Eating and Body Dysmorphic Disorders: Crash Course Psychology #33

Crash Course: Psychology
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=====Introduction=====

When Lauren was fifteen years old, her family moved across the country and she started going to a new school. Already shy, Lauren suffered from low self-confidence and had a hard time transitioning; nothing felt right and soon her changing body became a source of insecurity.

Eventually, she began thinking that maybe if she lost weight and focused on fitness, she'd make more friends and feel better about herself and life would get better. Soon she became obsessed with dieting and it quickly spiraled into her subsisting only on rice cakes and apples and candy corn and celery.

She like this new feeling of control every time she stood on the scale and saw a lower number. She was achieving something, and that made her feel good. Soon, she thought of nothing else.

But what Lauren couldn't see was that she was no longer healthy. Even when her hair started falling out and her skin grew dry and cracked, and when she could never get warm.

When she looked in the mirror, she still saw a chubby girl.

Her family, though, did notice, and yet, at a visit to the doctor, she was just told to eat more.

She didn't.

One day while jogging, she had a heart attack and collapsed. As a teenager, she was 5 feet 7 inches and weighed eighty-two pounds. Lauren was finally admitted to a psychiatric hospital where she was treated for anorexia nervosa. She was put on bed rest, saw a therapist twice a week, joined a support group and slowly began eating small amounts of food again.

Her recovery was slow but, with the support of her family and doctors, she was released eight months later. Though Lauren suffered a few relapses over the years, she is now healthy.

Ultimately, she was lucky. Anorexia, bulimia, and other eating and body dysmorphic disorders can kill.

Eating disorders are among the deadliest psychological disorders, with some of the highest rates of death directly attributable to the illness. They slowly ruin the body, but, in order for these conditions to be recognized and treated successfully, they have to be understood as disorders of the mind.

(Intro)

=====Anorexia, Bulimia, Binge-Eating Disorder=====

Here's some scary figures: According to the National Eating Disorder Association, forty-two percent of first to third grade girls want to be thinner; eighty-one percent of ten year olds are afraid of being fat; over half of teenage girls and nearly a third of teenage boys have used troubling weight control methods like fasting, skipping meals, smoking, vomiting, or taking laxatives.

The rate of new cases of eating disorders in Western culture has been increasing since the 1950s, and today in the US, an estimated twenty million women and ten million men have suffered from a clinically significant eating disorder at some point in their lives.

But get this straight: we're not talking about fad diets or lifestyle choices spurred by vanity. Eating disorders are psychological illnesses that often come with serious consequences.

These disorders tend to fall into three main categories: anorexia, bulimia, and binge eating disorders.

Those suffering from anorexia nervosa, most often adolescent females, essentially maintain a starving diet and, eventually, and abnormally low body weight. As in Lauren's case, anorexia can begin as a diet that quickly spirals out of control as a person becomes obsessed with continued weight loss, all while still feeling overweight.

Our old friend, the DSM V, actually delineates two sub types of the disorder. The first involves restriction, which usually consists of an extremely low-calorie diet, excessive exercise, or purging, like vomiting or the use of laxatives. The second type is the binge/purge sub type, which involves episodes of binge eating combined with the restriction behavior.

As you can easily imagine, the physiological effects of this psychological condition can be devastating. As the body is denied crucial nutrients, it slows down to conserve what little energy it has, often resulting in abnormally slow heart rate, loss of bone density, fatigue, muscle weakness, hair loss, severe dehydration, and an extremely low body mass index.

And it's that low body mass that's the defining characteristic of anorexia nervosa - a refusal to maintain a weight at or above what would normally be considered minimally healthy.

If this condition persists, of course, it can be deadly, which is why anorexia has what's often estimated to be the highest mortality rate of any psychiatric disorder.

That might surprise you, given the host of troubling disorders we've already covered here on Crash Course Psychology, but mortality rates associated with, say, major depression or PTSD or schizophrenia tend to be the result of secondary behavior, like suicide. But with anorexia, the mortality rate is especially high because people can die as a direct result of extreme weight loss and physiological damage.

Another common eating disorder is bulimia nervosa.

While anorexia is characterized primarily by the refusal to maintain a minimal body weight, bulimia is not. People with bulimia tend to maintain an apparently normal, or at least minimally healthy, body weight, but alternate between binge eating, followed by fasting or purging, often by vomiting or using laxatives.

A bulimic body may not be as obviously underweight as an anorexic one, but that addictive cycle of binging and purging can seriously damage the whole digestive system, leading to irregular heartbeat, inflammation of the esophagus and mouth, tooth decay and staining, irregular bowel movements, peptic ulcers, pancreatitis, and other organ damage.

