

**Holding on tight:
Creative ways to hold on to hope between counselling sessions**
by Victoria Marsden



Victoria Marsden works in a small community counselling agency that focuses on eating issues and disordered eating. Victoria Marsden sees clients in private practice in Auckland, New Zealand. She can be contacted by email at: v.marsden@xtra.co.nz. This paper draws from a seminar presented at the *NZAC 2011 Conference: Dialogues*, in Whangarei, New Zealand.

This paper discusses the importance of hope in counselling persons struggling with disordered eating, and describes how three women I worked with therapeutically created their own unique ways to connect with hope in between counselling sessions and to document the steps they took to reclaim their lives. Through the discovery and growing of three significant representations of hope – a silver pendant, a collection of origami cranes, and a victory tree – these three women documented the steps they took in their journey away from disordered eating and into the lives they now choose to live.

Keywords: disordered eating, hope, narrative therapy, creativity, alternative stories.

Situating myself

Disordered eating counselling is seen by many practitioners as one of the most difficult areas to work in therapeutically, due to the incredibly strong grasp disordered eating can have on those it torments. However, this is the work that I feel most passionately about and I find that these conversations energise me like no other.

At the risk of centring myself in this article – something I do not wish to do – I do believe that, although we do not discuss our own stories with clients, as practitioners, we bring them to the work that we do.

I have come to this work after a long struggle with what was diagnosed as anorexia in my teens and early twenties. I learned about the ways that disordered eating can and does affect individuals, from the inside out. Through these struggles, I also learned about the unquestionable importance that hope holds for those who are fighting an eating issue for their very lives. As I write this article, and while talking with clients in the therapy room, I stand on the shoulders of David and Ann Epston and Abby Higgisson, who held vital roles in helping me keep connected with hope during my own journey. It is from this road that we walked together, that many of my learnings have come. I also carry with me the stories of the many women I have talked with in therapy as they journey away from disordered eating and back into life. My thanks to them all.

Situating Hope

Hope can be what sustains life in the face of despair, and yet it is not simply the desire for things to come, or the betterment of life. It is the drive or energy that embeds us in the world – in the ecology of life, [and] ethics ... (Zournazi, 2002, p. 14)

Zournazi's definition of hope is one that I carry with me into therapeutic conversations with people on a daily basis. When I am talking with people who are struggling to reclaim their lives from the grip of disordered eating, I attempt to consciously and actively weave the thread of hope through the conversations that we share. My use of hope is informed by Zournazi's definition of it as an energy or drive that can help to support individuals to take steps to move away from the demands of disordered eating. It is also coloured by Weingarten's definition of hope as 'a verb not a noun ... because we can do hope together' (Weingarten, 2005, p. 159).

During therapeutic conversations, I closely listen for 'double-storied accounts' (White, 2005), and also hold closely the notion that no-one is a passive recipient of the difficulties they face in life. People always respond in ways that are available to them, and these responses reflect particular skills and 'knowledges of life' (White, 2005). By listening in this way to the stories that are shared, together we can uncover the 'small acts of living' (Wade, 1997, p. 32) that lead to 'everyday resistance' (Wade, 1997, p.37). These small acts or steps, if acknowledged and celebrated, can help to grow an alternative story (White & Epston, 1990), often one of preferred identity (White, 2007a) that is in stark contrast to that which is created by disordered eating practices and thinking. In positioning myself in this way, I am listening for 'threads of competence, connection and hope' (Madsen, 2009, p. 106) and for the absent but implicit (White, 2000). I am also listening for actions that clients could take (and are sometimes already taking) that would be more in harmony with what they give value to and with what they intend for their lives (White, 2007a).

Hope and Counselling

When I asked a number of people with whom I talk in therapy how important they think hope is in counselling in relation to disordered eating, all referred to or identified hope as one of the most important aspects of therapy. One client stated that, '... without hope you can't see the other side'.

The longer that I do this work, the more I have become aware of what appears to be a recurring question in disordered eating counselling:

'What happens to hope in between counselling sessions?'

During therapeutic conversations, hope is often part of the discussion, as without hope for a different way of thinking or acting, life outside of an eating issue remains elusive.

People often talk of feeling very connected to hope during our therapeutic conversations but this connection often wanes as they get further away from these conversations. I have heard clients make comments such as:

'I feel better during and after being here ... clearer about what I need to do ... but this gets less as the week gets on',

and:

'It is easier to fight "the bully" for a few days after counselling, but then it gets too strong again.'

Sustaining dialogues with hope in between sessions

I remember often a question asked by Michael White (2003) in a workshop that I attended some time ago:

'Hope can be extinguished, how has yours stayed alight?'

