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Editorial

ReAttach Protocol for Eating Disorders: A Transdiagnostic Systemic and Strategic Approach

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Abstract

Eating disorders are complex psychosomatic conditions that have a massive impact on the personal lives of mostly relatively young individuals. Since eating disorders show overlap in symptomatology, a network approach to treat underlying trans-diagnostic factors would be appropriate. ReAttach is a trans-diagnostic intervention for adults and children that can be tailored for patients with eating disorders as a multi-family approach. In this article, the authors describe the ReAttach Protocol for patients with eating disorders. The authors publish this protocol for ReAttach Specialists and Affect Coaches trained in the ReAttach specializations. Besides basic skills, this protocol requires a thorough knowledge of the C.A.T. (Computer Adaptive Tool to tailor sessions), the W.A.R.A. (Wiring Affect with ReAttach), the M.I.S.T. (Mapping the Individual State of Mind) and the New Mind Creation. In the ReAttach Protocol, validation of the need for self-control gets special attention. It is also striking that ReAttach uses the hypothesis that loss of connectivity due to adverse affect is the cause of alienation from the body. Working with this hypothesis, the authors recommend identifying with the body during social cognitive training so that the body becomes part of the self-concept again. The authors use cognitive bias modification to train adaptive skills, necessary for further recovery. Eating disorders are life-threatening and are associated with patterns of insecure attachment. Therefore, the New Mind Creation is indispensable as a learning requirement in the ReAttach Protocol for eating disorders.

Keywords: ReAttach, W.A.R.A., New Mind Creation, Eating Disorders, Affect Coaching

Introduction

ReAttach is a transdiagnostic intervention for adults and children with mental health problems [1]. Eating Disorders involve overlapping symptomatology; therefore, a network approach influencing the underlying transdiagnostic factors would be appropriate [2]. ReAttach Affect Coaches strategically apply a network approach to treat multiple transdiagnostic factors. ReAttach, W.A.R.A. (Wiring Affect with ReAttach), and the New Mind Creation, key components of the Affect Coach intervention, are deployed in treating chronic and complex problems. This article discusses how Affect Coaches can use these techniques by describing the ReAttach Protocol for Eating Disorders.

Eating disorders are complex psychiatric conditions where severe disturbances in eating behavior, body image, and the regulation of weight are present. Eating disorders have different clinical presentations, such as anorexia nervosa or bulimia nervosa, and often overlap with other psychiatric symptoms, pathology such as anxiety, depression, trauma, and obsessive-compulsive disorders [3] [4]. The transdiagnostic nature of eating disorders suggests that they share common underlying factors, such as negative affect, maladaptive coping strategies, and insecure attachment styles, which contribute to their development and persistence [2] [1].

Recent research highlights the role of negative affect as a central transdiagnostic factor in eating disorders. Negative affect, which includes emotions such as guilt, shame, and body dissatisfaction, is strongly correlated with disordered eating behaviors [5] [6]. For instance, individuals with anorexia nervosa

often experience intense fear of weight gain and loss of control, leading to restrictive eating patterns. In contrast, those with bulimia nervosa may engage in binge-eating episodes followed by purging behaviors to alleviate feelings of guilt and shame [7]. Similarly, individuals with binge-eating disorder often report distress and loss of control during eating episodes, which can exacerbate feelings of shame and perpetuate the disorder [8].

Anxiety and stress-related behaviors are also prominent transdiagnostic factors in eating disorders. Studies have shown that anxiety is often present at the onset of eating disorders and is a significant predictor of disordered eating behaviors [9] [8]. For example, adolescents with anorexia nervosa frequently exhibit heightened anxiety about their body shape and weight. This anxiety might lead to weight control and dieting [9]. Additionally, stress-related behaviors, such as emotional eating, are common in individuals with binge-eating disorder, where food is used as comfort food, managing negative emotions [8].

Maladaptive coping strategies, particularly early maladaptive schemas (EMS), play a crucial role in the development and maintenance of eating disorders. These maladaptive schemas are cognitive survival patterns often leading to dysfunctional behaviors such as food restriction, binge eating, and purging [10].

