

# 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, bingeing 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 bingeing 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 vehicled by the sensory system, therefore, we can define Imagery as evocative; An “Altered state” that normally is established during the curative Imagery, and consisting, in a state of strong relaxation focused on an interactive viewing of images by the patient. The third principle is, the state of control: the patient can actively control the imaginative phases, this implies feelings of increased self-esteem, optimism and ability to tolerate pain. A group of scientists has identified where and how it develops in the brain the imagination: it is a common neural network across multiple brain areas, a subset that contains specific information relating to

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particular and different types of mental manipulation [5-8]. It is thus demonstrated, that the content of the visual perception, the visual images (including dreams) can be “decoded” on the basis of the activity in the visual cortex. These results suggested that: the same regions that mediate the representations to the level of sensory perception are involved in the processes of imagination. There’s a famous experiment (N. Doidge, the Infinity Brain) which tells of some Olympic athletes, who, during a race, have been linked to a device which has measured their muscles and brain activity. Afterwards, the researchers asked to the athletes, of imagine to taking part in the race. With wonder, while the athletes could display themselves in the race, in their bodies were activated the same muscles which would be in action if they had actually participated in the race, respecting the same sequence. This result is achieved because in reality the mind is not able to distinguish between what is real and what is imagined, just like in a dream where images seem so full of sharp details, to make us seeming quite real, until put us in a position, of actually be able to modify our current condition. A randomized and controlled study, comparing a group with 6 weeks in individual therapy 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 bingeing and purging. The “Imagery therapy group” had an average reduction of bingeing 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].

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