INTRODUCTION

I count myself lucky, in the very week in the summer of 2004 when I retired from the University of Edinburgh, to have spotted an advert for psychodynamic psychotherapists to work with people with severe eating disorders at the Huntercombe Hospital Edinburgh. I thought: I know very little about this, but it sounds really interesting. And it was. I spent five fascinating years at Huntercombe, leaving in the summer of 2009.

I don’t want to spend a long time setting the scene. Many of you will know about the existence of the Huntercombe Hospital Edinburgh at Ecclesmachan, just north of Uphall in West Lothian. It’s a fine Georgian building near the top of a long tree-and-rhododendron-lined drive between a golf course and the Oatridge Agricultural College. It has beds for up to 22 people: the youngest about 11, the oldest at that time 54, with one floor for the under 18s and one floor for the over 18s.

Multidisciplinarity

The under 16s have a school with two teachers. There are cooks, and a dining room for each age group. There is a dietician who has a pretty vital role to play, as you can imagine.
There is a hospital manager who runs the whole place, and a medical director who is in charge of the work of the multidisciplinary team. The medical director is also consultant psychiatrist for the work with the over 18s, while his colleague, also a consultant psychiatrist, specialises in child and adolescent work and manages the under 18 side.

Working with them are another three staff grade psychiatrists, a clinical psychologist, three psychotherapists, an art therapist, and a social worker. The biggest single team is the nurses and care assistants: around five of each, led by a nurse manager. (The hospital, at that time, had no family therapist; other staff undertook family work. A family therapist was subsequently appointed.)

Most of the staff are women, and most of them are young. In the case of the nurses and care assistants, most are under 30, and in the case of the rest of the staff, usually under 40.

Huntercombe is a well-resourced, well-run hospital with a caring and learning culture. It is a good place to work.

This will not be an academic presentation in its style, although I have read a lot of academic and professional papers on work with people with eating disorders. I want to give you just a taste of that background. I am going to concentrate almost entirely on anorexia nervosa, and on our engagement with one person.

Anorexia: A disorder of contradictions

Professor Bryan Lask, who is internationally renowned for his research into eating disorders, has written that anorexia has been variously conceptualised as an eating disorder, an anxiety disorder, a delusional disorder, a self-esteem disorder, a phobic disorder, an obsessive compulsive disorder, a body dysmorphic disorder, a neuro-developmental disorder, and also as a reaction to socio-cultural trends. It is a disorder of contradictions, for example: fat/thin, full/empty, starve/binge, hair loss/lanugo hair, food obsession/food avoidance, low self-esteem/perfectionism, control/loss of control, fragility/strength, etc. It is seen as a complex illness with psychological, sociological, physiological, and neurological components.

Almost all the patients in the hospital were female over the five years I worked there. I worked directly with around 60 women or girls, and perhaps three boys or young men.

They came to the hospital because they were seriously ill, and because treatment at home or on an out-patient basis had not been successful. In many cases, their lives were at risk. Over those five years three newly arriving or former patients died. That the number of deaths was so low is, I think, a great achievement on the part of the hospital.

Treatment was in the first place aimed at physiological stabilisation and then at gradual weight gain. Much but by no means all of the work revolved around meal planning, eating, monitoring of eating, and so on. Getting medication right also had an important part to play. Medication was prescribed for some patients with other psychiatric problems, for example depression, not for the eating disorder itself. Because I have no medical expertise I will say little about this except insofar as the