



Investigating the Psychological Factors Contributing to the Eating Disorder

Pradhyoth Rao*

pradhyothrao@gmail.com

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* Corresponding author

1. Introduction

Millions of people worldwide suffer from eating disorders, which are widespread mental health issues that have major ramifications for people's psychological and physical health. Disturbances in eating patterns and skewed conceptions of body image define these diseases, which include diagnoses like binge-eating disorder, bulimia nervosa, and anorexia nervosa. Eating disorders continue to be difficult for doctors, researchers, and those who are affected by these problems, even with recent increases in awareness and study initiatives.

Even though the precise causes of eating disorders are numerous and complicated, it is generally acknowledged that psychological variables are crucial to the onset and maintenance of eating disorders. Comprehending these psychological elements is crucial to deciphering the complex interaction of biological, psychological, and social variables that lead to eating disorders. Clarifying these variables can also help in the creation of more individualized, effective preventative and treatment plans.

This work endeavors to investigate the psychological elements that give rise to eating disorders, with a particular emphasis on five fundamental constructs: trauma, stress, perfectionism, body image disturbance, and emotional regulation issues. These elements offer important insights into the psychological processes underpinning disordered eating habits, since each has been linked to the development and maintenance of eating disorders.

One of the main characteristics of eating disorders is disturbed body image, which is typified by skewed views of weight and body shape. According to research, between 30 and 40 percent of people with eating disorders have a negative perception of their bodies and believe they are bigger or smaller than they actually are. Maladaptive behaviors like purging, binge eating, and excessive exercise are frequently motivated by this dissatisfaction as people try to achieve or maintain a perceived ideal body shape. Furthermore, eating disorders are far more likely to develop in those who have a negative body image, especially in disadvantaged communities where social demands to be slim are present.

Another psychological component linked to the genesis of eating disorders is perfectionism, which is typified by an unrelenting quest of lofty ideals and a fear of falling short. Research shows that between 50 and 60 percent of people with eating disorders have perfectionistic inclinations, which can lead to strict food guidelines, obsessive workout routines, and poor body image beliefs. Over time, perfectionism increases the likelihood of developing and sustaining eating disorders by interacting with other psychological variables including despair and anxiety.





Emotional regulation issues are frequently seen in eating disorder sufferers, impacting between 60–70% of those with a diagnosis. These people frequently turn to unhealthy coping strategies like binge eating or restricted eating because they find it difficult to successfully manage and regulate their emotions. Emotional dysregulation is associated with impulsivity, mood instability, and interpersonal difficulties, further exacerbating the risk of disordered eating behaviors.

Stress and trauma have a major role in the emergence and maintenance of eating disorders. Adverse childhood experiences—such as abuse—either physically, sexually, or emotionally raise the likelihood of an eating disorder in later life. According to studies, those who have experienced trauma in the past are 2-3 times more likely to develop eating problems. Furthermore, long-term stresses like marital problems or scholastic pressure amplify preexisting vulnerabilities and precipitate the emergence of eating disorders.

Examining the psychological elements influencing eating disorders is essential to comprehending their intricate nature and creating successful treatments. The origin and maintenance of these diseases are significantly influenced by trauma, stress, perfectionism, emotional regulation issues, and disturbances in body image. Through the integration of these components into a complete framework, researchers and clinicians can enhance the outcomes for persons afflicted with eating disorders and augment our comprehension of these complex illnesses.

2. Objectives

- To determine the prevalence rates of eating disorders
- To explore the psychological factors associated with eating disorders
- To identify and examine potential risk factors associated with the development and maintenance of eating disorders
- To evaluate the effectiveness of existing treatment approaches for eating disorders
- To inform the development of targeted prevention strategies

3. Prevalence Rates

It is essential to comprehend the prevalence rates of eating disorders, such as binge-eating disorder, bulimia nervosa, and anorexia nervosa, in order to evaluate the extent and consequences of these illnesses in a given community. Insights into the epidemiology, demographics, and risk factors linked with eating disorders are provided by this thorough analysis, which helps to shape public health campaigns, therapeutic approaches, and research goals.

