



Radically Open Dialectical Behaviour Therapy and Restrictive Eating Disorders

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Meet Oliver, the 24-year-old corporate go-getter who's already climbing the career ladder faster than you can say "coffee break". Every morning, he rises with the sun at 5:30, sips on a smoothie, and heads to the gym. After his workout, Oliver goes to the office and stuns his managers with an unmatched work ethic and a knack for detail. His colleagues invite him for dinner, but he fears crossing the calorie limit he set for himself and dreads the awkward silences that accompany socializing. So, he takes his familiar route home, has a modest dinner, and tucks himself into bed. His mind races with thoughts of how he could have done better at work that day, and how he didn't push himself hard enough at the gym. His stomach grumbles, and he tells himself that he will just have to work harder tomorrow.

Eating disorders often involve a preoccupation with food, weight, and body image, however, we often hear from survivors that it was never about the food. Radically Open Dialectical Behaviour Therapy (RO DBT) posits that Anorexia Nervosa (AN) can sometimes be a symptom of an overcontrolled personality trait that may have preceded the onset of an eating disorder⁵. Our society celebrates most of these traits, such as perfectionism, attention to detail, and the ability to maintain high standards no matter how we are feeling on the inside; however, it turns out that we can have too much of a good thing, which can lead to what we call maladaptive overcontrol (OC)². According to the RO DBT creator Dr. Thomas Lynch and his team, maladaptive OC is characterized by four traits:

1. **Low receptivity and openness** can show up as a tendency to avoid unplanned situations (e.g., a spontaneous brunch with friends), be overly alert to potential threats (e.g., spotting all of the potential dangers on the beach, instead of just enjoying the sunshine), or discomfort with critical feedback. It can make it harder to absorb and trust new ways of thinking about food and exercise, especially if the old ways are being reinforced by the environment.
2. **Low flexible-control** is evident in a strong need for structure and order, perfectionism, compulsive planning, and strict adherence to rules. In terms of eating disorders, this can appear as rigid black-and-white thinking about "good" and "bad" foods, as well as meticulous protocols around mealtimes. For example, if an OC person has settled on the number of calories to eat per day, they will stick to this plan no matter what. OC people are incredible at following the rules, often to their detriment. In Oliver's case, it seems like his rigid rulebook on food choices and gym sessions might be cramping his social style.
3. **Inhibited emotional expression and low emotional awareness** is characterised by aloofness, or displaying an emotion on the outside that is incongruent with what is going on inside – for example, smiling when distressed. There may also be limited awareness of bodily sensations, and difficulty labelling and naming emotions. AN can also function to numb emotions, which makes it really difficult to express needs.

4. **Low social connectedness** is reflected in distant and aloof relationships, feeling different from others, making social comparisons, and secretly experiencing intense envy and bitterness. These traits can fuel the fire for harsh comparisons with others, and deep feelings of loneliness and disconnectedness. Many OC people experience high levels of shame, which increases their likelihood of avoiding vulnerability.

RO DBT is different from other treatments because it does not consider restricted or rigid eating to be the primary problem². Instead, the focus is shifting these four aspects of maladaptive OC. Although restriction and other eating disorder behaviours are not the main focus of RO DBT, it has shown promising results in the existing research¹⁻⁶. In a 2021 study, 62% of the participants with AN were in full remission after treatment⁴. It has also been shown to be effective for generalized anxiety disorder, depression, obsessive-compulsive personality disorder, and autism spectrum conditions⁷.

Similar to the original DBT, RO DBT consists of individual therapy sessions, skills classes, phone coaching, and consultation teams for the therapists. Unlike the original, the skills in RO DBT do not focus on how to regulate emotions, problem solve, plan ahead, or delay gratification. Instead, they facilitate resting, letting go of rigid rules, taking things less seriously, increasing vulnerability, and being a little bit silly⁷! There is also a large emphasis on being genuine with others and working on matching inner experience with outer expressions. RO DBT puts the spotlight on social signals, which involve body language, facial expressions, words, tone of voice, and any other action or behaviour that is carried out in the presence of at least one other person.

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Imagine for a moment that Oliver has a deep-seated emotional loneliness. He isn't necessarily alone, but he can be surrounded by people and feel very disconnected. RO DBT posits that Oliver's perfectionism is acting as a suit of armour of sorts. He is so skilled at appearing as though everything is okay and avoiding vulnerability, that no one actually knows him on a deep level. What does this suit of armour look like day to day? We can begin to identify social signals that might be keeping others from getting closer to him. Does he roll his eyes whenever he doesn't agree with his co-workers? Does he often stand with his arms crossed? Maybe he changes the subject every time someone asks him how he's doing. These are all subtle social signals that could be keeping him isolated. We would also explore how his eating disorder behaviours are impacting his relationships. What is he socially signalling when he refuses to eat the cupcakes that his co-worker brings for his birthday? What about when he turns down their invitation to go for drinks after work? If his eating disorder gets to a point where he looks visibly emaciated or malnourished, what is he signalling to his friends and family?

HOW CAN RO DBT HELP?

