

### **Biting the Hand that Starves You: Inspiring Resistance to Anorexia/Bulimia**

Richard Maisel, David Epston & Ali Borden. New York: W.W. Norton & Co.  
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Eating Disorders such as anorexia nervosa (AN), bulimia nervosa (BN), and the spectrum of subthreshold symptoms called Eating Disorder Not Otherwise Specified (EDNOS) present challenges to the individuals who struggle with them, their families, and their professional caregivers. Although effective treatments do exist (e.g., Cognitive Behavioral Therapy, see Garner & Garfinkel, 1997 for a review), relapses, partial remissions, and failure to respond are all too common, leading to often chronic courses of illness. As such, attention is increasingly being given to methods of improving treatment response and to alternative therapeutic strategies. *Biting the hand that starves you* describes an alternative approach to the treatment of eating disorders, involving the construction of a new narrative coined by the authors as ‘Anti a/b’.

Although not stated in the book, the premise underlying narrative therapy is that re-telling one’s experience, with the assistance of a therapist’s guided questioning, leads to the development of more realistic beliefs (Payne, 2006). To accomplish this goal, narrative therapists use the technique of ‘externalizing’, or, otherwise stated, “locating problems outside of people as opposed to problems being part of people's identity” (Komori Stager, 2005, pp. 2827). As a result, a ‘re-storying’ of one’s problems in relation to oneself is said to be achieved.

The book is organized into four parts. In Part 1 ‘The Seduction and Imprisonment’, the authors introduce their conceptualization of eating disorders through the presentation of and critical response to extensive case material. Chapter 1 ‘The seductive voice of Anorexia/Bulimia’ and 2 ‘From captivated to captive: Anorexia/Bulimia as prison and jailer’ describe what CBT clinicians would usually think of as core beliefs, but begin the process of developing an alternative language to discuss eating disorders using metaphors that cast eating disorders as prisons or concentration camps. Eating disorders are said to disguise themselves to accomplish their “highly immoral ends – the murder of young men and women”. Chapters 3 through 6 offer case examples. In particular, Chapter 6 (‘Letters from anorexia’) offers very articulate letters from the authors’ ‘archive’ of patient testimonies. These letters describe individuals’ experiences with eating disorder in rich detail. One wonders, when reading them, to what extent this therapeutic modality is suitable for individuals with lower cognitive ability or poorer verbal skills.

In Part 2 ‘Turning against Anorexia/Bulimia’, the authors introduce some of the approaches used by narrative therapists, including the concepts of ‘externalizing conversations’ and ‘co-research’. Chapter 7, ‘Manners of speaking’, focuses on what the authors call ‘externalizing conversations’ – those portraying an eating disorder as a state that someone is in or not in, as opposed to something that someone has or is. They also introduce the concept of ‘co-research’ between patients and therapists, which involves collaboratively gathering evidence against eating disorders. Unlike the exploration of ambivalence in Motivational Interviewing or the neutral stance of Socratic questioning in CBT, co-research in narrative therapy involves the therapist assuming a stance that is transparently anti-eating disorder. In Chapter 8, ‘Breaking the spell of anorexia/bulimia’, the authors describe what family, friends, and therapists can do to help individuals with eating disorders. They offer a number of strategies to be used in conversations, including ‘labeling the voice’ of the eating disorder (as distinct from the person’s own voice), asking questions that ‘expose a/b’ (e.g., “how is anorexia tricking you into believing

that”?), sharing from the aforementioned ‘anti-a/b archive’ (providing individuals with copies of letters, audiotapes, videotapes or simply verbal accounts of previous patients), contrasting the quality of life with and without the eating disorder, and anticipating and verbalizing how the eating disorder may try to fight back.

