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Review Article

A Review of Causing Factors of Sociology Food: Eating Disorder

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Abstract

Eating disorders are also symbolic of sociology food. It represents how control eating disorders do not limit to anorexia. These disorders include bulimia and binge eating as well. Some people often use food as a comfort, or negative thing to avoid, even though if necessary, survival. The relationships between food and people are very large complex; still, the causes of the eating disorder are unclear, death of eating disorders about 7,000 deaths in the year of 2010, due to the mental illnesses with the highest mortality rate. These disorders show the psychological relationships between people and food and view it as harmful. And focus on the physical air of themselves as opposed to could do with food for energy and diet. This fixed with crushing sexuality in the media. According to media, Girls, young women, and even men making them turn to desperate measures with these eating disorders. Here discussed many scenarios to cause eating disorders such as environmental, social and interpersonal issues that could promote and sustain these illnesses also, the media are oftentimes blamed for the rise in the incidence of eating disorders. Furthermore, should develop the finest strategies to control the risk of eating disorders and suggests avoiding media when wondering about body health.

Keywords: Eating disorder, Sociology food, Anorexia, Mental illness

Introduction

An eating disorder is a mental disorder defined by the negative effects of a person's health due to abnormal eating habits [1]. which includes binge eating disorder, anorexia nervosa, bulimia nervosa, pica, rumination syndrome, avoidant/restrictive food intake disorder (ARFID), and a group of other specified feeding or eating disorders, never include obesity [1]. Anxiety disorders, depression, and substance abuse are most common among people with eating disorders [1,2]. Still, the causes of eating disorders are unclear, both biological and environmental factors appear to play a role [2,3]. Cultural idealization of thinness is believed to contribute to some eating disorders [3]. Eating disorders affect about 12 percent of dancers [4]. Individuals who have experienced sexual abuse are also more likely to develop eating disorders. [5] Some disorders such as pica and rumination disorder occur more often in people with intellectual disabilities [1]. Only one eating disorder can be diagnosed at a given time [1].

Treatment can be effective for many eating disorders. Typically, this involves counseling about proper diet, a normal amount of exercise and the reduction of efforts to eliminate food. Hospitalization may be needed in more serious cases. Medications may be used to help with some of the associated symptoms [2]. About 70% of people with anorexia and 50% of people with bulimia recover within five years. Recovery from binge eating disorder is less clear and estimated at 20% to 60%. Both anorexia and bulimia increase the risk of death [6].

In the developed world, binge eating disorder affects about 1.6% of women and 0.8% of men per year. Anorexia affects about 0.4% and bulimia affects about 1.3% of young women in a given year [1]. Up to 4% of women have anorexia, 2% have bulimia, and 2% have binge eating disorder at some point in time [6]. Anorexia and bulimia occur nearly ten times more often in females than males [1]. Typically, they begin in late childhood or early adulthood [2]. Rates of other eating disorders are not clear [1]. Rates of eating disorders appear to be lower in less developed countries [7].

Death of eating disorders about 7,000 deaths in the year of 2010, due to the mental illnesses with the highest mortality rate [8]. Anorexia has a risk of death that is increased by 20% of these deaths as a result of suicide and bulimia and other disorders are increased by 8% .In yearly, the mortality rate of anorexia is 5.4 per

1000 individuals, roughly 1.3 deaths were suicide also, bulimia about 2 deaths per 1000 individuals [9].

There are many scenarios (possibilities) to cause eating disorders such as environmental, social and interpersonal issues that could promote and sustain these illnesses [10]. Also, the media are oftentimes blamed for the rise in the incidence of eating disorders due to the fact that media images of the idealized slim physical shape of people such as models and celebrities motivate or even force people to attempt to achieve slimness themselves. The media are accused of distorting reality, in the sense that people portrayed in the media are either naturally thin and thus unrepresentative of normality or unnaturally thin by forcing their bodies to look like the ideal image by putting excessive pressure on themselves to look a certain way. While past findings have described eating disorders as primarily psychological, environmental, and sociocultural, further studies have uncovered evidence that there is a genetic component [11].

Causes

Genetics

Numerous studies show a genetic predisposition toward eating disorders [12,13]. Twin studies have found a slight instance of genetic variance when considering the different criterion of both anorexia nervosa and bulimia nervosa as endophenotypes contributing to the disorders as a whole [10]. A genetic link has been found on chromosome 1 in multiple family members of an individual with anorexia nervosa [11]. An individual who is a first degree relative of someone who has had or currently has an eating disorder is seven to twelve times more likely to have an eating disorder themselves [14] Twin studies also show that at least a portion of the vulnerability to develop eating disorders can be inherited, and there is evidence to show that there is a genetic locus that shows susceptibility for developing anorexia nervosa [14]. About 50% of eating disorder cases are attributable to genetics [15] Other cases are due to external reasons or developmental problems [16] There are also other neurobiological factors at play tied to emotional reactivity and impulsivity that could lead to binging and purging behaviors [17].

Epigenetics mechanisms are means by which environmental effects alter gene expression via methods such as DNA methylation; these are independent of and do not alter the underlying DNA sequence. They are heritable, but also may occur throughout the lifespan, and are potentially reversible. Dysregulation of dopaminergic neurotransmission due to epigenetic mechanisms has been implicated in various eating disorders [18]. Other candidate genes for epigenetic studies in eating disorders include leptin, pro-opiomelanocortin (POMC) and brain-derived neurotrophic factor (BDNF) [19].

