

# Giving Up the Wish: Fantasy Bonds in Eating Disorder Treatment

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# Attachment

- The attachment in attachment theory refers to the infant's innate need for a sense of security and safety. Attachment is an inborn system that evolves in ways that influence and organize motivational, emotional and memory processes with respect to caregivers. At the most basic level this system improves the chances of the infant's survival. At the level of the mind, attachment establishes an interpersonal relationship that helps the immature brain use the mature functions of the caregiver to organize its own processes. (Seigel 2012)
- Through the interactive process the child develops mental models that allows the mind to organize experience, develop attention and meaning to the internal world and build the capacity for self regulation skills.

# Attachment Typology

- Preoccupied/Anxious
- Avoidant/Dismissive
- Disorganized
- Secure

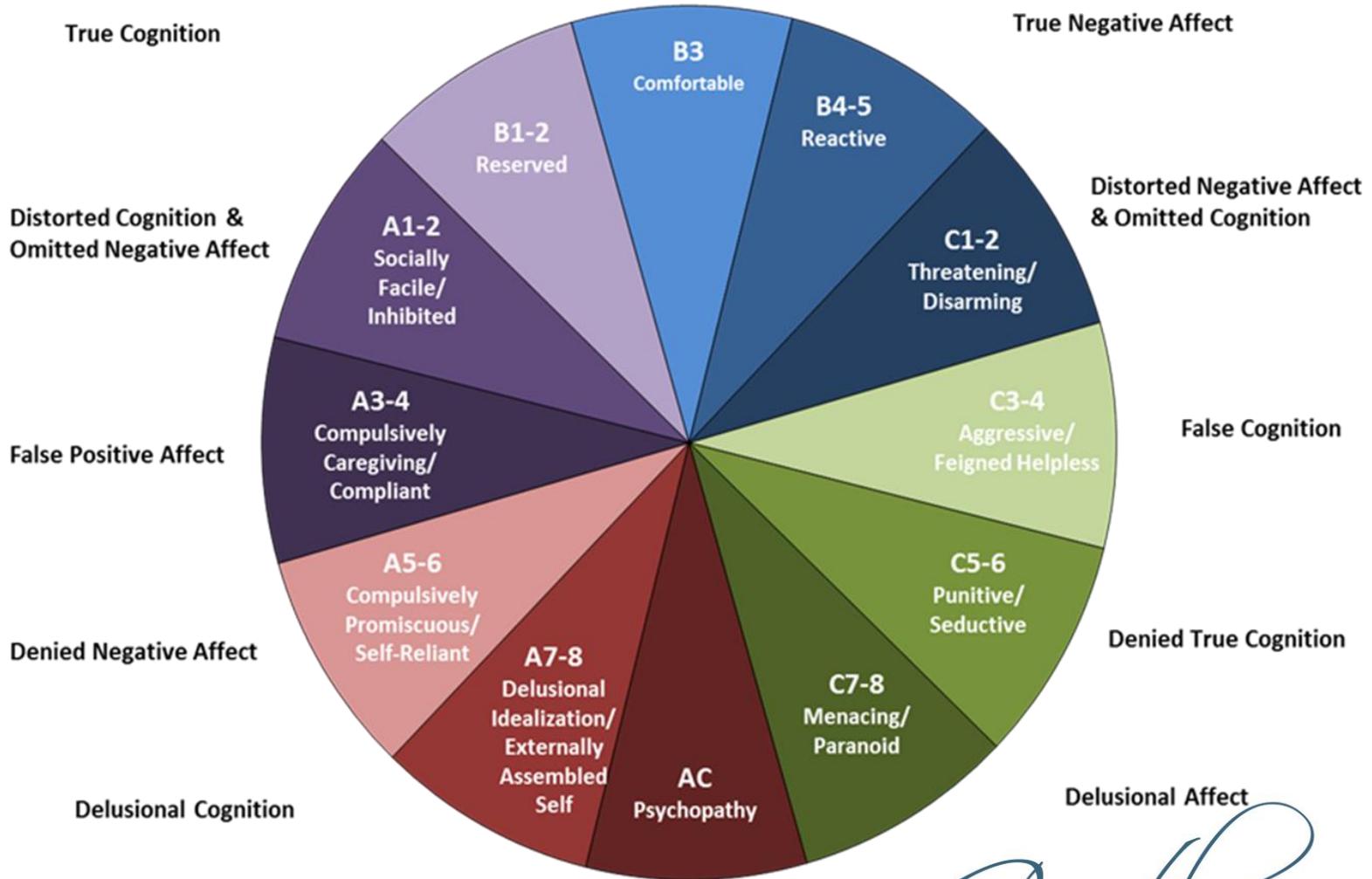
(Ainsworth)

# DMM

- The Dynamic-Maturational Model proposes that the process of attachment is dynamic and is an ongoing reciprocal process of the individual and experience in the world. Problems arise when the person is not able to adapt to new people and new situations.

