

Experiences of Family Therapy for Eating Disorders: A Systematic Literature Review.

Abstract

Eating disorders are serious mental health conditions that can have a significant impact on young people and their families. Family-based therapy (FBT), including Maudsley approaches and multifamily therapy (MFT), is commonly used in the treatment of adolescent eating disorders, particularly anorexia nervosa. Although there is substantial research exploring the effectiveness of family therapy, there is less research focusing on how young people and families actually experience these interventions. The aim of this systematic literature review was therefore to explore the experiences and perceived impacts of family therapy for eating disorders among young people and their families.

The included studies were conducted in Norway, Australia, the United Kingdom, and the United States, and used a range of qualitative methods including semi-structured interviews, in-depth interviews, and family reflections. Participants included adolescents with eating disorders, parents, and siblings. Thematic synthesis identified four main themes: developing understanding of the eating disorder, reconnection and improved family relationships, emotional distress and feeling silenced, and recovery beyond the eating disorder.

The findings showed that family therapy often helped families to better understand eating disorders and the emotional experiences associated with them. Participants described improved communication, stronger family relationships, and feeling less isolated through shared experiences with other families. Multifamily therapy in particular appeared to provide validation, support, and a sense of connection for both young people and parents.

However, experiences of therapy were not always positive. Several participants described family therapy as emotionally difficult, particularly during the early stages of treatment where there was a strong focus on eating and weight restoration. Young people sometimes felt that their emotions were overlooked and that they had limited control within treatment. Families also described conflict, guilt, and pressure associated with parental responsibility during recovery.

Recovery was described as extending beyond physical recovery and weight gain to include emotional wellbeing, identity development, autonomy, and rebuilding relationships. Overall, this suggest that family therapy for eating disorders can provide important support and connection for families, while also creating emotional challenges and tensions around control. The review highlights the importance of balancing behavioural approaches with emotional support and individualised care within family-based interventions.

Introduction

The aim of this systematic literature review is to address the experiences of family therapy for eating disorders. It would first be beneficial to define what an eating disorder is. Saeedzadeh Sardahae (2023) describes an eating disorder as “a persistent disturbance in eating and its related behaviours” and goes on to say that does not just affect the food intake and absorption for the individual but also impacts the persons physical and mental wellbeing. The Oxford Handbook of Eating Disorders (Agras & Robinson, 2018) identify five categories of eating disorders, anorexia nervosa, bulimia nervosa, binge eating disorder, other specified feeding or eating disorder and unspecified feeding or eating disorder. Giordano (2005) has identified two different models of eating disorder heterogeneous, meaning that the eating disorder is as a result of environmental factors and genetic risk factors, and an addiction model which sees the eating disorder as a type of addiction.

When looking at the treatment of eating disorders, it has been suggested that a combined approach would be the most effective form of treatment, looking at the individual, nutritional, psychological and medical aspects of the eating disorder should all be taken into consideration (Steiner & Flament, 2012). This is supported by Schulherr (2008) who highlights the need for the appropriate team around the person who is struggling with an eating disorder, especially the appropriate therapist to support the individual. An article by Raykos (2025) suggested that the treatment for eating disorders include evidence-based treatments such as cognitive behavioural therapy and family-based treatment, however, goes on to identify the difficulty in accessing support. Allam & Attia (2026) also identify family-based therapy as a successful treatment for eating disorders noting a study of 121 adolescents who achieved better outcomes in relation to their struggle with eating disorders than those participants who engages in only adolescent-focused therapy, however compared to adolescents who received cognitive behavioural therapy, the outcomes initially for family based therapy were not as successful as those who received cognitive behavioural therapy however by the 12 month review the results of family based therapy and cognitive behavioural therapy were very similar in 130 adolescents (Le Grange, 2015).

Kosmerly, et al (2015) describe family-based therapy as based of 'manualised protocols' as these appear to be more successful in the treatment of eating disorders than less structured therapies. Family-based therapy is set in distinct phases; each phase has specific therapeutic tasks to support the young person and their family and support network. The first phase is based on the parents taking control of what the young person is eating, with the family being supported in ways to promote weight gain in their family member. The second phase is where the control of eating is handed back to the young person as the family are supported with therapeutic issues around and outside the illness itself. The third and final stage is about supporting the person to find their own identity and supporting the family in encouraging personal growth and independence. These are very similar for both anorexia nervosa and bulimia nervosa, however Kosmerly et al (2015) states that for cases of bulimia nervosa there is more collaboration between the parents and child in phase one due to the 'ego-dystonic nature' of the illness.