For example, individuals with eating disorders may use food-related behaviors to suppress or compensate for feelings of inadequacy, shame, or worthlessness, which are often rooted in early life experiences [11].

Insecure attachment styles are another critical transdiagnostic factor interfering in eating disorder complexity. Previous research suggests that patients with eating disorders often exhibit insecure attachment patterns, such as anxious or avoidant attachment, which can contribute to difficulties in emotional regulation and interpersonal relationships [12] [13]. For instance, individuals with anorexia nervosa are more likely to exhibit anxious attachment styles, while those with bulimia nervosa tend to display preoccupied attachment patterns [12]. These attachment styles can exacerbate feelings of insecurity and contribute to disordered eating behaviors in a way to regain control or cope with emotional distress.

The systemic approach to treating eating disorders has gained increasing recognition in recent years. Family dynamics, particularly parental distress and involvement, significantly evoke the development and hinder the treatment of eating disorders [14] [15]. Multi-family therapy, which involves both parents and the affected individual, is an effective adjunctive treatment for eating disorders, promoting positive changes in eating behaviors and family functioning [5]. Isserlin et al. (2024) reported the importance of a family-centered approach, including fathers' involvement, as crucial in achieving positive treatment outcomes [16].

Eating disorders are complex. Thus, a transdiagnostic intervention that addresses the underlying factors across these conditions is essential. The ReAttach Protocol integrates systemic and strategic interventions and offers a comprehensive framework for treating eating disorders. By targeting transdiagnostic factors such as negative affect, anxiety, maladaptive coping, and insecure attachment, the ReAttach Protocol provides a unified treatment approach that can be tailored to individual needs [1] [17]. The ReAttach Protocol emphasizes the importance of family involvement, cognitive restructuring, and sensory integration, aligning with contemporary research highlighting the need for a holistic approach to treating eating disorders [14] [5].

A transdiagnostic approach

What do eating disorders such as anorexia nervosa, bulimia nervosa, binge eating, and picky eating have in common? These eating disorders all involve a complex relationship with food, where eating can be a source of anxiety, comfort, or control. Although eating is necessary for survival, thus an instinct, in eating disorders, eating is perceived as a threat. This threat perception depends on the disorder and the individual's experiences.

For patients with anorexia, eating triggers an intense fear of gaining weight and losing self-control. Congruently, they may avoid the negative affect by obsessively counting calories or avoiding food to maintain control over their body.

In patients with bulimia nervosa, eating can cause negative affect such as guilt or shame, which may lead to an overwhelming compulsion to purge to prevent weight gain.

Although patients with binge-eating disorders may not necessarily fear eating itself, they often experience distress or shame due to loss of control and possible weight gain.

While not considered an eating disorder in the clinical sense, picky eating can lead to anxiety over eating unfamiliar foods or social dining situations. Fear of texture, taste, or appearance can lead to a restricted diet and stress. Extreme dieting changes the physiology that regulates hunger and satisfaction [18] [19].

Overall, these eating disorders transform a natural, necessary activity into a source of distress, putting the patients at risk of malnutrition, mental health problems, and starvation.

Transdiagnostic factors in eating disorders

Research has shown that eating disorders are complex psychiatric conditions that are comorbid with other psychiatric disorders, such as anxiety disorders, depression, trauma, obsessive-compulsive disorders, and pervasive developmental disorders. Let us review currently known, important transdiagnostic factors that trigger or perpetuate the problem of eating disorders.

Negative affect

Across trauma, mood, and anxiety disorders, negative affect, hyper-arousal, and somatic anxiety were identified

as transdiagnostic factors across trauma, mood, and anxiety disorders [3]. Research indicates a strong correlation between eating disorders and negative affect such as body dissatisfaction, disgust and toxic shame [4] [6] [7]. Perfectionism and body shaming are growing phenomena causing feelings of inferiority, shame, and gloom. Negative affect refers to a "bad feeling" that has not yet been processed [17].

