

# Prepubertal Onset of Eating Disorder in Girls between Individual Vulnerability and Hyperconnection

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## Abstract

The bio-psycho-social approach leads the formation of the eating disorder back to the globality of the predisposing and triggering factors that lead to the presence of the disorder. The early onset, between 10-12 years, should be set within a period of the girl's life of intense emotional vulnerability, and a dangerous clinical impairment of the disorder. The pandemic period has resulted in a strong psycho-emotional impact in families and a distress factor in the prepubertal, emotionally immature girl, who faces her own psycho-physiological change by connoting the moment of life as excessively vulnerable on an emotional level. Insecurities and anxieties amplify, she hyperconnects on social networks, invests her body, strengthening her critical and perfectionist gaze.

## Keywords

Eating disorders, Pandemic, Immature self, Distress, Psychoemotional vulnerability, Corporeality, Hyperconnection, Gaze, Digital group.

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## Introduction

Eating and Nutrition Disorders [1] are characterized by persistent eating disorders aimed at controlling weight and shape with onset between the 14th and 16th years of life in girls.

The salutogenesis process frames the eating disorder incorporated into the process of etiological multifactoriality considering various factors: psychological, social, familial, behavioral and neurobiological, factors interacting and determining the disorder. The biopsychosocial approach traces the formation of the eating disorder back to the global intervention between predisposing and triggering risk factors which precipitate, in a particular moment of the girl's life, connoting it with excessive psycho-emotional

vulnerability.

The early onset of the eating disorder must be set within a period of intense emotional vulnerability, and involves greater and dangerous clinical impairment [2] which is highlighted in the presence of primary amenorrhea, emotional dysregulation and comorbidity in affective problems and psychopathological disorders related to depression, anxiety, PTSD, obsessive-compulsive.

## Distress, Cumulative Effect and Psychoemotional Vulnerability

The pandemic has had a strong emotional and stressful impact on families, particularly girls. The generalized adoption of new

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individual, family and social behaviors has produced significant negative repercussions on psychosocial functioning and a worsening of physical and mental health. This phenomenon has induced an acceleration in the age of onset of the eating disorder, placing it in the pre-pubertal range between 10-12 years with evident diffusion among the female population.

During the pandemic, families are increasingly divided and emotionally detached. They create exquisitely negative emotional stagnations within the family unit which activate and alert individual members, amplifying their experiences and making them less attentive to the educational content and less available to supportive behaviours. Within her own family, the pre-pubescent girl faces her own evolutionary, psychophysiological and hormonal change, with great anxiety and fear, emotions which, not being contained by her own family, intensify into fears and anxieties that she experiences cumulatively in her life pandemic.

In the pre-adolescent period the pre-frontal cortex begins to complete further cerebro-cortical development. An adequate function of the pre-frontal cortex counterbalances the hyperactivation of the amygdala with the qualifying control and regulation function offered in the impulse to act and in the promotion of reflective mental space. Action that allows immediate gratification to be delayed with the development of critical and operational thinking [3].

Some research highlights how prolonged exposure to traumatic or stressful factors [4] during the critical pre-adolescent period cause peaks of high intensity of anxiety and agitation which dysregulate the structures responsible for emotional containment and block [5] the evolution of activity of the frontal area causing alterations in epigenetic methylation, in neuroplasticity with depletion of neurocerebral tissue and in neurophysiological dysfunctions. In the alarmed subject, cortisol and glucose remain in circulation which, persisting in the body due to the inactivity of the subjects during the pandemic period, without immediate exhaustion in the action, cause damage to the body.

### **Malaise, Corporeality, Uncritical Hyperconnection**

The young pre-pubic girl experiences her discomfort like a volcano in constant ferment, intimately boiling. Emotions erupt intensely and rapidly causing emotional chaos supported by a hormonal miscellany.

The growing internal discomfort, made up of an indefinite mixture of fears, anxieties and anger, weakens the pre-pubescent girl who, closed in her own room, away from the gaze of her family, observes her own static and inactive body, lived in a timeless and aspatial way which does not allow sensations and changes to be perceived and set into a meaningful continuity. She lives in a temporal and spatial

suspension which strongly affects the attribution of meaning to her experience and a non-existent directionality in action. Suspension that does not qualify her being in the world [6] and does not offer significant unity.

