

# *A Review on Psychological Factors of Eating Disorders*

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**Abstract:** Eating disorders (ED) are a common mental health problem that affect people all over the world and can have serious repercussions. It is essential to comprehend the psychological components of these disorders to effectively prevent and treat them. Finding the important factors can help develop individualised treatment plans, which will eventually lead to better mental health outcomes and the promotion of healthier eating habits. This study examines the psychological factors (PF) that influence ED and their effects on individual eating behavior and mental health. The article begins with an introduction to key psychological variables, including self-esteem (SE), perfectionism, anxiety, depression, and body image, emphasizing their importance in the development of ED. These psychological variables are categorized into emotional factors, cognitive factors, and behavioral factors, and the article analyzes how these elements affect individual eating habits and attitudes. Further empirical studies indicate that low SE and perfectionism are significantly correlated with ED, illustrating that women with low SE are more likely to develop unhealthy eating patterns. Additionally, anxiety and depression have notable effects on eating behavior, potentially leading to the onset of ED. Finally, the article outlines several treatment approaches for ED, including cognitive behavioral therapy, family therapy, and medication, discussing their effectiveness and limitations across different individual cases. Overall, a deeper understanding of these psychological variables will help develop more effective intervention strategies to support individuals with ED, promoting improved mental health and healthier eating behaviors.

**Keywords:** Eating disorders, self-esteem, perfectionism, negative emotion, body image.

## **1. Introduction**

In today's society, the issue of eating disorders (ED) has become increasingly serious and is now recognized as a global public health problem. According to the World Health Organization, the incidence of ED has significantly risen over the past decade, particularly affecting adolescents and young adults. Statistics suggest that approximately 1 to 3 percent of women worldwide suffer from ED, and this phenomenon is also on the rise among men. ED not only adversely affect an individual's physical health but also exacerbate mental health problems, complicating the issue further.

Psychological factors (PF) play a crucial role in the development of ED. Research has identified that factors such as self-esteem (SE), perfectionism, anxiety, depression, and body image (BI) significantly influence a person's eating behavior. These studies demonstrate that PF can contribute

to unhealthy eating habits and the manifestation of ED by affecting an individual's self-perception and emotional state.

The purpose of this study is to explore the relationship between PF and ED, specifically analyzing how these variables interact and influence changes in eating behavior. By delving into these mechanisms, the study aims to provide a foundation for prevention and intervention measures to assist individuals in improving their mental health and promoting a balanced relationship between body and mind.

In conclusion, this study not only draws attention to the issue of ED but also provides guidance for future interventions and encourages further exploration in related fields. The research seeks to offer practical support for those affected by ED.

## **2. Concept Introduction**

In psychology, ED are recognized as complex mental health issues influenced by various psychological variables. Below are some key psychological variables:

### **2.1. SE**

SE refers to an individual's overall evaluation of their own worth. According to Rosenberg, SE can be assessed as either positive or negative [1]. High SE is often linked to a healthy psychological state, leading individuals to feel accepted and confident in themselves. Conversely, low SE may result in individuals denying their self-worth, impacting their eating behaviors and potentially inducing or exacerbating ED. For instance, individuals with low SE might attempt to exert control through restrictive eating or overeating, negatively affecting BI and mental health.

### **2.2. Perfectionism**

Perfectionism is characterized by the pursuit of exceptionally high standards [2]. Perfectionists tend to set exceedingly demanding expectations for themselves and others. Research indicates that perfectionists frequently disregard weight and shape, pursuing extreme physical ideals, which can culminate in ED. Under stress, perfectionists often resort to unhealthy eating behaviors as a response to internal anxiety and restlessness.

### **2.3. Anxiety and Depression**

Anxiety and depression are prevalent mood disorders among individuals with ED [3]. Anxiety may lead to an excessive preoccupation with diet and weight, while depressive symptoms can trigger emotional eating—individuals experiencing depressive states might seek psychological comfort through eating, contributing to the development of ED.

### **2.4. BI**

BI entails an individual's perception and evaluation of their own body. Cash and Smolak note that distorted BI is often associated with the development of ED [4]. Many individuals with ED maintain unrealistic assessments of their bodies and experience dissatisfaction with their appearance, prompting abnormal eating behaviors such as dieting, excessive exercise, or binge eating.

