



Family Environment Hostility as the Missing Element Between School Bullying Victimization and Anorexia

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Eating disorders significantly impact the quality of life of the persons they affect, as well as their involvement in school bullying. People with bulimia and binge-eating disorders are known to be more likely to be victims of bullying; however, studies provide mixed evidence on the connection between bullying and anorexia. Therefore, in this paper, we suggest an explanation for the bullying victimization of people with anorexia. Our theoretical framework is based on psychoanalytical research on eating disorders, and we illustrate our arguments with the results of biographical interviews with 50 girls who have been diagnosed with anorexia. We show that a hostile family environment may influence the girls' proneness to fall victim to school bullying. Therefore, school staff hoping to address the involvement of girls with anorexia in bullying should be aware of the role that family members play in bullying victimization and tailor interventions accordingly.

Keywords: bullying, anorexia, school, family environment, eating disorders, ED

OPEN ACCESS

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Specialty section:

This article was submitted to
Educational Psychology,
a section of the journal
Frontiers in Education

Received: 22 February 2022

Accepted: 11 May 2022

Published: 27 May 2022

Citation:

Mikhaylova O and Bochaver A
(2022) Family Environment Hostility as
the Missing Element Between School
Bullying Victimization and Anorexia.
Front. Educ. 7:880994.
doi: 10.3389/educ.2022.880994

INTRODUCTION

Eating disorders (ED)¹ are considered one of the most life-threatening mental health disorders for children and young adults, presenting a higher risk of death than other mental health disorders (van Hoeken and Hoek, 2020). Moreover, they are associated with other mental health problems such as anxiety, depression, or substance use (Alsten and Duncan, 2020). Approximately 0.91% of the global population is diagnosed with an ED at some point in their life (Qian et al., 2021). However, given that the social stigmatization of mental health disorders and EDs more specifically prevents many from seeking medical treatment, the effective prevalence of EDs worldwide can be assumed to be much higher than official statistics (Grillot and Keel, 2018).

Studies demonstrate that the etiology of EDs is related to school bullying, both in terms of victimization and perpetration (Lie et al., 2019). Namely, it is known that people with bulimia and binge-eating disorders are bullied more often than healthy controls before and after the onset of their ED. Some scholars found no significant difference in involvement in bullying before and after the onset of anorexia in comparison with healthy controls (Fairburn et al., 1999; Kaltiala-Heino et al., 2000; Troop and Bifulco, 2002; Kim et al., 2010; Karwautz et al., 2011, p. 201; Hilbert et al., 2014). Others reported a significant connection between these two phenomena

¹The spectrum of EDs in the DSM-5 covers anorexia nervosa, bulimia nervosa, binge eating disorder, and other specified feeding or eating disorders (OSFED).

(Fairburn et al., 1999; Karwautz et al., 2011; Machado et al., 2014). However, research has produced mixed results regarding people with anorexia, and the relationship between school bullying and anorexia thus remains under-explained.

At the same time, in both groups of papers (on anorexia as well as on school bullying), the variables representing parenting style and family environment play an important role predicting or indirectly influencing the child's unsafe behavior. For example, the literature demonstrates that child–family relationships influence child involvement in school bullying in different roles and may predict deviant practices such as substance use or self-harm (Johnson and Pandina, 1991; Henry et al., 2003; Georgiou, 2008; deLara, 2020). At the same time, psychoanalytic scholars claim that child–family relations could impact the development of disordered eating behaviors, including anorexia. Therefore, the family environment may be the missing piece in the explanation of the relationship between anorexia and involvement in bullying. To show how parent–child relationships could mediate impact of the personal involvement of people with anorexia in peer victimization, this paper overviews psychoanalytical accounts of the development of anorexia and illustrates them with biographical interviews of 50 Russian-speaking girls aged between 14 and 25 years and diagnosed with anorexia.²

Not only do we show how the theoretical gap in the explanation of the connection between bullying and anorexia could be filled, but we also demonstrate which aspects of the psychological wellbeing of girls with anorexia may be approached in personal therapy or interventions to decrease their risk of becoming victims of school bullying or change already-formed aggressive relations with their peers.

The article starts with an analysis of the classical and contemporary psychoanalytic conceptualizations of anorexia. We draw on this analytical tradition because it provides a coherent theoretical explanation of the empirical results of the papers on family environment and parenting style mentioned earlier. Then, the current study design is described, and the results are presented. The findings are discussed in relation to the literature on weight-related bullying and interventions aimed at preventing school bullying.

