

EFFICACY OF COMBINED COGNITIVE-BEHAVIOR THERAPY AND HYPNOTHERAPY IN ANOREXIA NERVOSA: *A Case Study*

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Abstract: A 22-year-old female diagnosed with anorexia nervosa received brief psychotherapy within a span of 1.5 months. Detailed cognitive-behavioral assessment was done and eating attitude was rated. Intervention of eating behavior and cognitive restructuring were initiated along with regular practice of self-hypnosis with ego-strengthening suggestions. Age regression was done to identify conflicts. Significant improvement in eating attitude was noted after 8 sessions without relapse at 3 months. Details of the psychotherapy are discussed.

Though anorexia nervosa is considered a North American concept, however, growing demand and sociocultural view of body image are resulting into increased rates of eating disorders in India too. Currently, more than half of women diet because they feel they are too fat (Agras, 1990).

An anorexic patient assumes continually that she is too fat, which fuels an intense drive to be thinner. Anorexia nervosa is characterized by willful and purposeful behavior directed toward losing weight, weight loss, preoccupation with body weight and food, peculiar patterns of handling food, intense fear of gaining weight, disturbance of body image, and amenorrhea. About half of these persons lose weight by drastically reducing total food intake and some develop rigorous exercise programs. The other half of these patients also rigorously diet but they lose control and regularly engage in binge eating followed by purging behaviors. Although some patients routinely purge after eating small amounts of food.

Anorexia nervosa is increasingly becoming a common disorder in adolescents and young adults (Hoek, 1991). It varies widely in terms

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of severity but is usually associated with considerable disruption and morbidity, both psychiatric and physical. It is considered as difficult to treat and a number of factors has contributed to this status. One important factor is the relative dearth of empirical evidence on which treatments are effective and which are not (Palmer, 1996). The severity of the condition determines the intensity of therapy. Because of multimodal disturbances (both psychiatric and physical), a good interdisciplinary therapeutic approach is often required.

Various etiological understandings of anorexia nervosa have influenced construction of various therapeutic models including psychodynamic, family, cognitive behavioral, cognitive analytical psychotherapies, and also nutritional counseling. Because of overvalued ideas about significance of body shape and weight in anorexic patients (Fairburn, 1997), dysfunctional cognition is given much importance in the psychological treatment of this patient group. Not only that, cognitive view of maintenance of the anorexic behavior is now most widely accepted. Fairburn, Marcus, and Wilson (1993), Kleifield, Wagner, and Halmi (1996); and Vitousek (1995) have emphasized the need for changing maladaptive thoughts, feelings, and behaviors in anorexia nervosa patients.

Cognitive-behavior therapy (CBT) for eating disorders is a multi-component treatment package including self-control techniques, self-monitoring, psychoeducation, diet management, cognitive restructuring, problem-solving training, interpersonal training, and relapse prevention (Yager, 1994). Though there are few randomized controlled studies, some studies have shown the relative efficacy of cognitive therapy (Channon, De Silva, Hemsley, & Perkins, 1989; Cooper & Fairburn, 1984; Garner, Vitousek, & Pike, 1997; Kleifield et al., 1996), but many newer studies have contradicted their findings. Either supportive therapy has been found to be superior (McIntosh et al., 2005) or dynamic-oriented cognitive therapy, that is, cognitive analytic therapy does not show any difference in comparison to educational counseling (Treasure, Todd, Brolly, Nehmed, & Denman, 1995) in outcome result. Not only that, cognitive therapy requires a long course of treatment for approximately 6 months and then follow up over 2 years (National Institute for Clinical Excellence, 2004). CBT shows some optimism with anorexia nervosa, but current data are insufficient to warrant meaningful conclusions regarding effectiveness.

Thus, the present case study might add to the previous researches on the effectiveness of CBT as a short-term treatment option. As purging-type anorexic patients have been found to be highly hypnotizable (Young, 1995), hypnotherapy was combined to increase the efficacy of CBT within a very short period of therapeutic time.

