Recovery from Bulimia: Rethinking Relapse and Treatment Strategies

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Why Study Bulimia?

- Food, weight & body image have become intense preoccupations in the lives of many women today.
- 5% of adolescent & adult women & 1% of men have anorexia, bulimia & binge eating disorder.
- Of greatest concern are anorexia & bulimia.
- Bulimia is 3 times as common as anorexia.
- 300,000 women nationwide suffer from bulimia.
- Evident throughout life span.
The Problem?

- What we are looking at is a crisis in women’s health related to weight control & body image which is precipitating a serious psychiatric illness in approximately 10% of the adult female population.

- These women have a challenge – that of learning how to recover from bulimia.
Purpose of the Study?

- To understand the role that learning played in recovery from bulimia for the women in this study.
- To identify the types of learning these women with bulimia reported as being significant to their recovery.
- To identify the factors these women reported to facilitate or impede their learning to recover.
Research Questions

1. What learning must take place in order for an adult woman to recover from bulimia?
2. How does learning that precipitates new ways of thinking and/or behaving happen in recovery from bulimia?
3. What experiences do adult bulimic women report as having precipitated changes in thinking and/or behaving that contributed to or impeded their recovery?
Women in the Study

- Represented a cross section of women in outpatient treatment at The Wilkins Center for Eating & Weight Disorders located in Greenwich, CT — a nationally known multi-modal treatment facility

- 24 participants completed the EDI & the Demographic survey
  - 15 Recovering [12 interviewed]
  - 9 Recovered [8 interviewed]
Meet the Women

- **Recovering Women**
  - **Stella** (20yrs/.5T/$50+/C)
  - **Monica** (30yrs/1T/$50+/G)
  - **Elena** (38yrs/2T/$50+/C)
  - **Karla** (21yrs/5T/$50+/C)
  - **Eloise** (23yrs/.5T/$75+/G)
  - **Darcie** (20yrs/4moT/$15/H)
  - **Pauline** (58yrs/2/$75+/C*)
  - **Angela** (36yrs/6T/$15/C*)
  - **Sophia** (24yrs/10T/$?/G)
  - **Selena** (41yrs/?T/$75/C*)
  - **Marian** (26yrs/11T/$75/G)
  - **Rose** (30 yrs/1T/$15/C)
  - **Allegra** (19 yrs/2T/$50/C)
  - **Lara** (21yrs.6T/$15/C)
  - **Sonya** (29yrs/6T/$30/G)

- **Recovered Women**
  - **Lela** (45 yrs/6T/$50/G)
  - **June** (23yrs/4T/$75/G)
  - **Mona** (21yrs/3T/$75/C)
  - **Keri** (32yrs/13T/$75/G)
  - **Tilda** (26yrs/4T/$75/C*)
  - **Mabel** (32yrs/2T/$75/C*)
  - **Lois** (31yrs/4T/$75/G)
  - **Sharon** (39yrs/7T/$75/G)
  - **Crystal** (53yrs/6T/$75/H)

What do you notice?
Data Collection

Three methods of Data Collection

- In-depth participant interviews including oral critical incident reports
- Two surveys
  - The Eating Disorders Inventory (Garner, 1991)
  - A demographic survey
In-Depth Interviews

Focused on the individual’s understanding of:

- The experience of bulimia
  - a general sense of each woman’s ability to talk about her illness
    \[\text{view of learning in general}\]
- The recovery process
  - Why does a woman with bulimia choose to recover?
  - How do they stay engaged in the recovery process? \[\text{[learners view of this specific learning endeavor]}\]
Facilitators & Impediments to learning

- How do each woman’s experiences influence her recovery?
- What factors facilitate recovery?
- What factors impede recovery? [learners view of this specific learning endeavor]
- What types of learning are reported as significant to recovery?
- How does learning that precipitates new ways of thinking &/or behaving happen in recovery? [view of learning endeavor & assistance or direction received]
- How does each woman perceive changes in thinking &/or behavior that are connected to their recovery?

Self knowledge

- What learning must take place in order to recover?
- How does each woman perceive recovery?
Eating Disorders Inventory
(Garner, 1991)

- Bulimia
- Body Dissatisfaction
- Drive for thinness
- Ineffectiveness – similar to poor self-esteem
- Perfectionism
- Interpersonal distrust
- Maturity fears
- Interoceptive Awareness – confusion in responding to emotional states
- Asceticism – virtue through self-denial
- Impulse Regulation
- Social Insecurity
Demographic Survey

Included:

- general information about each participant,
- a history of treatment for bulimia,
- a brief medical history,
- a family history of eating & weight behaviors,
- pertinent psychological information,
- a brief account of each participant’s approach to learning.
Findings

The data supported six key findings as a result of this study.
Findings

1. **Learning from Experience** is central to recovery from bulimia

2. Changes in the meaning of bulimia in the patient’s life and **disorienting dilemmas** were at the core of recovery from bulimia

3. **Reflective Thinking**, affiliation and the development of voice **facilitated learning**

4. Internal & External **barriers to reflection** impeded learning
Summary & Conclusions

1. Learning is central to recovery from bulimia
2. Reflective thinking is essential to recovery from bulimia
3. Recovery from bulimia is a process of self-education
4. Recovery from bulimia is a transformational experience
5. Relapse is a normal and significant part of recovery from bulimia
Summary

This work offers a different perspective, that may assist us in understanding why some of what we do, to help people recover from bulimia, works and some of what we do does not work. It provides insight into why some people recover from bulimia and others do not. Why some people recover quickly and others more slowly. It offers a view of recovery from bulimia through the lens of adult learning theory and refracts, for the first time, what that field has to offer our understanding of the recovery process.
“The bud stands for all things, even for those things that don’t flower, for everything flowers from within, of self-blessing. Though sometimes it is necessary to re-teach a thing it’s loveliness, to put a hand on the brow of the flower, and retell it in words and in touch, it is lovely until it flowers again from within, of self-blessing.” (Kinnell, 1986)

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