Anorexia nervosa, characterized by severe restriction of food intake leading to significantly low body weight, distorted body image, and intense fear of gaining weight, is among the most well-known and potentially life-threatening eating disorders. Bulimia nervosa involves recurrent episodes of binge eating followed by compensatory behaviors such as self-induced vomiting, excessive exercise, or misuse of laxatives or diuretics. Binge-eating disorder shares similarities with bulimia nervosa but lacks the compensatory behaviors typically seen in bulimia, leading to recurrent episodes of binge eating without subsequent purging.

To determine the prevalence rates of these disorders, researchers employ various methodologies, including epidemiological surveys, clinical assessments, and systematic reviews of existing literature.



Epidemiological studies often use standardized diagnostic criteria, such as those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), to identify and classify cases of eating disorders within a representative sample of the population. These studies may involve large-scale surveys administered to community samples or targeted assessments conducted in clinical or academic settings.

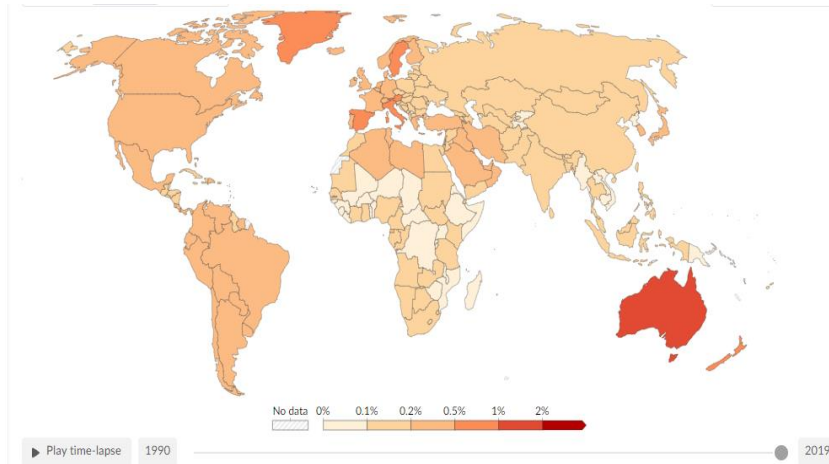


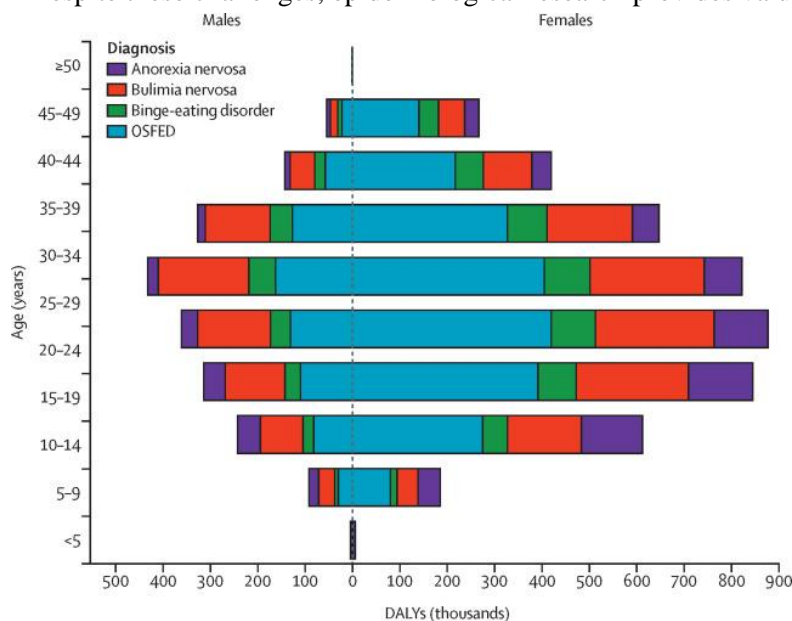
Figure: Eating disorders prevalence, 2019 (Source: <https://ourworldindata.org/grapher/eating-disorders-prevalence>)

Research findings suggest that the prevalence rates of eating disorders vary across populations and geographic regions, with estimates

influenced by factors such as cultural norms, socioeconomic status, access to healthcare, and diagnostic criteria used. For example, studies conducted in Western countries, where thinness is often idealized and valued, tend to report higher prevalence rates of eating disorders compared to non-Western cultures where different body ideals may prevail. Additionally, variations in diagnostic criteria and assessment methods can contribute to discrepancies in prevalence estimates between studies.

