# Chapter 7
# Giving 'Til It Hurts': Eating Disorders and Pathological Altruism

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**Abstract** When the willingness to place another's perceived needs above one's own in a way that causes self-harm, the normally positive and necessary characteristic of altruism can become unhealthy. "Pathological altruism" has been the focus of a recent surge of theoretical, philosophical, clinical and empirical interest. This chapter explores its relevance to individuals suffering from eating disorders, who can be viewed as prototypical pathological altruists. Both genetic and environmental factors contribute to a poorly defined sense of self and the resulting adaptation to external expectations and devotion to others' needs. A façade of self-sufficiency, all too often misinterpreted as a sign of health, belies the natural need to receive from others. A fear of losing relationships, a need for approval, and conscious or unconscious anger at self-sacrifice lend a flavor of martyrdom to the act of giving. The endorsement of the thin beauty ideal underlying eating disorders may be seen as a form of pathological altruism, since the biological need to eat is sacrificed to the "needs" or dictates of society concerning body shape. Anecdotal, theoretical, clinical and empirical support for pathological altruism in eating disordered patients is presented, as well as implications for treatment, recovery and prevention.

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## Pathological Altruism

### *Surely There* Couldn't *Be Anything Wrong with Altruism?*

After all, over the past century thousands of articles and books on altruism have pointed out that caring for others is central to all human social structures. The study of altruism has recently gained momentum as neuroscience has revealed the role of genetics and neurophysiology in our feelings of compassion and empathy [1]. It appears we are hardwired to care for others. And if most of us derive a sense of competence, pleasure and self-worth from being kind, helpful and generous towards others, how could altruism be pathological?

Many researchers are so invested in the benefits of altruism that they frown on studies emphasizing its potential pitfalls. Western societies have become so focused on its benefits that its flip side has been virtually ignored. The first known reference to "pathological altruism" in the professional literature is in a paper by Seelig and Rosof written in 2001: "Normal and Pathological Altruism", which explores the concept from a psychoanalytic perspective [2]. The concept of misplaced, harmful altruism has recently been consolidated in a volume entitled *Pathological Altruism* [3], which provides a new and helpful framework for understanding detrimental social processes ranging from pet hoarding, to the *DSM-5's* dependent personality disorder, to misspent foreign aid that supports tyrannical dictatorships, and indeed, to genocide itself.

For the purposes of this chapter, pathological altruism can be defined as "the willingness of a person to irrationally place another's perceived needs above his or her own in a way that causes self-harm" [4, 5]. The major motivations for giving in healthy altruism are openness to new experiences and a desire for personal growth [6]. In contrast, the major motivation in pathological altruism is to enhance a sense of self-worth via significant self-sacrifice and self-deprivation [2]. The point at which giving becomes unhealthy is difficult to define.

*Codependency* is one example of pathological altruism, in which a person inadvertently supports another's dysfunctional behavior, often at a cost in health and lifestyle to the codependent. This phenomenon has received extraordinary popular interest over the past decades, with over four million copies of Melodie Beatty's *Codependent No More* sold since its publication in 1986. Yet, as psychiatrist Michael McGrath has astutely noted, there has been virtually no scientific exploration of either codependency or dependent personality disorder [5].

A combination not only of life circumstances and interpersonal difficulties, but also of specific personality traits influenced by genetic and neurophysiological factors may predispose certain individuals to pathological altruism. Support for this is provided by Williams syndrome, a genetic disorder characterized by a sweetly trusting gullibility [7]. Differences in receptors related to oxytocin and vasopressin have been related to differing degrees of human trust and ruthlessness [8]. Hyperempathetic traits involving exceptionally sensitive abilities to feel the pain of others may also play a role in the "burn out" some people feel due to empathetic

distress [9]. Such traits may also be affiliated with the increased rates of victimization seen in those who are excessively giving [10]. As Satoshi Kanazawa notes [11], selfless behavior underlies acceptance of abuse from a spouse in some situations, or acceptance of abuse from the self in others.

