**French Toast for Breakfast**, Second edition, by Mary Anne Cohen, LCSW

Mary Anne Cohen, LCSW, BCD, is the Director of The New York Center for Eating Disorders, and has worked in the field for over 40 years. I have been eagerly devouring and digesting her delightful, warm and engrossing book on her work with eating disorders. She “had me” on the first page in which she differentiated her approach from another practitioner’s who had shared that he likes to provide his patients, who were under hypnosis, with the directive that when they next eat chocolate, it will turn to worms that will “crawl all over your mouth and stomach, ripping it apart.” Having gotten our rapt attention, Mary Anne goes on to show her polar opposite approach to treatment that helps transform attitudes from constricting and punitive to accepting and compassionate; to loving and embracing food, feelings and needs instead of renouncing them.

Her judicious sharing of her own background with food issues confers credibility and a sense of intimacy about the topic. Mary Anne’s commitment to her patients and to the work is evident; you can feel her passion for creatively involving patients and co-creating recovery. Furthermore, she recognizes the need for an individualized treatment approach in this difficult field; that treatment is not one-size-fits-all. She elucidates in detail differing approaches, all of which can be useful, sometimes sequentially and sometimes concurrently: the Overeaters Anonymous 12 Step program; the No Diet/No deprivation philosophy, and her own tailor made combination of analytically informed psychotherapy and behavioral and attitudinal modification. I wrote about the efficacy of modifying traditional treatment for compulsive behaviors in “The Compatibility of the Disease Concept with a Psychodynamic Approach in the Treatment of Alcoholism,” at a time when treatment approaches tended to be more dogmatic, noting that these disorders are problematic to treat and are best handled with a more flexible approach suited to the entrenched dynamics inherent in compulsions and addictions.

Of course, no treatment is possible without the therapist’s ability to forge a trusting connection with the patient and tolerate and manage the torrent of acutely painful feelings that emerge when unraveling long maintained and habitual compulsions. Eating disordered patients often suffer from traumatic interactions from earliest development, so the therapist has to be able to negotiate establishing a sufficient attachment to engage people who are coming in already extremely mistrustful that another human being could care and be genuinely helpful. Patients need to be shown that the therapist, unlike the original caregiver, will not just use them to satisfy their own unmet narcissistic needs. Mary Anne is up to the task. In her feast of case examples, her intense dedication to her patients jumps off the page. She conveys her important values of expansiveness and abundance (rather than constriction and deprivation) in her array of treatment options and her generosity in the room with patients as well as in her writing. She works to help the patient to come to trust their own ability to make nurturing food choices.

The book itself is a wonderful springboard for those in the grip of an eating disorder, be it compulsive overeating, bingeing and purging, or starving. Given the fear and mistrust with which a potential patient is bound to have of a therapist (especially being afraid of being controlled), Mary Anne demonstrates her approach by describing in detail how she helps each patient, one small step at a time, to become more self trusting and more willing and able to substitute relatedness and toleration of feelings for the substance of food. She includes at the end of several chapters her “Food for Thought” exercises that are a non-threatening beginning for people to consider what might underlie their disturbing, shame-ridden behaviors. For many, the very idea that something besides obsessing about food and weight might be involved in the problem is new. For example, in the chapter entitled “How to Plan Your Own Path,” under the rubric of The No-Diet-No-Deprivation Approach, a sample of the questions she provides are:

* Do you generally know when you are hungry?
* Are you comfortable letting yourself get hungry between meals?
* Are you willing to avoid going on another diet?
* Would you consider trying to legalize all foods—even your binge foods—if this meant you could finally learn to eat in moderation?
* Does a party or holiday or weekend automatically mean you will binge or purge or starve?

And for therapists, she provides many useful techniques including a template for conducting a comprehensive eating-disorder consultation. Possible questions would gently explore diet and weight history, origination of the particular eating disorder and whether there was a precipitating factor such as a loss, information about the nature of the bingeing, purging and/or starving (when, what, where; related to menstrual cycle?), and proceeding with a plan such as keeping a journal of eating: feelings, events, foods related to the problem.

She describes in detail what behaviors constitute each discrete food disorder, and the place of medication (with the latest findings on what medications are most effective in the treatment of eating disorders) --as well as meditation--in a treatment regimen. Finally, she normalizes relapse and provides many tools for relapse prevention as well as picking yourself up, dusting yourself off, and starting over again without self- recrimination. I enthusiastically ingested her book and was quite satisfied by the end!

Levinson, V., (1985) *Alcoholism Treatment Quarterly*, 2:1

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