The estimated share of people with eating disorders (which only includes anorexia nervosa and bulimia nervosa) in the past year, whether or not they were diagnosed, based on representative surveys, medical data and statistical modeling.

Despite these challenges, epidemiological research provides valuable insights into the prevalence rates



of eating disorders and their demographic correlates. Studies have consistently found that eating disorders disproportionately affect young people, with onset typically occurring during adolescence or early adulthood.

Figure: Global DALYs by eating disorder, sex, and age in 2019 (Source: Santomauro et. al. 2019)

However, recent research suggests that eating disorders can also occur in older adults, highlighting the importance of considering age-related factors in epidemiological studies.



Moreover, eating disorders affect individuals across diverse demographic groups, including gender, race, ethnicity, and socioeconomic status. While historically associated with young, white, affluent females, research indicates that eating disorders also impact males, individuals from racial and ethnic minority backgrounds, and those from lower socioeconomic groups. However, disparities in access to healthcare and cultural stigma surrounding mental health may contribute to underdiagnosis and undertreatment of eating disorders among marginalized populations.

In addition to demographic factors, epidemiological research examines the prevalence rates of eating disorders across different clinical subtypes and severity levels. For example, studies may distinguish between restrictive versus binge-purge subtypes of anorexia nervosa or categorize individuals with bulimia nervosa based on the frequency and severity of binge-eating and compensatory behaviors. These distinctions are important for understanding the heterogeneity of eating disorders and tailoring interventions to individual needs.

Furthermore, epidemiological studies assess comorbidity patterns and associated health outcomes among individuals with eating disorders. Research findings indicate that eating disorders frequently co-occur with other mental health conditions, such as depression, anxiety disorders, and substance use disorders, highlighting the need for integrated treatment approaches. Moreover, eating disorders are associated with significant medical complications, including cardiovascular problems, gastrointestinal disturbances, electrolyte imbalances, and bone density loss, underscoring the importance of early detection and intervention.

In order to address the extent and effect of eating disorders within a community, it is imperative to comprehend the prevalence rates of these ailments, which include binge-eating disorder, bulimia nervosa, and anorexia nervosa. Research goals, therapeutic treatments, public health campaigns, and eating disorder subtypes and comorbidity patterns are all influenced by the significant insights that epidemiological research offers into these areas. Stakeholders can collaborate to improve eating disorder outcomes and lessen the toll that these conditions take on individuals, families, and communities by identifying at-risk populations, encouraging early detection and intervention, and addressing systemic barriers to care.

4. Psychological Correlates

Investigating the psychological aspects of eating disorders offers important new perspectives on the intricate interactions between the cognitive, affective, and behavioral mechanisms that underlie disordered eating patterns. In order to shed light on the psychological processes that contribute to the emergence and maintenance of eating disorders, this thorough analysis focuses on concepts like body image disturbance, perfectionism, emotional regulation issues, trauma, and stress.

Body image disturbance is a central psychological factor in eating disorders, characterized by distorted perceptions of body shape and weight. Individuals with eating disorders often experience intense dissatisfaction with their bodies, perceiving themselves as larger or smaller than they actually are. This dissatisfaction drives maladaptive behaviors such as restrictive eating, excessive exercise, or purging, as individuals strive to attain or maintain a perceived ideal body shape. Research suggests that body image disturbance is influenced by a combination of genetic, biological, sociocultural, and psychological factors, including media exposure, peer influences, and early childhood experiences.



Moreover, body image dissatisfaction is a significant risk factor for the development of eating disorders, particularly among adolescents and young adults exposed to sociocultural pressures idealizing thinness and equating it with beauty and success.

