted that these factors are biological, psychological and societal in nature and are often accompanied by other negative feelings like anxiety, shame, perfectionism and depression. Because eating disorders are complex, multifaceted and singular, they are often difficult to diagnose properly and require specialized and unique treatment that can be different for each and every person who is suffering. No two people are going through the same emotional trauma and therefore, it makes treating patients challenging. Although much work needs to be done, recent neurological studies in particular and ongoing research shows promise for those who need it most. Clinicians, physicians, families, the media and the community at large are the key components to facilitating a multi modal approach that will focus on the prevention and perpetuation of disordered eating. If patients are able to access resources, they have the chance to recover fully and to live a healthy life.

It is important to remember that eating disorders such as anorexia nervosa, bulimia nervosa and binge eating (most common) do not discriminate, can manifest themselves in a person of any age, gender, race or religion and have been in existence for hundreds of years. Eating disorders are serious mental and physical conditions that must be treated like any other significant medical illness. Research alludes to the fact that women tend to suffer more, but it is not known if this is a result of men fearing the stigma and shame attached to coming forward and therefore become reluctant to do so. Regardless, the underlying symptomology for both men and women are similar. Studies suggest that the root cause of an eating disorder can be neurobiological with a genetic predisposition that can be passed on through generations. Societal causes for the development of disordered eating are complex. Young women and men who are vulnerable to the pressures that society imposes on them are easily influenced to self-destruct. With a constant barrage of media images portraying people to look and behave a certain way, there is no wonder so many young people fall into this trap. Lastly, there are a multitude of psychological reasons that cause an eating disorder. Feelings of guilt, shame, depression, anxiety, perfectionism and hopelessness are often the catalyst for individuals to find the power that disordered eating provides. Eating disorders are a widespread phenomenon. In fact, they are currently the greatest challenge that our youth are facing today. But, with new treatment options being developed, practitioners are having more success in helping those in need. Patients need to surround themselves with an army of leaders in order to quarterback their recovery. It is not an easy process. Treatment is usually multifaceted and involves a combination of psychotherapy, nutrition counseling, medical intervention and the unwavering support of family and friends. It takes an army of well trained and compassionate people to make a difference. Without proper care, patients are at a huge risk of developing serious medical issues that can be life threatening or even cause death.

Although there are numerous studies and research about eating disorders, much work needs to be done. Raising awareness about the dangers of social media should be mandatory in schools in order to make the young, vulnerable sector of society understand that it is okay to not feel okay and to access help if they need it. Life on social media is merely a fantasy that needs not be replicated and this message must be driven into the naive minds of those who will fall prey to the anxiety and hopelessness that these images conjure up. As well, open dialogue about the dangers of eating disorders need to start at home, with parents and family members keeping a watchful ear and eye over their children. Many myths surround eating disorders and it is sometimes easier to turn a blind eye than face what is painfully obvious. As well, more research and studies need to be available that are less clinical and easier for the average person to decipher. If someone is looking for information and guidance, they may walk away when they see that the research is too daunting and scientific to comprehend. What is most promising though is the ongoing discussion surrounding mental illness. Conversations about mental health used to be taboo and uncomfortable to speak about. But, in today’s society, that is all changing. If people can continue to unattach and disassociate themselves from the fear and stigma of admitting they have a problem, there is much hope that they will seek the best help to make a full recovery.

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