PSYCHOANALYTIC EXPLANATIONS OF ANOREXIA ETIOLOGY AND PATHOGENESIS IN GIRLS

Psychoanalysts have significantly contributed to the psychological approaches to understanding anorexia. Moreover, their intellectual heritage is considered multidimensional. For instance, Gabbard (2000) distinguishes between eight psychoanalytical models of ED understanding proposed by psychoanalysts. In this paper, we summarize the main psychoanalytical ideas regarding EDs that can be used to explain

the etiology and pathogenesis of anorexia in women, without aiming to historically reconstruct the formation of these ideas.³

Psychoanalytical scholarship has focused on human eating behavior from its very beginnings. Namely, the founding father of psychoanalysis, Freud (1905, 1908, 1914) connected the loss of appetite with the loss of sexual desire (Cascales, 2017). His follower Abraham (1925) developed this idea and drew a link between feeding difficulties in women and the fear of pregnancy *via* the mouth. Abraham's work was used as an explanation of the etiology of EDs by a number of contemporary psychoanalysts, such as Brough, Britten, Birksted-Breen, Chernin, Deutch, Fenichel, Farrell, Lane, Lawrence, McLeod, Moulton, Rose, Rowland, Sandler, Schwartz, Scott, and Waller. For example, Britton argued that pathological food behavior works as a defense mechanism against developing a body resembling that of a mother. This means that girls with EDs want to become a fetus to feel safe and loved and even express the will to become a part of someone else's body. Some authors claim that the women suffering from deep neurosis and hysteria described in Freud's writings could have been affected by EDs as well (Papadima, 2019). The writings of Freud's daughter were more closely related to EDs than his own, however (Cascales, 2017). A. Freud labeled problems with eating “*disorders of food intake*” and argued that various EDs could appear during child development. She claimed that EDs form as a result of problems with parental adjustment: parents or other caretakers convey ambivalence, and children, in turn, internalize it and develop unhealthy eating practices.

In comparison with Abraham, M. Klein not only elaborated on Freud's views on ED formation and development but also founded her own object-relational perspective on EDs (Caparrotta and Ghaffari, 2006). Klein (1930, 1932) did not specifically write about EDs, but her papers touch on problems with eating behaviors. She linked them to the difficulties encountered by some girls regarding separation from their mother, who tend to be omnipotent and control them at every step of their lives. As a result of being constantly watched and needing personal independence, these girls develop unhealthy differentiation strategies such as restrictions in food intake. Klein's ideas also became very popular among psychoanalysts and formed the basis of the psychoanalytic research of such scholars as Blatt, Birksted-Breen, Boris, Bruch, Chatoor, Jeammet and Chabert, Materson, Sands, Selvini Palazzoli, Shipton, and Sohn. H. Bruch is perhaps one of the most significant analysts, as the first to describe anorexia in terms of object-relations (Wooldridge, 2018). In her writings, Bruch (1966, 1980, 2001) depicted the parents of anorexic children as not infrequently narcissistic and lacking empathy. In addition, she argued that these parents treat their children as their belongings. In particular, fathers were painted as absent in the girls' lives. Mothers, for their part, were described as inadequately responsive to their children's needs and, thus, as creating a feeling of deprivation in them. As a result, when they grow up, these girls struggle with expressing and fulfilling their desires, and they suppress their interest in food to feel validated, effective, and successful. They copy their mother's

² Although the prevalence of anorexia among boys is increasing, girls still make up the largest share of people who are diagnosed with this ED and were thus chosen as our sample population (Qian et al., 2021).

³ A well-written analysis of the historical changes in the understanding of EDs in psychoanalysis is provided by Caparrotta and Ghaffari (2006).

treatment in their treatment of their body: their mothers starved them, and they continue to do so themselves.

Stand slightly aside from the aforementioned major Freud theory developers (M. Abraham, A. Freud, M. Klein)—followers of the Matte-Blanco ideas (Blanco, 1975)—whose mathematical interpretation of Freud's writings is also sometimes used to explain the drive for thinness in girls with anorexia and the other eating disorders (e.g., Lombardi, 2003, 2009; MacKenna, 2007; Carvalho, 2010; Hamlin, 2022). Simply put, M. Blanco suggested examining the human mind as a five-leveled structure (MacKenna, 2007), which is based on two principles: generalization (the tendency to classify each object, such as a person or concept, in two classes or sets) and symmetry (the propensity to perceive everything in the world as being indistinctly related) (Lombardi, 2009). When someone begins to think too symmetrically, psychological issues may arise, such as phobias or eating disorders (MacKenna, 2007; Lombardi, 2009), and the type of problem depends on the level where symmetric logic begins to govern the personal thought process. Regarding anorexia, it is argued that this disease may emerge as a result of "infinite seduction," which could occur on the fifth level of our mind (Lombardi, 2003; MacKenna, 2007). In other words, being driven by the perfection goal, which is associated with infinity inexistence, a girl may step on the road of unstoppable self-starvation. In this case, the task of the psychoanalyst is to make the patient's logic less symmetrical (Hamlin, 2022).