Eating Disorders



Figure: The interplay between biological, psychological, and sociocultural forces on eating disorders (Source: lumenlearning.com)

Perfectionism is another psychological factor implicated in the etiology of eating disorders, characterized by a relentless pursuit of high standards and a fear of failure or inadequacy. Many individuals with eating disorders exhibit perfectionistic tendencies, striving for unattainable ideals of thinness, beauty, and perfection. These perfectionistic standards contribute to rigid dietary rules, compulsive exercise routines, and self-critical attitudes toward body image. Moreover, perfectionism interacts with other psychological factors such as anxiety and depression, exacerbating the risk of

developing and maintaining eating disorders over time. Research suggests that perfectionism may serve as both a risk factor for the development of eating disorders and a maintaining factor once the disorder has developed, as individuals use disordered eating behaviors as a means of exerting control and achieving a sense of mastery in the face of perceived inadequacy or failure.

Emotional regulation difficulties are commonly observed among individuals with eating disorders, who often struggle to cope with and regulate their emotions effectively.

94%

of participants with an eating disorder also had a **co-occurring mental health disorder**



92%

of people hospitalized for an eating disorder also had a **major depressive episode**

What's the likelihood of developing an anxiety disorder with an eating disorder?



48-51%
Anorexia



55-65%
Bulimia



54-81%
Binge Eating

Eating disorders and substance abuse disorders

50% of people with **eating disorders** use substances or alcohol

35% of people with a **substance use disorder** also have an eating disorder

Figure: Eating disorders and co-occurring disorders (Source: withinhealth.com)



Food and eating behaviors may serve as maladaptive coping mechanisms, providing temporary relief from negative emotions such as stress, anxiety, depression, or loneliness. For example, binge eating may serve as a way of numbing painful emotions, while restrictive eating may provide a sense of control in the face of overwhelming feelings of anxiety or uncertainty. Moreover, emotional dysregulation has been linked to impulsivity, mood instability, and interpersonal difficulties, further exacerbating the risk of disordered eating behaviors. Research indicates that individuals with eating disorders often experience difficulties in identifying, expressing, and regulating their emotions effectively, leading to a reliance on food and eating behaviors as coping mechanisms.

Trauma and stress are significant psychological factors that contribute to the development and maintenance of eating disorders. Adverse childhood experiences, such as physical, sexual, or emotional abuse, neglect, or family conflict, increase the risk of developing an eating disorder later in life. Traumatic events can disrupt attachment relationships, undermine self-esteem, and distort body image, laying the groundwork for maladaptive coping strategies such as disordered eating behaviors. Moreover, chronic stressors such as academic pressure, relationship conflicts, or societal expectations may exacerbate existing vulnerabilities and trigger the onset of an eating disorder. Research suggests that individuals with a history of trauma are 2-3 times more likely to develop eating disorders, highlighting the importance of addressing trauma-related factors in the assessment and treatment of these conditions.

Investigating the mental aspects linked to eating disorders offers important new perspectives on the fundamental processes that underlie these intricate illnesses. The origin and maintenance of eating disorders have been linked to fundamental factors such as trauma, stress, perfectionism, body image disturbance, and challenges with emotional control. In order to better understand the psychological processes underlying disordered eating behaviors and to guide the creation of more effective preventative and treatment strategies catered to the specific requirements of those impacted, researchers can analyze these factors within a thorough theoretical framework.

5. Risk Factors

Understanding the intricate interactions between environmental, societal, and personal variables that contribute to eating disorders is crucial. One such interaction is the possible risk factors linked to the onset and maintenance of eating disorders. This thorough analysis tries to clarify the complex etiology of eating disorders by taking into account variables including societal influences, family dynamics, interpersonal connections, and personal vulnerabilities.

Sociocultural influences play a significant role in shaping attitudes, beliefs, and behaviors related to body image and eating. Societal norms that prioritize thinness and equate it with beauty, success, and worth contribute to the development of body dissatisfaction and disordered eating behaviors. Media representations, advertising, and popular culture often promote unrealistic and unattainable standards of beauty, leading individuals to internalize these ideals and engage in harmful behaviors to achieve them. Moreover, cultural differences in beauty ideals and body norms may contribute to variations in the prevalence and presentation of eating disorders across different populations. Research suggests that individuals exposed to sociocultural pressures idealizing thinness are at increased risk of developing eating disorders, particularly during adolescence and young adulthood when identity formation and social comparison processes are heightened.