CASE DESCRIPTION

The patient, a 22-year-old female from a Christian, upper middle class background in Kolkata was in her 4th year of a graduate degree from a university in the United States. The problem started when she was 14 years old. She was once bullied by her friends at school because she looked fat with her new school dress. Thereafter, she started feeling that she had become fat and forced herself to starve to reduce her weight. The symptoms became aggravated by age 18, and she became physically weak and showed symptoms of amenorrhea. She made a rigid criterion of overweight and tried to keep her weight within that by exercising and refusing food. She used to eat only once a day. It was also observed that she had low mood during this period, and it became pronounced at 19 years of age with crying spells, increased fatigue, sleep, and suicidal thoughts, which were treated with medicines. During this phase, there was significant weight loss and she started exhibiting occasional binge eating behavior followed by purging behavior. After each binge eating episode she would starve herself for 3 to 4 days. Thereafter, purging behavior became a routine behavior after eating.

Family history is suggestive of polysubstance dependence in her paternal uncle and depression in her father. Premorbidly, she was fussy about food and had significant anxiety associated with examinations.

Intervention Planning and Implementation

A detailed cognitive assessment was done to get a proper understanding of psychotherapeutic formulation. Therapeutic targets were selected as changing appraisal of illness, countering automatic thought and schema, facilitating healthy food habits, and physical complication through referrals. As the client could be available for 6 weeks only, twice-a-week sessions in the initial phase was considered necessary after discussion with the client and her mother.

Initial sessions included taking a detailed history, assessment of eating attitude by administering the objective Eating Attitude Test (EAT; Garner & Garfinkel, 1979), and socializing the patient to the cognitive model of illness (see Figure 1). EAT measures the behaviors and attitudes characteristic of anorexia nervosa. Her initial score was recorded as 53, which is well above the cutoff (i.e., 30) for anorectic eating concern.

The client was motivated to maintain a thought diary regularly. Reattribution of the difficulty was done by explaining the medical model to reduce guilt associated with personal responsibility of maintaining the illness.

Case Formulation

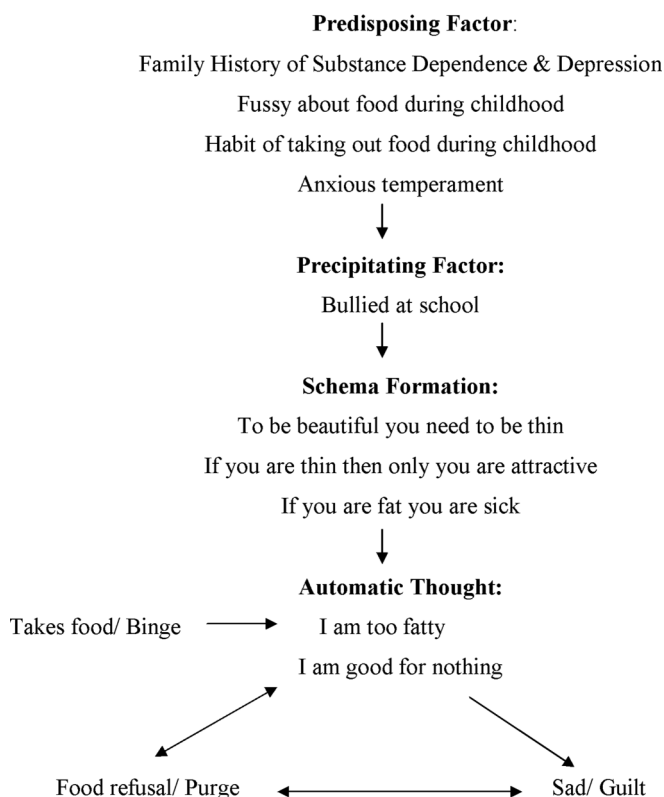


Figure 1. Cognitive-behavioral case formulation.

In the middle sessions, cognitive restructuring was introduced by challenging specific appraisals through verbal reattribution, advantage/disadvantage, etc. Progressive muscular relaxation was also introduced looking at the patient's anxiety with emphasis on everyday practice at home. As she was found to be highly hypnotizable, with her consent after clarification of misconceptions and in the presence of a family member, she was taught hypnotic relaxation in later sessions with ego-strengthening suggestions as proposed by Hartland (1971) to increase motivation and control over her eating behavior. After five sessions, cognitive restructuring was done under hypnosis with guided imagery on her improved eating behavior. Nutritional counseling was given with some scientific materials about it, and she was encouraged to start taking food four times a day. She was also motivated to

be mindful about the taste of foods and the experiences during eating. After starting hormonal therapy prescribed by a medical expert, she started having her menstrual cycle, which was reattributed to her improved eating habits. By the end of the sixth session, her purging behavior was reduced to once a week from 3 to 4 times a day at the beginning of therapy.

