

THE IMPLICATIONS OF THE DISEASE MODEL AND PSYCHOLOGICAL MODEL ON EATING DISORDER TREATMENT

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The egosyntonic nature of some expressions of eating disorder psychopathology (e.g., as the adoption of extreme weight control behaviours, the active maintenance of low weight) has been recognized by several authors as the main reason behind the reluctance of people with eating disorders to seek, engage in and persevere with treatment. However, understanding why a person is ambivalent toward the treatment and continues to adopt extreme weight control behaviours and maintain a condition of low weight, despite the dramatic physical and psychosocial adverse effects is a widely debated issue. Two main theoretical models have been proposed to explain the development and maintenance of eating-disorder psychopathology and the egosyntonic nature of some of its expressions, namely (1) the disease model (also called the medical model) and (2) the psychological model. This presentation focuses on the clinical implications of the two models. The different conceptualizations of eating-disorder psychopathology, the nature of the involvement of patients, significant others, and clinicians, the general treatment strategies, and the strengths and weaknesses of the two models are discussed. Finally, based on the above, several clinical considerations are made.