(Crittenden, 2012)

# Integrated True Information



# Attachment

- Attachment theory proposes that there are basic needs that every human has. These needs include the need for a sense of safety and security, a sense of acceptance and self esteem and validation of emotions.

# Attachment

Those with secure attachment had a greater sense of self agency, were better emotionally regulated, had higher self-esteem than those with histories of insecure attachment. Conversely, children with insecure attachment had poor self regulation skills, developed a negative self concept, make fewer social overtures, are more likely to display cognitive impairment and display higher levels of aggression.

(Siegel & Shore, 2012)

# Attachment

Individuals with insecure attachment styles are more likely to anticipate negative responses from their marital partners and have difficulty managing negative emotions because of their experience of negative, rejecting or inconsistent caretaking. Individuals with secure working models are seen to have confidence that they will be responded to in a sensitive and supportive way. Thus are more likely to be comfortable expressing their emotions.

# Secure Attachment

There are two designations for secure attachment. There are continuous-secure individuals who provide coherent accounts of generally positive childhood experience. There are then individuals who report difficult childhood experiences with caretakers but do so in a thoughtful, reflective manner and neither discount the negative impact of such experience nor remain entangled in the past experience.

# Earned Secure Attachment

This refers to the older child's or adult's process of being able to revise attachment strategies to be more adaptive, to move into secure attachment.

# Earned Secure Attachment

- “In some cases therapeutic or personal relationships appear to be able to move an individual from an incoherent to a more integrated functioning of mind. The fact that these adults are capable of sensitive attuned caregiving of their children, even under stress, suggests that this “earned” status is not just being able to “talk the talk” but they can also “walk the walk” of being emotionally attuned to their own children” (Siegel, 2012)

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# Attachment & Eating Disorders

A person may or may not recognize attachment needs. They are there in either case. If a person is self-aware and feels the safety and validation to address these needs they can be met in an adaptive way. Though if they are not recognized by the individual they will still be met (because they are part of being human). However when not recognized they are met indirectly which is generally maladaptive and causes further disruption in the person's life.

# Attachment & Eating Disorders

Attempts to meet attachment needs appear in a number of patterns that are attempts at resolution. The eating disorder can be used in different ways, conscious and unconscious to meet or avoid unmet needs.

- Eating disorder as attachment strategy.
- Eating disorder as attachment relationship
- Eating disorder as self/attachment function

# The Fantasy Bond

Emotional hunger is not love, though people often confuse the two. Hunger is a strong need caused by emotional deprivation in childhood. It is a primitive condition of pain and longing which people often act out in a vain and desperate attempt to fill a void or emptiness. This emptiness is the pain of aloneness and separateness and can never be satisfied in an adult relationships.

(Firestone, 1987)

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# Fantasy Bonds

It is important to differentiate the word “bond” from its other meanings of devotion, bonding and genuine love. Our concept of the fantasy bond uses “bond” rather in the sense of bondage or limitation of freedom.

(Firestone, 1987)

# Fantasy Bonds

For the child this fantasied connection alleviates pain and anxiety by providing partial gratification of its emotional or physical hunger. In other words the fantasy is a substitute for the love and care that is missing in the environment...The fantasy bond is created to deal with the intolerable pain and anxiety that exceeds the child's capacity to cope. The more deprivation the more the child is dependent on the fantasy.

(Firestone 1987)

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# Fantasy Bonds

The fantasy bond can lead to a preoccupied style in which the person seeks realization of the fantasy, even in adult life, from the actual attachment figure or from others onto whom the fantasy is projected. On the other hand the fantasy can also manifest in a kind of pseudo-autonomy, a false sense of self sufficiency which is an avoidant attachment style.

# Fantasy Bonds

In either case the fantasy requires the person to disown, compartmentalize the actual experience of pain and rage resulting in a fragmented sense of self with poor self-regulation skills and a distorted or negative self-concept.

# Fantasy Bonds

The fantasy bond then impacts interpersonal relationships since the other person is woven into the internal conflict.... “these interactions cannot strictly be called interpersonal because they are essentially extensions of the individual’s problems from the past. These conflicts are played out using another, not for his or her real self, but as an involuntary actor playing a scenario that the individual repeats in order to avoid the pain of the past events”.

