

# National Eating Disorder Information Centre

# BULLETIN

Vol. 26, No. 1

ISSN 08366845

February 2011

## Mother-Daughter Dyads: Tapping the Healing Power of Families Using Emotion-Focused Therapy

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Clinicians, moms, and eating disorder sufferers are familiar with this scenario . . . A teary-eyed mom says to her daughter's therapist, "You know, I'll do *anything*..."

The therapist's mind goes "Hm-m... Why not?" After all, therapists (if all goes well) will do their job and then be a distant memory in the individual's life after recovery. But mothers and daughters are forever, whether they stay connected, become estranged, are separated by distance or by death, they will always be something to each other. And so the therapist muses . . . why would we *not* include the mother in the recovery process?

Upon further reflection, what *is* the mom saying when she says that she will "*do anything*"? . . . She is probably saying that she is frantic with worry over her daughter's eating disorder. But what does "anything" entail? She will pay for treatment (if she can), she will drive, support, help get through meals, and she will

go to parent education. However what she is thinking is likely different from what is outlined below. So take heart, moms, and read on with courage, as you might be getting into more than you bargained for!

### Mother-daughter dyads in Emotion-Focused Therapy for eating disorders

The goal of this dyad therapy is to encourage the mother to assume the role of "emotion coach," to her daughter, a job which in the early stages of the treatment falls on the therapist. The idea is to phase the therapist "out of the picture" and to have mother and daughter working independently. Mothers can re-learn what might have come naturally (or not, in some cases) when their daughter was a young child, including: helping her express, understand, and organize her feelings; validating and soothing the feelings and helping her learn ways to tolerate and cope with those feelings. Furthermore, work can be done to help her find new ways to go

forward from emotional crises and mishaps, without need of the eating disorder to manage. It is like attending to her as one would attend to a young child, while maintaining language and boundaries appropriate to an adolescent or adult daughter. As one mother in the treatment referred to it, it's like the mom has to "rock the baby."

In the best-case scenario, the therapist has access to both mother and daughter. Initially, mother and daughter can be seen separately. The daughter may be in group or individual therapy, the goal being to have her identify the "core issues" related to the onset and maintenance of her eating disorder. These tend to be perceived failures, losses, or injuries in the domains of attachment, separation-individuation, and identity formation.

Mothers attend one or two sessions separately with the therapist, more if needed. There are a number of goals and tasks in these sessions with the mother.

## **Guidelines for therapists: preparing mom**

Form a therapeutic bond with mother. Attend to her sense of blame for her daughter's eating disorder, while also validating her sense that "eating disorders happen to families, not to individuals." This entails having mom shoulder part of the responsibility for the path her daughter has taken, with the goal of relieving the daughter of responsibility, guilt, shame, and self-reproach for what she is "putting her family through." An image used is to have mom see this daughter as having been the "canary in the coal mine" in the family, that is, the one who for some reason was sensitive to what was going on in the family (just as the canary is sensitive to the toxic gases in the mine, and by falling off its perch signals to the miners that there is a problem). This could have been the ups and downs and issues that occur in the course of normal family life, or in some cases it may have been more traumatic.

Educate mom on basic emotions and how to process and manage them, as well as on attachment, separation-individuation, and identity issues. Help her to understand that eating disorders tend to be a way to cope with unwanted painful feelings. Teach her how to attend to her daughter's emotions; helping her to express and understand them; and soothe her, thereby helping her daughter learn to self-soothe.

Educate mom on the non-reciprocal nature of their new mother-daughter relationship. The mom will need to take responsibility for her daughter's emotional well-being and needs

(as she did in earlier developmental years) while recognizing that her daughter may not reflect the same support, care or responsibility back into their relationship.

## **The dyad sessions**

At first, the therapist will act as a conduit between mother and daughter. Picture it like a connector to reattach a broken wire. Communication is mediated and supported by the therapist, the therapist actively speaking for each to the other, to soften, guide and mend, to speak the unspoken that will be healing, and to help interpret and untangle reactions to each other. The goal here is to have the daughter express her vulnerable, painful feelings and the circumstances in which they originated to her mother, who will be supported to respond.

We want to support both mother and daughter, and to facilitate healing the emotional bond between them. As therapists we respond to the daughter's expression of painful emotion, rather than prompting mom to do so. This will prevent mom from feeling "put on the spot" to give the "right" response at this early stage of treatment. While mom may have many skills to aid her in responding to her daughter, these have likely been strained by family circumstances and by the presence of the eating disorder itself, and she may feel tested by both her daughter and the therapist if set up to respond. She may also feel that she is "walking on eggshells" with her daughter, never knowing whether something she says will "set her off." As therapists we respond empathically to the daughter,

with the mother as witness. This models emotion coaching to mom, starting with the first step in processing emotions; attending to them. It is amazing what an "easy" skill this is to learn and do, and yet so often in our everyday family lives we are unable to do it.

Mothers are of course moved by their daughter's pain, and when mom does respond, her ability to interact will depend on how she deals with her own distress at seeing her daughter upset. She may try to "correct" her daughter's perception, "explain" why events unfolded in the way they did, or even take it personally, feel wounded or injured, and react defensively. At this point the therapist should be very active and prompt mom to validate the daughter's feelings and resist the urge to correct or express her own reaction to them.