RO DBT is rooted in dialectical philosophy, behaviour therapy, mindfulness-based approaches, and Malamati Sufism. It suggests that emotional loneliness and disconnection is at the root of AN, and other disorders of OC. It also draws on Polyvagal Theory which addresses the tendency of OC clients to be in fight or flight mode much of the time, making it difficult to rest, digest, and emotionally connect⁸.

Dialectical philosophy in the context of RO DBT is about finding a balance between acceptance and change in the pursuit of openness, flexibility, and adaptability. Radical openness is about letting go of black-and-white thinking, and being mindful that there are multiple ways to cook a potato. In RO DBT, we believe that “we don't see things as they are, we see things as we are”⁷. This can help with loneliness, as rigidity can often lead to issues in relationships. There is also more than one way to load a dishwasher, which is often a big piece of contention between OC partners.

Perfectionism is a common trait in individuals with AN, contributing to the relentless pursuit of an idealized body image. RO DBT targets perfectionism by encouraging a more balanced approach to goals and achievements. By challenging the need for extreme standards, individuals can gradually shift towards more realistic and self-compassionate perspectives. Our friend Oliver could definitely work on being gentler with himself, and recognizing that he can be a hard worker AND have fun once in a while.

Behaviour therapy techniques provide us with a structured framework, which focuses on the social signalling behaviours that are keeping clients stuck in their loneliness. We use diary cards and behaviour chain analysis to monitor the target behaviours, and work with the client to understand which RO DBT skills could be used when urges to use those behaviours come up. With Oliver, we would potentially target his tendency to turn down social invitations, and roll his eyes when he doesn't agree with what is being said.

Mindfulness-based approaches come into play as clients learn to be more aware of the sensations in their body, which can help with recognizing and labelling emotions. It also places an emphasis on recognizing judgmental thoughts, and being able to respond flexibly in the moment instead of falling back into rigid patterns of behaviour. Oliver could use these skills to notice the urge to push himself to go to work even when he is feeling ill, or correct a friend's grammar just as they are telling him a deep dark secret.

Malamati Sufism emphasizes self-examination, humility, and a willingness to endure criticism for personal growth. It involves a skill called self-enquiry, where clients are encouraged to get curious about their thoughts, emotions, reactions, behaviours, and urges in a non-judgmental way, while finding their "edge" or personal unknown. Our "edge" is usually the limit of our current self-awareness, and we want to work on sitting with that discomfort. RO DBT also pushes us to take responsibility for our own perspectives, and asks hard questions that lead to new ways of knowing and being. Oliver might start by asking himself, "What am I afraid would happen if I allowed awkward silences during a conversation with co-workers? What is it that I need to learn?"

Emotional connections play a crucial role in overall mental health, and as we are social creatures, RO DBT posits that our nervous systems react negatively to social isolation⁸. Our ancestors would not have survived on their own in the

wild, and we relied on being part of a group to be able to gather food, build shelter, and protect each other from predators. Being socially ostracized meant certain death, and therefore, we are programmed to be socially anxious, and to long for acceptance.

One of the RO DBT skills asks us to consider: "Do I like my friend because they have just returned from Hawaii with a great suntan after purchasing their second yacht and are about to complete their third PhD?"⁷ Maybe, but it is more likely that you like your friend because they have revealed to you their doubts, their fears, their past mistakes, as well as their successes. Oliver could practice this by telling an acquaintance about his struggles with perfectionism and self-doubt, instead of acting like everything is great all the time.

Polyvagal Theory teaches OC clients (and therapists) how to activate their social-safety (parasympathetic nervous) system by using gestures, postures, and facial expressions that signal openness, non-dominance, and friendliness. These subtle shifts in our nervous system can help us (and those around us) feel safe enough to express authenticity, which will slowly lead to trust, and emotional connections. To calm his nervous system, Oliver may need to sit back in his chair, take some deep breaths into his belly, take on a closed mouth smile, and wag his eyebrows. This is what we call the Big 3+1 skill.

CONCLUSION

RO DBT is starting to gain popularity as a treatment modality and shows promising results in the treatment of disorders of OC¹⁻⁶. In my journey as an RO DBT therapist, I have worked with those struggling with AN, and have watched them loosen their grip on rigid beliefs about food and their bodies, and the notion that they have to be perfect to be loved and accepted. We practice being goofy, celebrating our mistakes, and we even show up late to sessions on purpose sometimes, because it's fine, and the world doesn't end! Beneath Oliver's OC exterior resides a heart that secretly yearns for a surprise party (with cake!), a spontaneous road trip, or the rebellious act of wearing mismatched socks. I consider myself fortunate to witness clients shedding eating disorder behaviours in exchange for authenticity, meaningful social connections, and genuine excitement about building a life that does not involve a heavy suit of armour.

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Additional Resources for Clinicians

Overcontrol assessment tools available at <https://www.openconceptstherapy.ca/for-clinicians>.

Resource for Individuals with Eating Disorders

Hall, K. D., Astrachan-Fletcher, E., & Simic, M. (2022). *The Radically Open DBT Workbook for Eating Disorders: From Overcontrol and Loneliness to Recovery and Connection*. New Harbinger Publications.

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