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Emotion-focused Therapy for Eating Disorders

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Emotions and Eating Disorders

There are various ways that individuals with eating disorders describe “dealing with” painful feelings: They may numb them through starving, soothe or push them down with bingeing, or get rid of them through purging. They may displace onto their body, converting the feeling to body image disparagement: “Feeling bad” becomes “feeling fat,” and the only way the person thinks she can feel better is to lose weight or become thin. For some, the eating disorder alone is not sufficient, and feelings become so overwhelming that they will also cut, or use drugs or alcohol, to escape dreaded negative emotional states. These dreaded emotions can include a range of feelings such as sadness, anger, loneliness, boredom, grief, or shame. In the moment, these feelings seem impossible to bear. All of these ways of dealing with emotions (displacing them onto the body; having symptoms such as restricting, bingeing, or vomiting; or cutting and using substances) are effective. That is, they help the individual to cope with the feeling for that moment. Unfortunately, the temporary relief leaves the original feeling unchanged, and sooner or later the feeling returns. Also unfortunately, the individual has to suffer all the negative parts of having an eating disorder in order to maintain this desperately sought “control” over unwanted emotions. She may also want desperately to recover from her eating disorder, but is thrown back into it when symptom control or weight changes means the return of emotions that she feels unable to handle. In one study, individuals who had successfully completed treatment but later returned to their eating disorder, attributed their relapse in large part to an inability to deal with negative emotions.¹

Another consequence of using eating disorder symptoms to numb or push away emotions is that it can result in either over-control or under-regulation of feelings. For example, if emotions are

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over-controlled, individuals can end up feeling they don't have any normal feelings or reactions. They may say that they wish they could cry but can't, or discover that they have shut off positive along with negative emotions. An inability to feel joy or pride in accomplishments can leave them feeling dead inside. Others who have ended up "over-controlling" or numbing their emotions say they prefer this lack of feeling. They may fear that if they had an emotion, such as anger, the feeling would destroy them, destroy the people around them, or destroy a relationship that they are afraid they could jeopardize. Those whose feelings seem under-regulated, on the other hand, can feel in a constant state of being out of control of their emotions. They feel flooded by painful feelings, and feel that to manage, they need to take drastic measures such as cutting or extreme purging.

A very distinct and consistent view of emotions emerges in this picture: Emotions are unbearably painful. They are overwhelming. They are to be feared. At best they must be tamed or managed, and more often they must be gotten rid of by any means possible. Emotions are the enemy.

Emotion-Focused Therapy

This vicious cycle of fearing, avoiding, and feeling overwhelmed and incapacitated by feelings, to the point of having to stay ill or inflict self-harm to escape, makes Emotion-Focused Therapy a compelling approach to treating eating disorders. Emotion-Focused Therapy works directly with painful emotions, and views them as a source of information and meaning. Emotion, if paid attention to, can be like a beacon or a flashlight, leading us to what is important, what is of concern, and what needs healing. In this sense, Emotion-Focused Therapy is considered an "emotion-friendly" approach to recovery from an eating disorder.

The idea in the therapy is to process emotions with the help of a supportive and empathic therapist, viewed as an "emotion coach." The therapy starts with the emotions that the individual is currently feeling, which are usually the "bad guys" like shame, rage, self-contempt, or self-loathing. The individual and her therapist work to get at what the more basic, healthy emotions might have been underneath these, such as sadness or anger. (For example, it is healthy and "normal" to feel anger at betrayal, or sadness at loss.) The goal is to have her experience and process both kinds of emotions in the therapy session. "Processing" means bringing emotions into awareness, and working to accept, understand, soothe, regulate, and alter them as needed. The healthy emotions then act like medicine for the "bad" ones, and that is what is meant when in Emotion-Focused Therapy we say the outcome is to "change emotion with emotion." It is very powerful to see someone move, gradually and slowly but surely, from the disgust and contempt of her "anorexic voice," to a deeply felt sadness at an early loss and/or at a wrong done her, and then to discover and develop a part of herself that is able to find comfort.