Recalling this question has helped me become curious as to whether there might be a way that the flame of hope that is fanned in counselling sessions could continue to be available in between sessions. I also became interested in what Edey & Jevne (2003) describe as '... a permanent invitation to think about hope' (p. 47). I also hoped that somehow, counselling could introduce the idea of capturing and celebrating those 'small everyday exchanges and little acts of resistance' (Maisel, Epston & Borden, 2004, p. 292) that are such an integral aspect of disordered-eating 'recovery'.

Hope is as unique to 'each of us as the clothes we choose' (Edney & Jevine, 2003, p. 46). The stories that follow illustrate the unique and creative ways in which three young women I worked with had kept hope alive between sessions.

Jess

I first met Jess (pseudonyms are used for client names in this article) in September 2009, after she had been referred by her previous counsellor in the hope that she might gain some specific support to move away from the bulimic practices that were overtaking her life. In our first session, Jess spoke of a long history of self-harm and suicidal thinking/actions, as a way to manage many years of abuse, which had resulted in her being removed from her family home at age sixteen to a residential treatment facility. Through double listening I became aware of an alternative story to that of the problems that she talked of, as Jess described recently managing to put a stop to the hold that self-harm had over her life.

She had done this by learning and then putting in place mindful thinking practices and holding onto the reasons why she did not want self-harm to be a part of her life anymore.

As we continued to enrich what stood out as a strong challenge to self-harm and suicidal thinking or actions, I wondered what Jess thought about the way she had beaten self-harm and what this might say about what was important to her by asking questions such as:

'Jess, is there anything that you held onto or tried to connect with as you challenged self-harm?'
'Is there a name that you would call this?'

Jess identified tenacity as something that she held onto to keep her connected with hope. As our work together continued, we were able to trace this thread of tenacity and hope through her life story, despite a number of significant challenges to this way of thinking and living. I asked her,

'How long would you say that hope and tenacity have been part of your life?'

'Can you tell me about a time before self-harm came into your life that hope and/or tenacity were present?'

'I wonder if hope and tenacity are around now?'

As we began to unravel the extent to which bulimia was controlling Jess's daily living, tenacity and hope became more apparent in the determination that Jess seemed to be applying to ridding her life of bulimia's demands. It was during one of these conversations that I noticed a pendant that Jess was wearing, depicting a young woman walking with a stick slung over her shoulder to which a handkerchief was tied. Through gentle enquiry, I learned that this pendant, a gift from a significant person in Jess's life, represented for her tenacity and hope. She talked of actively choosing to put this on at the beginning of each day, and physically holding it when she wanted to connect with tenacity and hope. We explored this thoroughly and I learned also that the pendant served as a very tangible reminder of her wish to be free of bulimia, when it would bang against her chin while leaning over the toilet bowl.

At times during our conversations, I would sometimes notice that Jess was not wearing her pendant. Asking about this often opened up conversations around how connected (or not connected) she felt with hope during these sessions.

'Jess, I'm noticing that you don't seem to be wearing your pendant today. Is it sitting on your bedside table, by chance? Or is there a different reason why it is not around your neck today?'

Coming to the end of our work together, we discussed how Jess had chosen to step more fully into her preferred identity/life (and out of the one bulimia promised). In other words, Jess identified the values with which she wanted to live her life, and is moving towards these being the driving force behind the decisions and choices she makes in the future. During this conversation, when reflecting on the significance of the pendant, Jess noticed that she no longer needed to actively put it on in the mornings, as she wears it constantly. She talked of it 'being a constant reminder to take care of myself,' and of how she strives to 'make more of my life and keep fighting'. It also acts as a reminder of what she is now able to do, after having disentangled herself from bulimia's grip, as the pendant changes temperature in response to her surroundings. This was particularly significant during a recent period of working as a chef in a restaurant (something that bulimia would never have allowed in the past). Each time she opened the oven, the pendant would heat up and remind her of the tenacity and hope with which she lives her daily life.

The therapeutic conversation allowed a rich storying to take place around the pendant and what it represented to Jess over the time that we met. I think that at times I was not even aware of the strength of this representation of hope for Jess and how it encouraged her to keep challenging bulimia at every opportunity.

I was also gifted with the opportunity to discuss Jess's connection with hope and tenacity in the absence of this pendant. When she moved house, the pendant was misplaced and not recovered. Despite some initial concerns about what this might mean for Jess, I experienced great relief when she spoke of maintaining her own connection with tenacity and hope, despite the pendant no longer being present.

