


WHAT'S LOVE GOT TO DO WITH IT?

HEALING THE COUPLE RELATIONSHIP AS AN INTERVENTION FOR MIDLIFE EATING DISORDERS


Ashley Moser, LMFT, CEDS
Clinical Education Specialist
The Renfrew Centers



1

Agenda

- Overview of eating disorders in midlife and research on relationships.
- Examination of intersection of midlife eating disorders and relationship satisfaction.
- Examination of common clinical barriers in addressing relational issues in midlife eating disorder treatment.
- Teach individual, partner and couple skills to increase connection.
- Address clinician specific challenges to relational work



2

A Note On Today's Webinar

This is a BIG topic to cover!


- We will cover a lot AND there will be so much more to do

Relationships are COMPLEX

- Relationships exist on a spectrum and are defined by the people in them
- We will focus use the term 'couple' in an attempt to include multiple forms of relationships

Limitations in research

- Most data on eating disorders is in the context of cisgendered heterosexual white women.
- Most research on relationship satisfaction is in the context of marriage in different sex affluent couples.
- Limited research available for diverse communities




3

Eating Disorder Presentations in Midlife

Categories of Onset:


- Eating disorder as a chronic illness
- Eating disorder revived in midlife
- First time sufferers



4

Prevalence of Midlife Eating Disorders

- Among females suffering from an ED in the year 2018-2019, 34% were ages 40 and above.
- The prevalence of eating disorders according to DSM-5 criteria is around 3.5% in older (>40 years) women. BED and OSFED are the most prevalent.
- By midlife, >15% of women met criteria for a lifetime ED.
- 27% of midlife women who met criteria for DSM-5 EDs received treatment or sought help at any time in life.



5


Eating Disorders in Midlife

Eating disorders are emotional disorders

Eating disorders are disorders of disconnection


Periods of life transition and endocrinological aging are vulnerable phases in the development of eating disorders

The multiple stressors that occur in midlife result in a rise in distressing or uncomfortable emotions. Eating disorder behaviors become a maladaptive way of responding.



6

Midlife Life Transitions




- Financial stressors
- Blended families
- Retirement
- Independent/Assisted living
- Grandparenthood
- Empty Nest
- Cluttered Nest
- "Sandwich generation"
- "Deadline decade" (age 35-45)
- Return to school
- Parenthood
- Becoming an In-Law

- **Marital satisfaction**
- Infidelity
- Divorce
- Remarriage
- Infertility
- Chronic illness and disability
- Aging parents
- Death of parents
- Death of partner or spouse
- Death of a child
- Death of siblings and friends
- Growing old/facing mortality

7


Physical Symptom Overlap



<p style="text-align: center; font-weight: bold;">Menopause & Aging</p> <ul style="list-style-type: none"> • Hair loss • Hot flashes/night sweats • Sleep disorders • Irritability, mood swings, depression • Cognitive ("brain fog"), memory lapses • Headaches • Weight gain/fat redistribution • Fatigue • Skin problems (hives, itchy skin) • Loss of libido • Vaginal dryness, UTIs • Persistent urination and urinary pain • Decreased bone density • Joint pain • Irregular heartbeat • Digestive problems/IBS 	<p style="text-align: center; font-weight: bold;">Energy Deficiency</p> <ul style="list-style-type: none"> • Irregular or absent periods • Low bone density; bone stress injuries • GI/Digestive issues • Chronic fatigue or feeling rundown • Irritability/mood dysregulation • Constant hunger, cravings OR lack of hunger/appetite • Frequent illnesses / compromised immune system • Cardiovascular (endothelial dysfunction, poor lipid profiles) • Sleep disturbances • Recurring injuries and/or poor performance in sport
---	---

8

Midlife Body Image




- Weight gain is common during the transition to menopause
- Among women, aged 40–55 years, the average 3-year increase in body weight was 4.5 pounds
- Unclear whether weight gain is due to aging or hormonal changes
- Hormone changes seem to cause changes in body fat distribution

Global study identified weight gain as the most bothersome symptom of menopause

9

Connectedness

"The best predictor of your current mental health is your current "relational health," or connectedness. This connectedness is fueled by two things: the basic capabilities you've developed to form and maintain relationships, and the relational "opportunities" you have in your family, neighborhood, school, and so forth."
 -- Perry & Winfrey




10

Relationships Are Vital To Wellbeing


-  When relationships are stable and fulfilling, partners are healthier, happier, and live longer
-  When the relationship falters, other pillars of wellbeing are also at risk
-  The evidence is stronger than ever that the critical driver of these effects is the quality and longevity of the connection between the partners.