Gioia et al (2025) found in their research on family-based therapy for eating disorders that one of the dependant factors that may affect the success of treatment is that of the family itself rather than the adolescent. For example, 50% of the family found that not all family members being able to make each session was a limitation and therefor affected the results and effectiveness for the adolescent. Another barrier that was found in this study was of the attitudes of the families and their own relationship with diet culture impacting the adolescents, this is supported by Harrop (2023) who found that 'weight stigma' has an impact on the mental health of the person, but also may impact on the engagements with support for eating disorders, in this case family based therapy.

Method

The Search Process

In order to conduct a thorough examination of the literature, eight electronic databases were selected for use. A database search of published literature dating from January 2016 to April 2026 was conducted. Seven electronic databases were selected for this purpose: ScienceDirect, JSTOR, ProQuest, PsycINFO, PsycARTICLES, EBSCOhost, and Google Scholar.

Search terms were developed using Boolean operators and truncations to maximise retrieval. Core search strings included combinations of: “eating disorder” OR “anorexia nervosa” OR “bulimia nervosa”* “family therapy” OR “family-based treatment” OR “Maudsley” OR “multifamily therapy” “experience” OR “perception*” OR “lived experience” OR “qualitative”* “adolescent” OR “young people” OR “child”*

Reference lists of included papers were also hand-searched to identify any additional relevant studies. Grey literature was excluded because the review focused on peer-reviewed empirical evidence.

Inclusion and Exclusion Criteria

Studies were selected according to predefined inclusion and exclusion criteria.

Inclusion criteria:

- Published between January 2016 – April 2026
- Peer-reviewed journal articles
- Qualitative empirical design (e.g., interviews, focus groups, thematic analysis, IPA)
- Focus on family therapy / family-based interventions (including FBT, Maudsley, multifamily therapy)
- Participants included young people with eating disorders and/or their families.
- English language publications

Exclusion criteria:

- Quantitative-only studies

- Reviews, meta-analyses, editorials, or commentaries
- Adult-only samples (unless family therapy is delivered within youth services)
- Studies not focused on treatment/intervention experience.
- Non-peer-reviewed literature

Following screening, six papers met the inclusion criteria.

Quality Assessment, Screening and Coding

Screening followed a staged approach aligned with the guidance of systematic reviews.

- Title screening - removal of clearly irrelevant studies
- Abstract screening - assessment against inclusion criteria
- Full-text review - eligibility confirmation
- Quality appraisal - CASP checklist applied.
- Data extraction and coding - thematic synthesis preparation

The six studies included in the final synthesis are summarised below in Table 1.

Table 1: Summary characteristics of studies reporting Experiences of Family Therapy for Eating Disorders

Study	Country	Study Design	Data Collection Method	Sample
Brinchmann & Krvavac (2021)	Norway	Qualitative	Semi-structured interviews	Young adult women + families in multifamily therapy
Conti et al. (2017)	Australia	Qualitative	In-depth interviews	Adolescents with AN receiving Maudsley/FT
Coopey & Johnson (2022)	UK	Qualitative	Interviews	Young people in inpatient FT & MFT

Study	Country	Study Design	Data Collection Method	Sample
Gao et al. (2025)	USA	Qualitative pilot study	Semi-structured interviews	Adolescents receiving FBT
Medway et al. (2019)	Australia	Qualitative narrative study	Interviews	Adolescents + parents in FBT
Nilsen et al. (2021)	Norway	Qualitative thematic analysis	Family interviews / reflections	Families in inpatient FBT programme

Two appraisal instruments were utilised: PRISMA-P (Moher et al., 2015) to guide transparent reporting of the search and selection process (Figure 1) and CASP Qualitative Checklist (2018) to assess methodological rigour, credibility, and relevance (Table 2).

