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Narrative Therapy for Anorexia Nervosa: Using Documents of Resistance

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Treating anorexia nervosa is one of the greatest challenges faced by current health policies. This paper reflects on the social and cultural aspects of this type of eating disorder and proposes an intervention approach based on narrative therapy as a complement to existing treatments. This type of therapy requires a holistic and coordinated vision of the socio-cultural and community aspects that surround both the person dealing with anorexia and their closest social circle of friends and family. The effects of anorexia, when it becomes the dominant voice in a person's narrative, need to be understood within a broader and more inclusive social context without putting all the responsibility on the person who is being bullied by anorexia. Based on the qualitative results of the Archive of Resistance presented by the Anti-Anorexia League, narrative therapy is shown to have great potential for transforming the current approach to treating anorexia in English. This paper recommends use of the poststructuralist approach of narrative therapy to collaborate with the person affected by anorexia in Spanish-speaking cultures. At the same time, it opens a discussion on the need to establish a document database, an Archive of Resistance, in Spanish, to help mitigate the effects of anorexia.

Keywords: eating disorders, narrative therapy, anorexia nervosa, intervention proposal

Key Points

1. The importance of the narrative approach in coping with anoxexia nervosa.
2. The Archive of Resistance as a form of shared professional work.
3. Complementary treatment of anorexia nervosa from the person's point of view.
4. The deconstruction of social stereotypes based on corporeality through the narrative approach.
5. Narrative therapy applied to eating problems.

Unmasking the Traps of Anorexia: Externalising Conversations

Externalisation, reification, or even personification of anorexia helps us to understand its strategies as used against people. To explain the therapy process, many metaphors are used by people subjected to anorexia in their personal testimonies; they include friend, traitor, prison, the monster of a thousand faces, concentration camp, abuser, silent killer, and torturer. The central idea, the premise of narrative therapy is this: the person suffering from anorexia is not the problem, the problem is the problem (White, 1984, 2007).

Based on this principle, we affirm that it is not helpful to burden a person suffering from anorexia with the responsibility for their eating disorder. Thinking like this involves individualised treatment and, in many cases, guilt. It is necessary to consider the social context, the media, social networks, the prevailing ideals of beauty, and the values transmitted through popular culture such as films, songs, comic strip

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characters, singers, and actors. In short, it is necessary to understand the problem from a more complex viewpoint.

Following the work of Maisel, Epston, and Borden (2004), the main strategies that anorexia uses to imprison thousands of people around the world can be summarised as follows:

1. Anorexia presents thinness and body shape as a moral virtue (self-control, temperance, grace), and the desirability of being at the opposite pole of a continuum on which fatness is morally reprehensible (neglect, carelessness, laziness, and weakness).
2. It emphasises the importance of physical appearance, putting it above the vital and relational aspects of the person.
3. It creates confusion about the concepts of being fat and being plump by making any hint of plumpness (even after eating) as synonymous with being fat.
4. It manipulates sufferers by presenting them with an unattainable vision of perfection and with the false idea of being 'better' if they follow anorexia's rules, thus controlling what and how much (or how little) they eat. This ensures that the person is always trapped in a web of guilt and, therefore, in the grip of anorexia.
5. It emphasises competitiveness towards reaching an ideal thinness by using numbers as ammunition to make people think badly of themselves. These include metrics such as grades, prizes, weight, calories, minutes, kms, etc.
6. Anorexia distracts the person's focus from their inner world with the idea that it is better to give oneself to others than to take care of oneself by asking questions such as, 'Why take the time to feel these things if no one is going to listen to you? What you say won't matter'.
7. It gags the person's body's voice and prevents it from protesting the pain from hunger, fatigue, headaches, dizziness, and many other symptoms; instead, anorexia exalts the virtues of self-control, discipline, and willpower. A person's body's messages must be ignored or rejected, and the ability to do this is an indication of moral force.