Therapy Tasks and Techniques

Emotion-Focused Therapy works with different parts of the self that seem to be split or in conflict with each other. There are three main tasks in this work. One is working with an internal "critic" or critical voice. Another is working on "unfinished business" about a significant other.

The third is working with the way the individual shuts down feeling or blocks emotion. The therapist may introduce “chair work” to work on these tasks.

In working with the inner critic, a “two-chair dialogue” is set up, where the individual gives a voice to her internal “critic,” then responds to it. This is particularly compelling in therapy with individuals suffering from an eating disorder, as many are already aware of an internal critic often referred to as their “anorexic voice.” This “voice” sets rules, demands compliance, and criticizes the self very harshly for breaking the rules. An example is the vicious cycle of body image disparagement, where pursuit of thinness is seen as the only means of feeling better. The individual caught in this cycle becomes fiercely self-critical and berates herself for being fat or for being unable to get “thin enough”, because thinness has become the measure of self-control and self-worth. Putting the “anorexic voice” in the chair allows the individual to hear this internal critical voice in a new and emotionally alive way. The processing of the emotions evoked can have a powerful effect in softening the harsh critic and altering the internal dialogue of body self-loathing.

In unfinished business, the technique used is called “empty chair” work, in which the individual speaks “to” a significant other in the empty chair. This is very evocative, and the painful and unresolved feelings towards the other are processed as they come up. The unfinished business work can help in understanding the development of the eating disorder. As she addresses the image of a significant other in the empty chair, the individual can express the emotions felt at the pain of early losses or failures, and in so doing arrive at a new understanding of her difficulties. It may become apparent that it was unsafe to express emotions because there were negative consequences if she did. Perhaps the adults in charge of her care were themselves unable to regulate their emotions, or relied on her as the child to “take care” of the adult’s emotional needs. Abuse or neglect could also have deprived her of the opportunity for healthy processing of emotions, making her feel confused, ashamed, or disgusted in connection with certain emotional states. She may therefore have shut out or buried the experience of healthy emotions, and replaced them with the maladaptive emotions of self-loathing or contempt for the self. Like in the work with the inner critic, processing the emotions evoked when addressing the other in the chair can have a powerful impact.

While working on these tasks it may become apparent that the individual blocks or interrupts her own emotional processes. The work then becomes looking at how this interruption happens, looking at the way that blocking feelings affects her, and working to get past these blocks. First, though, the goal is to see how the block works and to become aware of how protective and safe it may feel to be good at not allowing painful feelings. This new experience of accepting how she blocks emotion, and eventually allowing and expressing emotional experience in the empathic presence of the therapist, fosters a new capacity for self-regulation, and decreases the need for the eating disorder as a way to manage the feelings.

Future Directions

Evidence shows that Emotion-Focused Therapy is effective in treating depression and interpersonal issues.² The approach is new in the treatment of eating disorders, but individual cases and group work using the approach show promise. It appears to be well-suited, and to have

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a potentially positive impact, in work with this population. Research is on the horizon that can continue to develop and articulate the application of an emotion-focused approach to treating eating disorders, and that can address the questions that clinical experience has begun to raise. The possibility that a new approach could enhance existing treatments for this devastating illness is good news indeed.

¹ Federici, A. (2004). *Relapse and recovery in anorexia nervosa: The patients' perspective*. Proquest Digital Dissertations, ID# 845748931.

² Greenberg, L.S. (2002). *Emotion-focused therapy: Coaching clients to work through their feelings*. Washington, DC: American Psychological Association.

² Watson, J.C., Gordon, L.B., Stermac, L., Kalogerakos, F., & Steckley, P. (2003). Comparing the effectiveness of process-experiential with cognitive-behavioural psychotherapy in the treatment of depression. *Journal of Consulting and Clinical Psychology*, 71, 773-781.

² Elliott, R., Watson, J.C., Goldman, R.N., & Greenberg, L.S. (2004). *Learning emotion-focused therapy: The process-experiential approach to change*. Washington, DC: American Psychological Association.