A multiple case study of psychoanalytic therapies with good and poor outcome in clients with bulimia nervosa

Susanne Lunn, Stig Poulsen, and Sarah Daniel

The University Clinic
Department of Psychology
University of Copenhagen

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Context of the study

• The study is nested in a randomized controlled trial of psychoanalytic psychotherapy and cognitive behavior therapy for bulimia nervosa.
Aims of the study

• To present a qualitative exploration of PPT cases with good and poor symptomatic outcome
• To get a more differentiated picture of “good” and “poor” outcome
• To illuminate strengths and limitations of PPT for preoccupied bulimic patients
Subjects

The selected cases were:

- 1 recovered (case A),
- 1 unchanged with regard to bulimic symptoms, but changed as regards attachment pattern (case B),
- 1 unchanged with regard to bulimic symptoms as well as attachment pattern (case C),
- 1 unchanged therapy drop-out (case D)
Measures

- Eating Disorder Examination (EDE) (Fairburn & Cooper, 1993)
- Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II) (Spitzer et al., 1990)
- Inventory of Interpersonal Problems (IIP) (Horowitz et al., 1988)
- Beck Depression Inventory (BDI) (Beck et al., 1996)
- Client Experience Interview (adapted from Elliott, R. (1996). *Client Change Interview Schedule*)
Case A - Presentation

- An extreme case with a particularly traumatic background
- Recovered fully with regard to binging and purging
- Borderline personality disorder
Case A – pre- and post measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>0 months</th>
<th>24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCID-II</td>
<td>BPD</td>
<td></td>
</tr>
<tr>
<td>Binges, previous month</td>
<td>100</td>
<td>0</td>
</tr>
<tr>
<td>Purges, previous month</td>
<td>105</td>
<td>0</td>
</tr>
<tr>
<td>AAI</td>
<td>U/E</td>
<td>U/E</td>
</tr>
<tr>
<td>SCL-90-R, GSI</td>
<td>1.70</td>
<td>1.41</td>
</tr>
<tr>
<td>IIP</td>
<td>2.02</td>
<td>1.02</td>
</tr>
<tr>
<td>BDI</td>
<td>31</td>
<td>31</td>
</tr>
</tbody>
</table>

(18 mths: 7)
Case A: Client Experience Interview

- **Outcome:**
  - Feels better and stronger
  - Does not need to be perfect
  - Strong enough to leave boyfriend
  - Strong enough to stay single for a period
  - Found a new boyfriend who does not beat her
  - More confident with women
Case A: Client Experience Interview

- **Conclusion:**
  - Recovered
  - Factors contributing to outcome:
    - High motivation
    - Disconfirmation of low expectations
    - The continuity and length of the therapy
    - The female gender of the therapist
    - The therapist’s capacity to confront the client with her lying and to admit her own failures.
    - Tp accepted her physical appearance
  - Preoccupied attachment pattern at termination
Case B – Presentation

• Feels different from other people
• Her buddhist faith implies that she is equally attached to everybody
• Has begun several educations - at intake studies Tibetan
• Experiences herself as fat, ugly and stupid
• Obsessive-compulsive and depressive personality disorder
• Tormented by a lack of energy.
# Case B - Pre- and post measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>0 months</th>
<th>24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCID II</td>
<td></td>
<td>OCPD</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(depressive)</td>
</tr>
<tr>
<td>Binges, previous month</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>Purges, previous month</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>AAI</td>
<td>E</td>
<td>F</td>
</tr>
<tr>
<td>SCL-90-R, GSI</td>
<td>.82</td>
<td>.29</td>
</tr>
<tr>
<td>IIP</td>
<td>1.13</td>
<td>.72</td>
</tr>
<tr>
<td>BDI</td>
<td>15</td>
<td>3</td>
</tr>
</tbody>
</table>
Case B – Client Experience interview

• **Outcome:**
  • More self-confident
  • More energy and able to stay focused on her various activities
  • No longer daily thoughts of how stupid she is or suicidal thoughts
  • Convinced that she wants to live
  • Bulimia not disappeared but reduced
Case B - Client Experience interview

