Bulimia and “Evidence Based Treatments” Using Imagery

Short Communication

The Diagnostic and Statistical Manual of Mental Disorders (DSM) describes bulimia with the following symptoms: recurrent binge eating, feeling of loss of control, compensatory behaviors, inordinate concern about body shape and weight. This description clearly expresses a feeling of emotional disorder and painful conflict, and in fact, a strong difficulty of emotional regulation, self-regulation of affect, feelings of emptiness, and the experience of extreme loneliness. According to literature, these issues are often less susceptible to standard treatments. The internalisation of the former relaxing experiences, for people who do not have the ability to self-regulate their affections, is compromised, thus, staying alone, becomes a particularly vulnerable time, because the main function of emotional self-regulation, it is closely linked to the development of the capacity to be alone. During these periods of time (loneliness), the person is left to his own resources for emotional self-regulation, and for maintaining a state of calm [1-5]. A loss of quality in this self-function, can occur when the emotional excitement of panic or fear is experienced, and closely related to the consequent behaviors such as binge eating, or behaviour, oriented to addiction, that come into play, as a response to the discomfort and pain suffered. Some studies reveal that patients with eating disorders have difficulty of identification, that express verbally, and, that regulate all forms of physical tension. It is also highlighted a basal inability of these patients to verbalize emotions. This difficulty leads the patients to a state of non-communication that flows into an “extreme state of tension.” Consequently, binging and vomiting, as well as drugs or alcohol, and may represent an attempt to artificially modulate the negative effect related to the sense of loneliness, and the feeling of not being heard or understood, while the worries about food, episodes of binging and purging could be thought of as required to relieve psychological pain, which, therefore, becomes physical, materializing the emotional experience. Guided imagery is a gentle but powerful technique, which focuses and directs the imagination in a therapeutic setting. It can be as simple as 10 seconds of reverie of an athlete, who imagines the perfect race just before starting his effort, or, it can be as complex as imagining and analyzing the situation of a traumatic experience. The guided imagery involves all the senses, it is not entirely mental, and almost anyone can practice it. It is characterized by three principles: the “mind body connection”, the images have a corresponding into reality which has been vehicle through the sensory system, therefore, we can define imagery as evocative; An “Altered state” that normally is established during an “Imagery therapy group” has also shown an improvement of the attitudes towards nutrition, diet and carefulness to body weight, compared with guided imagery, vs a control group. Fifty participants, who met the DSM-III-R criteria for bulimia nervosa, completed the study. Treatment with guided imagery, has had substantial effects on the reduction of binging and purging. The “Imagery therapy group” had an average reduction of binging by 74%, and vomiting by 73%. The Imagery Group has also shown an improvement of the attitudes about nutrition, diet and carefulness to body weight, compared to the control group. Moreover, guided imagery showed an improvement on psychological measures regarding management of loneliness and the ability to self-regulation of affect [8-12].

References


