Section III

Treatment

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At this point in the history of modern psychiatry, the only reasonable model is the biopsychosocial. While this is espoused by many, its actual effective application requires vigilance, effort, and integration at the highest level of knowledge and professional communication. In the eating disorders, this perspective is even more fundamental because of the multiple presentations, in often dramatic ways, of somatic, intrapsychic, and social manifestations.

In our experience, application of a comprehensive general rehabilitation philosophy insures the appropriate balanced attention to all sectors of dysfunction. Historically, past treatment approaches have focused on unitary aspects of the disorder and applied singular treatment modalities. Early interventions in the eating disorders were characterized primarily by physician authority conveyed to family and patient and were directed toward renutrition while attempting to challenge mental distortions about food and health. Psychoanalytic views of treatment were based on an intrapsychic conflict model of oral psychosexual conflict, which subordinated the pragmatic significance of the eating disorders, their tenacity, resistance to change, and the often severe medical consequences. The advent of behavioral approaches resulted in rapid in-hospital weight gain, which often distracted attention from significant deficits in ego development and interpersonal relationships that required a long-term psychotherapeutic focus.

The cornerstone of our therapeutic approach is the establishment of a psychotherapeutic alliance with patient and family. Within this framework, diagnostic evaluation can proceed both within and outside of a hospital setting, and a treatment plan can be formulated. This must include thorough medical and dental evaluation, laboratory and radiologic evaluation, and nutrition consultation. The special resistances posed by eating disorder patients and their families often frustrate and defeat the most carefully constructed treatment plans. Since control and its consequences are a core issue for virtually every patient, recognition of the impediments to smooth and unencumbered progress must be identified and processed at key junctures in the treatment program. The hazardous course these patients travel is beset with denial and neglect of self as they impose on others the worry and concern for their survival and the hope for their future growth and development.

While there are no modalities of treatment specific for the eating disorders, there are indeed special clinical challenges. In this section, the contributors emphasize the relevance and special modifications of established medical and psychological treatments for eating disorder patients and their families.