Anxiety and stress-related behavior

Bozzola et al. (2025) recently published a study into predisposing potential risk factors for severe anorexia nervosa in adolescents. The researchers reported an increased concern about their shape and weight in all patients, life stress events, and family dynamics involving tension around eating and weight control [9]. The anxiety and stress-related behavior were present before the onset of anorexia nervosa. Gutierrez-Colina et al. (2024) found support for social cognitive-behavioral models of disinhibited eating, where anxiety was highlighted as a vulnerability and underlying factor [8].

Maladaptive Coping - Early Maladaptive Schemas (EMS)

The eating-related behaviors of patients with eating disorders provide only temporary relief from negative affect. Suppressing, compensating, and camouflaging unpleasant feelings through food-related coping are forms of early maladaptive schemas.

Social Cognitive Distortions

Negative affect and eating disorders can both be linked to distorted thinking patterns. According to Kurtoğlu et al. (2024), both self-compassion and social anxiety mediate the relationship between cognitive distortions and emotional eating [10].

Self Awareness

Self-awareness is a dynamic concept of diverse, interconnected aspects [11]. Interoception, proprioception, agency, metacognition, emotion regulation, and autobiographical memory are components of self-awareness [20].

Body awareness encompasses interoception as a representation of the body's internal state requiring sensory integration and conceptualization. Brain structure and functionality alterations in clinical psychiatric conditions can lead to variations in self-awareness processes [21] [22] [20].

Executive functioning

Cobbaert et al. (2024) assessed underlying factors in eating disorders for neurodiverse patients. They reported atypical sensory processing, executive functioning, social communication, emotional processing, and a higher likelihood of experiencing chronic illnesses and systemic discrimination as transdiagnostic factors [23].

Impulsivity

Crisp and Grant (2024) suggest that impulsivity is a transdiagnostic factor for a broad range of psychiatric symptoms in young adults [24]. Based on their research, Labarta et al. (2024) point to comorbid trauma and experiential avoidance as transdiagnostic factors in eating disorders and address mindfulness and adaptive coping to overcome disruptive avoidance of emotional experiences [25].

Insecure attachment

Hyde-Smith, C., Carey, H., & Steward, T. (2024) demonstrated that intolerance of uncertainty [26] and repetitive negative thinking [27] play a crucial role as moderating factors in eating disorders across different diagnoses.

Research about insecure attachment styles in adolescents at risk for eating disorders suggests that the anxiety attachment style is dominant for anorexia Nervosa and the preoccupied attachment style for bulimia nervosa [12]; in their study, Carfagno et al. (2024) suggest that social avoidance and intrusiveness mediate as transdiagnostic factors between avoidant and anxious attachment styles in eating disorders psychopathology [13].

Evidence promoting a systemic approach

The distress experienced by caregivers of adults and adolescents with eating disorders is well documented [14]. Parental distress and anxiety are such crucial transdiagnostic factors that we must acknowledge the need for a systemic approach to eating disorders [28] [15]. Isserlin et al. (2024) specifically emphasize the importance of father involvement: both parents must be involved in the treatment since they can contribute to a positive treatment outcome.

Multi-Family Therapy is proven to be a beneficial adjunctive treatment across the lifespan for patients with eating disorders, promoting changes in eating disorders and related difficulties. Besides, Multi-Family Therapy has been shown to support and promote broader family and caregiver functioning (Baudinet & Eisler, 2024).

The ReAttach Protocol for Eating Disorders

Procedure

The perception of lower parental care and high overprotection could predispose healthy individuals to develop an eating disorder [29]. It is important to address the eating disorder as a systemic approach where the family is assessed with the ReAttach C.A.T. (Computer Adaptive Tool, Weerkamp-Bartholomeus, 2019) and the M.I.S.T. (Mapping the Individual State of Mind,

Zeestraten-Bartholomeus, 2025). Parents and children must be involved and consent to participate in ReAttach sessions. Parents are not just participants but important co-regulators who can strengthen or stabilize the transdiagnostic factors underlying the eating disorder. Their role is crucial in the success of the Therapy. Therefore, in family treatments, the ReAttach procedure is to provide ReAttach sessions to both parents as a start of the trajectory, empowering parents to be part of the solution.

