An Apprenticeship as an Anti-Anorexic Therapist: Jo Viljoen, David Epston, Rick Maisel, ‘Johanna’, and ‘’Pieter’

Jo, Johanna, Pieter and I propose to ‘publish’ the slightly edited email correspondence between us over the period of 2000-2001. Why have we decided to do so? In many ways, this correspondence was a precedent for many practices that came from it: 1) therapy by email, 2) ‘engaged supervision’ which Carlson, Ingamells and I have renamed, ‘apprenticeships in the art of narrative therapy and 3) the intimate record of ‘co-research’ where Jo, Johanna, Pieter and I ‘teach’ Jo an anti-anorexic therapy, with all of us sharing the moral and ethical responsibilities. Therefore, this ‘correspondence’ can be read for several diverse purposes and because of this, we will interpolate several commentaries: Rick Maisel, who co-authored ‘Biting The Hand That Starves You: Inspiring Resistance to Anorexia/Bulimia(2004), New York, WW Norton) has agreed to commentate of what follows as an ‘anti-anorexic practice’ while Jo Viljoen has agreed to commentate on how she learns to become an ‘anti-anorexic therapist’. This is an extensive correspondence and for this reason, we will ‘break it up’ into what we hope are readable lengths, somewhat equivalent to a typical journal article. The manner in which the text of a ‘letter’ is interpolated will take a while to get used to but we hope you will appreciate this as part and parcel of therapy by email correspondence in order to create an electronic facsimile of a therapy conversation. We are very grateful to Johanna and Pieter for their appreciation of and enthusiastic support for this project.

I met Johanna in 1999 under the most dramatic of circumstances. I was supporting my studies by working ‘nights’ in my capacity as a psychiatric nurse at a prestigious specialist private psychiatric clinic. I reported for the night shift at 18h45 for the “hand over” from the day staff. The day nurse, looking exhausted, said they had had a trying day: They admitted “a very sick woman” who had managed to turn the entire clinic on its head within minutes of her arrival with her "crazy acting out behaviour". The day staff reported that she had been admitted “in a state of mania” and had dangerously cut both her wrists which had required suturing at the emergency rooms prior to her admission to the Clinic. On admission, she had all but destroyed the furniture in the private room they had readied for her. Concerned for what might await me that night, I timorously peeked through the one-way mirror between the nurse’s station and her room, and espied a tall woman, lying bundled up and motionless on a mattress on the floor, both wrists heavily bandaged. The day nurse, perhaps sensing my apprehension, attempted to reassure me that they had given her an “appropriate” dose of antipsychotic medication and predicted that she should sleep through the night. The room had been stripped of all glass, sharp objects, excess furniture, leaving her with only a paper cup, a bedpan and the mattress upon which she slept.

The nurses made no attempt to conceal their irritation with her acts of self-harm and the havoc she wreaked during their shift, and unsurprisingly, were all too happy to leave her to my care for the night.

Johanna was all too familiar to the regular staff from her previous admissions. However, as I worked at the clinic on only a temporary basis we had not yet made each others’ acquaintance. I set about the routine work, counting medications, checking scripts, handing out night medications, settling some stragglers into their beds and conversing with some of the women about their day. My concern for Johanna, alone on her mattress. had me entering her room at regular intervals, only to find her sleeping soundly and breathing easily. Apparently, the anti-psychotic medications and their sedating side-effects were having their

intended effects. Once everybody had settled down after approximately 22h00, I wrote my reports, checked medications and took half hourly rounds of all the patients.

At about 02h00 I sat at my desk in the nursing station and opened “Introducing Narrative Therapy, A collection of practice-based writings” edited by Cheryl White and David Denborough (1998) to do some study for my classes. I was deeply engrossed in a chapter by Sharon Nosworthy and Kerry Lane detailing how they had been stymied in their attempts to reduce the prevalence of “self-abuse” in a facility in which they worked. They repeatedly would find themselves in the position of arguing against self-abuse and suggesting alternatives, which, not surprisingly, proved to be in vain and perhaps counterproductive. In desperation, they decided they would try “co-research” , something they had been introduced
to at a David Epston workshop. This practice, elaborated by David Epston entailed the identification of the knowledges about problems and how to counter them by the very people who experienced the problems first hand. David referred to these knowledges (borrowed from the field of anthropology) as “insider knowledges”. I was blown away by Sharon’s conclusion that “the main thing that worked was that we admitted that we didn’t know what we were doing” and subsequently discovered that “Co-research gave the young women who used self-harm as a way of expressing themselves an opportunity to pass their knowledge onto us so that our work practices could be more appropriately informed”. (Nosworthy and Lane 1998:179)

