THE IMPACT OF THE FAMILY SYSTEM ON THE ETIOLOGY, COURSE, AND PROGNOSIS OF EATING DISORDERS

by

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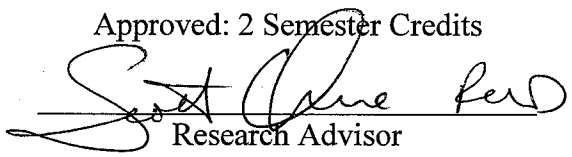

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ABSTRACT

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There has been an ongoing debate in regards to what impacts the etiology, course, and prognosis of eating disorders. Influences such as biology, culture, media, and family have been largely researched, yet no specific cause has been identified. This study completed a literature review using journals, texts, and other related articles to analyze research done regarding the impact of the family system on eating disorder development. Specific family dynamics such as enmeshment, intrusiveness, familial discord, parental views on weight, and parental criticism and their influence on the development of eating disorders were identified and studied. Research suggested that eating disorders are highly correlated with negative family dynamics. The purpose of this literature review was to set

up a design for future research to assess whether or not the family system is the primary cause of eating disorder development.

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CHAPTER I: INTRODUCTION

In a society where value is placed on being thin and beautiful, it is no wonder so many females suffer from eating disorders. "More and more women are struggling with eating disorders, and they are doing so at younger and younger ages, often starting at puberty" (Prouty, Protinsky, & Canady, 2002, p. 1). Forty two percent of females between 1st and 3rd grade want to be thinner and 81% of 10-year-old females are afraid of becoming fat (National Eating Disorder Association, 2002). The number of females with eating disorders continues to increase.

Diagnostic Criteria

There are two main eating disorders; anorexia nervosa and bulimia nervosa. Anorexia nervosa is listed in the *Diagnositic and Statistical Manual of Mental Disorders, Fourth Edition* (*DSM-IV-TR*) and requires that specific criteria be met in order to be diagnosed with the disorder. It requires that, "the person refuses to maintain normal body weight, maintain less than 85% of expected weight, and experience the absence of at least three consecutive menstrual cycles" (Schwitzer, Rodriguez, Thomas, & Salimi, 2001, p.1). The diagnosis also requires that the individual demonstrate an extreme fear of weight gain and preoccupation with body image (Schwitzer et al., 2001). Although anorexia is the most uncommon of the three eating disorders listed, affecting 1-3% of college females, it is extremely severe, killing nearly 150,000 women each year in the United States (Nielsen, 2000).

The other main eating disorder is bulimia nervosa, which is more common than anorexia, especially in college females. Twenty percent of college females suffer from bulimia (Nielsen, 2000). The *DSM-IV* diagnosis requires that the person "engage in

binge eating and compensate through vomiting, using laxatives, or exercising excessively, at least twice weekly, for at least three consecutive months" (Schwitzer et al., 2001, pg.2). In addition, the individual's self evaluation must show a preoccupation with body image.

Individuals with either of these eating disorders share and exhibit many physiological symptoms such as preoccupation with caloric intake, excessive exercise, and drastic dieting. They also experience many internal conflicts and feelings that are visible in their disordered eating and also in other areas of their life, such as their school work, relationships, and professional work. One conflict is perfectionism and having to be the best in everything that they do. Another common conflict is a shallow view of self and the feeling that they do not match up to others. Third, they often experience doubt about their appearance and whether they will ever attract another individual. Lastly, they feel as if they lack power in relationships and in the world (Schwitzer et al., 2001).

Etiology

It is apparent that many females struggle with eating disorders along with internal conflicts, but what causes these destructive disorders? Most people would suggest that society is to blame for the high number of eating disorders among women. With the attitude and promotion that beauty equals thinness, it is not a shock that so many women struggle. Society has shaped women to define themselves and their self worth by their ability to relate to other people, which is often associated with physical attractiveness. In order to be accepted by others, one must be physically attractive. "This often results in what has been described as an intense fear of becoming fat or as a 'fat phobia'" (Mash & Barkley, 1998, p.653). Women are expected to be beautiful, which is visible in the

thousands of products that promote establishing and maintaining beauty. Even early on, girls learn that beauty is what captures attention and praise (Mash & Barkley, 2003). The pressure to be thin and attractive may be the reason mainly women develop eating disorders. Males tend to be evaluated on their performance and accomplishments (Mash & Barkley, 1998). With the attitudes and pressure that society conveys, every girl should be suffering from an eating disorder. Therefore, the question arises as to why some girls develop an eating disorder, while others do not, even though they are exposed to the same images and messages.