Strategy

The ReAttach therapist does not follow a one-size-fits-all approach but prepares a strategy for the entire family based on the M.I.S.T. outcomes for the relational dynamics and tailor-made ReAttach sessions to optimize the learning conditions per person. We will now describe the protocol for individuals with eating disorders.

Validate the need for self-control: W.A.R.A.

Stress-related behavior, negative affect, toxic shame, and loss of control are underlying mechanisms that determine eating disorders in general. The ReAttach therapist validates the patient's control needs by starting with the W.A.R.A., where negative affect disappears quickly and effectively [17].

Importantly, patients can quickly learn to apply W.A.R.A. themselves. Oliveira and Cordás (2020) argue that food cravings, as intense urges for a particular type of food, precede binge eating: the body asks, and the mind judges. The patient can use the W.A.R.A. to reduce food cravings or feelings of guilt and shame [30].

Although effective in reducing negative feelings, W.A.R.A. itself is insufficient to help patients with eating disorders get out of the negative spiral of maladaptive schemas.

Tailored ReAttach Session

Activation of the Mirror Neuron System

An activated mirror neuron system is implicated in complex neurocognitive functioning. It proceeds awareness of self and others, and both the mirror neuron and mentalizing systems are crucial for successful social interaction [31]. In ReAttach, we activate the mirror neuron system by arousal optimization, proximity, and tactile stimulation. The mirror neuron system is sufficiently activated when we perceive anticipation and adjustment to the therapist's behavior, synchronicity in body and facial expressions, and shared affect.

Activation of the Mentalizing System

Once the condition for activating the mirror neuron system is met, the ReAttach therapist focuses on sensory integration and activation of the mentalizing system by conceptualization.

The ReAttach therapist proceeds with social cognitive training under the co-regulation of optimal arousal for sensory processing (the alertness associated with positive affect such as interest, enthusiasm, or surprise). This social cognitive training aims to restore or strengthen the mentalizing network's connectivity and integrate negative affect via sensory integration into coherent concepts. The social cognitive training is tailored to the development level of the child or adult undergoing ReAttach. All patients receive associative thinking tasks to get the brain firing and to achieve connectivity between neural networks. With ReAttach, the automation of sensory integration and improvement of connectivity within the mentalizing network prioritizes the content of the thinking assignments.

Addressing social-cognitive distortions

Children and adults with mental health problems (including those with eating disorders) lose complex social-cognitive skills through loss of connectivity with neural networks due to problems in stimulus processing. Each ReAttach protocol includes social cognitive training focusing on differentiation between self and others, theory of mind, and executive skills to function within relationships. Patients require this social cognitive training to learn to identify again with what they have lost, what they want to learn, or what they want to regulate.

Identifications

Patients with eating disorders present a negative body image, and therefore, it seems obvious to adjust this concept and promote body positivity. However, ReAttach works with the hypothesis that the body image is part of the self-concept. We are our bodies. Self-awareness and self-concept respond with instability to disruptions in connectivity caused by negative affect as a result of insecure attachment brain functioning. Distorted perception of the self occurs by weakened or disturbed stimulus processing that disrupts connectivity with self-consciousness and self-concept, including the connectivity with the integrated body image. In other words, the hypothesis is that the perception of the negative self results from interaction with a sensory overresponse to a perceived trigger. Loss of connectivity with the self must be a threatening and reinforcing factor of stress and anxiety itself, causing the patient to obsessively try to avoid, compensate or camouflage this negative affect. Precisely due to the loss of connectivity, the body becomes increasingly isolated in perception from the rest of the self, which is a disintegration disorder in itself. The logical consequence is that the brain eagerly seeks opportunities to control the body and reintegrate its sense of self. As with phantom pain, the brain desperately attempts to reduce the adverse effect. However, there is an external locus of control: the body no longer "belongs" as part of itself and is therefore experienced as alienated, unworthy, and

shameful. In patients with traumatic brain injury who feel that a part of their body no longer belongs, we use identification with this body part to change the locus of control so that they feel it belongs to the self again. In the same way, we want to offer identification with the body to patients with eating disorders. Thus, the first identification prompt is not about promoting body positivity but simply about identifying with the body.

