Stories I tell my patients

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Tomas J. Silber, M.D., M.A.S.S.
Director, Adolescent Medicine Fellowship Program
Medical Director, Don Delaney Eating Disorders Program
Division of Adolescent and Young Adult Medicine.
Children’s National Medical Center
Objective

- Describe how parental understanding of eating disorders can be facilitated through the narration of stories and metaphors.
Understanding Anorexia Nervosa

- Various theories of disease have brought about a large variety of interpretations ranging from Freudian psychoanalysis to the computerized Mandometer.

- At this point in time most treatments are pragmatic, eclectic and multidisciplinary: mostly they focus on ending the starvation and the fanatic pursuit of thinness.

- In the treatment of children and adolescents evidence supports the Maudsley approach
Maudsley in a nutshell

• The treatment focuses on the symptoms and takes place in distinct phases.

• Initial emphasis is placed on symptomatic recovery and not on “insight”

• Only once this has been achieved there is support for adolescent maturation and autonomy
To do all that

• narratives and metaphors can be very helpful
stories, narratives, allegories and metaphors

PURPOSE: make the explanations *come alive*.

• To explain the *nature* of Anorexia Nervosa
• To illustrate the *power* of the illness
• To *externalize* Anorexia nervosa
• To *address* lack of progress
• To alert to *splitting*
• To work on the *emotional responses* to the disease.

In the course of treatment this stories become a short cut to return to these themes whenever needed.
Metaphor

for the frightening transition from a widespread culturally sanctioned (and ineffective) diet to a deadly disease:
Metaphor...the power of the illness

- A young adolescent boards a raft heading for Niagara Falls. The journey begins joyfully and voluntarily but ineluctably transforms into a non-voluntary propulsion towards the Falls.
- To the parents and clinicians horror the person with AN does not recognize that the upcoming “Falls” really exist and that semistarvation is threatening her existence.
From Greek Mythology

• The nature of AN
Narratives to help understand the disease: Achilles' Heel

- Achilles’ Heel can explain the coexistence of:
  - The presence of numerous worthy qualities such as being studious, being helpful, to shine in athletics, ballet etc.

Coinciding with

- a neurobiological diathesis (executive malfunction, cognitive rigidity, perfectionism, fixation on details, emotional avoidance, alexithymia etc.)
The body image distortion

- The phantom limb
It is not only about feeling

It is also about thinking

DURING THE ACUTE PHASE OF ILLNESS THINKING IS DIFFERENT
Rather than a cold scientific explanation, once more narratives come handy…
The porcupine and the fox

I have based this on the political science ideas of the philosopher Isaiah Berlin about ways to think about predicting the future:

With only one organizing principle on which all conclusions are based (porcupine).

With a variety of alternatives, that are evaluated and balanced. (Fox).
Narratives to explain to the parents how their child thinks

- The thought pattern in Anorexia is similar to that of the *porcupine*.

- And the recovery process consists of learning to think like the *fox*.
The Fundamentalist porcupine

- There is a single-minded response to any stressor.
- The organizing principle is that the value of a person depends on how slender he/she is.
- This response is automatic, it is a conceptualization that is lived (and does not respond to logic).
- As a consequence all behavior is directed towards weight loss and those who oppose this are enemies. Weight gain (or the mere thought of it) induces panic.
- This is a fundamentalism.
The eclectic Fox

• Rather than an “organizing principle” there is an adventure looking at all alternatives, comparing, acquiring new values, developing talents, rejecting some conducts in favor of others.

• Self worth is based on a great variety of experiences, knowledge, and values.

• Therefore instead of the rigid and stereotyped “porcupine” response, (diet, compulsive exercise etc.) there is a multiplicity of answers when under stress.
Narrative about externalization and the power of illness

Ulysses and the sirens:

• This story describes the power of the “anorexic impulses” and at the same time speaks to the concept of EXTERNALIZATION of the illness and the need to CONTAIN it.

• Useful also to establish an “Ulysses contract” with young adult patients (college students, working youth).
GREEK Mythology
Narrative about the course of illness

The legend of Penelope, Ulysses wife.

• Used to explain the lack of weight recovery in patients whose parents see her “eating all the time”.