Personality is another potential cause of eating disorders among women today. Both anorexic and bulimic women experience perfectionist tendencies in which they need to be the best. Studies have found perfectionism to be a risk factor of bulimia and anorexia (Mash & Barkley, 2003). Those suffering from anorexia have been described as conforming, constrictive, compliant, socially inhibited, and emotionally constrained. They also "tend to be low in novelty seeking, high in harm avoidance, and high in reward dependence" (Mash & Barkley, 1998, p.653). In an effort to compensate for these deficient characteristics, extreme control and obsessiveness are developed. Bulimic women "tend to exhibit traits indicative of poor impulse control, chronic depression, acting-out behaviors, low frustration tolerance, affective lability, difficult temperament, and inhibition (Mash & Barkley, 1998, p.653).

Another potential cause of eating disorders is traumatic events within one's life. Anything from parental separation and familial discord to sexual abuse of the individual with the eating disorder can be extremely traumatic. Studies on the correlation between sexual abuse and the development of an eating disorder have produced mixed results.

Some data reports higher rates of sexual abuse among bulimic women than non-eating disordered populations. However, other studies have shown no correlation between sexual abuse and eating disorders, suggesting that "childhood sexual abuse is not a primary or specific risk factor for eating disorders" (Mash & Barkley, 1998, p.654).

Some researchers believe that physiological conditions may contribute to the development of eating disorders. The serotonin hypothesis states "that given the research linking serotonin to carbohydrate consumption and binge eating in both animals and humans, individuals experiencing Bulimia Nervosa may have lower endogenous levels of serotonin in the CNS and may attempt to compensate for the deficiency by eating foods high in tryptophan and relatively low in protein" (Mash & Barkley, 1998, p.654). This would explain why bulimic women engage in binge eating. Therefore, antidepressant medication is often used in treatment to increase the individual's level of serotonin without the consumption of high levels of food (Mash & Barkley, 1998).

Research has been done to suggest the role that the family system has on the development of eating disorders. For example, boundary dissolution within a family is highly correlated with anorexia nervosa. In one study, women with anorexia reported "more boundary problems with mothers and fathers than did women in a control group" (Rowa, Kerig, & Geller, 2001, p.1). Women with anorexia also reported less independence within the family.

Overprotective and over controlling parents seem to be highly correlated with the development of eating disorders within females. Women want to take control of their lives and see refusal of food as a resistance to parental authority (Haworth-Hoeppner, 2000). Many British Asian anorexic women "perceived their mothers and fathers to be

more over-protective and not allowing independence" more than white women (Mujtaba & Furnham, 2001, p.6).

Prognosis

It is common for 15% or more college women to meet criteria for anorexia or bulimia (Prouty, Protinsky, & Canady, 2002). Anorexia tends to first appear in adolescence between the ages of 14 and 18. Of those who encounter this disorder, some will recover after a single episode, others will fluctuate between normal weight and relapse, and 10% will die due to suicide or health problems associated with the disorder. There are no well established therapies that promote lasting weight gain and recovery in these patients; however, those who attempt therapy in adolescence or early adulthood have higher success than adults struggling with the disorder. Bulimia can develop between adolescence and early adulthood depending on the situation or individual. Unless the disorder turns into anorexia, people do not typically die from bulimia. Depending on the type of therapy, treatment can be successful (Mash & Barkley, 2003).

Comorbidity

Ninety percent of those suffering with an eating disorder experience the symptoms of other psychological disorders, such as anxiety, substance abuse, and mood disorders. Substance abuse is more common in bulimic women than anorexic women. A study completed with bulimic patients found alcohol abuse in 30% to 50% of them. Anorexia correlates highest with obsessive-compulsive disorder and social phobia. Depression is also extremely prevalent in anorexic patients, affecting 21% to 91%. It is hard to identify whether psychological disorders and eating disorders are occurring at the same time, or if one causes the other (Mash & Barkley, 2003).

Eating disorders are affecting many women today and the causes are still undetermined. The focus of this paper is to look at the literature on the impact that the family system has on the development of eating disorders. For the purpose of this study, the dynamics of the family system will be studied.