Furthermore, the authors advise emphasizing the contribution of intrinsic strengths that have nothing to do with appearance. They suggest using identification with adaptive concepts such as welcome, valuable, loved, kind, and funny.

Cognitive Bias Modification

After the identifications and subsequent searches, the focus of the ReAttach protocol for eating disorders is on learning adaptive coping styles and self-care in order to restore autonomy and enable the patient to exercise responsible self-determination. We use Cognitive Bias Modification techniques based on associated memory formation to achieve this.

The intolerance of uncertainty, a symptom of insecure attachment present in patients with eating disorders, conflicts with an optimism bias. The optimism bias, "the feeling that everything will be fine," helps us function in stressful times. In decision-making, optimism bias should influence priors when predicting how individuals will make future choices under uncertainty. Karnick et al. (2024) found that individuals did not demonstrate an optimism bias under unfavorable affective conditions and that the optimism bias in depressed individuals was lacking [32]. The optimism bias needs to be (re)trained in both the patient and the parents before we can focus on training secure attachment.

The mirror exercise is suitable for working on self-acceptance and self-worth in patients with eating disorders, while toxic shame can be phased out. Patients can learn to be kind, gentle, and patient with themselves and protect themselves from unrelenting standards. They could explore a healthy, gentle, adaptive investment in themselves and compare the "self" with the "taken-care-of self."

Practicing adaptive behavior, such as self-care activities and showing love and respect for oneself and one's body is important. Other goals might be learning to filter social media, being critically reflective, unfollowing unhelpful content, and respectfully redirecting body conversations with others. The cognitive bias modification might focus on what to say to someone else, how to be kind, gentle, and patient with yourself, and how to shift attention to health, strength, or toned muscle mass instead of weight.

New Mind Creation

The transdiagnostic factors underlying an eating disorder are incompatible with secure attachment patterns. ReAttach works with the hypothesis that in chronic and/or complex psychosomatics, the brain responses are based on insecurity. From this thinking, improving stimulus processing and connectivity is not enough. Including secure attachment training in the ReAttach protocol is essential as part of the treatment. The procedure and technique we use is New Mind Creation. With the New Mind Creation we train secure attachment and simultaneously:

- to code negative affect as "safe"
- to explore new thoughts or skills
- to develop a tolerance for positive self-related information
- to tolerate for differences in appearances
- to cope with uncertainty

Discussion

The ReAttach Protocol for Eating Disorders presents a new transdiagnostic approach addressing the complex and multifaceted nature of eating disorders. By integrating systemic and strategic interventions, the ReAttach Protocol offers a framework that targets the underlying transdiagnostic factors. The protocol's emphasis on family involvement, cognitive restructuring, and sensory integration aligns with contemporary studies, highlighting the need for holistic approaches to treating eating disorders [14] [5].

One of the key strengths of the ReAttach Protocol is its focus on **transdiagnostic factors** such as negative affect, anxiety, maladaptive coping, and insecure attachment. These factors are consistently identified across various eating disorders, including anorexia nervosa, bulimia nervosa, and binge-eating disorder [3] [4]. By targeting these transdiagnostic factors, ReAttach Protocol provides a unified multi-family treatment strategy, which can be tailored to individual needs, making it a useful tool for clinicians.

The protocol's use of **W.A.R.A.** (Wiring Affect with ReAttach) is particularly noteworthy. This technique rapidly reduces negative affect and has shown promise in helping patients manage food cravings, and adverse feelings of guilt or shame [17]. However, the authors acknowledge that W.A.R.A. alone is insufficient for long-term recovery [33]. Integrating **cognitive bias modification** and **social cognitive training** addresses this limitation by helping patients develop adaptive coping strategies and improve their self-awareness and executive functioning [11] [20].

Another significant aspect of the ReAttach Protocol is its **systemic approach**, which involves the family in the treatment process. Research has consistently shown that family dynamics play a crucial role in the development and maintenance of eating disorders [28] [15]. By empowering parents as co-regulators and by involving them in ReAttach sessions, the protocol addresses the patient's symptoms and strengthens family functioning, which is critical for sustained recovery [16].