## **Transforming painful emotion**

In time, with specific tasks and guidance from the therapist, moms are able to respond empathically to their daughter's pain without taking it personally, and with no attempt to "set the record straight." When they do this it is very powerful: "I'm so sorry you had to go through that. That must have been awful for you. I should never have let that happen." Attending, validating, soothing. Rocking the baby. Transforming painful feelings and making them manageable. It's magic.

When the mother is able to put her own issues aside and respond to her daughter: really hearing her experiences, validating her pain, and - yes - shouldering some of the blame and apologizing for

those “injuries, losses, and failures”, amazing things happen. The daughter can begin to “let go”- for example, of her resentment, guilt, or shame. This is often what parents want for, and say to, their daughter: “you have to ‘let go’ of that old painful stuff and move on.” But what we know about “forgiving” and “moving on” is that people need to feel validated in their pain before they can let it go. With anger, for example, it is not the daughter’s anger itself at her mother that leads to real problems, but rather her denial of her anger, out of fear that if she expresses it she will hurt or alienate her mother. As she works through the anger and other painful feelings such as shame and sadness, the recovery process can begin, as the daughter no longer needs the eating disorder to avoid her painful feelings. Furthermore, effective emotional coping strategies can allow her to communicate directly to her mom that all is not well, rather than communicating this through her eating disorder, while the mother-daughter dyad work will have provided her with evidence that her mom can “handle it.”

So when a mom says “*I’ll do anything,*” if she means that: she will confront her own “demons” to help her daughter; that she will shoulder some of the “blame” for the eating disorder in order to free the daughter from her own crushing self-blame; that she is ready to “go there” to the no-go zone in her own life; that she is willing to take on the terribly difficult task of healing herself and/or her marriage in order to help her daughter heal; and that she is willing to accept, really accept, that eating disorders

happen to families, not to individuals, then there is potential for her to join her daughter on her difficult journey. Her daughter will be emboldened and empowered by her mother’s engagement in difficult tasks, and armed with this support and validation, the daughter has a greater capacity to embark on her own journey of recovery while being supported through it by her mother.

### **Who can participate in this therapy?**

***Adolescents and adults.*** Mother-daughter dyad therapy was initially developed in Emotion-Focused Therapy for adult eating disorders, but has since been integrated into traditional Family-Based (or “Maudsley”) Therapy for adolescent eating disorders (see **Related NEDIC Bulletins**). Note that we are also now incorporating the techniques of Family-Based Therapy, which involves having families take on the refeeding of their child, into Emotion-Focused Therapy for adult eating disorders, to form an integrated model of treatment across the lifespan.

***Daughters without mothers.*** If her mother is deceased, elderly, far away, or psychologically unable to engage in this work, a daughter can still do equivalent work using the Unfinished Business model in traditional Emotion-Focused Therapy.

***Mothers without daughters.*** Mothers whose daughters are far away, or unwilling or unable to attend the treatment, or even who are in treatment elsewhere, have engaged in this process by attending Emotion-Focused Therapy, exploring their own

issues, and learning the model. They then take the learning to their relationship with their daughter and use the emotion coaching techniques, and this has had a positive impact on the daughter’s recovery. The way this approach appears to help to facilitate recovery is ultimately what helps moms to understand that it is truly not a “blame” model. On the contrary, it recognizes the critical role of moms in their daughter’s attachment patterns and identity development, and the healing power of including moms in the recovery work.

***What about dads, or men with eating disorders?*** Dads also have participated in this parent-child dyad work. Men with eating disorders could do so with their parents. It just tends to be moms who take on this role and with whom most of these kinds of issues arise, and mostly mothers and daughters who have participated thus far.

**Warning - and reward! - to moms: this is likely to take you way outside your “Comfort Zone!”**

Once again, moms beware! After the daughter has gone through this process, expressed her anger and pain, had these validated by mom, and recovered from her eating disorder, we very often get calls from the mom: “I wonder if I could get a few sessions just for me.” So while her daughter is catapulted forward through this process into the developmentally appropriate work for her age, such as identity formation or going off to university or career development or focusing on her own family, mom has been catapulted back into her own

unresolved past. It's why we refer to this not as mother-blaming but as "healing intergenerational cycles of pain."

So moms, get ready - because if your daughter and her therapist take you at face value when you say you will do anything, you'd better hold on to your hat- it might involve more than you anticipated! But it might be more than well worth it, if it brings with it this hope that with your help, recovery for your daughter and healing for your family are possible.

#### Related NEDIC Bulletins

- Dolhanty, Joanne. *Emotion-Focused Therapy for Eating Disorders*. Vol. 21, No. 2
- Halton, Cris. *Family-Based Treatment of Adolescent Bulimia Nervosa: The Maudsley Approach*. Vol. 22, No. 3
- Jasper, Karin, Boachie, Ahmed and Lafrance, Adèle. *Family-Based Therapy for Children and Adolescents with Eating Disorders*. Vol. 24, No. 5
- Le Grange, Daniel and Lock, James. *Family-Based Treatment of Adolescent Anorexia Nervosa: The Maudsley Approach*. Vol. 20, No. 4

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