

# Self-reported Precipitating Factors for the Development of Eating Disorders in Young Adulthood: A Preliminary Study

Cassandra Lenza (✉ [cal542@nyu.edu](mailto:cal542@nyu.edu))

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Research article

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Self-reported Precipitating Factors for the  
Development of Eating Disorders in Young Adults:

A Preliminary Study

Cassandra Lenza

New York University

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### **Abstract**

**Objective:** This study aimed to identify the perceived precipitating factors for seeking eating disorder treatment in the Millennial population. The purpose of this study was to understand the Millennial population, and determine if self-reported causes of eating concerns are different for this age demographic than that of the general population.

**Method:** An exploratory analysis of the charts of one hundred individuals, mainly women, who sought eating disorder treatment at an outpatient eating disorder treatment center, for the period of 2014-2018, was completed. Respondents met the age criteria and were 18-36 years old.

**Results:** The majority of individuals reported beginning dieting behaviors or restricting their food intake as the main cause of their eating disorder (44%).

**Discussion:** Millennial individuals are comparative to the general public when self-reporting precipitating events that lead to the development of an eating disorder. Risk factors inherent to eating disorders, such as early dieting, body dissatisfaction, anxiety, and depression remain the same for this population.

**Keywords:** eating disorder, Millennials, risk factors for eating disorders, social media

## **Introduction**

Eating disorders are the second most fatal mental illnesses, second only to opioid addiction (NIMH, 2019). Despite research supporting key causes or risk factors for developing eating or weight concerns, little is known about the risk factors inherent to specific subsets of the population. This research was conducted to generate a greater understanding of eating disorders in unique and vulnerable populations. The researchers were particularly interested in the “Millennial” population, operationally defined as an emerging adult cohort ranging in age from 18 to 36 (Pew Research Center, 2007). Millennials are considered to be far more digitally-connected than any other previous generation, and use social media to gain awareness of societal trends; and in the field of eating disorders, clinicians have suggested that social media may influence the correlation between eating disorders, eating attitudes, and the impact of social media among the Millennial generation (Lenza, 2020).

## **Literature Review**

A meta-analysis of the literature supports the notion that “being young, female, and dieting” is the strongest risk factor for eating disorders in Western society today (Pratt & Woolfenden, 2002). Early dieting and extreme weight loss behavior are risk factors for millennials considering that dieting and weight-loss behavior tend to reinforce themselves biologically over time, leading to restrictive food intake disorders, such as Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Orthorexia Nervosa (ON) (Lietchy & Lee, 2013). Starvation and malnourishment compromise the brain and makes the brain susceptible to continued obsessional thoughts around food, weight, and body (Lietchy & Lee, 2013). A study of 2,287 young adults demonstrated that early dieting “sets the stage for ongoing use” (Neumark-Sztainer,

Wall, Larson, Eisenberg, and Loth, 2011, p. 1004). Longitudinal research was conducted to verify that dieting in young adolescence was continued and developed into adulthood; the researchers found that “females and males from both age cohorts who dieted in adolescence were significantly more likely to diet in young adulthood, as compared to those who didn't diet during adolescence” (p. 1008).

Research supports the notion that 80% of people who develop eating disorders have co-morbid depression or anxiety diagnoses (National Eating Disorder Association, 2019). This may have particular relevance to digitally-connected Millennial. Studies confirm that “increased use of social media is correlated to lower self-esteem... explained by the fact that using these social networks promotes continuous comparison between the adolescents and the ideal image that others offer of themselves” (Errasti, Amigo, and Villadangos, 2017, p. 1006). Researchers have suggested correlations among social media use and depression, and eating disturbances to cope with these self-esteem issues.

Digitization of images that represent body image ideals can prompt the use of eating disorder behavior. Studies support this idea, in that “using social media that employs photographs as communication captures and reinforces the societal ideals of thinness, beauty, and popular culture” (Juarascio, Shoaib, & Timko, 2010). It was hypothesized societal ideals for thinness reflected in social media will be present in respondents' self-reported precipitating factors for eating disturbances. The research question posed was whether social media is listed as a factor that precipitated seeking eating disorder treatment.