Altruism, particularly in its more perverted forms, can sometimes be found with a pernicious self-righteousness [12]. Self-righteous, or *apparent* altruism, can be seen in a wide variety of scenarios, ranging from political extremism to cancer caregiving. Those whose care for cancer patients reaches self-harming extremes turn out, interestingly, to be unable to comfortably receive care themselves [13].

Perhaps the most important personality traits underlying both healthy and pathological altruism are empathy and compassion. According to Klimecki and Singer [9], these are distinct concepts. Empathy involves experiencing the same feelings as the person with whom we are empathizing, somewhat like feeling bad for someone in a pit and climbing down into the pit to comfort. Compassion involves concern, but not necessarily the same feelings as the person to whom we are offering compassion, like inviting the person in a pit up to your level to share a cup of tea and talk more dispassionately about the problem together. Compassion, therefore, tends to foster adaptive forms of altruism, and empathy more pathological expressions of it [9]. It appears that people can learn to react in a compassionate rather than empathetic manner [14].

The fatigued nurse who leaves the profession because she empathizes too deeply with her suffering patients might be said to display pathological altruism. The same could be said of the selfless, sweet-natured daughter who devotes herself completely to her demanding mother's care, ultimately dying lonely, unappreciated, and without much-longed-for children of her own. All in all, pathological altruism can involve "an excessive expression of empathy demonstrated in ways that can interfere with rational social behaviors" [4].

## Eating Disordered Individuals as Prototypical Pathological Altruists: Theory and Descriptions

"I was a pleaser from a very young age to my father, mother and other family members and friends, and this took away my freedom to make choices that were right for me," writes a 44-year-old woman in recovery from anorexia nervosa after over 20 years of illness (D. Friedman, personal communication, September 7, 2009). "I was the super woman at our local swim club where my kids swam. I did everything from ordering suits to running meets. I volunteered for every job, every week… The happiness of others was primary in my life."

There could hardly be a clearer example of pathological altruism. Individuals with eating disorders tend to be supreme givers. While in no way limited to people who go on to develop eating disorders, altruism seems to characterize this population. Often, a poorly defined sense of self leads those who develop eating

disorders to constantly adapt themselves to external needs and expectations [15]. The experience of negating themselves and denying their needs in order to serve others therefore becomes all too familiar. Sufferers, therapists [16], researchers [17] and theoreticians [15] have all documented the low priority eating disorders patients allocate to their own rights and wishes and the high priority they give to the needs and expectations of others. People with anorexia nervosa think so much of other people and so little of themselves that others are often forced to take over the function of self-care.

The etiology of eating disorders is complex and multifactorial. Genetic, biological, temperamental, developmental, family, personality, sociocultural, interpersonal and circumstantial factors contribute collectively to risk. We should keep in mind that pathological altruism fits into a large puzzle and that its place in the full etiological picture is still poorly understood.

Gender is the most significant risk factor for an eating disorder, and the role of genetics is paramount [18]. Genes also play a role in altruism, which may share certain genetic pathways with eating disorders. A significant proportion of the differences between people's prosocial attitudes is due to heredity [19], and specific genes associated with altruism as measured by the Selflessness Scale (DRD4, IGF2 and DRD5) have been preliminarily identified [20]. What exactly may be passed on genetically is not clear. An inherited sensitivity factor associated with high empathy levels [9] may predispose some children to be more attuned to interpersonal cues and to take on responsibility for other's wellbeing. Inborn sensitivity may interact with other genetic and environmental factors to create vulnerability for an eating disorder.

Subjective and objective realities do not always correspond. Parents are not to be blamed for their children's eating disorder. The subjective experience of unmet needs may result from or be exaggerated by an extreme sensitivity to the social environment that has a primarily genetic, temperamental and/or biological base. Strober's conceptualization of anorexia nervosa, for example, involves a genetically-based personality style that inhibits natural exploration and easily leads to a mismatch between child and parenting style [21].

