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ABSTRACT

Although the mental health field tends to underestimate the father's role in the psychological development of the child, eating disordered women reveal a consistent pattern of paternal distance and disengagement that is fundamental to their developmental problems. To examine how the father's emotional and/or physical absence contributed to the development of eating disorders, interviews were conducted with 39 females between the ages of 9 and 23 who presented with primary anorexia nervosa. Thirty-six of the 39 subjects characterized their fathers as emotionally disengaged and believed that this distant relationship was a significant factor contributing to their illnesses. Sixteen subjects reported that their fathers had been involved during their early years and that through illness, alcoholism, or divorce, became distant. The symptoms of eating disorders may function to help the young woman regain her father's support and attention. Therapists can use various methods to engage the disengaged father. A case presentation of one anorexic and the therapist's inclusion of the family, specifically the father, in treatment illustrates the effectiveness of this approach. The anorexic's appreciation of her father's role in her treatment can be a powerful therapeutic tool. Implications of these findings include the involvement of the entire family in the treatment of eating disordered patients, with special emphasis on the impact of the father's distance or disengagement on the family. Theoretically, a new appreciation of the father's role in female psychological development is needed. (Author/NB)

ABSTRACT

TITLE: Engaging the Disengaged Father in the Treatment of Eating Disordered Adolescents

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The mental health field continues to under-estimate the father's role in the psychological development of the child. Although developmental theory emphasizes identification with the same-sex parent, eating disordered women reveal a consistent pattern of paternal distance and disengagement that is fundamental to their developmental problems. Recently, theorists have come to conceptualize eating disorders as the result of compounding interactions among diverse systemic factors instead of focusing exclusively on the mother/child relationship. Accordingly, father's distance may intensify the pathological aspects of the mother/daughter relationship, failing to provide a corrective influence. Father's distance also contributes to low self-esteem, self-degradation, fears of sexuality, and a general inability to master the developmental tasks of adolescence. His unavailability to provide feedback to the young woman regarding her self-worth makes her more sensitive to the impact of negative influences in the culture, such as the drive for thinness, the emphasis on weight reduction, appetite control, and the view of emaciation as beautiful. Father's support can help the young woman confront the loneliness of the adolescent individuation process, by easing the pain of moving away from mother. Due to the confusion many adult women are experiencing in their role identity today, input from paternal figures may be especially important to female adolescents. When father is unavailable, the risk of adolescent psychopathology is high.

The presentation of 39 cases of anorexia nervosa in adolescent females demonstrates how the father's emotional absence and/or physical absence contributed significantly to the development of eating disorders. The symptoms associated with eating disorders may function to help the young woman to regain her father's support and attention. The discussion explores methods by which therapists can engage the disengaged father and, through case presentation, demonstrates the validity of this approach. The anorexic's appreciation of her father's role in her development and current conflicts and his involvement in her treatment are powerful therapeutic tools. Implications of these findings include the involvement of the entire family in the treatment of eating disordered patients, with special emphasis on the impact of the father's distance or disengagement on the family. Theoretically, a new appreciation of the father's role in female psychological development is necessary.

Psychology and psychiatry generally ignore, but at best, under estimate the father's role in the psychological development of the child. Early theories regarding the etiology of eating disorders have followed the tradition of seeing mothers as the villain, and have emphasized identification with the same sex parent. These theories stress the importance of the early mother/child relationship wherein feeding is the primary interaction and leads to preconscious links between food and interpersonal relationships (Bruch, 1978; Deutsch, 1964). Over the years, clinical theories regarding eating disorders have shifted from the exclusive focus on mother/child interactions to the awareness of the entire family system. The systems view, most associated with Minuchin, Rosman, & Baker (1978) and Palazzoli (1978), depicts anorexia as the result of an interdependent web of people and influences in constant motion. Systems theory appreciates that the father's role is equally important to mother's in the development of eating disorders. According to clinical accounts, the typical anorexic father is nondemonstrative and aloof, with a minimal role in the family and limited abilities to accept or provide affection (Levenkron, 1982). Boskind-White & White (1983) report that their patients describe being close to their fathers as children, with father encouraging independence, competence, and self assertion. Yet, as they become autonomous adolescents, their fathers withdrew this support, resulting in the anorexic's feelings of rejection and in greater striving to win father's love and approval. Another

finding suggesting the importance of father in the systems contributing to eating disorders is the increase in paternal depression as anorexics recover (Crisp, Harding, & McGuiness, 1974).