By the end of the seventh session, she could substitute thoughts herself, such as "I want to be healthy, not thin." The client also realized that "Because she binge eats, therefore she purges; because she purges, therefore she binge eats." She was encouraged not to purge even if at times she felt that she had overeaten.

The eighth session was planned to discover the underlying conflict associated with the precipitating factor through method of age regression under hypnosis. She went into a deep level of trance and age regression was initiated. When she was taken to 14 years of age, she expressed discomfort and reported through ideomotor signaling to come out of that particular year. She was brought back to her 16th year, where she was comfortable. At this stage, she was prepared to cope with the conflict and she agreed to return back. It was suggested that she observe the whole episode on an imaginary television. During this time, she was comfortable and elaborated on the incident by referring to it as funny. Her classmates bullied her by telling that she would not be able to attract boys at all if she became fat.

I prepared her for relapse prevention at the end of the session. The EAT was again administered, and this time she scored 23, well below the cutoff point. Follow-up was done through e-mail, because she had left for the United States. After 3 months, some minor problems immersed associated with stress, but she handled the difficulty on her own with motivational statements from therapist. A 6-month follow-up showed she was able to maintain her improved status.

CONCLUSION

This case study illustrates that intensive cognitive-behavior therapy in combination with hypnotherapy can bring significant improvement in a patient with anorexia nervosa. However, it is difficult to extrapolate the success of a single case to a larger population. There were some good prognostic factors that also might have contributed to the result, such as insight into the problem, high motivation to change, atypical presentation of symptoms, good intellectual capacity, and ego-functioning, etc. Future research in this area would shed more light on the efficacy of this treatment.

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Effizienz der Kombination von Kognitiv-Behavioraler Therapie und Hypnotherapie bei der Behandlung der Anorexia nervosa : Eine Fallstudie

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Abstrakt: Eine 22jährige magersüchtige Patientin erhielt in unterhalb von eineinhalb Monaten eine Kurzzeitpsychotherapie. Es wurde eine detaillierte kognitiv-behaviorale Bewertung vorgenommen und das Eßverhalten aufgezeichnet. Neben regelmässigem Üben von Selbsthypnose mit Ich-stärkenden Suggestionen wurden auch Interventionen zum Eßverhalten und

eine kognitive Restrukturierung eingeführt. Um Konflikte aufzudecken, wurde eine Altersregression durchgeführt. Nach 8 Sitzungen konnte eine signifikante Verbesserung des Essverhaltens festgestellt werden, ohne daß es nach drei Monaten zu einem Rückfall gekommen wäre. Details der Psychotherapie werden diskutiert.

STEPHANIE REIGEL, MD

L'efficacité de la thérapie cognitivo-comportementale combinée à l'hypnothérapie dans le traitement de l'anorexie mentale : une étude de cas

Prasanta Kumar Roy

Résumé: Une femme de 22 ans ayant reçu un diagnostic d'anorexie mentale a bénéficié d'une psychothérapie de courte durée qui s'est étendue sur un mois et demi. Une évaluation cognitivo-comportementale détaillée de la patiente et de son attitude à l'égard de la nourriture a été effectuée. Des interventions liées au comportement alimentaire et de restructuration cognitive ont été entreprises, en plus de la pratique régulière de l'autohypnose accompagnée de suggestions visant à un renforcement du moi. Une régression d'âge a été effectuée afin de vérifier la présence de conflits. Une amélioration significative de l'attitude de la patiente à l'égard des aliments a été remarquée après huit séances, sans rechute après trois mois. L'article fournit des précisions relatives aux interventions de psychothérapie.

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Eficacia de la Terapia Cognitivo Conductual y la Hipnoterapia combinadas para la Anorexia Nervosa: Un estudio de Caso

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Resumen: Una mujer de 22 años de edad diagnosticada con anorexia nervosa recibió psicoterapia breve dentro de un periodo de mes y medio. Se realizó una evaluación cognitivo conductual detallada y determinó su actitud ante la alimentación. Las intervenciones de conductas alimenticias y reestructuración cognitiva se iniciaron junto con la práctica regular de la autohipnosis con sugerencias de fortalecimiento yoico. Se realizó una regresión de edad para identificar conflictos. Se notó una mejoría significativa en la actitud ante la alimentación después de 8 sesiones sin recaídas a tres meses. Se discuten los detalles de la psicoterapia.

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