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Bulimia Nervosa

We are living in a hyper-globalized and digitalized age where decisions, actions and lives of individuals are no longer autonomous or private. Every major and minor action of individuals is heavily governed in accordance with social trends, normative conventions and socially acceptable perceptions. Consequently, beauty standards have also improved with individuals getting more conscious about their body size, appearances and the way they are perceived by others. Consequently, body dysmorphia, bulimia nervosa and inclination towards cosmetic surgeries are seeing a rising trend in the present times. Bulimia nervosa, as one of the rising psychological disorders among individuals, heavily centres around the fear of being socially stigmatized or isolated based upon one's appearance. Bulimia Nervosa is a psychological disorder originating out of body dysmorphia, as a consequence of dominant social and media discourses that promote ideal, thin bodies as socially acceptable, which results in disordered eating habits among individuals, especially women that impose serious pathophysiological consequences on their bodies.

Bulimia nervosa is an eating disorder that can prove life-threatening for individuals if not diagnosed and treated on time. Individuals suffering from this order tend to eat large portions of food at one time and then later try to through up that food through induced vomiting. Inducing vomiting is also common among individual who struggle with losing weight or keeping their food

portions under control (Russell). Consequently, they keep a regular diet while throwing it up as soon as they finish eating. Bulimia patients are also known for taking laxatives or other vomit-inducing liquids that can either help you through up food or accelerate the bowel movement to allow minimum absorption or digestion of food. Bulimia Nervosa sees a rising trend in the present-day world. According to the recent statistics available, 9% of the total population that roughly makes 6 million individuals suffer from eating disorders, with only 6% diagnosed as medically underweight, with the eating disorder being the second deadliest mental illnesses, after the opium overdose ('Eating Disorder Statistics'). The data also reveals that 26% of individuals with an eating disorder are likely to attempt suicide or indulge in self-harm or other addictive practices. In the United States, the mortality rate, solely because of Bulimia nervosa, is 3.9%, with cardiac arrest being the prime cause of death caused by this deadly disease ('Statistics on Bulimia'). Considering these concerning statistics, understanding the underlying causes of Bulimia nervosa is important to adopt a preventive measure to treat this disease.

Social anxieties and eating disorders have a direct relationship with each other, with social appearance, anxiety, and fear of negative evaluation being the prime factors that contribute to the development of disorders like Bulimia nervosa. Cheri A. Levinson and Thomas L. Rodebaugh, in their study titled, "Social anxiety and eating disorder comorbidity: The role of negative social evaluation fears", have explored the relationship between fear of negative evaluation as a driving force for thinness which leads to the development of eating disorders. The findings of their study concluded that "Social appearance anxiety, along with fear of negative evaluation, predicted a significant amount of variance in weight concern, shape concern, and eating concern" (Levinson and Rodebaugh). Fear, as identified by multiple researchers, is found to be the most common driving factor in the development of eating disorders. Especially among women who experience a

higher level of body dissatisfactions, societal pressures, social interaction anxiety, fear of negative evaluation, appearance anxieties conforming to ideal body standards as propagated by media discourses results in a higher level of body dysmorphia leading to eating disorders. Wendy Spettigue and Kahetine A. Henderson, in their study titled, "Eating disorders and the role of the media", explored how media contributes to the development of eating disorders but how it can also be used as a preemptive measure to control the propagation of eating disorders such as Bulimia, from the society. In exploring the previous literature and research, the researchers found that "magazine articles, television shows, and advertisements have also created a social context that may contribute to body dissatisfaction and disordered eating in girls and women" (Spettigue and Henderson). A study by Anderson and DFomenico (1992) also revealed that women magazine contain 10.5 times higher diet promotions as compared to men magazine. The contributing role of media in promoting eating disorders can be effectively reversed through media literacy and positive reinforcement.

Unlike anorexic patients, individuals suffering from Bulimia have a healthy weight but a disturbed mental state. Since these individuals purge in secrecy, it is extremely difficult to diagnose in the earlier stages of Bulimia. However, there are some subtle symptoms that can be noticed in individuals who suffer from Bulimia. Some common symptoms identified in Bulimia patients include swollen jaw or cheeks, scraped knuckles, sensitive or decaying teeth, bloodshot eyes, constipation, severe dehydration, and recurring gastrointestinal problems (Levinson et al.). Among the behavioural symptoms that can be diagnosed for Bulimia, patients include exercising a lot (even in extreme weather), going to the bathroom immediately after eating, sharp mood swings or anger issues or becoming socially inactive. Psychological struggles endured by these patients include depression, anxiety, agitations, decreased attention span, jittery actions (Cooper and

Fairburn). In extreme cases, individuals suffering from Bulimia can also incline towards substance abuse. Considering all the potential behavioural, psychological, and physical symptoms that are apparent in bulimic patients, it is possible to get these patients with immediate medical care before their condition become severe and life-threatening.