Chapters 9 and 10 present transcript material to illustrate these concepts. Chapter 9, ‘Ten voices against one – Tracy’s story’, provides extensive transcript material from one of the author’s patients. Chapter 10, ‘I wanna be good – a conversation with Margaret’, also contains transcript information, but discusses an instance in which the therapist elected not to use anti-a/b language at the outset of treatment, with the rationale of minimizing the extent to which the individual felt misunderstood or manipulated. This introduces the idea that narrative approaches are not universally appropriate, and it would be useful for the reader if the circumstances under which such a decision should be made were more clearly articulated in the text. For example, the Stages of Change model (Prochaska & DiClemente, 1986) suggests that an individual’s level of readiness and motivation for change should dictate the therapist’s stance and therapeutic goals. Also, the authors advocate for the use of a ‘questioning approach’; however, the questioning in narrative therapy assumes a different tone than those trained within a cognitive behavioral or motivational interviewing framework would typically expect, in that is intended to be persuasive and often engages in direct argument. For example, in a transcript when a patient protests that “skinny girls get everything”, the therapist responds “well, no they don’t” and proceeds to explain how thin women also face injustices, etc. Thus, as opposed to eliciting her reasons for articulating this comment, and encouraging her to arrive at a balanced conclusion independently, the narrative therapist is transparently arguing against the eating disorder’s perspective.

Part 3 is entitled ‘Reclaiming one’s life from Anorexia/Bulimia’ and describes further therapeutic strategies as well as addressing the issue of relapse. Chapter 11, ‘Unmasking and defying Anorexia/Bulimia’, offers steps in the process of ‘discerning and countering’ the voice of eating disorders, including ‘learning to see through the camouflage’, searching for an anti-a/b path (refusing what the eating disorder says despite believing it), contending with the ‘dueling voices’ of a/b and anti-a/b, ‘counter-translating a/b translations’, and resisting a/b through ‘disengagement’. Although the descriptions of these last two strategies sound somewhat akin to what cognitive therapists would call cognitive restructuring, the authors directly discourage countering irrational thoughts. Instead, they suggest acceptance of thoughts without acting on them, which is a concept similar to that espoused by Acceptance and Commitment Therapy (Hayes, Strosahl & Wilson, 1999). Although many of these strategies do have merit, there appears to be considerable overlap among these strategies, and the reader may wonder whether these concepts could be better distilled into a few key strategies. Chapter 12, ‘Constructing Anti Anorexic/Bulimic Lifestyles’, discusses encouraging patients to embrace risks and choice, live according to their preferences as opposed to allowing fear of the eating disorder take precedent, and welcome spontaneity and imperfection.

Chapter 13 ‘Comebacks and Retreats’ tackles the issue of relapse. The authors highlight several unhelpful interpretations of recovery that may threaten continued progress (e.g., that a lapse means that one is back at ‘square one’). They encourage the therapist to foreshadow lapses to guard against the possibility of their misinterpretation, and to reframe them as a natural part of recovery. Again, the CBT clinician may recognize this as akin to cognitive restructuring, with the difference being that the narrative therapist appears to assume a more active role in producing the reframing thoughts. Should lapses occur, the therapist is encouraged to

acknowledge and inquire about precipitants of the lapse, maintain a compassionate stance while being ‘unrelenting’ in one’s efforts to help, and to recount any earlier progress made by the patient. One particularly interesting section of this chapter discusses when to encourage passive resistance, which the authors describe as ‘letting the eating disorder have you for a while’. For example, this may take the form of ‘suspending’ active work on the eating disorder while temporarily consenting to a feeding tube, to allow parents to make decisions about treatment, etc. Guidelines for when passive resistance should be considered would be an asset to the reader.

Chapter 14 and 15 contain transcripts paired with the clinicians’ explanations of their intent in pursuing certain lines of questioning.

Finally, in Part 4 ‘Becoming an anti-Anorexic/Bulimic ally’, parenting an individual with an eating disorder is discussed, and includes the issue of hospitalization. Chapter 16, ‘Parents as anti a/b allies’, is aimed at assisting loved ones in developing an anti-a/b alliance with the individual, for example by expressing unconditional love, discussing the eating disorder as an external problem, engaging in ‘co-research’ about how the eating disorder is influencing the individual’s beliefs, asking about the individual’s hoped-for versus actual outcomes, and being mindful of signs of resistance to the eating disorder. Chapter 17 provides case examples of two parents’ experiences

Chapter 18, ‘Toward spirit nourishing approaches’, discusses how to encourage patients to reconceptualize inpatient admissions so that they do not feel like violations of personal freedom, but rather something being consented to as part of their own anti-a/b plan.

