

Past Mysteries and Current Challenges: Eating Disorders and Trauma

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We are increasingly learning more about the complex experiences that affect people and result in the symptomatology that we describe as the “eating disorders.” What drives an individual to deliberately refuse or limit nutrition, lose control over the food intake process (i.e., binge), or purge vital sustenance from his or her body? It is indeed mystifying. What life experiences create, or contribute to, the petri dish in which eating disorders grow? How do overwhelmingly difficult life events impact individuals who later go on to develop eating disorders in the future? What are some of the concepts, approaches, and resources that are useful in helping eating disordered individuals who have challenging past experiences recover? These questions are a mere sampling of the many that become evident when considering, understanding, and treating those eating disordered individuals who present with histories of trauma.

It is well-known that histories of trauma are often encountered in individuals with eating disorders. Practitioners who treat eating disorder patients discover among these individuals various and diverse traumatic and abusive experiences. Upon a review of the eating disorder literature, we found that while this comorbid relationship (i.e., eating disorders and trauma and/or abuse) is frequently discussed, relatively little is actually known about the relationship between the two.

Eating disorder symptoms are clearly multi-determined and quite complex. In fact, it is not only the heterogeneity of the symptom organization that contributes to this complexity but it is also the heterogeneity of past experiences. That is, individuals with eating disorder symptomatology will

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likely vary considerably in presentation. Given that trauma and/or abuse appears to be a commonly reported experience in the presentation of many eating disorder patients, broader and more effective approaches to prevention and treatment need to be explored. A major goal of this special issue of *Eating Disorders* is to stimulate further clinical research, practice expertise, and discussion.

This special issue of *Eating Disorders* highlights many important areas and concerns about the interaction between adverse childhood experiences and eating disorder behaviors. We have included articles from experienced researchers and clinicians in an effort to bring together much of the current knowledge and understanding of assessing and treating eating disordered individuals who have experienced trauma and abuse. We have sincerely endeavored to place a strong emphasis on the clinical context. That is, despite whether empirically or clinically based, each article seeks to support and/or enhance our understanding of the recovery process. We would like to stress that we hope this will be the beginning of many such discussions.

In the first article, Brewerton provides a review of the comorbidity between eating disorders and trauma, with an emphasis upon post traumatic stress disorder (PTSD). Brewerton summarizes many of the significant relationships between these phenomena and makes useful suggestions for clinical practice. In the next article, Claes and Vandereycken explore the relationships between eating disorders, trauma, and self-injury. Again, these authors present useful implications for practice and treatment.

Waller, Corstorphine, and Mountford next discuss the clinical links between emotional abuse and eating disorders. These authors outline how emotional abuse can result in dysfunctional levels of cognition, which result in difficulties in emotional processing and functioning. They present numerous clinical recommendations adapted from a number of their recent clinical studies.

In the next article, Sansone and Sansone discuss the developmental implications of childhood trauma in relationship to borderline personality disorder (BPD), which may heighten the subsequent risk for the development of eating disorder symptomatology. They examine many of the psychological and interactional dynamics, and make suggestions for the psychotherapy treatment of these challenging patients.

Next, Briere and Scott review general and specific psychological assessments/tests, which are relevant to and/or designed to identify trauma histories. The authors emphasize that these types of assessments assist in the uncovering of trauma-specific symptoms, which may facilitate the recovery process during clinical treatment.

As we move into the section on treatment, Levitt describes a therapeutic organizational model based on self-regulation theory that has been found to be clinically useful and effective for working with the complex,

multi-symptomatic eating disorder patient who present with histories of trauma and/or abuse.

Finally, Berrett, Hardman, O'Grady, and Richards explore the complex relationships between trauma, eating disorders, and spirituality. Based on clinical experience, the authors offer a variety of concepts and pragmatic suggestions for incorporating spirituality into treatment, as both a resource for enhancing eating-disorder outcome as well as a method for helping patients to rediscover their own spirituality.

In closing, as with all of our past work, we hope that this special edition will stimulate further contemplation and research into a most challenging area in the field of eating disorders—the treatment of individuals who have experienced significant trauma or abuse in their lives. We need to continue to develop our understanding, compassion, and effectiveness in working with these troubled individuals.

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