The Role of Parental Co-Regulation in Enhancing Treatment Outcomes for Children with Eating Disorders

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Abstract

Emotional dysregulation has been increasingly identified as a central factor in the development and maintenance of Eating Disorders (EDs) in children and adolescents. Difficulties in identifying, processing, and managing emotional states are consistently linked to ED psychopathology, with maladaptive emotional regulation strategies such as rumination and emotional avoidance exacerbating symptoms (Leppanen et al., 2022). While established treatment models, such as Family-Based Treatment (FBT) and Emotion-Focused Family Therapy (EFFT), emphasize the critical role of parents in managing eating behaviours and emotional distress, their effectiveness can be further enhanced through the concept of co-regulation. Stuart Shanker's model of co-regulation offers a complementary, relational approach, emphasizing how caregivers can actively support their child's emotional and physiological regulation through calm, attuned interactions (Shanker, 2016). By integrating co-regulation into family-based interventions, caregivers can transform emotionally charged environments, such as mealtimes, into opportunities for healing, emotional attunement, and nervous system stabilization. This paper explores the role of emotional dysregulation in EDs, examines how co-regulation complements existing family-based therapies, and argues for the integration of parental co-regulation to strengthen family bonds, reduce emotional distress, and foster long-term recovery in children with Eating Disorders.

Introduction

Living with a child who has an Eating Disorder is often a daily struggle marked by confusion, fear, and emotional turmoil within families. Eating disorders do not just affect the individual; they ripple outward, reshaping family life, emotional patterns, and relationships. While established treatments, such as Family-Based Treatment and Emotion-Focused Family Therapy, provide essential support, their effectiveness can be further enhanced through the concept of co-regulation. As Stuart Shanker (2016) defines it, co-regulation occurs when two individuals help regulate each other's behaviour, mood, and emotions through the use of interactive signals, supporting one another in maintaining a balanced emotional state– a dynamic especially important in parent-child relationships. Integrating co-regulation into treatment reframes disordered eating behaviours as responses to overwhelming stress rather than deliberate control, cultivating compassion and more profound understanding within families (Shanker, 2022). By embracing co-regulation alongside clinical interventions, parents can better support their child's emotional and physiological regulation, creating a safer environment that promotes healing and strengthens recovery.

Eating Disorder Prevalence Among Youth

Eating Disorders typically emerge during adolescence and early adulthood, with the highest risk period occurring between the ages of 15 and 35 (Burton, 2020). Among children and adolescents under 18, anorexia nervosa affects approximately 0.3% to 0.5% of the population, making it a relatively uncommon but serious condition (Burton, 2020). Despite its lower prevalence compared to other pediatric mental health disorders, anorexia nervosa carries some of the highest mortality rates among psychiatric illnesses, underscoring its clinical significance (Burton, 2020). Gender disparities are also well-documented, with prevalence rates showing a notable skew toward females. Among children under 12 years of age, the female-to-male ratio is approximately 4:1, increasing to 9:1 during adolescence (ages 13–18), reflecting both biological and sociocultural factors that heighten risk among girls and young women (Burton, 2020).

Social and environmental factors perpetuate these beliefs, such as Adverse Childhood Experiences (ACES) and the pressures of Western beauty ideals and social media (Burton, 2020). Problematic social media use (PSMU) has emerged as a key contributor to Eating Disorders, exposing young people to harmful content such as idealized body images, cyberbullying, and misinformation about food and fitness (Burton, 2020). In response to these alarming trends, health authorities are now recommending routine mental health screenings in youth, highlighting the urgent need for early intervention and greater media literacy to protect vulnerable developing minds (Montag et al., 2024). The "Four P's" framework helps conceptualize these complexities: i) predisposing (genetic, personality, or early experiences); ii) precipitating (triggering events or cultural pressures); iii) perpetuating (factors that sustain the illness); and iv) protective (such as family support, secure attachments, and resilience), all of which shape the onset, maintenance, and recovery trajectory of Eating Disorders in youth (Burton, 2020).