By concentrating on the mother/child relationship, behavioral scientists traditionally convey that the relationship of father to child is either non-existent or unimportant. Despite this chronic bias in research assumptions and methodology, Redican (1976), states that paternal behavior does exist, although it may be difficult to observe. The anthropological studies of West & Komer (1976), reveal that the emergence of paternal behavior depends largely on cultural factors. Thus, we need to examine how the culturally ascribed paternal role in advanced technological societies may preclude the expression of strong paternal behavior in order to understand the etiology of eating disorders.

While ancient cultures portray father as a stern, wise, authoritative lawmaker, Rivers, Barnett, & Baruch (1979), state that the current images of father are even more remote. The industrial revolution removed this stern father from the home, making him nearly invisible. His role as "provider" takes him away from the family and disengages him from his children. In fact, the more father works and removes himself from the family, the better he is filling his role as "provider". The ensuing emotional distance should not be terribly important to adolescent females according to traditionally psychological theories, as they emphasize

identification with the same sex parent. Yet, the reality is that women who identify strongly with their fathers often demonstrate greater self-esteem, independence, autonomy, and success (Baruch & Barnett, 1975: Woodman, 1982). Woodman states that women most vulnerable to eating disorders are those who idealize their fathers. They may have difficulty accepting their sexuality because in the father/daughter relationship, love and psychosexual maturity have never coexisted.

They will constantly try to please the disengaged father and may remain locked into the unconscious fantasy that father is their true love. The father/daughter relationship, thus, may have a major role in the development of an eating disordered female.

This paper explores the contribution of the father/daughter relationship to eating disorders and thus, challenges the traditional views of psychological research. Eating disorders typically develop in adolescence (Bruch, 1978), the phase during which father's support is especially important. As adolescents move away from the security of childhood and the closeness of the mother/child relationship, fathers play a corrective influence. If father's support is unavailable, children fear annihilation; if it is lost, they will regress to earlier ambivalence regarding separation (Andersen, 1978). The father's role in the etiology and treatment of eating disorders is an important, but often forgotten, topic.

METHODOLOGY

The investigator interviewed 39 cases of primary anorexia nervosa in females. Age at onset ranged from pre-adolescent to early adulthood (9 years to 23 years). Peak incidence was between 14 and 16 years old (21 cases). Twenty seven families were intact, 10 were divorced, and in 3 cases, father was deceased prior to onset. (One father was both divorced and deceased).

RESULTS

FATHER'S ROLE IN THE ETIOLOGY OF EATING DISORDERS

Thirty six of 39 participants characterized their fathers as emotionally disengaged and believed that this distant relationship was a significant factor preceding their illness. They described father as very self absorbed and incapable of dealing with feelings. This lack of input from dad often resulted in the anorexic's impression that she had not measured up to his expectations or that she was to blame for problems in this relationship or in the family. The lack of paternal support and involvement contributed to low self-esteem and later attempts to do anything, including hurting their bodies by starving to gain attention and affection.

> I don't have any childhood memories of him - he didn't have much of an impact. He is very quite. He didn't tell me he loved me till I was 17. That hurt me a great deal. Maybe if he had conveyed positive things to me about myself I would have been stronger and resisted all the other pressures. Instead, I felt powerless and that all men were frightening and demanding. I took it out on my body - first, trying to be thin to be more attractive, then really just wanting to fade away.

Sixteen reported that their fathers had been involved in early years and then through illness, alcoholism, or divorce, became distant:

> I remember playing with him when I was little - he was fun and really liked small children. But I don't remember his presence in my middle years, at all. He became sick and was very depressed, drinking, and retreating into himself. I never felt I had a real conversation with him - they were always rituals. As an adolescent, I knew nothing about relating to males, although I was interested. I guess his absence was a big factor. It wasn't til graduate school that I learned how to relate to men. I believe my anorexia has a lot to do with this desire and fear of sex.

The father's distance left the pre-anorexic especially vulnerable to any negative factors in her relationship with her mother.

> After my mother's breakdown, she became very dependent on me. My father was still unavailable, so I became very responsible and in tune with her needs and no one paid any attention to my needs. I wasn't separate from her at

> all, so my adolescence was bound to be trouble. But I wonder what it would have been like if my father had ever shown me attention and caring. I think my whole life might be different.

The disengaged, non-supportive paternal role interacted with other family patterns and developmental problems to have a major impact on the pre-anorexic's adolescent adjustment affecting self-image, sexuality, and autonomy. The disengaged father does not help his daughter to negotiate her relationship with her mother, although the anorexic may have wanted his help.

> I think my anorexia was a challenge to my father to get him more involved with us and to break the cycle of demands and control my mother had over me. I had always expressed my conflict with my mother at the dinner table for that reason.

