Anti-Anorexia/Bulimia:
A Polemics Of Life And Death
Part Five: CHAPTER 18
Critical Interventions
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Introduction

The following is excerpted from a document sent by Kristen to her therapist and, subsequently, to David Epston. We include it here to exemplify the pontifical judgment so characteristic of what, as narrative therapists, we refer to as anorexia's 'speech'.

Saving a Life
By Anorexia, a friend to Kristen Webber

I am a friend of Kristen Webber, her best friend. I have unselfishly dedicated myself to save her life. The thoughts I give her help her to become a better person. Since I am the only one who tells her the truth and really wants her to be happy, I am her only friend.

The most important thing she needs to realize is that she is 50 pounds overweight. She is the fattest person I've ever met. I'm the only one who tells her the truth, even if it hurts. Anyone who tries to get Kristen to eat just wants to see her get fatter and fatter...their secret wish is to hurt her and see her in pain.

Being such a fat person, she is worthless and awful. If she were to lose weight, she would become a worthwhile person who deserves to be happy and treated with respect. People respect, admire and are proud of her when she can have enough self-control to resist the temptation to eat and drink. She cannot eat in front of anyone without them thinking she is greedy and selfish. I save her from making others hate her.

There is something about Kristen that makes people want to hurt her. She has already been hurt by males because she was not smart and was very careless. She is safer when she doesn't eat because people don't feel like they need to hurt her. I'm just trying to protect Kristen.

Kristen deserves to die if she doesn't listen to me. She might as well just kill herself if she disobeys me because she'll never find happiness. I have the answer to her happiness. I care about Kristen very much. I only want the best for her. Nothing can go wrong by listening to me. I dedicate myself to her. This is my unselfish mission - to save Kristen's life.

Above, anorexia, in a manner of speaking, expresses itself through a voice of strong moral judgment. In our conversations with those (whom we refer to as 'insiders') who struggle first-hand with the problem of anorexia and bulimia, when we distill the voice of anorexia/bulimia (a/b) we typically hear this kind of strong moral rhetoric. A/b, it appears, arrogates to itself the sole right to pronounce one a 'somebody' or a 'no body', 'worthy' or 'worthless'. For those at the mercy of a/b's cruel judgments, (without recourse to re-valuing counter-moralities), a/b's moral judgments can transform their lives into life-sentences, or all too often, a death sentence.

In the first half of this chapter, we intend to conceptualize a/b as a distinctly heinous morality of personhood, one that is remarkably successful in exploiting many dominant contemporary cultural values (e.g. thinness, self-discipline, self-control, individual achievement) in order to appeal to people's vulnerabilities and aspirations. We propose that a/b, playing on the hopes and fears of those under its spell, co-opts and twists moral discourses to achieve its immoral ends (see Lock et al., 2004). In the second part of the chapter we explore the implications of a/b as a moral (as opposed to a medical) concern, proposing a way for therapists to take up the moral task of bearing witness to its appalling cruelty in contrast to the more detached position of the objective professional/spectator. In addition, we will briefly introduce therapeutic practices – informed by Narrative Therapy (see White and Epston, 1990; Epston and White, 1992; White, 1995, 1997, 2000, 2004, 2007; White and Morgan, 2006; Epston, 1998, 2008; Freeman, Epston and Lobovits, 1997; Monk, Winslade, Crocket and Epston, 1997) – that expose a/b's immoral claims and provide some means for sufferers to contest them and, by doing so, reclaim their lives.

The (im)moral jurisdiction of a/b: Claims and implications

For many years we have endeavored to comprehend how a/b could transform highly intelligent and in many respects 'model' girls and women (and sometimes boys and men) into unwitting bystanders and accomplices to their own torture and impending death while remaining convinced that they are being perfected and 'goodened'? Our enquiries with insiders into the tactics of a/b have exposed the ingenious means by which this rhetoric turns many of our conventional moralities on their head. To put it simply, 'bad' becomes 'good' and 'good' becomes 'bad'.