The pre-pubescent body responds to the normal process of physiological, hormonal change, which is a source of particular attention and concern. The attentive body takes on a great symbolic value and a high emotional connection, an element of mediation and communication with the family and society.

The body, physically static, finds dynamism in the mental fluctuation of images and thoughts that flow and cancel subjectivity and individuality by adhering to the virtual phenomenon of a “travelling eternity”. The girl, empowered by digital action and social networks, escapes the internal chaos and opens up in a virtual search for approval from the hyper-connected group that gives meaning to her existence in a continuous conversion to the Social Other.

Feeling connected to others activates a powerful dopaminergic gratification, which allows you to feel seen, approved and worthy. Sensations that satisfy developmental needs and move prepubescent children to adopt, in an uncritical and unreflective way, the idealized media culture to achieve the approval of their peers.

The immature self grows stronger. A Self emerges that is reactive to primary needs that are not fully satisfied, it is outlined in a vague, little self-directed and self-realizing way. A Self that does not contact and evaluate its own emotions and thoughts, and does not contain the experience in comparison with the real Other.

### **Exposure to the Hyperconnection of the Social Other**

The excessive exposure to hyperconnection on social networks by pre-pubescents [7] determines, during the pandemic, the total attribution to the virtual group of the function of a mirror deforming one's own body. The hyperconnected group emphasizes the fantasies and fears related to the body that the girl pays attention to and inspects on a daily basis. The insecurities linked to evolutionary change amplify, becoming fears, anxieties linked to the body, to gaining weight and shape, to learning about caloric intake and the type of food.

Pre-pubescent hyper-invests one's body, a symbolic and communicative place, a place of suffering and dissatisfaction. She offers a devaluing look at her own body, a visible and inactive body, continually paid attention to and compared. A gaze originating from the uncritical assumption of the devaluing gaze of the Social Other, which observes the body and qualifies it as defective, unsatisfactory and imperfect. A body born from the reflection of the Social gaze that mocks and pillories and brings out shame.

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## Everything Amplifies, Worsens, Becomes Latent

The widespread primary insecurity, originating from an immature self, triggers intense emotions that are not contained by the girl, due to emotional immaturity, nor by the family unit, due to negligence, and intense emotions and states of loneliness, isolation, rejection and social insecurity emerge in the same context.

Pre-pubescent children stuck in a state of immaturity do not emotionally and cognitively contain the negative experience born from the comparison with the image transmitted by social media, and resort to magical-concrete thought mechanisms. The use of strategies to control one's body image [8] increasingly intensifies obsessive attention to one's own body, comparing it with the aesthetic canons transmitted by the Social Other group. The desire to be "seen" and approved by the Social Other aligns with the culturally promoted standard. The girl is determined to start the diet, and places emphasis on the control method to achieve perfection [9] in her own shape and ideal weight. A method that perfects and strengthens over time and supports the disorder [10,11].

## References

1. Manuale APA, DSM V, Raffaello Cortina. Milano. 2014.
2. Spitoni Gfe, Aragona M. Manuale dei disturbi alimentari. Carrocci Editore Roma. 2019.
3. Piaget J. Rappresentazione del mondo nel fanciullo. Boringheri Torino. 1996.
4. Van der Kolk. Il corpo accusa il corpo. Raffaello Cortina Editore Milano. 2020.
5. Porges SW. La teoria polivagale. Giovanni Fioriti Roma. 2014.
6. Binswange L. il problema dello spazio in psicopatologia. Feltrinelli. 2022.
7. Bousier V, Manna. <https://doi.org/10.3389/fpsyg2018.00839>
8. Gioia G. <https://doi.org/10.1016/j.chb.2020.106395>
9. Garner D, Dalle Grave R. Terapia cognitivo comportamentale dei disturbi dell'alimentazione. Positive Press. 1999.
10. Fairburrn CG. Terapia cognitivo comportamentale dei disturbi dell'alimentazione. Erikson Trento. 2018.
11. Amato M. La 3D Therapy®-la materializzazione dell'emozione. Grafiché Lamezia Terme. 2019.