When the error corrects the model: vomiting

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Abstract

This work shows the phases that have lead to the individuation of a new eating disorder: the *Vomiting*. After a first introduction on eating disorders, according to the DSM-IV, the action research phases are presented – problem and goals definition, hypotheses definition, hypotheses application for changing, and effects evaluation –. Brief strategic therapy is illustrated as an *Action Research*, based on process circularity and flexibility, where the problem is known through its solution.

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Eating Disorders

DSM-IV (APA, 1994) shows *Anorexia Nervosa*, *Bulimia Nervosa* and *Eating Disorders Not Otherwise Specified*, including in this last category all disorders that are not included in Anorexia and Bulimia diagnostic criteria. Epidemiological studies (Striegel-Moore, 1995; Tomori & Rus-Makovec, 2000) show eating disorders typically in young women, although they can occur in young men also (Rossi et al., 1997; Nelson, Hughes, Katz & Searight, 1999; Vagnoni et al., 1999); a big increase of Bulimia, Anorexia and Binge eating disorders prevalence and incidence appears in Italian population nowadays (Santonastaso et al., 1996; Rossi et al., 1997; Cotrufo, Beretta, Monteleone & Maj, 1998; Ramacciotti et al., 2000). Dieting is a very widespread problem (Vetrione & Cuzzolaro, 1996; Rossi et al., 1997; Vagnoni et al., 1999). We can talk about eating disorders when eating behavior, body image and weight perception are spoiled. Body shape is analyzed as an eating disorder predictor (Attie & Brooks-Gunn, 1989; Graber, Brooks-Gunn, Paikoff & Warren, 1994), as a dieting associated element (Huon, 1994) and as a real overweight correlated phenomenon (Davies & Furnham, 1986; Thompson, Coovert, Richards, Johnson & Cattarin, 1995).

The Anorexia Nervosa diagnostic characteristics are:

- Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or fallure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- Intense fear of gaining weight or becoming fat, even though underweight.
- Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, e.g., estrogen, administration).

Anorexia Nervosa can be:

Restricting type: during the current episode of Anorexia Nervosa, the person has not regularly engaged binge-eating or purging behavior (i.e., self-induced vomit or the misuse of laxatives, diuretics or enemas).

Binge-eating/Purging type: during the current episode of Anorexia Nervosa, the person has regularly engaged binge-eating or purging behavior (i.e., self-induced vomit or the misuse of laxatives, diuretics or enemas).

Body shape and weight are relevant variables in determining self-esteem levels in Anorexia Nervosa (Button, Sonuga-Barke, Davies & Thompson, 1996; Fox, Page, Armstrong & Kirby, 1994): a low level of self-esteem correlates with dieting (Conner et al., 1996; Drobes et al., 2001) and eating disorders insurgency (Canals, Carbajo, Fernàndez,

Marti-Henneberg & Domenèch, 1996; Griffiths et al., 1999; Nelson et al., 1999; Ogìnska-Bulik & Juczynski, 2000; Drobes et al., 2001; Sirigatti & Giangrasso, 2001).

The Bulimia Nervosa diagnostic characteristics are:

- Recurrent episode of binge-eating. An episode of binge-eating is characterized by both of the following:
  Eating, in a discrete period of time (e.g., within any 2-hours period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances
- A sense of lack of control over eating during the episode
  (e.g., a feeling that one cannot stop eating or control what or how much one is eating)
- Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomit; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- The binge-eating and inappropriate compensatory behavior both occur, on average, at least twice a week for 3 month.
- Self-evaluation is unduly influenced by body shape and weight.
- The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Bulimia Nervosa can be:

Purging type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomit or the misuse of laxatives, diuretics or enemas.

Nonpurging type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomit or the misuse of laxatives, diuretics or enemas.

Emergent qualities

As we can notice from the short exposure, not always the eating disorders criteria descriptions turn out clear, especially regarding the level of pathology subtypes diagnosis. An element that hinders the diagnosis is represented by the presence of binge eating/purging behaviours in Anorexia Nervosa, Bulimia Nervosa, and Eating Disorders Not Otherwise Specified criteria. The DSM-IV itself shows that some cases may exist in which emergent qualities have transformed an usual disorder in a new disorder; in this process the former and the latter are different disorders: this is the case, i.e., of Eating Disorders Not Otherwise Specified (APA, 1994) and of the *Vomiting Disorder* (Nardone, Verbitz, Milanese, 1999; Nardone, 2003).

Action research in eating disorders

This paragraph shows the phases that have lead to a new eating disorder: the *Vomiting*. An action research process has provided guidelines for a new pathology, based on self-induced vomit. Brief strategic therapy phases are represented by problem and goals definition, perceptive-reactive system and attempted solution individuation, and hypotheses for changing application. Thanks to clinical practice we have been able to define an eating disorder that, arising like an Anorexia and Bulimia Nervosa symptom, become an emergent quality, and has developed into a pathology itself. At the beginning, when we treated an eating disorder, we worked about Anorexia and Bulimia symptoms; self-induced vomit was considered like an eliminatory conduct.

Brief strategic clinical practice guidelines provide, in an action research perspective, that an effects evaluation is to be done in all sessions therapy. This action research process, based on hypotheses definition and application, and to effects evaluation, is grounded on process circularity and flexibility, where the problem is known through its solution.

Vomit becomes the real researched effect: the patient eats a lot of food in order to vomit it. At the beginning, the self-induced vomit represents an attempted solution, but with repetitions in time, it gains ground, and becomes the maximum researched pleasure (Laborit, 1982; Nardone, Verbitz, Milanese, 1999).

Specific eating disorder individuation, like *Vomiting*, is born from hypotheses evaluation in the micro-level research (operative level). We will describe the sequence of the phases that have conduced (and that conduct) to the *Vomiting* therapeutic treatment.

I. Definition of Problem and goals. In brief strategic therapy, this phase is focused on problem definition:

- Solution attempted
- Patient's answers
- *Strategic questions*
- *Paraphrases*

II. Hypotheses definition for changing. In brief strategic therapy:

- Hypotheses about strategies
- Paraphrases and metaphors
- Hypotheses and choices about prescriptions.

This is a very flexible phase.

III. Hypotheses application for changing. It's focused on strategies used in session: prescriptions and substitution of dysfunctional attempted solutions.

IV. Effects evaluation:

1. During the session: it's done with the application of all the strategies; it's focused on patient answers assessment about:

- Strategic questions Paraphrases Metaphors

2. In the next sessions: it's a general evaluation (formative); it's focused on assess prescriptions effects.

The formative evaluation occurs in all therapy phases.

The carrying out of the first phases brought to a specific treatment protocol for vomiting disorders.

Conclusions

The aim of this work was to show the phases that have lead to a new eating disorder definition: the *Vomiting*. Through problem and goals definition, hypotheses definition, hypotheses application for changing, and effects evaluation, action research applied on brief strategic therapy is illustrated as a process based on circularity and flexibility, where the problem is known through its solution.

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