Causes of Anorexia and Bulimia

Posted on September 29, 2018

Introduction:

Psychological disorders such as those associated with eating habits have proven to be serious issues that should be treated immediately, as these disorders turn out to be fatal in most cases. Negligence in such cases is unfathomable, and treatment should be provided timely. Eating disorders have been diagnosed in people of all ages and sex. Factors such as gender, race, and socioeconomic group do not matter when dealing with this issue. It has also been observed through National surveys that around 20 million women and 10 million men have been treated with eating disorders at some point in their lives. Psychologists have been conducting research in order to find out the reasons behind the development of such eating disorders, and various factors have come to the front, such as biological, psychological, social, and cultural factors. The two eating disorders to be analyzed in this paper are anorexia nervosa and bulimia. An overview of the mentioned disorders will be given, after which the symptoms and risk factors will be highlighted, and lastly, the treatment will be discussed.

Discussion:

Anorexia nervosa, also simply known as anorexia, is a psychological disorder that is characterized by being abnormally underweight, alongside the fear of putting on weight and a twisted perception about body weight (O'Brien & Vincent, 2003). It can result in a life-threatening situation as the individual tends to avoid food in order to remain underweight. Studies have revealed that this type of eating disorder is commonly found among adolescent women. However, men and women of all ages have been diagnosed with anorexia (O'Brien & Vincent, 2003). Both genders have shown an increasing interest in keeping a slim body figure. In contrast, anorexia is another psychological disorder that is referred to as bulimia or bulimia nervosa (O'Brien & Vincent, 2003). The difference between bulimia and anorexia is that in the former, people are not necessarily underweight, while in the latter disorder, the individual is fixated on being abnormally underweight (Russell, 1979).

The characteristics of bulimia nervosa include purging to maintain weight (Russell, 1979). Research reveals that an individual suffering from bulimia tends to consume more than 2,000 calories in a single helping. Once the individual is done eating, he or she induces vomiting so that all those calories do not get added to the bloodstream (Russell, 1979). There are two types of anorexia; one is the restricting type, in which the individual loses weight by keeping a restricted low-calorie diet, and the second type is purging, in which the individual sheds weight by vomiting. In some cases, people suffering from anorexia also use laxatives in order to speed up the digestion process (Russell, 1979).

Over the years, numerous researchers have carried out studies on the causes of anorexia and

bulimia, which have highlighted that there are numerous reasons for people who adopt this kind of unhealthy habit. A case study was conducted in which the psychiatric disorders were analyzed in first-degree relatives (Lilenfeld et al., 1998). The purpose of the case study was to examine the effects of proband comorbidity. Lisa et al. used a contemporary family method to study anorexia and bulimia in females. The method these researchers used was based on interviews and blind best-estimate diagnostic procedures that were used on the group of probands that had exhibited eating disorders, and also, a control group was examined alongside (Lilenfeld et al., 1998). The results gathered by studying the female probands showed that they suffered from a variety of psychiatric disorders such as eating disorders, mood swings, substance abuse, and anxiety, with a few showing personality issues (Lilenfeld et al., 1998).

The remaining group diagnosed about 26 women with anorexia, 47 women were going through bulimia, around 460 women were first-degree biological relatives and the remaining 44 women belonged to the control group (Lilenfeld et al., 1998). The results showed that women of anorexic and bulimic probands were more prone to developing eating disorders, depressiveness, and obsessive-compulsive disorder. It was also highlighted that women who had bulimic probands were more prone to fall victim to substance abuse disorder, unlike those women who had anorexic probands (Lilenfeld et al., 1998). In addition to this, only those women who had the risk of developing obsessive-compulsive disorder had anorexic relatives (Lilenfeld et al., 1998). The researchers concluded that family plays an important in instilling eating disorders in their members, which leads to the development of other psychiatric disorders.

Looking further into the case of bulimia pathology, a study was conducted to examine the effects of dieting in young girls (Stice, 2001). The purpose of the study was to test the dual pathway model of bulimia pathology, and data was collected from within a community sample of adolescent girls (Stice, 2001). The number of samples was limited to a total of 231 girls, and the analysis showed that girls were initially pressured into being thin. The internalization of the thin model led to girls being dissatisfied with their body image (Stice, 2001). Negative perceptions were developed about the weight and led the girls to implement strict dieting in their routine. Dieting and negative perceptions showed the development of bulimic symptoms in the sample (Stice, 2001). The results supported the claim that the societal and familial pressure to be thin and being conditioned to internalize the thin body model, along with body dissatisfaction, dieting, and negative perceptions, led to bulimia nervosa (Stice, 2001).