• This story alerts to the fact that though the patient appears to be eating she is maintaining her low weight through other measures, that have not yet been identified. (the eternal weaving and unweaving).
Biblical stories

- What is
- Happening
- Here?
Biblical stories: the Tower of Babel. Illustrates splitting

Application:

• Parental/family disagreements about how to best “make sure that the girl eats”.

• Conflicts between the parents and the treatment team or one of its members.

• “Splitting” inside or outside the treatment team.

This biblical history illustrates and warns about how in spite of good intentions, communicating “in a variety of languages” (of punishment, bribery, passivity etc.) ends up being destructive.
The emotional reactions to Anorexia Nervosa (I)

• The *prognosis* of many psychiatric illnesses is influenced by the *emotional response* that those afflicted receive from those nearest to them.

• The most important component of such response is the *Expressed Emotion* (EE), which can be positive and can be negative.

• Empathy is the royal road to recovery
Team: avoid criticism.
Increase Empathy

• I begin: Your daughter is not doing this on purpose. Let me help you understand how she feels:
• Let us imagine that I now ask you to have a hippopotamus for breakfast, an elephant for lunch and a rhinoceros for dinner: how would you feel ?...”
After some parental squirming and nervous laughter I add: “Wouldn’t you think that you will explode, that you have fallen into the hands of a mad scientist?” (Nervous Giggle) “…That is how she feels now each time she has to eat”
Introduction to Expressed Emotion (EE)

- EE reflects a dynamic between patient and family.
  
  E.g.: one type of reaction can be:
  - to encourage, support and console, while another very different one could involve criticism, hostility and punishment.
  
- A high negative EE predicts relapse in many psychiatric illnesses.
Parents that respond with high EE attribute a will to control to the sick adolescent... and in turn escalate their attempts at rigid control over her.
The EE variables

• Are determined by:
  • THE STRENGTH OF THE EMOTION
  • THE DIMENSION OF CONTROL

Once again animal stories, like fables, tell it best. I am indebted to Janet Treasure for the prototypes and images that follow:
The Jellyfish:
Strong emotion and little control

Emotional Response:
transparent;
Anguished
Depressed
Anxious
Irritable
Angry
Unhelpful behavior
Braking out in tears
Unable to sleep
Social isolation
Screams and rage

Everything is so sad
I am worthless as a mother
I should be able to nourish my child
What the heck is happening!
She is going to die

Worsening in how one feels

Problems worsen
The person with anorexia feels badly about hurting her parents
So she avoids contact with them and the parents lose the notion of what is really happening

The Jellyfish vicious circle of “sadness and craziness”
Ostrich: Low emotion, little control

Avoids seeing, thinking, and confronting the problem
Ostriches often don’t get it…

I only said that she had put on weight. That was after all nothing to get so upset about!
Overprotection.
Too understanding, Tendencies to infantilize the child and take over her responsibilities.
The vicious circle of the “caring kangaroo”

Unhelpful behavior
- Smothering or inefficient support
- Not allowing for her child’s own space
- Not allowing for her to assume any responsibilities

Feeling worse

Problems worsen
- No opportunity is provided to overcome difficulties
- It gives the message that the world is menacing, frustrating and dangerous
- It emotionally consumes the family

Constant anxiety about the child
- Fear about “saying the wrong thing”
- Fear of her dying
Attempting to control events through logical persuasion, discussions and long debates.

Confrontations are coercive and often punishing.

Rhinoceros:
Much logic and little emotional warmth
El circle vicious of the “enforcing rhinoceros”

Unhelpful behavior
- Intends to have all the control
- Forbids and punishes
- Fights, wants to “win”

Fear of death
Need for control: “fixing”

Problems worsen
- The patient feels rejected and unloved
- & cannot approach her parent for help or support
- Loss of trust
- Fury/sadness: “I will not yield”
- It emotionally consumes the family

Feeling worse
Which would be the right and balanced emotional response?

- Too much emotion
- Warmth, calm consistency
- Too little emotion

Reduces criticism and hostility and is nourishing
Which would be the right response to the controlling extremes?

- Too much control and directives
- Subtle Directives
  Just right!
- Too much empathy and control

Dolphin
Friendly
Open
Nudging towards security
Work towards the strength:

“If you treat an individual as he is, he will stay as he is, but if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.”

-- Johan Wolfgang von Goethe
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Questions?