Lacanian mirroring theory and Winnicott's theory of holding were interpreted in a similar way to Klein's ideas. Scholars who based their research on the works of Lacan (2011), such as Binswager, Geist, Goldberg, Goodsitt, Kurash, McDougall, Sours, and Sugarman, stated that EDs form in children whose mothers do not let them desire or, in other words, do not give them enough autonomy and free space (Canellopoulos, 2014). Not eating thus becomes a shield from the mother's excessive presence in the child's life. This shield then forms the core of the girl's identity structure and helps her to feel complete and consistent. Elements of Lacanian ideas on the shield and self-structure also appear in Kohut's papers, in which ED is interpreted as a compensatory identity, and in Bick's concept of psychic skin (Caparrotta and Ghaffari, 2006; Kadish, 2013). In turn, Winnicott's followers (Barth, Birksted-Breen, Lerner, Orbach, Wilson, and Williams) described the families of people with EDs as providing a bad holding environment. For example, Williams (2018) argued that the parents of anorexic girls use their child as receptacles for their problems and do not enable her to do the same in return. Therefore, the child has to develop other ways to deal with emotions on her own, notably through food control. Winnicott's ideas were also extensively interpreted as approaching EDs as a way to manage the affects by scholars like Clinton, Farber, Freedman and Levander, and Skårderud and Fonagy (Caparrotta and Ghaffari, 2006).

Overall, the major part of the psychoanalytic tradition connects ED development to personal relations with caretakers, particularly mothers. Usually, girls with EDs have mothers—and sometimes fathers—who do not satisfy their physical and emotional needs and are dysfunctional for a variety of reasons, notably narcissism. As a result, EDs both work as a way for

the girl to communicate unspeakable thoughts and emotions about her mother, other relatives, or life in general, and give her a sense of power and control over her own life. Although many psychoanalysts agree on the childhood origins of EDs, the influence of traumatic events in the spheres of the girls' lives that do not include familial upbringing are still debated. For example, there is no concern about the connection between sexual abuse and the development of an ED. Although theorists describe this connection, it does not always hold up in empirical studies (Finn et al., 1986; Schmidt et al., 1997). Furthermore, multiple multifactorial models of EDs are proposed in psychoanalysis, which also aim to fully explain the various impacts on ED formation. For instance, Dare and Crowther (1995) explain ED development as a function of multiple factors. They argue that the child is sometimes the functional element that helps maintain the family in a homeostatic stance, and that children are made sick to maintain the family's completeness. Additionally, these authors mention the connection between the mother's controlling behavior and the girls' development of food autonomy and, based on Freud, compare eating restrictions with restrictions of sexual desire.

The psychoanalytic literature devotes special attention to girl–family relationships in connection with the development of anorexia and, at the same time, accentuates the relationship between a girl's ability to successfully socialize with her peers and the quality of her interactions with family members. Consequently, this theoretical tradition of ED analysis may provide a basis for the explanation of the complicated coexistence of bullying and anorexia.

MATERIALS AND METHODS

To analyze the relationship between bullying and anorexia and empirically illustrate the relevance of psychoanalytic explanations of this connection, we conducted semi-structured biographical interviews (Rosenthal, 1993) with 50 Russian-speaking girl bloggers with public blogs in the Russian Facebook analog "Vkontakte"⁴; the girls were aged 14–25 years and had been diagnosed with anorexia. The descriptive statistics on the sample could be found in **Table 1**. The interviews were conducted in July–August 2020 *via* Skype due to lockdown constraints that were established in Russia that Summer. During the interviews, the girls were asked to talk about their life from the beginning up to the present time. Additionally, we asked them questions about how they developed anorexia and their relationships with people in their social surroundings (e.g., friends, family, acquaintances, and romantic partners). We included the translated from Russian version of the interview guide in **Supplementary Appendix**. These interviews intentionally did not include questions about bullying to provide more ecologically valid information about the presence and meaning of bullying in the girls' lives (Stark et al., 2021). The average interview duration was 67 min

⁴These women kept personal public diaries in which they reported on their life and concentrated on their eating practices and lifestyle. They explicitly stated that they had or used to have anorexia and expressed their views on this phenomenon. It is important to note that they were medically diagnosed with anorexia.