Reflecting on the family dynamics contributing to their anorexia, recovered anorexics often see their eating disorder as an attempt to engage the distant father:

> I had always wanted to win his approval - it may be part of why I became a lawyer. The only way to get his attention was to do something drastic. My weight loss is the only thing that ever worked in getting his concern. It still does

CASE PRESENTATION

FATHER'S ROLE IN THE TREATMENT OF EATING DISORDERS

At the time of referral to the Eating Disorder Service, Jane was 16 years old. She had been in outpatient, individual psychotherapy for one year, had received antidepressant medication for several months with no alleviation of her depression, and had been in an adolescent group. At presentation, Jane weighed 86 pounds and was 5'6". She had lost 40 pounds in less than one yer. Medically, she was in very poor condition, demonstrating depressed vital signs, cardiac arrhythmias, severe emaciation, and pre- pubertal hormonal functioning.

Jane's parents had had a very difficult marriage. Her father was devoted to his business and spent a great deal of time building his company. As the marriage suffered, mother became increasingly negative and father became involved in a long term extramarital affair. When Jane's parents were together, they fought constantly. Jane did not feel free to have friends over due to the constant fighting and she became more and more withdrawn. Her parents separated when she was 13 and divorced soon thereafter. She saw dad regularly until her mother's remarriage 2 years later. With the remarriage, her father felt less comfortable calling or stopping to see Jane and the relationship broke down. Her older sister continued to see their father as she worked in his business.

Jane felt very alone. She had become close to her mother after the separation, but the remarriage took mom's attention away from her, at the same time that she lost her father. The affective tone in the house changed, with mother never fighting or asserting herself with her new husband. To Jane, their relationship seemed emotionally unreal; she also felt unable to verbalize how negatively she felt about her step-father. Life became more and more artificial. Mother's involvement in her new marriage preoccupied her. She stopped cooking for the family, but would have late dinners with her new husband. Jane was responsible for all of her meals. She spent inordinate amount of time alone and began binging to sooth her loneliness. Her loneliness contributed to self-doubt and although food comforted her, she soon saw it as an enemy. She hated herself and decided that the solution to all her problems was to lose weight. Her weight loss intensified after her father was in a very serious accident. He was discharged several weeks prior to Jane's hospitalization and he has since recovered fully.

When Jane was admitted, she received individual therapy 3 times weekly, family therapy once weekly, and sessions with her father once weekly. At the first family session, the therapist suggested that Jane had had some difficulties adjusting to her blended family. Mother and step-father politely replied that they had never intended to become a family, feeling that the girls were

teenagers and thus, did not need a father figure. The step-father, in fact, never was part of decisions or discussions regarding Jane or her sister. His children lived with their mother in another part of the country. He saw them several times a year and did not want anyone to replace him. Thus, he did not want to replace their father. Neither girl accepted him, but neither felt free to verbalize her feelings. Family therapy ended several months after Jane's discharge in a pact that no one wanted to dig any further or reveal themselves emotionally.

In contrast with her pact to avoid affect in the family sessions, Jane's sessions with her father were lively and positive. She began to understand what his business meant to him and to see that the distance she felt with him could be overcome. They identified common interests and he shared a great deal of his own suffering during his recent illness. During Jane's hospitalization and after her return home, they made an effort to spend time together. For the first time in years, he took a one week vacation with Jane and her sister. Upon returning home after this vacation, Jane painfully realized the false emotional environment in her step-family. She felt more emotionally genuine and alive with her father.

It is 1½ years since Jane's discharge. She has been stable in weight and nutrition and is now menstrating. Her psychiological functioning is essentially normal. She returned to high school,

has developed career goals and was accepted to all colleges to which she applied. She has renewed relationships with peers and has a steady boyfriend. She sees herself as recovered and does not believe she could become anorexic again. Her relationship with her father has continued to grow. Jane states she feels more emotionally connected and real with her father, and sees his support as crucial to her recovery.

DISCUSSION

The father's disengagement is nearly universal in the accounts of recovered anorexics. Many participants believe that their father's involvement could have decreased the impact of the difficulties in the mother/daughter relationship or might have helped them to understand the unacknowledged problems in the family. As Caplan (1981), indicates, father's often encourage more assertive, proactive, autonomous behaviors in their daughters; thus, father may neutralize the impact of an enmeshed or disengaged mother/child relationship and provide new, rewarding experiences allaying the pain of growth. Father's disengagement affects self-esteem, self-image, and acceptance of sexuality. Many anorexics believe that the lack of feedback and approval from father led to their willingness to go to extremes to obtain male attention, and that the absence of father's approval significantly affects their lives and their self-assessment. It is likely that paternal involvement, approval, and feedback is more important to adolescent females

now than it ever has been. The changes in women's roles have led to confusion for many adult women and for our society as a whole. Due to their own role conflict, many women cannot provide an adaptive model of femininity to their daughters. How a father treats his daughter, his expectations, and approval may help her to define her role as a young woman.

