**Treating the Eating Disorder Self: A Comprehensive Model for the Social Work Therapist**

 by Mary Anne Cohen, LCSW, BCD; NASW Press, 2020; 235 pages

*Reviewed by Valerie Frankfeldt, PhD*

We are all presently afflicted by externally imposed deprivation and restriction due to the Coronavirus Pandemic. These unprecedented times informed my thinking about Mary Anne Cohen’s latest contribution to the study and treatment of eating disorders. The Pandemic’s context is noteworthy on two levels.  On one hand, the eating disordered sufferer subjects herself to a lifestyle of deprivation and restriction that shows itself in eating habits even when realistically unnecessary. On the other hand, the “joke” going around regarding the “COVID 19” referring to the number of pounds people have gained during lockdown further illuminates the premise of the book which is to understand how food is a coping mechanism when under stress. Disordered eating exists on a spectrum from that of being primed by early relational trauma resulting in a compulsive characterological problem to that which is triggered by a variety of situationally imposed forces that engender a temporary regression.

Mary Anne Cohen is the Director of The New York Center for Eating Disorders. She has worked in the field for over 40 years and is a pre-eminent eating disorder specialist. Her insights are essential for those who treat eating disordered patients as well as those working with patients who are temporarily using food to cope.

The book focuses on the therapeutic relationship as the catalyst for change as well as self-acceptance. There is something in it for the casework trained social worker and the psychodynamically oriented practitioner. Cohen’s toolkit of treatment approaches is comprised of behavioral, psychoeducational, and transference interventions.

She has written extensively on eating disorders in her previous books. *Treating the Eating Disorder Self* adds to knowledge in the field by exploring:

* the connection between sexual identity and eating disorders
* a multicultural perspective on eating disorders (including discussion and case examples of African American, Latinos, Asian, Orthodox Jews, and Muslims)
* the role of social media as a double edged sword which both promotes eating disorder behavior but also offers online recovery support
* the current role of medication in the treatment of eating disorders
* how attachment theory explains eating disorders.
* an examination of transference and countertransference issues with eating disorder patients

  Her 200 case examples demonstrate her belief that everyone’s eating disorder is as unique as a fingerprint and requires an individualized, comprehensive treatment approach.

She includes a theoretical overview of eating patterns as both defense and symptom stemming from management of feelings and early relational trauma.

Patients present with primitive coping skills and limited ability to tolerate discomfort. The practitioner needs to keep in mind that for the person immersed in an eating disorder, trusting food is safer than trusting people. They will need the therapist’s help to establish sufficient trust to be receptive to her wisdom and guidance. Developing trust takes time.

At the outset, inculcating hope is crucial. The patient will have experienced repeated failure in efforts to curtail their compulsion. The shame involved in having the compulsion makes it even more difficult for the patient to ask for help. Hopelessness has bred either paralysis and a worsening of the condition with increased reliance on food or drastic changes doomed to failure. Shame comes up again and again. Having needs and being shamed for them only leaves food as an invisible, controllable private substitute for parental soothing. Unavailable and/or shaming parents result in an obvious second choice of making food and its regulation the soother.

One of Cohen’s tenets is contained in the acronym “HOPE”: Hold On Pain Ends. Feelings pass. People *can* and do recover; the relationship with food can entail less struggle. Therapy will help reduce the need for perfection especially concerning eating. One must change one’s relationship with food, which is so overdetermined, in order to master the problem.

Cohen is a prolific writer. Her generosity of self, her dynamism and ability to relate jump off the page. She can accept all communications--even those conveyed by smells-- sweat, perfume, lingering cigarette smoke, and the occasional fart! She shares in her writing her own distinctive, at times quirky and mischievous ideas, opinions, and formulations.

The healthy, nurturing attitude Cohen conveys to patients comes through in the prose. The work involves comfort with the oft presented observations and suppositions of patients about her body, jewelry, breasts, sexual orientation, even hairstyle.

She demonstrates the attunement needed to notice and work with the signals patients convey with their bodies. Justine always comes to sessions displaying ample cleavage. Cohen wonders to herself whether there is a message here about seduction, competition, or perhaps a longing for mothering? She stores these questions while juxtaposing them with her knowledge of the patient’s bingeing style, history, and hunger for physical and emotional feeding.