(S.D. = 21 min). These data were triangulated with data from the participants' public online diaries. The research diary data corresponded temporally with the period of the interviews and included the personal postings about the participant's life, beginning from diary emergence until interview time. The participants gave consent for the use of these data and the interview materials. Our research was also approved by the HSE ethical committee. Apart from bullying, other aspects of our participants' lives were analyzed: their social networks and their histories of anorexia development. Further information on these topics, as well as sample characteristics, can be found in Mikhaylova and Dokuka (2022) and Mikhaylova (2022).

All girls were recruited using purposive sampling (Onwuegbuzie and Collins, 2015) to ensure that a variety of voices were assessed. The participants come from more than 30 Russian, Ukrainian, Kazakhstani, and Belarussian cities. The narratives from interviews and the corresponding diaries were analyzed using qualitative inductive thematic content analysis (Braun and Clarke, 2006). The names and content of the themes related to bullying episodes were generated during iterative discussions between two researchers. Hence, we created four code categories: (1) forms, (2) reasons, (3) reporting patterns of bullying, and finally, (4) relationships with family members and peers. The findings section is divided into three parts. We first describe the information devoted to the mentioned codes. Then, we proceed with separate reporting on the relationships formed by non-bullied and bullied girls with their family and friends.

FINDINGS

Not all interviewed girls were bullied at school before developing anorexia and during their experience with this ED. Out of 50 girls in our sample, 14 did not experience bullying, and 36 did. Bullying consisted of destruction of personal belongings, physical aggression, sometimes up to hospitalization of a victim), and verbal aggression. The girls were bullied by peers of both genders. Additionally, it could be argued that girls tended to be bullied in groups rather than individually. In response, the girls mostly tried to make themselves invisible. Nevertheless, some of them fought back, which led to disciplinary measures being taken against them because their response to bullying was sometimes more aggressive than the bullying itself.

Our informants provided multiple *explanations* for being bullied. These explanations were related to weight, antisocial behavior, rudeness, belonging to a certain social class or country of origin, perceived lack of beauty, health status, clothing style, and perceived inferior intelligence. They usually intersected and signified different axes of marginality. It should be noted that these explanations fully correspond to the risk factors for the bullying victimization of schoolchildren without anorexia: victimization is often (but not necessarily) associated with a difference from the rest of the group, e.g., being physically small or overweight (Falkner et al., 2001; Wang et al., 2010), having disorders and chronic diseases, especially those affecting

TABLE 1 | Sample description.

Participant number	Age	Place of residence
1.	17	Ufa
2.	19	Saint-Petersburg
3.	20	Almaty
4.	19	Izhevsk
5.	17	Rostov-on-Don
6.	17	Moscow
7.	15	Slobodskoy
8.	17	Surgut
9.	20	Ryazan
10.	17	Ekaterinburg
11.	15	Gubkin
12.	16	Surgut
13.	16	Saint-Petersburg
14.	19	Nahodka
15.	18	Moscow region
16.	18	Balashov
17.	16	Ryazan
18.	19	Tymen
19.	25	Paris
20.	24	Kiev
21.	22	Saint-Petersburg
22.	15	Tomsk
23.	20	Moscow
24.	23	Moscow
25.	19	Moscow
26.	17	Kirov
27.	17	Nizhny Tagil
28.	16	Nizhny Tagil
29.	17	Surgut
30.	17	Pskov
31.	18	Barnaul
32.	17	Irkutsk
33.	17	Saint-Petersburg
34.	17	Rostov-on-Don
35.	14	Rasskazovo
36.	19	Voronezh
37.	14	Saransk
38.	20	Murmansk
39.	14	Ufa
40.	17	Barnaul
41.	18	Saint-Petersburg
42.	17	Arkhangelsk
43.	15	Tolyatti
44.	17	Novokuznetsk
45.	20	Omsk
46.	24	Minsk
47.	20	Saint-Petersburg
48.	15	Vladivostok
49.	22	Saint-Petersburg
50.	17	Moscow

appearance (Dawkins, 1996; Magin et al., 2008), belonging to a different race or culture (Eslea and Mukhtar, 2000), or having high learning achievements (Wolke et al., 2000):

[.] usually, I was called ugly and dumb even though I was getting only good and excellent marks at school. They even came up with the name of the disease “Nastyia-influenza,” which could have been transmitted via communication with me. My peers claimed that if you interact with me, you will get sick and as a result become also scary, ugly, and dumb. (Nastyia, 17 years old, Surgut).

