strain on her parents by minimising her own emotional and physical needs whilst striving to meet their needs and expectations.

Due to her parents' own unresolved schemas, their love was expressed in a manner which was, unwittingly, conditional on her meeting their emotional needs. On the one hand, she was praised for being self-sufficient and the 'good girl' by helping with parenting and providing emotional support for her mother when required, whilst at other times sensing that her mother needed Amanda to need her. This resulted in a confusing paradox whereby she learned to read the cues that signalled her mother's needs to ascertain whether her 'Hyperautonomous Good Girl mode' (Overcontroller), 'Enmeshed Nurturer' (Compliant Surrenderer), or her 'Rescue Me' (Helpless Surrenderer) mode would be the best fit. Amanda learned from an early age that she was praised and appreciated when prioritising her parents' needs (and thereby her need to stay attached to them) over the need for authenticity (i.e., to be and express her true self) by blocking emotions and needs which may inconvenience others.

The home atmosphere was grim and austere, with minimal opportunity for play and fun. Amanda's attempts at individuation, such as trying to arrange activities with her friends or to plan for future studies, were met with disapproval and the feeling that she was in some way hurting her parents by making choices that were 'wrong'.

Amanda was sexually abused by her grandfather between the ages of seven and nine. Her eventual disclosure to her parents resulted in further isolation. Her mother became highly emotional, leading to Amanda feeling significant guilt and responsibility for her mother's distress. Her father reacted angrily, dismissing the grandfather, but never mentioned the issue again. This experience further reinforced Amanda's Helpless Surrenderer mode: she was helpless to prevent both the abuse itself and her parents' responses. Further, there was no opportunity to process her own distress and anger in relation to the trauma.

Amanda's EMS and modes were assessed through a combination of interview, the Young Parenting Inventory, and the Schema Mode Inventory for Eating Disorders (SMI-ED). Her most prominent modes and the dynamics between them are displayed in Figure 15.1.

Highest Scoring Schemas

Emotional Deprivation – Others can never understand me or meet my needs (because my needs are 'too much').

Defectiveness – I am undeserving, worthless, 'wrong'.

Emotional Inhibition – My needs and feelings are a burden/threat to others. I must keep them to myself.

Enmeshment – I only exist and have worth when in the presence of significant others.

Self-Sacrifice – I am responsible for 'fixing' the suffering of others.

Punitiveness – I deserve to be punished when I make a mistake or get things wrong.

Mistrust/Abuse – Others will hurt and use me.

Origins of Modes Linked to Onset of Eating Disorder

Prioritising the family's well-being required self-denial – and anorexia provided the solution. It was hypothesised that Amanda's Overcontroller coping mode drove her dietary restriction and low weight, enabling her to ignore her physiological (interoceptive) signals