Sometimes the two diagnoses can be difficult to discern, especially because someone may shift back and forth between anorexic diagnostic features and bulimic diagnostic features.

The DSM V recently added a third category called binge-eating disorder, which is marked by significant binge-eating, followed by emotional distress, feelings of lack of control, disgust, or guilt, but without purging or fasting.

Although sometimes triggered by stress or a need for, or lack of, control, the presence of an eating disorder is not a tell-tale sign of childhood sexual abuse, as was once commonly thought. Instead, these disorders are often predictive indicators of a person's feelings of low self-worth, need to be perfect, falling short of expectations,

and concern with others perceptions.

Although the prevalence of bulimia and binge-eating is similar among ethnic groups in the United States, anorexia is is much more common among white women, often of higher socioeconomic status.

=====Types of Body Dysmorphic Disorders=====

But the prevalence of these disorders is rising in males, too. Today, between ten and twenty percent of people diagnosed with eating disorders are men who feel the same pressure to attain what they imagine is physical perfection, and that's worth noting.

These disorders have strong cultural and gender components; the so-called "ideal standard of beauty" varies wildly among cultures and time, and thinness is far from a universal desire, especially in countries where malnutrition and starvation are problems.

But in the Western world, and increasingly in other countries, thinness is a common pursuit. And being bombarded with images of unrealistically slender models and jacked celebrities has increased many people's dissatisfaction, or even shame and disgust, with their own bodies. These are all attitudes that can contribute to eating disorders.

Some people have even had plastic surgery to look more like Beyonce, or J-Lo, or... Barbie.

When taken to extremes, this kind of behavior starts inching into the realm of body dysmorphic disorder.

Body dysmorphic disorder is another psychological illness, one that centers on a person's obsession with physical flaws - either minor or just imagined. Those suffering from this disorder often obsess over their appearance, often staring into mirrors for hours, and feel distressed or ashamed by what they see.

Although it's often lumped in with the eating disorders, our growing understanding of body dysmorphia suggests that it actually shares some traits with obsessive-compulsive disorder, particularly the obsession with some imagined bodily perfection and the compulsion to check oneself over and over to discern perceived flaws.

Not surprisingly, BDD and OCD may share some similar neurophysiological features, although that's still being researched.

People suffering from BDD may exercise excessively, groom themselves excessively, or seek out extreme cosmetic procedures, but, unless treated, they usually remain critical and unsatisfied with their looks, to the point of fearing that they have a deformity.

People with BDD may suffer from anxiety and depression, start avoiding social situations, and stay home for fear that others will notice and judge their appearance negatively.

Obviously, this causes a lot of emotional distress and dysfunction. Some bodybuilders suffer from a particular type of BDD called muscle dysmorphia, sort of the opposite of anorexia, where they become obsessed with the notion that they aren't muscular enough, even if they're ripping shirts like the Hulk.

And again, this isn't mere vanity; people suffering from body dysmorphia disorder look in the mirror and often see a distorted, even grotesque, image in their reflection.

=====Psychological And Environmental Roots=====

So, how do these disorders come about?

Well, to be honest, we still have a lot of dots to connect.

Neurologically, there are a few compelling clues. In the case of eating disorders, for example, research has long suggested that neurotransmitters like serotonin and dopamine may play a role.

Dopamine is involved in regions of the brain connected to hunger and eating, like the hypothalamus and nucleus accumbens, and some research has found that binge eating appears to alter the regulation of dopamine production in a way that can reinforce further binging.

The result is a neurological pattern that can resemble drug addiction, although the addiction comparison is still pretty controversial.

Genetics appear to play a role, too, as there seems to be increased risk among genetic relatives with eating disorders as compared to controls.

But a lot of attention is also being paid to environmental and familial factors, particularly the behavioral modeling and learning processes that shape how we think about ourselves and our bodies. Specifically, children who grow up observing problematic or unhealthy eating behavior in parents may be at higher risk for developing an eating disorder. And explicitly learning unreasonable or unhealthy values about your weight or your shape from your family, and definitely from your peers, can have a powerful effect.

=====Conclusion=====

Eating and body dysmorphic disorders are serious business, but they are treatable - and perhaps even preventable.

If cultural learning contributes to how we eat and how we want to look, then maybe education can help increase our acceptance of our own appearance, and be more accepting of others.

=====What You Learned=====

Today, you learned about the symptoms and sub types of anorexia, bulimia, and binge-eating disorder, as well as various types of body dysmorphic disorder, and some of the physiological and environmental roots of these conditions.

=====Credits=====

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