

CASE STUDY OF ANOREXIA NERVOSA

Jeanine, who her mother described as having always been a high achiever, developed anorexia nervosa while attending university overseas in the United States (Bribosia, 2006a). During this time she described herself as feeling homesick, lost, and depressed. Controlling her hunger and body was one way in which she felt more in control of her life and provided a sense of achievement. Her weight eventually fell from

62 kg to 36 kg. Jeanine described her intense fear of eating at the time as being “like having to jump off a bridge – it’s that level of abandonment of control” (in Bribosia, 2006a, p. 5). Her fear of losing control was so great that she strenuously resisted the attempts of others to make her gain weight by hiding food instead of eating it and exercising in secret. Jeanine’s mother, Michele, reported experiencing great difficulty in persuading Jeanine that she was ill and in need of treatment.

However, Jeanine eventually sought treatment, beginning with a period of inpatient treatment followed by day-patient care. She stated that inpatient treatment was a turning point in her recovery: “I became sick of being with people who were sick. Their life contained the eating disorder and nothing else. That terrified me. I told myself, ‘Let’s move on, let’s be happy’” (in Bribosia, 2006a, p. 5). An important component of treatment aimed at weight gain was providing support for Jeanine during meals (given the immense fear associated with eating) and after meals (e.g., bathrooms were locked after meals to prevent purging behaviours). Following a certain degree of weight restoration, treatment could focus more on broader psychological issues. As one of Jeanine’s nurses explained of patients with anorexia nervosa: “As their body shrinks, their brain does too. This makes treatment so hard because the cognitive process is diminished” (in Alexander, 2006, p. 6). From her mother Michele’s perspective, supporting Jeanine meant learning to control her anger: “You feel total anger that they could do this to themselves and to their families. You have to turn that anger into constant loving support. They need you. If you give up, they will never recover” (in Bribosia, 2006b, p. 6).

While Jeanine has made a good recovery in terms of weight gain, normalising her eating patterns, and beginning a career in publishing, she can still be vulnerable to restricting her eating when she feels depressed. As Jeanine observes, “People don’t understand how psychological the disorder is. There’s a perception that you’re just being obtuse. I know how it

feels to be at the receiving end of that anger. But though I've been there myself, when I see people resisting treatment I get so frustrated and I want to yell: 'It's simple: just *eat!*'" (in Bribosia, 2006a, p. 5).