11

Connectedness and Physical Health


A study published March 2, 2021, in the *Journal of the American Heart Association*, for example, found that women who reported having high levels of social strain were more likely to have a heart attack or die of cardiovascular disease during nearly 15 years of follow-up than women who did not.

Another 2019 study, published by the *Journal of Epidemiology & Community Health*, found that women who reported high levels of social stress had lower bone density six years later. The authors speculated that stress may harm bone health because stress raises blood cortisol levels, which may be linked to bone thinning.



12



Relationship Satisfaction



- One of the most consistent results in longitudinal research on marriage is that, on average, marital satisfaction declines significantly over time
- Across studies, couples experiencing significant declines tended to be couples undergoing stressful life transitions (e.g., new parents) and couples reporting lower satisfaction initially.
- Nearly 50% of first marriages will end in divorce
- Rates of divorce among people over 50 have doubled in the US since the 1990s
- By 2030, 45% of American women ages 25-44 are projected to be single: driven by higher relationship standards and focus on personal fulfillment

13

Midlife Trifecta

14

Function of Eating Disorders in Relationships

Eating Disorder functions as:

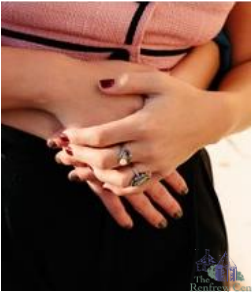

- Distraction
- Disconnection
- A way to manage uncomfortable emotions
- False sense of control

Eating Disorder functions as a partner

- Reliable/Dependable
- Meets needs

Eating Disorder functions as a way to appear loveable

- Thin
- Need-less
- Emotion-less
- Youthful


15

The Problem: Use of ED to Maintain Relationships

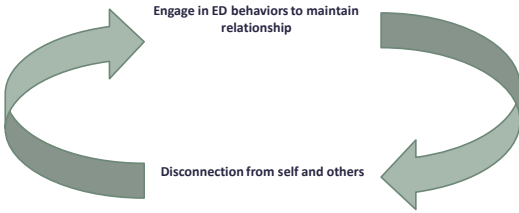
Consequences of ED

- Disconnection
- Shutdown
- Isolate
- Withdraw
- Lash out
- Distract

The behaviors used to maintain relationships ultimately *decrease* the likelihood of maintaining relationships




16



Engage in ED behaviors to maintain relationship

Disconnection from self and others




17

Systems Perspective

Key concepts within Systems Theory include:

- **Boundaries** (e.g., who is a member of the system),
- **Equilibrium** (e.g., during stressors or crises, the system attempts to return to its original state wherein members are functional and comfortable), and
- **Bidirectional** (e.g., a change with one member will impact at least one other member, and hence impact the whole system).



18

Importance and Challenges of Partner Involvement in the Treatment of Emotional Disorders


The dynamics that make partners so important in treatment may often be the same dynamics that make treatment challenging

System changes allow for individual changes to be maintained (Equilibrium)

- Partners may be unable or unwilling to make changes, thus impacting the individual patient's progress long term

Engagement of support impacts progress (Bidirectional)

- Partners can be absent, disinterested, unresponsive and interfering to the treatment process, thus impacting the individual patient's progress



19

Complex Clinical Presentations



Partner does not believe in mental health	Partner with active mental health symptoms	Partner actively engage in eating disorder behaviors
Partner hold beliefs consistent with weight stigma/bias/discrimination	Present or past infidelity	Partner has participated in the experience of trauma
Partner is unaware of eating disorder	Partner is absent (disengaged, separation/divorce)	Partner is over-involved

20

Four Horsemen



Criticism

- Attack on character
- Assaulted/Rejected



Contempt

- Disrespect
- Ridicule
- Name calling
- Despised/Worthless



21



Four Horsemen

Defensiveness

- Make excuses
- Play victim
- Reverse blame




DEFENSIVENESS

Stonewalling

- Withdraw
- Shutdown
- Stop responding




22



Caregiver Responses to Eating Disorders

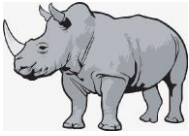
Kangaroo Response

- Protect
- Accommodate




Rhinoceros Response

- Take control
- Argue/reason



Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane


23



Caregiver Responses to Eating Disorders


Ostrich Response

- Ignore and avoid
- Disconnect and isolate



Jellyfish Response

- Emotionally reactive
- Emotional outbursts



Adapted from Skills Based Learning for Caring for a Loved One with an Eating Disorder by Janet Treasure, Grainne Smith and Anna Crane

24

Behaviorally Focused Example: Recovery Coaching

Key components of Supportive Eating Atmosphere

CALM

CONSISTENT

CONFIDENT

COMPASSIONATE

CONCERNED

**** NOT COLLUDING**

We assume that partners have the emotional and physical resources to be able to implement these interventions.
MANY DO NOT

Lafrance, A., Files, N., & Paluzzi, S. (2016.)

