

The Various Faces of Bulimia

Alina MAPN da Silva,¹ Luiz Carlos de Paiva Nogueira da Silva,¹ Anita L R Saldanha,¹ Ana Paula Pantoja Margeotto,¹ André Luis Valera Gasparoto,² and Tania Leme da Rocha Martinez^{1,*}

1. Nephrology Department, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil
2. Intensive Care Unit, BP - A Beneficência Portuguesa de São Paulo, São Paulo, Brazil

*Correspondence: Tania Leme da Rocha Martinez

Received: 10 Sep 2025; Accepted: 15 Sep 2025; Published: 05 Oct 2025

Citation: Silva AMAPN, Silva LCPN, Saldanha ALR, Margeotto APP, Gasparoto ALV, Martinez TLR. The Various Faces of Bulimia. AJMCRR. 2025; 4(10): 1-5.

Abstract

Bulimia is an eating disorder characterized by binge eating episodes followed by compensatory behaviors, such as self-induced vomiting, use of laxatives or diuretics, fasting, and excessive exercise. Although people with bulimia often maintain close to normal weight, they suffer from great concern about body shape and impaired self-esteem. The disorder usually appears in adolescence, affecting mainly women, and can be related to social pressures, family inheritance, and emotional conflicts. From a neuropsychic point of view, the ventromedian nucleus of the hypothalamus is associated with satiety, while the lateral zones regulate hunger. Alterations in these centers can lead to both anorexia and bulimia, indicating the complexity of the biological and psychological bases of the disease. In addition to physiological factors, bulimia is interpreted as a way of dealing with anxieties, emotional dissatisfactions, and unconscious conflicts. Food can take on different meanings: a substitute for love, an expression of affection or aggressiveness, a symbol of security, a form of protection against rejection, or even a mechanism of self-destruction (thanatism). Clinical cases illustrate how the relationship with food can reflect affective deficiencies, family tensions and difficulties in love bonds. Thus, bulimia and obesity are not only issues of dysregulated appetite, but multifactorial phenomena that combine biological, psychological, and social aspects. Food, in addition to nourishing, can become a defense, compensation or means of expression of internal and relational conflicts.

Keywords: Aggression; Anxiety; Binge eating; Bulimia; Protection; Uncaring.

Introduction

Excess appetite or bulimia: bulimia is an eating disorder in which a person eats a large amount of food at once (binge eating) and then does things to compensate for the overeating (purging). To compensate for overeating, most people induce their own vomiting and exercise a lot. However, some people take laxatives to cause them to have diarrhea or may take diuretics to urinate. Generally, they end up having an

almost normal weight (1).

Bulimia usually has onset in adolescence or adulthood and is more common in girls and women. It can be caused by societal pressures to be thin. Bulimia can be a family disease (1).

After an episode of binge eating, a person may practice purging to compensate for the fact that he or she has eaten excessively, and thus may induce vomiting himself, take laxatives to defecate, eat nothing (fast) or diet excessively, and exercise excessively (1).

The person pays more attention to their weight and body shape than they should. The person often feels bad about the appearance of the body, even when other people think it is fine (1).

Unlike other eating disorders, people with bulimia usually have a normal weight. However, the weight of these people can increase or decrease more than normal (1).

Neuropsychic understanding addresses the excitation of the ventromedian nucleus of the hypothalamus and greatly reflects conscious and unconscious conflicts.

Bilateral injury to the ventromedian nuclei leads to bulimia and obesity (independent of pituitary gland, hypoglycemia or gastric peristalsis) and its stimulation leads to anorexia.

By destroying the lateral areas of the hypothalamus, anorexia is produced and its stimulation leads to bulimia. The ventromedian nuclei would exert an inhibitory action on the lateral zones. This set is called the food center; and to the ventromedian nu-

clei, of the satiety center, which would indicate the moment when to stop. Certain neurotic obese people eat not out of hunger but out of the need for security (food would be a symbol of security) the distension of the stomach produces an increase in endorphins and this slows down anxiety, which is why the obese person becomes voracious. Dextroamphetamine increases the electrical activity of the ventromedian nucleus and therefore increases the inhibition of the hunger center (lateral zone), hence the loss of appetite. Due to the correlation of this center with the cortex, obesity can be explained by psychic conflicts (2-5).