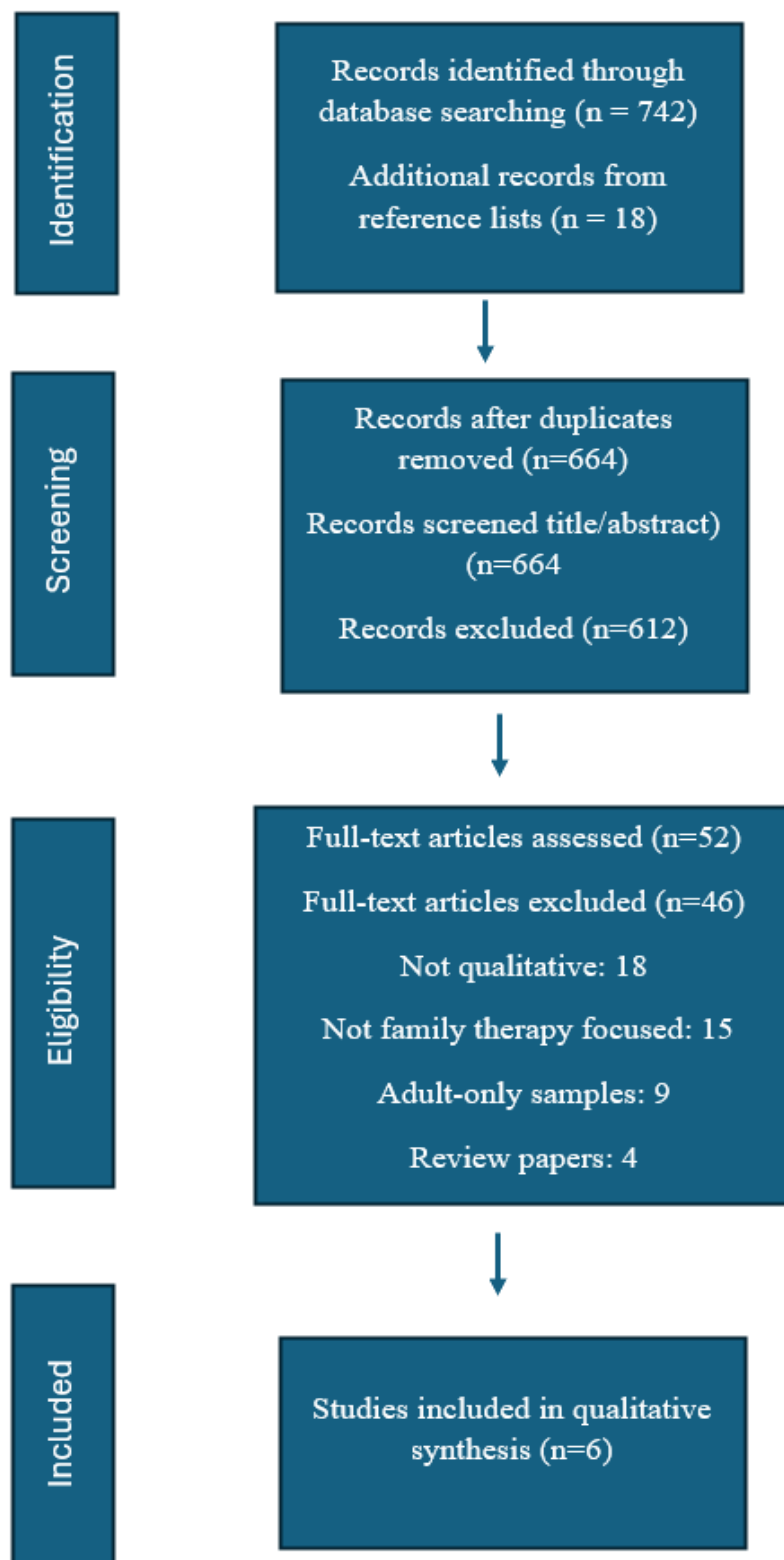
Table 2: CASP Qualitative Appraisal

Study	Clear Aim	Appropriate Methodology	Research Design	Recruitment Strategy	Data Collection	Reflexivity	Ethical Issues	Data Analysis	Findings Clear	Value
Brinchmann & Krvavac (2021)	✓	✓	✓	✓	✓	Partial	✓	✓	✓	High
Conti et al. (2017)	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
Coopey & Johnson (2022)	✓	✓	✓	✓	✓	Partial	✓	✓	✓	High
Gao et al. (2025)	✓	✓	✓	✓	✓	Limited	✓	✓	✓	Moderate–High
Medway et al. (2019)	✓	✓	✓	✓	✓	✓	✓	✓	✓	High
Nilsen et al. (2021)	✓	✓	✓	✓	✓	Partial	✓	✓	✓	High

Key: ✓ = Criterion met

Overall, all six studies were deemed methodologically robust, with minor limitations relating primarily to reflexivity reporting and sample size in pilot work.