In narrative therapy, all these strategies that anorexia employs must be unmasked through externalising conversations. Then a summary of each conversation can be sent to the client to create a resource that they can read and re-read in the form of a counter-narrative that complements a medical report. The following is an example of this type of conversation taken from an extract of an interview of CC:[1]

> **Counsellor (C)::** *How did anorexia fool you for the first time?*
>
> **Sonia (S)::** *It all started with the envy of a classmate. He began to tell me that I didn't know how to do gymnastics well, that I was clumsy, and that was because I had a few extra kilos. That became an obsession for me, not wanting to gain weight and thinking that I had to have a perfect body to be liked.*
>
> **C::** *Do you think this is a strategy that anorexia uses with other women? That is to say, to deceive them with the fact that women have to be physically perfect in order to please others.*
>
> **S::** *I don't know how it is with other women, but it really fooled me. Now I can see more clearly that what that classmate felt was admiration for me, and that's why she said those things to me.*

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C:: *It seems that anorexia uses others – partners, actresses, singers, etc. – to entangle you in its demands. How did you manage to stop listening to the messages of anorexia, even those said through partners?*

S:: *Well, I think I have an outstanding characteristic that is coherence. I apply coherence frequently, and I applied it many times when anorexia seemed to beat me. Careful though, I still have to use it because it tries to catch me out sometimes! I don't want to get fat, but I've noticed that envy is very bad.*

C:: *Were you able to apply your coherence to detect the lies that anorexia transmits? Has your coherence helped you to see that both anorexia and bulimia are liars?*

S:: *Yes, and having gone through what I went through, listening to their lies, has made me develop a stronger personality, and I'm not going to be fooled again.*

C:: *It seems to me that what you tell me is very useful, from what you tell me. And it is essential to differentiate between intelligence, and how it is measured within the institutes of the IQ, and wisdom. I think what you're telling me has more to do with wisdom; that is, with an application of the life experiences you've had, and this is a lifelong process. Don't you think so? What do you think of this?*

S:: *Look, this morning I saw a phrase on Instagram that I think might be something like what you're telling me (looks on her phone). "Don't let the past interrupt the present with things that have no future." Although it's very hard for me to stop thinking and worrying about the future, it is preferable to have a bad time for three years and get a more or less good, better future. Thinking of phrases like that encourages me to study for a better future for myself and my mother.*

C:: *Very interesting phrase and the application you make of it. That's what I meant by wisdom. Another girl who was beginning to shake off the demands of anorexia told me a similar phrase. She said to me, "I will not let what happened to me yesterday impede what can happen today." Do you think that by using her wisdom she realised the deceptions of anorexia? Do you think she discovered that at first it seems to be your friend and that it promises you everything, and then she saw that what it wants is to torture and even kill girls?*

S:: (thoughtfully) *I imagine so. Anorexia isn't your friend. It's a killer.*

C:: *I wonder what anorexia can say to deceive you so much that it makes you think you're okay when it can actually kill you at any time? Do you have any idea how anorexia manages to deceive girls to the point of death while they think they're okay? Any idea why more women are subject to anorexia?*

S:: *Well, it puts a lot of things in your head about being thin and that people will like you for that. The girls themselves are cruel to each other with respect to their physiques, and it hurts more to be told that a girl is fat because she is caught up with the idea of slimming and slimming. But I'm very stubborn* (laughing).

C:: *Is being stubborn going to help you attain the future you're imagining?*

S:: *Yes, being stubborn and proposing something to myself is likely to help me achieve the goals I set for myself.*

The excerpt above is an example in which an externalising conversation is aimed at unmasking the dirty game of anorexia to help the person living with anorexia see some points that can dismantle the strategies anorexia uses to dominate people. In narrative therapy, the Archive of Resistance is a core resource; it serves to construct

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and to reconstruct the client's self-identification in relation to the eating disorder from which they are suffering.

Challenging Anorexia

The beginning of the challenge is the coexistence of two ways of seeing what is happening, one through the eyes of anorexia and the other through the eyes of the person who suffers from it. The co-existence of these two voices will take time. It is important for the client to put aside the demands of anorexia and to start listening to their own voice. On many occasions, it is necessary to extend the conversations to subjects such as the other allies of anorexia such as perfectionism. In this way, professional treatment can help to make the client's voice louder and louder.

Here are some examples of questions about *perfectionism*:

1. *Are you aware of how we are taught and pushed towards ideas of perfection even though they are impossible to achieve?*
2. *What do you think of the pull of perfection?*
3. *What is perfection pushing you toward, what are you doing for it?*
4. *What would have been different if you had not heeded the unattainable messages of perfection?*
5. *What qualities and abilities could you highlight about yourself?*
6. *Have you ever felt a need to be perfect to such an extent that you locked yourself up in your home in fear of what other people might say about you and your mind?*
7. *How does perfection lure you into those traps of seeing yourself as imperfect?*
8. *Have you ever been able to satisfy what perfection wants you to be?*
9. *Has perfection produced selective deafness so you do not hear or believe the good things other people say about you?*
10. *Are the pressures of being perfect different for men than they are for women?*
11. *Has pursuing perfection taken away your enjoyment of life?*
12. *How do you resist perfection's thoughts or callings or questions?*
13. *How do you stand up to what perfection wants for your life – a life of continuous exercise or starving or comparison with others?*
14. *What do you see yourself doing or thinking that resists perfection's pressure or bullying?*
15. *Like have you though a different view: I am really happy with myself in this body?*

