

How parents can conquer guilt to help kids with eating disorders

October 11 2017, by Adele Lafrance



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Lydia is seriously underweight and suffering from medical

complications from an eating disorder. She is in hospital. Her treatment team recruits her mom to help Lydia gain weight through meal support. Lydia and her mom sit down for their first meal together.

Halfway through the meal, mom anxiously takes the dinner roll from her daughter's tray and hides it in her purse. She tells her daughter: "You can skip the bread today. One step at a time."

Is Lydia's mom unmotivated to support her daughter's recovery? Is she uncaring? Or does she just not get it?

In the 10 years I've been working as a psychologist in the field of eating disorders, I have encountered all too many variations of the scenario described above. Using the wrong lens, we could conclude that mom is just not going to cut it as a recovery ally. Actually, what our research shows is that [underlying these problematic patterns of support are deep fears](#).

And not just any fears. Parents like Lydia's mom fear that if they do the wrong thing, or if their child is pushed too hard and too fast with recovery, that they will experience too much distress. That this will catapult them into depression, self-harm behaviours or every parent's nightmare —suicide. More often than not, and consciously or not, these parents feel stuck between a rock and a hard place.

Our research also shows that with some targeted support, many parents can transform their fears and associated behaviours to play a very positive role in the treatment of their child's [eating disorder](#) —even if at first, it doesn't seem so.

Struggles with fear and self-blame

Eating disorders are associated with [high rates of illness and premature](#)

[death](#). They seriously [impair one's quality of life](#) and are considered [very difficult to treat](#). Although parents are regarded as [important agents of healing when the patient is a child or adolescent](#), this is not necessarily the norm when the individual with the eating disorder is over the age of 18 or when parents are thought to be obstructive, as in Lydia's case above.

In fact, when parents are critical or enabling of their loved one's symptoms, it isn't uncommon for them to be kept on the outskirts of the recovery process, if they're involved at all.

Our research shows that a parent's fear for their loved one's safety can create obstructive behaviours. So can feelings of self-blame. In this field of research and clinical practise, we now know with confidence that parents do not cause eating [disorders](#). [Family patterns can play a role, yes](#), but so can [the influence of genetics, the media, peers and many other factors](#) we are just now beginning to uncover. And then there are the inter-relationships among these different variables. It is complicated to say the least.

Regardless, most parents still carry within them a story of self-blame for their loved one's illness. Their neighbours, friends and family members may too. Ask yourself this question: If you thought you were responsible—even a little bit—for your child's illness, would you not hesitate to be involved? Just in case? Another rock and a hard place.

All parents can be recovery coaches

And so what to do? Along with a colleague, I developed [Emotion-Focused Family Therapy](#)—a treatment model designed to help parents support their child's physical and emotional recovery from an eating disorder. Trained clinicians equip parents with concrete strategies to respond to their child's behaviours and emotions, including outbursts,

feelings of despair, even total silence, and in particular when these interfere with meals.

When those feelings of fear and self-blame do take hold of the parent, and they undoubtedly do at some point throughout the recovery journey, the EFFT clinician brings in specific techniques to help parents to move through these "emotional blocks." They then help them get back on track to supporting their loved one in a good way.

We recently tested this process during a brief intervention with parents who have children with an eating disorder. More than 100 parents from across Canada [attended a two-day caregiver workshop](#) without their loved one present. They were taught to support their child with meals and with the emotional pain underlying the eating disorder, including healing their family relationships if necessary. They were also supported to move through their fears and self-blame.

Sure enough, participation in the workshop led to a decrease in these feelings. This then led to an increase in the parents' belief in their role as their children's recovery coaches. Most importantly, they also expressed willingness to go home and practise all that they had learned, and with a newfound confidence. We believe this is great news for clients and families and even for the clinicians who support them.

In fact, it offers more proof that parents are doing the best they can with what they have, and that they need —no, deserve —professional support when their emotions take over, a very normal experience when faced with a life-threatening illness.

Neurologically wired for life

Parents and children are neurologically wired, and for life. This supports the idea that we should be involving parents more, not less. No matter if

the child is 14 or 40, and no matter if the parent has made mistakes in the past or the relationship is strained.

In fact, when tensions are high in the family, recovery can be more challenging for the individual with the eating disorder—a good reason to work with all involved.

It also means though that if [parents](#) can be supported to act as their [child](#)'s [recovery](#) coach, their efforts—even if on a much smaller scale and imperfect—will be far more powerful than any therapist. And that's a great reason to work with all involved.

More information: Amanda Stillar et al. The influence of carer fear and self-blame when supporting a loved one with an eating disorder, *Eating Disorders* (2016). [DOI: 10.1080/10640266.2015.1133210](https://doi.org/10.1080/10640266.2015.1133210)

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