



A Clinical and Sociological Analysis of Anorexia and Bulimia Nervosa

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Received 01 Jan 2026, Accepted 12 Jan 2026, Available online 13 Jan 2026, Vol.14, No.1 (Jan/Feb 2026)

Abstract

This paper addresses the eating disorder Anorexia Nervosa, characterized by continuous restriction of energy intake, an intense fear of gaining weight, and a distorted perception of one's body shape and weight. The article explores the disturbing cultural trend of the "size zero" figure and the psychological distress experienced by individuals insecure about their body image. It raises the question of when extreme thinness began to be considered attractive. Anorexia Nervosa is diagnosed approximately nine times more often in females than in males. The exact cause of this condition remains unclear. It occurs more frequently among individuals engaged in activities that emphasize weight control, such as athletics, modeling, and dancing. Symptoms of psychosis have been observed in patients with eating disorders, including anorexia and binge eating disorder. In one study of 130 patients with a long history of anorexia nervosa, 16 displayed symptoms of psychosis. Bulimia Nervosa, another eating disorder, produces similar psychological distress but manifests differently. Women with anorexia nervosa restrict food intake to achieve extreme thinness, whereas women with bulimia nervosa engage in episodes of overeating followed by compensatory behaviors such as self-induced vomiting. This paper discusses risk factors, clinical manifestations, and treatment approaches, focusing on the mental and emotional disturbances associated with these disorders, their causes, and their defining features.

Keywords: Anorexia, Bulimia, Psychosis, Binge Eating, Clinical Manifestations

Introduction

This study is based on surveys and deeper analysis of communities affected by eating disorders. The focus is on the younger generation, who are increasingly obsessed with slim figures and body weight. The paper provides an overview of anorexia nervosa and bulimia nervosa, as well as efforts made toward treatment and recovery.

Bulimia Nervosa

Bulimia nervosa is a serious eating disorder characterized by recurrent episodes of binge eating, during which individuals consume unusually large quantities of food within a short period while experiencing a profound loss of control over eating. These binge episodes are typically followed by intense feelings of guilt, shame, and fear of weight gain, which lead to the adoption of inappropriate compensatory behaviors aimed at preventing weight increase.

The most common compensatory behavior in bulimia nervosa is self-induced vomiting. However, patients may also misuse laxatives, diuretics, enemas, or engage in prolonged fasting and excessive physical exercise.

These behaviors are performed repetitively and become part of a destructive cycle of bingeing and purging.

Historically, bulimia nervosa was referred to as "carbohydrate craving", as many individuals reported a compulsive desire for high-calorie, carbohydrate-rich foods such as sweets and fast food. Unlike patients with anorexia nervosa, individuals with bulimia nervosa usually maintain a body weight within the normal range, making the disorder difficult to detect. This often delays diagnosis and treatment, increasing the risk of medical complications such as dehydration, electrolyte imbalance, gastrointestinal injury, dental erosion, and cardiac arrhythmias.

Anorexia Nervosa

Anorexia nervosa is one of the oldest recognized psychiatric illnesses related to eating behavior, with early medical descriptions dating back to the nineteenth century. It is primarily defined by a persistent restriction of food intake that results in significantly low body weight, accompanied by an overwhelming fear of gaining weight or becoming fat.

Individuals suffering from anorexia nervosa exhibit a deeply distorted perception of their body. Even when visibly underweight, they perceive themselves as

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DOI: <https://doi.org/10.14741/ijmcr/v.14.1.3>

overweight or “too fat.” This distortion leads them to adopt extreme measures to lose weight, such as severe caloric restriction, skipping meals, eliminating entire food groups, and engaging in excessive physical activity.

The disorder is not merely a desire to be thin; rather, it represents a profound psychological disturbance in which self-worth becomes entirely dependent on body shape and weight. Patients often deny the seriousness of their condition and resist treatment, which contributes to high relapse rates and significant mortality.

Affecting Factors

The eating behavior of individuals with anorexia nervosa can sometimes appear deceptively normal, especially during the early stages of the disorder. They may eat small portions in social settings to avoid suspicion, making the condition difficult to identify without careful and continuous observation. However, beneath this superficial normality lies a complex network of distorted thoughts, compulsive behaviors, and emotional disturbances.

From a behavioral perspective, anorexia nervosa is extremely difficult to understand because each patient demonstrates a unique coping mechanism. Some individuals rely on rigid control of food intake, while others engage in obsessive calorie counting, excessive exercising, or ritualistic eating patterns such as cutting food into very small pieces or avoiding eating in front of others.

Psychological factors such as low self-esteem, perfectionism, need for control, fear of maturity, and difficulty expressing emotions further complicate the disorder. These behavioral and emotional variations make anorexia nervosa a multifaceted condition that requires individualized assessment and treatment strategies.

Conclusion

Behavioral disturbances are a central feature of anorexia nervosa. This review highlights that these effects can be studied thoroughly to yield meaningful results. Ultimately, abnormal eating behaviors pave the way for severe illness. Greater knowledge of the contributing factors may lead to improved treatment strategies and better outcomes for individuals suffering from these demanding conditions.

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