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# Eating Disorders, Nutrition & Mental Health

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## True identities: How recovery transforms the body, mind and soul

Kristin Kaye

Wheaton College, USA

This presentation is designed with the intentions of sharing personal experiences with overcoming Anorexia Nervosa in hopes of allowing people to become more aware of what goes on in the mind and life of someone struggling with an eating disorder. In this discussion, I explore what the recovery process looked like in my life as an elite level athlete by addressing the topics of spiritual intervention, relapse prevention, support circles, and the perception of body image and self-esteem in life after treatment. I am convinced that one of the biggest struggles people deal with is identity, especially with knowing where or who to place their identity in. Through my own journey, I know I have had three distinct “identity” stages. I elaborate on the parallel between my identity “as the gymnast” to recovery of my physical body by reaching a healthy weight, a parallel between the identity of “my eating disorder” to recovery of my mind, psychological thoughts, and wellbeing, and finally, a parallel between my identity as “the unique individual” with the recovery of my soul by developing a solid concept of who I was created to be in the image of God. My recovery has transformed my life in such a dynamic way that it is my passion to share and openly discuss with struggling individuals, family members, and professionals what recovery can look like. I was able to return to the sport of rhythmic gymnastics three years after treatment and become a member of the 2009 United States Rhythmic Gymnastics World Championships Group Team. Three years after this comeback, I set a new goal in another sport, and I am now training in an elite level program in the sport of rowing.

Kristinkaye12@gmail.com

## Attachment-related characteristics in patients with eating disorders

Manuela Gander

University of Innsbruck, Austria

**Background:** The following study investigates the differences in attachment-related characteristics between adolescent inpatients with eating disorders (n=30), depression (n=30) and healthy controls (n=30).

**Method:** The Adult Attachment Projective Picture System (AAP) was used to assess attachment patterns in the clinical and healthy samples. According to the AAP guidelines, we can assess indicators representing attachment-related fear and threat that are rooted in experiences of attachment trauma. Some of the AAP picture stimuli unleash this traumatic material leaving the individual in a state of attachment dysregulation.

**Results:** The findings demonstrate an overrepresentation of the unresolved attachment status in the patient samples. Although the difference on the amount of fear indicators between the clinical and healthy groups did not reach statistical significance, they more often lead to attachment dysregulation in the clinical groups. When looking at attachment themes in particular, patients with eating disorders showed dysregulation more often when story characters are in situations of extreme isolation and emptiness (e.g. like being in jail, desperately alone, separate from the rest of the world or locked in), whereas depressive patients more often report on helplessness (e.g. feeling out of control, being overwhelmed or trapped, hopeless).

**Conclusion:** These preliminary results provide evidence of not only an overrepresentation of the unresolved attachment pattern in adolescent patients with psychiatric disorders but also indicate significant differences on attachment themes associated with trauma in depression and eating disorders. Integrating these attachment-related issues into specific psychotherapeutic interventions might lead to a better outcome in that age group.

manuela.gander@uibk.ac.at