Family dynamics and interpersonal relationships also play a crucial role in the development and maintenance of eating disorders. Family systems characterized by dysfunction, conflict, enmeshment, or disengagement may contribute to the development of maladaptive coping strategies and impaired interpersonal skills, increasing the risk of eating disorders. For example, parental modeling of disordered eating behaviors, criticism about body weight or shape, or overemphasis on achievement and appearance may contribute to the development of body dissatisfaction and unhealthy eating patterns in children and adolescents. Moreover, family environments characterized by high levels of control, criticism, or emotional invalidation may impair emotional regulation and coping abilities, further exacerbating vulnerability to eating disorders. Research suggests that individuals with a history of adverse family experiences are at increased risk of developing eating disorders, highlighting the importance of addressing family dynamics in prevention and treatment efforts.

Interpersonal relationships outside the family, such as peer interactions, romantic relationships, and social networks, also influence the development of eating disorders. Peer pressure, social comparison, and the desire for acceptance and belongingness may contribute to the adoption of unhealthy eating behaviors and body image concerns. For example, exposure to weight-related teasing, bullying, or peer pressure to conform to appearance ideals may increase the risk of body dissatisfaction and disordered eating behaviors in adolescents and young adults. Moreover, interpersonal relationships characterized by conflict, rejection, or emotional abuse may exacerbate underlying vulnerabilities and trigger the onset of an eating disorder. Research suggests that individuals with a history of peer victimization or social rejection are at increased risk of developing eating disorders, underscoring the importance of promoting positive social relationships and peer support networks as protective factors.

Individual vulnerabilities, including genetic predisposition, temperament, personality traits, and psychological factors, contribute to the development and maintenance of eating disorders. Genetic studies have identified a heritable component to eating disorders, with estimates suggesting that genetic factors account for approximately 40-60% of the variance in liability to these conditions. Moreover, temperament traits such as perfectionism, impulsivity, and harm avoidance may increase susceptibility to eating disorders by influencing coping styles, emotional regulation strategies, and cognitive biases related to body image and weight. Additionally, psychological factors such as low self-esteem, negative body image, anxiety, depression, and trauma-related symptoms contribute to the vulnerability to eating disorders, shaping beliefs, attitudes, and behaviors related to food, weight, and body image. Research suggests that individuals with high levels of psychological distress or maladaptive coping strategies are at increased risk of developing eating disorders, highlighting the importance of addressing individual vulnerabilities in prevention and intervention efforts.

A comprehensive understanding of the complex etiology of eating disorders may be gained by examining potential risk factors linked to the onset and maintenance of these problems. Beliefs, attitudes, and behaviors around food and body image are shaped by the complex interactions of sociocultural factors, family dynamics, interpersonal connections, and personal vulnerabilities. In order to address the underlying causes of eating disorders and promote positive health outcomes for those impacted by these conditions, researchers, clinicians, and policymakers can develop targeted prevention and intervention strategies by comprehending these risk factors within a comprehensive framework.





6. Treatment Outcomes

Evaluating the efficacy of current eating disorder treatment modalities is essential for enhancing results and shaping intervention tactics in the future. In order to maximize treatment outcomes for those impacted by these complex disorders, a complete assessment that includes psychotherapy, medication, dietary counseling, and support groups is conducted with the goal of identifying characteristics linked with effective recovery.

Psychotherapy, particularly cognitive-behavioral therapy (CBT), is considered the gold standard treatment for eating disorders. CBT targets dysfunctional beliefs, attitudes, and behaviors related to food, weight, and body image, aiming to modify maladaptive patterns and develop healthier coping strategies. Research findings indicate that CBT is effective in reducing eating disorder symptoms, improving body image dissatisfaction, and preventing relapse in individuals with anorexia nervosa, bulimia nervosa, and binge-eating disorder. Moreover, CBT-based interventions, such as enhanced cognitive-behavioral therapy (CBT-E) and interpersonal psychotherapy (IPT), have been shown to be effective adjunctive treatments for eating disorders, addressing underlying psychological factors and interpersonal difficulties contributing to the maintenance of these conditions. Additionally, family-based treatments, such as the Maudsley approach, are effective for adolescents with eating disorders, involving parents in the treatment process and promoting early intervention and support.

