

FROM ANOREXIA TO MODEL: Taking seriously a young woman's own goal

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This case illustrates a relatively simple intervention on the part of the therapist which allowed a young woman to escape anorexia and achieve her goal. It also raised a number of questions for the therapist.

The literature on anorexia nervosa is comprehensive and broad, because, as most therapists have discovered, this condition all too often defies any attempt which is simple. With such a range of theories and treatment options there is sometimes a risk of therapists "colonising" clients (Kearney et al., 1989) with the "normalized truths" (Rabinow, 1984) of a particular, or "blended", psychotherapeutic theoretical orientation ... or else of becoming helplessly stuck searching for a theory and method which will about some change. But as all therapists know, therapeutic change can often be effected by creating and escalating a small change. And sometimes the universe conspires with the therapist to assist the therapeutic process. This case includes both.

This case is also of interest as it apparently flies in the face of gender politics which guide many therapists (myself included), dealing with anorexia today.

One winter's day some years ago Sally, a frail, thin adolescent, presented herself for an out-patient appointment following a visit to her family doctor. He had made a diagnosis of anorexia nervosa, and had managed to convince her to come and see me. When I asked Sally to tell me her story, she told me a tale of her life as the youngest child in a family in which the

parents were undergoing separation, with her mother currently living overseas. One brother still resided in the family home, but only stayed there occasionally. Her father lived at his place of work and appeared to be married to his job; and it seemed she was mostly alone. She had finished school and was not working. There was a feeling of loneliness about her.

Twelve months earlier, Sally had noticed that her stomach appeared to be "bulging", and she had begun dieting. At one point she had become amenorrhic, but this had been subsequently rectified when she went on the pill. Occasionally she induced vomiting. She was 5'7" and weighed only 42kgs.

As she told me of her efforts at dieting, I could not help but notice the pride she took in her achievement. It seemed unfair to take this away from her. I asked her of her ambitions and, amongst other things, she mentioned becoming like a model. Searching for a small difference that would make a difference (Bateson, 1972), a possible intervention presented itself to me. Rather than seek somehow to "persuade" her to become less preoccupied with her weight, I thought I could utilise her ambition to become a model as a way of shifting her focus.

I asked her how she knew she was achieving her goal via dieting and she replied, with pride, by her weight. With a mixture of humour, incredulity, and matter-of-factness, I sought to make "newsworthy" (White, 1986) for Sally the idea that weight was relatively unimportant if she truly wanted to be a

model. What really counted in that game was one's figure. With some surprise she admitted that, although she knew and monitored her weight accurately, she really had no idea about her figure. With further questioning, she remembered where there was a tape measure at home.

When then established what her idea was of an "ideal figure" after considering a number of T.V. and movie personalities. Her homework was to research the actual dimensions of these people.

Over the next few months, I saw Sally weekly and we both took pride in her steps towards achieving her goal. During this period, I monitored her weight as discreetly and "unnewsworthily" as I could and had her bloods checked¹, although encouraging her to remain "tape-measure oriented" rather than "scales oriented". Rapidly, her guilt-laden statements towards eating less diminished, and her perceptual distortion seemed to disappear. She also began to take steps to reduce her isolation during this period – the most notable step being her moves to master the automobile. However, despite these steps, her weight continued to fluctuate. At one stage it dropped to 38 kgs.

¹ Although ideally it is desirable, as Haley (1980) points out, to separate the social control agent from the therapist, in practice I have not always had total faith in the agents of social control. In this case, I feared that the medical fraternity would have attempted to control the therapeutic direction had they become involved in the case. Fortunately, their attempts to take such control when they did become aware was serendipitously therapeutic – as we shall see. (Their informed consent seemed more paternal than mine).

During this time there were a number of debates amongst our staff over the merits of various interventions with this type of problem. One of the poles in this debate was taken by one member of staff who insisted that the only treatment was a hospital-based behaviour modification program which began with total isolation. I had discussed this option with Sally and she was opposed to it.

During the third month of my sessions with Sally I became ill, and was unable to contact her to change our appointment. When she arrived for her appointment, my colleague who had advocated hospitalisation took her into his clinic and tried to persuade her to enter hospital as a voluntary patient. He told her she wouldn't see Christmas. She refused to allow herself to be admitted². When I arrived back to work, my colleague told me that the only reason he had not admitted her involuntarily was that he was loathe to take such a serious step without consulting me.

However, I strongly suspect that his actions may have been the unwitting catalyst that was necessary – taking the role of the therapeutic "bogyman" (O'Connor et al, 1984)³. For when I saw Sally again a week later she had begun to gain weight again. She continued to display steady progress over the next

² Sally's response to this, from the draft of this paper I sent her, was, "Being admitted would have surely killed me. My fiercely independent nature would have been taken from me and it was all I had left."

³ Sally's response to this, later, was, "And you're right, that doctor that ominously predicted my downfall, was probably the person to get me on the straight and narrow. After the initial shock and hatred, I realized he was probably right."

couple of months, which was obvious as her figure filled out, much to her pride.

By summer she seemed to be no longer in need of my support. Her pride in her new self was obvious. She discharged herself and went to live with her mother overseas.

Some seven years passed and I had long forgotten Sally when, one night, I received a long-distance phone call. It was Sally. She asked if I remembered her and if I still had the photos I had asked her father to get for me at the time of her first session.

“Well,” she said, “you may want to compare them with the one’s of me as centrefold in next month’s ‘Playboy’ magazine. I just thought I’d phone and thank you. By the way I’m happily married now.”

Since then, Sally has continued to do well in her career as a model. She also holds another full-time job and is currently planning a family. As for her eating, she writes, “By the way, I eat twice as much as my husband – much to his disgust, as I never seem to put on any weight. My metabolism must run circles around his!”

Sally’s phone call also brought to the surface a number of questions that had bothered me at the time of treating her. These were questions regarding gender politics and gender values; and questions about the degree of neutrality a therapist can achieve. I realise I am no closer to answering these questions now as I was then.

References

Bateson, G. (1972) *Steps to an ecology of mind*. New York: Ballantine Books.

Haley, J. (1980) *Leaving home*. New York: McGraw-Hill.

Kearney, P., O’Reilly-Byrne, N. & Colgan-McCarthy, I. (1989) ‘Just metaphors: marginal illuminations in a colonial retreat’, *Family Therapy Case Studies*, 4 (1), 17-31.

O’Connor, J.J. & Hoorwitz, A.N. (1984) ‘The bogeyman cometh: A strategic approach for difficult adolescents’, *Family Process*, 23(2), 237-249.

Rabinow, P. (1984) *Foucault reader*. New York: Pantheon Books

White, M. (1986) “Negative explanation, restraint and double description: a template for family therapy”, *Family Process*, 25(2), 169-184.