

Let Me Grow if You Love Me Deeply. Family Emancipation as a Recovery Factor in Eating Disorders. A Case Review

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Abstract

This article focuses on the limiting and even obstructive role of the family in the recovery of some patient affected by an Eating Disorder, and how a temporary distancing or a definitive emancipation can favor, in some cases, the recovery of the patient.

Keywords: *Eating Disorders; Anorexia Nervosa; Family Treatment; Supported Housing Treatment*

Introduction

Eating Disorders and food intake disorders, recently named by the DSM-5, constitute a group of mental disorders, characterized by altered behavior in food intake and weight control. The most studied to date are Anorexia Nervosa and Bulimia Nervosa.

Anorexia Nervosa is characterized by the terror of gaining weight and a distorted perception of the body image, which leads the patient to restrictive behavior in their diet. Bulimia Nervosa is characterized by the intake of a large amount of food, followed by a feeling of guilt that leads the patient to induce vomiting, as there is also a fear towards gaining weight. Other disorders of eating behavior, included in the DSM-5 and perhaps less known are "Pica" (desire to eat non-nutritive and unusual substances such as soil, plaster, chalk, etc.), "Rumination" (repeated regurgitation of food) and the "Unspecified Eating Conduct Disorder" (incomplete cases of Anorexia or Bulimia).

Among the causes studied on the appearance of Eating Disorders, it can be concluded that there is not a single one and that there are different factors of biological, psychological, family and sociocultural origin, for a person to develop an eating disorder. The most affected population are, in their great majority, women, being frequent the beginning of their disorder in the adolescence.

Eating Disorders are serious pathologies, difficult to treat, where years of treatment are frequently required with periods of improvement and periods of setbacks, until reaching full recovery. Without the proper treatments, the patient may suffer a physical and psychological deterioration that will affect all the areas of his life.

In recent decades there have been many studies on the role played by the family in patients with Eating Disorders, both as a risk factor in the development of the problem and as a key piece in their recovery [1,2]. National and international publications have tried to analyze the influence of the family on this pathology. Important aspects such as family functioning, the relationship between daughters and parents, the concurrence of stressful experiences, family psychopathology and attitudes and behaviors in the family towards food and weight have been carefully studied and analyzed.

The source of the content of this article is based on reflections on our experience with hundreds of cases over more than twenty years in the field of Partial Hospitalization and Supported Housing Treatment of this spectrum of diseases.

Case Presentation

We present the clinical case of a patient that we call Mary. Mary is a 23 year-old patient, who began her eating restrictions when she was sixteen and since then has undergone several kind of treatments with not very good outcomes. Although she has other two brothers, her mother has no other priority than the wellness of this daughter; she hasn't time for caring the other members of the family, even her husband. She moved to Madrid from another city to continue therapy for her Eating Disorder and enroll in University.

In this situation, in a moment of stable BMI (15) and without any somatic complication, the psychiatrist of Mary recommended -with the agreement of the patient- the change of environment for her recovery. So, she move to Madrid to enroll University and continue her treatment for her Eating Disorder. Despite the change, the mother's anguish and need for control led her to wake her up every morning before going to University and advice her on small details, such as clothes to buy or the food to prepare each day. The mother felt calmer if she was the one who made all the decisions, but in the young, the feeling of being incapable for herself grew every day, while motivation for recovery decreased. In the course of the treatment, when the daughter experienced advances, her mother manifested periods of deep sadness and only when the patient presented some setback, the mother showed strength to continue pulling her.

In this case, the mother had a complicated personal situation, but when Mary had difficulties, she was able to divert attention from her own problems to help her beloved daughter. But the mother never gave herself the opportunity to improve and had a depression that lasted for many years. The problem was difficult to solve because of the harmful relationship between mother and daughter. We had to work on the autonomy and personal independence of the patient, in an alternative treatment of Therapeutic Supported Houses, temporarily cutting off the relationship with her family, until achieving the complete recovery and emancipation of Mary.