Statement of the Problem

According to the research literature, what is the effect/impact of the family system and structure on the etiology, course, and prognosis of eating disorders?

Purpose of the Study

Over the years, much emphasis has been placed on the media and the effects that it has on women. Research shows how women are influenced by societal views and medial influence. If asked what the leading cause for eating disorders is, most people would say the media. People believe that the number of women with eating disorders has increased immensely due to a shift in the media's emphasis on beauty. However, as the media has changed over the years, so also has the family structure and society's value on how a family should operate.

Thus, the purpose of this paper is to analyze and study the literature on the effects of the family system on eating disorders. Many dynamics will be looked at such as over controlling parents, abusive parents, and boundary issues within the family. The role that families play in treatment and prognosis, whether positive or negative will also be investigated.

Definition of Terms

Anorexia Nervosa. "Requires that the person refuse to maintain normal body weight, maintain less than 85% of expected body weight, and experience the absence of at least three consecutive menstrual cycles" (Schwitzer, Rodriguez, Thomas, & Salimi, 2001, p. 97). The individual must also possess an extreme fear of gaining weight.

Boundary Dissolution. Boundary problems and violations within a family whether through enmeshment, role reversal, intrusiveness, or "spousification".

Bulimia Nervosa. "Requires that the person engage in binge eating and compensate through vomiting, using laxatives, or exercising excessively, at least twice weekly, for at least three consecutive months" (Schwitzer, Rodriguez, Thomas, & Salimi, 2001, p. 98).

Disinhibition. "The degree to which a person's eating behavior is disinhibited by situational cues and emotional states" (Jacobi, Agras, & Hammer, 2001, p.366).

Enmeshment. "A lack of separation and individuation between parent and child" (Schwitzer, Rodriguez, Thomas, & Salimi, 2001, p. 102). Family members are overly involved in each other's lives.

Intrusiveness. Over protectiveness and over control of child by the parent.

CHAPTER II: LITERATURE REVIEW

Recently, the family system and its influence on the development of eating disorders have been investigated to identify any possible correlations between the two. The family perspective believes that individuals develop normal or abnormal views of body image due to familial influences. They believe that eating disorders emerge under conditions of a critical family environment, coercive parental control, and a main discourse on weight (Haworth-Hoeppner, 2000). Research has shown relationships between eating disorders and family dynamics such as enmeshment, intrusiveness, and abusive parents; boundary issues within the family; presence of encouragement and criticism; parental dieting and body image; and specific traumatic events within a family such as divorce, separation, and death. Past and current research will be addressed to gain a better understanding of how these dynamics impact the development of eating disorders.

Enmeshment

Enmeshment is extremely visible in eating-disordered families. Research on family interaction and the effect it has on females, identifies eating-disordered homes to be highly enmeshed and intrusive (Polivy & Herman, 2002). This can be caused by boundary dissolution, in which children have no sense of individuation (Rowa, Kerig, & Geller, 2001). Parents tend to be overly involved in their child's life and often experience boundary dissolution. Families of individuals with anorexia have been characterized by an enmeshed, overprotective, rigid and conflict-avoidant family structure (Tata, Fox, & Cooper, 2001). In a study done by Smolak and Levine (1993), anorexic females were found to be less individuated than non-eating disordered females. These females often

become over dependent on their parents because they lack autonomy since independence is discouraged and boundaries are violated (Meyer & Russell, 1998). Data also confirmed that parents of anorexic females maintain more control over their daughters' lives than parents in the control group. Anorexic females reported boundary problems within the family, while their parents did not. The parents of the anorexic females actually reported lower levels of boundary problems than parents in the control group, suggesting that the anorexic daughters' perceptions differ greatly from their parents' perceptions (Rowa, Kerig, & Geller, 2001).

Intrusiveness

Research has confirmed that parental over protectiveness and over control are risk factors for eating disorders. Tata, Fox, and Cooper (2001) conducted a study and found that parental overprotection was associated with low body satisfaction and disordered eating patterns. They concluded that parental overprotection, rather than parental care, appears to be a significant developmental influence on body satisfaction and attractiveness in young females (Tata, Fox, & Cooper, 2001).

