



Why Do People Develop Bulimia?

There is no easy answer to this question. Just as the life of every individual is unique, so are the reasons why they become bulimic and the paths they must take to overcome it.

Bulimia is generally considered to be a psychological and emotional disorder, which sometimes coexists with other psychiatric disorders, such as depression or obsessive compulsive disorder. Some studies show that bulimia is related to major affective disorder, (Johnson, 1987) and therefore influenced by heredity and chemical imbalances in the body. In some cases, therefore, medication can alleviate the binge-purge behaviour or the blanket of depression, making psychotherapy and other avenues for recovery more effective. Other studies have linked lowered brain serotonin function to bulimia (Kaye, 1999). However, the underlying reasons most people give for their eating disorder are a complex mix of low self-esteem, childhood conflicts, and cultural pressures.

In general, people become addicted to substances and behaviours to avoid painful feelings—past as well as present. Some of these feelings have their origins in childhood, such as feeling unloved and unlovable, ashamed, afraid, or incompetent. Others come from the pressure to conform or to be accepted by peers. Most devastating of all are the feelings associated with low self-esteem—that we have no worth, that our lives have no value or purpose, and that we will never be fulfilled or happy.

Paradoxically, an eating disorder in the early stages can raise self-esteem when it provides someone with a sense of success—in this case by achieving the cultural ideal of thinness. Indeed, many individuals turn to purging when they have failed at a diet and fear that there is no other way for them to lose weight. However, once the bingeing and purging cycle begins, the resulting metabolic imbalances and habitual escape becomes an ever-deepening pit, eventually eroding any initial sense of self-worth and control. It is important for those who are reading this to remember that the rewards for thinness are only implied, and although diets and a thinner body promise a happier life, they don't deliver!

The question remains as to why bulimia is the chosen escape, and there appear to be similarities in the backgrounds, personalities and experiences of eating disordered individuals, which will help clarify this. All of these characteristics will not apply to everyone but certainly some will.

Most bulimics come from families in which the emotional, physical, or spiritual needs of family members are not met in some way. In some of these households, feelings are not verbally expressed and communication skills are lacking. There may be a history of depression, alcoholism, drug abuse, or eating disorders; and, the child might unconsciously recognize that escape is an appropriate thing to do. In this context, food becomes a "good" drug, something which does not have the negative connotations of alcohol or drug abuse. Bulimics are often considered "ideal" children, and will go out of their way to be "people pleasers." They present an acceptable facade—seeming outgoing, confident, and independent—while anxious feelings bubble underneath. They may be valued for not needing to be nurtured, for taking care of themselves, and for growing up early. Bulimia is a way of expressing what cannot be said directly in words, in this case something like "I want to be taken care of," or "Will you love me as I am?"

Sometimes, people use bulimia to postpone growing up. The child who has looked to others for validation and feelings of self-worth and who has assumed a "perfect little girl" role because it works at home may experience tremendous fear at having to trust herself and face the outside world alone. This insecurity is sometimes unconsciously reinforced by parents who also do not want to let go.

Often parents and children fall into roles that limit the relationships and personal growth within the family. Mothers may reinforce the idea that it is important for women to be thin. Fathers may be relegated to the role of economic provider and disciplinarian rather than taking part in a son's or daughters' emotional life. Girls, in particular, can develop insecurities about their appearance, competence, and ability to be loved if they are not valued for their own unique strengths. In a society where roles for women are changing, strong relationships with parents of both sexes based on the child's uniqueness will give him or her the confidence and ability to make smart decisions and negotiate healthy relationships in the future.

Bulimics tend to be overly judgmental of themselves and other, have difficulty expressing emotions through language, fear criticism, avoid disagreements, and have low self-esteem—all traits which make having relationships with others difficult. In fact, many people in our survey of 392 recovered and recovering bulimics indicated that they were uncomfortable with intimate relationships, and that bulimia was their predictable, reliable, unquestioning ally. Many had been sexually or emotionally abused as children and had difficulty trusting others. The bulimic rituals and thoughts protected them from what might be rejections, abandonment, or other potential pain. The bulimia had become the only relationship, albeit an empty one, which also prevented them from experiencing deep love—described on one woman's survey as "The Great Filler."

The bulimics from our survey identified various causes for their disorder. Many remembered specific reasons for their initial binges, as well as how the behaviour subsequently served them. Few women thought it would become addictive. In addition to the original cases which still existed, they were faced with guilty, secrecy, physical side effects, and an increasing number of reasons to want to escape. Frequently mentioned were: boredom, the influences of media and culture, family dynamics, mental "numbness," the irresistible taste of food, pressure to lose weight, the "high" experienced after purging, overwhelming bouts of anxiety, the release of physical and sexual tension.

Most bulimics have been preoccupied with eating and diet for years, but the initial binge-purge episodes might be triggered by specific events, such as: traumatic change (graduation, moving away from home, marriage, death of a loved one, etc.), unresolved grief, career changes, a failed diet, and rejection by a lover or wished-for lover.

Since bulimia is falsely perceived as less dangerous than alcoholism or drug abuse, it is especially insidious and captivating. Food is always available for a "fix," and eating in public, even if on the run is accepted and not unusual. Also, nothing gives a bulimic away, because her weight usually appears close to normal. Food gives life, heals, nurtures, and means love. The safety, relief, availability, pleasure, and companionship represented by food appear to outweigh any immediate drawbacks. Bulimia becomes a short-term solution for pain, which in the long term can be devastating.

Hopefully, everyone reading this now understands that an eating disorder is a painful, exhausting illness. Anyone suffering through it deserves tremendous compassion and empathy. Judging them as wasteful, self-centred, vain or spoiled, invalidates that person's feelings, ignores underlying issues, and increases the individual's shame. Remember, an eating disorder is not just about food.

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