## **Method**

### **Design**

This research design was a retroactive-study based on case records, and was developed to obtain information vital to the understanding of eating disorders and how these diseases develop. Information from intakes at an outpatient treatment center between the years 2014 and 2018 was collected by a research assistant not directly involved in clinical work. To protect the identifying information of the subjects, the sample was derived from those seeking treatment for their eating concerns one year to five years ago. This study was approved by the New York University University Committee on Activities Involving Human Subjects (UCAIHS).

Individuals with eating disorders are generally highly anxious, high-performing, perfectionistic individuals, who hold a great deal of shame around their illnesses (NEDA, 2019). In order to obtain true and unbiased data, a retroactive case study where anonymity was remained intact was important to the researchers. All participants of this study signed waivers understanding that data aggregated from their assessments may be utilized for research purposes.

In a preliminary investigation, two researchers completed a review of themes derived from intake assessments over the past year. The following themes emerged: 1) a family history of an eating disorder; 2) eating disorder symptoms and dieting in early age; 3) negative body image; and 4) other extraneous life events that therefore led to eating symptomatology. The initial screening was of participants who came to the clinic over the last three months (n=27). This preliminary chart review found that clients did self-report similar precipitating factors to those outlined in the literature review above.

### **Participants**

There were 98 participants (n=98) who met the criteria, detailed below, for the research study. All data collected from intake information was retrieved from assessments completed in

2014-2018; clients had previously been discharged from outpatient treatment. The study criteria included participants who were between the ages of 18-36 years at the time they completed an intake assessment. All participants were female (n=97) and expressed a problem with food, weight, and body. They were asked to identify what they believed to be the precipitating event(s) that led to the development of their eating concerns.

## **Procedures**

### **Development of the Database**

Qualitative, cross-sectional, data was compiled from the original, narrative data recorded during the initial intake assessments. Data regarding the history of eating and weight concerns, specific events that led to eating symptomatology, any prior history of eating disorder treatment, and other related topics, were retrieved from the intake assessments and reviewed by two study team members. Names and other identifying information were removed prior to data extraction by the research assistant.

### **Data Analysis**

Interview transcripts were reviewed and the study team individually recorded each participant's self-reported precipitating factor. Any subjective discrepancies surrounding coding assignment were discussed by the team members and a third-party clinician.. Themes generated from the investigation included 1) family history of eating disorder symptomatology, 2) symptoms of an eating disorder developing at a young age, 3) dieting and restricting food intake as a primary cause for eating disorder development, 4) negative body image as the primary factor, 5) extraneous life events, such as a trauma, causing the development of the eating disorder, and 6) eating behaviors consistent with overeating, binge eating, or emotional eating.

‘Extraneous life events’ were operationally-defined as anything traumatic or out-of-the-norm for the participant, that they then connected to be the cause of their eating concerns. These extraneous life events included experiences such as a traumatic relationship or accident, parental divorce, sports performance, or academic stress.

### **Results**

The majority of respondents (44%) endorsed beginning dieting behaviors or restricting their food intake as the main cause of their eating disorder (n= 43). Twenty three percent of respondents reported symptoms of ED starting at a young age (n= 24), with an aggregate age range of 5-16, and a mean age of 12 years old. Those reporting other life events extraneous to dieting or early-onset symptoms were representative of 14% of the sample (n=14). Eight percent of the sample reported their family history of eating disorders being the cause (n=8), 6% of the sample reporting overeating, emotional eating, or binge-eating being the main cause of concern (n=6) and 3% of the sample expressing negative body image as the main cause of their eating disorder symptomology (n=3). As social media, and media in general, were rarely mentioned as factors in eating disorder development, the research hypothesis was not proven.