An externalising conversation helps to challenge perfectionism and the impossible messages of anorexia. These conversations can also address feelings of guilt, isolation, reproach, etc. Once an externalising conversation such as the above occurs, the client can be invited to write a letter to anorexia, or a poem, a song or a drawing, whatever the client chooses. All of their writings will become part of the Anti-Anorexia Archive of Resistance[2] as created by Epston in the early 1990s. It is, in short, a group of documents available to a community in which anorexia is openly challenged. Online files such as these can counteract the strength of pro-ana and pro-mia websites.

Below is an example of a counter-narrative in the form of a letter to anorexia, which could be part of a resistance file:

> *Carlos asked me to write you a letter, and the only thing that occurred to me was to tell you how much I hate you, anorexia. I'd like you to disappear from the face of the Earth,*

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not even leaving your ashes behind. You lie, you've controlled me since I was 12, you ruined my parents' lives, and you crushed my self-esteem. Fuck you! I hate you. I'm not afraid of you anymore, and I'm not going to let you keep making my life bitter. You've done enough. Now I know my parents are the ones who love me and not you. Your promises are lies. You promised that everyone would value me, that I had to be beautiful for that, that everyone would like me and that I could do whatever I wanted. But the truth is, now I know I don't have to listen to your lies. That way I'll be strong, I'll be myself and not a puppet. Because that's what you want me to be, a puppet, your puppet. I have to break the strings and stop listening to you. I want you to leave me alone. I don't want to hear any more from you. You did me a lot of damage, and you wouldn't let me see my friends, or go to school, telling me that I was going to be better and things like that. The more I listened to you the more you isolated me, and you were able to put those damn ideas in my head at will. I won't listen to you anymore. I'm going out and I'm going to go with my friends and I'm not going to listen to your lies that they're going to speak ill of me. You're a liar. Good-bye.

Anti-Anorexia Teams

The set of documents generated and compiled from every consultant in a narrative therapy conversation at individual or group sessions is what constitutes the so-called Archive of Resistance used in the Anti-Anorexia League. The benefits of sharing these documents for professionals and patients has been proven. Our goal is to extend Epston's proposal to the Spanish-speaking context. Specifically, Spain and Latin America must generate a resistance movement in Spanish, not only on a therapeutic level but to counteract the legal vacuum that exists since there is no regulation within Europe and Latin America regarding anorexia, not even a regulation on advertising practices.[3]

The structure of the Archive of Resistance will take into consideration the following parts: title/resource, authors, description, audience, and date. There must be assurance that the Archive of Resistance clearly shows the double story: not only the story of the problem of anorexia, as happens in many medical reports that only reflect the drama produced by anorexia and bulimia, but also the stories of the strength of those people who have been able to reject the lifestyle demanded by anorexia.

We must break down the micro-messages that anorexia uses to invade the lives of young people, adolescents, women, and men. It is necessary to create websites on the internet that make all the problems of this eating disorder visible to Spanish-speaking people. It is also necessary to shed light on the implications of anorexia for parents.

The following narrative testimony is from the mother of a 13-year-old girl who has permitted her letter to be shared. It is another counter-narrative that can help professionals to understand both the potential value of the suggested Archives of Resistance as a resource and also to help others to understand the feelings of a family subjected to anorexia. We hope they will someday be part of the Anti-Anorexia League of Spain and Latin America.

First of all, I want to say that anorexia is a very misunderstood mental illness (more than others) and not only by society in general but, what is worse, by the people around you such as friends and family. I've had to listen to phrases like: "Leave her to me, just watch how she eats," or "Fuck her, she's got it coming to her." You realise how much ignorance there is about this disorder. And that's because of the lack of information from the media. A lot of people think it's silly, that just eating is involved, when this is just the tip of the iceberg.

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They don't know about the suffering for both the sick and the family, especially their parents.