Furthermore, the tremendous stress on beauty, dieting, slimness, and weight control in our society, also contributes to self-doubt and confusion for adolescent females. Father's support and validation can help the young woman to define herself in a healthy and fulfilling way, possibly easing the impact of negative or confusing socio-cultural forces.

The father's absence alone does not cause anorexia nervosa, but compounds difficulties in the mother/child relationship, in family dynamics, in developmental mastery, in self-acceptance, in psychosexual development, and in management of the cultural demands placed on young woman. The etiology of anorexia is far more complicated than any singular explanation provides. It is, however, time to include father in the theoretical and clinical formulations regarding normal and abnormal development.

Treatment of eating disorders that exclusively emphasizes the mother/child relationship or individual pathology is limited and often futile. Family therapy incorporating the absent or disengaged

father is more effective. The myth that adolescents, especially females, do not need their fathers, and that the father is hopelessly resistent, must be challenged. In Jane's case, her father was available, and once he saw his importance, he became very involved in her life. The limits of indivdiual therapy are clear: after one year of outpatient therapy, Jane had no understanding of how her problems reflected the family's difficulties. She continued to blame herself for her constant depression. She felt alienated from everyone, felt strange and out of control. Her self-hate and lack of recognition of her feeligs within her family had endangered her life and reversed her developmental progression.

One wonders if Jane might have avoided hospitalization had her outpatient therapy included her family, especially her father who has been a key factor in her improved self-image, self-acceptance, and recovery from this life-threatening developmental disorder.

REFERENCES

Anderson, R. (1978). Thoughts on fathering: Its relationship to the borderline condition in adolescence and to transitional phenomena. In S.G. Feinstein & P.L. Giovacchini (Eds.), Adolescent psychiatry: Developmental and Clinical Studies, (Vol. 6, pp. 377-96). Chicago: University of Chicago.

Baruch, G.K. & Barnett, R.C. (1975). Implications and applications of recent research of feminine development. Psychiatry, 38, 318-27.

Boskind-White, M. & White, W.C. (1983). Bulimarexia: The binge-purge cycle. New York: Norton.

Bruch, H. (1978). The golden cage: The enigma of anorexia nervosa. New York: Random House.

Caplan, P.J. (1981). Barriers between women. New York: Spectrum.

Crisp, A.H., Harding, B. & McGuinnes, B (1974). Anorexia nervosa: Psychoneurotic characteristics of parents: Relationship to prognosis, Journal of Psychosomatic Research, 24, 179-91.

Deutsch, F (1964). Psychoanalysis and internal medicine. In M.A. Kaufman and M. Heiman (Ed.), Evolution of psychosomatic concepts: Anorexia nervosa: A paradigm, New York: International Universities Press.

Edward, J., & Ruskin, N. & Turrini, P. (1981). Separation-individuation: theory and application, New York: Gardner.

Levenkron, S. (1982). Treating and overcoming anorexia nervosa. New York: Scribner.

Minuchin, S., Rosman, B.L. & Baker, L. (1978). Psychosomatic families: Anorexia nervosa in context, Cambridge: Howard Press.

Ostrov, E., & Offer, D. (1978). Loneliness and the adolescent. In. S.G. Feinstein & P.L. Giovacchini (Eds.), Adolescent psychiatry: Developmental and Clinical Studies, (Vol. 6, pp 34-51), Chicago: University of Chicago.

Palazzoli, M.S., (1978). Self-starvation: From individual to family therapy in the treatment of anorexia nervosa. New York: Aronson.

Redican, W.K. (1976). Adult male-infant interactions in nonhuman primates, In M.E. Lamb (Ed.). The Role of the father in child development, New York: Wiley.

Rivers, C., Barnett, R. & Baruch, G. (1979). Beyond sugar and spice: How women grow, learn, and thrive. New York: Ballantine

West, M.W. & Konner, M.J. (1976). The role of the father: An anthropological perspective. In M.E. Lamb (Ed.). The role of the father in child development. New York: Wiley.

Woodman, M., (1982). Addiction to perfection: The still unravished bride. Toronto: Inner City Books.