

When the Body has a Mind of its Own: An Interpersonal Perspective on the Treatment of Eating Disorders

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6 Fridays Sept. 20th & 27th (12:00-3:10 p.m.) Oct 4, 11, 18, 25)1:45- 3:20 p.m.) 2019
(Suggested readings are not required!)

Introduction/Overview

Class #1

Eating Disorders are multi-determined biopsychosocial disorders with gender being the single best predictor of their risk. They are complex illnesses that must be treated in the sociopolitical context. Contemporary understanding of successful treatment requires a balance between individual adaptation and cultural gender awareness and our clinical work must join forces with our research findings.

Eating disorders were once considered a population too dangerous to work with in terms of the life threatening medical consequences. But it is the unrelenting internal dialogue and the consuming behavioral rituals that briefly quiet these tortuous thoughts that cause the most suffering. There is an endless stream of fear based judgments, rules, demands and threats that can take over their minds and sometimes drive a life into the ground. It is in the face of these eating disorder thoughts and the difficult emotions and compulsions they provoke, that patients must triumph if they are to begin the long road to recovery.

Treating eating disorders from the interpersonal perspective involves the interplay between attending directly to the disorder and disengaging from the pull to do so. This becomes the inevitable interplay between the therapist and the patient. The emphasis is on how relational interactions contribute to and maintain disordered eating patterns.

Theoretical Foundations

Not surprising, the historical underpinnings of the understanding with eating disorders began with Freud. Freud conceptualized eating disorders of anorexia and bulimia as hysterical symptoms resulting from unconscious sexual conflict. Hilda Bruch, a psychoanalyst influenced by Frieda Fromm-Reichmann and Harry Stack Sullivan shifted away from the drive defense model and began to emphasize self-development exploring issues of self-continuity, autonomy and powerlessness with eating disordered

patients. Bruch advocated that the therapist and the patient act as true collaborators. An interpersonal treatment perspective with eating disorders has much to offer.

- I. Scope of the Problem
- II. Prevalence, Cultural Issues, Overview of diagnosis with DSM V changes
- III. The Confluence of Complex Conditions: Psychological Factors, Interpersonal Factors, Social Factors, Biological Factors and Neurobiological Factors, Health Consequences
- IV. Multi-disciplinary Treatment Team Approach
- V. Assessing the Level of Care and guidelines
- VI. Resource Guide, National Organizations, Facilities
- VII. Interpersonal Approach in Treatment
- VIII. Eating Disorders as an attempt at self-cure
- IX. History and Theoretical Background
 - a. Freud
 - b. Hilda Bruch
 - c. Role of the Mother
 - d. Object Relations Point of View – Winnicott& McDougall
 - e. Self Psychological Perspective – Goodsitt
 - f. Interpersonal Perspective
- X. The Initial Consultation
 - a. Clinical vignette

Part Two of Class #1

Assessment and Initial Phase of Treatment

Shifting the focus for the patient from food and weight towards that of an interpersonal exchange requires gaining access into the patient's psychic and interpersonal life. From the interpersonal perspective, areas of concern are not based on issues of internal conflict, urges, wishes or damage. Rather, the emphasis is on how relational interactions contribute to, and maintain, dysfunctional patterns. Engaging the patient in an exploration of the disordered eating is the first step. This needs to be directly addressed so the patient will have a sense that she can feel supported by the treatment and helped in finding ways to ease the torment she feels about her body and her relationship with food.

- I. Assessment –The Language of the Eating disordered patient
- II. Detailed Inquiry about history and description of eating disorder
 - a. What details does a therapist look and ask for in a detailed inquiry with a client with an eating disorder?

