

What factors unique to anorexia nervosa require the full scope of recovery and why does anorexia nervosa resurface when traumas associated with the treatment are not resolved?

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Treatment must address the underlying vulnerability and source of suffering rather than the surface symptom of starving behaviors. From interviewing women who were recovering from anorexia nervosa, I learned that treatment which rigidly imposes control over the daughter's behaviors without attempting to respond to the person beneath the disordered eating behaviors will not engender full recovery.

It is important to keep in mind that daughters use anorexia nervosa to express with their bodies what they are unable to say more directly. They devote tremendous time and energy into pleasing others. Programs which exert oppressive control over their behaviors may serve to traumatize and silence women by limiting the only way they know to express themselves. Treatment programs modeled on deprivation (i.e., denial of freedom to use the bathroom and be active) create conditions of self neglect and denial of needs. Programs of this nature diminish women by defining their bodies for them (e.g., setting target weight goals) rather than facilitating self definition and skill in self development.

Anorexia nervosa is identity-conferring. In taking hold, it gives daughters uniqueness and status within a society that values thinness as beauty. Anorexia nervosa becomes such an integral part of the daughter's identity that the daughter protects it. This protection may include the daughter "going along with" treatment for the purpose of earning early discharge - an accomplishment that enables re-engagement with the eating disorder.

Treatment that focuses only on symptoms of disordered eating behaviors drives the anorexia nervosa deeper within the daughter. The anorexia nervosa remains under the surface like a land mine waiting to be triggered. It is only a matter of time before some event releases the plunger and the anorexia nervosa re-emerges.

Treatment programs that base recovery on weight gain will fail. The daughter may become "weight restored" but be unable to regulate her emotional state and unable to establish appropriate relationships with others. Under these conditions, relapse is to be expected. The comfort of the eating disorder has been lost with nothing to take its place in the daughter's life. Surely, the weight restoration will not last.

Full recovery is possible when (1) issues that contributed to the development of the anorexia nervosa in the first place are addressed and (2) the daughter has opportunity to develop her identity in ways that are not based on appearance and body size. From my perspective, an extensive long term program of therapy is needed.

The program must provide opportunities for the daughter to learn recovery skills such as how to work through disabling emotions and states including grief, sense of abandonment, anger, anxiety, abuse, neglect, and low self esteem. The daughter must learn healthy self-comforting and self-advocacy strategies. This may involve her learning to identify what has been missing in her life and working to fill in the gap(s). She will need to gain a measure of self-acceptance and respect for her struggle to overcome the reliance on the eating disorder. She may need to grieve the loss of the eating disorder that, after all, enabled her to negotiate difficult transitions.