Eating Disorders Association with Emotional Dysregulation

Difficulties with emotional regulation have been increasingly recognized as central features in the development and maintenance of Eating Disorders. Emotional regulation refers to the processes and strategies individuals use to identify, initiate, and modify emotional responses (Leppanen et al., 2022). These strategies, whether automatic or deliberate, help manage both the internal experience and external expression of emotions, particularly when those emotions are perceived as distressing or disruptive (Leppanen et al., 2022). Within the context of Eating Disorders, patterns of emotional dysregulation often emerge, with ruminative thinking, referring to the repetitive and passive focus on one's distress without moving toward solutions, and non-acceptance of emotional states being especially closely linked to Eating Disorder psychopathology (Leppanen et al., 2022).

A systematic review and meta-analysis by Puttevils et al. (2021) highlighted that while individuals with anorexia nervosa (AN) and bulimia nervosa (BN) show similar tendencies to use maladaptive emotional regulation (ER) strategies, those with AN demonstrate significantly lower use of adaptive strategies. These difficulties may be influenced by features specific to AN, such as low body weight and high levels of alexithymia, which impair emotional awareness and expression (Puttevils et al., 2021). Complementing these findings, Ruscitti et al. (2016) examined ER challenges across the

full spectrum of ED diagnoses, including Eating Disorder Not Otherwise Specified (EDNOS) and Binge Eating Disorder (BED). Their results confirmed that individuals with EDs exhibit greater overall emotional regulation difficulties compared to other psychiatric populations, particularly in areas such as emotional acceptance, impulse control, and the availability of effective strategies for coping with emotional distress (Ruscitti et al., 2016). Additionally, Christensen et al. (2020) demonstrated how emotional dysregulation not only contributes to the onset and persistence of ED symptoms but also affects social relationships. Behaviours such as rumination, reassurance-seeking, and "fat talk" within social interactions may amplify emotional distress and perpetuate disordered eating behaviours (Christensen et al., 2020).

These findings demonstrate a critical clinical implication. While individual emotional regulation skills training is essential, addressing emotional regulation solely at the personal level may be insufficient. Stuart Shanker's model of co-regulation offers a complementary framework, highlighting the relational and neurophysiological processes that support emotional regulation (Shanker, 2016).

The Shanker Method®: Understanding Eating Disorders in Families Through a Self-Reg Lens.

Self-regulation refers to the way the nervous system manages stress. It involves viewing challenging behaviours and emotions as signs of stress, then working to identify stressors, reduce them, reflect on reactions, and restore energy (Shanker, 2016). This process occurs across five interconnected areas: biological, emotion, cognitive, social, and prosocial. Alongside self-regulation, co-regulation is a relational and reciprocal process, rooted in the interbrain, by which one individual supports another in navigating the five steps of Self-Reg:

1. Reframe the Behaviour: This involves moving away from interpretations of disordered eating as a failure of self-control and instead recognizing it as a maladaptive attempt at self-regulation. From this perspective, rigid eating patterns, avoidance of food, or binge-purge cycles can be understood not simply as choices but as efforts to cope with overwhelming internal states or external stressors. Rather than asking, "What's wrong with this behaviour?", practitioners, caregivers, and professionals are encouraged to reflectively ask, "Why and why now?" (Shanker, 2016). Why might disordered eating behaviours spike during mealtimes? Why now, following specific transitions or interpersonal conflicts? These questions invite a deeper exploration of hidden stressors, which may be explained by sensory overload in the eating environment, relational tensions, emotional overwhelm, or even physiological imbalances. This reframing shifts the lens from blame to compassion, emphasizing curiosity over judgment (Shanker, 2016). It allows caregivers and professionals to engage with the behaviour as a signal of distress rather than a deliberate act of control, ultimately helping create the safe, co-regulated relationships necessary for healing.
2. Recognize the Stressors: Recognizing stressors across Shanker's (2016) five domains—biological, emotion, cognitive, social, and prosocial- is key to understanding Eating Disorder behaviours. For the child, biological stressors may include disrupted hunger cues or hormonal shifts, while emotion stressors can involve feelings of fear, disgust, or frustration related to food. Cognitive stressors

often manifest as rigid beliefs or intrusive thoughts, while social stressors may include family conflict or feeling observed during meals. Hidden prosocial stressors, like shame or the need to appear "fine," are prevalent in Eating Disorders. It's equally important to reflect on the stressors affecting parents. A mother might suppress her anxiety to "keep the peace," while a father might hold rigid expectations about meals, both carrying their emotional loads. Applying this lens may encourage families to see how their stress patterns overlap or conflict, shifting the focus from blame to curiosity and compassion (Shanker, 2016). By doing so, they create opportunities for true co-regulation and relational healing (Shanker, 2016).