Medication, particularly selective serotonin reuptake inhibitors (SSRIs) and atypical antipsychotics, is sometimes used as adjunctive treatment for eating disorders, particularly in cases where co-occurring mood or anxiety disorders are present. SSRIs have been shown to reduce binge eating and purging behaviors in individuals with bulimia nervosa and binge-eating disorder, though their efficacy in anorexia nervosa is less well-established. Atypical antipsychotics, such as olanzapine and quetiapine, may be used to target specific symptoms such as anxiety, agitation, and psychotic features in individuals with severe or treatment-resistant eating disorders. However, medication alone is generally not sufficient for treating eating disorders and is often used in conjunction with psychotherapy and other psychosocial interventions.

Nutritional counseling is an essential component of eating disorder treatment, focusing on restoring healthy eating patterns, addressing nutritional deficiencies, and promoting balanced and flexible approaches to food and eating. Registered dietitians with expertise in eating disorders provide individualized nutrition education, meal planning, and support to help individuals normalize their eating behaviors, repair relationships with food, and achieve and maintain a healthy weight. Nutritional counseling may also involve addressing dietary restrictions, food fears, and body image concerns, as well as providing education on intuitive eating and mindful eating practices. Research suggests that integrated approaches combining psychotherapy with nutritional counseling are more effective than either approach alone in achieving and sustaining recovery from eating disorders.

Support groups, such as self-help groups and peer-led recovery programs, provide valuable social support and encouragement for individuals with eating disorders. These groups offer a safe and nonjudgmental space for individuals to share their experiences, challenges, and successes, as well as to receive empathy, validation, and practical advice from others who have faced similar struggles. Support groups may focus on specific eating disorder diagnoses, such as Anorexics and Bulimics Anonymous (ABA) or Overeaters Anonymous (OA), or may be more general in nature, such as Eating Disorders





Anonymous (EDA) or groups affiliated with national eating disorder organizations. Research findings suggest that participation in support groups can enhance motivation for recovery, reduce feelings of isolation and shame, and improve self-esteem and body image perception. Moreover, peer support networks may complement formal treatment interventions by providing ongoing encouragement, accountability, and social connection beyond the clinical setting.

Assessing treatment outcomes for eating disorders involves evaluating a range of factors associated with successful recovery, including symptom reduction, improvements in quality of life, functional outcomes, and psychosocial functioning. Research suggests that factors such as early intervention, multidisciplinary treatment teams, individualized care plans, family involvement, and addressing comorbidities are associated with better treatment outcomes for eating disorders. Moreover, ongoing monitoring and relapse prevention strategies are essential for sustaining recovery and promoting long-term health and well-being. By systematically assessing treatment outcomes and identifying factors associated with successful recovery, clinicians and researchers can refine and optimize treatment approaches, inform evidence-based practice guidelines, and tailor interventions to the individual needs of those affected by eating disorders.

7. Prevention Strategies

In order to address the complex nature of eating disorders, focused preventative methods that aim to lower the occurrence of these diseases while encouraging healthy eating habits and a positive body image are essential. This all-encompassing strategy include determining protective and modifiable risk factors, providing guidance for the creation of evidence-based preventive programs customized to the requirements of populations at risk, and fostering resilience and well-being in a variety of contexts.

One key component of prevention efforts is addressing sociocultural influences that contribute to the development of body dissatisfaction and disordered eating behaviors. Societal norms that prioritize thinness and equate it with beauty, success, and worth perpetuate unrealistic standards and fuel negative body image perceptions. Prevention programs aimed at challenging these norms and promoting body diversity, inclusivity, and acceptance can help mitigate the impact of sociocultural pressures on individuals' self-esteem and body image. Media literacy and body image education initiatives, which teach critical thinking skills and media deconstruction strategies, empower individuals to challenge unrealistic beauty ideals and develop more positive and realistic perceptions of themselves and others.