Another innovative aspect of the protocol is its focus on **body identification** rather than body positivity. By helping patients reconnect with their bodies and reduce the sense of alienation, the protocol addresses the core issue of body image distortion,

which is a common feature across eating disorders [34].

ReAttach's hypothesis on body-identification aligns with recent research emphasizing the importance of body neutrality and self-compassion in eating disorder recovery [35] [36].

While the ReAttach Protocol offers a promising framework, some areas need further study. For instance, the protocol's reliance on **mirror neuron system activation** and **mentalizing system activation** is based on emerging research, and more empirical studies are needed to validate its efficacy in the context of eating disorders [31]. Additionally, it is important to further thoroughly assess the protocol's applicability to diverse populations, including neurodiverse individuals and those with comorbid psychiatric conditions [23].

In conclusion, the ReAttach Protocol for Eating Disorders is of clinical importance as a guideline for ReAttach Specialists and Affect Coaches, working with patients with these complex conditions. By addressing main transdiagnostic factors, while involving families, and integrating innovative techniques such as W.A.R.A., the M.I.S.T. and Cognitive Bias Modification, and New Mind Creation, the protocol offers a comprehensive and adaptable brief therapy to eating disorders.

Future research should focus on validating the efficacy of this ReAttach Protocol across diverse populations and exploring its long-term outcomes.

Prevalence and cost-effectivity

Eating disorders have a significant impact on society when we look at mortality, disability, costs, quality of life, and family burden [37]. ReAttach might contribute as a brief therapy to improving the learning conditions of patients with eating disorders and thereby stimulating a faster recovery.

Conclusion

Eating disorders are among the most complex and challenging psychiatric conditions, characterized by a profound disruption in eating behaviors, body image, and emotional regulation. The transdiagnostic nature of these disorders—rooted in shared factors such as negative affect, anxiety, maladaptive coping, and insecure attachment—underscores the need for a comprehensive and flexible treatment approach. The ReAttach Protocol emerges as a promising intervention, offering a holistic framework that addresses these underlying mechanisms while integrating systemic, cognitive, and sensory-based strategies.

One of the most compelling aspects of the ReAttach Protocol is its systemic approach, which recognizes the critical role of family dynamics in developing and treating eating disorders. By involving parents as co-regulators and empowering them to support their loved ones, the protocol not only addresses the individual's symptoms but also strengthens family functioning—a key factor in achieving sustained recovery [14] [5]. This emphasis on family involvement is particularly relevant given the growing evidence that parental distress and attachment styles significantly influence the course of these disorders [16] [12].

The protocol's innovative techniques, such as W.A.R.A. and Cognitive Bias Modification, provide patients with practical tools to manage negative emotions, reframe distorted thought patterns, and rebuild a healthier relationship with food and their bodies. These interventions are particularly effective in addressing the core issues of body image distortion and emotional dysregulation, which are central to eating disorders [17] [34]. Moreover, the focus on body identification rather than body positivity offers a nuanced approach to helping patients reconnect with their bodies and reduce feelings of alienation—a critical step in the recovery process.

However, while the ReAttach Protocol shows great promise, some areas warrant further exploration. For instance, more research is needed to validate its efficacy across diverse populations, including neurodiverse individuals and those with comorbid psychiatric conditions [23]. Additionally, long-term studies are essential to assess the sustainability of outcomes and their impact on patients' and their families' quality of life. As the field of eating disorder treatment continues to evolve, interventions like ReAttach remind us of the importance of addressing not just the symptoms, but the whole person—mind, body, and environment.

In conclusion, the ReAttach Protocol represents a significant advancement in the treatment of eating disorders. By combining cutting-edge techniques with a compassionate, systemic approach, it offers hope to those struggling with these debilitating conditions. As clinicians, researchers, and caregivers, we must continue to innovate and collaborate, ensuring that each individual has access to the care they need to heal and thrive. The journey to recovery is not easy, but with interventions like ReAtach, we are one step closer to understanding and overcoming the complexities of eating disorders.

Declaration of interest

Paula Zeestraten-Bartholomeus is the developer of ReAttach, W.A.R.A., and the New Mind Creation.

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