I was consumed by such considerations when suddenly I heard a soft noise. I looked up and saw an attractive, tall woman with a shock of tousled blonde hair standing in front of me. She was dressed in crumpled day clothes, clearly slept in. For a moment I thought to myself: “Who is this? What does she have in mind?” I had no idea how long she had been standing there observing me, just as I had observed her without her knowledge earlier. I got up from my chair and introduced myself. She held a cup of strong Jacobs’s coffee out to me in both her bandaged hands.

It finally dawned on me: “Ah, this must be the ‘difficult’ patient day staff had told me about”. Although alarmed by her sudden appearance, I felt incredibly relieved that she seemed calm. She was friendly and curious about me. I set my book down, accepting her gift of coffee. “Hi, I’m Johanna,” she said as if we were meeting for coffee. “Who are you?”

I had to smile at her generous and friendly greeting.

“Hi. I’m Jo. Thanks for the coffee. Do you want to sit down a bit?

Johanna was inquisitive and seemed to wish to know who was this stranger in a nursing uniform. I informed her that I was helping out on the ward for a few nights. She was coherent, awake, witty and clearly very astute. Her demeanour confounded me given the handover report I had received.

She told me the short version of her life; that she had been struggling with mental health issues since the age of sixteen, in an out of psychiatric clinics. She briefly mentioned that she had spent six months a year on average for the previous eight years in hospitals. She soon became disinterested in her account, one I expect she must have repeated many times before to mental health care providers. Instead, she turned her attention to my book.

“What are you reading?” she asked.

“Oh! This book! It’s an introduction to narrative therapy”, I responded.

“I have never heard of that!’ she stated with such extreme curiosity that I was taken aback. She took the book from my desk and leafed through it with growing interest. Looking puzzled, she asked: “So what is narrative therapy?”

I hate that question – even today. How does one describe these rich, emergent, collaborative, culturally relevant practices in a nutshell? So I stuck to the little bit I knew, which was the practice of externalising problems.

“Well,” I tried to explain, “in this approach the person is the expert on her own life. We believe that the person is not the problem, the problem is the problem.” She looked at me, confounded as if I had suddenly spoken in ancient Aramaic. I tried again.

“It’s called externalising the problem...”

“Externalising the problem!” she exclaimed. “I’ve been trying for years for somebody to understand what is wrong with me. Every time I get sick, it’s as if there is a broken toaster in my soul that nobody can reach or fix. How do you externalize a problem like mine?”

Thank goodness I had another book in my bag, the classic text, ‘Narrative Means to Therapeutic Ends’ co-authored by Michael White and David Epston, which introduced narrative therapy to a wide readership in 1990. I turned to the second chapter and showed her their rationale for this practice of externalization:

1. Decreases unproductive conflict between persons, including those disputes over who is responsible for the problem;

2. Undermines the sense of failure that has developed for many persons in response to the continuing existence of the problem despite their attempts to resolve it;

3. Paves the way for persons to cooperate with each other, to unite in a struggle against the problem, and to escape its influence in their lives and relationships;

4. Opens up new possibilities for persons to take action to retrieve their lives and relationships from the problem and its influences

5. Frees persons to take a lighter, more effective and less stressed approach to “deadly serious” problems, and

6. Presents options for dialogue, other than monologue about the problem”. (White & Epston 1990:39-40).

She needed no explanation. She appeared to get it immediately. We played with words a little, externalising Depression and wondering what its voice might sound like and what it might say to a person. What might Depression’s intentions be for a person’s life? Who might Depression favour as teammates? She savoured our beginner exercise externalizing a problem and was very eager to learn more as she’d been trying, as she put it, “to weed out the mental illness from my brain unsuccessfully for years”. She told me she had even painted her attempts to do so the year before. While I continued to do my ward rounds, she

leafed through my books, had another cup of coffee and after a while said she was tired and returned to bed.

