genetic, neurochemical, psychodevelopmental, sociocultural, and environmental factors appear to cause the disorder (Stice, South, and Shaw, 2012). Dieting and body dissatisfaction appear to be common to the initiation of both AN and BN. Also characteristic is a childhood preoccupation with being thin reinforced by sociocultural and environmental factors, supporting the concepts of an ideal body shape. The dominant aspects of AN are a relentless pursuit of thinness and a fear of fatness, usually preceded by a period of mood disturbances and behavior changes.

There is no strong empirical data to indicate that one particular family prototype is responsible for the development of an eating disorder. However, many experts have associated the development of an eating disorder with family characteristics, such as an adolescent perception of high parental expectations for achievement and appearance, difficulty managing conflict, poor communication styles, enmeshment and occasionally estrangement among family members, devaluation of the mother or the maternal role, marital tension, and mood and anxiety disorders. Adolescents whose parents focus on weight report higher levels of disordered eating (Berge, Maclehose, Loth, et al, 2013). Families struggling with an eating disorder have been characterized as often having difficulties responding positively to the changing physical and emotional needs of the adolescent. Family stress of any kind may become a significant factor in the development of an eating disorder (Berge, Maclehose, Loth, et al, 2013).

Individuals with eating disorders commonly have psychiatric problems, including affective disorder, anxiety disorder, obsessive-compulsive disorder (OCD), and personality disorder. Adult women with eating disorders were found to have higher rates of obsessive-compulsive behavior traits in their childhoods. Persons with eating disorders have also been found to have higher reported rates of substance abuse, with alcohol problems being more common in those with BN than AN (Wildes and Marcus, 2013). It is important to note that many of the clinical findings are directly related to the state of starvation and improve with weight gain. Research continues in an effort to better understand the etiology and pathogenesis of eating disorders.

Many sports and artistic endeavors that emphasize leanness (e.g., ballet and running) and sports in which the scoring is partly