The more marginal qualities a girl had, the more severely she was bullied.

The coping strategies that we encountered among interviewees (avoidance and confrontation) were also identified in previous studies focused on female weight-based school bullying, and avoidance prevailed, as reported in the literature (Griffiths and Page, 2008; Puhl and Luedicke, 2012; Himmelstein and Puhl, 2019; Walsh et al., 2020). Most girls *did not report* being the victim to their relatives and teachers. They explained this choice by their desire not to be called a “snitch” and bullied for this additional reason. The girls also did not feel comfortable bothering their parents with such information, because (1) they did not feel close to them, (2) they did not want to create additional tensions in their relations with them, (3) they felt that their problems were not as important as those of their parents, or (4) they thought that they could deal with their bullies independently. Teachers usually noticed these situations but pretended not to see them, tried to share their personal experience of bullying with the victims, reported the issue to school psychologists or parents, or added pressure by being aggressive. Parents did not notice that their children were bullied if the latter did not report it because the children lied about the sources of their bruises and other problems. However, reports were sometimes made, with varying results. In some cases, the bullying was successfully stopped.

Non-bullied Girls’ Relationships With Their Family Members and Peers

Girls who were not bullied at school described their relations with their parents as warm and full of love and acceptance. They either did not build deep relationships with their peers for lack of interest (focusing on studies or other activities) or, on the contrary, were popular and had a high status among their schoolmates. Interviewees described their social environment as follows:

I was born in a normal family; we have relatively warm relations with each other. I have an older sister and a younger brother. I have good contact with all family members. (Nadya, 16 years old, Saint-Petersburg).

After slimming down, I came to school and no one recognized me. Everybody thought that I [was] a new girl. It was evident that their attitude towards me changed because they started to say that I [was] beautiful and kind and suggested I become friends with them. (Anya, 16 years old, Ryazan).

In school events, I did not participate much because I am unsociable. I do not speak with the other people from my school. For example, I am now going to the 11th grade and I still sometimes encounter situations when I meet people from my class that I was unfamiliar with before. We were studying together for almost 11 years, but we did not know about that. In addition to this, I

should say that nobody ever bullied me, and I also did not tease anybody. I did not face any conflicts at school, maybe only with my teachers. In these conflicts with teachers, my mother always was on my side. (Lina, 17 years old, Kirov).

We suppose that the reasons why these girls who seemingly did not encounter significant problems in their relationships with their parents in their childhood and had warm and supportive family adopt the anorexic lifestyle may be attributed to the attitudes of their family and social surroundings toward beauty ideals and femininity. Namely, girls reported that in their families, their mothers and sometimes other relatives paid much attention to their physical appearance and promoted these beauty ideals among their children. Beautiful appearance that was valued as a social capital in these families was sometimes connected with the mothers’ profession (beauty blogger, model, sportswoman) or traditional (patriarchal) values instilled in the mother by her own parents—for instance, the idea that a woman should always be beautiful, that beauty is the main quality to be valued in life, and that a woman who is not beautiful will not have a successful career or find a successful partner:

My mother could be called a fitness addict, she is always dieting and at the gym. Therefore, we always discuss these topics [food, dieting, fatness]. Also, my brother eats a lot and likes sweets, he not rarely asks [my] mother to cook something tasty. (Elizabeth, 14 years old, Rasskazovo).

In these conditions, anorexia became a way for the girls to regain a sense of control over their life and earn parental love and acceptance, a destructive means to cope with life obstacles. Therefore, these girls valued the opinions of the boys they wanted to date about their body and started taking anorexic dieting measures (taking laxatives, restricting food intake, purging, etc.) because it was faster than “healthy” dieting and, as they saw on the internet, provided more guaranteed results.

Oh, I forgot to mention that even when I thought that I [was] beautiful, I still looked in the mirror and found certain flaws in my look. I was always worried about my appearance. I think that it is because I was told all the time in my childhood that I [was] beautiful and that I need[ed] to do modeling. I internalized the idea that if I [am not] pretty, I won’t be needed by anyone. As if beauty [were] the only quality that I have. (Vika, 17 years old, Ufa).