- b. Is it “better” to focus on the eating symptoms or on the emotions and underlying dynamics?
- III. Alternative Behaviors – self soothing, communication, interpersonal goals
- IV. Direct Action Oriented Techniques
 - a. Verbal contract – substitution of alternative behaviors for disordered eating behaviors or thinking
 - b. Use of the phone, emails or texting
 - c. Meaning of the contract – the goal of a contract is not just the abatement of the eating behavior but also understanding what making this contract means to the patient
 - d. Concept of delay – fighting the “fuck its”
 - e. Holding the idea of an agreement in one’s head
 - f. Holding the other in one’s head
 - g. Mentalization
 - h. What happens
- V. Food Journals
 - a. Use of fax or email
 - b. Journal writing as facilitating the capacity to be alone
 - c. Journal writing as facilitating “potential space”
 - d. Journal writing as transitional object
- VI. Use of food metaphors to bridge the aspects of self through “food” language
- VII. Can we integrate Cognitive Behavioral Therapy, Dialectical Behavior Therapy with an interpersonal analytic model?

Readings:

- Bromberg, P. (2006). Treating Patients with Symptoms, and Symptoms with Patience, In *Awakening The Dreamer*. The Analytic Press: New Jersey.(p.108-127).
- Petrucci, J. (2015) Mermaids, Mistresses, and Medusa; Getting 'Inside Out and Outside In' the Relational Montage of an Eating Disorder. In Petrucci, J. (Ed.) *Body-States: Interpersonal and Relational Perspectives on the Treatment of Eating Disorders*. Routledge: London pp. 13-34.
- Stern, S. (2007). The Conundrum of Self-Care. *Contemporary Psychoanalysis*. Vol. 43, (4), 605-620.

Suggested:

- Bruch, H. (1979). *The Golden Cage: The Enigma of Anorexia Nervosa*. New York: Vintage Books.
- Banker, J. & Klump, K. (2010). The Research-Practice Gap: Challenges and Opportunities for the Eating Disorder Treatment Professional. In *Treatment of Eating Disorders: Bridging the Research-Practice Gap*, (Eds) Maine, McGilley, Bunnell. Academic Press: NY. (27) pp. 459-477.
- Bruch, H. (1973) Evolution of a Psychotherapeutic Approach in *Eating Disorders: Obesity, Anorexia and the Person Within*, New York: Basic Books, 334-357.
- Davis, W. (1991) Reflections on boundaries in the psychotherapeutic relationship in *Psychodynamic Treatment of Anorexia and Bulimia*. New York: Guilford Press, 68-85.
- Goodsitt, A. (1983) Self-regulatory disturbances in eating disorders. *International Journal of Eating Disorders*. 2, 51-60.
- Maine, M.; McGilley, B.; Bunnell, D. (2010) A Perfect Biopsychosocial Storm: Gender, Culture and Eating Disorders. In *Treatment of Eating Disorders: Bridging the Research-Practice Gap*, (Eds) Maine, McGilley, Bunnell. Academic Press: NY. (1) pp. 3-16.
- Rabinor, J.R. (1991). The process of recovery from an eating disorder: The use of journal writing in the initial phase of treatment. *Psychotherapy in Private Practice*, 9(1), 93-106.
- Zerbe, K. (1993). Treatment: The Body Reclaimed. In *The Body Betrayed: A Deeper Understanding of Women, Eating Disorders, and Treatment*. Carlsbad, Ca: Gurze Books. Pp 347 – 374.

Learning Objectives for Class 1 Parts One and Two

1. Conceptualize the scope of the problem of eating disorders as multi-determined within the context of culture, individual adaptation, and a person's underlying genetic structure.
2. Develop an awareness of the historical foundations of conceptualizing eating disorders.
3. Identify underlying issues involved with eating disorders, compulsions and addictions and explain why gender remains the single best predictor of risk.
4. Identify interpersonal perspectives as a framework for the treatment of patients with anorexia, bulimia, bulimarexia and binge eating disorders.

5. Apply the integration of other treatment modalities with an interpersonal framework with the goal of extending the knowledge in this arena to broaden clinical practice.
6. Effectively describe and apply action-oriented techniques, such as food logs, journals and contracting.

Class # 2

Building a Bridge over the Body-Mind Divide : Neuroscience and Eating Disorders

In the psychoanalytic arena, psychosomatic symptoms are considered failures of thought with unthinkable thoughts becoming stuck in the body. The work of treatment in dealing with bodily symptomatology and bodily preoccupation focuses on creating the link or building the bridge of understanding over the body-mind divide.

