

Psychological Treatment of Bulimia Nervosa

At the core of Bulimia or Anorexia is a distorted self-image, loss of control, and being self-critical. The individual uses food as a way to control their negative emotions and their negative thoughts/feelings play into their self-destructive behaviors (using food as a tool). Individuals with Bulimia use food as a way to deal with situations in their life, often times this is family, school, their relationships with others that they are struggling with. They often will restrict eating in order to control their negative emotions and purge food in order to combat their feelings of self-contempt and overall helplessness about their current situation. They use food as a coping mechanism, albeit it is a negative means, but it is a means nonetheless. The object of psychotherapy in an individual with Bulimia is to give the person more positive ways of coping with their situation and stressors that occur in life as well as to change their distorted way of thinking. The therapeutic relationship has to be based on trust and for the individual with Bulimia, they must trust their therapist implicitly in order for change to occur.

Psychotherapy with the individual with Bulimia usually is a long-term commitment as change does not occur over night. However, the alternative to not seeking help is significant emotional and physical problems and pain for the person with Bulimia. There are several treatment methods usually used for individuals with Bulimia and they are:

- 1.) Cognitive-behavioral therapy (which happens to be the method which I employ in working with patients with Bulimia), which focuses on changing behaviors through changing the way the person with Bulimia thinks. Treatment focuses specifically on changing faulty or distorted ways of thinking about food, themselves, attitudes towards their eating habits, and giving them alternative ways to deal with stressors in their life. In addition, homework is usually given which entails the patient keeping a food journal that monitors the amount of food intake as well as tracking in the journal the specific triggers that bring about the bingeing/purging behaviors. An important component of this therapy is to develop with the patient another way or means of dealing with triggers that lead to their bingeing/purging or overeating behaviors. (there is a better way).
- 2.) Psychotherapy that is interpersonal in nature, which means focusing on how they relate to themselves and relationships they have in their life. Often seen in individuals with Bulimia is very low self-esteem, difficulty interacting socially with others (they are often “people pleasers”), asserting themselves in situations, and working through difficulties in relating to family/friends.
- 3.) Group therapy can also be helpful for some individuals. Often times, especially early in treatment, patients are adverse to group treatment and say, “but, I don’t want anyone else to know.” A group format can be very effective as the patient feels that they are helping others by sharing their story and it in essence empowers them. Also, it gives the individual coping skills and mechanisms that have worked for others in the group and instills hope.

- 4.) Family therapy is often utilized. The adage is, “if you fix the patient, you must fix the family they are in.” Treatment is not effective if the patient’s family does not “buy in” to the treatment process. The main goal of family therapy is for the therapist to work with changing behaviors that are negative in the entire family that could have contributed to the faulty; negative thought patterns of the patient. Placing blame on one individual should never be used as it alienates and it should be a “family process.”

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