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The Impact of Family and Friends in Women with Eating Disorders

Perry L. Collins

Wayland Baptist University

Cassandra J. Collins

Wayland Baptist University

Jeremy J. Berry

Texas Tech University

Collins, Perry L, is an Assistant Professor of Psychology at Wayland Baptist University. He is currently licensed in the state of Texas as a professional counselor and a psychological associate. He has presented research at dozens of conferences including many presentations at the annual conventions of the American Psychological Association, the American Counseling Association, and the American Educational Research Association.

Collins, Cassie J, is an Assistant Professor of Psychology at Wayland Baptist University. She is currently licensed in the state of Texas as a professional counselor and a psychological associate. She has presented research at various conferences on the national and regional/state levels.

Berry, Jeremy J, is a doctoral student in counselor education at Texas Tech University. He has been a graduate assistant, researching eating disorders for the past 2 years. He has published work related to research in eating disorders and counseling diverse populations.

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Background of The Problem

Whether anorexia (AN) or bulimia (BN) or symptoms of both disorders, women with eating disorders seem to be extremely sensitive to food-related issues and media images of the ideal of female beauty (Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999). Persons with eating disorders tend to have low self-esteem, shame, and other psychological problems (Miller, 2006). Certain external cues (sight, smell, and taste) that most people may not notice could hold significance and increase physiological arousal in the woman with an eating disorder (Tuomisto et al., 1999). People who constantly diet tend to have lower body satisfaction than those who are content with their weight (Loftshult, 2006). Furthermore, many women casually state that they are too “fat” or need to go on a diet. These statements, used oftentimes by women to perpetuate “small talk” among each other, may hold much deeper meaning to someone whose life centers around obsessions of body size, food, and appearance. Most individuals in American society seem desensitized to the media’s influence on what is glamorous beauty (and what constitutes normalcy) to the extent that they do not realize the effects of television advertisements and billboard signs on women living with an eating disorder. Likewise, those who do not have an eating disorder do not notice, for instance, if a public restroom has a lock on it or if a particular restaurant offers a buffet. Therefore, a better understanding of the daily issues of these women is needed. Such research could be emancipating for these women as it could assist others in understanding what their daily lives are like. Furthermore, with a better understanding of their issues, research could lead to more sensitive treatment approaches in counseling these women.

Introduction

Eating disorders seem to be on the rise and many counselors are faced with the need to address the issues of these young women in a more efficient, effective manner. Since the mid 1980’s, the topic of eating disorders has become very popular in both medical and psychological communities (Kerr et al., 1991). There have been marked increases in eating disorders in recent years (Kitzrow, 2003). Furthermore, evidence indicates that eating disorders may be culture-bound (Hamilton et al., 1985). The American culture seems to view the ideal body for a woman in a much taller and slimmer fashion than in the past. In addition, it was noted in 1960 by Bliss and Branch that American society appeared to have endorsed the notion that glamour and beauty are central to female identity. Over 45 years later, this idea may continue to hold true. If this is indeed the case, then it is not surprising that more women today have eating disorders. Still, there remains a drought of information in the literature with regards to many aspects of eating disorders, especially bulimia. Specifically, there is lacking research on the actual experience of bingeing in terms of how it occurs and what factors may play a role in the

onset of a binge episode. Such an understanding could have an emancipating effect on how women with eating disorders are viewed. Also, better insight would lead to more contextually sensitive treatment approaches in counseling

Purpose of this Study

Family is the most influential institution as a child develops. Many personal problems that arise in later life may be associated with, or at least in part, to the influence of the family. Eating disorders are a complex phenomenon that effect cognitive, affective, and behavioral aspects of the daily lives in many women. While, numerous quantitative studies have considered many facets of eating disorders, many questions remain. Therefore, the influence of family must be considered in relation to the eating disorders that each of the participants live with. In addition, as the child develops throughout the school years, friendships take on an increasing influential role in the child's development of self-concept, esteem, identity, personality, and ways of coping with stress. Therefore, the purpose of this investigation is to explore aspects of these relationships and their connection with the eating disorders that affect each of these women participants.

Theoretical Framework

A phenomenological perspective was used in exploring the lived experiences of these participants. According to Prus (1997, p. 198), lived experiences are "intersubjective, (multi)perspective, reflective, action-oriented, negotiable, relational, and processual." Van Maanen (1984, p. 38) states that "what it means to be in the world" as a woman with an eating disorder must take into account the sociocultural and historical traditions which have given meaning to "our ways of being in the world." Honoring the language that these women use in describing how family and social relationships affect their eating disorders is essential. Therefore, a great amount of consideration must be given to the choice of words that these women use in describing their daily-lived experiences with their eating disorder.

Methodology

Eating disordered participants were allowed to tell their tales so that others may know how they experience this disorder in relation to their social networks, which are intertwined with their eating disorder. This study involved three women from the United States and one woman from Canada who responded to an advertisement on an eating disorder web page. The study began in the fall of 1998 and continued through the summer of 1999. The researchers employed a multiple case study using a theoretical sampling procedure.