When anorexia appears in our lives, in an underhanded way (even for professionals who diagnose it) you're not aware of what's coming to you. Of course, your life is turning upside down. First, you wonder how you didn't notice before those "little signs" that were announcing what was coming. It's a feeling of guilt and clumsiness. The day-to-day is very distressing. You live your meal-times with a lot of tension. She takes two tablespoons of anything and you hear her say she's already eaten, staring at the plate as if what she's seeing is poison. And so many situations and behaviours that people who suffer, or have suffered, from it, know what I'm talking about. Not to mention the nervous breakdowns. You realise it's not your daughter you're seeing. It's like she's changed.

And the helplessness you feel because no one tells you how to act to help the person you love the most. You make a lot of mistakes, like yelling at her, threatening her, upsetting her, and all you're doing is making the problem worse. I remember when she was diagnosed with the disease, no one gave us any guidelines of what we should and shouldn't do. In fact, I was the one who asked for them and they weren't much good to me because they weren't the best ones. It's with time, experience, and many consultations that you come to learn how to face the disease. And it's not easy at all.

Parents, who are the ones who have to live and fight day by day with the disease, are not prepared for this. In the same way that group therapy is given for the sick, it should also be provided for the parents to know how to handle the situation better and not feel so helpless. However, when you say you are having a hard time and need help, they refer you to the family doctor to prescribe some pills. That's not the solution. An affected mother told me that she couldn't handle it alone, that she had to ask for help. But where's the help for the parents? We have to be the pillar on which our daughter has to stand, and we feel discouraged and distressed.

That is why I would ask the professionals and those concerned to also take into account help for the parents. It is also very important that there are associations of parents affected by anorexia. Not only for the parents, but also for the children. That way you'd feel like you're not alone and you'd feel supported. The advice of parents and others would help us to live with the disease much better. Because there are days when you have a hard time getting out of bed, going to work, and finishing the day. Please, launch more campaigns to make all families aware of the danger of anorexia. In schools, for example.

As a result of my daughter's illness, I have been able to meet people in my environment who have gone through it or are going through it. There are more and more cases, and there are no public centres empowered to prevent or treat well anorexia. A "normal" family can't afford 1,500 euros a month. What cannot be understood, and this makes me indignant, is the permissiveness and passivity towards certain sites on the internet which defend the disease. It is terrible to see how they incite people to suicide, and there they are, without anyone being able to be close them down.

I would like to add that, from my own experience, due to the absence of qualified centres, one has to endure, in the psychiatry unit where one lives, quite traumatic situations that are not related to one's illness. Or in paediatrics, where only parents can be with her 24 hours a day, sleeping on the floor on a mattress, going to work every day and this for a month (the first time) and almost 3 months the second.

I hope all this will help to raise awareness of the problem. And yes, I am grateful to the professionals for the attention given despite the shortcomings that exist because, otherwise, I wonder what would have happened.

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The narrative testimony of people who have rejected the lies of anorexia, or who are in the throes of it, will be very valuable and help to mobilise others; it will offer a way to rebel against the slavery that anorexia creates. Narrative testimony can be shared on websites, blogs, social networks, short messages, videos, etc.

Publication of this article could fulfil the objective of promoting the Anti-Anorexia League of Spain and Latin America, and the future resistance database, which will be useful not only for professionals, but for all those interested in joining forces against eating disorders.

Theoretical Reflection on the Archive of Resistance

The individualistic approach to treating eating disorders is currently under revision. We propose using a socio-cultural approach based on the Archive of Resistance through which the treatment practitioner's understanding of the disease is augmented from holistic and multidimensional perspectives. The human being is a vital element immersed in a fast-changing society and a cultural system in which they interact with and make sense of their own identity (Gintis, Van Schaik, & Boehm, 2015; Harris, 1995; Macionis & Plummer, 1999).

In a featured article by Combs and Freedman (2016), the authors, treating identity as a relational project, describe perfectly the need for a relational view of identity, which is congruent with our position:

> By relational, we mean that our stories of who we have been and who we can be would not exist outside of our relationships with other people; they are shaped by our experiences with others and our sense of how those others perceive us and respond to us. We are shaped by their responses and expectations.
>
> (p. 213)