I was happy to report to the day staff that Johanna, although awake at 02h00, was calm and friendly and slept well for the rest of the night.

The next night when I reported for duty Johanna was waiting for me, eager to show me her 'WEEDING' painting.
(www.narrativeapproaches.com)

This time, Johanna didn't have a protracted stay at the clinic. On her discharge, her husband, Pieter, asked me for my contact details, stating that he wanted to learn more about this "narrative approach". Shortly afterwards he called me and asked me if I would agree to become Johanna's therapist. I was flabbergasted. I immediately said, "No, I have very little training as a narrative therapist; in fact, I've only just started learning this way of working". I frankly admitted to him that I really had no idea what to do. But he was not in any way dissuaded by this; in fact, quite the opposite. He insisted that if I agreed, "We will all learn this narrative approach together". I must admit that I was really scared. I was stepping into an abyss of not-knowing from a world where knowledge was safe, predictable and powerful. I reluctantly agreed on the basis that I would have to be guided by my professors if and when I got stuck. Pieter and Johanna were quite comfortable with this arrangement.

Shortly after her discharge from the clinic, Johanna contacted me for an appointment. Nervously I agreed to meet with her. I did not have access to Johanna's clinic file, but had heard from my colleagues and her psychiatrist that she was a "known chronic re-admission". Self-Doubt convinced me that I had a small, if any, chance, of being of any help to her. It was Johanna who set my mind at rest:

"Don't worry. I've had more experience of 'being in therapy' than you've had of 'being a therapist'. I know the ropes."

I breathed a sigh of relief. All she wanted from me was someone to listen to her, to believe her, and to accept her as a person of worth. I thought again of the article I was reading about scratching and self-abuse when we met and how this relationship with her could be some form of co-research.

Johanna pleaded: "Just don't judge me, please. My art therapist told me I am toxic to my family and suggested that Pieter divorce me. I really love them and want to be a part of the family I created. Her words distressed me so! That was why I cut my wrists and took all the pills in the house and ended up at the clinic."

I tried to hide the horror in my eyes when I heard this preposterous statement from her art therapist. I vowed aloud to do my best to do her no harm.

"My art therapist helped me a lot, Jo, don't worry! I just don't think she had the right to tell me that I'm toxic to my family..."

I couldn't have agreed with her more. I was soon to learn she sought light, love and laughter. She was wholeheartedly committed to her family, caring for others and

desperately wanted to make a difference in this world. It was not Johanna that was toxic to her family, but rather it had been the art therapist's commentary that had been toxic to Johanna's gentle heart, and subsequently to her body.

Over the next few months, Johanna shared much of her life story with me.
At the time of our initial therapy meeting, Johanna was thirty-four years old. She was a White Afrikaans woman, married to Pieter. They had two adolescent children and lived on a beautiful, rustic smallholding outside the city. Although Johanna and Pieter grew up in the Afrikaans culture, they disagreed with the separatist religious and cultural restrictions of the time, as well as with the racist Apartheid system and together they co-created a free thinking and inclusive culture in their own home.

Johanna was the eldest child in the family, with a younger brother. Their father was an outgoing, jovial, man's man, whilst her mother was an educated 'lady' who prized herself on her postgraduate studies in German, her children and their scholastic achievements.
Johanna told of growing up in a "perfectly normal" home where her father was the head of the household and her mother the caregiver. At times her father would binge drink, fly into rages, becoming abusive to them all. He was 'the captain of the ship', making rules that applied to himself, where the rules for the rest of the family differed considerably. With one set of rules for himself and another for his wife and children, wife and children were expected to toe the line, attend church regularly and live a decent life.

Although she achieved excellent grades, Johanna felt they were never good enough for her parents. Still, the A's on her report card earned her a measure of praise, acknowledgement and their love. Johanna confided in me how suicidal her mother was at times, resulting in numerous attempts to end her life of extreme unhappiness. Johanna was a secret witness to her mother's illicit love affair with another man. This knowledge burdened Johanna with hiding her mother's secret love affair from her father. Perhaps it was this unhappiness that drove her mom to seek solace and comfort from a clandestine love affair with another man. Johanna became aware of this affair and carried the burden of feeling complicit in her protection of her mother and her secret.