25

INDIVIDUAL INTERVENTIONS

For midlife clients & their partners

Implemented in individual sessions
Foundation for couple sessions in the future
Effective if no relational sessions occur
Increasing connection with self

26

Emotion Focus

Asking partners to focus on connection versus symptom reduction

Asking partners to do their own emotional work

27

Focus of Partner Interventions

The **emotional** response of both partners needs to be acknowledged and addressed to elicit change

Disconnection →

CONTEMPT

DEFENSIVENESS

28

Focus of Partner Interventions

The **emotional** response of the partner needs to be acknowledged and addressed to elicit change

Common emotional responses

- Guilt, shame, sadness, anger, anxiety, fear

EMOTION →

29

Feelings Have Function

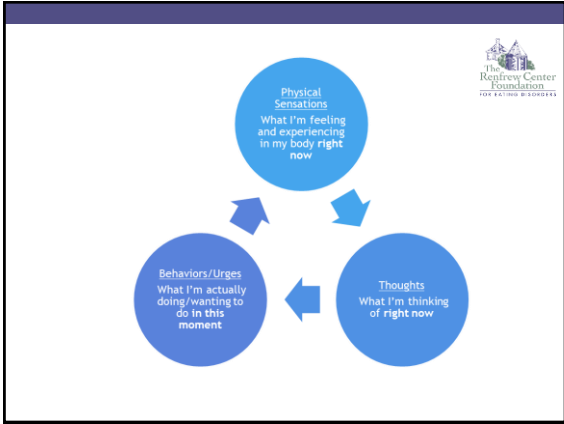
ALL Emotions have a function

- Emotions are good and adaptive
- Even "bad" emotions aren't always bad
- Emotions are your body's way of saying "hey, something's going on here"

Negative reactions to emotions and avoidance of emotions maintains your symptoms

- Symptoms are ways of avoiding emotions
- Avoiding emotions in the short-term produces problems in the long-term
- Behaviors become "emotionally driven"

30



31

What Feelings Tell Us

Anger	<ul style="list-style-type: none"> Defend boundary Something is important to you
Fear	<ul style="list-style-type: none"> escape fight
Sadness	<ul style="list-style-type: none"> Withdraw slow down
Joy	<ul style="list-style-type: none"> Continue behavior Know what feels good
Disgust	<ul style="list-style-type: none"> Back away Protect
Anxiety	<ul style="list-style-type: none"> Prepare, more vigilant focused

32

"The ARC" of an Emotional Experience

Date/ Time	Situation or Trigger	Physical Sensations	Thoughts	Behaviors/ Urges	What happens next?
	A		R		Short C Long


↓

The 3-Component Model

Helps develop an understanding of the antecedents and consequences of common emotional experiences

33

Automatic Appraisals




- Our thoughts are automatic
- Our thoughts can be judgmental
- Confirmation bias
- Influenced by core beliefs

Core Belief
↔
Automatic Appraisal

Core belief: *I'm unlovable*
 Automatic appraisals: Interpret information received as evidence to support the belief *I'm unlovable*

34


Thinking Traps



Probability Overestimation

- Jumping to conclusions
- Assuming an undesired outcome is more likely to happen

me: they didn't respond because they're busy don't jump to any conclusions
 my brain:




Catastrophizing

- Worst case scenario
- Assuming the worst

35

Appraisals & Reappraisals




Reappraisals: Asking yourself what else could be possible?

iMessage
Today 16:56

hey


Read 16:56



36

Appraisals & Reappraisals: Unresponsive

<p style="text-align: center; font-size: small;">Automatic Appraisal</p> <ul style="list-style-type: none"> • Disinterested • Rejecting • Injured/Dead • Mad at me 	<p style="text-align: center; font-size: small;">Reappraisal</p> <ul style="list-style-type: none"> • Busy • Distracted • Away from phone • Needs time to process
--	---



37

EDBs & Alternative Actions

<p style="text-align: center; font-size: small;">Emotion Driven Behaviors</p> <ul style="list-style-type: none"> • Shutdown <ul style="list-style-type: none"> • Isolate • Withdraw • Lash out • Distract • Defend 	<p style="text-align: center; font-size: small;">Alternative Actions</p> <ul style="list-style-type: none"> • Communicate <ul style="list-style-type: none"> • Express • Set boundary <ul style="list-style-type: none"> • Co regulate <ul style="list-style-type: none"> • Ask • Accountability
---	---




38

MGI: Most Generous Interpretation

- Benefit of the doubt
- Does not have to be true
- Does not decrease accountability