In ‘anorexia’s letter’ to Kristin, presented above, we can see how a/b, playing off dominant Western notions of beauty and competitive individualism, appeals to Kristin’s desire to distinguish herself as successful by becoming thin. A/b asserts that the most important thing is that she is ‘fat’, because ‘being such a fat person, she is worthless and awful’. Given that, in reality, Kristin was in state of nutritional crisis and life-threatened, we can surmise that a/b has asserted an unattainable standard of thinness, one that equates having fat with being fat. Consequently, a/b can claim that unless Kristin is the thinnest person she knows, it means that she has some body fat and therefore *is fat.* From there it is a simple matter for a/b to transform the ‘bad’ of starvation and inevitable death into the moral ‘good’ of ‘self-control’, earning her the respect, admiration and pride of others. Were Kristin to resist her execution and allow herself to eat and drink, the ‘good’ of Kristen’s self-care and sustenance would be transformed by a/b into the ‘bad’ of ‘being greedy and selfish’. These moral attributions make a/b’s next claim credible to Kristin, as outrageous as it is – that if Kristen allows herself to eat (and by doing so prevents her tragic demise) those who love her and care about her would ‘hate’ her.

In this fashion, a/b is able to cleverly turn dominant cultural specifications to its own ends. Moral measures - e.g. selflessness, self-abnegation, self-control and so forth, are merged with the contradictions of a ‘ruthless individualism’ driven by an ethic of individual achievement and policed by scores, marks, weights and other ‘objective’ assessments. By lashing women (and some men) with a figurative ‘whip’ braided from both the traditional power of moral judgment and the more modern disciplinary power of normalizing judgment, a/b’s moral claims become almost irrefutable.

Conceptualizing a counter-morality

Because a/b’s prosecution takes place within the domain of its own moral jurisdiction, we believe that a viable defense can only be mounted within the domain of a counter-morality. This rival morality often takes shape by way of contesting a/b or building bridges back to other moral frameworks that have been overridden by a/b (e.g. those moral perspectives derived from ‘nature’ or ‘spiritualities’). Anti-a/b is not fixed by adherence to any particular extant psychological or moral code but is ‘defined’ only by its existence as a rival to a/b.

Such rival moralities allow a/b’s pronouncements of what or who is good or bad to be interrogated, quarreled with and finally repudiated. In the absence of such a rival morality, breaches of a/b’s dogma are invariably interpreted within a/b’s moral framework as heretical and shameful. We have referred to this counter-morality and the practices of living associated with it as ‘anti-anorexia/anti-bulimia’(see Maisel, Epston and Borden [2004]. See also Archives of Resistance: Anti-a/b/anti-bulimia at www.narrativeapproaches.com/antia/b%20folder/anti_a/

b_index.htm).

Before a/b's (im)moral rhetoric can be countered, the rhetoric itself must become the object of scrutiny rather than the person the rhetoric is aimed at. In other words, the therapist must find a means by which to help the insider consider a/b's pronouncements not as truths but as tactics. In order for this critical enquiry into the tactics and strategies of a/b to proceed, it is imperative the conceptual distinction between a/b and the person under it's influence be maintained (see also Saukko, Guilfoyle, Burns et al., all this volume). This 'externalizing' conceptual framework and most of the clinical practices we use are derived from Narrative Therapy.

Narrative therapy

Narrative Therapy emerged in the early 1980's out of the longstanding friendship and collaboration of Michael White (in Adelaide, Australia) and David Epston (in Auckland, New Zealand). They were brought together by their shared commitment to the political 'wing' of family therapy resulting from their disquiet with psychological/psychiatric thought and practice. In the mid-80s, they engaged with the 'early' and 'middle' Foucault and the narrative metaphor. (Lock, et al., 2005; White and Epston, 1990: 1-37) The first provided the means of critique through 'the insurrection of local knowledges' (Foucault, 1980: 82) and, as its consequence, the 'solidarity' between those who suffer and those who aspire to assist them. The narrative metaphor provided a 'map' for therapy that emphasized the socially constructed and fluid character of identity, and envisioned therapy as a process of 're-authoring'. In 1990 White and Epston published their classic text *Narrative Means to Therapeutic Ends*.