The split of mind-body or body-mind functioning is enacted in many arenas in the eating disordered patient's life. Concretely, these patients expect that through discipline over the body they can establish interpersonal effectiveness. One may conceive of an eating disorder as an attempt at self-cure, which fails and leads to further isolation and helplessness. When you begin to work with an anorexic, bulimic or compulsive binge eater, you discover the deep level of entrenchment that the eating disorder has in their lives. How do we as therapists learn to speak "their language", a language of food and bodily concerns, while introducing and integrating mindfulness in our clinical work?

New knowledge regarding the neurobiology of human development has implications for understanding some of the underlying body-mind issues we find with eating disorder patients. The analytic field is just beginning to have "new eyes" in understanding the interface of Self Regulation capacities, the development of Affect Regulation, and Attachment Theory and exploring how these contributions add to our clinical understanding of interpersonal treatment with our eating disordered patients.

- I. The BodyMind
- II. Unformulated and Alysithymic
- III. Neurobiological Underpinnings
 - a. Neuroplasticity & Mirror Neurons
 - b. Hyperactivation and Hypoactivation
 - c. Hypoactivation as Dissociation
- IV. Self Regulation
 - a. The capacity to self soothe

- b. trauma
- V. Affect Regulation and Dysregulation
 - a. Affect regulation includes not only dampening negative affect and dysregulation but also expanding affect array and intensity, and amplifying positive affect.
- VI. Attachment Theory and eating disorders
 - a. Mary Maine – AAI; Body Group Work
- VII. What connections are there between adult attachment styles and eating disorders?
- VIII. Attachment and Affect Regulation Linked
- IX. Therapeutic Implications & Clinical Moments

Part Two of Class 2

- X. **Clinical Applications in Treatment: Transference and Countertransference configurations**
- XI. Clinical conundrums, challenges and dilemmas occur in the transference/countertransference matrix that incur strong visceral emotions in the therapist and patient interactions. There are powerful moments that often happen spontaneously and jolt us into a heightened state of consciousness that can set the stage for therapeutic change. By seizing these moments that catch us by surprise we are offered an opportunity to see something from a new angle, a view not ordinarily seen.
- XII. A common function of ED patient's symptoms is a communication to the therapist, often about transference issues. Symptoms can communicate feelings or ideas that the patient cannot yet put into words and often the worsening of symptoms is the patient's way of upping the ante – "speaking louder" so that the therapist can hear the non verbal communication of some aspect of the patient's experience.
- XIII. Interpersonal theory allows considerable freedom for active interventions in psychodynamic therapy by defining transference as the patient's idiosyncratic perspective on the real activity of the therapist. So, rather than obscuring the transference, introduction of analytically informed behavioral techniques might highlight previously unrecognized aspects of the transference.

Readings:

Kuriloff, E. (2004), *When Words Fail: Psychosomatic Illness and the Talking Cure.*

Psychoanalytic Quarterly, LXXIII, (p. 1023-1040).

- Novack, D. (2018) To Know Another Inside and Out, In (Ed) T. Wooldridge, *Psychoanalytic Treatment of Eating Disorders*, Routledge, 2018, pp.125-139.
- Petrucelli, J. (2015) My Body is a Cage: Interfacing Interpersonal Neurobiology, Attachment, Affect Regulation, and the regulation of Relatedness in Treatment with Eating Disordered Patients, In (ed) J. Petrucelli, *Body-States* (Routledge, 2015)

Suggested:

- McDougall, J. (1994). The psycho-soma and the psychoanalytic process. *International Review of Psycho-Analysis*, 1, 437-459.
- Beato, L. Rodriguez, T., & Belmonte, C.A. (2003). Relationship of dissociative experiences to body shape concerns in eating disorders. *European eating disorders Review*, 11, 38-45.
- Bydlowski, S. Corcos, M. Jeammet, P., Paterniti, S., Berthoz, S. Laurier, C....Consoli, S.M. (2005) Emotion-Processing deficits in eating disorders. *International Journal of Eating Disorders*, 37, 321-329.
- Divino, C., Moore, M.S. (2010). Integrating Neurobiological Findings into Psychodynamic Psychotherapy Training and Practice. *Psychoanalytic Dialogues*, 20:337-355.
- Fonagy, P. And M. Target (1997). "Attachment and reflective function: Their role in self-organization." *Development and Psychopathology* 9: 679-700.
- Gentile, K. (2006). Timing Development from Cleavage to Differentiation. *Contemporary Psychoanalysis*, Vol 42, No. 2, pp 297-325.
- Petrucelli, J. (2001). Close Encounters of the Regulatory Kind: An Interpersonal/Relational Look at Self-Regulation. In *Hungers and Compulsions: The Psychodynamic Treatment of Eating Disorders and Addictions*: Aronson Press: New York.
- Newman, H. (2008). Coming Into Being. In *Bodies in Treatment: The Unspoken Dimension*; (pp 169-190) Ed. Fran Anderson; Analytic Press.
- Schore, A. (2010). The right brain implicit self: A central mechanism of the Psychotherapy change process. In (Ed) J. Petrucelli. *Knowing, Not-Knowing & Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty*,(12)pp 177-202.
- Glennon, S. (2001), The Armored Self: The Symbolic Significance of Obesity. In: *Hungers and Compulsions: The Psychodynamic Treatment of Eating Disorders & Addictions*. eds. J. Petrucelli & C. Stuart .Hillsdale, NJ: Jason Aronson Press. pp. 173-182.

- Kuriloff, E. (2001). The Destabilizing Dyad: Psychoanalytic Affective Engagement and Growth. In *Hungers and Compulsions: The Psychodynamic Treatment of Eating Disorders and Addictions*: Aronson Press: New York.
- Lapides, F. (2010). Neuroscience: Contributions to the Understanding and Treatment of Eating Disorders. In *In Treatment of Eating Disorders: Bridging the Research-Practice Gap*, (Eds) Maine, McGilley, Bunnell. Academic Press: NY. (3) pp. 37-52.
- Wooley, S. (1991). Uses of Countertransference in the Treatment of Eating Disorders: A Gender Perspective. In C. Johnson (Eds), *Psychodynamic treatment of anorexia and bulimia* (pp 245-294) New York: Guilford Press.
- Zerbe, K. (1993). Chasing the Ideal: The Quest for a Perfect Body Image. In *The Body Betrayed*. Gurze Books: New York, (7), pp 149-173.
- Zerbe, K. (2008). Managing Transference and Countertransference. In *Integrated Treatment of Eating Disorders: Beyond the Body Betrayed*. W.W. Norton & Co: New York. (8) pp252-286.

Learning Objectives for Class #2 Parts One and Two

1. Conceptualize how disordered eating is the psychic inability to care for one's self and to make better clinical use of this perspective through the contexts of attachment, self-state and body-state theory, self regulation and affect regulation issues.
2. Explain the theory that one may conceive of an eating disorder as an attempt at self-cure, which fails and leads to further isolation and helplessness.
3. Identify the neurobiological underpinnings of addictive disorders and how the neurobiology of human development has implications for understanding some of the underlying body-mind issues we find with eating disorder patients.
4. Develop an awareness of the underlying issues involved with variations in the analytic frame with eating disordered, compulsive and addictive patients.
- 5.. Develop an understanding of an interpersonal perspective on clinical issues related to boundary violations with the eating disorder population.
6. Identify examples of clinical moments that occur that explain the transference/countertransference matrix in the treatment of patients with eating disorders, compulsions and addictions.

Class #3

Eating Disorders and Dissociation:

Understanding Treatment Resistant Anorexia;

Understanding Bulimia through a multiple self states model.

Anorexia Nervosa involves a constitution that ‘allows’ rapid, extreme weight loss when nutritionally deprived; apparent indifference to life threatening cachexia that cloaks a morbid, inexplicable paralyzing terror of weight gain. Weight gain is often rationalized as a culturally accepted disdain for persons who ‘lack discipline’ and ‘who are fat’. The conundrum of anorexia is that in quelling fear through monotonous but reassuringly predictable rituals, the anorexic’s life is now existentially bearable and knowable...but her mental life is impaired and she is physically debilitated. To her though, for the moment—her psychic dis-ease is mitigated by her clinical disease.