Family-based prevention programs play a crucial role in promoting healthy eating behaviors and positive body image among children and adolescents. Parental modeling of balanced eating patterns, positive body image attitudes, and effective communication skills fosters a supportive family environment conducive to healthy development. Prevention programs that provide parents with education, skills training, and resources to promote positive body image and healthy eating behaviors in their children can have a significant impact on reducing the risk of eating disorders and related concerns. Moreover, family-based interventions that address parental concerns about weight and shape, promote family meals, and encourage open communication about body image and self-esteem contribute to a positive family climate and support children's resilience against sociocultural pressures.

School-based prevention programs play a critical role in promoting positive body image, healthy eating behaviors, and mental health among students. Comprehensive school health initiatives that integrate





evidence-based curricula, teacher training, parent involvement, and school environment changes create a supportive context for promoting well-being and preventing eating disorders. Prevention programs that focus on body image resilience, media literacy, nutrition education, and mental health promotion provide students with the knowledge, skills, and resources to navigate sociocultural pressures and develop a healthy relationship with food, weight, and body image. Moreover, school-based interventions that promote positive school climate, peer support networks, and inclusive policies contribute to a culture of acceptance, respect, and belongingness, fostering resilience and protective factors against eating disorders.

Community-based prevention programs play a vital role in promoting positive body image and healthy eating behaviors across diverse settings. Collaborative efforts involving community organizations, healthcare providers, educators, policymakers, and other stakeholders create a supportive environment for promoting well-being and preventing eating disorders. Prevention programs that target high-risk populations, such as athletes, dancers, models, and individuals in weight-sensitive industries, provide tailored interventions to address unique risk factors and promote resilience. Moreover, community-based initiatives that advocate for social justice, diversity, and inclusion challenge systemic inequalities and promote body acceptance and inclusivity for all individuals, regardless of size, shape, or appearance.

Technology-based prevention strategies offer innovative approaches to promoting positive body image and healthy eating behaviors among youth and adults. Digital platforms, mobile applications, and online resources provide accessible, interactive, and engaging interventions that reach diverse populations and address evolving needs. Prevention programs that leverage technology to deliver evidence-based interventions, such as cognitive-behavioral therapy, mindfulness training, and peer support networks, offer scalable solutions for promoting resilience and well-being. Moreover, technology-based interventions that harness social media, virtual reality, and gamification techniques create immersive experiences that engage users and foster positive behavior change in real-world settings.

Targeted prevention strategies that address sociocultural influences, family dynamics, school environments, community contexts, and technological advancements are necessary to reduce the incidence of eating disorders and promote positive body image and healthy eating behaviors. Stakeholders can collaborate to create a culture of acceptance, respect, and support that promotes positive body image and healthy relationships with food for all people by identifying modifiable risk factors and protective factors, informing evidence-based prevention programs tailored to the needs of at-risk populations, and promoting resilience and well-being across diverse settings.

8. Conclusion

Addressing the complex interaction of environmental, societal, and individual variables contributing to eating disorders requires the development of tailored preventative methods aimed at lowering the prevalence of eating disorders and encouraging positive body image and healthy eating practices. By implementing a comprehensive strategy that addresses modifiable risk factors and protective variables in various contexts, stakeholders may establish a nurturing atmosphere that promotes resilience and well-being.





Prevention programs enable people to question harmful norms and cultivate more realistic and positive views of themselves and others by addressing the societal variables that support poor body image judgments and unattainable beauty ideals. While school-based efforts establish a supportive setting for boosting students' well-being and mental health, family-based interventions encourage supportive home contexts that build healthy eating practices and good body image views among children and adolescents.

Community-based initiatives challenge structural injustices and advance social justice by uniting many stakeholders in cooperative efforts to advance diversity, inclusion, and body acceptance. Using digital platforms and online resources to improve resilience and well-being, technology-based interventions provide creative ways to deliver evidence-based treatments that reach a variety of groups and address changing needs.

Informed by evidence-based practices, stakeholders may collectively develop and execute targeted preventative measures to generate a culture of acceptance, respect, and support that promotes good body image and healthy interactions with food for all persons. We can further our understanding of eating disorders and enhance holistic approaches to prevention and intervention that value resilience and well-being across the lifespan by doing continuing research, evaluating the effectiveness of preventative initiatives, and making necessary improvements.

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