One of the distinguishing characteristics of Narrative Therapy is its emphasis on separating the person from the problem through 'externalizing conversations'. In such a 'manner of speaking', considerations of discourse, gender, history and culture can be brought to bear. These conversations subvert taken-for-granted (especially by the 'psycomplex') understandings of problems as residing in and emanating from the disordered 'self' of the person.

We regard 'anti-a/b' (both in the sense of a style of living and a set of therapeutic practices) as a variant of Narrative Therapy. Because a/b is so effective at co-opting the identity of the people it seeks to subordinate, merging its voice with theirs and making it nearly impossible for them to distinguish between them, anti-a/b adopts the externalizing language of Narrative Therapy and pushes it to its linguistic extremes. In fact, anti-a/b can be considered a radical form of externalization. Due to the centrality of the practice of radical externalization in unmasking a/bs immorality, in the following section we further elaborate on the differences between internalizing and externalizing conversations (see

'Internalizing versus Externalizing Discourses', pp. 39-60, in Epston, 1998).

A linguistic turn

How, as therapists, can we bear moral witness to the appalling cruelty of a/b and the heinous suffering it inflicts, and continue to engage with therapy practices that expose a/b's (im)moral claims as such and provide some means for insiders to contest and defrock them? We have found that to do so requires thinking and speaking against the grain of most 'professional', medicalized approaches which strip problems of their moral implications. Arthur Kleinman, the Harvard psychiatrist/anthropologist examined the moral implications of medical practice that 're-creates human suffering as human disease.' He concluded:

The professionalization of human problems as psychiatric disorders...causes sufferers (and their communities) to lose a world... Experts are far along in the process of inauthenticating social worlds, of making illegitimate the defeats and victories, the desperation and aspiration of individuals and groups that could perhaps be more humanely rendered. We, each of us, injure the humanity of our fellow sufferers each time we fail to privilege their voices, their experiences (Kleinman, 1995: 117).

It is primarily through internalizing conversations, the practice of thinking and talking about a/b as something 'within' themselves, something that they 'have' or 'are' that this 'professionalization' occurs. This way of thinking about the problem is reflected in common ways of speaking about people such as 'I have bulimia' or 'she's an anorexic'. This linguistic and conceptual practice, in effect, constructs these problems as psychological and/or medical and imports them into the domain of the professional experts to assess, diagnose and treat. If eating disorders are presumed to originate from within the psyche, then the root causes of eating disorders are presumed to reside within the disordered mind/self of the person (see Malson and Burns, Eckermann, both this volume) or else to be genetically encoded into the body.

These bio/psychological accounts all too easily obscure the interpersonal, social and historical contexts that are so often implicated in the difficulties people experience. These explanations are almost exclusively couched in terms of deficiencies or excesses in relation to norms that such psychological theories have established.

Unfortunately, a/b thrives on such deficit accounts of people, painting a portrait of people as flawed from a lack of 'desirous' attributes, or, as Julie (an insider) points out, thriving on 'judgments of excess (i.e. as too fat, too greedy, too arrogant, too desiring, too loud, too much)'. By directing these young women and men to scrutinize themselves rather than the meaning and discourses that circulate in the social realm, they are turned away from addressing the injustices they may have experienced in their lives as well as those seemingly self-inflicted injustices

perpetrated by a/b.

When psychiatrists, physicians, therapists, dietitians and so forth view a/b as internal, they run the risk of inadvertently ushering the insider into an even stronger identification with a/b. As long as they view a/b as entwined with the 'self', they will be more likely to ask questions or make statements that assume the insider is attracted to, needful of, or committed to their 'eating disorder' or, at best, they will confine the problem to the 'anorexic self' while entertaining the possibility that there remains a part of the self that is still 'healthy' and seeking 'recovery.' Such enquiries, wherein insiders' thoughts, feeling and actions (rather than the tactics and strategies of a/b) are scrutinized can easily support a/b's attempt to rob these women and men of their own identities by getting them to think of themselves as 'anorexic' or 'bulimic'.