The term **Bulimia** is derived from Latin and means “hunger of an ox”. Within the past decade, researchers have been exploring the link between trauma, dissociation and bulimia as patients with bulimia experience higher levels of dissociative symptoms during binge-purge cycles. The bulimic symptomatology may be viewed as the behavioral component of a split-off bulimic self with needs, feelings and perceptions that occupy a particular self state. As therapists we must actively seek out and empathize directly with the bulimic self in order to uncover the needs embedded within it.

- I. Managing the Chronic, Treatment-Resistant Anorexic Patient
- II. Psychopathology of Chronic Anorexia
 - a. Treatment Resistance
 - b. Chronicity
- III. Case of Sabrina
 - a. Tapes
- IV. Manorexia
- V. Bulimia and Dissociation

Readings:

Bromberg, P. (2008). Shrinking the tsunami: Affect regulation, dissociation, and the shadow of the flood. *Contemporary Psychoanalysis*, 44, 329-350.

Sands, S. (1991) Bulimia, dissociation and empathy: A self-psychological view. In C Johnson (Eds), *Psychodynamic treatment of anorexia and bulimia* (pp 354-372)

New York: Guilford Press.

Zerbe, K. (1993). Selves that starve and suffocate: The continuum of eating disorders and dissociative phenomena. *Bull. Menn. Clin.*, 57:319-327.

Suggested:

Boris, H. (1984). The Problem of Anorexia Nervosa. *International Journal of Psychoanalysis*. Vol 65:315-322.

Boris, H.N. (1988). Torment of the object: A contribution to the study of bulimia. In: *Bulimia: Psychoanalytic Treatment and Theory* (H Schwartz, ed.) IUP: Madison.

Birksted-Breen, D. (1989). Working with an Anorexic Patient. *The International Journal of Psychoanalysis*, Vol 70:29-40.

Bromberg, P. (1996) Hysteria, Dissociation and Cure: Emmy von N Revisited in *Standing in the Spaces: Essays on Clinical Process, Trauma and Dissociation*. New York: Analytic Press.

McShane, J.M.; Zirkel, S. (2008). Dissociation in the Binge-Purge Cycle of Bulimia Nervosa. *Journal of Trauma and Dissociation*, Vol 9(4) pp 463-479.

Strober, M. (2004). Managing the Chronic, Treatment-Resistant Patient with Anorexia Nervosa, *International Journal of Eating Disorders*, Vol. 36, Issue 3, pp 245-255.

Tyszkiewicz, M., Mussap, A. (2008). The Relationship between Dissociation and Binge Eating. *Journal of Trauma & Dissociation*, Vol 9(4) pp 445-461.

Learning Objectives for Class #3

1. Describe the conundrum of anorexia and identify issues of resistance.
2. Describe the concept of dissociation and at least one dimension of the theory related to its use in clinical work with patients with eating disorders.
3. Explain the link between trauma, dissociation and bulimia as patients with bulimia experience higher levels of dissociative symptoms during binge-purge cycles.

Class #4

Eating Disorders as Disorders of Desire

When a person struggles with an eating disorder their relationship to food can read like a clandestine taboo love affair — anticipation fueling excitement, intimacy enveloped in secrecy and disappointment and emptiness when it's over. They have lost faith in the

human reliability of the other so they progressively either withdraw from or never really develop a relationship with others.

Analytic work in the eating disorders world compels us to explore the conflictual nature of wanting and allows us to be curious to consider desire's contrasting forces—the positive and the negative. This is a population for whom longing is directed feverishly towards food or towards an all too slender body image. These eating disordered patients' desires are complex, contradictory, and desperate often resulting in life impeding rituals, weight loss or weight gain.

Eating disorders involve a dysregulation of desire and a dysregulation of appetite because the eating disordered person feels she is at the mercy of her own feelings. She is enslaved by her felt inability to contain desire as a regulatable affect. As therapists we can attune ourselves more to the body-mind in the analytic dance if we consciously feel with our skin, our bones and our viscera, our patient's narratives of desire.

Readings:

Sands, S. (1989) Eating Disorders and Female Development. *Progress in Self*

Psychology, 5:75-103.