### **Discussion**

The main premise of this research was to determine if societal pressures depicted in today’s social media channels impacts the development of eating troubles in the Millennial population, and if this population differs from other cohorts with eating disorders. While the initial research hypothesis was not supported, the findings of this study are nonetheless important.

### **Media Internalization**

Media internalization was not identified as a main precipitating factor in developing an eating disorder. Our study corroborates the notion that there is a social stigma, even embedded in the eating disorder treatment field, that social media is highly correlated to the development of eating disorders. In Blodgett Salafia, Jones, Haugen, and Schaefer's study of perceived eating disorder causes, the researchers suggested "that those without eating disorders may overly attribute the media as the main cause while those with eating disorders may not be fully aware of the media's impact" (2015, p. 1). The notion that non-sufferers wrongly and unjustly assume that social media or 'the media' prompts the development of eating disorders is supported elsewhere. In an account of media representation of eating disorders, Holmes states that there are "highly problematic ways in which the relations between ED sufferers and media culture are imagined... [placing] the source (and responsibility for) the 'pathology' onto the individual themselves" (Holmes, 2018, p. 151). By placing the "blame" for eating disorders on social media, the non-sufferer can misidentify one's eating disorder as a self-meditated choice; ideas such as, "had they not used social media, they would not have developed such a disease", could ensue. As with any mental illness, there is a constellation of factors, and genetic vulnerabilities, leading to the development of an eating disorder - 'choice' is not one of them.

### **Dieting and Restricting Food Intake**

Our research supported current eating disorder literature that identifies early dieting behaviors and restricting one's food intake to lose weight to be a precipitating event for further eating and weight concerns as well as potential eating disorders (Pratt & Woolfenden, 2002, p. 1). This finding supports the idea that dieting is self-reinforcing over time, as the biology of the brain continues to support an obsessionality around dieting and weight loss (Lietchy & Lee,

2013, Foerde, Steinglass, Shohamy, & Walsh, 2015). Respondents shared that dieting came in the form of “under-eating,” “having food aversions,” “restricting food intake,” “calorie counting,” “going on a low-carb diet” and other dieting behaviors. These behaviors, rooted in common diet practices, can ultimately reinforce the development of eating disorders for those who were genetically prone to them.

Millennials need to understand that early dieting is not safe. For those at expansive risk, such as Millennials with a history or co-morbid diagnosis of depression or anxiety, it should be stressed that early dieting should be avoided at all costs. Healthy, positive, nutrition and exercise should be reinforced instead, and clinicians who treat Millennials for depression and anxiety, should also screen their clients for eating disturbances.

### **Eating Disorder Symptomology in Early Age**

Our research is consistent with current eating disorder literature, supporting the phenomena that eating dieting and disordered eating in childhood and adolescence most often “sets the stage” for eating disorders or disordered eating in young adulthood (Neumark-Sztainer, Wall, Larson, Eisenberg, and Loth, 2011, p. 1004). Respondents, who reported eating disorder symptomology at an early age (n=23), reported dieting or eating disturbances at age five through age sixteen with a mean age of twelve years old. Being that respondents were in the age range of 18-36 when they self-reported their causes of their eating disturbances, it is understood that they were reflecting and reporting on their risky childhood behaviors as being integral to their current struggle. Respondents reported that early dieting in childhood/adolescence come from a multitude of factors, such as “wanting to be healthy,” “being told by a healthcare professional to lose weight,” and “feeling a sense of discomfort with height/weight as an early child compared to

peers.” Proper education of eating disorder symptoms and proper early intervention for eating disorder at the youngest age of presentation, is vital.

