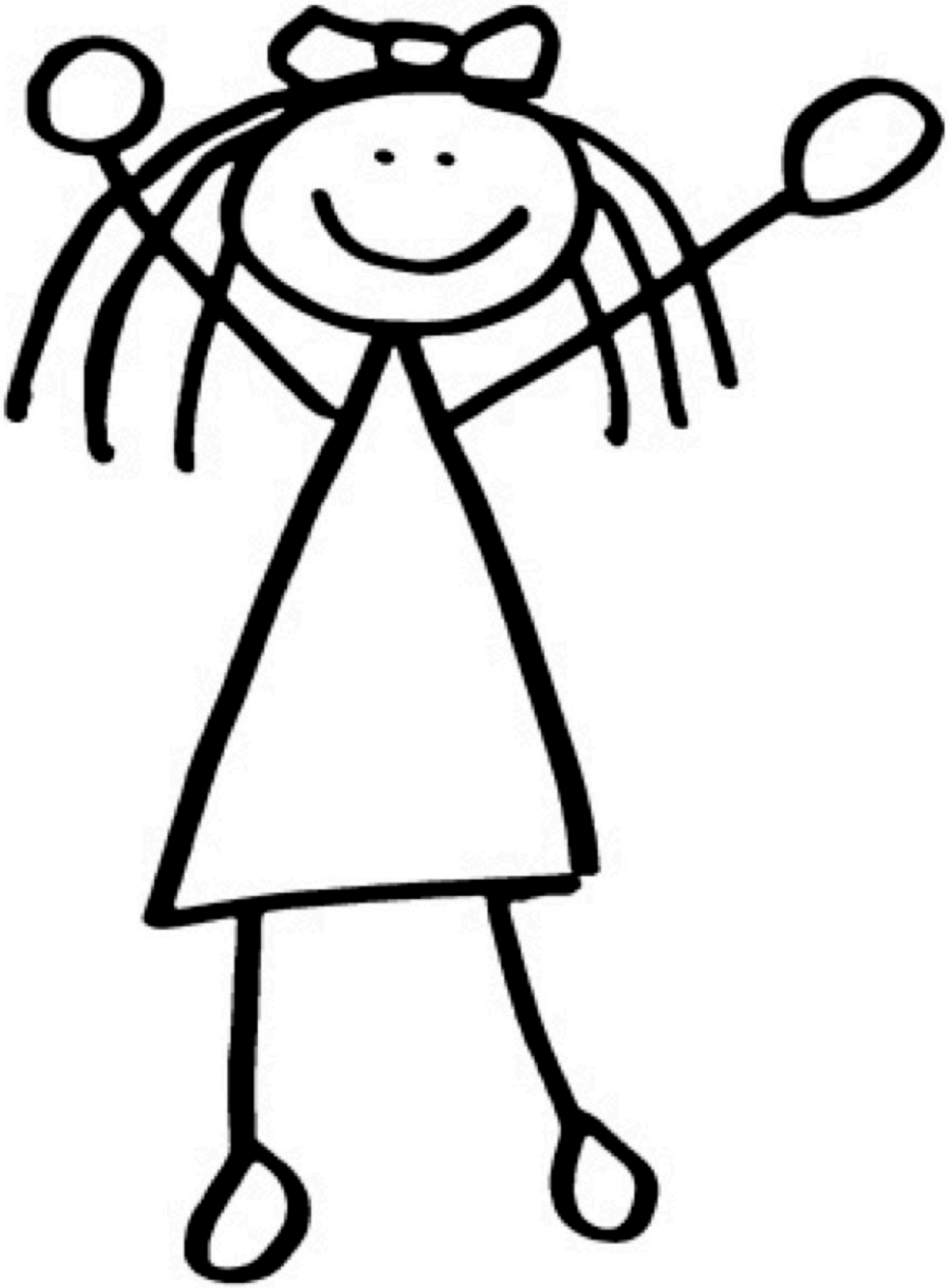
the unhealthy pleasure of anorexia



andrew newton

The unhealthy pleasure of anorexia

Anorexia is not about the fear of getting fat – it's about the pleasure of losing weight…

Anorexia nervosa is a devastating eating disorder where sufferers starve themselves to be unnaturally thin – sometimes with fatal results.

The condition typically affects teenage girls and young women, although boys and young men are not entirely immune. There is no pharmacological treatment available – the only cure involves careful counselling and often weeks or months of therapy.

It has long been thought that the cause of Anorexia is a phobia of gaining weight, almost certainly the result of living in today's super-model sexually driven media culture, which has created for some, an irrational fear of being fat.

