

EEFT for Treating Bulimia

Women who suffer from bulimia often feel their parents as disengaged and distant. Anorexics have more enmeshed families, while bulimics find their families unsupportive, detached, conflicted and even hostile. The symptoms of bulimia appear later than those associated with anorexia; issues of affiliation and control seem to play a part in the maintenance of these symptoms.

The attachment perspective views a secure emotional connection to significant others as an adaptive, wired-in survival mechanism that fosters optimal development and mastery of the environment. A secure connection to an accessible, responsive attachment figure contributes to a sense of felt security, which then allows for flexibility, open communication and autonomy. This evolving perspective views autonomy/secure connectedness with the significant other as two sides of the same coin, rather than opposing or conflicting elements.

The key to successful adolescent development is the family's ability to balance the needs for individual growth, fostering that connectedness, while continuing to provide a nurturing environment.

Symptoms of depression, anxiety and antisocial behavior have been linked to the quality of attachment. The challenge in adolescence is to realign and reorganize the parental connection in a way that helps the adolescent maintain the family as a safe haven while encouraging the confidence to explore his/her world.

The attachment perspective allows for a greater focus on disengagement and insecurity as both a source of distress and symptom development, stressing that separation without connectedness is experienced as loss and isolation. That is why the support of the clinician and accompanying therapy is so important. It is a way to provide a safe place where parents and adolescents can reset their bond to allow for separateness and togetherness, difference and identification, rather than the relegating both to a lesser bond and with greater boundaries.

Patients with eating disorders exhibit more severe separation and attachment difficulties than do normal adolescents or adults in relationship crisis. Unlike anorexics, **bulimics are more likely to be impulsive and to engage in destructive activities such as substance abuse, promiscuous sexual activity and self-mutilation. This kind of acting out has emerged as typical affect**

regulation strategies, a way of coping, for insecurely attached individuals. Research has found that most adolescents with eating disorders have a particular style when it comes to attachments...namely anxious avoidant, which accompanies a sense of diminished self-worth and self-efficacy. **In anxious attachment, which is also known as ambivalent or preoccupied, the attachment figure -who is the potential source of emotional comfort and nurturing- is both longed for and obsessively pursued while also being pushed away and mistrusted. It is striking coincidence that the bulimic also repeats this kind of strategy with food, another form of nurturance.**

Bulimia has been viewed as a reflection of emotional hunger, deprivation in families, and is found to be present in less securely attached, less autonomous women. Those afflicted with bulimia come from families that are controlling and lacking warmth, families unable to support separation, and still remain loving and connected. The connection between leaving home and/or the loss of a love relationship is well documented. The average age of the onset of bulimia is 17-20 years of age, when most adolescents are facing leaving home for the first time.

They may find parents inaccessible or unresponsive when they need to know that facing the world as an adult does not mean facing the world alone. They may then turn to bingeing as a way of self soothing, or as a way of escaping a focus on self. **A sense of security then comes from controlling needs for food and comfort, rather than safe emotional attachment with others. Thinness is also a way of trying to ensure the approval and presence of others. The depression that so often accompanies eating disorders can also be seen as insecure attachment and part of separation distress.**

In EFFT we foster positive cycles of accessibility and responsiveness in order to define the family as a safe haven for the adolescent, and create a more secure bond. This allows the adolescent to leave the family without losing the connection. Emotion is seen as the music of the attachment/separation dance, and is the key to the adolescent's positive sense of self.