### **A Note on Body Image**

Only 3% of respondents quoted body image distress or weight concerns, independent of any other larger issues, as their primary cause of their eating disturbances. A common misconception of the eating disordered population is that the illness lies primarily in the quest for thinness, an idea not supported in the research (Blodgett Salafia, Jones, Haugen, & Schaefer, 2015). While some of the respondents may have started their dieting with the quest to lose weight, the notion that individuals simply obtain eating disorders because of their body image is not supported. As with other studies of this type, there is a researched “foundation of stigma regarding why individuals develop an eating disorder (e.g., to be “skinny”) and the purpose the disorder serves (e.g., to gain control). Such stigma may dishonor the actual experience of those who have lived with an eating disorder, as people could assume eating disorders are self-inflicted” (Blodgett Salafia, Jones, Haugen, & Schaefer, 2015, p. 1).

Our research supports the notion that body image as a precipitating factor, alone, independent of other behavioral or psychological issues, is uncommon. Further research on the nuances present in causes for early dieting and disordered eating is important. It the researchers’ expectations that factors such as a desire for control, a desire to communicate emotional distress, or desire to numb out emotional experience, are far more relevant, and consistent with the literature. Furthermore, there was a lack of implicit inference to social media and pressure correlated to the digitization of this population, contrary to the researchers’ original hypothesis.

### **Limitations**

Findings should be interpreted with an understanding that there are limitations to this study. The first is that this sample is relatively small, and not representative of the population of the United States. Men were removed from the sample being that the outpatient clinic does not often treat males. The sample should not be generalized to men or the general public, but instead be seen as a snapshot for self-reported risk factors in women only.

The sample derived from the outpatient treatment center was an aggregate sample developed from over one-hundred intake assessments completed from 2014 to 2018. Over this time period, there were many intake clinicians who conducted these assessments, and therefore the language and inherent discrepancies in the narrative data serves as a limitation. Recall bias in the data is present. While this preliminary research study supported the general notion that social media is not an *explicit* cause of eating disorder development, future research should explore if social media, or media internalization in general, is an *implicit* cause of respondents' conceptualization of the precipitating cause of their eating disorders. Research whereby respondents rank external constructs, such as social media use and/or media imagery, as factors of eating disorder development, would be helpful, in determining unspoken or unexpressed experiences of those who suffer.

Finally, a majority of the data was collected over the last five years. Social norms change quite rapidly, and it is therefore important that we continue to research trends, attitudes, and perspectives on risk factors of eating and weight concerns. Social media is growing, and therefore its impact will also continue to grow.

### **Conclusion**

The research serves as a snapshot into the Millennial population, who are often colloquially described as being an unprecedented and under-researched cohort of the population, do not self-report unknown or different risk factors than what is currently represented in the research. The study of the Millennial population reaffirms the need for appropriate early intervention, education, and intervention for those struggling with eating disorders, and especially, those exhibiting dieting behaviors or early eating disturbances in childhood and/or adolescence. This study reminds us that preventative measures against dieting and diet culture, specifically targeting diets towards young adults, and dieting as a risk behavior are the most profound in stopping early dieting from snowballing into a full-blown eating disorder. School-based, workplace and psycho-education programs are necessary to help young adults. It is the researchers' hope that the continued exploration of this cohort and the general population serves as a motivation for continued awareness of these risk factors, and mortality due to these illnesses is reduced.

### **Acknowledgments**

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## **Declarations**

### **Ethics Approval and Consent To Participate**

This study was approved by the New York University University Committee on Activities Involving Human Subjects (UCAIHS).

### **Consent for Publication**

Not applicable.

### **Availability of Data and Materials**

The data that support the findings of this study are available from the aforementioned eating disorder treatment center but restrictions apply to the availability of these data, which were used under partnership the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of BALANCE nutrition and dietetics, PLLC.

### **Competing Interests**

The authors declare that they have no competing interests.

### **Funding**

Not applicable. The study was completed as a requirement of the primary author's obtainment of a doctoral degree through New York University School of Social Work.

### **Authors' Contributions**

CL analyzed and interpreted the patient data regarding the self-reported precipitating factor for the development of eating disorders, and was the sole author of the manuscript.

### **Acknowledgements**

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**Author's Information**

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