3. Reduce the Stress: Children and families need to recognize the ways they already help reduce stress. This doesn't mean removing all structure; it means lowering unnecessary stress around food and offering a calm presence. Co-regulation, as defined by Shanker (2019), involves helping another person progress through their Self-Reg steps, often beginning with reducing stress and facilitating a shift in their brain-body state before any talking or problem-solving occurs. These calming exchanges occur moment by moment through tone, facial expression, and body language, as Digby Tantam calls it, the "interbrain." This is more than just comforting; it's active emotional work (Shanker, 2016).
4. Reflect: Reflection in self-regulation involves building interoceptive awareness, helping individuals recognize signals such as hunger, muscle tension, or racing thoughts. This supports recognizing when they're shifting into "red brain" states, such as fight, flight, or freeze as stress responses (Shanker, 2019). It's about shifting the focus from "What's wrong with you?" to "What's stressing you?"—an essential step in recovery and co-regulation.
5. Restore: For children with Eating Disorders, restoration means more than just feeling calm; it is a return to both physiological safety (e.g., stable heart rate, digestion resuming) and emotional safety in relationships (Shanker, 2016). This is particularly important after distressing moments, such as meals or emotional outbursts. Calm is not something we can demand, but something we help create by reducing hidden stress (Shanker, 2020). Importantly, restoration is not a reward for eating or cooperating; it is a core need for recovery and resilience.

Co-Regulation as a Complementary Approach within Family-Based Treatment (FBT) and Emotion-Focused Family Therapy (EFFT) for Eating Disorder Recovery

Therapeutic models such as Family-Based Treatment (FBT) and Emotion-Focused Family Therapy (EFFT) have incorporated interventions aimed at reducing parental self-blame, fear of engagement, and highly expressed emotion, while preserving parental confidence in their caregiving role (Stillar et al., 2022). Within this context, parental self-efficacy is defined as the parents' belief in their ability to take a leading role in managing the Eating Disorder within the home environment to support their child's recovery (Stillar et al., 2022). Co-regulation can serve as a vital adjunct to these therapeutic models by providing parents with concrete strategies to help soothe and stabilize their child's emotional distress during difficult moments, such as mealtimes. By strengthening parents' sense of competence not only in managing eating behaviours but

also in supporting emotional regulation, co-regulation directly complements and enhances the goals of family-based therapies.

Family-Based Treatment (FBT)

Family-Based Therapy (FBT) is currently the leading intervention for children and adolescents with Eating Disorders, especially for those affected for less than three years (Rosen, 2010). Family-Based Therapy has long been regarded as the gold standard for treating Eating Disorders in children, emphasizing the pivotal role of parents in managing their child's nutritional rehabilitation and symptom interruption (LaFrance et al., 2020). FBT is structured around the idea that parents are best positioned to help their children recover from trauma. It involves three structured phases that actively engage the family in the recovery process. In phase one, parents, guided by therapists, take full responsibility for ensuring their child is eating adequately and for interrupting disordered behaviours (NEDC, 2021). Phase two gradually returns age-appropriate control over eating to the child, while Phase Three supports the development of a healthy, independent identity beyond the disorder. FBT empowers families to challenge these beliefs, restore physical health, and rebuild emotional connections in a collaborative and transparent therapeutic setting (NEDC, 2021). Recovery is possible, though for some, long-term management may be the more realistic goal (NEDC, 2021).

Despite its efficacy, a notable subset of families does not fully respond to FBT alone (LaFrance et al., 2020). To address these gaps, researchers have advocated for the integration of emotion-focused principles into the FBT model, resulting in enhanced frameworks where parents not only manage their child's eating behaviours but also serve as emotional co-regulators (LaFrance et al., 2020). By teaching parents to act as "emotion coaches" and providing tools to work through emotional "blocks," these integrated approaches help caregivers become accustomed to their child's distress (LaFrance et al., 2020). This shift aligns with Stuart Shanker's model of co-regulation, where a caregiver's calm, attuned presence, expressed through voice, eye contact, and body language, can help soothe a dysregulated nervous system and promote safety during intensely emotional moments, such as meals (Shanker et al., 2020). By positioning parents as both behavioural and emotional supports, this integrated approach enhances the likelihood of recovery while fostering relational security (LaFrance et al., 2020).