Hilde Bruch was among the first clinicians to emphasize the extent to which individuals with eating disorders, whom she called "consummate caretakers", stunt the growth of self-identity by constantly giving to others [22]. Clinicians and theorists from the self-psychology school have extended her views and placed particular emphasis on eating disordered patients as selfless souls serving others' needs. Heinz Kohut's self-psychology [23], in particular, provides us with a theory of development of pathological altruism as seen in the eating disorders.

To develop healthily, said Kohut, small children need to feel special and appreciated, or "mirrored" in the eyes of significant others. When told they are gorgeous and their scribbles masterpieces, when shown their opinions are valued and their needs legitimate, an "archaic grandiosity" that forms the basis of a cohesive sense of self and healthy self-esteem develops [23]. According to Kohut, when needs such as that for mirroring are not subjectively met early in life, children fail to develop the ability to turn to others in a healthy way and use them as

"selfobjects", or people who serve the function of fulfilling others' needs [24]. An exaggerated need for responsiveness from others develops, and a sense of self-esteem that failed to crystallize during early childhood becomes less and less likely to be established. Compliments, acts of caring, and admiration for genuine virtues, intelligence, talents, skills or competencies often come to fall like water from a duck's back, leaving the youngster tragically starved for the very reinforcement being offered.

Sensitive children often cope with unmet needs they experience for care, holding, and understanding by severing and ignore them. They come to regard them as excessive and unjustified. They grow ashamed of their desire to be seen and acknowledged, ashamed of depending on others. Children who perceive their caretakers as burdened may strive very early on to lighten that burden by being undemanding and coping on their own. In extreme cases, it becomes top priority not to be a burden on anybody and a brittle façade of self-sufficiency sets in.

Eating disorders may be seen in this context as an attempt to deny dependence on everybody and everything, symbolized by them becoming dependent on food-related contexts. Other biological needs, such as the need for rest, sleep, and sex are often also pushed aside. Medical care may be seen as superfluous and basic interpersonal needs for affection, support and help are denied. A regimented, ritualized daily schedule regulated by behavioral and moral rules provides an effective strategy to avoid the satisfaction of genuine needs and to appear self-sufficient. Helping others often features high up on a long list of obligations.

Attempts to help others by lightening their burden begin at home. Bruch wrote that her patients with anorexia nervosa had spent their lives learning how to adapt themselves to others in order to lessen demands on them [22]. Palazzoli emphasized the guilt experienced by children who later develop eating disorders in response to their needs, and described family dynamics that lead them to feel responsible for their parents' wellbeing [25]. Bachar [26] pointed out that eating disordered patients often recall feeling responsible for their parents and taking on a comforting, organizing role at home.

## The Pathological Nature of Altruism in Eating Disordered Individuals

### *Pathology in the Guise of Health*

It is common in children and adolescents who go on to develop eating disorders for pathology to masquerade as health when it comes to altruism. Autonomy and self-sufficiency are all too often misinterpreted as signs of health and good adjustment by parents, peers, loved ones, colleagues, teachers and society at large. All too often the parents of adolescents with eating disorders, particularly anorexia nervosa, ignore and deny their child's illness as long as possible, and react with

incredulity and disbelief when confronted with it. How, they ask, could such an easy, sweet-natured, undemanding and self-disciplined person possibly become ill?

Since contemporary society overvalues independence [27], autonomy can appear deceptively adaptive. A person who seems to be coping without help tends to be admired at the personal, familial, and broader cultural level. Pathological altruism, too, can look misleadingly healthy. Altruism is socially approved; parents, teachers, religious leaders, and society at large teach us the value of giving to family members, siblings, classmates, friends, and the needy. In narrative research, women with anorexia nervosa have talked about the encouragement they received from their families and their social and cultural environments to substitute others' needs for their own [17].

