
Possible Connection between Eating Disorders and Bullying

Introduction

During childhood and adolescents' schools plays a big factor in our lives since we spend an average of 40 hours per week, so we familiarize with people and make friends. As we make friends, we can also meet bullies who display aggressive behavior against others either physically or emotionally. For example, they can make threats, spread rumors, and exclude someone from a group on purpose ("Bullying Definition, Statistics & Risk Factors"). A person can develop a low self-esteem, social isolation, and a poor body image ("Bullying and Eating Disorders," 2018). A child who is over-weight has a 63% chance of being bullied compared to one who is thinner ("Bullying and Eating Disorder," 2018). About 40% of over-weight kids are bullied by their weight from peers or family ("Bullying and Eating Disorders," 2018). This could increase the development of an eating disorder in a child either it being anorexia, bulimia, or binge eating.

Anorexia is a condition in which a child refuses to eat because of the number of calories they will consume and the fear of becoming fat (Kam). Most people with anorexia aren't able to maintain their normal body weight because they refuse to eat and exercise obsessively. The symptoms can be menstrual periods cease, osteopenia or osteoporosis (thinning of the bones) through loss of calcium, hair/nails become brittle, skin dries and can take on a yellowish cast, severe constipation, drop in blood pressure, slowed breathing and pulse rates, internal body temperature falls, causing person to feel cold all the time, and depression ("What are Eating Disorders," 2017). The treatments can begin with having the patient regulate their weight to a healthy level and understand on what triggered the disorder to happen.

Bulimia is when a someone makes themselves vomit the food they consumed or using laxatives to prevent weight gain (Kam). Normally people with bulimia are usually underweight but not as much as those with anorexia, normal weight, or even overweight so it's not noticeable if they bulimic ("What are Eating Disorders," 2017). After eating they can begin to fear weight gain, so they make themselves vomit or take a laxative ("What are Eating Disorders," 2017). Most family members aren't able to notice if one is bulimic because they hide their binges but some symptoms are chronically inflamed and sore throat, salivary glands in the neck and below the jaw can become swollen, constant vomiting, laxative abuse causing irritation leading to intestinal problems, kidney problems, and severe dehydration from purging of fluids ("What are Eating Disorders," 2017). A treatment can begin with assisting the patient with maintaining a healthy weight and trying to help by interrupting and stopping their binges.

Binge eating is eating large amounts of food during one sitting and constantly wanting more (Kam). This can be different from anorexia and bulimia because it doesn't consist of the person vomiting their food nor taking any diet pill. Most people tend to be over-weight or obese because of the large amounts of food being eaten. They can eat more rapidly than normal, until uncomfortably full, or eat large amounts of food although they aren't hungry ("What are eating disorders", 2017). This can lead to serious health concerns such as severe obesity, diabetes, hypertension, and cardiovascular diseases. A treatment can begin with interrupting and

stopping the binges however one should also understand what emotional problem may have caused this condition. An eating disorder is often measured using an Eating Attitudes Test (EAT) as a symptomatology. The test consists of 26 questions, which measure the behaviors, attitudes and emotions that could possibly lead to an eating disorder. Eating disorders are often associated with poor-self-esteem, body image, and overall confidence. This can be caused by a variety of reasons with one being bullying of their weight as mentioned. It should be taken seriously when a child begins to give of red signs because it can lead to serious health problems. Furthermore, anti-eating disorders should spread more awareness so we can be much more informed on the condition.

Literature Review

The first study by Lie, Re, and Bang in 2019 investigated the involvement of bullying and teasing being associated with adverse health outcomes such as an eating disorder. The result was those with an eating disorder were most likely to have been bullied and teased. The second study by Copeland, Bulik, Zucker, Wolke, Lereya, and Costello in 2015 tested whether bullying increased the risk for eating disorder symptoms. A bully had an increased risk of symptoms of bulimia and other eating disorders, but the bullied victims had higher levels of anorexia symptoms. Also, the sex of the child didn't differ on the results. The third article by George in 2013 was a survey on whether bullying was responsible for the eating disorders. The survey held 400 recovered or recovering people who had an eating disorder and about 86% developed it because of school. They felt that school didn't inform them much about the issues of an eating disorder nor offer support for the sufferers. The fourth study by Moore in 1907 looked into whether bullying by peers increased the risk for the development of binge eating disorder in black women and white women. A white woman had higher rates with binge eating disorders because of bullying by peers compared to a black woman. The fifth article by Therapy today in 2019 surveys 2,879 adult victims of bullying and whether or not they're more attracted to binge on food and have a poor quality of life. It was found that about 45% had been bullied at one point in their life and it had still influenced a bad outcome later in life because the victims were three times more likely to binge eat.

Method

Measures

Through this experiment, we aim to test the hypothesis that bullying can lead a person to have higher results in the Eating Attitudes Test (EAT). The independent variable measures the exposure to bullying over their weight and the dependent variable measure the symptoms and concerns over an eating disorder. The EAT-26 test is a 26-item questionnaire which is mostly used for standardized measure of symptoms and concerning characteristics of eating disorders (EAT). It's based on a six point frequency scale that rates statements such as "I am aware of the calorie content of foods that I eat" to measure anxiety on the topic of weight. A score that is above twenty will indicate a high level of risk of having or developing an eating disorder.

Participants

The population of concern in this study are children who are being bullied. A group of 100 random children will be selected to volunteer with the consent of their parents. Volunteers will

be reached out at school and will be told there will be a compensation of free tickets for them and their family to any amusement park of their choice or a \$50 gift card at the end of the 2-hour study. The sample will primarily consist of females and males between the ages of 8-12 with the mean age of 10. The participants will be racially diverse children.

Procedure

Participants will be called in during school hours and will be given a questionnaire prior to the experiment that will indicate details on if they've ever been bullied and how they have felt about it. The questionnaire will have about 10 basic questions on school such as "How is their day at school" and "Is everything okay at school." Then 10 real questions such as "How do you feel about bullying" or "If they have ever been bullied and how did they feel about it?" The participants will then be divided into 2 groups, which will contain a mix of children who felt as if they have been bullied with some who said they weren't. The first group will speak about why it's important to speak up about bullying and the second group will speak about the effects of bullying which can lead to an eating disorder and its importance. Following the discussion, the participants will be given the EAT-26 test with modified questionnaire. For example, statements can go from "I'm scared of being overweight" to "It's okay to watch my weight", and the statement "I feel like vomiting after I eat" will be changed to "I don't have to go to the extreme to be thin." Also, the 10 basic statements will be modified as well so they won't be weight related. For example, "I believe eating my fruits and vegetables are yummy" and "Going for walks can be fun because you enjoy the fresh air" will be in the questionnaire, again to hide the purpose of the experiment. At the end of the experiment, scores from each group on the real questions will be compared to see if there are any differences in the responses and their EAT scores. P-values will be calculated to conclude any statistical significance.

Conclusion

The expected result is that the second group show higher EAT scores than the first group, thus supporting the hypothesis that bullying can lead to a person having higher results on the EAT-26 test. This study only investigates the effects following immediate bullying exposure. Further investigations on long term bullying can be done through longer periods of study. This study can help psychologists better understand impacts of bullying on the thoughts and attitudes of the population. Psychological studies on the effects of bullying are important to understand and prevent the increase of an eating disorder epidemic. Studies like this can also help us understand how children feel about themselves and others.