In addition to the case studies that are present on the factors involved in the development of anorexia and bulimia, a functional analysis was conducted on the issue of anorexia and bulimia (Slade, 1982). The analysis utilized both the research evidence and clinical observation to collect data on the mentioned eating disorders (Slade, 1982). The study focused on both the negative and positive enforcers behind the development of anorexia and bulimia. Evidence showed that the initial cause of these eating disorders is based on dieting behavior, which is triggered by psychological and social stimuli (Slade, 1982). These stimuli, when looked at from the context of major setting conditions, are said to predispose an individual towards developing perspectives about self and body control (Slade,

1982). It was also highlighted in the research that strict dieting leads the individual toward developing anorexia nervosa. The analysis also pointed out that people develop anorexia nervosa as an adaptive strategy due to the influence of social and cultural stimuli (Slade, 1982).

In addition to this, bulimia nervosa was found to have been triggered by anorexia nervosa and is also seen as an adaptive strategy due to the prevalent environmental and biological stimuli that pressurize people toward increasing their food intake (Slade, 1982). The result highlights that there are numerous factors involved in the development of anorexia nervosa and bulimia nervosa, such as the pressure from the family, society, and the cultural perception that conditions people into adopting a strict diet routine. Dieting, it should be noted, ultimately leads the individual to acquire the habit of binge eating or vomiting to prevent weight gain.

Causes of Anorexia and Bulimia:

It should not be noted that pinpointing a cause behind the acquisition of such a psychological disorder as anorexia or bulimia is not easy, as it is a complex condition that arises due to the combination of social, economic, and biological factors. The factors of these disorders will be discussed below:

Biological Factors:

One of the important factors that have been noticed in people suffering from anorexia is that he or she has a family member who has also undergone the same issues. Studies revealed that families, especially the first-degree relatives, mainly such as parents and siblings who had been inflicted with this kind of eating disorder, were bound to influence other family members. Another influential factor that induces eating disorders is a family member or a relative who suffers from mental health problems such as stress, depression, and substance addiction (Dunn, Larimer, & Neighbors, 2002). Such issues can greatly contribute to the acquisition of eating disorders in both men and women. People with a history of dieting tend to be extremely conscious of their weight and acquire all kinds of weight control strategies, which results in binge eating. Research has shown that people who burn off more calories than they consume lead their bodies into a state of negative energy balance. People suffering from eating disorders highlighted the fact that their disorders originated due to them following a strict low-calorie diet to shed weight or to keep it to a minimum.

Psychological Factors:

When looking at psychological factors that drive someone to acquire eating disorders, it can be observed that some people have the tendency to set unrealistically high expectations, which prove to be extremely risky as not everyone is able to achieve the goals that they set for themselves. Perfectionism is one of the psychological factors that urges people to go beyond their limits and capacity to gain a certain achievement. While it makes people test their capabilities, it can also prove

to be harmful to people who might exceed the limit and hurt themselves in the process. Reports also show that people are not satisfied with their body image.

Body image is based on a person's perception of how one feels about oneself and his or her body (Stice & Shaw, 1994). To be dissatisfied with one's own image is a common issue. However, people who tend to indulge in eating disorders have been observed to have higher levels of body image dissatisfaction. Such people exhibited an internalized concept of appearance ideals, which they followed to prevent themselves from putting on weight. Research has provided crucial evidence that people with anorexia or any other eating disorder suffered from anxiety, social phobias, hypertension, and obsessive-compulsive disorder prior to developing the eating disorders (Strober, 1984). While analyzing cases of people suffering from anorexia, it was highlighted that these people during childhood were made to follow the rules and were, therefore, made to believe that there is one right way to do things.

Social Factors:

The society that we live in has created an image of a perfect body shape, which revolves around being underweight or having a small waist and being slim. The media is to be blamed for spreading the message that 'thinner is better as it has created social anxiety that has led most people to go on a strict diet based on low calories. While some people have picked up the habit of low-calorie intake, others have taken to extreme methods such as purging and binge eating that have been causing their organs serious problems. In the past few years, advertisements have been made that focus on a slim figure, causing the viewers to be brainwashed into thinking that such a body image should be achieved at all costs so that people are complemented by others (Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999).

Society's perception of slim body images has left a negative impact on people, and in most cases, it turns out to be fatal as people go beyond their capacity and hurt themselves during the process (Pinhas et al., 1999). Such hype surrounding body image has led people to be prejudiced toward others. Weight stigma has become a common trend in which people are victimized on a daily basis. Weight stigma, also known as weight-based discrimination, is a discriminatory act that is directed toward a person's weight (Pinhas et al., 1999). Body shaming has become a societal norm, and anyone who is overweight is looked down upon by others. This kind of treatment forces people to develop eating disorders that cause more harm than benefit. Media representations can force a person to shun their body image and develop psychological problems, of which eating disorders are the most dangerous (Stice, Schupak-Neuberg, Shaw, & Stein, 1994). Both society and the culture are to be blamed for setting a standard of likable body image, which basically centers on being thin or slim (Pinhas et al., 1999).

