



PSYCHOLOGICAL STRESSORS



INTRODUCTION

- Eating disorders often develop from psychological stressors
- Common ones: perfectionism, trauma, cognitive distortions
- These affect how people see themselves, food, and control



PERFECTIONISM

- Two types:
 - Perfectionistic strivings → high personal standards
 - Perfectionistic concerns → fear of mistakes or criticism
- Clinical perfectionism: self-worth depends on achievement, even when it harms mental health



PERFECTIONISM AND EATING DISORDERS

- Fear of failure → fear of weight gain or “losing control”
- Missed goals → self-criticism → set even stricter goals
- Creates a cycle of restriction, guilt, and pressure
- Keeps the eating disorder going



TRAUMA

- Trauma: experiences causing psychological or physical harm
- People with eating disorders often report higher rates of trauma
- Childhood trauma = 2x more likely to show disordered eating
- Trauma linked to:
 - Binging and purging behaviours
 - Co-occurring mental illness (depression, anxiety, PTSD)
- Higher risk of suicidality or dropping out of treatment



COGNITIVE DISTORTIONS



- Cognitive distortions = habitual errors in thinking
- Interpreting events in a negative or exaggerated way
- Often develop as a coping mechanism after stress or trauma
- Example thoughts:
 - “I ate bad today — might as well binge.”
 - “No one will love me like this.”
 - “I relapsed, so I’ll never recover.”



COMMON THINKING TRAPS

- Polarized thinking: all-or-nothing (“I failed once, so I’m a failure”)
- Personalization: blaming yourself for things beyond control
- Should / must statements: unrealistic rules (“I must work out to eat”)
- Disqualifying the positive: rejecting compliments or progress
- Labelling: using harsh labels (“I’m disgusting”)
- Magnification/minimization: overreacting or downplaying (“I only purge once a week, I’m fine”)



HEALTHY REFRAMES

- “I slipped up” → “Recovery means trying again, not giving up.”
- “I shouldn’t have eaten that” → “There’s no right or wrong way to eat.”
- “I’m disgusting” → “I’m struggling, but I’m learning and growing.”
- “I don’t need help” → “No one has to be ‘sick enough’ to deserve support.”



SETTING THE STAGE - RISK FACTORS (1)

- Genetics: some people more biologically vulnerable
- Biology: brain chemistry changes can play a role
- Family history: higher risk if relatives had an eating disorder
- Other mental health issues: anxiety, OCD, depression



SETTING THE STAGE – RISK FACTORS (2)

- Dieting/starvation: frequent dieting increases risk
- Weight bullying: teasing about weight predicts disordered eating
- Stress: life transitions (school, relationships, etc.) can trigger symptoms



HOW IT PRESENTS

- Severe food restriction or loss of appetite
- Dramatic weight changes
- Frequent stomach pain or digestive issues
- Limited food choices (“picky eating” that worsens over time)
- Can lead to:
 - Unhealthy weight loss
 - Malnutrition
 - Slowed growth or puberty
 - Struggles in school, work, or relationships



CONCLUSION

- Psychological factors can trigger or maintain eating disorders
- Patterns like perfectionism, trauma, and negative thinking are treatable
- Awareness helps people recognize and challenge these patterns early
- Recovery = learning self-compassion and healthier coping



THANK YOU

