Eating Disorders: Anorexia and Bulimia

Summary

Anorexia: The Case of Tamora

Tamora, a young woman with anorexia nervosa, is interviewed about her problems and progress. She has been in treatment for years with various therapists, a psychiatrist and a nutritionist. She gives inside on the causes and continuance of her disorder. She felt like her disorder was a natural way of suicide. This young woman was diagnosed when she was 16. She realized that she needed help until she was hospitalized. Tamora decided to get help because her anorexia affected her vocal ability and she didn't want to jeopardize her chance of a great career in singing. Tamora learned to control the disorder by singing, which she described as something positive. Tamora described her anorexia as "part beauty and part power". She said if someone had warned her of the effects that come along with the disorder, she would never have made the decision not to eat.

Bulimia: The Case of Ann

Ann, a bulimic, is interviewed about her continuing obsession with food. Although not the typical bulimic who binges and purges to maintain body weight, Ann is preoccupied with food and uses exercise in a compulsive manner. She is a compulsive overeater who has fluctuated in her weight ever since she got divorced. Ann went through a program and that was where she was diagnosed. She was surprised because she didn't see herself as someone who was a typical bulimic, some who is skinny. Her diet has been described as rigid. Her breakfast consists of the same thing every morning and she would exercise six times a week to maintain a

stable body weight. Her bulimia was not based on the fact that she ate too much and then purged but that she exercised too much to maintain weight.

Cause of the Disorder

Anorexia

In the case of Tamora, looking at the socio-cultural effect of a eating disorder, I believed the disorder is caused by influences of her family because when she was ask if she thought about not eating her answer was, "When I gets stressed out or when my family stresses me out I don't want to eat". I think because her family stresses her out too much, she would rather be by herself which causes her to become lonely and depressed at times. Since meals are eaten mostly with family she tends to stay away from them and would rather not eat than to be with her dysfunctional family.

Anorexia is also a cognitive effect on its victims, because Tamora from the case study describes her disorder to be "part beauty and part power", emphasis on "power". The fact that she can't control her family and the things they do to cause stress on her emotionally, Tamora turns to anorexia, the one thing that she can control. She has the power to control her size, weight, shape, and her eating habits.

Bulimia

In the case of Ann, the cause of her bulimic disorder is definitely cognitive based. It was obvious why Ann, a bulimic, is suffering from bulimia. She mentioned that she had been divorce from her husband. "I ate my way through the divorce", Ann stated. Ann clearly had mood issues that led her into depression. She obviously got lonely and turned to food to comfort her.

Treatment

Anorexia

1. Cognitive-behavioral helps the client with anorexia nervosa by helping the patient to change their attitude about eating and their weight (Comer, 2013).Develop health cognitive patterns and beliefs about self that leads to alleviation and help prevent the relapse of the eating disorder. Behaviorally, clients will be required to monitor feelings, emotions, hunger level, and the amount of food they take in. Cognitively, the client will modify distorted beliefs concerning weight and food, as well as distorted beliefs about the self.
2. The next step in treating anorexia is to restore weight to a level that is no longer life-threatening. This may require hospitalization and extreme measures such as intravenous feeding (Butcher, Hooley, & Mineka, 2010).
3. Once a patient's attitude about weight and eating habits have been controlled, family therapy comes into play. It works with the family as a unit, to work with parents and supports their effort to help their child's effort to eat healthier. Help the patient separate feelings and needs from those other members of the family (Comer, 2013).

Bulimia

The treatment of choice for bulimia is similar to anorexia nervosa, cognitive-behavioral therapy. "The treatment consists of cognitive and behavioral procedures designed to enhance motivation for change, replace dysfunctional dieting with regular and flexible patterns of eating,

decrease undue concerns with body shape and weight, and prevent relapse (Grilo, Vitousek, & Wilson, 2007).

1. First thing is the behavioral component of CBT for bulimia nervosa which focuses on normalizing eating patterns. This is done by meal planning, nutritional education, and ending the binge eating and purging by teaching the patient to eat in small amounts more often.
2. Patients are also encouraged to keep diaries of their eating changes in sensation of hunger and fullness. This helps them to observe eating patterns and recognize the emotions and situations that trigger their desire to eat (Butcher, Hooley, & Mineka, 2010).
3. Second is the cognitive element of this treatment which is intended to change the cognitions and behaviors that commence or perpetuate a binge cycle. This is done by challenging the dysfunctional thought patterns typically present in the bulimia disorder such as the urge to binge (Butcher, Hooley, & Mineka, 2010).

Counselor Signature_____ **Date**_____

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Reference

Butcher N. J., Hooley M. J., & Mineka S. (2010). *Abnormal psychology.* Boston , MA: Pearson Education Inc.

Comer J. R. (2013). *Abnormal psychology*. New York: Worth Publishers

Grilo M. C., Vitousek M. K., & Wilson T. G. (2007). Psychological treatment of eating disorders.*American Psychology*, 62(*3*), 199-216.