The lines of inquiry that proceed from such a view make it extremely difficult for someone to distinguish their own (not their 'true' but, rather, preferred) voice – one that captures their lived experience and is in alignment with their larger values and purposes in life – from the voice of a/b. Asking a young woman who is caught up in a/b's spell to reflect on a/b is tantamount to asking her to look in the mirror – all she sees is herself. This is because a/b operates as a modern regime of power (Lock et al., 2005; White and Epston, 1990; Maisel et al., 2004) keeping the spotlight on the person while its power and influence remain hidden in the shadows or entirely invisible. Thus, they may speak not *about* a/b but *through* (or *as*) a/b, claiming that s/he is fat, ugly, guilty, undeserving, unworthy, and so forth, often with the conviction associated with an indisputable truth.

Because conventional forms of thinking and speaking about a/b construct a/b as internal, as a disease they 'have', were a person suffering from a/b to tire of their enslavement and seek a better life, what choice would they have but to indict themselves at the same time they indict a/b? An anorexic trap is inadvertently laid such that when they begin to think in opposition to a/b (to 'come out of their denial') they step into a view of themselves as 'sick' or 'disordered.' From there it is a relatively easy matter for a/b to co-opt this fledgling rebellion and exploit this idea of the person-as-problem to tighten its grip by reminding them of their worthlessness and inadequacies.

In sum, our conversations with insiders have led us to conclude that conceptualizing a/b as internal to the person has several disadvantages including the fostering of deficit accounts of persons, the encouraging of insiders' identification with a/b, and the facilitation of a/b's attempts to co-opt anti-anorexic resistance. Below, we present a conceptual and linguistic alternative to the medicalized and internalized discourses of conventional treatment, one which we believe provides a foundation for the perception of the (im)morality of a/b, and a means by which to resist it.

A new manner of speaking: Externalizing conversations

Before I just talked with doctors about anorexia. No one ever taught me that you have to talk against her. Before, all I was told was that you have to get over it. It's more than that! When I talk against anorexia there's more of a chance of getting free because I can start hating her and when I do, I can let her go (Heather-Anne, 1991).

If a/b is going to take root and flourish, the language of a/b must deny its own presence and conceal itself as the speaker. This camouflaging of a/b would not be possible were it not for the fact that the worldviews, practices and values that breathe life into a/b are pervasive in Western culture via, for example, discourses that champion individual achievement, self-control, and (especially for women), self-sacrifice, and the importance placed on appearance in general and the valuing of thinness/fitness in particular (see e.g. Bordo; Guilfoyle; Burns et al., all this volume). A/b harmonizes its voice with, indeed is an intensified echo of, these larger cultural voices, eventually appropriating and distorting them, turning them into grotesque caricatures.

It is through what are referred to as 'externalizing conversations' (White and Epston, 1990; Lock et al., 2005) that the presence and operations of a/b can be flushed into the open. Prior to this conceptual and linguistic twist, there is no language available to insiders to represent a/b, but only those vocabularies of self-blame, self-reproach, self-hatred, and guilt which a/b employs to represent people. Externalizing conversations reverse this process, linguistically and conceptually constructing a/b as an influence separate from the person, and inviting the identification, objectification, and critique of a/b and its voice. At the same time, the radical externalizing or personifying of a/b also creates space for people to recognize and give voice to their own experience. As one anti-anorexic veteran put it, 'I guess I imagine this quite literally - that as you pull the problem out from the person you actually leave space for the person to inhabit their own body and have their own thoughts.'

Externalizing conversations bring a/b into a sharper focus, reconnect persons to their own bodies and lived experience, and heighten the distinction between their 'own' (i.e. preferred and embodied) voices and the voice of a/b. All of this contributes to the identification of potential avenues of resistance to a/b and fosters a sense of direction and hope.

