

National Eating Disorder Information Centre

BULLETIN

Vol. 25, No. 2

ISSN 08366845

May 2010

Emotion Focused Therapy: When Family-Based Therapy for Adolescent Eating Disorders Needs a Boost

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Family-based therapy is an outpatient treatment with three phases: Having parents 1) take control of the adolescent's weight restoration and symptom interruption, 2) return control over eating to the adolescent, and 3) support the adolescent's developing identity and autonomy (Lock, et al., 2001). While 50% or more of adolescents and their families recover with this model, the remaining 50% are left still struggling. Family-based therapy can be enhanced by involving parents not only in the refeeding of their adolescent, but also by training them to be their adolescent's "emotion coach." Parents can guide the young person both in coping with emotions without the use of eating disorder behaviours, and in navigating the difficult task of becoming their own

person, or what adolescent psychologists refer to as separation/individuation and identity formation. We have modified the family-based therapy model by integrating emotion-focused therapy (EFT) principles and techniques, with the dual aims of helping parents to support the refeeding of their adolescent as well as becoming their adolescent's emotion coach.

Emotion Regulation

Individuals with eating disorders struggle with their emotions. They tend to fear and feel overwhelmed by them, and the eating disorder is a great way to cope; for example, bingeing can soothe feelings, starving can numb them, and vomiting can "get rid of them". In this way, eating disorders are a form of

"emotion regulation." Emotion-focused therapy, by contrast, brings an "emotion-friendly" approach to treatment. Emotions are viewed as healthy, providing information about what is important to us, what we need, and what action we should take. For example, fear can alert us to the presence of danger, the need for safety, and the action to "Run!" EFT provides specific techniques for gaining access to, and using emotion information as a guidance system for navigating the ups and downs of life. We teach parents to guide their adolescent in the "processing" of their emotions. By "processing," we mean attending to the felt emotion, accepting and tolerating it, and expressing and understanding it. A further step is to coach the adolescent to distinguish

between healthy emotion experience and more “maladaptive” emotions such as shame, rage and self-loathing. Left unprocessed, these “negative” feelings leave the adolescent deflated and in despair, and in need of the eating disorder behaviours to cope. Again, EFT provides techniques to “transform” these negative feelings, to release the adolescent from their grip. By training parents to coach their adolescent in this emotion work, the adolescent learns to experience, tolerate, regulate, and be guided by their healthy emotions without need of the eating disorder. These abilities will in turn allow the adolescent to navigate the attachment and separation/individuation process.

Attachment, Separation/ Individuation and Identity Formation

“Attachment” refers to an individual’s inclination to “attach” to a parent or caregiver in a way that provides physical protection as well as emotional closeness and a sense of belonging. In addition to the need to attach, individuals have a related but separate need to feel that they have their own identity that gives them a sense of who they are, not only in relation to those they are attached to but as their own unique self. The idea is that if we are securely attached to our caregivers, and if we have a

sense of our own separate identity, we are capable of navigating the “separation-individuation” process by which we move from being dependent children to independent adults with a sense of self as well as a sense of connectedness to others, including those inside and outside of our family. Adolescence, of course, is a crucial time in this evolution, as individuals seek to “test out” the security of attachment relationships by challenging their boundaries, and to find and assert their identity by demonstrating the ways that they are unique and different from their parents and families. Failures, losses, or injuries in the domains of attachment and identity formation can be related to the development of an eating disorder. The eating disorder can in turn further complicate and compromise the successful navigation of the developmental tasks of being securely attached, venturing out to develop relationships with peers, and consolidating one’s own unique identity.

Integration of FBT and EFT

Phase I – “Going Back”

In Phase I of the FBT model, the primary task is to have parents take on the role of refeeding their adolescent, and interrupting symptoms, as if tending to a younger child. The therapist helps the family to use their many skills and

resources for these tasks, and supports the parents in discovering previously untapped strengths. Throughout the process, parents are encouraged to use their intimate knowledge of their adolescent to find new ways to support the refeeding – the parent is regarded as the “expert” on their adolescent, while the therapist is seen as a “consultant” with eating disorder-specific knowledge.

When emotion-focused therapy is added to the model, the therapist provides education on attachment and identity processes in general, as well as in the context of eating disorders. The therapist also provides education about the nature of emotions, the function of the eating disorder in terms of avoiding or managing emotions, and the importance of expressing, processing and regulating emotion. The adolescent, in this phase, engages in individual or group sessions with the therapist to work on identifying the nature of the difficulties that may have had a role in the onset and the maintenance of the eating disorder. Parents receive specific education and training on the ways in which they can attend to their adolescent’s emotions, and help them to recognize, label, tolerate, regulate, understand, and work through their feelings in the moment. Adolescent and parent eventually participate in dyad

sessions in which the therapist actively supports the parent to attend to their adolescent's emotions in the session, validate their painful experiences and feelings, and provide soothing, as if the adolescent was of an earlier age. Once again, the therapist works to identify and strengthen the parents' innate ability to attend in this way to their child's feelings, an ability that may have been thwarted and dampened by circumstances, by family dynamics, or by the presence of the eating disorder itself.

