

The Anti-anorexia/Anti-bulimia League: Stephen Madigan (2012)

In the mid-1990's I was able to stretch and build upon David Epston's League idea¹, and together with a group of women (and their communities of concern) who were suffering/rediscovers their lives back from anorexia and bulimia - formed the Vancouver Anti-anorexia/bulimia League². The novel difference of course was that we met with each other as a group - and in person.

From its inception this League offered a clear mandate for outspoken 'insider' voices to be heard³, and they quickly moved towards practices of public education and political activism.⁴

The Anti-anorexia/bulimia League utilizes an anti-language to:

1. Establish a context in which women taken by anorexia/bulimia experience themselves as separate to the problem.

¹ David Epston's anti-anorexia/bulimia ideas formed the foundation of the Vancouver League. He also played an integral role in offering up ideas and support as the League was forming. He traveled from New Zealand a number of times to Vancouver, Canada to meet and co-research with members of our League. Michael White also kept close tabs and would regularly send me his thoughts and questions regarding therapy and anorexia, the culture of the body and various post-structural writings.

² In general, Leagues utilize an "anti-language" for explaining their philosophy and ideological position (e.g. the Anti-depression and Anti-anxiety Leagues). In doing so League members act to externalize previously internalized problem discourse collectively.

³ I presented many conference workshops alongside members of the League. On numerous occasions past and present League member therapists were in the professional audience *listening to their past and present clients*. Affording opportunities for a person's 'status' to be raised from patient to consultant is primary in the work of narrative therapy.

⁴ Revive Magazine, Vancouver Anti-anorexia League, 1998.

2. View the person's body and relationships to others not as the problem; the problem is the problem (counters the effect of labeling, pathologizing, and totalizing descriptions.)

3. Enable people to work together to defeat the complexities involved with the problem.

4. Consider the cultural practices of objectification used to objectify anorexia/bulimia instead of objectifying the woman as being anorexic/bulimic.

5. Relationally externalizing of and objectification of the problem which challenges the individualizing techniques of scientific classification and looks at the broader cultural and relational context for a more complete problem description.

6. Relational externalization is achieved by introducing questions that encourage the persons taken by anorexia/bulimia to map the influence of the problem's devastating effects in their lives and relationships.

7. Relationally externalizing by deconstructing the pathologizing "thingification" and objectification of women through challenging accepted social norms.

8. Relationally externalizing thereby allowing for the possibility of multiple descriptions and re-storying by bringing forth alternative versions of a persons past, present, and future.

The purpose of the Vancouver League (Madigan & Law, 1998a) was to traverse the questionable ideological and fiscal gaps that lay within the traditional treatment terrain of 'mental' health. The League promoted the idea of independence and self-sufficiency. Its playing field was twofold: 1) preventive education through a call for professional and community responsibility and 2) to provide an alternative and unconventional support system for those women caught between hospitals and community psychiatry.

Through regular meetings, League members, families, lovers, and friends took up a *direct action*⁵ approach to the problems of anorexia and bulimia. For example, through their development of a media watch committee the League acted to publicly denounce "pro-anorexic/bulimic" activities against women's bodies through letters written to a wide variety of magazines, newspapers, and company presidents. This enabled the League to return the *normative gaze* through anti-anorexic/bulimic surveillance directed toward professional, educational, and consumer systems. The school action committee developed an Anti-anorexic/bulimic program for primary and secondary school students, however, they found out that diets and concerns with body specification was now the talk of toddlers as young as four. League T-shirts have the words YOU ARE MORE THAN A BODY emblazoned across the back of them with the League name and logo printed on the front (they were always a hot selling item). The League also held a candle light vigil each year to honor their League friends who had died anorexic/bulimic deaths.

⁵ Much to the delight of the membership, the League activities were highlighted in a

Radical in its philosophy, the Vancouver Anti-anorexia/bulimia League's mandate was to hold accountable those professional and consumer systems that knowingly render women with "eating disorders" dependent and marginalized. Dependency and marginalization can occur through practices of pathological classification; long term hospitalization; medication; funding shortages; and messages of hopelessness, dysfunction, and blame.

The League's agenda was to win the 'war' they considered being waged on women's bodies on both the professional and community front. Through the process of reclaiming their lives back from anorexia and bulimia, League members refused to accept the popular misconception that *they alone* were responsible for their so called eating disorders. League members began to make a crucial shift in their identities from group therapy patients to community activists and insider consultants. In helping at the level of community they were assisting other women and families and in turn - helping themselves.