Research on eating disordered women in other countries has been done and has shown similar results. Mujtaba and Furnham (2001) conducted a study to assess disordered eating and parental control among three groups: British Caucasians, immigrant British Asians, and Pakistanis. Research found Asian parents to be more overprotective of their daughters during adolescence, not allowing separation or individuation. British Asians reported the highest level of parental control and highest level of disordered eating, which helps to explain why they suffer from high levels of bulimia (Mujtaba & Furnham, 2001).

In response to the high levels of parental control and protection in eating disordered families, women feel the need to compensate by taking control of one aspect of their life that their parents can not touch. Many women experience interpersonal struggles for power with their parents, causing them to experience less autonomy, which in turn leads to the psychodynamics of eating disorders (Schwitzer et al., 2001). Some females struggle for this lost identity and self-expression against parents who are seen as controlling and powerful and may exert their will to control weight and body shape. Thus, the development of eating disorders is often associated with this search for internal control (Mujtaba & Furnham, 2001). In a study conducted by Haworth-Hoeppner (2000), some women identified food refusal as a strategy to gain control over their environment. The data concluded food manipulation to be commonly recognized as a kind of rebellion expressed by children and adolescents that can be characterized by an "adolescent rebellion taking modern form" (Haworth-Hoeppner, 2000, p.12).

Parental Criticism

The presence of criticism in a family appears to play a role in the development of an eating disorder. Research has found that children from families that give little affection and experience low cohesion perceive worse parental support than those children who come from highly affectionate and cohesive families (Espina, Ocha de Alda, & Ortego, 2003). As with other family dynamics, food is a way to control an aspect of life and rebel against parents. Haworth-Hoeppner (2000) conducted a study to further test this notion, finding that when parental criticism was present, food restriction was used to show resistance to parental authority. Criticism within the family appears to affect both bulimia and anorexia. A case study conducted on patients with bulimia identified

factors that specifically discriminated bulimic subjects, which included critical comments from the family (Jacobi, Agras, & Hammer, 2001). If the majority of input that a child is getting from parents is negative, they may find a way to compensate for feelings of inferiority and low self-esteem. "Negative parent-child interaction may induce poor self-esteem and low body satisfaction, which in turn may predispose an individual to attempt to seek a solution to these problems through abnormal eating" (Tata, Fox, & Cooper, 2001, p.197).

Families are supposed to be a safe environment in which children are nurtured. They share specific beliefs on life and create an atmosphere where family members are part of a team. Specific boundaries are set between the inner family setting and the outside world. How easy it is for outsiders to come into the family circle depends on the family. Haworth-Hoeppner (2000) created a study to assess the impact that families have on the development of eating-disordered children. Most of the eating-disordered females in the study, reported coming from a critical family environment, in which thinness was stressed. Talk about weight was extremely important and existent in such families, which caused family members to value thinness. Thinness becomes a family dynamic that is important and begins to define who the family is and what they stand for. Within this family context, staying thin is crucial if one wants to stay part of the "team". This unrealistic expectation often initiates the dangerous and ongoing battle with an eating disorder (Haworth-Hoeppner, 2000).

Familial Discord

Many problems within a family may aid to the development of an eating disorder. Research has looked at specific life events that may precede the onset of the illness.

Martinez-Gonzalez, Gual, Lahortiga, Alonso, de Irala-Estevez, and Cervera (2003) identified life events as death or a change in the family structure (i.e., divorce, separation, conflict). Such issues can be very stressful, often causing a decrease in a child's self-esteem which is a prime risk factor for an eating disorder. Data found girls with divorced or separated parents to be at higher risk for an eating disorder (Martinez-Gonzalez et al., 2003). Parental and family conflict may also have an impact on the emergence of an eating disorder. Results confirmed the negative impact that family breakdown and instability have on eating disorder development (Martinez-Gonzalez et al., 2003).

Parental Views on Weight

Parental approval and feedback is extremely important to children. Parents have the power to positively or negatively impact the life of their child without even knowing what they have done. Negative feedback can be devastating to children, leading them to develop dangerous behaviors and attitudes. Parents have the ability to drive a child to an eating disorder through their actions, talk, and own diet issues even though they are not intending to influence the child (Malin, 2003). One female who was anorexic explained her illness as the result of her mother's own weight concerns.