Phase II – “Getting Back on Track”

In Phase II of FBT, the focus is on returning control over food and weight to the adolescent. For parents, this phase is marked by a struggle between nurturing their adolescent's resuming control of food intake and continuing to ensure that weight gain continues to full restoration (and/or the resolution of other eating disorder symptoms). As long as the eating disorder continues to be managed behaviourally, parents are also encouraged to support their adolescent's re-engagement in social or other activities that were previously set aside.

The added EFT component is focused on supporting the parents to become increasingly competent and independent from the

therapist in being their adolescent's “emotion coach.” Parents' increased ability to respond to their adolescent's emotions will allow them to meet needs of the adolescent that were previously unknown or concealed from the parent. For example, the adolescent may fear that her sadness will hurt her mother who perhaps has also experienced depression. Her mother can then provide reassurance that she is in fact capable of handling the adolescent's emotion despite her own struggles. Over time, this process will facilitate the adolescent's own ability to regulate her emotions and to self-soothe, making eating disorder symptoms feel less necessary in the face of what were previously unmanageable emotional experiences.

A very moving aspect of the “back on track” quality of this phase is the relief and appreciation with which the adolescent responds to the parent who validates her painful experience and feelings, engendering a shift from placing blame to a sense of shared responsibility and empowerment for how to face challenges and move forward with recovery. Thus “back on track” really signals letting go of old injuries in the family's experience and moving to the balancing act of the adolescent being able to rely on the parents and feel comforted by them at one

moment, and feeling secure enough to “push them away” and “test the limits” the next.

Phase III – “Moving Forward”

Phase III of FBT starts when the adolescent has reached the weight her body requires, her weight is stable, and she is no longer in a self-starving mode of thinking. The primary goal during this Phase is to assist the family in supporting the adolescent's journey towards healthy development of adolescent identity.

The EFT component during this phase has the adolescent and parent working together in such a way that the therapist can fade increasingly into the background. The process of attending and responding to their adolescent's emotions becomes more automatic for the parents, and the adolescent is better able to express her needs. As the adolescent's emotional needs are met by her parents, she is then able to move to the more developmentally appropriate tasks of separation and identity formation. The adolescent is encouraged to communicate to her parents the fears and feelings that may impede her ability to embrace her own identity. Education and support on the process of identity formation are re-emphasized, and the parents are supported in their ability to recognize the child's struggle to assert her

uniqueness. It is here that the adolescent may express that she feels that she is “not the daughter they wanted” or envisioned, who longs to be reassured that she is loved for who she is and for who she will become. This will include supporting the parents as they relinquish not only control but perhaps some of their own dreams for their child, and in having them support their child as she experiments with asserting her unique identity, develops and manages relationships with peers, and looks toward the future.

FBT + EFT – Parallel Processes

The added component of EFT to the FBT model in many ways parallels the sequence of control over eating in FBT: similar to the parents taking over the eating to get weight restoration back on track, there is a period of going into “reverse” developmentally during which the parents attend to the feelings of the adolescent as though to a younger child. Once these feelings are resolved, there is a natural inclination, supported and facilitated by the therapist as needed, for the parents to relinquish or adapt the control and the role of tending to the emotional needs. This process allows the adolescent to feel safe relinquishing in turn the goal or “wish” of having all of the previously unmet needs met now by the parents, and to

begin to turn to appropriate peer sources of support as well.

The Plus in FBT+EFT

For families who do not respond as well to traditional FBT, adding the theory, tasks, and techniques of EFT enhance the current model in the following ways:

- 1) It allows the therapist and family members to work with real emotion in the session, rather than talking “about” emotion or teaching skills to manage emotion in the absence of the felt feelings. This provides real opportunities for training parents to become emotion coaches for their adolescent.
- 2) It allows attention to be paid to both attachment and identity issues in a way that facilitates the healing of factors that contribute to the maintenance of the eating disorder. For example, this can facilitate better understanding of the adolescent whose concerns fall more into the identity domain—who maintains that she has “no reason to have an eating disorder” as she was not abused, neglected, or abandoned, and her parents “gave her everything and did everything for her,” yet she presents with shame and self-loathing. Similarly, the approach allows for the identification of attachment losses, for example in the case of divorce, where the

adolescent holds a sense of responsibility for being abandoned by a parent, leaving her with an accompanying anxiety rooted in a fear of abandonment.

3) It creates an opportunity for the adolescent to let go of the eating disorder as a means of coping with overwhelming feelings, in the presence of parents who model and coach emotion regulation processes.

Integrating EFT with FBT can put on track a case where recovery is faltering, and can contribute in general to preventing relapse by facilitating the family’s own capacity to mend emotional bonds and move forward with putting developmentally appropriate tasks “back on track”.

Further Reading

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