Given the choice of utilizing a League member or another therapist for an anti-anorexic therapeutic reflecting team consultation, I *always* prefer, whenever possible, to access a League member. New clients struggling with disordered eating are always struck by the member's compassionate and direct reflections. It is common practice for us to pay ex-clients and League members to act as consultants to therapists in training, and as reflecting team members.

Below is an excerpt from a videotape which was made by a League member for the explicit purpose of circulating her ideas in the training of therapists on what they might need to know when working with the problem of anorexia and bulimia. This interview represents the narrative practice of *utilizing insider knowledge as co-research*.

Anti-anorexia Co-research

Stephen: What do therapists need to know when working with persons taken by anorexia and bulimia?

Catherine: Well, I guess that it's important that therapists know that anorexia and bulimia have to be dealt with on a number of different levels and that you can't just focus in on the individual. What's happening for them or what's happening in the family or what's happening in the environment or society is all important and all together. You have to deal with it on all levels or else you're just dealing with just part of what the problem is and I think it'll always come back if you don't.

Stephen: Is there anything that you have discovered that professionals do that is unhelpful in going free of bulimia and anorexia?

Catherine: Well, when they look at you as a bulimic person, you begin to look at yourself - entirely - that way to. You begin to identify purely with your anorexia and your bulimia and you lose your self. You deny you have another aspect to yourself. You think about your eating disorder and everyone is saying well "you're bulimic" or "you're anorexic" and anything you do wrong is attributed to you being a Bulimic, or Anorexic. This way really denies them a lot, denies them their personhood. You could say that because I struggled with bulimia and anorexia once, but that's just one aspect of my life. I feel it gets really hard because you're trying so hard in the struggle to hold on to yourself, to the inner

person, the person that needs to come out, and then when everyone is focusing just on the bulimia and your anorexia, the behavior, then they push you and your self, down. Every time people and professionals do that you become smaller and smaller.

Stephen: What did you find helpful?

Catherine: Well, I guess it had a lot to do with separating bulimia from myself. Being able to see it as one aspect of me and just that! And giving me my voice back, giving myself back my voice and pushing bulimia back, or trying to put bulimia back where it belongs; I don't know how to say that. Just trying to give it a sense of; I guess, separate yourself from it. You know, allow my voice to become louder and turning down the volume on the bulimic voice.

Stephen: Was there one tactic of bulimia that stands out for you as being particularly horrible?

Catherine: Well yes, it was such a secretive thing. It told me that secrecy was the only way for me and it to survive. And I guess it caused me to not only to have to keep it a secret to people on the outside, but it insisted I keep it a secret from everyone close around me and through this it imprisoned me. I couldn't reach out, I couldn't talk to people. And, as time goes on, you don't trust those people. Because, it becomes your best friend. It's the only thing that made me feel better. Having a binge was to get rid of some of the rage by purging. It became everything. An all- purpose best friend, and coping mechanism, and it also kept me trapped and kept me doubting myself and the people around me.

Stephen: Is there anything that you have come up with to combat bulimia's compliance to secrecy?

Catherine: When I feel that it's trying to put a strangle hold of secrecy around me I really actively think about it, and say okay what am I doing? Am I isolating myself? Is the bulimia causing me to withdraw? Then turning down the volume and going no I'm not going to let it have control and I actively really think of it as something separate. I call it for what it is and that's an abusive partner - it's just very abusive to me. By saying no to the abuse and reaching out for those people that are there, and have always really been there really helps diminish its grip. The bulimia has kept me in prison and isolated me, and denied me my own sense of self- worth and denied me the feeling that I am a good person and I am worth caring about and people do want to share and be a part of my life.

Stephen: I find your paralleling bulimia to that of an abusive relationship fascinating, could you tell me more about this idea of yours?