There are people who gain weight after nervous tension, caused by various reasons, whose food ingested in excess would be by:

Bulimia due to anxiety: certain people cannot lose weight because of lack of willpower, not only because of exaggerated appetite, but also because anorexic drugs cause them great nervous excitement. Excess appetite often reflects psychic dissatisfaction. For example, the baby, when he cries, feels bad; as soon as he eats, he feels good; as an adult, in the face of any annoyance or nervous tension, he eats to feel good, just as he did as a baby.

In Bionian language: he introjects the good object to combat the discomfort caused by the non-breast, but often ingests, according to his fantasies, the bad breast, which will cause greater dissatisfaction than hunger itself.

Certain obese people, consciously or unconsciously, therefore find, in food, a way to deaden their emotions.

Bulimia as a defense and substitute for love: food

can be, in addition to being a substitute for love, an expression of love - so-and-so is a grape, so-and-so is a coconut candy - as it can be an expression of discontent - so-and-so is a pineapple.

There is a report of a woman for whom food was a substitute for affection, because her husband was a gambler and spent most of his time away from home, and the patient was not distracted. To eat was to feed on love, but it was also to attack her husband, who hated an obese woman (6).

It is common the concept that, when visiting a person and not receiving from him, coffee with cakes or an appetizer, one would not be received with affection. The mother who, referring to food, says: "You will be stronger if you eat", will be contributing to fix future emotional security problems in food.

Bulimia as protection: on the other hand, food can mean security, as in the case of a religious patient who had been raised in poverty and whose food could not be wasted. He ate everything they put on his plate, leaving no crumbs. Wasting food would be a sin!

There is a case report of a patient who could not fall asleep if he did not drink a chocolate bar; this, during her analysis, was discovered to be a substitute for the mother's breast. In childhood, she had been raised by a mother who was not very affectionate and aggressive; he did not know his father. She could never love a man for fear of being abandoned one day; just thinking about this kind of suffering, I would rather not even start a relationship. Her adiposity was a defense, because if she lost weight she would be appetizing, that is, desired, which would represent a danger: giving herself up sexually and then being rejected (6).

Neurotic mothers stress the importance of food too much; they want their children to eat everything they put on their plate in order to protect them against diseases. It can happen that an individual raised in these conditions, when he has a financial loss or strong annoyances, stops eating due to lack of appetite, lack of pleasure in living and, finally, lack of maternal protection. The opposite fact, as already mentioned, can occur: eating too much to protect yourself. The satisfaction of appetite is, in addition to being a reason for pleasure, a symbol of security. An adult who does not find satisfaction in life, rejects the intense desire for affection from others and takes refuge in the primary guidelines of conduct, oral dissatisfaction. We observed greater difficulty in carrying out the regimen in obese women raised by unaffectionate mothers. This type of obesity does not fall under thanatism.

The deeper analysis revealed not only these causes of obesity, but also the unconscious desire to attack the mother by not getting married (it was her mother's biggest dream!); - for this reason, the fear of getting married and being abandoned was due to the boomerang system; I attack and am terrified of being attacked by the bizarre object, that is, it would transform the spouse as being capable of having great power of curse. It is, therefore, obesity by thanatism, that is, you attack yourself by obesity and with this you will attack another person.

Bulimia by self-harm and introjection of the maternal thanatic object: it is at mealtimes that the family gathers. It is at this moment that individual and social, domestic, religious, etc. problems are discussed. And it is at this moment that food is related to the reason for the discussion. There may be an

overlapping of images (for example, when eating a shrimp pie, one discusses an extremely unpleasant subject; if one later relates that dish to that subject, one will cease to appreciate it and the dish will no longer be appetizing).