Our social context contributes to the development of our identities. Our actions are modulated by the feedback we receive from agents of cultural socialisation as defined by Berger and Luckmann (1995). For the more consensual conventional definitions of anorexia (Brown, Holland, & Keel, 2013; Bulik, Reba, Siega-Riz, & Reichborn-Kjennerud, 2005) a socio-cultural approach in the analysis of eating disorders is a necessary theoretical contribution to the understanding of the innumerable faces of anorexia in today's society. Roberts and Kathryn (2011) highlight the different social meanings that people attribute to anorexia. One of the most significant examples is to conceive it as a way of life, 'a choice of one's own and existential life that fits one's particular needs' (p. 125). This deliberate action is based not only on following a set of imposing socio-cultural guidelines on how to dominate one's body when it demands food but also on a recognition of the community of belonging to achieve that purpose (Gavin et al., 2008; Pollack, 2003). This dogma of pro-anorexia communities becomes a way of life in which the person is imprisoned by the idea of achieving an unattainable model of unreal beauty coupled with unhealthy interaction in a closed community that promotes this type of practice.

One of the indicators to consider when assisting people experiencing anorexia is related to the internalisation of socio-cultural influences within the individual, namely, the emotional dimension. Studies by Dolhanty and Greenberg (2009), Hambrook et al. (2011) and Money et al. (2011) indicate that emotional understanding of the person is fundamental to the improvement of their relation with anorexia and for

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the subsequent achievement of a lifestyle removed from the one proposed by anorexia. The person's emotions are also disturbed as a result of pro-anorexia and pro-bulimia messages. Long, Wallis, Leung, and Meyer (2011) clearly tell us, 'there are negative emotions that are used by anorexia, such as guilt, panic or shame' (p. 423). Therefore, it is no surprise that 'a very beneficial way to break this circle is through communicative emotional education' (Money et al., 2011, p. 950), because emotions are culturally influenced and labelled experiences of subcortical affective states (Damasio, 2000). If we socially construct emotions complementing the individual with the community, it is possible to offer an additional perspective to the more individualstic traditional anorexia treatment model. This aligns with our intervention proposal, which is based on narrative therapy and on what Beaudoin (2020) calls 'landscape of affect.' The therapeutic conversation can enhance a person's own abilities to specifically discern their affective experiences and tie distinct embodied sensations to the problem and preferred stories.

We suggest that a person who suffers the harassment and abuse of anorexia should undergo re-socialisation; in other words, it is necessary to deconstruct ideas taken for granted in their way of expressing, communicating, and sharing emotions which are in line with the pro-anorexia discourse. Therefore, for maximum efficacy, professional treatment must consider the effects of all the parties involved in the intervention process, especially including the client's wider network of family, friends, supports, and culture. Social groups and cultural influences are crucial factors in the prevention, diagnosis, and treatment of anorexia.

Virtual group scenarios can be considered as the main catchment areas; however, virtual and face-to-face groups should also be considered as scenarios for the output or recovery itself. According to Smith et al. (2014), 'people admitted for this type of illness recognize that they feel more understood among themselves than with the personnel who treat them' (p. 7). Another aspect of this socio-cultural intervention proposal is the fact that people living with anorexia are affected by 'sharing the lived experience with other people who are in different phases of the disease[,] learning and developing adaptive skills' (Smith et al., 2014, p. 10). This is in line with the post-structuralist view of narrative therapy, in which local knowledge is privileged by trying to understand the meaning that clients attribute to their experience (Dickerson, 2011; Madigan, 2011, pp. 45--46).

In short, as this set of selected research shows, it seems verifiable that anorexia clearly includes a social component that takes shape through cultural discourses based on large invisible forces of Patriarchy, Gender, Capitalism and Power at work in the perpetuation of the myth of the ideal body and upon the very idea of how to be a woman through collective concepts, and in the very meanings and signifiers that are granted to aesthetics and bodily ideals in contemporary societies.

Socio-cultural Significance of Anorexia

The social reality in which we live has evolved from a series of shared meanings attributed by communities and groups in each cultural context. Bourdieu and Passeron (1970) argue that cultural arbitrariness is the stage in which socialisation agents play a determining role in shaping the collective identity of a group. This normative approach based on social modelling is a clue to understanding its own genesis. Accepting this premise raises questions such as how and why has thinness come to be

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valued as an ideal model to which some people aspire? What responsibility has the socio-cultural environment had, and continue to have, in the promotion of this social imaginary? What responsibility does the individual have? What makes thousands of young people choose to torture themselves by not eating, and even to die, without rebelling? How to work with the trauma produced by anorexia in the person, in the family, and in the people close to them?

