

What is Anorexia Nervosa?

Anorexia Nervosa is a disorder marked by the pursuit of extreme thinness and by extreme weight loss. (Comer, Ronald & Jonathan., 2018, P. 315) There are various eating disorders like Anorexia Nervosa, Bulimia Nervosa and Binge-Eating disorder. In our Abnormal Psychology textbook a 15 year old girl by the name of Shani displays symptoms of this disorder. Approximately 75% to 90% of all cases occur in women. It states that she purposely maintains a low body weight, the fear of gaining weight is distorting her view of her body shape and weight. Shani is fixated on the view that her body needs to always look a certain shape, skinny therefore she cannot see herself in any other form. Because of this fear Shani and many others who suffer from this disorder have they restrict the intake of foods also known as restricting-type anorexia nervosa. Initially a person who suffers from such disorder tends to cut out sweets and fattening snacks first and as they continue practicing these acts other foods start to get eliminated. Another form of harming their bodies is by forcing themselves to vomit after meals or by abusing laxatives or diuretics. People with anorexia nervosa also engage in purging or binge-eating.

What are the medical problems Anorexia Nervosa causes?

Starvation is a habit related to anorexia nervosa which causes medical problems like amenorrhea amongst others. Amenorrhea is the absence of menstrual cycles. Starvation can cause low body temperatures, low blood pressure, body swelling, reduced bone mineral density and slow heart rate. Aside from these conditions metabolic and electrolyte imbalance also may occur which can lead to death. People fear weight gain and cannot bare the body image it will

give them but what they are not aware of is that the poor conditions anorexia nervosa causes makes them look worse than they would if they were to gain weight. Sadly but true people will begin to have rough, dry and cracked skin, nails have a brittle appearance, the loss of hair from scalp and some grow lanugo which is fine, silky hair that covers newborns.

What is Bulimia Nervosa?

Bulimia Nervosa also known as binge-purge syndrome is repeated and uncontrollable overeating, a person tends to eat much more food than anyone normally would eat during a time span. Once the bingeing begins its hard for the individual to stop which leads to feeling stomach discomfort to then causing them to force vomit out of their system as a way to get rid of emotional turmoil. The misuse of laxatives, diuretics, and anemas can cause serious damage to the digestive system. People who experience bulimia nervosa practice fasting and excessively exercise as well. Bulimia nervosa occurs amongst teenagers and young adults the most as they practice binges or experiment with vomiting or laxatives after hearing of such behaviors from friends or the media. Global studies show that 25% to 50% of students report that they've indulged in some sort of binge eating or self induced vomiting (Ekern, 2014;McDermott & Jaffa, 2005).

What is Binge-Eating Disorder?

Binge eating disorders like bulimia nervosa are uncontrollable urges of repeated eating. The difference between both is that those who suffer from binge eating disorders do not perform inappropriate compensatory behavior. Because of their bingeing tendencies, half of the people with binge-eating disorder become overweight or even obese (Forman, 2016; Sysko & Devlin, 2016). Binge-Eating disorder was first discovered in 1959, it came from a pattern among

overweight individuals (Stunkard,1959). In fact, the weight people gain results in frequent overeating and combination of biological, psychological, and sociocultural factors. Women actually outnumber men when it comes to suffering from eating disorders, at least 64% are women (NIMH, 2017; Forman, 2016).

What causes eating disorders?

Theorists and researchers use a multidimensional risk perspective in order to explain eating disorders and are able to identify the key factors of someone at risk of such disorder.

Theorist Hilde Bruch developed the psychodynamic theory which argues that a child's interaction with a disturbed mother leads to serious ego deficiencies and severe perceptual disturbances that help produce disordered eating (Treasure & Cardi, 2017; Bruch, 2001, 1991, 1961).

Then we also have the cognitive-behavioral factors which demonstrate that when there is ineffective parenting, a person with eating disorder has little control over their internal sensations and needs, as well as lives which then causes them to have an excessive control over their body size, shape and eating habits. Trauma and stress comes in all shapes and forms, depression is considered one of them or at least the result of it. People with eating disorders, particularly bulimia nervosa experience symptoms of depression and in fact the pressure of knowing that they have an eating disorder causes depression.

How are eating disorders treated?

In today's world there are two goals for eating disorder treatments. The first goal is to correct the dangerous pattern of the disorder and second is to understand the psychological and situational factors that led that person to have and maintain the disorder. Like many other

treatments friends and family play a major role with helping overcome an eating disorder. For Anorexia nervosa therapists first help people regain their lost weight and recover from malnourishment and secondly help make psychological and family changes. As for Bulimia nervosa, 43% of patients receive the treatment they need. By attending treatment programs that offer nutritional rehabilitation which helps patients eliminate binge-purge patterns and establish good health habits; then a combination of therapies that help eliminate causes of bulimic patterns. Lastly, treatments for Binge-Eating disorder are done through cognitive-behavioral therapy, psychotherapy and in some cases antidepressant medication is used. The antidepressant drugs help people to regulate or eliminate the binge-eating patterns and concerns with weight and shape (Comer, Ronald & Jonathan., 2018, P. 331; P. 331; P. 333; P. 339).