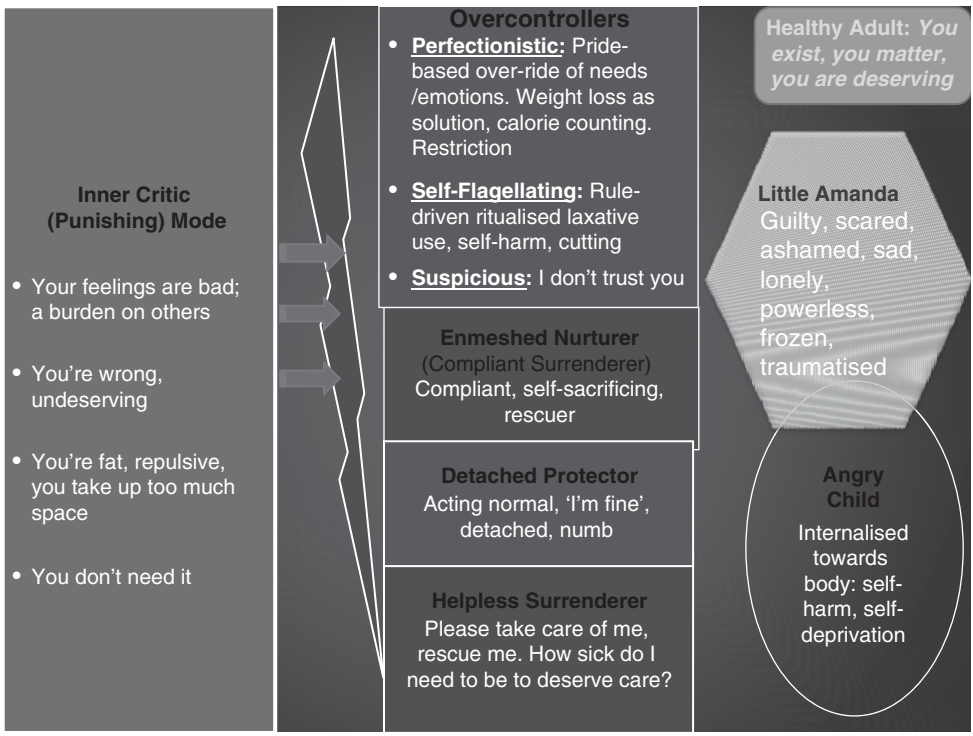

Figure 15.1 Example: Amanda's mode map

and emotions, thereby protecting herself from frightening trauma symptoms, loneliness, and shame. Amanda's Overcontroller (Perfectionistic, Invincible) mode was intermittently reinforced by a sense of achievement and invincibility by restricting her eating and the associated weight loss. She was later able to associate the onset of this coping mode to her experiences at age seven, when she felt overwhelming fear and helplessness in the face of sexual abuse. The Overcontroller mode generated the urge to engage in cleaning rituals, and later in dietary restriction, as a means of overcompensating for the feelings of powerlessness. It was hypothesised that early in childhood, after recognising her parents' extreme discomfort with anger, her (dissociated) Angry-Rebellious child mode was controlled and redirected inward through a (Self-Flagellating) Overcontroller mode, manifested by laxative abuse and self-cutting. In this way, Amanda's Overcontroller also fulfilled a 'self-flagellating' role. Amanda described an evening ritual of taking large quantities of laxatives. This partially fulfilled a 'cleansing' function, which brought temporary relief from her inner sense of 'badness', but also led to painful stomach cramps, which she described as a type of ritualistic practice of self-inflicting pain as a means of increasing tolerance and sense of mastery over when and how she experienced pain. Self-harm through cutting fulfilled a similar function. Through the overcompensatory coping process of turning herself into the 'powerful one' who could control and inflict pain on her own body, she could temporarily eliminate the inner vulnerable, powerless, needy child whom she blamed for the rejection, loss, and abuse. By exerting control over her eating and weight and focusing on

the sensations of emptiness in her body, Amanda described a temporary 'high', a rush of omnipotence associated with overcoming her basic human needs, and 'pleasure' associated with self-deprivation and punishment. Further, thinking of herself as the 'bad guy' provided a fantasy of control whereby through eliminating the bad aspects of herself, she could retain hope that she could someday be deserving of love.

Precipitants

Amanda's eating difficulties developed from age 12. As she reached puberty and gained weight and her body changed shape, she experienced a sense of being 'out of control' and 'exposed'. Her sense of herself as 'dirty', defective, and shameful became increasingly 'embodied'. She began restricting her diet and lost 10 kg over 8 months. Laxative abuse began at age 16. Each day became structured around episodes of taking laxatives and obsessional cleaning. Her regular admissions to the local inpatient facility always resulted in her discharging herself after 2–3 days due to high anxiety regarding weight gain. When she gained weight, her PTSD symptoms increased, leading to an increased urge to restrict and engage in laxative abuse.

Maintaining Factors: Vicious Mode Cycles

Primary messages associated with emotional neglect and abuse were internalised in the form of the Inner Critic. In childhood, this led to feelings of loneliness and powerlessness (Vulnerable Child), as well as a sense of unfairness and anger (Angry Child). The anger was repressed so as not to further threaten attachments with key caregivers. Amanda's eating behaviours and low weight provided an anaesthetising effect whilst she was engaged in these rituals (Overcontroller, Detached Protector), but afterwards she was overcome with a growing sense of shame and powerlessness (Inner Critic 'You stupid girl!' → Little Amanda [Shame]). Breakthrough flashbacks and nightmares continued to occur (Little [Abused] Amanda) and were largely controlled and numbed through laxative abuse and self-harm (Detached Protector; Overcontroller). Retaining the same level of numbness and the powerful 'high' required increasing levels of dietary restriction and self-inflicted ritualised pain via laxatives and self-harm (Overcontroller). Due to the time and energy required to focus on these rituals, Amanda became increasingly socially isolated (Little [Lonely] Amanda). Although her coping modes provided relief from emotional distress and avoidance of schema activation short term, over time the eating disorder itself increasingly became a source of secondary distress and shame (Inner Critic message: 'You're disgusting, unlovable').

By avoiding contact with others (Detached/Avoidant Protector), Amanda became increasingly reliant on her eating disorder as her only source of comfort, reinforcing her belief that she was inherently defective (Inner Critic 'You're so unlovable!' → Little Amanda [Shame]). On the one hand, her illness and low weight led to an increase in attention and concern by her parents (Helpless Surrenderer) but, on the other hand, they frequently remarked on the toll of her anorexia on them, reinforcing her sense that she was a burden on others (Inner Critic 'You're too much!' → Little Amanda [Guilt, Shame] 'I'm too needy, my needs are too much').

A flow diagram demonstrating the self-perpetuating pathways between these modes is presented in Figure 15.2.