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Figure 1: PRISMA-P Flow chart

Results

From the six suitable papers that have been identified there were a mix of data collections that took place including semi structured interviews, in depth interviews and family reflection on their experience. These have given a wide range of data from the participant and allows for a detailed exploration of lives experience of family therapy for eating disorders. Most the studies focussed on young people with anorexia nervosa and included perspectives of the young people and their families within family-based therapy, Maudsley approaches or multifamily therapy. The six studies included were all conducted within Western healthcare settings including Norway, Australia, The United Kingdom, and the United States.

The participants used in the six identified studies were between the ages of ten and twenty-five when they experience family-based therapy. Four of the papers included also involved the family in the interview process, including mothers, fathers, siblings, grandparents, and partners. For the other two studies the research was based on the young persons experiences and so only the young people were interviewed on their experiences of family-based therapy. Out of the six studies only one (Medway et al. 2019) identified any male participants from those who were diagnosed with an eating disorder. This female bias can also be seen in the family who participated in the interviews with female family members making up the majority of the families interviewed, for example in the research by Brinchmann & Krvavac (2021), out of the nine siblings that took part in the research, only one was a male however as sets of parents were included in the interviews this suggests that there were twelve mothers and twelve fathers involved.

The research by Conti et al. (2017) was based on one family and their reflections on their own experiences. As only one family participated in this study it differs from the others as the interviews that took place to collect this data was a more in-depth interview, made possible by there only being one case study used. This however may not give a true representation of the experience as it is based on only one family experience and so does not offer the opportunity for comparison to other feelings and opinions of family-based therapy. This can be seen however through the six identified papers as all of the research has small sample sizes.

Themes

From looking at the six papers, four themes were identified. 1. Understanding of the eating disorder, 2. Improved family relationships, 3. Emotional distress and 4. Recovery beyond the eating disorder. For each theme there are sub themes connected to the theme.

Theme 1 – Understanding the eating disorder.

The families and their understanding of anorexia. The families felt that they had an insight to the eating disorder since reflecting on the family-based therapy. “I think that they’d say that...their view of anorexia has changed probably...They see it as more a mental illness” (Coopey & Johnson, 2022), highlighting the change in opinion of the families towards the eating disorder. “Families also develop patterns of organisation around the ED that can lead to maintenance of the disorder” (Brinchmann & Krvavac, 2021), this quote also displays the lack of understanding that the families had around the young person’s eating disorder, suggesting that the families are unknowingly supporting the young person in their challenges with the eating disorder. Brinchmann & Krvavac (2021) also found that “Multi family therapy facilitated extensive learning experience and profound insight into the challenges patients and family members experienced”.

Feeling understood. The next sub theme is the young people and their thoughts of feeling valued when their emotional distress and experience of the eating disorder was recognised by their families and by the therapists who were supporting the family. This can be seen in Coopey & Johnson (2022) where the young person expressed how the therapy helped them (the families) to understand the emotions that are associated with the eating disorder for the young person.

Shared experiences with other families. This was linked due to several of the papers reporting that the families felt isolated, as supporting someone with an eating disorder meant that they felt alone and that no one understood, however through family based therapy, particularly multifamily therapy the families realised that others have the same or similar experiences and they were able to support each other. This is highlighted by Brinchmann & Krvavac (2021) who reported parents know that they were not alone in their struggles, quoting “The meeting with other families created an underlying safety.”.

Theme 2 – Improved family relationships

Improved Communication and Openness. Following the family-based therapy, participants expressed that the families were more open with each other and were able to discuss their emotions and difficulties more openly as the families were more able to understand (link to theme 1). This can be seen in the quote “Their family had become better at talking to each other” and “Speak more openly about difficult things and share feelings,” both taken from Brinchmann & Krvavac (2021).

Family relationships. Families reported that by attending family-based therapy they felt closer as a family and better equipped to support the young person with the eating disorder. The young person also felt more understood and less alone in their experiences (linked to theme 1). This subtheme is highlighted in the quotes “It felt like we were doing it together” (Gao et al, 2025) and “The treatment enabled the system to act differently and thus revive the connection” (Coopey & Johnson, 2022) thus suggesting that the family-based therapy supported the families to rebuild their closeness.

