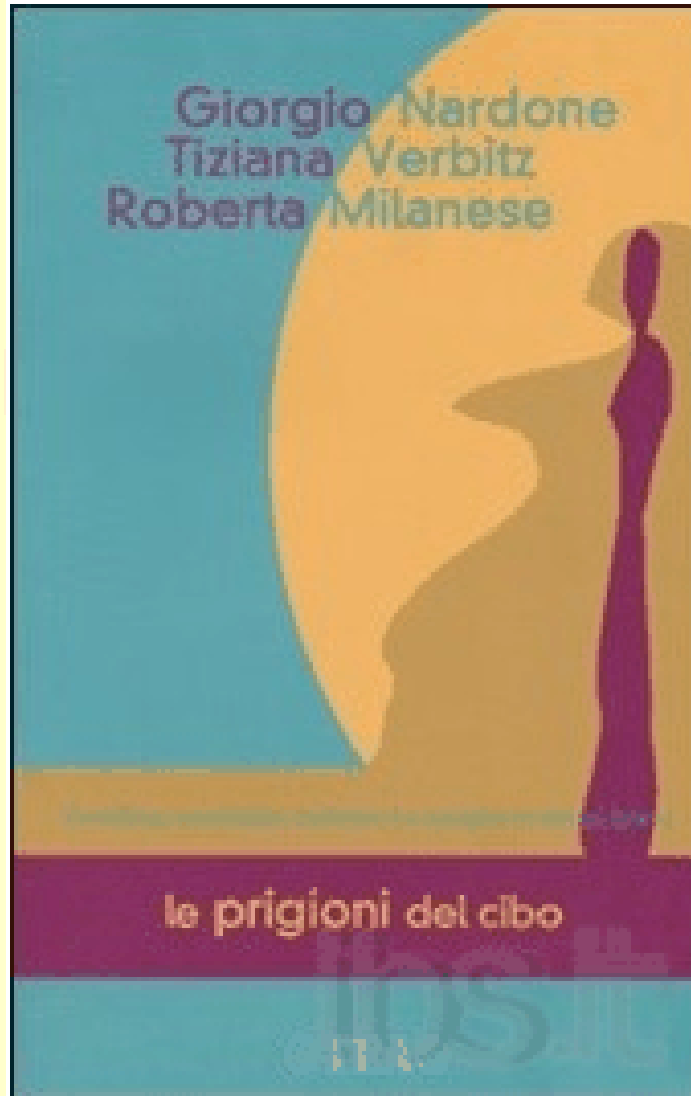




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# Tiziana Verbitz

The Evolution of Eating  
Disorders:  
Diagnosis and Treatment  
of Anorexia

[www.terapiastrategica.fvg.it](http://www.terapiastrategica.fvg.it)

[t.verbitz@iol.it](mailto:t.verbitz@iol.it)



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**HOW THERAPY PROTOCOL HAS  
CHANGED**