Emotion-Focused Family Therapy (EFFT)

Emotion-Focused Family Therapy (EFFT) further expands on this integration by placing emotional attunement at the core of treatment (Crane, 2024; Dolhanty & Lafrance, 2019). Rooted in the broader principles of Emotion-Focused Therapy, EFFT helps caregivers develop deeper emotional awareness and provides them with tools to facilitate their child's emotional expression, regulation, and emotional processing (Crane, 2024; Dolhanty & Lafrance, 2019). Central to EFFT is the belief that families possess powerful healing potential, particularly when caregivers are supported to engage in their child's emotional world confidently. The four core domains of EFFT are recovery coaching, emotion coaching, relationship repair, and working through emotional blocks (Dolhanty & Lafrance, 2019). Evidence supports the efficacy of this approach; for example, a study by Goveas et al. (2024) demonstrated significant increases in parental self-efficacy and improvements in caregivers' perceptions of their child's emotional

difficulties after just a brief two-day workshop. Similarly, Nash et al. (2020) found that EFFT participation fostered greater caregiver confidence, reduced fears of treatment engagement, and improved emotional communication within families. By emphasizing emotional co-regulation alongside behavioural strategies, caregivers learn to reframe their child's behaviours through the lens of emotional dysregulation rather than defiance or control. EFFT not only facilitates nutritional recovery but also strengthens the emotional fabric of the family (Nash et al., 2020).

The Parental Role in Co-Regulation Application

Caring for a child with an Eating Disorder has a positive correlation with health outcomes when early detection, timely intervention, and strong parental support are incorporated (NEDC, 2021). Parents are often the first to notice symptoms, and early action is preferable, as delays in treatment are associated with a more chronic illness (NEDC, 2021). Caring for children with Eating Disorders through the lens of co-regulation requires attuned, self-regulated parenting that recognizes how body image and food behaviours are shaped within relational and environmental contexts.

In family-based treatment contexts, particularly during emotionally charged situations like shared meals, parents and caregivers can serve as external sources of regulatory support. Through a calm tone of voice, sustained eye contact, and non-threatening body language, caregivers can engage in dynamic feedback loops that help soothe a child's heightened stress response (Shanker, 2022). Integrating co-regulation practices into interventions like Emotion-Focused Family Therapy (EFFT) provides a pathway not only for reducing maladaptive emotional regulation strategies but also for fostering emotional attunement within the family system (Nash et al., 2020).

The body does not define a person's worth, yet it is central to how we live and relate. Suppose a mother can embody this belief, and her daughter can witness it in practice. In that case, they may begin to co-regulate in ways that repair not only their relationships with their bodies but also their bond, disrupting cycles of shame, control, and conditional love (Winkler, 2022). The parent-child relationship, most extensively researched in the context of mothers and daughters, can convey intergenerational messages about the body, food, and value (Pastore, 2023).

Sons, too, are deeply affected by body image pressures, often centred on masculinity and strength. Adolescent boys and young men increasingly pursue muscle-enhancing behaviours and may internalize rigid ideals of masculinity that discourage emotional expression or help-seeking (Nagata, 2020). Within Shanker's (2022) Self-Reg Framework, the key to supporting both daughters and sons lies in the parents' ability to self-regulate, modelling emotional awareness, rejecting perfectionism, and creating a safe relational space where children can process distress without fear of judgment. By doing so, parents help cultivate internal validation and resilience, regardless of gender, body type, or identity.

Conclusion

Eating disorders in children are deeply intertwined with emotional and physiological dysregulation, which extends beyond the individual to affect the entire family dynamic. Integrating co-regulation, where parents support a child's emotional and behavioural regulation, offers a vital complement to traditional treatments. As Shanker's

(2016) model emphasizes, this interactive process helps parents tune into their child's hidden stressors and respond with compassion rather than judgment. By lowering stress, reframing behaviours, and fostering a sense of safety within the family, co-regulation creates a foundation for sustainable recovery (Shanker, 2016). Ultimately, learning and applying the co-regulation framework empowers parents to become active partners in their child's healing journey, strengthening family bonds and enhancing treatment outcomes.

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