Fast-changing culture, that is, conformation to social norms, is not stable over time (Axelrod, 1997; Geertz, 1973; Kashima, 2014). There is a progressive transformation of the cultural norms which is subordinated to multiple aesthetic, economic, political, and social interests. Rigidity in eating and weight control becomes a permanent obsession that must be deconstructed from a socio-cultural perspective. Such a community's leitmotiv is supported by a social discourse of perfection and the approval of thinness by Western culture. As López (2001) points out: 'Body beauty is culturally depicted as an end, and therefore, its absence as a failure' (p. 188). In cultural terms there has been a reinterpretation of a subculture in which the metaphor of a healthy lifestyle has been redefined and is understood as a cult of the body blurred and transformed into extreme submission. Berger and Luckmann (1995) define this process as the learning and internalisation of culture.

Narrative therapy offers externalising conversations as a way to deconstruct and diminish or minimise the impact of certain social discourses that are taken for granted by people who have fallen into the hands of anorexia, and that lead to idealised forms of beauty. The four basic socialisation agents that are interacting simultaneously are: 1) the family; 2) the educational system; 3) the group of peers/equals; and 4) the media. Interdependence of these four great enclaves of social learning determines with greater or lesser intensity the formation of each person's identities. Therefore, it is not fair that the person facing anorexia should be held solely responsible for the effects of anorexia on their life and the lives of those around them.

Family influence has been analysed from different perspectives (Avila et al., 2007; Jauregui, 2006; Laghi et al., 2015; Lozano, 2012; Thompson et al., 2014). All these authors point to the family as an important institution through which to detect and understand certain cultural axioms that finally lead to a transferred and internalised pattern as valid. However, there is also a great influence exerted by peers or groups of equals and the social media. The identity no longer depends only on the family but is also shared with the other socialisation agents. The mainstream media is a nuclear core in this issue. The media can be understood not only as a passive means of diffusion, but also as an interactive and powerful form of legitimatising social discourses among people who promote overly restrictive weight control practices. In particular, the virtual communities of people suffering from anorexia have proliferated rapidly since Oprah Winfrey's American show denounced it in 2004. The internet has been, and unfortunately still is, the perfect setting for the famous pro-ana or pro-mia pages through which distortion of the cult body becomes a metaphor for self-control and a fictitious type of beauty that can never be achieved.

Analysis of these webpages allows us to see how social contexts are involved in the development of anorexia eating disorders. The subjugated person not only reads about the restrictive culture of eating, but also about acting, participating, sanctioning, and being sanctioned by the virtual community of which they are part. This type of relation is reinforced by tutorials and could be considered as a real subculture in which there is a specific terminology/argot (Bermejo, Saul, & Jenaro, 2011; Jiménez, 2010),

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a series of ritual steps (Smith, 2015), and reward or sanction practices through the visual elements shared by all its members (videos or photographs) on these virtual platforms.

The pro-ana and pro-mia websites are more than a causative agent that promote eating disorders; rather, they are a consequence of this aesthetic, economic, political, social, and patriarchal cultural model. Campos (2007) points out that this type of virtual community 'allow[s] [participants] to unite the intersubjective and structural approaches and explain, in this way, how the sum of many individual wills can generate a collective discourse (p. 13).' This is what Figueras (2015) calls the search for the essential self within the framework of the consumer society. The intersubjective dimension of eating processes is explained by an analysis of the dynamics of these webpages, but these pages are the result of a preliminary socialising and educational process.

In this sense, we are not only focusing on formal and regulated education, but rather the opposite. We are talking about the need to establish non-formal educational criteria in the processes of digital literacy, of edu-communication that, as Freire himself points out (2005), frees the individual from the values of the consumer society by developing a critical and transforming spirit.

In the following section, we will explain how to unify individual and community efforts to unmask the demands of anorexia among the people. Our proposal of sociocultural intervention has the counter-cultural purpose of seeking to deconstruct and demystify the subculture of anorexia sustained by dominant Western culture.

The Use of Narrative Therapy for Dealing with Anorexia

Narrative has been influential in psychology (Bruner, 1986; Crossley, 2000; Polkinghorne, 1988; Sarbin, 1986), psychotherapy (Gonçalves & Machado, 1999; McLeod, 1997; Schafer, 1992; Spence, 1982), psychiatry (Holmes, 1999), and medicine (Greenhalgh & Hurwitz, 1999)' (cited in Wallis, Burns, & Capdevila, 2011, p. 487). Using narrative metaphor is key to understanding the perspective of narrative therapy, through which a human being is understood as having a multistoried identity that determines their actions: 'One of the most basic principles of the narrative perspective is that reality is socially constructed, and that the stories we hear about the world and how we are to conduct ourselves in it constitute the dominant social or sociopolitical discourse' (Morningstar, 2010, p. 289).