This case teaches us that there are family groups that will not be of help in the patient's recovery, and the chances of recovery will increase outside the family nucleus, both with a physical and emotional distancing, improving, in parallel, also the freedom and autonomy of each member of the family. In this sense, Morton, already in the Seventeenth Century, recommended as a measure of healing for some of his patients to travel for some time away from the family.

Discussion and Conclusions

In most cases of patients affected by Eating Disorders, the family will play an essential role, both in the appearance of the problem and in its solution. Family support and psychoeducational work with the family will be necessary for the recovery of the affected relative [1-3].

Most of the families that come to consultation have a complex functioning in a greater or lesser extent, so working with them will also favor the recovery of the patient. Some families have erroneous values and beliefs, but are capable of understanding and modifying everything that is within their reach to favor the recovery of their sick relative. Their contribution will be essential in the recovery of their son or daughter.

Unfortunately, this early intervention on a family with the capacity to make changes is not usually the most frequent situation. In most cases, we find dysfunctional families, similar to those described by Minuchin [4,5] in his psychosomatic family model, where the child illness and the alimentary symptom play a central role in completely diverting attention from other family problems.

These are, frequently, families with very pathological dynamics, and in which all members participate in the same flawed relationship. These families, apparently harmonious and collaborative in therapy, usually exhibit feelings such as fear, guilt or shame, and this will prevent them from perceiving and accepting those aspects that really don't work well, leading to misdiagnoses of the background problem. In this cases, the family pathology is much more established than the Eating Disorder of the affected family member, conditioning negatively the possibilities of individual recovery of the patient.

When a patient is diagnosed with an Eating Disorder, usually the entire family system is altered. These disorders are usually long lasting and it is very important to take care of the health of the family, since having them strong is fundamental. Fatigue, motivation and confidence in recovery these are factors that can positively or negatively influence the recovery of Eating Disorders.

The evolution of the disorder and the recovery of the patient will require different therapeutic approaches depending on the age, the degree of motivation and involvement of the patient in the treatment, and their social and family situation. A comprehensive initial evaluation is necessary in each case, in order to clarify the best way and moment to address the problem.

In many cases, family functioning is so disturbing that, instead of trying a therapeutic intervention with the family group, it is convenient to contemplate the possibility of going out of that environment if we want to improve the chances of recovery. In some cases, a patient with a sufficient awareness of his illness, with motivation for change and good therapeutic adherence, can recover from an Eating Disorder despite not having direct participation of his family in the treatment, and even without any support from them [6].

In many other experiences with patients and families we can see that, behind all this oscillation of emotions, there is a conflict of interests between the wishes and expectations of the parents and the needs and projects of the person who has become ill.

At present, there are few controlled resources where we can send our patients out of the family nucleus [7]. Aware of the need to offer spaces for autonomy, we launched a Therapeutic Supported House Project a few years ago as a transit towards the adult life of patients affected by Eating Disorders. The purpose was, in essence, that the patient could stand on his own in the different areas of his life (food, self-care, leisure and free time and social relationships), but, above all, to take responsibility for his problems, both in the decision making and in the assumption of the consequences of those decisions.

The Therapeutic Supported House favors a normalized environment similar to a student residence, with punctual and necessary therapeutic supports, according to each case, until its complete withdrawal. This treatment modality allows the distancing for a time from the family nucleus, while favoring personal autonomy and "propitiating that the patient is exposed to life". In this way, the person in treatment can increase his motivation to face real problems that correspond him by age, instead of focusing only on those that come from his own disease.

Surely, as the patient recovers, he will be able to reach a healthier relationship with the family, because each member will also have had room to analyze his difficulties in depth and treat them better.

We would like to finish this article with a reflection on the importance of parents and their influence on the development of their children; an influence that is positive on many occasions, but that can be also negative and harmful in many others.

In treatments of patients with Eating Disorders, we give great importance to the care of the family, because we need them as strong as possible, although sometimes we have to ask them to leave for a while.

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