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A Silent Struggle: Eating Disorders in College

Grace Olechowski

University of Montana

A Silent Struggle: Eating Disorders in College

Understanding eating disorders is a complex topic, and it is one that is very important for people to educate themselves on. Eating disorders can be hidden and affect many young adults, especially college students. We do not see these happening often because many people struggling do not feel comfortable opening up about their disordered eating because they feel isolated and shameful. As this topic hopefully becomes more common in discussions, it is important to learn what an eating disorder is, why they impact college students and young adults in particular, and what the best form of treatment is for recovering. This literature review is mainly focused on binge eating disorder because of my personal experience, as well as literature that explains how support can be shown and how its effectiveness depends on the circumstances of each unique situation.

What is an Eating Disorder?

According to the American Psychiatric Association, eating disorders are defined as “behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological, and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder...” (2021). Women are the most susceptible to eating disorders. “Eating disorders affect several million people at any given time, most often women between the ages of 12 and 35” (APA, 2021).

Causes/precursors/risk factors

The main causes for developing an eating disorder involve the idealization of thinness and weight concerns (Keel & Forney, 2013). Two of the main personality traits they discovered

playing into the risk of developing an eating disorder include perfectionism and negative emotionality. Additionally, one of the number one things that puts someone at risk for developing an eating disorder is being a young female, specifically in adolescence. Keel & Forney (2013) explain that males around this age are less likely to feel the same pressure to lose weight or change their weight because of the societal expectation on them to be “muscular” and they may face less of a pressure to be thin. So what is one of the main precursors to developing an eating disorder? The research lines up with my own experience: a pressure to be thin. This idealized thinness for women gained traction in the early 20th century and still remains today. The more our culture has prized women on thinness, the more common eating disorders have become (Keel & Forney, 2013). The authors also found this is a Western ideal that affects people from different cultures. For example, one study on women in the Caribbean found that bulimia was more commonly diagnosed after these women had been abroad and visited Western cultures where thinness is commonly praised.

Weight concerns were influential in the development of an eating disorder as well. For example, “11.2% of college-age women who endorsed high weight concerns developed an eating disorder over a three-year follow-up period” (Keel & Forney, 2013). There is more to it than just being concerned about weight because some people who develop an eating disorder do not start out with weight as a worry. Personality traits have an even greater impact.

Research by Culburt et al. (2015) suggests that another two of the main causes of eating disorders are the sociocultural idealization of thinness which stems strongly from media exposure and the expectation of being thin, and the other is personality traits. One of the main personality traits is perfectionism as a risk for developing an eating disorder. They found 13% of

youth will experience at least one eating disorder by age 20. Some of the cognitive features of eating disorders include body dissatisfaction: not being satisfied with the shape and size of one's body. Another feature is weight concerns which is a preoccupation with one's body weight, a desire to lose weight, and the pursuit of thinness. Some of the behavioral features include binge eating. This is the consumption of a large amount of food in a short period of time (2 hours) and a sense of a lack of control over eating during the binge episode. They also noted dietary restrictions. This means behavioral attempts to restrict food intake for weight loss, by doing things such as skipping meals, avoiding specific foods, or having rules about what one should or should not eat for weight loss. They also noted emotional eating, increased eating in response to often negative emotions like sadness or distress (Culburt et al., 2015).

Researchers found that even with moderate-to-large prospective associations, many individuals who show strong symptoms of disordered eating will actually never fully meet the criteria for a clinically-diagnosed eating disorder. This is why many people will go without care and live with an eating disorder for years. Additionally, being exposed to media images of body ideals was shown to cause increased body dissatisfaction, but only in individuals at high eating disorder risk, "such as those who internalize the thin-ideal or exhibit disordered eating" (Culburt et al., 2015).

Peer influence

Friends dieting contributed to people being more dissatisfied with their bodies. Also, people who lived together in a sorority showed more signs of binge eating if others around them also struggled with this. This was especially noticed within friend groups in college-aged women. This is super important because college is such a vulnerable time for developing an

eating disorder, so extra attention should be placed on this, especially at the University of Montana. One of the things that struck me most was reading this fact: “Roommate dieting frequency in college doubled the likelihood of purging through the use of self-induced vomiting, laxative, or diuretic misuse for women in their 30s, despite substantial changes in women’s social environments” (Keel & Forney, 2013). This can be used in a positive sense as well because they found that those in college with roommates who never dieted or did much less frequently actually lowered these women’s desire for thinness and bulimic actions. So peer environment in college has a huge impact on women’s choices in how they treat their bodies.