Also, narrative therapy uses documents, letters, emails, certificates, songs, poems, collective documents (which is done with the actual words of the people of the community we are working with), and recordings (audio and video) to create counter-narratives, or archives of resistance, to the documents (medical records, for example) that are created and collected by health and social systems.

In *Narrative Means for Therapeutic Ends,* White and Epston (1993) devote a significant amount of effort in explaining their use of therapeutic documents and how to write them. The written word has been of fundamental importance in the history of human beings - and it continues to be necessary. Beyond the oral tradition, which can be, and is, affected by the passage of time, the written tradition allows stories to remain intact and unmodified, to be transmitted from generation to generation, and to be revised, re-edited, completed, and/or rewritten.[4]

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The power of the written word is now widely seen from multiple therapeutic perspectives and has proven its value, although some may think that research is needed to prove its usefulness numerically. In a conversation, White and Epston provided some interesting and very encouraging information: 'in 1995, they stated that they had made a rudimentary survey of their customers' responses to their letters. Clients reported that each letter had the value of three sessions' (Madigan, 2011, p. 130).

The effects of the dominant story (a deficit-based story) occupy the main place in the psychological, social, and psychiatric reports. White and Epston (1993) realise that these practices lead to a negative conclusion about their identities, and that the person's written words do not appear in these reports; even the mere possibility of the person's writing in their own medical record is prohibited. The creation of counter-documents appears as a way of writing in which a person's story is highlighted while the story of the problem is subordinated. These would include documents written by the therapist and revised by the person. This new report (counter-document) reflects the history of capacities, abilities, values, and commitments of the person living with anorexia despite the strong influence of anorexia on their lives. This is a way of counteracting the effects of the dominant story (a deficit-based story) that occupies a place in the psychological, social, and psychiatric reports.

What would happen if the written tradition of deficit-based psychotherapy was transformed into a more encompassing approach that would not nullify the multiple dimensions that make up a person's identity? Epston co-constructed what is known as an *anti-anorexia league*. It consists of the creation of a group of people who circulate their letters, emails, recordings, songs, etc. in the form of an Archive of Resistance, which gathers all the solutions offered by the league's consultants. The personal agency of the consultants is reinforced because they have first-hand knowledge of what the problem is, its effects, and how to counteract it. The league is 'a network of clients who have the purpose of consulting, informing and supporting each other... who become their (David's) colleagues and consultants' (Madigan, 2011, p. 130).

An anti-anorexia league considers the relational externalisation dimension; the problem is the problem, and the problem, rather than the person suffering from the problem, is objectified. The understanding that the eating disorder is social and cultural and not just individual is empowering to each person and helps them to see their multiple identities and descriptions of themselves. It encourages them to rewrite their perceptions of their lives, departing from the restrictive view that anorexia has offered of them. For this reason, one of the league's main objectives is to 'reclaim our lives from anorexia' (Madigan, 2011, p. 133).

When we talk about reclamed lives from the hands of anorexia, we are referring to the fact that in anorexia the social meanings support and reinforce the disorder, the system of values, and motivations whose effects we can observe on the lives of its victims. Anorexia takes shape through these seductive and guilty voices, which offer false dreams and hopes - and if they do not achieve what they propose, guilt and frustration arise. Thousands of women - and unfortunately, more and more girls[5] - are controlled and influenced about how to see themselves, their bodies, and the world around them through the lens of anorexia. The literature on males with anorexia nervosa is currently emerging and some studies also show a growing number of young men (10% in Corbeil-Serre, Meilleur, & Turgeon, 2014). Unfortunately, Western society promotes a culture of thinness as a measure of the value and desirability of each person, their success, and their social recognition. Now that we understand this

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premise, the problem of anorexia is presented as a challenge whose treatment must cover all the above-mentioned aspects.

Narrative therapy is proposed as an additional intervention to more conventional medical and psychological models such as those suggested by Garner and Bemis (1982); Slade (1982); Foster et al. (1996); Guidano and Liotti (1983); Striegel-Moore (1993); Garner (1993); Wolff and Serpell (1999); Fairburn and Beglin (1994); Fairburn (2008); Hinrichsen et al. (2004); and the Maudsley Model (Treasure, Rhind, Macdonald, & Todd, 2015; Schmidt, 2015). By analysing the evolution of these models, which range from cognitive to psychosocial approaches and the family model, we can see the importance of a psychosocial intervention in anorexia that can be enriched through narrative therapy.

