Navigating Residential Treatment with Patients in Committed Relationships

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Inpatient and residential eating disorder treatment has the potential for unanticipated changes and barriers for those who have never experienced an inpatient stay. Outpatient clinicians often report challenges in a client's reception of a referral to a higher level of care. This is undoubtedly understandable, given the degree of personal and professional disruption this care can require, despite being necessary and life-saving.

Depending on the client, openness about potential challenges may be beneficial in preparing them to embark on their inpatient journey. New experiences may abound: experiences with the self and relationships, new foods or foods that have not been eaten in years, new definitions of beautiful and new issues that one may have never considered an issue before. During my time as an intake coordinator, many patient callers reported being in a committed relationship as a barrier toward admission. They were fearful of the potential impact their treatment would have on their relationship. As a program therapist, I have observed repeatedly that there are impacts, both positive and negative, as women learn how to navigate the barriers they face in partner relationships while they are getting the help they need. Below I've outlined what I have observed in my clinical practice

as recurring considerations for patients in committed relationships, as well as methods of navigating and addressing these valid concerns and issues, understanding each individual is unique and will require a personalized approach.

1. **Long Distance & Time Apart**
   It is common for individuals to seek eating disorder treatment out of state and to be in treatment for weeks, if not months. This can cause strong feelings of homesickness during their treatment that will require some attention. At times, patients may rush their treatment or opt to discharge

prematurely to return home to their loved ones. Their partner may also have a hard time with this separation as they adapt to new responsibilities while their loved one is away. There may also be limited time for communication, depending on the policies of their treatment facility. The adjustments necessary for someone to seek treatment may build up an undue pressure of needing to return home "fixed." For those wrestling with perfectionism, this can be a heavy burden to carry.

For the patient: Assist with reframing their time away as an investment that will yield more time together for the future. By sinking into treatment now, an investment is being made in being more authentically present with the partner instead of being distracted by the eating disorder.

For the partner: Validate the challenges for the support person. Often a partner will feel guilt for emotions of frustration, anger or loneliness. It might even be that an expectation is held that he or she must be strong, suppressing emotions. Encourage the support person to find safe people who can provide emotional support, such as listening and kindness, as well as physical support, like assisting with household chores and childcare.

2. **Appearance Changes**

Appearance may not hold importance for everyone. However, within the eating disorders population, I've worked with many women in need of weight restoration who struggle with self-image and therefore place substantial emphasis and worry on returning to their partner restored and looking different. When weight restoration is not someone's treatment plan, they are still challenged with not conforming to societal standards of the constant pursuit of weight loss or some form of changing personal looks. A common fear I hear from patients is "what if they don't find me attractive anymore?" On the journey of recovery, rediscovering intimacy and sex will be important as there are weight, hormone and libido changes with having consistent nutrition. Returning home can be just as fearful as admitting to treatment.

For the patient: Encourage building a recovery environment. As humans, what we expose ourselves to, we believe. Often consuming images of unhealthy ideals contributes to a negative self-concept. Exposure to recovery encourages messages of strength and resilience. Similarly, welcoming of all body types will soften harsh ideals that reinforce unhealthy standards of beauty.

Additionally, encourage your patient to explore why they value the women in their life that they cherish. Ask "what attributes make that person so lovable in your life?" Consistently, patients find the exterior of these women to be one of the very last things to make the list of things that are found valuable. This exercise can help them challenge the standards to which they are holding their own worth.

For the partner: Male partners are sometimes unaware of the standards that females feel held to. Although men are now more than ever being held to an impossible idealized standard, this has been common place for women through generations. Dr. John Gottman's book A Man's Guide to Women is written for men and helps spread understanding, compassion and assistance to the partner looking to help his mate find self-acceptance.

3. **Shifting Relationship Dynamics**

Recovery can shift the very dynamics of the relationship itself. Someone who may have been a busy bee around the house, taking care of most responsibilities may need to take a step back and allow their partner to assist with tasks. Someone may be learning to speak up, use their voice and challenge themselves by not avoiding conflict. A large part of recovery is allowing oneself to have

emotions instead of restricting them. If a romantic partner is accustomed to conflict avoidance, a seemingly sudden shift into direct communication can be challenging.

For the patient: Educate the patient about family systems. It is human nature to resist change and to feel uncomfortable and even afraid of it. Still, every time the change is carried out, it becomes more and more comfortable. Encourage open dialogue between the partners and space to sort through the past and intentions for the future.
For the partner: Help the partner expect change. Recovery cannot happen with the same behaviors and in the same environment where the person became sick. Urge them to remember that change is likely indicative of growth. All couples experience change through the life cycle of the relationship. Life requires that the partners flex and grow throughout their time together.

4. **Financial Strain**
   Both outpatient and inpatient treatment can be expensive. Costs may include out-of-pocket insurance sums, travel to and from the facility, pass work and restaurant exposure costs and potentially the cost of new clothes while going through weight restoration. Financial strain is a common source of contention for couples, regardless of severe health issues.

   For the patient: Treatment should be viewed as an investment. With any investment, taking the most advantage of what it has to offer will yield the most fruitful results. Taking the time to write a narrative about a day in the life of being recovered can help patients remain focused on the end goal.

   For the partner: Utilize resources and support. Often your partner's treatment provider can be a wealth of tools to help families. Scholarship programs, insurance advocates, connections to professionals, such as attorneys, and understanding payment plan options are just a few examples of support that will likely be available.

Eating disorders or other illnesses are not the only cause for contention in any given relationship. Issues that may have existed before the onset of illness may surface during treatment or recovery. Further, issues that the eating disorder may have modulated may emerge or re-emerge. Now the relational work begins. What was there before the illness took precedence and what has developed over time?

Getting a clear picture of the relationship dynamics can be helpful, as well as allotting time in session to ask questions and allow partner communication in an effort to understand each other's perspectives. While in the inpatient setting, ongoing family sessions (as appropriate) are integral to work through the barriers listed above and any conflict that arises. People could benefit having one-on-one time with their partner before discharging home if that is a possibility. This allows time to process the time alone and to utilize the support from groups and peers before returning to the home environment.

As applicable, partners may be encouraged to seek help and support from their own personal therapist and support group. This can be beneficial in acquiring tools for supporting their loved one's recovery upon their return home. Regularly scheduled family sessions in the outpatient setting can provide space for support in acclimating back to the home environment in a state of recovery, rather than a state of illness. In addition, these sessions can help address issues that arise without the presence of the eating disorder. From a relational perspective, barriers are meant to be exorcized similar to tearing down a wall. Something freeing may just be on the other side.