Developing Empathy and Perspective-Taking. Through the experience of family based therapy, family members were able to better understand the experiences of the young person with an eating disorder, but also allowed for the young person to gain empathy and understanding for what their family goes through when supporting them allowing for a better understanding of each other, building empathy and understanding for each-others perspective. As seen in Coopey & Johnson (2022) “seeing sort of what it must be like in your parents’ perspective” showing how the empathy is being built both for the young person but also for their families.

Theme 3 - Emotional distress

Although generally family-based therapy was a positive experience for the participants, some participants described it as having some negative experiences.

Increased conflict with family. For some of the participants of the family-based therapy, the result was that it intensified the tension between the family. This can be seen in Gao et al. (2025) where one participant explained how family-based therapy “made a lot more arguments”. Conti et al (2017) mirrored this with one participant describing a “sort of battle between me and my parents.

Feelings of being blamed or judged. Parents reported feeling of being blamed for their child’s eating disorder or that they were in fact being judged an under scrutiny.

This also caused for some participants feelings of guilt for their child's difficulties. One participant in the study by Conti et al. (2017) described the feeling of being "on trial", with the parents in this situation feeling that the child's failure to put on weights was the mother's failure by not feeding her enough.

The young people feeling unheard. Through the experience of family-based therapy some young people felt that their emotional wellbeing was overlooked in favour of the recovery in their eating behaviour. This was recorded by Conti et al. (2017) who's participants felt the family-based therapy did not focus on her emotional wellbeing and "solely focused on my physical health".

Theme 4 - Recovery beyond the eating disorder

Participants described their recovery as being more than just weight gain but also including emotional growth and building their identity outside of the eating disorder.

Eating disorder disrupting typical adolescents' development. Participants described that through their struggles with eating disorder, it has stopped them from typical adolescent experience and development that their peers have experienced. This is described by Medway et al (2018) as "Disruption to physical, social and psychosexual development" and also as "highly disruptive to adolescent development".

Recovery is ongoing. Throughout the six papers, the participants described recovery as an ongoing process that is not just physical, based on their weight, BMI and eating habits, but also psychological. Gao et al (2025) described recovery as "an ongoing or lifelong process", whilst Medway described it as "Recovery beyond weight gain". Both supporting the idea that recovery is life long and is more than about the physical symptoms experienced.

Discussion

The review has been focussed on six papers looking at family-based therapy for adolescents with eating disorders. Family-based therapy is one of the first line treatments that is recommended for adolescents with eating disorders however less is known about the lived experiences of the therapy. The review identified four themes, each then contained sub themes. The themes were understanding the eating disorder, improved family relationships, emotional distress, and the recovery beyond the eating disorder. All of the papers that were looked at used different forms of interviews to gather the data and the outcomes were qualitative data based on personal experience. The participants included adolescents with eating disorders and their families. Although the participants described family based therapy as supportive in improving understanding, communication, in building empathy for other family members and in the rebuilding and strengthening family relationships, some described their experience of family-based therapy as emotionally distressing, a cause of conflict and leading to struggles relating to autonomy and identity.

The first theme that was identified from the research papers was that of understanding. This included understanding of the eating disorders themselves and understanding is more than the physical illness; it is a mental illness that was affecting the adolescent participants. One of the sibling participants in the study Nilsen et al. (2021) described how they learnt more about the eating disorder by going through the programme and he felt that his parents learnt that it was okay to be firm with his sibling when it comes to eating. This implies that the programme was not just supporting the adolescent that all of the family was benefitting from the therapy, including siblings who had a better understanding of what their family members were going through. In the study by Nilsen et al. (2021), the research took place at an inpatient facility, however these results were mirrored in the study by Coopey & Johnson (2022) which was not a study on inpatients, where every adolescent participant stated how they valued their parents having a greater knowledge and understanding of the eating disorder, as it allowed the participant to feel better understood by their family. However, one participant stated how they did not believe that their parents would ever fully understand her experience.

