

### **Guilt feelings regulation between mothers and their anorexic daughters**

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We understand mental disorders as disturbances in the patients' affective regulation which are not only characterized by specific forms of subjective experiences of emotions but also by typical interactive patterns of emotion regulation. These patterns are characterized by typical verbal and nonverbal behaviours, especially facial expression. In order to learn more about their phenomenology and function, such interactive relationship patterns have been studied systematically in the context of different emotions (e.g. anger or guilt feelings) and in different types of relationships (e.g. couples, mothers and adolescent daughters or in psychotherapy). As we are pursuing a micro analytical approach, all the interactions were videotaped and facial behaviour was coded with the Facial Action Coding System (FACS). In this contribution we focused on guilt feelings. Mothers and their anorexic daughters were asked to talk about situations in which they experienced guilt feelings towards each other. Interactive phenomena which are important for relationship regulation such as mutual smiling and laughing as well as Prototypical Affective Microsequences (PAMs) were identified and compared with healthy mother-daughter dyads. First findings indicate that those phenomena occur considerably less frequently in the dyads involving anorexic patients. We may assume that in those dyads the capability of interactive emotion regulation is disturbed because the anorectic daughters as well as their mothers are occupied by processes of self-regulation which reduce the emotional involvement in the relationship. In this contribution, our findings will be illustrated by video examples and their meaning for clinical practice will be discussed.

### **Correlation between psychopathological dimensions derived from OPD-2 (Operationalized Psychodynamic Diagnosis) and treatment outcome in an eating disorder sample**

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Goal: This study aims to investigate the relationship between the so-called Explicit Illness Configurations (EICs) and Implicit Functioning Profiles (IFPs) (Zuglian et al, in press) on one side and early and late drop out on the other side in an Eating Disorders sample treated using Integrated Multidisciplinary Interventions. Methods: The sample is composed of 100 consecutive non-selected women (age between 16-45 years old) coming for a nutritional day hospital at the Eating Disorder Unit of H. Niguarda - Milan, visited by an OPD-II trained interviewer of the Psychiatric University Unit of the same hospital. We made the first assessment using OPD-2, SCL-90R, EDI2 and biochemical markers. After that we evaluate proximal outcomes using SCL-90, EDI2 and clinical judgement every 6 months. We evaluated early and late drop out using t-Student test for OPD-2 variables and U-Mann-Whitney test for EICs and IFPs. Results: Findings suggested that both the high early drop out rate and the lower late drop out rate are connected to the distinct emerging dimensions. Conclusions: These results suggest that the existence of different clinical dimensions of EDs, that underlying psychodynamic characteristics, are useful for tailoring EDs treatments and preventing early drop out.

### **Anorexia Nervosa: An alternative conceptualization and an alternative psychotherapeutic approach**

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The main objectives of the present research project were to understand and explore, from a phenomenological and constructivist standpoint, the bodily lived experience in Anorexia Nervosa (AN) and to analyze the effects of a group psychotherapeutic intervention based on the referred approaches by means of bodily movement, expression and dance. The research project integrated both dimensions of research and intervention, ergo adopting an action-research methodology. Six-months group psychological interventions were conducted with 20 female patients (divided in three groups) diagnosed with AN, restrictive type (age range: 15-56 years; body mass index (BMI) range: 11-16; illness duration range: 2-36 years; psychiatric accompaniment range: 1-31 years), on a weekly basis. We've adopted a pre post-assessment design in order to evaluate the interventions. The level of analysis was the individual, and it were considered the criteria of weight, BMI and relation to the body/bodily lived experience. The results have shown significant therapeutic effects in all levels of analysis and have provided relevant contributes for the comprehension of the phenomenological and corporal experience of AN, as well as of its' etiology. The major clinical implications can be systematized on the following points: on the query of the current mainstream intervention practices, based on the medical model; on the importance of phenomenology in psychotherapy; on the importance of adopting a critical and macrosocial perspective on psychopathology; and, finally, on the importance of the inclusion of the body in psychological interventions, especially when the disorder is lived, felt and manifested in and through the body.

### **Guided self help treatment for bulimic disorders: Clinical significance and process of change**

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The aim of this study was to test the efficacy of a guided self help manual in the treatment of Bulimia Nervosa, Binge Eating Disorder and Subthreshold Bulimia Nervosa, as a first step in a step care approach. Additionally we were interested in mon-