Interpreting your partner's behavior using MGI changes your emotional experience and increases the ability to use effective communication skills



Dr Becky Kennedy: Good Inside

39

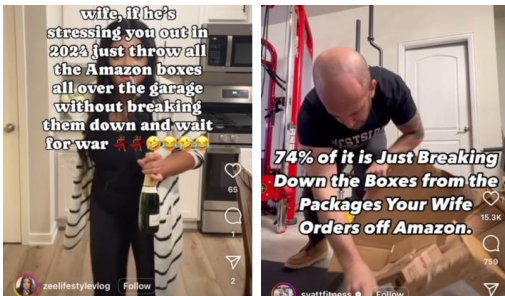
COUPLE INTERVENTIONS

For midlife clients & their partners

Individual Interventions Adapted for Couples
 Targeting disconnection as a maintaining factor of the eating disorder
 Impacts the use of symptoms by:
 Increasing connection to decrease a source of negative emotional experiences
 Decreasing isolation in coping

40

The Amazon Box Breakdown



41

Application For Couples

Example:

Select scenario: repeat conflict

Identify automatic appraisals of both partners

Identify additional appraisals or interpretations with input from the other partner

Practice MGI

42

Appraisals & Reappraisals

Automatic Appraisal

- They did this on purpose
- They think their time is more valuable than mine
- They should do this, not me
- Just help me for once

Reappraisal

- They weren't thinking
- They were in a hurry
- It's default/automatic
- They will help when they can



43

The Double ARC



Date/ Time	Situation or Trigger	Physical Sensations	Thoughts	Behaviors	What happens next?
2/18/24	Tripped over Amazon boxes in garage History of conflict with this Increased work demands	Tense muscles Heat Pounding heart	I can't believe this really? It's just one extra step I don't have time for this This shouldn't fall on me	Breakdown boxes loudly Avoid eye contact Not talk	Short term: Felt better, partner is upset now too Long term: conflict pattern continues, disconnection
2/18/24	Partner is upset coming in from the garage History of conflict with this Feeling rejected	PIE in stomach Lump in throat Pounding heart	Good, now they see how I feel It's just one extra step I do enough You can do one thing for me	Ignore Withdraw Passive comments	Short term: Felt better Long term: Continue conflict pattern, disconnection

Adapted from Building Emotional Tolerance A Transdiagnostic Approach to Understanding and Treating Eating Disorders

44

Tips For All Communication



Identify what you feel before starting the conversation

Pause can help with emotion regulation



Use I statements

Your feelings are yours
Stay away from blaming and mind reading



Use feeling words

Try to communicate the more vulnerable emotions like fear and sadness



Harsh versus Gentle start ups

How you start the conversation matters



Be prepared for multiple responses

History can repeat itself
Give people a chance

45

Speaker-Listener Strategy



START IT UP: CAN WE USE SPEAKER-LISTENER FOR THIS?



SPEAKER SPEAKS: 15-30 SECONDS, THOUGHTS AND FEELINGS



LISTENER LISTENS AND PARAPHRASES: LISTEN TO UNDERSTAND; 'DID I GET THAT RIGHT?'



CLARIFICATION AND ADDITIONAL PARAPHRASING




ROLE REVERSAL: SPEAKER SPEAKS 3-4 TIMES, THEN ROLES REVERSE



PRACTICE

46

Emotion Coaching




- 1.) **ATTEND** to the emotion
Notice AND pay attention to the emotion
- 2.) **LABEL** the emotion
Give words to the emotions, check in
- 3.) **VALIDATE** the emotion
Accept/allow/validate the emotion
- 4.) **MEET** the **NEED** of the emotion
Meet the emotional need, not solve the problem
- 5.) "Fix/problem solve"


Adapted from © 2013 Lafrance Robinson & Dolhanty

47

What Does This Actually Look Like?

THE GIRL IN BLUE WAS HAVING AN ANXIETY ATTACK. SHE CALLED HER MOM. WHEN HER MOM ARRIVED SHE FOUND HER LAYING ON THE DRIVEWAY IN THE RAIN. INSTEAD OF GETTING MAD SHE GETS DOWN HELD HER DAUGHTER'S HAND AND LAID WITH HER.. IN THE RAIN.. UNTIL HER ANXIETY PASSED. THIS IS TRUE LOVE ❤️👉





48

Therapeutic Apology

EFFT Strategy that addresses blame in caregivers

May also be impactful when adapted for use with partners

1. Identify event and unique impact
2. Label and validate painful emotions
3. Communicate sincere apology
4. State what could have been done differently; what will change in the future
5. Validate the reaction

LaFrance, 2020