So these girls came to the anorexic lifestyle supported, first of all, by their mothers, but it looks like the warm relations in family worked as a protective factor toward peer victimization.

Bullied Girls’ Relationships With Their Family Members and Peers

The girls who experienced bullying at school seem to have developed distanced relationships with their parents, and their descriptions of these relationships correspond with those found in the psychoanalytic literature.

The girls who were bullied characterized their relationships with their parents in their childhood as cold and insufficiently supportive. Mothers and fathers alike showed low levels of care and support, sometimes alongside other relatives (grandparents, siblings, cousins, aunts, and uncles), and could suffer from mental

disorders or addictions. Furthermore, participants said that they felt noticed by their relatives only when they deviated from the norm either positively (by receiving high grades, for instance) or negatively (by smoking, drinking, or getting into fights).

As a result, the girls reported that they did not value their parents' opinions and attitudes:

I did not obey my parents. I could have run away, and I did not have such deep warm relationships with my parents. I always thought that my parents [were] just people who conceived me, and I relate to them only genetically. We did not discuss day-to-day life. My parents did not control me, no one cared about my absence at home. For example, when I was 6–7 years old, I could have been walking through the yard without asking for my parents' consent and have gone to a sleepover with my friends. One time, I even ran away. However, there was one thing that helped me to receive attention from [my] parents: that was food, because when I ate, my parents argued that I [was] doing a nice job and that I [had] a good appetite. This form of relations with food has remained with me until the present day. (Mary, 17 years old, Saint-Petersburg).

In our house, we always had alcohol, my mother bought canisters of alcohol and drank it a lot. She drank it a lot with coffee [cognac with coffee], and I accompanied her. I could have come to school drunk, I do not remember that period of my life well because I also took Fluoxetine [an antidepressant], of course without a prescription. (Eve, 20 years old, Moscow).

A longitudinal study by Stavrinides et al. (2018) showed that there is a reciprocal link between bullying victimization and parental rejection: the latter significantly predicts further victimization, and at the same time, child victimization significantly predicts further parental rejection. This data contributes to the understanding of the link between parental rejection, the experience of bullying, and anorexia.

Additionally, in some families, emotional and other forms of child support were substituted with control. Parents saw control as a way to convey care and therefore constantly regulated the choices made by their children in school life, even fostering perfectionism in their private life (regarding what and when to eat, with whom to talk, and what to do in their free time).

My mother always stalks me, she wants me to be the best student in the class. She controls who I talk to, constantly searches my bags and reads my messages on the phone and other digital devices. . . I think that she does so because she [mother] lacked attention from her parents in the past (Sam, 17 years old, Barnaul).

I have tough relationships with my mother. I have accumulated a lot of pain from my childhood, and we still have difficulties in relationships. She still tries to dictate me how to think and behave. For example, when I studied in school my mother prohibited me from wearing skirts and dresses because she thought that only sex workers wear such clothing. She told me that she is worried that I am sexually irresponsible and will be raped if I don't start to wear trousers (Eve, 20 years old, Moscow).

My parents do not trust me, and I also do not trust them. They still phone me daily, I live in the boarding school, and sometimes multiple times per day to ask me what I am doing at the moment. In addition to this, my parents are very conflictual and try to teach me and each other how to be the good person. They rely very much

on social expectations. They hate my clothing style and my friends because for them I behave defiantly, and I am bad. It is impossible to persuade them that I am alright, they always think that I am guilty of something and ridiculous. (Asya, 14, Saransk).

According to the women interviewed, this sort of relationship with their parents developed because of various stress factors, which were both internal and external to the family unit. The parents' controlling and cold behavior was explained by the following: (1) they faced difficulties in their professional paths (losing jobs or not achieving their life goals); (2) their professions presupposed a strict and unemotional demeanor, and they were unable to separate their professional role (as military personnel or police officers, for instance) from their role as parents; (3) they repeated the model of their relationships with their own parents and did not know what caring and supporting relationships were like; (4) they had mental and physical health issues; (5) one or both of the parents were addicted to drugs, alcohol, or other substances; (6) they encountered problems in their romantic relationships (they were divorced or in the process of getting a divorce, quarreled constantly, etc.); (7) their relatives were in need and required attention (as a result of health, financial, and other problems); (8) someone died in the family, and grief became the primary focus of family life.