Catherine: I was once writing a letter to my body and saying "I'm sorry for all the abuse" and da, da, da, da and I really began to identify just how abusive bulimia is! And how it acts exactly like an abusive partner. It attacks me at the moment I'm most vulnerable and it tries to keep me down. It tells me I'm no good. It tells me that no one else will like me and I can always depend on it and no one else will be as dependable. It tells me it's doing this because it really cares and it wants to do something really nice. You know it finds all sorts of really insidious ways of destroying every sense of self and self-worth that you have. It keeps you distracted, and then it slowly abuses you physically and mentally. It keeps saying that "I care about you" and "nobody loves you like I do." That's what kept it so firmly

planted in my life. When anyone disappointed me, even a little bit, I said “well, its [bulimia] right.” I am worthless, that’s why this is happening, and I went to have a binge and yeah, it made me feel good for the short term and you know I tried to nurture myself by filling myself up and get rid of the rage by purging. It did help in the short term, the very short term, but it has disastrous consequences.

Stephen: How did you manage to get free of bulimia's abuse?

Catherine: I think it was a number of things. First, the thing I really had to come to grips with was that it was an abusive relationship. Knowing about abusive relationships, I know it’s not going to go away unless I get some help, right, (laughs). So, I really had to look at it, and whatever intellectual or emotional thing that kept me holding on to it had to go. I looked at it as separate from me, me in relation to an abusive partner and I realized nothing was ever going to get better. I knew I would never gain control of it, that it doesn’t really love me. That it really hates me and it has it’s own purpose and own agenda, and that was to destroy me. And, I had to really look at that and start letting go of all the lies that it had for keeping it in my life. And, just like when you leave an abusive partner you have to reach out. I found there where some very persistent and good people, League people, positive people that were really working hard at letting me know that they were there, and they would be there. They were a heck of a lot better than a bulimic partner. Slowly, by just beginning to trust and realize, yes, they were there and they know me pretty well now.

Stephen: How did you put an end to the abusive relationship?

Catherine: I just kicked the bulimic bum out!

Is it any wonder that upon viewing the League's "What every therapist needs to know about anorexia and bulimia, but were afraid to ask" DVD's⁶, the room of professionals and lay persons thunders with applause, interest, and tears? I asked psychiatrist Dr. Elliot Goldner (Madigan and Goldner, 198b), who at the time was the Director of a Hospital Eating Disorder program in Vancouver (and also a longtime friend), to offer his reflections after reading excerpts of the Leagues on-going co-research project. Dr. Goldner writes (Madigan and Epston, 1995):

The writings of the League underscore a potent fact; people struggling against anorexia and bulimia possess a wisdom and expertise that must not be marginalized. Their research is pulled from the pores of experience and has not been limited to eight hours a day, academic blinders, and political or financial motivations. To ignore their insight would be folly. Yet, psychiatry and therapy practices have too often disregarded such careful and painstaking research, and have preferred promises of quick fixes, and electrifying solutions from technology and scientism. When I listen, instead, to their words, these are some of the things I hear:

⁶ therapeuticconversations.tv has extensive interview footage and consultations with

1. Collaboration is helpful in fighting anorexia and bulimia; leagues such as the anti-anorexia/anti-bulimia league can offer such collaboration
2. Anti-anorexic/bulimic actions help to combat eating disorders for individuals and societies; in contrast, nonaction (which characterizes some "therapy" or "support efforts") is not helpful
3. Empowerment of those persons fighting anorexia and bulimia is helpful in combating eating disorders; such empowerment is supported by respect and by separation of the person and the problem
4. Anorexia and bulimia can hold a person with the vice grip of an abusive partner; secrecy and shame can form the glue that adheres these problems
5. Others (including those in "helping professions") may worsen the problem; this often occurs when people confer certain knowledges about a person and constrain that person's identity and selfhood

When we presented the League ideas in a public forum, we were continually reminded of their social impact on therapeutic possibilities. It is from within the wisdom of these co-research projects that therapists can be moved toward a reflexive accountability. We would argue that the weight of *therapeutic accountability should be privileged and mediated through the knowledges of the once marginalized*; not through a professionalized discourse (Madigan and Epston, 1995).

The League allowed for the distribution of client knowledge from one client to another. In addition, they often voiced strong opposition to those cultural and professional institutions that were problem supporting. The League's mandate was to undo the knotted dichotomy of difference, distance, and status presently wedged between psychologists/therapists and clients. The League could be seen as another step in stretching the ideas of transparency and reflecting teams (Epston, 1994, Madigan, 1991) into the community.

The Vancouver Anti-anorexia/Anti-bulimia League encouraged a different kind of 'self'-directed healing and encouraged persons to retrieve, and reflect upon, what lay hidden in the wings of their imaginations. Members of the League realized that their ideas represented the tip of an untapped therapeutic iceberg.