> "My mother has, all of her life—all the time I was growing up—my mother was on a diet. You know, that was what women in her generation did; you went on a diet…She would eat different meals than the rest of the family because she was trying to take off a little bit of weigh…Dieting was sort of a normal thing in my family" (Haworth-Hoeppner, 2000, p.221).

LeAnn Birch, PhD found that children, whose eating habits are monitored, end up becoming overweight and feeling worse about their weight and self than children whose eating is not monitored, which often becomes a precursor for an eating disorder (Malin, 2003). Eating disorders are often encouraged by familial praise for slenderness and

envying the person's capability of control and self-discipline in regards to maintaining a sleek figure. Even after the individual has become dangerously emaciated, positive reinforcement is often continued (Polivy & Herman, 2002).

Research suggests that many children develop an eating disorder as a result to parental negative feedback regarding their weight, especially from mothers. Jacobi, Agras, & Hammer (2001) conducted a study to assess the impact that negative maternal eating perceptions have on eating disordered children. In bulimic patients, critical comments about their weight and body shape from parents were common factors. The data was collected through a longitudinal study, in which infants were followed up until age eight. The researchers also looked at the affect of eating-disordered mothers on infant temperament, especially during eating. Differences between mothers in the control group and index group were significant. Index mothers were found to be more intrusive and less facilitating, expressed negative emotion while feeding infants, and showed more conflict between the infant and themselves during mealtime. The data suggested that "maternal restraint and disinhibition...predicted higher body dissatisfaction and dieting behaviors in their daughters" (Jacobi, Agras, & Hammer, 2001, p.367). These daughters also expressed the perception that their mother wanted them to be thin. Researchers believe that this increase in body dissatisfaction and dieting behaviors amongst eight-year-old females is learned from maternal modeling (Jacobi, Agras, & Hammer, 2001).

Patient perceptions of family dynamics

Overall, research has suggested that patients suffering from eating disorders perceive many negative family dynamics. Anorexic individuals perceive less of a family hierarchy than non-eating disordered individuals. In other words, anorexic patients believe that their family is a power structure in which leadership is overruled (Szabo, Goldin, & Le Grange, 1999). In addition, they report high boundary maintenance in relating and interacting with those beyond the immediate family. Bulimic individuals view their families more highly differentiated than non-eating disordered families. They perceive their families as tolerant of arguments and absent of conflict resolution.

Daughters battling anorexia report many boundary violations within the family viewing them as problematic. After conducting a study on parent and patient perceptions of the family structure, patients viewed their family environment as dysfunctional and negative compared to non-eating disordered individuals. They described their mothers as struggling with their own weight issues and as demanding, intrusive, critical, and jealous. Fathers were perceived as authoritative and strict or uninvolved in the patient's life (Haworth-Hoeppner, 2000).

Looking at the perception of the father, eating disordered females reported "more intrusiveness, role reversal-caregiver, enmeshment and spousification" and boundary violations than did non-eating disordered women (Rowa, Kerig, & Geller, 2001, p.108). These women reported close relationships with their fathers. Overall, women with eating disorders and those without both expressed more boundary violations with their mothers than with their fathers. Thus, the study confirmed that boundary dissolution between

father and child appears to be a cause of an eating disorder vs. boundary dissolution between both parents and child (Rowa, Kerig, & Geller, 2001).

Many women battling an eating disorder perceive specific family rules within a family. One girl explained her family system as intolerable of people who were overweight or "fat". She recalled a comment made about her appearance and weight from her mother. "I believe the comment was, um, on the top that I looked like a delicate little flower, but she said, um, at the bottom I looked like a Mack truck coming at ya" (Haworth-Hoeppner, 2000, p.221).

Parent perceptions of family dynamics

Eating disordered individuals appear to have vivid negative perceptions toward the family system. However, parents often perceive the family structure in an opposite way. Fathers of anorexic individuals perceive the presence of family support as much as those in non-eating disordered families. Fathers of bulimic females however, share the perception of the child in that the home is less flexible, less adaptable to change, and more prone to arguments than are families with anorexic children and non-eating disordered children (Szabo, Goldin, & Le Grange, 1999).

Boundary violations were perceived as problematic to anorexic females; however, the opposite to parents. Rowa, Kerig, & Geller (2001) found that mothers actually reported lower boundary violations and problems than mothers from non-eating disordered families.