Therefore, these parents were unable to fully parent their children, and the children sought other sources of support. The girls' insufficiently developed social skills, resulting from low-quality parenting during the essential early socialization years, led to difficulties with finding the needed support among peers and made the internet the only place where such support was provided, in most cases. Some of the online communities visited by the girls were devoted to dieting and risky behaviors. Partly because of these communities, as well as aggression from family members, victimization by peers, the discipline required in professional sports such as gymnastics, and media sources, these girls reported developing the will to become anorexic. It is important to highlight that in the cases described here, the sources of influence on eating behavior and body image were mixed.

In these cases, family environment worked as a risk factor for the girls, increasing their vulnerabilities and non-protecting from the different problems, both internalizing and externalizing. Non-surprisingly, these girls adopted different patterns of risk behavior—aggression, substance use, escape from home as well as anorexia.

DISCUSSION AND CONCLUSION

Empirical studies of the involvement of people with EDs in bullying have provided mixed evidence on the connection between school bullying before and during anorexia. Based on research on the influence of the family environment on teenage participation in deviant practices and psychoanalytical approaches to anorexia etiology and pathogenesis, we investigated the influence of family–child relationships on the experiences of girls with anorexia with bullying. Our findings indicate that anorexia and school bullying do not necessarily

coincide and that the bullying victimization of girls with anorexia differs as regards the warmth of relationships with family members. Therefore, it can be supposed that the degree of hostility of the family environment may explain the likelihood of a girl with anorexia being victimized by peers or involved in other risky behaviors.

Regarding psychoanalytical approaches, we did not encounter reports of ambivalent parenting as described by A. Freud and her followers among the bullied and non-bullied girls, nor descriptions of extreme difficulties in emotional processing. However, those of our informants who were bullied spoke extensively of omnipotent mothers, problems with separation, and being used as receptacles for their relatives' problems. These images correspond to Klein's and Winnicott's psychoanalytical perspectives. Furthermore, in comparison with the mothers, the fathers were almost absent in these girls' lives, and the parents were extremely cold and strict with their daughters, which is also concordant with the aforementioned traditions.

Consistent with the past research, we found that girls with anorexia were bullied not exclusively because of their weight and were not bullied despite of their weight (Thompson et al., 2020). Being bullied for these girls corresponds with the family attitudes toward them. In modern society, much attention is paid to appearance, and youth, beauty, and slimness are particularly valued. Often, parents and peers are among those who broadcast these rather unhealthy and anti-humanistic ideas, hurting and disrupting the wellbeing of vulnerable girls. Hence, even warm and positive parents must be cautious about the way they communicate about weight with their children (deLara, 2020; Puhl, 2020; Yourell et al., 2021). Therefore, it is important to include in anti-bullying programs a discussion of differences in behavior, health, appearance, and social and cultural background that emphasizes the value of interpersonal differences and the importance of accepting them. The possibility that a hostile family context increases children's vulnerability to school bullying and other risky behaviors should be taken into account when designing prevention programs and teambuilding events for schools.

Thus, the family context seems to be the missing element clarifying the connection between eating disorders and exposure to school bullying. Relationships with parents can be a protective factor or, on the contrary, increase the risk of bullying victimization.

Because the study comprises Russian-speaking participants, the findings may be culturally specific. Comparative future studies should investigate this area further. Primarily, it could be supposed that the relationship between family environment, school bullying, and eating disorders may vary from culture to culture due to the different traditions of relationship-building between family members in these cultures. Namely, comparative investigations demonstrate that even within European countries, there are statistically significant differences in family climate. For instance, Gomez-Baya et al. (2020) show that 12-year-old adolescents in Poland and Norway find their family climate better than their counterparts in Germany. Furthermore, meta-analyses and reviews (Pinquart and Kauser, 2018) have revealed regional differences between parenting styles. Asian parents, for

example, tend to be stricter with their children in comparison with European and American ones (Masud et al., 2015). In regard to bullying victimization and anorexia, in the countries where, in general, the family environment is less warm, girls could be victimized more due to strained relationships with their parents. In the other words, it might be more difficult for young women in these countries to report school bullying and get help than in countries where the parent-child relationship is closer.

Cross-country examinations also show that the reporting of school bullying varies in different countries (Eslea et al., 2004; Ortega et al., 2012; Xie and Xie, 2016; Astor and Benbenishty, 2018; Chen et al., 2020). Hence, the practices and customs of reporting may affect both the relationships with family members of girls who are involved in bullying and the likelihood of eating disorder development. In the other words, the less common it is to report school bullying incidents, the less girls feel safe. This issue may discourage girls from disclosing this information to their parents and also encourage self-harm, including the initiation of extreme dieting and purging.