Binge Eating Disorder

The definition of binge eating is consuming a large amount of food in a short period of time while experiencing a loss of control over eating (Phillips et al., 2016). In a study by Craven and Fekete (2019), the researchers wanted to find out why binge eating happens. Further, this study sought to find out if weight-related shame and guilt did in fact cause binge eating and to see if intuitive eating helps specifically female college students. The first theory they explained was dietary restraint theory, so looking at if “binge eating results from failed efforts to exert unrealistic cognitive control overeating and instead respond to hunger cues with binge eating” (Craven & Fekete, 2019). They also looked at the theory of how feeling negatively can be a catalyst for binge eating, and how individuals turn to food as a coping mechanism and distraction to manage these negative feelings. One of the main contributors to binge eating is the feeling of guilt and shame, especially following “unsuccessful weight loss attempts” in an attempt to lose weight to get thinner (Craven & Fekete, 2019). Women feel as though they have failed and this

guilt can lead to self-punishment through binge eating. They also noted that it is clear that disordered eating happens even in non-weight-related situations.

The most interesting study I found focused on understanding binge eating behaviors specifically in college students. They looked at the differences between binge eating between females and males too. Phillips et al. (2016) suggest that females are more likely to binge eat when alone at home or in a dorm room, while males are more likely to binge eat during full meals at mealtimes with other people around. They also found a difference between what females and males do before binge eating episodes. Females are more likely to have “emotional concerns such as stress and negative affect prior to BE and poor body image and negative affect following episodes of BE,” while males were found to engage in “substance use, exercise, and hunger before a BE episode, with feeling satisfied or full after BE” (Phillips et al., 2016, p. 7).

Almost 30% of students that participated in a study about binge eating habits at one private university reported binge eating. These students were between the ages of 18-22. This is a substantial amount of students, and it should prompt questions for larger universities about the importance of knowing how their students are affected by eating disorders.

One of the most important distinctions researchers made for the students surveyed was asking if they felt “unable to control how much they ate or stop the behavior” while eating much more than is normal to eat within two hours. Females were more likely to report stress and being alone prior to binge eating, while males were more likely to mention substance abuse and exercise. The main feelings students had before binge eating included hunger, stress, negative emotions, and boredom. They would typically binge on “junk foods” like cookies, chips, snacks,

or pizza. Some indicated they would binge on anything they could find. Males typically binged on meals while females binged on junk foods and snacks.

Overall, it is important to note the major gender differences between college students struggling with binge eating. The females tended to binge after being stressed and having conflicts, school, and financial stress. Also, after a binge, women struggled more with poor body image and felt lots of regret and guilt. Males reported feeling full or satisfied. Females did not have their moods change before to after a binge, as negative feelings were reported both before and after, along with worse moods post-binge (Phillips et al., 2016).

Something that hit home for me was when the researchers called for more research on why binge eating continues in females when in fact it does not improve their moods. Why does this harmful behavior become addicting? For me personally, it definitely depleted my mood afterward and I felt stressed, sad, or deflated before I binged for sure. But something this article did not research was how did these students feel *during* a binge? It becomes addicting without warning because of the extreme dopamine high that occurs while you are bingeing. I can speak from personal experience that my brain had almost gotten hooked to bingeing and when I would binge, I did feel completely out of control and on autopilot while eating, as if my body and brain loved the surge of dopamine from the sugar or junk I was eating and wanted more to calm the anxiety I felt. Even when I felt just fine, there were times I still binged because my brain wanted that dopamine high again. This is something researchers should definitely study further. That is why it is such a hard thing to stop doing because it is not only psychological but physical too.

Another thing that stuck out to me about this study was how they explained that binge eating seems to be “addressing a physiological need rather than an emotional one as it does for

females” (Phillips et al., 2016, p. 11) and that they may be referring more to overeating rather than technically binge eating. Finally, Phillips et al. (2016) suggest that understanding why binge eating occurs so frequently in college students is important to help young adults avoid health complications that are associated with this type of disordered eating.

Solutions and treatments: what helps?

Research by Keel & Forney (2013) suggests the formation of peer groups that challenge the thin ideal may be a major contributing factor to preventing eating disorders, especially forming groups of young women in college. There is strong evidence showing that peer-led prevention helps in keeping eating disorders from starting.

Additionally, according to research by Craven & Fekete (2019), one of the most helpful therapies for binge eating is intuitive eating. One of the main reasons is because intuitive eating emphasizes allowing all foods, while also choosing to eat when physically hungry, not when feeling emotional which is a huge part of binge eating.