Up to now, the condition has been associated with major psychological distress, but this may not be the case after all…

A new and controversial view is that the pleasure and the thrill of losing weight excites the pleasure centres of the brain in the same way as addiction to drugs. This stimulation of the pleasure centres might turn out to be the real culprit because it acts as the reward for losing weight. In other words, anorexic people feel pleasure when they lose weight, in the same way tha fat people feel pleasure when they eat food.

Professor Philip Gorwood, head of the Clinic for Mental and Brain Diseases at the Sainte Anne Hospital in Paris, has challenged the conventional idea of fear of weight gain as the catalyst for anorexia.

Gorwood's diagnosis is based on the three internationally accepted criteria of anorexia – restriction of food intake resulting in weight loss, a distorted perception of weight and body shape, and an intense fear of becoming fat.

Professor Gorwood's team has also been working closely with colleagues from the Paris Descartes University, and both have focused on these clinical criteria.

In order to better understand the condition, researchers used a 'skin conductance test' in which exposure to certain images leads to a rapid and automatic increase in sweating.

At Sainte Anne Hospital, 70 female anorexia patients, who were of varying weight and different degrees of disease severity, were shown images of people of normal weight and people who were overweight. For these 70 patients, viewing these images caused much the same reaction they did in healthy subjects.

However, when they were shown images of thin bodies, the 70 patients showed positively elevated emotions, whereas the healthy subjects showed no reaction.

Professor Gorwood and his team believe future research should be geared towards reward systems, as anorexics are clearly addicted to the pleasure of reward experienced from achieved weight loss.

This research a game-changer for therapists because it means we should rethink our approach.

The results were published in the journal *Translational Psychiatry*.

Experts at the University of Illinois at Chicago and UCLA, led by Dr. Alex Leow have put a different spin on the causes of anorexia.

They think anorexia might be caused by the sufferer's lack of awareness about the true state of their own physique – possibly because people with the disorder have an abnormality in the brain preventing them from recognising their own body shape and physical appearance which prevents them from seeing the effect the disease is having on them.

It has been widely accepted that body dysmorphia is related to psychiatric conditions that trigger obsessive thought and poor insight and that this intensifies sufferers' misperception of their own physical state.

In the study, the researchers found more connective abnormalities in brain regions linked to error detection, conflict monitoring and self-reflection in anorexic patients than those with no trace of the condition. It could be that anorexic brains are unable to recognise high-risk life threatening behaviour taken for granted by healthy individuals, even in the face of stark evidence.

Self-reflection for example, appears to be absent in anorexics, as it is in sufferers of OCD, who often perceive problems where none exist, such as thinking the house has been left unlocked, even after checking it numerous times.

One possible solution would be to train anorexics to have a more realistic insight into their physical condition.

The Illinois/UCLA team studied 29 participants suffering from body dysmorphic disorder, and a control group of 31 healthy participants. None were receiving psychiatric medication at the time of the study, but insight and delusional thinking were measured using specially designed questionnaires.

To avoid error, non of the participants were grossly underweight so that active and ongoing starvation would not exert an impact on results – long-term starvation itself has a profound impact on the brain and could contribute to abnormal connectivity in brain networks.

The researchers imaged each participant's brain using structural MRI scans and diffusion-weighted imaging. Next, they constructed maps for each participant that showed which areas of the brain exhibited high and low levels of connectivity.

They found poorer connectivity in the brains of those with anorexia nervosa compared to healthy participants. The researchers also discovered that individuals with anorexia nervosa also had abnormal, overlapping brain networks involved in reward and compulsive behaviour. Participants with body dysmorphic disorder also showed similar, although weaker, abnormalities in the same regions.

Improving anorexics ability to detect the mismatch between their perceptions of self and reality may be key to helping some recover. But standing them in front of a mirror and getting them to compare their own shape with that of normal people obviously doesn't work.

I believe the answer may perhaps partly lie in support from the sufferer's peer group.

Teenage sufferers' anorexia is often ignored by their friends, or their friends might be too embarrassed to say anything. In either case, social support should be encouraged.

The irony is that any anorexic patients, even those with poor insight, appear to be fully able to understand that someone else's severe behaviour is very dangerous for that person, yet *they can't see it for themselves* – even when they are in reality doing exactly the same thing!

Drug addicts also have this problem – they often comment on how another addict they know is a mess, and understand that addiction is the cause – they just can't see it inn themselves.

Providing better visual feedback signals could be a way to get the error message across. Hypnotherapy could be employed alongside or as part of medical treatment. Both however depend on the patients willingness to accept the reality of their situation and a genuine desire to get back to good health. That journey is all too often a difficult road to travel.

https://newtonhypnosis.com/**the-unhealthy-pleasure-of-anorexia**/