## *Why 'Pathological'?*

So let us take a look at what renders the altruism that so often accompanies eating disorders pathological. A person with an eating disorder equates food with self-indulgence and selfishness. Eating healthily means caring for oneself, giving oneself sustenance, responding to inner needs and allowing oneself spontaneous pleasure, and all these things become problematic. In the absence of the ability to give to self and little sense of how much of self is reasonable to relinquish for the sake of others, giving often smacks of martyrdom.

The motivations and feelings behind the act of giving are central to the distinction between normal and pathological altruism. For people with eating disorders, the simple joy of giving is often tainted by anger and frustration, conscious or unconscious, at sacrificing so much and receiving so little in return. Bruch wrote that women with anorexia nervosa help and serve other people, but disown their anger and aggression [28]. The tendency of women with anorexia nervosa to repress needs and feelings, especially anger, to protect interpersonal relationships, has been supported from a cognitive and sociological perspective by Geller and her colleagues [29].

Inner values, experiences, initiatives and needs are often dismissed because of a need for acceptance and admiration [15]. Hilde Bruch pointed out that individuals with eating disorders often crave connections and wish to maintain them at all costs. They see giving to others and adjusting themselves to their expectations as a precondition for positive regard, acceptance, affection or love. They also fear feeling rejected and lost should a relationship be disrupted [22].

Despite the emotional price paid for constant compromise, however, pathological altruism has significant adaptive value for eating disorders patients, since in the short term its rewards mask and provide relief from feelings of worthlessness and inefficacy.

## Research Supporting Pathological Altruism in Eating Disordered Individuals

**Selflessness** A self-report "Selflessness Scale" was developed by Bachar and his colleagues for use in empirical research, to measure the degree to which people forgo their own needs and serve the interests and well-being of others [30]. Research using this scale has shown that Selflessness Scores indeed distinguish between women with eating disorders and control women [30], are positively associated with the severity of anorexic symptomatology [31], and predict the development of eating pathology in adolescent schoolgirls with 82 % sensitivity and 63 % specificity.

**Concern for Appropriateness** This construct, measured by the self-report "Concern for Appropriateness Scale" [32], was conceived and first applied in the field of social psychology. It captures a social style involving constant efforts to read others' needs and expectations with the aim of evaluating and adopting appropriate behavioral strategies that will prevent the impression of standing out or appearing different from others. Concern for appropriateness has been found to be associated with a general tendency to notice and be influenced behaviorally by interpersonal and media messages [33].

In a study by the first author in which a large group of women with a present or past history of anorexia nervosa completed the Concern for Appropriateness Scale and a measure of sociocultural attitudes towards appearance, the women with a past or present eating disorder were more concerned with appropriateness than control women. Concern for Appropriateness Scores were positively associated with symptom severity [34].

External social circumstances therefore seem to take precedence over an internal compass of what is beneficial for the self in women with eating disorders. These results support Bruch's [28] observation that women with anorexia nervosa depend on external sources for their self-esteem and may become experts at reading cues from others about how to feel and behave. Vitousek and Ewald [35] emphasized the combined contribution of genetic and environmental factors to the failure to develop a clear sense of self, potentially leading to an over-reliance on social and environmental cues.

Desirable, socially "appropriate" values and behaviors vary sharply in different cultural settings and different historical periods. In contemporary Western societies, an ongoing strict diet of unrealistically thin women fed to us constantly via the media motivates many women to overvalue thinness and strive for it at all costs. In the study on Concern for Appropriateness mentioned above [34], it was therefore hypothesized that one of the social messages women highly concerned with social appropriateness tend to endorse is the importance of external appearance, and in particular of a thin body. Results supported this hypothesis: The association between concern for appropriateness and eating disorder symptomatology was fully mediated, or explained, by sociocultural attitudes towards appearance.

Cultural norms on physical appearance and the culturally "appropriate" body shape therefore seem to have far more influence on some women than others. Certain women particularly concerned with appropriateness may be motivated to attain a thin body shape even if they have to sacrifice their health to do so. Disturbed eating attitudes and behaviors, and in extreme cases an eating disorder, may develop as a consequence.