Cohen emphasizes the therapeutic relationship’s special role in the treatment of eating disorders.  Eating disorders stem from the earliest stage in life. The therapist’s behavior, attitudes, stance and connectedness with her own feelings--her very being-- have more of an impact on the patient, especially early on, than cognitively oriented interpretations.  The approach needs to be calibrated to a pace and intensity that is attuned to the patient’s readiness.

Sally, an anorexic, presented with loneliness and emptiness as the problem she wanted to work on. Cohen noticed that when she offered compassion and understanding, the patient withdrew, a counterintuitive response. The patient had had to “swallow” the words her father forced on her. Cohen pulled back and titrated her verbiage. Sally slowly began to emerge from her shell. She developed more agency as the therapist deliberately became more passive.

Cohen asserts the special importance of staying informed by the frame. Our natural therapist impulses can lead us to go over time or respond at length to calls, emails and texts in between sessions in response to a patient's neediness. Keeping the structure while allowing for room to adapt is curative as it creates a boundaried experience that models the patient’s potential ability to be at the locus of their eating. Otherwise they are driven by it in a chaotic, impulsive manner.

Cohen’s colorful vignettes of her interactions with patients serve as teaching tools for the practitioner. As anyone who has dealt with the treatment of people with compulsive behaviors knows, it’s easy for feelings of helplessness, hopelessness and impotence to take over in the therapist just as it is for patients.

Cohen also explicates the theoretical underpinnings of why she has done what she has and how and why it had the impact that it did. Getting a clear sense of being in the room with her and her patient allows the reader to incorporate theory and technique seamlessly. When we are subsequently confronted with similar problems in our own practices, these vibrant examples are likely to spring forth into our own minds to guide us.

She works with people to help them exercise their own power within a harm reduction approach. Clients may be shored up by adopting less damaging substitutive behaviors than their old, habitual ones. Progressively, self-reinforcing old repetitive thought processes and behaviors begin to diminish and to shift into more constructive ones. Clients learn and internalize:

* The use of words instead of action
* A *felt* understanding that feelings will pass
* Adoption of self-care rituals
* A message that they are not here to engage in self-sacrifice.

Cohen explains what to expect in treatment, helps the patient to identify triggers, strategizes small behavior changes together and instills an interest in creating self-enhancing habits.

Cohen and her patient will parse to what degree the structure of a diet program or food plan is in the best interest of the individual. While rigidity can feed into the problem, adapting an all-out intuitive eating plan may feel too scary and overwhelming. She maintains that the goal of recovery, contrary to patients’ usual expectations that weight loss is the be all and end all, is flexibility with food. That may mean enjoying a dessert without freaking out or feeling guilt and compensating by undoing with purging or starving. It’s OK to take pleasure from the food and tolerate imperfection.

Working to improve behaviors goes hand in hand with understanding and dealing with the emotional components of the problem. Cohen imparts curiosity to supplant self-flagellation. Baffling compulsive behaviors give way to self- awareness as buried feelings and memories are put into words. A few examples:

* A patient who inexplicably married a man in jail who’d shot her twice.
* A bulimic patient who felt that after one month her feelings about her father’s death should be “done.” She could not let herself digest the feelings which was exemplified by not letting herself digest food.
* Vomiting instead of crying so that its control parallels the need to control tears flowing unbidden.

The therapist’s model of patience, self-control, thoughtfulness, and gentle inquisitive interest enables the treatment to go forward to make sense of the patient’s actions.

In her chapter on Multicultural perspectives, Cohen points to the conflicts posed by acculturation. There is higher risk among those who feel pressure to conform to Anglo ideals of beauty. The omnipresence of social media further exacerbates this dilemma. Asians trying to assimilate are further hampered by their own social norms which dictate that going for help defies a mandate of obedience to hierarchy and patriarchy. Cultural competence is a must for therapists in order to have a broad understanding of forces impacting their patients.

Prevailing societal intolerance for non-gender conforming individuals imposes a perfect storm of self and body hatred that readily feeds into the development of an eating disorder. The prevalence of eating disorders in this population is much higher than the norm. Cohen addresses the multi-determined and unique stressors on these patients in the chapter on Gender, Sexual identity, and Eating Disorders. The need for such patients to find their own voice is an uphill battle that calls for therapists to provide gender-affirming treatment. Cohen provides a template of specific questions to help therapists ease the way for the patient to verbalize safely.

 Mary Anne Cohen’s new book is a modern, relevant infusion into the literature on eating disorders. It will serve as a welcome text for anyone looking to deepen and upgrade their knowledge in the field.

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