Data Collection

The data collection consisted of an investigation of the women's e-mail correspondence

via the Internet. The women began by sending a biography of themselves. Once this was completed, the women were asked to submit weekly reflective journal entries through e-mail describing how eating disorder affects their daily lives. The data were analyzed using a constant comparative method consisting of the following four overlapping stages: (a) data were collected and coded using open coding; (b) the coded data were constantly compared, developing theoretical properties in all dimensional relationships with other coded data by means of axial coding; (c) refined the coded data into the development of theory and selected themes; and (d) met the requirements set by the generated theory.

The “criteria for goodness” for this study was ensured through the use of dependability, confirmability, transferability, and credibility.

Results and Conclusions

Problems communicating with family members appeared to be a major issue in the writings of the participants. The participants addressed other factors within their family of origin as well. Some of the factors reported in their writings included family rigidity and constant tension, family expectations of perfection, preoccupations with weight among family members (especially with the women in the family), verbal or emotional abuse, and sexual abuse (in two of the four participants’ writings).

The writings of the participants indicated that an overbearing, controlling parent and rigidity within the family also played a significant role in their personal development as well as in the development of their eating disorder. Such an environment created a state of constant tension within the family system. Perfectionism may have emerged as a means to minimize the overt expression of control and rigidity from the family. While perfectionistic expectations may have flowed down from their parents to the participants of this study, the participants seemed to have internalized these perfectionistic expectations.

Reagan reported that her father is a brilliant professor who expected “good performance” from her because he felt that Reagan’s sister was learning disabled and could not succeed academically. “I had to be the perfect child.” Hanna indicated that her father expected perfection also.

Hanna reported that her mother was not obese but always struggled with her weight. “She [mother] was always on a diet of one kind or another...she has a very beautiful face, but she has a big rear end and stomach. As a child, her thighs repulsed me...very jiggle and lots of cellulite.” Hanna recalled that her mother complained about her weight a lot and always ate slightly different things than the rest of the family at dinner. Carla describes her mother as overweight as well. She also indicated that her family used food to alleviate stress. “My whole family turns to food for comfort when they are stressed out, upset, etc. Whenever you cried, mom would give you a cookie to make you feel better.”

Some of the participants indicated that they experienced emotional and sexual abuse. The verbal and emotional abuse usually came from their father and was directed at their mother and the participant as well as their siblings.

In addition to the influence of the family, the participants indicated that their eating disorder affects their relationships with others. For the most part, these women seem to have difficulty trusting others. Carla admits that she has a problem with “closeness”. The only people that she can feel close to are other with eating disorders. “I almost feel that I belong to a secret society where there are understood codes and rules to be followed...therefore, nothing is ever said.” Reagan reported similar views and regards others with eating disorders as members of a “secret club”. She also revealed that her eating disorder has forced her to “pull away from relationships and isolate myself”. Hanna indicated that keeping herself distant from others offers her safety. However, she also feels that this approach keeps her from being able to talk to others for support when she is struggling. Hanna finds herself getting irritated with others easily, especially when they talk about dieting and how much weight they need to lose.

This study reported insight into the lives of women who live daily with eating disorders. This study also reflected how eating disorders have developed in the lives of these women and what they have found helpful in trying to overcome their eating disorders. Although the findings are only context-specific to these women and thus are limited in generalizability, they nonetheless provide some insight into what it is like living with an eating disorder and constantly battling to overcome it.

Importance of this Study

This study is important to the scientific community in that a better understanding of the issues of women with eating disorders can lend itself to better and more effective treatment strategies. Furthermore, since many problems of development including eating disorders involve the influence of family and peer social relationships, the findings of this study may allow developmental researchers and counselors alike with a more emic perspective into the lives of women with eating disorders and the connections that these disorders have in relation to social interactions.

Currently, treatment approaches that are being used in the treatment of eating disorders consist of cognitive, behavioral, and other forms of counseling (Goldstein, Wilson, Ascroft, & Al-Banna, 1999). Other potential therapies, including pharmacotherapy with antidepressants, have also been explored (Walsh, 1991).

Cognitive behavior therapy seems to be one of the more effective strategies in working with clients who have eating disorders (Olmsted et al., 1991). Based on the results of this study, such counseling intervention should include a comprehensive and detailed functional analysis of the antecedents and consequences of behavior. In addition, counselors might also find some degree of success in decreasing symptomatology by

directly addressing self-image, depression, self-esteem, and anxiety as these factors seem to be salient issues with most of these women. Involvement with family members and the spouse appears to be an important component of treatment as well (Robin et al., 1995). Current literature suggests that many women with eating disorders have suffered from prior abuse and other traumatic events. Therefore, some of the counseling strategies that have proven effective in dealing with posttraumatic stress disorder may be warranted. In addition, some women with eating disorders seem to prefer working with female psychotherapists, especially if the client has a history of paternal sexual abuse, body image issues, or what they consider to be an overprotective mother (Waller & Katzman, 1998).

Women with eating disorders appear to do significantly better in treatment when they are at a higher stage of readiness for change (Franko, 1997). Furthermore, these women appear to deal with their disorder more effectively under relatively structured conditions. Therefore, the counselor should assess whether or not the counselee really wants to change and should provide structure within the counseling session and behavioral homework assignments that possess structure as a key component.

While this study does contribute to the existing literature, future research on the impact of family and friends in women with eating disorders is warranted.

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