The families in the study unanimously agreed that there was a feeling of isolation for the families of those with an eating disorder. Margret, who took part in the study by Conti et al. (2017), is a mother of an adolescent with an eating disorder. Margret describes the isolation that she felt while going through this illness with her daughter, explaining how she did not feel that others would believe her if she explained what she was going through. This could potentially put more pressure on the family dynamics as they become more isolated. However, Brinchmann & Krvavac (2021) looked at the benefits of multifamily therapy. From this research the peer support that all of the participants received was seen as a benefit with one mother describing crying when she went in to the group of mothers she cried because for the first time she felt that others understood how she felt and the impact that the eating disorder had on her, and her family's life. In contrast to the mother's experience, one of the young women in the study felt that the multi family therapy had been more beneficial for her parents than it had been for her.

Gao et al (2025) states how one of the initial focuses of family-based therapy is that of parental empowerment, encouraging them to take control over the eating and the eating disorder in the home, but one of the participants in this study also felt that there were a lot more arguments caused by the family-based therapy. Conti et al (2017) also stated this with one of their participants liking it to a battle with the parents. It could be suggested that by putting the emphasis on the parents to "refeed" the adolescent that this causes more conflict within the family environment so possibly for some families intervention from outside agencies may be more beneficial, however the participant from Gao et al (2025) was an inpatient and so it would not initially be on the parents to refeed their child.

The impact on the family around the adolescent with the eating disorder can often be overlooked. This can be seen in the study by Conti et al (2017) who looked at one family's experience of going through family-based therapy and reflecting on their experience. The father of the family states how his son was "in the middle of all this", with his sister unwell and his parents worried about her, meanwhile their son who was thirteen was left. The father recalls feeling bad about the situation. In contrast, participants from Nilsen et al. (2021) reported feeling closer to the family following the intervention, stating "We felt we came closer to each other" through the treatment and support they received.

Another theme that arose was that of the adolescents with the eating disorders missing out on teenage norms and milestones due to their illness. Medway et al. (2019) comments on the young people having 'missed a period of development of critical skills', with one of the participants saying they "had never kissed a boy... never gone to a party" however stated that this was a motivation for her to 'get normal' and to overcome her illness, so that she was not missing out on the 'normal' teenage experiences that her peers were having. Throughout the studies, participants comment on the peer support that they received during treatment and overcoming the feeling that they are not alone in this situation. Gao et al (2025) stated that the participant found peer support 'instrumental' in their recovery and found peer mentoring support beneficial. This has the potential to help the participants to feel 'normal' as well, being supported by others that are in a comparable situation.

Strengths and Limitations of the study

From this study several strengths and limitations have been identified. All of the studies provide qualitative research, this is a strength as when looking at the experiences that people have had, this gives the opportunity to give more detail on the topic and to expand on answers when needed. However, the studies did have small sample sizes, and the majority of the adolescent participants were female, this may not be a true reflection of experiences as the researchers were not able to fully gauge the opinions of male participants with so few taking part in the research. This could not only be seen in the adolescents with eating disorders but also in the family members. Although some studies did include fathers and brothers the majority of family members were also female, showing a gender bias and not showing a true reflection of experiences.

The studies looked at lived experiences from a range of people of different ages and multiple perspectives, the sample also included studies from different countries, allowing for cultural differences and norms. However, the countries where the sample of studies were selected are all westernised countries, it may have been of interest to look at studies from non-westernised countries to identify the difference in the treatment and perspectives of the participants.

Conclusion

From looking at the studies, it can be seen that family-based therapies are beneficial, not just for the individual with the eating disorder, but also for the family and support around them. It is through family-based therapy that the support system of the person can build an understanding of the illness and of the challenges that the person faces. It was clear in the study by Coopey & Johnson (2022) that looked at multifamily-based therapy, that meeting with other people in a similar situation to themselves was beneficial and it reduced the feeling of isolation and provided not just the young people, but the families with peer support. Some participants did mention the tensions caused in the family by the therapy and the impact that it had on the relationship, although following treatment the participants reported feeling closer to their families than they were before. Better understanding and stronger family and support relationships were one of the positives to come out of this research.

All of the research looked at the eating disorder as more than a physical illness and instead saw it as a holistic issue, therefore the support needed was also required to be a comprehensive approach, focussing on mental health and barriers for the young people as well as the physical. In all of the studies this was the case, looking holistically at the person and tailoring the support to meet their needs. In some periods the treatment did cause emotional distress to the participants, however the results have been overwhelmingly positive in favour of the family-based therapy.

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