Conclusions

People suffering from anorexia must regain their lives and speak out to help eradicate these eating disorders worldwide. But they need help. We need a cultural redefinition in which the media and different social strata work together to demolish false cultural ideals built around beauty and thinness. It is also necessary to promote a profound social and cultural transformation that transcends the limits currently attributed to a 'disease.' Narrative therapy and, in particular, documents of resistance are fundamental and effective tools for tackling such a complex and multi-causal problem.

As we have been able to observe, resistance archives are very necessary to make visible the ways of breaking the oppression of pro-ana and pro-mia discourses. We must make each counter-narrative freely available to offer help to people dealing with anorexia and their families on the broadest possible scale. We believe that there is an urgent need for a social change that starts with awareness campaigns at all levels. We also demand greater educational coverage of anorexia to train future generations of professionals. It is vitally important that healthy content is fully integrated into the current educational curriculum.

The mass media is the greatest enclave to address. The media must deconstruct current aesthetic canons. This challenge will have an impact on the internet also and will be highly influential in fighting anorexia. The work of the media is important: it must make the problem and the solution visible. Also, social networks must become committed to raising awareness and to taking visible actions that favour the prevention of eating disorders. The Spanish Archive of Resistance: anti-anorexia/anti-bulimia should be created and expanded by social networks and the media. It is not an easy project, but it is a necessary one.

Let us also transfer this idea to the world of fiction. Wonder Woman, Storm, Jessica Jones, Catwoman—all of them are super-heroines in comics. And they also have another element in common: they share the same physical archetype, an idealised body that not only refers to their use of force, as is the case for male super-heroes, but also perpetuates sexist stereotypes. Until the day comes when someone can offer a plausible explanation of why it is necessary to have large breasts to be a woman and fight evil, or convince us that the best uniform for getting involved in blows with villains is a bra or a tight suit with a low neckline, these stereotypes are not necessary and promote an inaccurate, unhealthy stereotype that can harm females who berate theselves for being different, or suffer the effects of trying to achieve this non-inclusive view of 'perfection.' At least we can count on Faith, the first plus-sized

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super-heroine.[6] Faith is a pioneering character who breaks the prevailing sexist image of women. Faith is, in short, a good example that asking critical questions about pre-established cultural norms can promote cultural dynamism, collective awareness and, consequently, more inclusive social change. It is a minority comic, but it has begun to break with the hegemonic discourse of heteropatriarchy.

Taking this into account, in the Latin American community there are timid attempts to unify the different documents of anti-anorexia and anti-bulimia resistance. Like Faith, it is also a minority, but it is only the beginning. We hope that this article will be an impulse for the creation and consolidation of an archive of resistance in Spanish that collects letters, poems, comics, paintings, and everything that serves as inspiration for people to break the domination of anorexia and bulimia. The seed that White and Epston sowed must continue to produce its harvest.

Notes

1. The client chose a fictious name, Sonia, for the purpose of this article, and gave her written permission to transcribe our conversation and publish her story.
2. For more information on the resistance files, please check the following repository. Retrieved from: http://www.narrativeapproaches.com/resources/anorexia-bulimia-archives-of%20resistance/457-2/
3. Information published in the newspaper El Mundo. Digital edition. Retrieved from: http://www.elmundo.es/salud/2015/04/27/553a747922601da17f8b4577.html
4. Currently, one of Carlos Chimpén's interests is to investigate whether Whatsapp voice messages have a similar usefulness as written documents with adolescents. The messages arise from the notes taken during the sessions, so the written tradition continues and both written and oral messages may be used.
5. Carmen Galindo, President of the Spanish Federation of Associations for Help and Fight against Anorexia and Bulimia (FEACAB), states that the percentage of people suffering from anorexia in Spain has stabilised, but warns that it is increasingly detected at younger ages, between 9 and 10 years old. Retrieved from: http://www.larioja.com/20071027/local/region/anorexia-edad-inicio-padecer-200710271227.html
6. Information published in the newspaper *El País* (digital edition). Retrieved from: http://elpais.com/elpais/2015/10/22/tentaciones/1445507620_306166.html

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