In their studies, based on responses from these females studied, weight-related shame and guilt are both related to binge eating. They also found that regardless of weight, the feeling of shame contributed to binge eating. Girls who were practicing lots of intuitive eating had fewer episodes of binge eating, while girls who were not practicing intuitive eating tended to binge much more. One of the recommendations they made was, “Interventions designed to teach intuitive eating skills could help individuals better regulate their eating behaviors in response to negative and weight-salient emotions, such as shame, and consequently reduce binge eating” (Craven & Fekete, 2019, p. 48). This could be helpful for the University of Montana to implement something like this at Curry Health Center where students can actually learn intuitive

eating skills, or even if there were pamphlets about these at the Food Zoo or signs in places where food is served for people who have never heard of intuitive eating.

Receiving treatment for eating disorders can be extremely difficult, especially for women living in low-income communities who do not have much access to treatment centers. Another obstacle to receiving treatment is the shame that can come from talking about their disordered eating, and who actually may not qualify as having an eating disorder if their symptoms fail to match what the DSM-5 lists as necessary for being able to truly call something binge eating disorder, bulimia nervosa, or anorexia nervosa.

It was important to me to learn about what self-help treatments are available for people because, from personal experience, I did not see a specialist or receive any clinical treatment for binge eating. I healed myself through mindfulness work, habit change, and learning about how to rewire my brain through changing my thoughts, which is similar to Cognitive Behavioral Therapy but I didn't know this when I was working on my own healing one day at a time. I just learned that I could change my beliefs about myself in my mind, and then change my thoughts and therefore my actions. I know there are many like me who cannot see a specialist, or if you live in Montana you may only have access to very limited resources and need to find a solution they can pursue on their own, in the privacy of their own home, and possibly without others knowing because it can be a very difficult thing to talk about. Personally, I didn't tell anyone about my eating disorder until after I was healed from it on my own because of shame and guilt. This is not something I would recommend for others to do, thus why I am doing this project. I had never even heard of binge eating disorder until months into my own struggle.

Research by Perkins et al. (2006) found that “both pure self-help (PSH) and guided self-help (GSH), whether delivered in a book or technology-based form are superior in improving ED symptoms in BN or BED populations at post-treatment” (Perkins et al., 2006). Most of these self-help methods are based on Cognitive Behavioral Therapy. They found that, “PSH/GSH may have some utility as a first step in treatment and may have potential as an alternative to formal therapist-delivered psychological therapy” (Perkins et al., 2006).

Conclusion

Overall, the research shows not only that eating disorders are much more common in college students than people think, but that there are ways to both prevent and treat them and help people recover from even minor disordered eating. This is something I wish I would have known in my own journey. I was truly chasing the wrong thing for years, and this only escalated as I became a young woman in college. I was working out and eating in ways that told me, “You need to change, you’re not good enough...” instead of working out and eating in ways that told me, “You are beautiful. You are good enough. You get to take care of yourself for a lifetime. You are not defined by your weight. Your worth as a person has nothing to do with what you weigh or the size of your pants.” For years I struggled with hating my body and always wanting to change it. Another reason was seeking control. The times when my life felt most out of control were the times I wanted to focus on exercise and controlling my food because that was something I could control - especially in a transitional time with going to college. I am also a very all-or-nothing person in everything I do so I have had to work on letting that go and not letting that be such a huge part of my identity as a person. I know now that a short workout or a weekend of indulging is okay and a part of a balanced lifestyle. Research even supports this through intuitive eating.

College is a vulnerable time of life. Young people are starting to create their own identities. There is more peer comparison and awareness of body image is heightened. Social media and Instagram are influential. With the fear of weight gain via “the freshman 15,” college students (especially young women) need to understand our bodies grow and change as we become women, we don’t have to stay at our 16-year-old shape forever and we shouldn’t. It is the first time being fully in control of food possibly (cooking own meals, picking food out at the dining hall, full access to desserts/snacks/fast food). Not to mention it is a super stressful time of life. With tons of novel excitement also comes uncertainty, sadness, friendships and relationships change, start, or stop, and finding out who you are can lead to loneliness and fear.

My hope for the University of Montana is that we begin to have this open conversation on campus about eating disorders and begin to offer more resources to support people who are struggling. The University can help students by encouraging them to take care of themselves in balanced ways, offering intuitive eating education, and talking about eating disorders on campus so we can begin to destigmatize this topic, let people know they are not alone in their struggles, and show that recovery and food freedom is a possibility for all.

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