Separation-Individuation Model

Among the research done on the impact that family dynamics have on eating disorder development, a separation-individuation model was proposed. This model infers

that females develop eating disorders in college or other environments that have separated them from their families. "This theory proposes a link between the cognitions and behaviors indicative of eating disorders and a woman's difficulty with separating from her parents to acquire personal independence and a separate identity" (Meyer & Russell, 1998, p.166). These individuals usually come from homes with disturbed family dynamics, experiencing problems such as enmeshment, intrusiveness, and conflict avoidance. Thus, when the individual goes off on their own they are clueless on how to function without their parents. Bulimia and anorexia are ways that they can gain control and establish their identity. As in substance abuse and addiction, these individuals experience codependency. Meyer & Russell (1998) conducted a study to assess the correlation between codependency and eating disorder development. Data concluded that codependency was positively associated with eating disorder symptoms. Women who tend to keep their emotions to themselves and find it difficult to open up are more likely to suffer from an eating disorder than fairly expressive individuals (Meyer & Russell, 1998).

Criticisms of Family Influence on Eating Disorder Development

Although there is much research done on the role that the family system plays in the development of eating disorders, there is also research discrediting the hypothesis that family dynamics are to blame for eating disorder symptomatology. Szabo, Goldin, and Le Grange (1999) conducted a study and found little difference between the family dynamics of eating-disordered patients and those of non-eating disordered families.

In addressing family conflict, many studies have suggested that an impaired relationship between the parents may be causing stress in the family, which in turn leads

a child to develop an eating disorder. However, there is research to disprove this theory. A study conducted on the impact of poor dyadic relationships on the development of an eating disorder concluded that a child's eating disorder can not be attributed to the parent because the family discord could be due to the eating disorder itself (Espina, Ochoa de Alda, & Ortego, 2003). Minuchin, Rossman, and Baker (1978) suggested that poor dyadic relationships may be a result of one or more parent's over involvement in the child's life. Thus, the impaired spousal relationship is due to the amount of time invested in the life of a sick child. Vandereycken (1994) explained the poor dyadic relationship to be the result of differing views on how to parent a child who is suffering from an eating disorder, especially anorexia. Espina, Ochoa de Alda, and Ortego (2003) suggested that the poor relationship between the parents of a child with an eating disorder may have some aid in the development of the illness; however, the child's illness then begins to negatively impact the dyadic relationship further; thus, becoming a vicious cycle. Research has been done to disprove the notion of the negative impact of parental criticism in eating disorder development. Some data shows that poor parental support and criticism stems from living with a sick child (Espina, Ochoa de Alda, & Ortego, 2003). Therefore, the child's illness may actually be causing the poor connection within the family and the relationship between the parents and the child. Although much research is done on this notion, it is often correlational making it hard to determine if the family system is causing the eating disorder or the eating disorder causing different negative family dynamics (Polivy & Herman, 2002). Archibald, Graber, and Brooks-Gunn (1999) conducted a study to address this very issue. The study assessed increased dieting and decreased body image with perceptions of the parent-child relationship over the course of

a year. Results found higher correlations between family interaction and the presence of eating disorder symptoms than increased body mass with the presence of symptoms. In addition, bidirectional effects were analyzed over the study period, in which dieting was correctly predicted by parent-child relationships; however, parent-child relationships were not predicted by dieting. Thus, the alternative hypothesis was disconfirmed and the cause was placed back on the family.

Some research suggests that family dynamics by themselves are not responsible for the development of eating disorders. Haworth-Hoeppner (2000) believed that culture is a main cause of eating disorders; however, believes that it does so through the family. Because the family system is a place of rules, values, and norms, "the family operates as a formidable influence on identity contributing to the development of the self and formation of self-image" (Haworth-Hoeppner, 2000, p.213). Families may influence eating disorder development due to family dynamics; however, it is culture that creates many of these dynamics such as the belief that thinness equals beauty and success. Haworth-Hoeppner conducted a study to assess the impact of the family system and media on eating disorder development. Data confirmed that the majority of eating disorders develop out of a mixture of culture and familial influence. Research found three different family environments and conditions in which eating disorders are most likely to occur: a critical environment along with coercive parental control, a critical environment and a main focus on weight, and a main focus on weight; however, a loving and supportive family (Haworth-Hoeppner, 2000).