The cultural ideal of thinness takes on particular personal relevance during puberty. Adolescence is typically characterized by a preoccupation with appearance and identity development, heightening susceptibility to pressures and influences from the media [36]. Teenagers are heavy users of many forms of mass media, particularly magazines. It therefore hardly seems surprising that adolescence is the peak onset period for eating disorders.

Yet media influences are only one avenue for the transmission of sociocultural messages. Teenagers tend to be sensitive about appearance-related comments, and peer pressure peaks during adolescence. The vast majority of adolescent girls engage in dieting behavior in some form and being thin is part of today's aesthetic ideal. Girls who sacrifice their health to present a proscribed, desired body shape are paying a high price to fulfill a group requirement, give the group what it needs, seek approval and avoid being discounted. Conforming to a socio-cultural group ideal of thinness to the extent that an eating disorder develops can in itself be regarded as an expression of pathological altruism.

Concern for appropriateness is no doubt both environmentally and genetically based. It has been found to be associated with a vasopressin receptor AVPR1A promoter region microsatellite [37], and the same microsatellite was found to be associated with disordered eating [38]. Assuming a link between concern for appropriateness and pathological altruism, the vasopressin receptor gene may be contributing risk for anorexia, at least in part, via pathological altruism. This line of investigation should be further explored in future research.

## The Anomaly Between Pathological Altruism and Narcissism

Freud defined altruism as "the opposite of egoism" [39], and indeed, the term is commonly used as an antonym of selfishness or narcissism. Yet despite eating disordered individuals' frequent surrender to others, they often describe themselves as narcissistic and selfish. Core symptoms of eating disorders such as self-destructive starvation, binge-eating, purging, defiant self-sufficiency, non-communication and social isolation appear manipulative, controlling and self-centered—so far removed from altruism, in fact, that they invariably trigger hostile reactions and earn eating disorder patients a reputation of being notoriously difficult to understand and treat [40]. Eating disordered patients are characterized not only by selflessness, but, paradoxically, by narcissism as well [41]. Rather than parading their virtues in a

grandiose and forthright fashion, eating disordered patients tend to fit Gabbard's [42] description of "hypervigilant narcissists": "At the core of their inner world is a deep sense of shame related to their secret wish to exhibit themselves in a grandiose manner… Attention is continually directed toward others… they study others intensely to figure out how to behave." So if pathological altruism is a characteristic of eating disorders that needs to be addressed in treatment and recovery, how can it be reconciled with narcissism?

Narcissism and altruism may in fact represent two sides of the same coin. With the onset of an eating disorder, frustration at constantly giving so much, sacrificing so much of self, comes to a peak. One thing that can be held on to as one's own is food intake and a low weight. An eating disorder expresses the wish to be the center at least of a narrowly defined world. Symptoms of weight loss, remaining thin despite overeating, overcoming appetite, maintaining a dangerously low weight and/or purging without becoming ill [41] create the grandiose illusion of being empowered, special and superior to others. When they first start to lose weight, women with anorexia nervosa report feeling "delighted, inspired, triumphant, proud and powerful … special, superior and deserving of the respect and admiration of others" [43]. This initial "high" could conceivably be connected with changes in endorphin levels, associated with a feeling of elevation in athletes, and with changes in dopamine levels, associated with increased reward [44, 45].

Food consumption is viewed as selfish by those with eating disorders, and self-starvation is experienced as depriving, selfless, and therefore, paradoxically, nourishing and satisfying. Fasting has historically been a means of drawing close to the Divine in most religions. In eating disorders, as in extreme forms of religion, self-indulgence and pleasures of the flesh tend to be shunned [46]. Freedom from body and bodily needs can lead to a feeling of immortality, omnipotence, spiritual purity and moral superiority. A sense of satisfaction and triumph is achieved by relinquishing parts of oneself [47]. Autonomy and self-sufficiency are valued (after thinness) above all else, and despite its toll, giving to others becomes one of the only permissible sources of pleasure.