On the occasions we have met since, she has worn a number of different pieces of jewellery that each have their own story – most of them connecting her with important people in her life. I hesitate to draw my own conclusions from this new development, but would like to think that perhaps the pendant marked the beginning of Jess's noticing how tenacity and hope have woven their way through her life and that she continues to carry these threads with her into the future.

Kate

I met with Kate for the first time in June 2009, following a decision she had made to make some changes to her relationship with food and how she felt that it was controlling her life. The difficulties that Kate identified included secret eating and significant and on-going restriction of food, which would then lead to eating-past-fullness.

As we discussed the effects these difficulties were having on Kate's life through the mapping of the problem story (White, 2007a), Kate stated that she did not want these difficulties to continue to affect her life in this way.

I asked about the kind of life Kate would be interested in living instead.

'If these difficulties didn't have such a hold on your life, what would your life be like?'

'What would you have more time for?'

'What would you be enjoying more?'

'Some people talk of finding more room to connect with what is important to them, as disordered eating lessens the hold it has on their lives. What do you think these important ideas/beliefs/qualities might be for you?'

Kate felt she wanted to grow a stronger connection with a number of important values in her daily living. During this discussion, these values gained richer meaning and the therapeutic conversation allowed me to draw attention to a number of steps that Kate was taking towards these values.

Together we wondered whether there might be a way to capture the steps that she was taking to challenge the disordered eating practices and the thoughts that were causing a lot of worry for her. It was my hope that, by drawing her attention to these steps, Kate might feel more closely connected to hope and to the notion that she has agency in her own life.

At the end of one of our sessions, I asked Kate to think about whether she might be interested in finding a way for her to keep a record of these significant steps that would appeal to her.

Upon her return for our next session, Kate had decided that she would like to document the ways that she was challenging disordered eating and that she would like to use the art of origami to remind herself of each step she took to challenge the eating issue and why she was choosing to do so.

Kate would write down what she referred to as a 'positive action' and fold this into a paper crane, which would then be threaded onto nylon fishing line and strung around her room. The recording of each action and then the act of creating a paper crane allowed Kate to tap into, or access, the hopes and dreams that she wanted to live out. For example, Kate spoke of wanting to move away from eating the same foods every day, something that the eating disorder demanded she do at each meal. One way that Kate challenged this demand was to go out and purchase a new cookbook and try out every recipe that appealed to her in this book. This was the kind of act that Kate would record and then transform into a paper crane.

A central part of the creation of each crane was the recording of the action, which in itself required reflection on having actively completed it. While folding the paper into the origami crane, and threading it onto the line, she began to build up a collection of cranes. It was very visual, yet also confidential as others could not see the act that was encapsulated in the folded crane.

Although I never saw a picture of these cranes, I often think in images, so have carried with me a picture in my mind's eye of a ceiling of rainbow coloured cranes, each representing a step that Kate made towards the life she wants to live. I also hope that, if these lines of colourful cranes are still hanging, she might be able to look upon them when feeling particularly challenged or when a memory of this time is triggered and celebrate every step she actively took to reclaim her life from the grip of the eating issue. To be reminded of each of these steps – and there are always many – can be a powerful antidote to the pull of disordered eating.

Monique

Monique came to counselling for the first time in November 2010, having 'had enough' of being told what to do and think by 'Ed' for the past 30 years. 'Ed' was Monique's own personification and therefore externalisation (White & Epston, 1990) of the eating disorder that had been a part of her life for over three decades. 'Ed' caused Monique to eat-past-fullness on a regular basis and convinced her to punish herself for this by purging afterwards.

During our therapeutic conversations, Monique would talk of holding a 'really strong' connection with hope and motivation to evict 'Ed' from her life, but mentioned that this seemed to fade as time passed. Over the time we had been meeting, I had grown to appreciate the importance that creativity held in Monique's life and I wondered how we might be able to hold onto this 'thread of hope' to assist her in her fight against 'Ed'.

'I wonder if there might be a way to visually represent the small steps that you are taking on a daily basis to challenge its demands? Other women I have talked with have found this a helpful way to remain connected with hope. Does this interest you?'

This enquiry really appealed to Monique and spoke to the importance that narrative therapy places on identifying the resources of the people we work with and how these might be made available in their struggle to reclaim their lives from the difficulties with which they are struggling.

Monique took away with her the idea of creating a visual representation of hope and agreed to explore a number of ways that she might be able to creatively map or acknowledge the steps she was taking away from 'Ed'. She arrived the next time we met brimming with excitement, as she described to me her idea of creating a Victory Tree. With the help of her partner, Monique had potted a large branch in one of the rooms in her house and began to adorn this with 'sparkly', 'bright' treasures – each representing an action or thought that challenged 'Ed'.

