

# ADOLESCENT TRANSITION EATING DISORDERS

Developmental Psychopathology: From  
Infancy through Adolescence, 5<sup>th</sup> edition  
By Charles Wenar and Patricia Kerig

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## NORMATIVE ADOLESCENT DEVELOPMENT

- Adolescence is the stage of life during which child is transformed into adult
- Two important developmental junctures: one at beginning and other at end of adolescence
  1. transitioning from childhood → adolescence
  2. transitioning from adolescence → adulthood

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### Shifts in development occur for teenagers across domains:

- physical body
- societal status
- peer relations
- sexuality
- cognitive complexity
- family

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## ANOREXIA NERVOSA

- As physical transformation of adolescence meets stage-salient social pressures, most teenagers experience heightened sensitivity and concern about their appearance
- If adolescent is vulnerable to developing anorexia, obsession to control body weight can threaten healthy development and even become deadly

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### DSM-IV-TR *Anorexia Nervosa*

- Refusal to maintain minimally normal body weight or failure to make expected weight gain
- Intense fear of gaining weight or becoming "fat" even though underweight
- Disturbance in how body weight or shape is experienced, exaggerated importance of physique for self-worth, and/or denial of seriousness of dangerously low body weight
- Amenorrhea

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### DSM-IV-TR Types of Anorexia

1. Restricting Type: food intake highly restricted;no bingeing or purging of food
  2. Binge-Eating/Purging Type: during anorexic episodes, purging is used to control weight gain after binge-eating
- It is not uncommon for *excessive exercise* to be used as a way to control weight

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## Characteristics of Anorexia

- prevalence
- onset
- gender
- ethnicity
- social class
- comorbidity
- developmental course
- health risks

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## Etiology of Anorexia

- *Biological Context*
  - genetics
  - neurochemistry
  - brain-imaging studies
- *Individual Context*
  - body image
  - personality characteristics
  - cognition

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- *Family Context*
  - child maltreatment
  - Family Systems Theory
    - enmeshment
    - over-protectiveness
    - rigidity
    - lack of conflict resolution
- *Social Context*
- *Cultural Context*
  - body ideals and femininity
  - ethnicity and culture

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## BULIMIA NERVOSA

- Target relationships with food and their bodies as means for trying to cope with underlying issues
- Recurrent episodes → considerable guilt, shame, self-contempt, anxiety about additional loss of control

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## DSM-IV-TR Bulimia Nervosa

- Recurrent episodes of *binge* eating include:
  - discrete period of gorging on significantly unusual amounts of food
  - sense of lack of control during eating episode
- Recurrent *compensatory* behaviors to prevent weight gain (e.g., excessive exercise or vomiting to compensate for binge calories consumed)
- Self-evaluation is unduly influenced by body shape and weight

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## DSM-IV-TR Types of Bulimia

1. Purging Type: bulimic episode includes regular use of self-induced vomiting, laxatives, diuretics, or enemas to purge food consumed during a binge
2. Nonpurging Type: instead of purging, other inappropriate compensatory behaviors such as excessive exercise or fasting are used to control weight

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## Characteristics of Bulimia

- prevalence
- onset
- gender
- SES
- ethnicity
- comorbidity
- developmental course
- health risks

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## Etiology of Bulimia

- *Biological* Context
  - genetics
  - neurochemistry
- *Individual* Context
  - personality characteristics
  - emotion regulation
  - cognition

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- *Social* Context
  - peer influences
  - eventual isolation
- *Family* Context
  - parental psychopathology
  - family discord
  - family attitudes
- *Cultural* Context
  - Western sex–role socialization
  - interaction with individual factors

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## Comparison: Anorexia & Bulimia

- Table 12.2
- Bulimia & the binge–purging type of anorexia may have more in common with each other than either does with restricting–type anorexia
  - Additional research may clarify how best to resolve this classification issue

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## Cruel ironies

- The more adolescents try to control their life through desperate measures re: food and weight, the more control they *lose* to the eating disorder
- Initial overt goal of being physically attractive is defeated by maladaptive strategies used to pursue it, as tyranny of the eating disorder eventually takes toll on attractiveness, perhaps taking the ultimate toll: life itself

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## Integrative Developmental Models (Rodin et al.; Attie et al.; and Lask)

Predisposing precipitating and sustaining factors

Interact with one another and affecting multiple domains of development over time:

- sociocultural factors
- temperament/personality
- family
- adolescent and pubertal stressors
- dieting, sense of achievement about dieting fuels more desperate and extreme dieting behaviors — Eating Disorders

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## **Intervention for Eating Disorders**

- Pharmacological Intervention
- Psychodynamic Psychotherapy
- Behavior Modification
- Family Therapy
- Cognitive Behavioral Therapy (CBT)
  - self-monitoring
  - behavioral contracting
  - cognitive restructuring

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