Psychological

Eating disorders are classified as Axis I [20], There are various other psychological issues that may factor into eating disorders, some fulfill the criteria for a separate Axis I diagnosis or a personality disorder which is coded Axis II and thus are considered comorbid to the diagnosed eating disorder. Axis II disorders are subtyped into 3 "clusters": A, B and C. The causality between personality disorders and eating disorders has yet to be fully established [21]. Some people have a previous disorder which may increase their vulnerability to developing an eating disorder [22-24]. Some develop them afterwards [25]. The severity and type of eating disorder symptoms have been shown to affect comorbidity [26]. The DSM-IV should not be used by laypersons to diagnose them even when used by professionals there has been considerable controversy over the diagnostic criteria used for various diagnoses, including eating disorders. There has been controversy over various editions of the DSM including the latest edition, DSM-V, due in May 2013 [27-31].

Cognitive attentional bias

Attentional bias is the preferential attention toward certain types of information in the environment while simultaneously ignoring others. Individuals with eating disorders can be thought to have schemas, knowledge structures, which are dysfunctional as they may bias judgment, thought, and behavior in a manner that is self-destructive [32]. They may have developed a disordered schema which focuses on body size and eating. Researchers have found that people who have eating disorders tend to pay more attention to stimuli related to food [32].

Personality traits

There is various childhood personality traits associated with the development of eating disorders [33]. During adolescence these traits may develop intensified due to a variety of physiological and cultural influences such as the hormonal changes associated with puberty, stress related to the approaching demands of maturity and socio-cultural influences and perceived expectations, especially in areas that concern body image. Eating disorders have been associated with a fragile sense of self and with disordered metallization [34]. Many personality traits have a genetic component and are highly heritable. Destructive levels of certain traits may be acquired as a result of anoxic or traumatic brain injury, neurodegenerative diseases, neurotoxicity, bacterial or parasitic infections and hormonal influences. Disorders in the prefrontal cortex and the executive functioning system have been shown to affect eating behavior [35,36].

Celiac disease

People with gastrointestinal disorders may be high risky for develops eating practices than the general population [37]. The gastrointestinal symptoms play in the development of eating disorders seems rather complex. Some reports showed that unresolved symptoms prior to gastrointestinal disease diagnosis may create a food aversion causes alterations of eating patterns, irritable bowel syndrome or inflammatory bowel disease who are not conscious [37].

Environmental Influences

Child maltreatment

Physical, psychological and sexual abuses in child have high risk of an eating disorder. Also, sexual abuse cause heavy risk of bulimia; however, the association is less clear for anorexia [38].

Social isolation

Social isolation can be inherently stressful, depressing and anxiety-provoking. In an attempt to better these distressful feelings an individual may engage in emotional eating in which food serves as a source of comfort. The loneliness of social isolation and the inherent stressors thus associated have been implicated as triggering factors in binge eating as well [39-42]. Waller, Kennerley and Ohanian (2007) argued that both bingeing–vomiting and restriction are emotion suppression strategies, but they are just utilized at different times. For example, restriction is used to pre-empt any emotion activation, while bingeing–vomiting is used after an emotion has been activated [43].

Parental influence

Parental influence has been shown the development of eating behaviors of children which influence of manifested and shaped by a variety of diverse factors such as familial genetic predisposition, dietary choices during cultural or ethnic preferences, addition to general psychosocial climate of the home and the presence or absence of a nurturing stable environment [44-49].

Hilde Bruch, a pioneer in the field of studying eating disorders, asserts that anorexia nervosa often occurs in girls who are high achievers, obedient, and always trying to please their parents. Their parents have a tendency to be over-controlling and fail to encourage the expression of emotions, inhibiting daughters from accepting their own feelings and desires. Adolescent females in these overbearing families lack the ability to be independent from their families, yet realize the need to, often resulting in rebellion. Controlling their food intake may make them feel better, as it provides them with a sense of control [50].

Peer pressure

Peer pressure also have significant contributor to body image concerns and attitudes toward eating among subjects in their teens and early twenties. Such dieting is reported to be influenced by peer behavior, with many of those individuals. The number of friends dieting and the number of friends who pressured them to diet also played a significant role in their own choices [51-54].

Cultural pressure

Socioeconomic status (SES) has been viewed as a risk factor for eating disorders, presuming that possessing more resources allows for an individual to actively choose to diet and reduce body weight [55]. There are some studies shown a relationship between increasing body dissatisfaction with increasing SES [56]. However, once high socioeconomic status has been achieved, this relationship weakens and, in some cases, no longer exists [57]. The media plays a major role in the way in which people view themselves. Countless magazine ads and commercials depict thin celebrities; unfortunately, this has led to the belief that in order to fit in one must look a certain way [58]. When body parts are isolated and displayed in the media as objects to be looked at, it is called objectification, and women are affected most by this phenomenon. Objectification increases self-objectification, where women judge their own body parts as a mean of praise and pleasure for others. There is a significant link between self-objectification, body dissatisfaction, and disordered eating, as the beauty ideal is altered through social media [59,60].

Conclusion

Aim to promote a healthy development before the occurrence of eating disorders, effective ways to cope with emotions, emphasizing the value of sharing feelings with a trusted adult but not to teasing. Fitness Comes in All Sizes: educate children about the genetics of body size and the normal changes occurring in the body. Discuss their fears and hopes about growing bigger. Focus on fitness and a balanced diet. Internet and modern technologies provide new opportunities for prevention. On-line programs have the potential to increase the use of prevention programs. The development and practice of prevention programs via on-line sources make it possible to reach a wide range of people at minimal cost; such an approach can also make prevention programs to be sustainable.

Consent for Publication

I certify this manuscript has not been published elsewhere and is not submitted to another Journal.

Competing Interests

The author declare that they have no competing interests.

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No.

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