

How can you help a restrictive anorexic eat an Epiphany Cake?

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RESUME

Amelie, 27 years old, with a BMI of sixteen is a very ritualized and obsession restrictive anorexic with dreams of eating an Epiphany cake. Psychological therapy in conjunction with diet helps her obtain this objective without much anxiety.

This success generates other food cravings in the patient that threaten bulimic derivatives.

The therapeutic approach is based on directive and emotional, pedagogical, cognitive, and behavioral work.

INTRODUCTION

Amelie, after 8 years of bulimia, has become a restrictive anorexic as of 2 years, weighing only 49 kg (108 lbs) and measuring 1,75 m (5 ft 7 in) tall. We have been following her since 2 years. Psychotherapy and diet enables her to gain 5 kg (11 lbs), to improve her alimentary behavior, and to introduce new dishes and foods; the Epiphany cake is an example. Our methods and results are presented below.

History of the Illness

- Patient: 27 years old, 8 years of bulimia
- At 25 years old: restrictive anorexic
- From 17 to 25 years old: bulimia with purging
- From 25 to 27 years old: restrictive anorexic
- BMI at 26, 49 kg (108 lbs) and 1,75 m (5 ft 7 in)

Alimentary Behavior

- Very ritualized, invariably eating tuna salads
- Weighs all food
- Counts every calorie
- Categorizes food: eats vegetables at will, starches, fats, and sugars prohibited
- No meals are eaten outside of the house

Biographical Elements

- Single child, parents divorced when she was 16 years old
- Mother: eats only "light" foods
- Father: has little investment, little contact
- Suicide attempt with drugs at 22 years old after a breakup with a boyfriend

Psychotherapeutic Plan

- ° A supportive and directive therapist
- ° New dietary guidelines: taste, hunger, satiability, and nausea
- ° Work on body, pleasure, and guilt
- ° To learn how to set limits without prohibiting
- ° Antidepressant medication

Dietetic Plan

- ° Alimentary diversification
- ° Put a stop to weighing meat and fish
- ° Visual work on quantities
- ° Work on taste and feelings (pleasure, discomfort, anxiety. . .)

THE EPIPHANY CAKE

- ° Alimentary education: where is the caloric intake coming from?
- ° Exposure to imagination, relaxation
- ° In vivo exposure, modeling with mother's help
- ° Chats by email with the dietician
- ° Psychotherapeutic work on guilt, taste, and pleasure

RESULTS

- Challenge taken, the patient begins to gain confidence
- Strengthening the therapeutic alliance
- New food interests. . . in a bulimic direction?

CONCLUSION AND PERSPECTIVES

- The experience of the Epiphany cake started an alimentary diversity
- It is necessary to consolidate the collaboration of the psychology and diet
- To reinforce the directive role of the therapists to counter the risk of bulimia
- To later consider adding physical therapy

THE PATIENT

"... once I decided to eat the cake, I felt less of a desire to have it. . ."
"... It was easier to eat it with my mother, I felt she supported me and that was reassuring. . ."