## Implications for Recovery, Treatment and Prevention

The pathological altruism associated with eating disorder symptomatology has important implications for recovery, treatment and prevention. Treatment is an unfamiliar and challenging experience for eating disorder patients, since it provides the opportunity to focus on their needs instead of those of others. One potential trap for therapists lies in the character of pathological altruism itself; patients may be hypersensitive to the therapists' reactions, suggestions, expectations and narcissistic needs, tending to respond "appropriately" instead of exploring and expressing genuine feelings and problems. Objectives of therapy extend well beyond the achievement of a healthy weight, body image and eating habits. Therapeutic goals should include learning to recognize and fulfill authentic needs, developing and

consolidating a stable and coherent sense of identity, learning to distinguish and respect clear boundaries between self and other, finding the courage to differ, and acquiring the ability to buffer vulnerability and to counteract negative messages from the media, teachers, friends and family.

During genuine recovery from an eating disorder, with or without the help of therapy, pathological aspects of altruism are usually shed, and the act of giving no longer diminishes or ignores integrity, beliefs, values needs or a sense of genuineness. Cross-sectional research has shown the levels of selflessness and concern for appropriateness in women completely recovered from anorexia nervosa to be similar to those of women with no history of an eating disorder [31, 34]. Pathological altruism therefore may be an aspect of an eating disorder that can, thankfully, gradually heal with recovery from eating and weight symptoms as the individual develops a sense of self and the ability to place appropriate boundaries between self and others.

The overlap between pathological altruism and eating disorders has also potential implications in the field of prevention. Further research should examine and clarify whether, and how specifically, pathological altruism predicts the emergence of an eating disorder as opposed to other psychopathology such as depression, anxiety or obsessive-compulsive disorder. In the meantime, much anecdotal, clinical, narrative and empirical evidence suggests that pathological altruism may be a precursor of, and therefore a risk factor, for eating disorders. Parents, teachers, coaches, doctors, and the public at large should be educated and trained to be on the lookout for overly giving, self-sacrificing children and teenagers. The aim of such training would be to increase awareness that such individuals may be experiencing serious and undetected distress. Pathological altruism, if detected early enough, may play a role in providing a valuable warning about the threat of an impending eating disorder. Such a warning sign, together with other risk factors such as specific personality traits and genetic markers yet to be identified in prospective research, could be incorporated into a recognized risk profile for eating disorders. If high risk can be detected, preemptive interventions such as individual psychotherapy, family therapy, nutritional counseling, psychoeducation, assertiveness training, changes in the social or study environment, and acts on behalf of the society at large to reduce the amount of thin-ideal advertisements in the media, may all be able to prevent the enormous pain and suffering inflicted by an eating disorder, and possibly even save lives.

**Take Home Points**

- Individuals with eating disorders tend to sacrifice their own needs and interests and devote themselves instead to helping and serving others.
- The major motivations for giving in healthy altruism are openness to new experiences and a desire for personal growth. In contrast, the major motivation for giving in eating-disordered individuals is to please others, gain approval, and avoid criticism and rejection.

- Pathologically altruistic behavior that stems from a lack of a sense of self involves reading, anticipating, or guessing others' needs and giving them priority over one's own.
- People concerned with appropriateness may be more vigilant than others concerning cultural norms on physical appearance and the culturally "appropriate" body shape, motivating them to attain it at any price, even if they have to sacrifice their health to do so.
- The autonomy and altruism of children and adolescents who go on to develop eating disorders are all too often misinterpreted as signs of health and good adjustment by parents, peers, other loved ones, colleagues, teachers, and society at large.
- Women with anorexia nervosa often feel they were encouraged by their families and cultural environments to substitute others' needs for their own.
- Much anecdotal, clinical, narrative, and empirical evidence suggests that pathological altruism may be a precursor of, and therefore a risk factor, for eating disorders.
- Pathological altruism may be an aspect of an eating disorder that, thankfully, can heal with recovery from eating and weight symptoms.

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