(Masterson, 1990)

# Clinical Presentation

The need to be sick:

- “Nothing brings my mother in the way the eating disorder does”

The pound of flesh:

- “Its not fair. I deserve to have that. I never got it as a kid”
- Anger can appear to push the other away but in actuality it is another form of preoccupation and an unwillingness to give up the wish to be gratified in a way missing in childhood.

# Clinical Presentation

Rejecting or avoiding self-responsibility as a way to bring others in to meet needs.

- “I want others to show up for me but I don’t want to show up for myself”

Pseudo-autonomy

- “The eating disorder is the most reliable presence in my life. It’s who I am.”
- “I am better than others. I don’t have feelings. I don’t even need food”

# Application to Therapy

The projection of the internal conflict onto the outer world is the result of past injury. It is the residue of the child's inability to cope with intolerable loneliness and anxiety. As Firestone states, "it is a primitive condition of pain and longing". Given this, the person maintains the illusion of having or regaining what never was so as to avoid the pain. Therefore, the therapy is the process of grieving, healing and accepting the reality of what was needed and not there.

# Application to Therapy

- Early trauma, whether relational or overt, leads to regulatory deficits resulting in hyper and hypo arousal. Too much arousal results in panic, rage response, terror and fragmentation. Too little arousal manifests in numbing, shame, depression and dissociative retreat. This requires the individual to access emotionally laden material and to practice tolerating without the “over” or “under” arousal response. “you have to activate and regulate to heal”

(Lapides, 2014)

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# Application to Therapy

- Therapy models that rely on the neo-cortex, such as insight oriented therapy and cognitive-behavioral therapies, are limited to the extent that they cannot access the traumatic experience and promote repair. What is necessary are interventions that allow the client to access the deeper areas of the brain.

# Application to Therapy

- Schema Therapy: Schema Therapy offers a developmental model as well as various types of interventions. The schema's can be reviewed with client's as psycho-education and a way of explaining maladaptive strategies in a non-pathologizing and non-shaming way. Jeffery Young also refers to the need for the client to have a cognitive understanding of what underlies maladaptive strategies before assigning behavioral interventions.

(Jeffrey Young)

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# Application to Therapy

- It is important to understand that though very temporary (as in the case of sexual/relational addiction) or as an illusion (as in the case of the eating disorder providing a felt presence) the feeling of gratification for the person who maintains the fantasy bond is very powerful. “We need the eggs”
- Relapse Prevention/CBT: With cognitive understanding the client can begin to revise the manifestation of the fantasy bond. For example, a client can be asked to be aware of appearing helpless or sick as a way of bringing others in for support vs a more direct asking for support.

# Application to Therapy

- Transference/Countertransference: Whether the transference is onto the therapist or others in the environment, the projections are very powerful and will often cause great pain to the client as well as equally powerful reactions for the therapist. The transference/countertransference reactions can be:
  - 1) a vehicle for change (in activating the conflict making it available in the here and now)
  - 2) a dangerous trap (as in the therapist acting on the urge to gratify the client's attachment needs)
  - 3) a break in therapeutic relationship (such as rejection of the client when such clients are experienced as "too needy" or "gamey")

# Application to Therapy

- **Compassionate Witnessing:** To reflect on past experience (trauma) with a connection to the context and emotional state at the time but maintaining an observing function and without judgment. This helps to build tolerance (mediate hyper and hypo arousal) as well as allowing the client to sort through the beliefs and misattributions that accompany emotionally distressing events.

(Schwartz, 1998)

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# Application to Therapy

- Expressive/Experiential Therapies: The fantasy bond has its source in early childhood. Therefore it is necessary to use modalities beyond cognitive processing. Art therapy, movement/body therapies, psychodrama are all examples of modalities that allow access and processing of early experience.

# Application to Therapy

- Making sense of one's own life allows us to be available to be emotionally connected and flexible in response to others. Making sense of events is enhanced by bridging integration of the right and left hemispheres. If one's narrative is dominated by right mode processing the person may be filled with sensation and emotion but not able to have words to understand it logically. On the other hand, in the left mode processing, the person may have words to describe an experience but be disconnected and the narrative lacks richness and meaning.

# Application to Therapy

## Organized Sense of Self and Self Functions:

- **Self Agency:** authorship of one's actions and non-authorship of the actions of others. Having volition, control over self generated action and expecting consequences for one's actions.
- **Self Coherence:** Having the sense of being a non-fragmented whole with boundaries and a locus of integrated action.
- **Self Affectivity:** Experiencing inner qualities of feeling (affect) that belong with other experiences of self. Feelings belong to the self not to the person that elicits them. Able to experience feeling tolerance and without dys-control.
- **Self History:** The experience of an enduring continuity of being. The awareness of a continuity of one's past with the understanding that one goes on being. This includes a generally accurate awareness of events without misattribution of responsibility, without idealization and devaluation.