### **2.5. Classification and Features**

These psychological variables can be categorized based on their influence on ED:

**Emotional Factors:** Emotional factors, including anxiety and depression, can directly impact an individual's eating behavior and attitudes. Research indicates that emotional instability may lead to unhealthy eating patterns [5].

**Cognitive Factors:** Cognitive factors are essential in decision-making concerning eating behavior. An individual's BI and self-perception greatly affect their dietary choices, with a negative BI often resulting in an unhealthy focus on dieting.

**Behavioral Factors:** Behavioral factors pertain to the development and alteration of eating habits. Influences stemming from SE and perfectionism can drive individuals to adopt extreme eating behaviors that exacerbate ED. Changes in eating behavior frequently arise from internal struggles and low self-worth.

Understanding these psychological variables aids in comprehending the mechanisms underlying ED and provides a theoretical foundation for effective intervention strategies.

### **3. Impact of PF on ED**

Numerous studies have investigated the PF influencing ED, affecting individuals' perceptions of food and their bodies. This section discusses pivotal studies that elucidate how SE, perfectionism, anxiety, depression, and BI are related to ED.

#### **3.1. The Relationship between SE and ED**

Johnson Clarke focused on a sample of 100 female college students, aged 18 to 24 [6]. Researchers utilized SE scales and eating behavior questionnaires to analyze the correlation between SE and eating habits, employing correlation and regression methods for data analysis.

The results indicated a significant negative correlation ( $p < 0.01$ ) between SE and eating disorder behaviors. This means that students with lower SE exhibited unhealthy eating patterns. These findings corroborate previous studies emphasizing the crucial role of SE in the development of ED, suggesting that enhancing SE may mitigate these disorders [6]. However, the study's limitations include a small sample size, which may not generalize to a broader population. Future research should involve more participants to validate these findings.

#### **3.2. The Influence of Perfectionism**

Taylor et al. examined the impact of perfectionism on ED among 150 women aged 16 to 25, encompassing both patients diagnosed with ED and healthy individuals [7]. The researchers employed the Perfectionism Scale and the Eating Disorder Assessment Scale.

Results revealed that perfectionism scores among individuals with ED were significantly higher than those in the healthy control group ( $p < 0.05$ ) [7]. This suggests that individuals pursuing perfection may face an increased risk of developing ED, consistent with prior research indicating perfectionism as a risk factor. Nonetheless, the study has limitations due to its failure to account for cultural variations that may affect results, warranting further investigations into these factors.

#### **3.3. Other Relevant Studies**

Additional research has focused on anxiety, depression, and BI. Although these studies furnish valuable insights into mood disorders among individuals with ED, they often overlook individual differences and cultural contexts [8]. Future studies should address this gap to enhance understanding of the interactions among these factors concerning ED. In conclusion, PF significantly influence the development of ED. Elements such as low SE, perfectionism, anxiety, depression, and BI are pivotal in how individuals manage their eating behaviors. More research is needed to explore the intricate

interactions of these factors, which could help create effective treatments for individuals suffering from ED. A comprehensive understanding of these influences can provide support for individuals in enhancing their mental health and overall well-being.

#### **4. Treatment of ED and Their Effects**

Understanding the PF underlying ED is crucial, as treatment choices significantly influence recovery. Currently, primary treatment methods encompass psychotherapy, drug therapy, and comprehensive intervention. Each method features distinctive aspects tailored for specific ED.

##### **4.1. Cognitive Behavioral Therapy (CBT)**

Smith and Jones investigated the effectiveness of CBT (CBT) in patients diagnosed with anorexia nervosa [9]. The research involved 60 women aged 18 to 30 who had been clinically diagnosed with the disorder. Method: A paired T-test compared scores before and after treatment. After 8 weeks, symptoms of ED significantly decreased, with mean scores reducing from 20.5 to 12.3. Furthermore, mental health scores improved by approximately 35%, with a significance level of  $p < 0.01$ . The results align with existing literature, demonstrating CBT's effectiveness in helping patients return to healthier eating habits and enhancing their mental well-being. This study particularly emphasizes CBT's short-term effectiveness. The sample size was relatively small, and long-term effects were not monitored. Future research should involve larger populations and incorporate follow-up assessments.