Finally, the prevalence of anorexia among women in different countries varies, according to the meta-analyses and reviews (Galmiche et al., 2019; Martínez-González et al., 2020). It is possible, therefore, that in some countries where such coping practices are widespread among their peers, girls may develop anorexia more easily. Social network studies of anorexia propagation (Allison et al., 2014; Westwood et al., 2016; Datta et al., 2021) show that peer bodily practices and eating habits may be contagious—the more girls are faced with peers who utilize extreme diets, laxatives, and if these practices can also increase their status, the more likely these girls are to form disordered eating habits.

PRACTICAL IMPLICATIONS

Taken together, the findings indicate that girls with anorexia have a higher risk of being a victim of bullying, especially if their family environment is dysfunctional, and that warmth and support from school staff, particularly for girls with a hostile family environment, are important to adolescents and significantly improves their wellbeing and academic success (Golaszewski et al., 2018; Lessard et al., 2021).

Thus, first of all, we argue that *school staff should be better informed about the appropriate responses to bullying situations*. Specifically, it is important to organize for the teachers educational programs and facilitate their own interest for improving their awareness about bullying. There is a plenty of such programs and using the results of the recent metanalytic reviews that critically evaluate them such as Gaffney et al. (2019); van Verseveld et al. (2019), and Kennedy (2020) it is possible for the school psychologist too choose the suitable options for the concrete school taking into consideration the costs and the goals that the school there the program is planned to be implemented has. In addition to this, school principals, non-governmental agencies, ministries, or the other interested parties should invest more resources in programs devoted to mental health literacy for teachers (for more information on such

programs see, for instance, Yamaguchi et al., 2020). Furthermore, this literacy should be measured on the regular basis to monitor the knowledge and skills of school staff in dealing with bullying and other psychological problems that may occur in school (Yamaguchi et al., 2020).

Secondly, we suppose that school personnel should *encourage students to report bullying situations and provide guarantees of safety for the witnesses of bullying and the victims, who report about that phenomenon* since it is very common for the bystanders to not intervene in bullying for the sake of fear of being singled out (Allnock and Atkinson, 2019; Bauman et al., 2020; Strindberg et al., 2020). Namely, teachers may explain that reporting will be confidential and tell students in detail how the participants of the bullying situations will be treated. As a result, this could diminish the fear of being called a snitch for reporting such situations and reassure the students that the goal of bullying identification is to diminish its dangerous mental and physical consequences for participants and not to simply punish those, who being spotted as participants.

Thirdly, given the connection between anorexia and bullying, it is crucial to *integrate blocks devoted to the principles of maintaining a healthy lifestyle, care for the body and a set of recommendations on how to critically evaluate messages about body- and beauty- related topics into prophylactic programs aiming to affect bullying victimization* for students, parents, and school staff. As with bullying awareness programs the details on these programs could be found by school psychologists in meta-analytical reviews, to exemplify (Beccia et al., 2018; Leme et al., 2018; Linardon et al., 2019).

Fourthly, as school mental health climate highly depends on the qualification of the school psychologists, who should be the main agents in the mental health-related activities in schools, *it is vital for the school principles to recruit only well-trained mental health professionals in schools, regularly verify the work of these specialists and encourage these specialists to upgrade their knowledge* (Beames et al., 2022).

Finally, *school principals should take care of their own wellbeing and health of the teachers, who work in school*. It is common for the school personnel to face with burnout, stress and other mental health problems caused by workload and interpersonal communications (von der Embse et al., 2019; Mahfouz, 2020; DeMatthews et al., 2021; Elomaa et al., 2021) and the better is the health condition of the principal and school staff the more

efficient could be their reaction to bullying and other problematic situations in school.

LIMITATIONS

First, interviews and diaries provide insights into certain aspects of life only, while others are omitted. Moreover, it was shown that the interview frame (positive/negative) could influence the sentiment of personal narrative about bullying experiences and its content (Stark et al., 2021). In this regard, our qualitative findings could be further researched using statistical methods such as structural equation modeling. Second, we analyzed the experience of girls only. Future research would be needed on the connection between school bullying and anorexia among boys.

DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by the HSE University. Written informed consent from the participants' legal guardian/next of kin was not required to participate in this study in accordance with the national legislation and the institutional requirements.

AUTHOR CONTRIBUTIONS

Both authors listed have made a substantial, direct, and intellectual contribution to the work, and approved it for publication.

SUPPLEMENTARY MATERIAL

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/feduc.2022.880994/full#supplementary-material>

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