Counter-moralities as a foundation for counter-stories

Anti-anorexia/anti-bulimia considers a/b to be a form of human cruelty and agrees in principle with the feminist philosopher, Maria Pia Lara that 'the problem of inflicting suffering through cruelty belongs to the realm of morality and it should be restricted to moral agency' (Pia Lara, 2007: 28). Anti-a/b re-authors lives by

means of what the feminist narrative ethicist Hilde Lindeman Nelson refers to as 'counter-stories' of a particular kind: 'A story that resists an oppressive identity and attempts to replace it with one that commands respect which can provide a significant form of resistance to the evil of diminished moral agency' (Lindemann Nelson, 2001: 7).

Below, Judy, aged 30, illustrates how a redemptive and exculpating counter-story can emerge from a moral critique of anorexia, one that exposed anorexia's 'evil' while revealing her own 'innocence':

As I learn all the ways devised by evil – 'anorexia ' – to devour my life, I paradoxically learn my own innocence. I think of how sweet is a little girl who skips down a path singing to herself, oblivious to evil...totally unconcerned with evil...totally concerned only with whom she will love. You [DE] asked me if I knew evil was being done to me. If I didn't, it is because some of the innocence never left me. But the tragedy is that to know evil, one must give that up. And one must know evil to realize one's innocence. Tragic irony!

I told you I felt all these years like a silent Jew, forsaken by god, everyone and everything. Whereas they [the Jews of the Holocaust] knew evil was being done to them [and] they didn't deserve it, anorexia gets people to go to the torture chamber smiling, grateful even.

Anorexia tells me I can never atone for my part in its creation. That in other words I am evil. Fortunately, I know 'you are mine forever' to be a ruse. If I were evil for not resisting evil when I didn't know I could, then could there be any good in the world?

Exposing the immorality of a/b through moral and ethical enquiries

Elucidating an anti-anorexic/bulimic counter-morality provides a foundation for the critique of a/b and its (im)moral claims. When scrutinized through the lens of a rival morality, a/b's arguments appear intended to deceive rather than to enlighten and uplift, and its promises of a 'heaven on earth' are exposed as a ruse leading to a 'hell on earth'. Furthermore, the vantage point of anti-a/b betrays a/b's claim of 'moral goodening' and reveals the extent to which a/b is a manifestation of the very evil to which these young women are so opposed.

What are the domains of such moral and ethical enquiries that such a 'trial for one's life' might canvass? Specific questions with insiders might be raised in relation to what a/b is saying, the effects of a/b's 'voice', the intentions that might be inferred from these effects, and ultimately about the '(im)morality of a/b. Through questions which expose a/b's (im)morality and reconnect a person to anti-a/b counter-moralities, a/b's inculpating finger, in a manner of speaking, can

be bent back in the direction of a/b itself.

Expressions of moral outrage

Once the inhumanity of a/b's 'morality' is unveiled, counter-moralities often become apparent or are reclaimed, giving rise to expressions of moral outrage. Moral outrage can be highly sustaining of a person's anti-anorexic resistance and serve as an anti-anorexic shield for a/b's 'slings and arrows.' The previously demoralized person can now find themselves 'remoralized' (Frank, 2004), whereby their resistance to a/b is founded not only on a desire for a better life (which a/b can so easily twist into 'selfishness') but also for a better world (something akin to 'justice').

David, aged 12, after being assisted to view anorexia through a counter-morality, recognized the injustice of anorexia's reign in his life and wrote himself the apology from anorexia he knew he deserved but would never receive:

Apology from Anorexia to Myself

I am writing this apology to myself because I know that even though I may dream about it. Even though I thoroughly deserve it. Even though you have stolen every pleasure that I had in my life. I know that you are so heartless, so shallow and so ruthless that you would never have the compassion or decency to ever make the apology that you have for so long owed me.

Here it is:

I am sorry that I have stolen your life away from you. I am sorry for turning every pleasure you once had in your joyful life into an unbearable torture, from your pleasure in eating to your pleasure in good company and sport. I made you hate yourself and see fault in everything that you were and did. I took away all your happiness and turned everything you found into a horrible ordeal. I sapped all your strength, turning you into a lifeless body without a soul. I deprived you of all the tastes you enjoyed and stole from you x kilograms, turning you into an unhappy skeleton. I lied to you, telling you that I would make you happy and an overall better person. When you did what I said, I was ruthless and pushed your face into the mud, making you hate yourself and blame yourself for things that I had forced and tortured you into doing.