# Application to Therapy

- **Mentalization:** The ability to perceive our own minds and the minds of others. To be thoughtful in wondering about our own internal experience and the internal experience of others.
- **Response Flexibility:** the ability of the mind to sort through a variety of mental processes including impulses, ideas, emotions and then come to a thoughtful, non-automatic response.
- **Respectful Approach:** The goal is to be compassionate and respectful towards ourselves and others. This manifests in self reflection, our assumptions and reflections of others and how we then treat ourselves and others.
- **Intent:** Having intentional approaches to what we do and the way we make decisions enables us to be more flexible in our response. (Siegel, Fonagy, 2014)

# Application to Therapy

- Building Support: A person's attachment style does impact how one offers support.
- With avoidant/dismissive attachment the person must learn to reach out, share and trust others.
- With preoccupied/anxious attachment the person must learn self soothing and a sense of self efficacy.
- All of these require development of a reflective capacity and to identify actual need.

# Application to Therapy

- The extension of intra-psychic conflict onto the stage of the outer world often manifests in interactions with others. However, these interactions cannot strictly be called interpersonal because they are essentially extensions of the individual's problems from the past. These conflicts are played out using another, not for his or her real self, but as an involuntary actor playing a scenario that the individual repeats in order to avoid the pain of the past events. (Masterson, 1990)
- Given this, it is necessary to help the individual to understand that the current reactions are connected to the past, not the present. From there the goal is to address the pain of past events (compassionate witnessing).

# Interventions

- Exercises to build integration, tolerance and reflection include intentionally sharing stories about one's life with others while being aware of the internal state of emotion (or absence of), associations to the stories, impulses and noticing the other person's response. The dyad then switches the process and the other person shares.

# Inteventions

- Have the client write out a narrative describing an experience and then create drawings that depict aspects of the experience. The person is to be mindful in each aspect of this paying attention to feelings, associations and impulses. In this, the person notices how they are affected by the activation of the different processes, which feels more familiar, comfortable or challenging.

# Interventions

- Group Therapy Experiential- Organize group into dyads. With a designated time frame one of the individuals completes a drawing depicting an experience. They then switch and the other individual completes a drawing in response to the other.

# Family Therapy

- Attachment theory provides a way of viewing family system and individual struggles in ways that promote understanding and can divert blame and pathologizing.

# Family Therapy

- Meeting with individual family members prior to family sessions provides an opportunity to understand each family member as an individual and review their own history, coherence and capacities. It offers an opportunity for guidance and planning for family sessions. One must then consider when to meet with which family member in what combination and towards what goals.

# Family Therapy

- The mothers in one study of eating disorder patients had their own unresolved losses or trauma. The patient fought to wrest some recognition from attachment figures who loved them. One irony is that telling their mothers how bad they felt was precisely the outcome their mothers wanted to avoid. They had wanted their daughters to be happy—as they had not been. They wanted to be good mothers, as their own mothers had not. Showing them that they had failed to protect their daughters from suffering would create the risk of eliciting terrible anger or, worse, defeat. (Crittenden)

# Family Therapy

- Example: Full Family Session: This format is used to approach family systems dynamics i.e. boundaries, communication, emotional styles, family secrets.
- Example: Adult Client/Client's Child: Engage parent and child in planned activity (art or play). Parent directs task. Therapist monitors client and child response. In session discuss client's reactions and revise response. The goal is to develop attunement and response flexibility.
- Example: Parent/Adult Child (client) Dyad: In session parent reviews own history. This helps both to develop a cohesive narrative, develop mentalization, understand multi-generational patterns without blame. To build relationship outside of other family influence.

# Legacy Burden

- Legacy burdens refers to the multi-generational transmission of psychological/emotional conflict. Despite the best of intentions what is unresolved impacts subsequent generations. This concept can be woven into attachment based family therapy by calling attention to how unresolved conflict manifests in the different generations, explaining patterns of interpersonal and intrapsychic conflict.

# Couples Therapy

- After separately completing a history with each partner, co-therapists reflect each partner's history in session with couple. In the formulation each therapist reframes current conflicts in light of themes that emerge in the histories. The goal is to reframe current problems in relation to past experience and attachment themes. The therapists help the couple to reflect and see the other in ways that revise adversarial dynamics. The therapists help the couple to see each other in light of injuries of past and partners in helping each other heal.

# Questions?

- For a list of references or bibliography please contact us at [info@castlewoodtc.com](mailto:info@castlewoodtc.com)