the complex interaction of biological, psychological, developmental, familial, and sociocultural factors that certain people develop eating disorders.

There is no clear-cut distinction between the two disorders, and they have many features in common. The traditional division of anorexia and bulimia is still appropriate until more is known about eating disorders. Body weight may be a significant distinguishing characteristic; people with anorexia are severely underweight and people with bulimia are at normal or near-normal weight. About 30% of people with bulimia have a history of anorexia. As many as 62% of people with anorexia exhibit bulimic behaviors. Conversion from anorexia to bulimia may be a way of moving from a “visible” to an “invisible” eating disorder to deceive family, friends, and health care providers. Thus, the two disorders can occur in the same person, or the person can go from one disorder to the other. There are far more similarities than differences between anorexia and bulimia (Tozzi et al., 2005). However, to help you understand the differences, the disorders have been separated in this chapter.

ANOREXIA NERVOSA

Anorexia nervosa is a potentially life-threatening disorder characterized by extreme perfectionism, weight fear, significant weight loss, body image disturbances, strenuous exercising, peculiar food-handling patterns, and reductions in heart rate, blood pressure, metabolic rate, and the production of estrogen or testosterone. The DSM-IV-TR diagnostic criteria for anorexia nervosa follow. A well-known pioneer in the treatment of eating-disordered clients, Hilde Bruch (1978), called anorexia nervosa “the relentless pursuit of thinness.”

Rigidity and overcontrol are the hallmarks of anorexia. To control themselves and their environment, these individuals develop rigid rules. Such rigidity often develops into obsessive rituals, particularly concerning eating and exercise. Cutting all food into a predetermined size or number of pieces, chewing all food a certain number of times, allowing only certain combinations of foods in a meal, accomplishing a fixed number of exercise routines, and having an inflexible pattern of exercises are rituals common to anorexic people. These rules and rituals help keep anxiety beyond conscious awareness. If the rituals are disrupted, the anxiety becomes intolerable. Paradoxically, all these efforts to stay in control lead to out-of-control behaviors (Tozzi et al., 2005).

Many people with anorexia are hyperactive and discover that overexercising is a way to increase their weight loss. Sollytary running tends to be the exercise of choice, and there are often obsessional qualities to it. For example, they believe that before they can eat, they have to earn calories by exercising. Conversely, if they overeat, they believe they must punish themselves with excessive exercise. Excessive exercise signifies the triumph of will over the body and is a possible indication of poor prognosis in recovery (Neumark-Sztainer, 2005).

Anorexic young women have a desperate need to please others. Their self-worth depends on responses from others rather than on their own self-approval. Thus, their behavior is often overcompliant; they always try to meet the expectations of others in order to be accepted. They may overachieve in academic and extracurricular activities, but these accomplishments are usually an attempt to please parents rather than a source of self-satisfaction.

People with anorexia often feel hopeless, helpless, and ineffective. Because of being overcompliant with their parents, they believe they have always been controlled by others. Their refusal to eat may be an attempt to assert themselves and gain some control within the family. As weight is lost, they are rewarded with praise, admiration, and envy from their peers, which reinforces the restricted eating pattern.

### DSM-IV-TR Diagnostic Criteria for Anorexia Nervosa

- **A.** Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- **B.** Intense fear of gaining weight or becoming fat, even though underweight.
- **C.** Disturbance in the way in which one’s body image or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- **D.** In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone—e.g., estrogen—administration.)

### Restricting Type

During the current episode of Anorexia Nervosa, the person has not regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

### Binge-Eating/Purging Type

During the current episode of Anorexia Nervosa, the person has regularly engaged in binge eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).


### USING DSM-IV-TR

Health care providers often use language unfamiliar to clients and their families. Explain **amenorrhea in postmenarcheal females** in a way that would help a family understand the characteristics of anorexia nervosa.