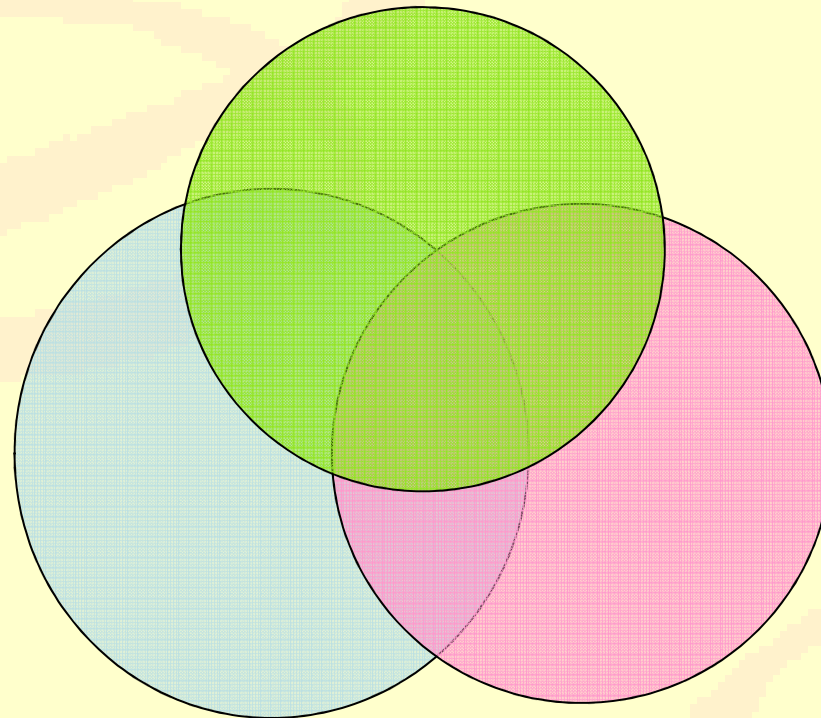


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**HIMSELF-WORLD**



**HIMSELF-HIMSELF**

**HIMSELF-OTHERS**

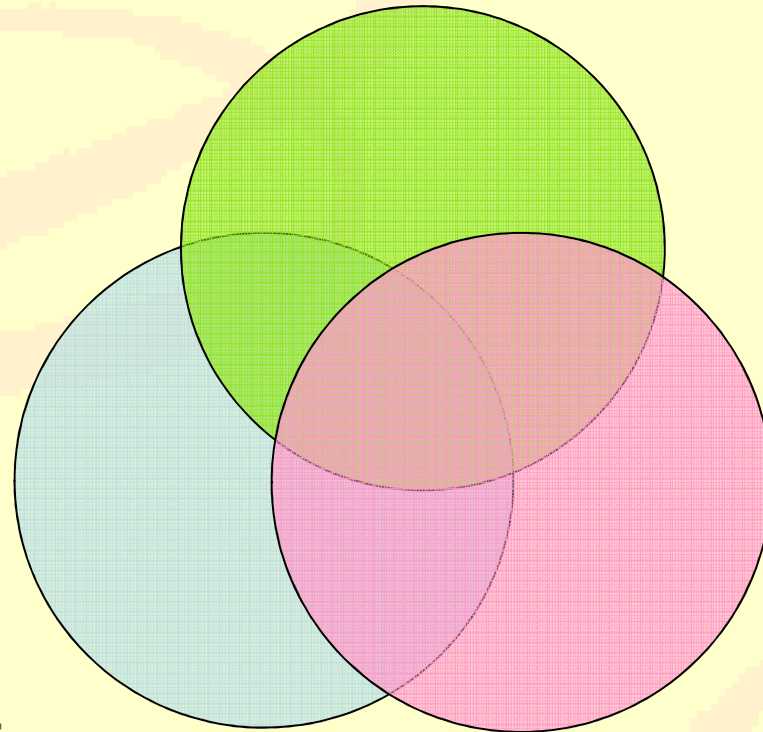


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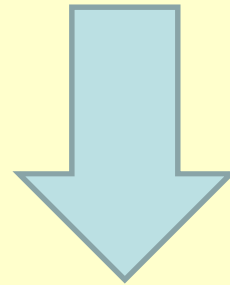


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**when one relationship  
changes**



**the other two change as a consequence**



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**we change therapeutically  
one relationship**

**in order to change the  
others**



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**social mutations involve  
changes  
in the relationship  
self/world**

**and therefore  
between self/others  
and self/self**



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**Pathologies structure  
changes as a consequence**





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**intervention structure**

**must fit**

**pathology structure**



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**intervention structure**

**must change as well**



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**10**

**years**

**ago**

- **patients: late adolescence girls and young women with chronic situations**
- **mixed family type intervention**
- **large space for individual work**
- **stimulate the capacity to feel sensations**
- **to the family: to observe without intervening**



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**10**

**years**

**ago**

- **families less attentive**
- **father in a lateral position**
- **father who delegates**
- **mother more central**
- **dyad mother-daughter**



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**.....and today...?**



"MOTHER, PLEASE!"



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**now**

- **very young patients in initial phase of disorder**
- **families very attentive**
- **families hyper-protective**
- **father more central**
- **both parents hostages**
- **parents incapable of prescribing anything**



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**steps  
within the first session:**





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**1° step:  
parents' interview**

**creation of  
therapeutic anxiety**

**changeover inevitable**



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# Therapeutic anxiety





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**2° step:**

**alliance with the girl**

**evocative image**

**changeover inevitable**



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**3° step:**

**to open a future scenario**

**to create a classification  
of food predilections**



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**4° step:**

**investigation  
with the parents:**

**what does she really eat?**



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## **5° step:**

**“if things stay the way  
they are,**

**will you be able to avoid  
the catheter and  
the “balloon”?”**





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**6° step:**

**bargaining**

**on a food planning**



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# 10years ago

No  
blaming  
parents

No talking  
about  
food

No  
bargaining  
what to  
eat



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# nowadays

Blaming of  
the parents

Talking about  
food

Bargaining  
and making  
arrangements  
for everything



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**we only talk about food  
and don't touch  
other areas**



"Our little 'birds and bees' talk went really well. I learned quite a lot."



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**Chronic older anorexics:**

**anorexia lasting for at least 5 years  
and in case  
repeated hospitalizations**



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**1° step:**

**close investigation on  
therapeutic attempted  
solutions**





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**Aim:**

**to create the need of  
something totally  
different**



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**2° step:**

**Life and misery**

**The splendour of the  
rubble**



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**Aim:**

**to create such a heavy  
pathos so that the  
changeover becomes  
inevitable**



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**3° step:**

**prescription of  
the smallest  
food transgression**



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**Aim:**

**introduction of a  
minimal change in order  
to break the rigid  
“script”**



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**In both protocols:**

**use of very strong  
evocative-analogical  
language**



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**Aim:**

**to make not only  
understand but  
to make also “feel”**



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**a protocol is a very  
flexible instrument  
and it must fit always  
the problem structure**





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## The “razor” of Ockham:

***“It is futile to do with more things  
that which can be done with fewer”***