In this role of intermediary between her parents, who rarely spoke to one another directly, Johanna had to relay messages from one parent to another. This was another burden she patiently endured as a way of keeping the peace in their home.

"You are such a good child" her mother repeatedly told her. "You are my only reason for living".

Johanna understood that she had to preserve her mother's secrets, keep the peace and that if she did not score 100% in her courses, she was jeopardizing her mother's life. Loving both parents trapped her in this web of deceit.
By sixteen she had had enough. Morally outraged by the verbal abuse, the secrets, and her parents' double standards, she stopped eating. She said she simply couldn't stomach any more of it. She became severely emaciated, resulting in her first admission of many subsequent admissions to a psychiatric unit specializing in eating disorders. This was the beginning of her hefty curriculum vitae of mental illness.

Her husband Pieter is a young, up and coming, free thinking and adventurous man. He has an unmatched wanderlust and spirit of adventure. He is wise beyond his years, well read, witty and very enjoyable company. His job demands that he travels widely, while

Johanna, as the stay-at-home parent, takes care of the home and children. Johanna and Pieter have always had an enduring love for one another. One senses this after a very short period of time in their company.

Anorexia did not feature much during our therapy sessions. We did discuss it, but Johanna considered it to be a childhood problem which was a thing of her past. Mostly we were externalising Depression, Anxiety, Perfectionism, Temporal Lobe Epilepsy, and Insomnia. We spoke about Bipolar Disorder and the highs she enjoyed when she came out of depressive states. Of some concern to me was her was her erratic use of medications which were prescribed in copious amounts. We discussed how it might be helpful or harmful to her. The Clinic usually discharged her with a cocktail of psychiatric medication: anti-psychotics, anti-depressants, benzodiazepines, anticonvulsants and hypnotics. I was worried about all the medication at her disposal, particularly the benzodiazepines, which tended to disinhibit her even in at the prescribed dosages. My concern was well founded as her last admission was due to an overdose and severed wrists.

Johanna hated her medication. Apart from slowing her down and decreasing her creativity, she said it made her feel out of control. Her psychiatrist ordered an electroencephalograph during her last admission and in collaboration with a neurologist, diagnosed temporal lobe epilepsy. They agreed that a lesion on her temporal lobe explained her periods of "numbing out" and "freaking out". Johanna was distraught at the thought of having "brain damage", but on the other hand willingly embraced the diagnosis of temporal lobe epilepsy for the reason that it pointed towards a physical, as opposed to a psychiatric, cause for her condition:

"At least I know I'm not crazy, I just have TLE. There is something wrong with me, you see Jo! Something in my brain isn't working properly!"

On account of Pieter's extensive travels, Johanna was often home alone with the full responsibilities of running a small holding. Although she had helpers, on occasions the extent of such responsibilities overwhelmed her, sparking "episodes of TLE".

I was very fortunate to have attended a three day long workshop and met David Epston when he was teaching in Pretoria, South Africa in 1999. His anti-anorexia/bulimia practices had me spellbound. Consequently, I became a regular reader of the online Archives of Resistance Anti-Anorexia/Anti-Bulimia (www.narrativeapproaches.com). Inspired by David Epston's work, I broached the subject of anorexia at times, but Johanna was adamant at the time that her problems had nothing whatsoever to do with Anorexia. I suspected that Anorexia may have slipped back into her life because Johanna was very conscious of her body and frequently complained that she was fat. However, as I knew very little about Anorexia on the one hand and even less about narrative therapy, on the other hand, I agreed to acquiesce to her declarations. The Temporal Lobe Epilepsy diagnosis stood in the way of our making the connection that Anorexia had made a comeback in her life because she wanted to believe that the cause of all her problems were neurological and not psychiatric in origin.