**Conclusion:**

- B profited a lot and developed a secure attachment pattern
- Good therapist-client match
- Impression of tp as a sensitive and non-intrusive mother in relation to a fragile child in need of a safe relationship in which she could be alone in the presence of another
- In the RCT, categorized as a bad outcome case
Client C - Presentation

- Intense bulimic symptoms
- A rational and unsentimental attitude towards her problems
- Cancer at 4 years
- Learned to cut off her feelings, to be self-sufficient and not to expect any help from her parents
- Lived in a symbiotic relation to her mother
- Wild teenage years with accidental relationships to men and overconsumption of alcohol
- No contact with parents today
Case C - Pre- and post measures

<table>
<thead>
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<th>24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCID II</td>
<td>No PD</td>
<td></td>
</tr>
<tr>
<td>Binges, previous month</td>
<td>70</td>
<td>10</td>
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<tr>
<td>Purges, previous month</td>
<td>76</td>
<td>10</td>
</tr>
<tr>
<td>AAI</td>
<td>E</td>
<td>E</td>
</tr>
<tr>
<td>SCL-90-R, GSI</td>
<td>.75</td>
<td>.42</td>
</tr>
<tr>
<td>IIP</td>
<td>1.75</td>
<td>.133</td>
</tr>
<tr>
<td>BDI</td>
<td>20</td>
<td>3</td>
</tr>
</tbody>
</table>
Case C - Client Experience interview

• **Outcome:**
  • Got a life
  • Able to concentrate
  • Able to trust grown up women
  • More open to relationships
  • No longer “forbidden foods”
  • Conscious of what triggers her bulimia
Case C - Client Experience interview

• **Conclusion:**
  • Status as unchanged in the RCT – but large treatment gains with regard to
    • bulimic symptoms
    • self-experience
    • reflective functioning
    • social competence
  • Profited from the therapist’s explanation of what was going on
  • Compared to C, a much more verbal and rational process, as if she was going to learn an alphabet
Client D - Presentation

- Severe anorexia nervosa in her teens
- Since seven years old, she lived every other day with each of the parents until her eating disorder evolved
- More attached to her father than to her mother
- Mother described as very sensitive and emotionally unstable
- After regaining weight, she developed intense bulimia nervosa with multiple daily binges and vomiting episodes.
Case D - Pre- and post measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>0 months</th>
<th>24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCID II</td>
<td>No PD</td>
<td></td>
</tr>
<tr>
<td>Binges, previous month</td>
<td>77</td>
<td>68 (LOCF)</td>
</tr>
<tr>
<td>Purges, previous month</td>
<td>116</td>
<td>78 (LOCF)</td>
</tr>
<tr>
<td>AAI</td>
<td>E</td>
<td>E (LOCF)</td>
</tr>
<tr>
<td>SCL-90-R, GSI</td>
<td>1.69</td>
<td>1.51 (LOCF)</td>
</tr>
<tr>
<td>IIP</td>
<td>1.27</td>
<td>1.33 (LOCF)</td>
</tr>
<tr>
<td>BDI</td>
<td>29</td>
<td>22 (LOCF)</td>
</tr>
</tbody>
</table>
Case D – Client Experience Interview

• **Outcome:**
  - Did not gain a lot from the therapy symptomwise
  - Therapy helped her realize that she had an illness
  - More honest to herself and others
  - More self-confidence
  - Still, came to feel worse for a period – perhaps because she began to acknowledge the seriousness of her eating disorder.
Case D – Client Experience Interview

• **Conclusion:**
  • Has grasped some of the key elements of dynamic therapy
  • Talks about her therapist in positive terms
  • Therapy did not meet her needs
  • A more positive outcome possible if therapy had been continued, but therapy was obviously unsuccessful

• Possible causes:
  • Initial ambivalence about the therapy
  • Tp experienced as somewhat passive
  • A more active stance might have been helpful
Conclusions

- **Aims**
  - To get a more differentiated picture of “good” and “poor” outcome
  - To illuminate strengths and limitations of PPT for preoccupied bulimic patients

- **Conclusions:**
  - All the clients, except for D, seem to have profited markedly from PPT
  - Failures in RCT’s are not just failures and quantitative outcome measures have to be complemented by qualitative measures