Sands, S (2003). The Subjugation of the Body in Eating Disorders: A Particularly Female

Solution, *Psychoanalytic Psychology*, 20(1):103-116.

Suggested:

Brisman, J. (2002) Wanting. *Contemporary Psychoanalysis* 38(2): 329-343.

Harris, A. (1997). Aggression, Envy, and Ambition: Circulating Tensions in Women's Psychic Life. *Gender and Psychoanalysis*, 2:291-325.

Petrucci, J. (2010). Things That Go Bump in the Night: Secrets After Dark. In (Ed) J. Petrucci. *Knowing, Not Knowing & Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty*, (19) pp 281-293.

Learning Objectives for Class #4

1. Describe how eating disorders could be viewed as disorders of desire.
2. Articulate a conceptualization of the role of secrets and its relationship to desire and how this is manifested in split off parts of the self.

3. Develop an understanding of the role of appetite and the dysregulation of desire as it impacts on the clinical issues presented in treatment by patients struggling with disordered eating and eating disorders.

Class #5

Bodies in Interaction: When a Body meets a Body

The psychotherapeutic treatment of eating disorders requires an acute respect for the power that bodily concerns can hold over patients. Eating disorder patients are compelling, either drawing us into their suffering or pushing us out. As therapists we are immediately engaged, fascinated and sometimes horrified as we view their struggles and the underlying terror of relatedness, which is obscured by their varying symptoms.

As therapists we focus on words but our bodies also speak. And in a manner of speaking there are always “many” bodies in the room – the patient and the therapist both have bodies as material entities and both have bodies as it expresses and symbolizes psychic life. For each person the expressive and symbolic meaning, of her own body and the body of the other, changes with changes in her self state. What do the “bodies” mean to each other? What are the feelings and ideas, conscious and unconscious, that go through our minds when we look at another person? How do we help patients hold one another’s mind and body in mind within the interpersonal field?

Readings:

Aron, L. (1998) The Clinical Body and The Reflexive Mind. In *Relational Perspectives on the Body*: the Analytic Press: Hillsdale NJ Pages 3-37

Burka J. B. (1996). The Therapist’s Body in Reality and Fantasy. A perspective from an Overweight Therapist. In: *The Therapist as a Person. Life Crises, Life Choices, Life Experiences and Their Effects on Treatment*, ed. B.Gerson. Hillsdale, NJ: The Analytic Press. pp. 255-275.

Petrucelli, J (2008). When a Body Meets a Body: The Impact of the Therapist’s Body on Eating Disordered Patients. In *Bodies in Treatment: The Unspoken Dimension*; (Ed.) F. Anderson, (pp 237-254). New York: Analytic Press.

Suggested:

- Orbach, S. (2009). *Bodies*. London:Profile Books.
- Gentile, K. (2010) Purging as Embodiment. In In (Ed) J. Petrucelli. *Knowing, Not Knowing & Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty*, (18) pp 265-280.
Analytic Press.
- Tintner, J. (2010). The Incredible Shrinking Shrink. In (Ed) J. Petrucelli. *Knowing, Not Knowing & Sort-of-Knowing: Psychoanalysis and the Experience of Uncertainty*, (19) pp 281-293.
- Krueger, D. (2002), Body Self in Psychological Self Development. In *Integration of Body Self and Psychological Self: Creating a New Story in Psychoanalysis and Psychotherapy*. Chapter 1(p.3-28) New York: Brunner/Routledge.

Learning Objectives Class #5

1. Explain the role of the dissociation in the body as a form of non verbal interpersonal communication.
2. Describe how the back and forth of relatedness in the therapeutic dyad unfolds on a body to body level.
3. Utilize awareness of the body in the clinical encounter between analyst and patient.

Class #6

Discussion of Clinical Case material to be presented by students

Regulation of Relatedness

No readings required

How do therapists attempt to create safety in the eating disordered patient's world of chaos where out of control or over control are the only known staples of their diet? We recognize that patients with eating disorders and addictions need the experience of a safe, real relationship with a therapist to ultimately enable them to acquire more tenable solutions to their body image and eating problems. But what actually makes one treatment safe and another not?

Clinical Case presentations with live supervision.