Consequences of Anorexia Nervosa and Bulimia:

Research has shown that anorexia nervosa and bulimia tend to have harmful effects on different body organs. For instance, the body requires calories, which are broken down into smaller components that are used as fuel by the body to perform varying functions. However, people suffering from anorexia nervosa tend to reduce their calorie consumption to a minimum, which harms the body as it does not get its required amount of calories from the diet. Muscles are harmed the most due to these eating disorders. The pulse rate and blood pressure drop lower than the average number as the heart does not have enough fuel to pump blood throughout the body. A major risk of anorexia nervosa is that it leads to heart failure as the blood pressure continues to decrease with the passage of time. Purging by the act of vomiting or from using laxatives exterminates some of the most important chemicals known as electrolytes from the body. The impact of eating disorders can be seen in the gastrointestinal system as digestion slows down due to individuals relying on vomiting to keep the body from absorbing the nutrients. Since the body does not perform normal digestion, therefore, it slows down. The slowing down of digestion is known as gastroparesis.

People who restrict calorie intake and purge by vomiting cause interfere with the normal stomach emptying process, which leads to stomachaches and bloating, a fluctuation in the sugar flow, blockage in the intestines, and bacterial infections. The excessive use of laxatives can harm nerve endings and make the body dependent on them to initiate bowel movements. Binge eating can impact the stomach to the point that it can rupture, causing a life-threatening situation. Aside from stomach problems, constant vomiting can rupture the throat and cause life-threatening situations. Malnutrition due to a lower intake of calories and purging can harm pancreatitis and thereby cause inflammation in the pancreas. Aside from the harm carried out on the mentioned organs, eating disorders can have a harmful impact on the brain. By fasting, dieting, and starving oneself, the individual causes harm to the brain as it does not get the sufficient amount of energy that it requires to perform regular functions.

Starvation in the case of anorexia nervosa and increased food intake in the case of bulimia nervosa can cause the individual difficulty in falling asleep. The body requires an average amount of electrolytes to perform its routine activities; however, when a person delimits the calorie intake, it leads to the person having numbness in his or her hands and feet along with the presence of a tingling sensation throughout the body. It should be noted that fats and cholesterol taken from the diet are used for different hormones present in the body. Without these two components, the level of hormones falls below the average level, especially the sex hormones and thyroid hormones. The decrease in sex hormones causes a problem in menstruation, which becomes irregular or comes to a halt.

Treatment Methods for Anorexia and Bulimia

The treatment methods for curing anorexia and bulimia vary as it has been observed that people do not exhibit improvement when they undergo certain therapies, such as behavior therapy. On the other hand, most people have shown excellent results when treated with cognitive behavior therapy and focal interpersonal therapy. One of the researchers focused on the long-term effects of eating disorders such as bulimia nervosa and the outcomes of treatments used to cure this eating disorder (Fairburn et al., 1995). For the study, a keen observation was performed on subjects from two controlled trials. The researchers focused on the comparison of cognitive behavior therapy, behavior therapy, and focal interpersonal therapy (Fairburn et al., 1995). About 90% of the subjects were assessed through interviews over the course of a couple of years (Fairburn et al., 1995). The results showed that an estimated 46% had an eating disorder, of which 19% were diagnosed with bulimia nervosa, 3% were suffering from anorexia nervosa, and the remaining 24% suffered from eating disorders that had not been specified (Fairburn et al., 1995). The subjects revealed fewer symptoms of other psychiatric disorders.

The analysis highlighted that there was not much difference between the three treatments that were used to assess the number of people suffering from anorexia and bulimia (Fairburn et al., 1995). It can be seen from the study that the two procedures of treatment, which are cognitive behavior therapy and focal interpersonal therapy, had remarkable results in curing the subjects, unlike the subjects who had been exposed to behavior therapy (Fairburn et al., 1995). It should also be mentioned that the study highlights that the outcome of bulimia depends greatly on the kind of treatment that is used on an individual, as most often, people do not tend to recover (Fairburn et al., 1995). An example of this is the use of cognitive behavior therapy, which has short-term effects on people and leads them to take up the eating disorder again (Fairburn et al., 1995).

Conclusion:

From the above discussion, it is evident that eating disorders such as anorexia and bulimia have long-lasting negative impacts on the human body. Statistics show that about 90% to 95% of females undergo anorexia nervosa and bulimia due to varying factors such as anxiety, stress, obsessive-compulsive disorder, societal pressure, and so on and so forth. Media plays a crucial role in spreading stereotypes regarding the standard weight and body figure, which has been leading men and most women to perceive their body images negatively. The media’s instigation of such stereotypes is one of many reasons why women have been suffering from anorexia nervosa. In most cases, family members can also be the reason behind the development of such a mental disorder as people are seen to be criticized and mocked by parents or siblings, in which situation the person starts binge eating or vomiting to prevent weight gain. The presence of anorexia nervosa has shown negative effects as it damages the organs. The heart does not have the capacity to adjust to constant vomiting. When a person continuously vomits, it creates heart palpitations while also weakening the

heart to the point that it can cause death. Also, the dependency on laxatives routinely is damaging to the digestive system and causes dehydration.

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