



COVID-19, MENTAL CONDITIONS & EMDR EATING DISORDERS

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EMDR therapy can actively address the characteristics underlying Eating Disorders (EA) such as Anorexia Nervosa (AN), Bulimia Nervosa (BN), and Binge Eating Disorders (BED), leading to a significant improvement in the symptoms associated with these disorders, as well as positive effects on body image and self-esteem in the short and long term.

The COVID-19 pandemic and its related sanitary measures of restriction, the fear of contagion and of the death of family members increase vulnerability, has created huge uncertainty and increases the general level of stress. Pre-existing psychopathological features might increase the vulnerability to the emotional consequences of the pandemic. People affected by EA report a reduced tolerance towards uncertainty and the COVID-19 pandemic has affected them particularly on this issue.

IMPACT OF COVID-19

Confinement, health and fitness

The confinement and the reduction of treatment implementation seem to have worsen psychological stress and the severity of eating disorders. Concerns about health and fitness during confinement and partial lockdown, increased time spent using social-media, food insecurity, isolation and loneliness might serve as a precipitating factor for the development of an ED in vulnerable individuals.

Need of control in times of uncertainty

Anorexic patients tend to have a need of control and rigid and inflexible eating behaviors with a very small range of food that they can eat. Their need of control is strained by the feeling of uncertainty and can worsen their symptoms (e.g., increased compensatory exercise and restriction). This phenomenon, combined with the state of emergency, may have caused an increase in anxiety and concern linked not only to the virus outbreak, but also to the feeling of uncertainty and loss of control. These are very sensitive issues for individuals affected by an eating disorder. Dysfunctional eating habits may have helped the temporary reduction of the feeling of anxiety and stress generated by the emergency situation, since people affected by EA report a reduced tolerance towards uncertainty.

Self-monitoring the body

The population is educated about self-monitoring their body and state of health in order to promptly recognize the symptoms related to Covid-19 (e.g., fever, shortness of breath and cough). However, this may have increased interoceptive sensitivity and the sensitivity to anxiety-related symptoms, which are interpreted as dangerous for physical, psychological or social health. Both of these sensitivities seem to play a key role in increasing the perceived level of anxiety and the resulting dysfunctional eating behaviors.

At home with food

BN and BED patients have no escape from distancing themselves from food at home and exacerbated binge eating. Problems with emotional regulation may trigger ED symptoms (such as binge eating episodes and consequent purging behaviors). The consequent situation of tension can exacerbate family conflict, heightened emotional arousal, depression and anxiety as well as the likelihood of increased self-harm or even suicidality. These symptoms could be examined with the float-back technique to understand the specific vulnerability of the patient that need to be treated with EMDR.

EMDR THERAPY DURING PANDEMIC

EMDR therapy (also online) with EDs can follow the EMDR therapy protocol for the management of dysfunctional eating behaviors, that we summarize below. Particular attention is given to the current triggers linked to the pandemic situation of COVID-19 which can be configured as triggering or precipitating factors. Particular emphasis is placed on the resource installation protocol and the integration work with the parts as valid tools to help manage the difficulties of the present.

Assessment phase

Understand specifically how the ED is adversely affecting life in general, including tracing back possible traumatic events that may have contributed to the onset of the disorder. It's important also to collect the history of the ED. In particular, it is important to glean in-depth information on the patient's present significant relationships, any problem areas or distress connected with such relationships, and pay special attention to the collection of specific information on the family of origin and about attachment history (including deaths and traumatic experiences).

Targets will be identified in keeping with the 3-Prong Protocol (past-present-future sequence.) In order to **identify the targets** in the client's past history, the clinician can use **the float-back or affect bridge technique** to find the earlier precursors to her present difficulties.

Therapeutic plan

Once the targets in the patient's history and the history of the eating disorder are identified, it may be useful to structure the therapeutic plan by grouping and processing together the data collected in the history taking in the following order:

1) Triggering or Precipitating Event: Address the triggering event (if any) that elicited the onset or the worsening/relapse of the disorder (e.g., the lockdown restriction in response to pandemic. Use the float-back technique to trace back all the episodes connected with the triggering event in the patient's life attachment history;

2) Big "T" Traumas;

3) "t" traumas related to attachment history;

4) Food-Related Relational targets: Identify other targets to help the patient cope with the difficult moment at mealtime especially concerning the following: **a) Bingeing and Purging Behaviors:** Use targets concerning the times preceding and following the bingeing and the purging behavior and then use the float-back to find related/connected episodes; **b) Restrictive Behaviors:** Find targets that represent the most difficult moment the patient has to face when sitting down to a meal and is asked to eat and use the float-back to trace back connected episodes.

Work with parts of the personality

Crucial intervention with EDs patients, especially in acute phase and in extreme cases, is the work with parts, that should be considered applicable at different stages of the treatment (e.g., blocking or looping during the reprocessing of specific memories; every time that patient experiences a moment of difficulty, in which the symptomatology tends to worsen). The following are important elements in parts work:

1) Construction of the Therapeutic Alliance through the identification and validation of different parts of the personality that play a fundamental role in the disorder;

2) Knowledge of Parts: explain the meaning of parts of the personality to patients and that the parts play a fundamental defensive role in their histories and their eating disorder histories;

3) Identify targets: understanding the history of the parts such as where they come from, and where the patient has learned to use this specific defense strategy.

Online EMDR therapy with eating disorders

We advise the following necessary issues when working remotely: building a strong therapeutic relationship and crisis management (e.g. abreaction and dissociation).