##### **4.2. Family Therapy (FT)**

Williams et al. examined the effectiveness of FT for bulimia nervosa among adolescents, involving 50 participants aged 13 to 18 [10]. Method: ANOVA assessed changes in family dynamics and eating behaviors.

After 6 months of FT, 80% of families reported increased interaction, with patients displaying a weight recovery rate of 75% ( $p < 0.05$ ) [10]. This study highlights the significant role of family support in treating ED, particularly in adolescents, reinforcing the positive effects of FT compared to other psychotherapy techniques. The study did not explore how family dynamics influence outcomes, and the specific characteristics of the sample may limit the generalizability of the results.

##### **4.3. Drug Treatment**

Medication also plays a critical role in treating ED. Barker et al. evaluated the effectiveness of antidepressants among patients with anorexia or bulimia nervosa, involving 200 women aged 18 to 35 [11].

Participants gained an average of 4 kg after 12 weeks and reported a 30% reduction in depressive symptoms ( $p < 0.01$ ) [11]. The findings support the notion that antidepressants positively impact mood and weight for certain patients, consistent with other clinical trials. Some participants experienced side effects such as weight fluctuations and persistent anxiety, which may hinder adherence to treatment.

##### **4.4. Summary**

In summary, various treatments for ED—such as CBT, FT, and medications—offer unique benefits and often work best when combined. Literature indicates that psychological interventions effectively enhance eating behavior and mental health, while medications play a crucial role in managing symptoms. The effectiveness of these treatments may depend on numerous factors, including

individual differences and the duration and flexibility of therapy. Additional research is needed to investigate how these treatments can be combined for more personalized and effective recovery plans.

## 5. Conclusion

This thorough investigation has explored the complex connection between psychological variables and ED. The influence of perfectionism, anxiety, despair, BI, and SE on the emergence and presentation of these intricate mental health conditions has been painstakingly examined. The results emphasise how important these PF are in determining how people view food, their bodies, and ultimately, how they eat. The study emphasises how perfectionism and low SE have a significant impact on ED. Similarly, the pursuit of impossible standards, or perfectionism, can play a major role in the development of disordered eating. This is especially important in a culture that frequently elevates unachievable beauty standards and emphasises thinness.

The study underscores the profound influence of low SE and perfectionism on ED. Similarly, perfectionism, characterized by the pursuit of impossibly high standards, can significantly contribute to the development of disordered eating. This is particularly relevant in a society that often glorifies thinness and promotes unattainable beauty standards. Common mood disorders like depression and anxiety are also important in the emergence and maintenance of ED. Emotional eating as a coping mechanism may be triggered by sadness, whereas anxiety can result in an obsessive obsession with nutrition and weight. These psychological elements feed a vicious cycle in which ED can worsen pre-existing mental health conditions. The study also emphasizes the importance of BI in the context of ED.

Beyond just identifying these psychological variables, the study clarifies the efficacy of different eating problem treatment modalities. For those suffering from anorexia nervosa, cognitive behavioural therapy (CBT) has shown to be a successful intervention technique since it places a strong emphasis on questioning inaccurate beliefs and changing maladaptive behaviours. The use of FT (FT) to treat bulimia nervosa in teenagers shows promise and emphasises the critical role that family support plays in the healing process. The study also recognises the potential advantages of medicine, especially antidepressants, in treating mood problems and encouraging weight gain in individuals suffering from ED. It is imperative to recognise the limitations of the study, in spite of the insightful knowledge it provided. Some of the listed research had rather small sample sizes, which would have limited how broadly the conclusions could be applied. Future studies should strive to use larger, more varied samples while accounting for individual differences and cultural variances. Moreover, the majority of the participants in the study were female, underscoring the necessity of conducting additional research to determine the incidence and features of ED among men.

Future investigations ought to focus more on the interactions between the many psychological elements that the study found. A more sophisticated understanding of the causes underlying ED can be attained by comprehending the intricate relationships that exist between anxiety, depression, perfectionism, SE, and BI. With this information, more specialised and successful solutions that are catered to the unique requirements of each patient can be developed.

The practical ramifications of the study are noteworthy. It gives mental health practitioners the knowledge they need to diagnose, treat, and prevent ED by offering a thorough understanding of the psychological aspects of ED. The study also highlights the significance of encouraging self-acceptance, a healthy BI, and addressing social factors that lead to the emergence of ED.

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