'You need something to be reminded ... you forget so easily ...'

When reflecting on the usefulness of her Victory Tree, Monique spoke of the importance of being able to access it easily and quickly, in case 'Ed' tried to convince her that the thought or action she wanted to acknowledge was not appropriate or worthy of acknowledgement in this way. This was something that we explored in depth – that 'Ed' was so often waiting in the wings, to discredit such challenges to the hold it/he had on her life, and that the severity of its attempt to discredit these could be linked directly to how threatened 'Ed' felt.

The treasures that Monique was using to adorn her Victory Tree to represent each step she took multiplied so quickly that she soon ran out of space! Not to be discouraged, Monique decided she needed a new project that would again provide visual reminders of the small acts of resistance in which she was engaging.

As her Victory Tree reached capacity, Monique moved onto a new project that served as a reminder of the hopes and dreams she wanted to live out and kept her connected with hope. She has recently completed a mosaic – with each bead or piece representing an anti-'Ed' (Maisel et al., 2004) thought or action, and is currently contemplating what form her next project will take. Not surprisingly, as 'Ed' becomes less and less present in her daily life, Monique is finding more time to do many things that 'Ed' has prohibited in the past – many of which celebrate the creativity she enjoys so much.

Monique talks of the creation of her Victory Tree as one of the most important acts she took to defy 'Ed'. It also serves as a frequent reminder of the agency she has in her own life and of the hopes she has for her future.

As with Jess, I hope that, as times goes on, Monique's connection with hope grows independently of her Victory Tree and the symbol starts instead to serve as a reminder of how far she has come in reclaiming her life from 'Ed'.

Final reflections

The creation of these representations of hope and the adding to them over time supported Jess, Kate and Monique to acknowledge the steps they were taking to reclaim their lives from the eating disorders with which they were struggling. Through therapeutic conversation around the pendant, the cranes, and the Victory Tree, the meanings of these records of hope were enriched and attention was drawn to what Michael White refers to as actions taken 'in harmony with what these women intend for their lives' (White, 2007b). I hold the hope that these creative practices might be able to be taken up by therapists and clients elsewhere, to document and celebrate steps of courage that those we work with so often take. In this paper, I have briefly shared only a very small part of Jess's, Monique's and Kate's stories – stories that are richly woven with colourful threads of hope and resilience. Together we hope to draw attention to how, although it may not be always immediately visible, '... it takes courage and imagination ... there is [always] hope' (Weingarten, 2003). I would like to thank these three women for generously offering their permission to share parts of their journey so that others might be inspired to look at ways to continue connecting with hope in between counselling sessions.

References

- Edey, W. & Jevne, R. E. (2003). Hope, illness, and counselling practice: Making hope visible. *Canadian Journal of Counselling/Revue Canadienne de Counseling*, 37(1), 44–51.
- Madsen, W.C. (2007). Collaborative helping: A practice framework for family-centred services. *Family Process*, 48, 103–116.
- Maisel, R., Epston, D. & Borden, A. (2004). *Biting the hand that starves you: Inspiring resistance to anorexia/bulimia*. New York, NY: W.W. Norton.
- Wade, A. (1997). Small acts of living: everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23–40.
- Weingarten, K. (2003). Restorative justice seminar series: Seminar 2: The wounded witness: Police, lawyers, judges and community. Monday, May 12, 2003. Retrieved from: http://www.brc21.org/resources/restore_justice/connorweingarten.html 2 September, 2008.
- Weingarten, K. (2005). Cancer, meaning-making and hope: The treatment dedication project. *Family, Systems, and Health*, 2005 (23), 155–160.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W. W. Norton.
- White, M. (2000) Re-engaging with history: The absent but implicit. In M. White, *Reflections on narrative practice: Essays and interviews* (pp. 35–58). Adelaide, Australia: Dulwich Centre Publications.
- White, M. (2005). Children, trauma and subordinate storyline development. *The International Journal of Narrative Therapy and Community Work*, 2005 (3-4), 10–22.
- White, M. (2007a). *Maps of narrative practice*. New York, NY: W. W. Norton.
- White, M. (2007b). Trauma and narrative therapy: a video-recording of Michael White [Video file] (April 1). Retrieved from <http://www.dulwichcentre.com.au/michael-white-video-archive.html>, 1 December, 2011.
- Zournazi, M. (2002). *Hope: New philosophies for change*. Annandale, Australia: Pluto Press.