The pathophysiological consequence of untreated Bulimia Nervosa can ultimately lead to death since individuals suffer from severe dehydration and malnutrition as a consequence of this disease. From binge-eating episodes to induced purgation, the uncoordinated and abnormal actions of Bulimia patients can lead to severe fluctuations in the biological environment inside the body. The overeating episodes of bulimic patients can result in gastric dilations, leading to gastric rupture. The induced vomiting episodes, sometimes 20 times a day, can lead to physiological, nervous, cardiac arrest (Casper). The lack of nutrients getting absorbed in the body impacts every single component of the body, from skeleton to organ systems. The common medical complications found in the mouth include teeth decalcification, swollen gums, pharyngitis (hoarseness of voice). The blood vessels can get constricted because of dehydration, hypochloremia, and alkalosis, which ultimately impacts the heart leading to arrhythmic beats and change in Systolic pressure (Klein and Walsh). The pathophysiological consequences of bulimic patients are also visible on their skin, causing severe edema, brushing and lacerations, especially on the face and neck region. The electrolytic imbalance can result in a drop in potential levels leading to strokes and a disrupted nervous system (Casper). Menstrual abnormalities are also common in bulimic females. Keeping the above-mentioned severe pathophysiological consequences in bulimic patients, it is inevitable to get these patients timely treatment before the impact of this disease becomes irresistible.

Since Bulimia Nervosa is more of a psychological disorder, as compared to a biological disorder, adopting a linear approach to treat this disease is ineffective; instead, one must address the psychological concerns along with the pharmacological treatments to save bulimic individuals from destroying their bodies. A number of psychological therapies and sessions can be adapted to help individuals opt for a positive change for themselves and their bodies. Along with psychological therapies, “a combination of nutritional, educational, and self-monitoring techniques (63) is employed to increase awareness of the maladaptive behaviour” (Brambilla). According to Fairburn, an intervention approach targeted towards the cognitive behavioural paradigm allow individuals to adopt a self-monitoring approach in combination with supportive psychotherapy to modify their behaviours accordingly. Psychological approaches adopted for the disease aim towards equal participation of individuals along with the doctors so that they are aware of the malnutrition practices they are engaged in, followed by the biological consequences it can create on their bodies. Along with the psychological approaches to treat bulimic patients, numerous pharmacological approaches also need to be adopted to bring the bodily disturbances of individuals back to their normal functioning. Initially, bulimic patients were administered antidepressants since it was assumed to be a “depressive-dysphoric states” that was triggered by “anxiety and tension”; therefore, using antidepressants will help patients relieve their agitations (Vogel and Andersen). Studies conducted by Sabine, and Mitchell and Groat affirmed the same assertions where they treated 50 and 32 bulimic patients, respectively. Sabine and fellow research explore that “. No differences in binge frequency, vomiting, or depression ratings were noted between drug and placebo groups” (Sabine et al.). At the same time, Mitchel and Groat observed that “drug-treated patients dramatically reduced binge frequency from a mean of 12 per week to 2 per week as opposed to placebo-treated patients who showed no change” (Mitchell and Groat). However, it

was noticed that individuals who were administered antidepressant drugs experienced side effects, including diarrhea, orthostatic hypotension, and sleep problems. Therefore, the improved medication not only focuses on administering antidepressants, but they are more target-focused that directly target “the biological systems whose impairments are possibly involved in the development, course and prognosis of eating disorders” (Perlman et al.). Prescribing medication that is more targeted and oriented towards restoring the body imbalances along with aiding in the suppression of depressive and anxious hormones, in combination, can significantly help in managing the disease.

Alongside the psychological and pathophysiological treatments to eliminate the eating disorder, social and media discourses also need to be challenged to prevent individuals from indulging in unhealthy eating habits. Especially when it comes to girls, discourses to promote the female-figure to be more “lady-like” needs to be eliminated since it makes girls more conscious of their body shape and size. Maxine Woolhouse and Katy Day, in their work titled, “Food, Eating and ‘Eating Disorders: analyzing adolescents’ discourse” have discussed how the everyday talk that enforces girl to re-evaluate their eating choices and practices should be considered “‘pathological’, as an understandable response to particular structural and ideological condition” (Woolhouse and Day). To eliminate and critically contest these discourses, schools and learning institutes provide a more effective ground to promote health-individuates and removing the discrimination against over-sized or over-weight individuals. Similarly, targeting the online communities, Katy Day has proposed to utilize these platforms as a mode to “to challenge and resist oppressive and harmful discourses around eating and body management practices” (Day). Similarly, the dominant media discourse also needs to change the propagation of perceived and set

body ideals to prevent teens and young adults from indulging in practices that can severely impact their health.

In conclusion, Bulimia nervosa is a critical eating disorder arising out of the fear of negative evaluation and social stigmatization. Consequently, bulimic individuals force themselves to vomit out their food to reduce the absorption and retention rate in the body. Since Bulimic individuals maintain a regular diet, with frequent binge-eating episodes, it is nearly impossible to detect their disordered eating habits. However, careful observation of their behavioural and bodily changes can significantly help in timely identifying their disorder and getting them medical help. If left untreated, bulimia nervosa can result in serious pathophysiological implications, from disturbed electrolytes to a cardiac arrest resulting in death. When treating bulimic patients, it must also be ensured that a comprehensive clinical approach is adoptive that tackles both medicinal and psychological treatments of such individuals. Apart from this two method, there is a need to modify the social and media discourses to prevent the propagation of an ideal body type which can lead individuals to indulge in destructive eating habits.

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