During psychoanalytic treatment, oral-digestive regressions are discovered as a result of the genital prohibitions of a bad mother, such a prohibition of certain foods; for example, an individual does not eat meat because it has a latent genital meaning (penis) although he needs it because it represents a symbol of security. On the other hand, the farinaceous and milky diet, which leads to gaining weight, has a meaning of maternal protection. However, this protection may be false, it would be like a ball surrounded by a small layer of libido, but its contents, full of bad things, thanatic objects. This obesity is an identification with both the good and the bad mother and can become a thanatism if this obese person does not marry, because he unconsciously wants to attack the mother.

We consider obesity as being caused by a badly internalized mother, prohibiting the individual's genitality (castrating) and forcing him to feed on fatty substances, which are a maternal substitute, which could be called a penalty obesity.

Bulimia due to aggression: it is observed that certain individuals gain weight to attack others, such as the mother, father, spouse, etc.; it would be a subtle form of predominance of the death instinct (6).

According to our psychoanalytic experience, most obese people have intertwined causes, such as to relieve anxiety and at the same time to protect themselves and, finally, to suffer, because it is a

self-destruction by guilty feelings. It is in this case that obesity by aggression, and to attack oneself, is included in the cases of thanatism.

In certain cases, the difficulty of carrying out the regime lies in the will of the husband, who does not like a thin woman.

The wife's obesity, a reason for little attraction to the opposite sex, would be a means to protect himself from an adulterous wife. It would be a complex of inferiority and insecurity of man.

Sometimes polyphagia would be a form of sexual dissatisfaction, it would be an unconscious desire to do fellatio or cunnilingus.

There are obese people who abjure their adiposity so much that they even dream of a rusty soapbox, rotten wood, which would have the meaning of aging and self-contempt. Others love food so much that in dreams they partake of lavish delicacies.

There are fat individuals who only live to eat and sleep; they would be lactating women similar to Joe Dickens in *The Adventures of Pickwick* or Sancho by Cervantes.

As for the factors that act on obese people, they would be: 1) genetic predominance; 2) exaltation of passivity and overvaluation of oral habits transmitted by family groups; 3) little willingness to exercise; 4) overprotected child; 5) absent or weak father; in these conditions, there is hypertrophy of the oral nucleus and hypotrophy of the anal and genital; 6) unconscious conflicts, internalized bad object; 7) for thanatism, to attack in order to be attacked.

Acknowledgments

In memoriam: Luiz Miller de Paiva.

Conflict of interest

None.

References

1. Binge eating disorder. In: MSD Manual. Available at: [quick-facts-mental-health-disorders/eating-disorders/binge-eating-disorder?query=bulimia%20alimentar](https://www.msdmanuals.com/quick-facts-mental-health-disorders/eating-disorders/binge-eating-disorder?query=bulimia%20alimentar). Accessed on Sep 16 2025.
2. Hay PJ, Claudino AM. Bulimia nervosa. *BMJ Clin Evid.* 2010; 2010:1009. <https://pmc.ncbi.nlm.nih.gov/articles/PMC3275326/>
3. Wold PN. Eating disorder symptoms in affective disorder. *J Psychiatry Neurosci.* 1991; 16(4):204-208. <https://pmc.ncbi.nlm.nih.gov/articles/PMC1188337/>
4. Gleaves DH, Williamson DA, Fuller RD. Bulimia nervosa symptomatology and body image disturbance associated with distance running and weight loss. *Br J Sports Med.* 1992; 26(3):157-160. doi: 10.1136/bjism.26.3.157
5. Hay PJ, Bacaltchuk J. Bulimia nervosa. *BMJ Clin Evid.* 2008; 2008:1009. <https://pmc.ncbi.nlm.nih.gov/articles/PMC2907970/>
6. Miller de Paiva L, Silva AMAP. *Medicina Psicossomática [Psychosomatic Medicine]*. São Paulo, Brazil: Artes Médicas 1994.