CHAPTER III: SUMMARY AND IMPLICATIONS

Family dynamics have been studied to assess the impact that they have on eating disorder development. According to the research, the family system appears to have much influence on the etiology, course, and prognosis of eating disorder pathology. In the following section, specific limitations and problems with current research and this review, along with implications for future study using the data found, will be addressed.

Summary of Literature

Throughout the course of eating disorder history, many potential causes have been identified and studied; such as, media influence, culture, biology, and the family system. Current research suggests that specific family dynamics are correlated with eating disorder development and maintenance. Dynamics such as enmeshment, intrusiveness, familial discord, parental criticism, and parental views on weight have been found to influence the occurrence of an eating disorder.

Research shows that high parental control and criticism are risk factors for the development and course of eating disorders. Females in such families, attempt to gain some control over their life; therefore becoming anorexic or bulimic in order to compensate for feelings of lost control.

Parental views on dieting and weight also contribute to eating disorder pathology. Parental dieting can influence a child even if the parent did not intend so. Children often pick up attitudes toward body weight, influencing their own views and satisfaction toward their body. In contrast, many parents, especially mothers, make direct comments in regards to their daughters' weight and eating habits to the point that dieting is practically pushed on the child. Lastly, familial attitudes on weight and comments toward

those who are overweight may indirectly influence the individual to develop an eating disorder.

In identifying the impact that the family has on eating disorders, it is important to note that patients and parents tend to perceive opposite family environments along with different degrees of family dynamics. Parents often view their level of control, enmeshment, and intrusiveness in a healthy light; whereas, patients perceive parents as over controlling, overinvolved, and critical. However, research has shown that eating disordered families appear to be highly dependent on one another, enmeshed, and less individuated than non-eating disordered families suggesting that patient perceptions of family dynamics are more realistic than those of parents.

Overall, research shows that eating disorders are often influenced and created due to the family system. Much research has been done to support this issue; however, many limitations still exist.

Limitations of the Research

Although current research suggests that the family system impacts the development of eating disorders, there are limitations to these conclusions. First, it is very hard to control all potential confounding variables in order to get reliable and valid results. If using a longitudinal study, it can be complicated to keep all participants involved, especially if it is over a long period of time. One study reported that at the last assessment of an eight-year study, only 50% of the original sample participated (Jacobi, Agras, & Hammer, 2001). Surveys and self-report are difficult, "leaving open the possibility that these subjective ratings provided by participants do not accurately reflect objective reality" (Rowa, Kerig, & Geller, 2001, p.110). Second, it is very complicated to

match the control group and non-control group demographically; therefore, there may be some differences in the backgrounds of each participant. Third, because studies are on a volunteer basis only, it is hard to identify whether each group is a true representation of their assigned population or if a specific type of individuals are more likely to volunteer for certain reasons. For example, females struggling with an eating disorder along with family problems may be more inclined to participate in a study assessing the impact of the family system on eating disorder development as an attempt to get back at their parents; whereas, females with an eating disorder that do not perceive family problems may not be motivated to volunteer (Rowa, Kerig, & Geller, 2001).

Aside from specific limitations within the literature, there may be potential problems with the current literature review. First, there is entirely too much information and research out there to be able to analyze all dimensions and angles of the family system's influence on eating disorder development. Therefore, some relevant information pertaining to this issue might have been missed. Second, because the literature review was done with the notion that the family system highly affects eating disorder pathology, there might be bias in regards to what information was gathered vs. what information was dismissed. In other words, more information that supports the negative effects that family dynamics have on eating disorders rather than rejects this hypothesis might have been the focus.

Implications of the Current Literature for Future Research

Studies on the potential causes of eating disorders have been conducted in the past; however, controversy still remains regarding which factor, if any, is key. Multiple causes are still being studied and analyzed to identify how to fix this growing problem.

Research on these potential causes must continue if this illness and disease is ever going to be eliminated.

Future research needs to further investigate the family's influence on eating disorder development. Studies in which the family system is compared with other potential causes, need to be conducted in order to rule out or accept what is leading to this ongoing battle with eating disorders. In particular, studies that investigate the issue of "control" in families will further clarify this apparently important dimension in eating disorder dynamics. A study in which all the potential causes are addressed and compared with each other would be helpful in discovering if there is one cause for this disorder or many interacting as suggested in some of the literature.

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