It is obvious that it would be impossible to fix what I have done. There is no way that I can take back what I have done because I terribly scarred and mutilated you. All I can do is apologize and leave you and your family alone forever.
Yours truly sorry,
Anorexia. (March 26, 2006)

The therapist as moral witness

If we, as therapists, hope to engage the people who have been ensnared in a/b's web in an exposé of it's fraudulent munificence, we ourselves must surrender any claim to the professional distance that 'recreates human suffering as human disease' and, instead, reposition ourselves as moral witnesses. We resonate strongly with the anthropologist Scheper-Hughes' call for a morally engaged position of 'witness' as opposed to the more detached and traditional position of 'spectator' (Scheper-Hughes, 1995) Viewing a/b as a culturally and historically situated (im)moral 'force' rather than a medical disorder positions us (and those who share this view) as 'witnesses' not 'spectators'.

Scheper-Hughes goes on to differentiate these two positions and locate them within different traditions of thought and practice:

If 'observation' links anthropology to the natural sciences, 'witnessing' links anthropology to moral philosophy. Observation, or the anthropologist as 'fearless spectator,' is a passive act which positions the anthropologist above and outside human events as a 'neutral' and 'objective' (i.e. uncommitted) seeing I/eye. Witnessing, or the anthropologist as companheira, is the active voice, and it positions the anthropologist inside human events as a responsive, reflexive, and morally committed being, one who will 'take sides' and make judgments, though this flies in the face of anthropological nonengagement with either ethics or politics. (ibid.: 442)

Abby, an insider, who first drew our attention to the work of Scheper-Hughes eloquently sums up our viewpoint:

I consider Scheper-Hughes' distinction a very useful way of thinking about the different stances people can adopt in relation to the sufferings of the 'Other'. More specifically, in relation to anorexia, I think that many conventional health professionals and treatment providers take the position of 'spectator'. As such, those struggling with anorexia are viewed as fundamentally different and 'separate' from themselves – as inescapably 'Other'. Thus, while they may work with those struggling with anorexia day in and day out, and would be aware, at least intellectually, of the immense suffering anorexia engenders, they don't engage with it on a moral level. Hence they fail to see how, as both treatment providers and members of societies in which anorexia flourishes, they are inextricably involved in that which is profoundly political and of great moral import.

In stark contrast, 'anti-a/b' engages right at the heart of 'moral matters'. By actively 'bearing witness' to the anguish and torment a/b inflicts and by pursuing lines of inquiry which sensitively render visible the (im)moral dimensions of such

suffering, anti-anorexic practitioners, loved ones, and other concerned citizens can awaken those suffering at the hands of a/b to their own pain - a pain a/b does its best to inure them to. This then enables a vital step in the process of reclaiming one's life from a/b to occur, that is, to recognise one's own suffering and then, even more crucially, to come to understand such suffering as unjust. It is then that sufferers may have the moral outrage and concomitant courage of their convictions necessary to take on a/b and diminish its stranglehold over their lives (Abby Higgisson, personal email correspondence, Oct. 11, 2007).

Conclusions

In this chapter we have proposed that the delineation of an alternative, anti-a/b moral framework (coupled with a conceptual view of a/b as 'external') allows the sufferer to momentarily step outside of the (im)moral framework of a/b and perceive it's effects free from distortions of its rhetoric. From the vantage point of this rival moral viewpoint, it becomes possible to perceive their suffering, which a/b has heretofore been so successful at minimizing, justifying or endowing with virtue, as, in fact, unjust and 'evil'. This 'defrocking' of a/b lays the foundation for the insider to repudiate the nightmare of the anorexic 'dream' and, instead, to dedicate themselves to the reclaiming of their own moral vision and sense of moral agency.

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