The book offers several advantages, not the least of which is its richness in case examples. Those in the midst of their own struggle with an eating disorder, as well as individuals who care for them, will undoubtedly find inspiration among the many patient letters transcribed therein. Similarly, the extensive session transcripts are rare commodities in books of this nature, and therapists engaging in this form of treatment will surely find them useful. The idea of constructing a new narrative will spark familiarity among cognitive therapists who strive to assist patients in reinterpreting the meaning of thinness and perfection in their lives, and the book identifies several important themes in this regard.

Despite the painstaking work involved in amassing such an extensive and illustrative patient archive, and the obvious dedication with which the authors approach the material, the book also has several disadvantages:

The first involves the use of language. Although the strong metaphors may resonate with some individuals, and indeed may be intended to rouse the reader from complacency, they at times obscure the important messages the authors make. To be sure, framing eating disorders as an external enemy to be fought may be useful in summoning one’s resources against it, but one wonders whether invoking the concepts of murder, concentration camps, etcetera is necessary to accomplish this reframing.

Further, the reader would have benefited from a clearer organizational structure that enumerated therapeutic strategies and steered the reader through a clear set of guiding principles towards achieving them, prior to presenting the case examples. At times, the case examples given to illustrate a more general concept appeared to overlap with other concepts from previous chapters, with the effect of diluting those concepts.

As mentioned above, describing what individual patients do and their unique perceptions offers a wealth of potential analogies and results in an extensive archive, but the theory on which this approach to treatment is based is not well described. Others’ descriptions of narrative therapy (see above) would suggest that a lack of consolidated thought processes, characterized

by unrealistic perspectives, underlies the maintenance of eating disorders. This is not stated explicitly, and no unifying theory is offered as a rationale for the approach that they advance. It would have been beneficial to the reader to present a theoretical basis for the concepts that are advanced, while still incorporating patient material in illustrative examples. In this vein, it would have also been useful to compare and contrast some of the specific strategies put forth in the book with strategies originating from other theoretical frameworks. In this reviewer's opinion, many of the strategies described in the book bore at least a surface resemblance to techniques used in CBT, ACT, and MI, among others. A brief discussion of how narrative strategies depart from others, in theory or implementation, would have been a very interesting and relevant addition.

Finally, I would have liked to see an account of the empirical basis for this approach overall and for eating disorders more specifically; a literature search revealed little empirical evidence of its effectiveness or efficacy. The reader is left wondering, what is the efficacy of this form of treatment in resolving symptoms and promoting remission? For example, the book makes several references to symptom change beginning several months following the initiation of treatment, or to treatment lasting several years. Eating disorders are indeed notoriously resistant to treatment, but how does the narrative approach to treatment compare to other empirically-validated treatment approaches (what is the average length of treatment, rate of relapse, etc.)? How do narrative therapists measure success? What is the hypothesized mechanism of action? Are there any contraindications to the use of this approach (e.g., low cognitive or verbal ability? Medical instability? Use with those who claim readiness for action oriented therapy (who may find the work of narrative frustrating or even unnecessary)?). The authors state that many of their strategies emerged from what patients informed them had been helpful on later reflection – given the potential for retrospective bias, is there any evidence that supports these patient accounts? Lastly, is narrative therapy intended as a standalone or adjunct approach to treatment? Studies of Motivational Interviewing (see Miller & Rollnick, 2002), another approach to treatment that acknowledges the often fluctuating readiness for action-oriented approaches, suggest that this approach may be most useful as an adjunct (Burke, Arkowitz & Menchola, 2003). As with its overall effectiveness, this remains an empirical question about narrative therapy.

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