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Psychology in Our Everyday Lives

The topic I will be focusing on from the American Psychological Association's (APA) website is eating disorders. An eating disorder is characterized primarily by an uncontrolled disturbance of behaviors and or attitudes that relate to food. There are different types of eating disorders that include bulimia nervosa, anorexia nervosa, binge eating disorders, etc. (American Psychological Association). An example of what might influence an eating disorder would be the ideal body type in Asian countries where thin is better. Then there is pressure to maintain that body type and some individuals might be prone to developing an eating disorder in order to satisfy that. I will specifically focus on bulimia nervosa in this paper. Bulimia nervosa as defined in our textbook is "an eating disorder which a person's binge eating (usually of high-calorie foods) is followed by inappropriate weight-loss-promoting behavior, such as vomiting, laxative use, fasting, or excessive exercise" (Myers & DeWall, 2019). In our textbook we see how our environment might have an effect on eating disorders. The environment and people that surround us, including culture and history, might affect whether we develop an eating disorder or not.

The article *Under Stress, Brains of Bulimics Respond Differently to Food* focuses on MRIs and how they demonstrate that "women with bulimia nervosa react differently to images of food after stressful events than the brains of women without bulimia". (American Psychological Association). Since bulimia nervosa involves binge-eating it is consistent with a reduced serotonin function. Serotonin is a neurotransmitter which is defined as a "neuron-produced chemical that crosses the synaptic gap to carry messages to other neurons or to muscles and

glands” (Myers & DeWall, 2019). This means that serotonin activity in the brain contributes to feeling satisfied. It affects mood, hunger, sleep, and arousal. This is where stress can be linked to bulimia. As stated in the article “stress is considered to be a trigger for binge-eating in patients with bulimia nervosa, but there is little research on how people with bulimia nervosa process and respond to food cues” (American Psychological Association). This article shows us how everyone experienced increased stress when put in a stressful situation and that everyone reported their stress went down after seeing food cues again and how their cravings for food went up. However, when looking at the MRI scans, women with bulimia had decreased blood flow to a region in the brain known as the precuneus (located in the occipital lobe). This was interesting to them because they expected to see increased blood flow in this region, seeing as in the occipital lobe, visual information travels to other areas that specialize in functions like identifying words, detecting emotions, and recognizing faces.

Aside from bulimia being linked to stress, it could also be related to anxiety and obsessive-compulsive disorder (OCD). Anxiety is defined as “psychological disorders characterized by distressing, persistent anxiety or maladaptive behaviors that reduce anxiety” (Myers & DeWall, 2019). While anxiety can be calmed with drugs and alcohol for some, for others binge-eating helps calm their anxiety. However, this binge-eating could then lead to bulimia. This is because after someone has binged, they might feel guilt or shame leading them to self-induced vomiting, extreme exercise, strict dieting, etc. because they are concerned with their body weight. I also mentioned that bulimia could be linked to OCD. OCD is defined in our textbook as “a disorder characterized by unwanted repetitive thoughts (obsessions), actions (compulsions), or both” (Myers & DeWall, 2019). People with bulimia nervosa have obsessions that might be similar to people with anorexia nervosa. Again, people with bulimia are often

concerned with their appearance, weight, or both. An OCD-related disorder that can be present in an individual with bulimia nervosa is body dysmorphic disorder which is the “preoccupation with perceived body defects” (Myers & DeWall, 2019). I say that bulimia and body dysmorphia may be linked because people with bulimia nervosa are concerned with how they look to others and themselves, how much they weigh, or both. In the article it is stated that “psychologists have previously theorized that binge-eating provides bulimic women an alternate focus to negative thoughts about themselves that may be brought on by stress” (American Psychologists Association). People with body dysmorphia are often concerned with defects in appearance, and because people who are bulimic binge-eat and then make themselves throw-up or exercise the calories away because they are concerned with how they look I believe that they are related. However, this does not mean that because you have bulimia, you will have body dysmorphia.

To tie this all together, eating disorders can have an effect in an individual’s everyday life. Specifically, bulimia nervosa can affect an individual in many ways which include developing anxiety, OCD, and stress as discussed above. Bulimia is again defined as binge-eating and then inflicting self-induced vomiting, purging, strict dieting, etc. When doing an experiment, it was found by researchers that everyone experienced more stress after they were out through a stressful task. Everyone reported that their stress went down with just seeing food cues. However, when MRI scan results came out for women with bulimia, it was shown that there was decreased blood levels in the precuneus, however it was expected that there would be increased blood levels. Not only does bulimia affect this, but it also affects your eating habits and health. If not treated any eating disorder can be deadly or cause permanent damage.

References

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