In hindsight, Anorexia was watching our valiant efforts with glee.
Our therapy conversations had been focused on her immediate problems – Depression, Suicidal thoughts, Powerlessness, Anxiety, Feeling Overwhelmed – to mention a few. She reported that she felt empowered by the externalization of problems, discovering their voices and demands they made on her life. These practices helped her to start defining and advocating for a counter-story for a preferred life, one in which 'Self-Care' would be

paramount.

What we came to refer to as ‘Self-Destruction’ came like a thief in the night destroying Johanna’s carefully planned preferred life of ‘Self-Care’. ‘Self-Destruction’ raged for weeks on end commanding her to mutilate her body; I found her suffering unbearable. She would be hospitalised, sutured, shouted at by hospital staff for harming herself, medicated, subjected to electro-convulsive shock treatment and then discharged, only to begin the whole cycle again.

It was nightmarish for me. I cannot begin to imagine what it was like for her.

The psychiatric establishment disregarded the narrative approach. I was not even permitted to visit Johanna during her hospital admissions. However upon discharge, at her and Pieter’s request, we would resume our conversations.

The conversations, for the time being, seemed of little consequence, as the onslaught of “problems” attacked Johanna with a murderous intent. She found it extremely difficult to work or read as Self Destruction flooded her with thoughts and emotions which ran wild long into the night, depriving her of badly needed sleep. Her practices of “self care” went by the wayside and every “failing” empowered a ruthless perfectionism which urged her relentlessly towards guilt and self punishment. As her life became more and more chaotic, Self Destruction frequently found pretexts for placing a blade in her hand and urging her to do the virtuous thing and put an end to her undeserving life.

Despite her preference for ‘Self-Care’, she would write late into the night, unable to switch off her thoughts. Her emotions ran wild. She did not sleep or eat well. Perfectionism showed its ugly face, criticising her relentlessly. The problem of Temporal Lobe Epilepsy soothed her but rendered her ‘Self-Care’ impossible. We were falling down a rabbit hole and I could not fathom why. Her colourful ‘Self-Care’ pie charts; ochre for rest, green for Pieter and the children, fluttered down the rabbit hole with us. Perfectionism became synonymous with suffering, and guilt with virtue. All her planned activities spiralled out of control at a frenetic pace leaving her in chaos. This was a total onslaught on her life. Every door the Problem opened offered her a blade with which to end her life.

I worried that Johanna would not survive much longer. Whenever I thought the end was nigh, Johanna’s spirit proverbially stood up and rebelled. She would turn into a militant warrior, writing resistance poetry:

I am the lion
Who fights death
To bring life
To tell
Fierce stories peacefully
Strong enough
To stand in the shadow
Awake enough to bear
The child that came from living darkness
I am the lightness
I am the flying angel, lion

Self-harm turned on her, convincing her that her kind of hara-kiri would be an honourable way to die. In the face of these attacks, Johanna was bold and fierce and fought for her right to live by writing and painting her truth, until 'Self-Destruction' would convince her to find that sharp, flat blade which she had concealed in a shoe or in the lining of her handbag. It would whisper in her ear:

"You know where to find the blade, Johanna. There is no hope for you. Take it and cut until it's over".

She became exhausted.

Still, she did not give up. This woman has unparalleled courage. Her poetry, subversively, expressed her will to live.

"I don't have to sacrifice to some sick god in my head
I must cut deeper, it says
Look at the blood, it calls
It tells me enjoy, the pain is actually pleasure...
But I will show you!
It is cross with me,
I won't give up"

What appeared to us both as a decisive 'struggle' to live or succumb to her death lasted for three weeks. She began vomiting after meals.

"I decide over and over and over against this because I know it isn't worth it.
Nothing related to this struggle is worth it.
Art and pottery work against me
I will get their all consuming rages
I throw clay, black clay, and heavy, wet from use
There is no censor
Afterwards forgiveness
I don't want to break down the clinic
I'll rather throw my clay
I'm ok "

Johanna's mantra supporting her survival was: "I am ok, I love myself. I have compassion for people; I have unconditional love; I am a new-born baby that needs care."

During this struggle old memories surfaced. She recalled the admissions to the specialist Eating Disorder Unit in 1993 and 1994. She remembered those admissions as times "filled with sunshine", where she could only worry about herself, but she also remembered how easily the sunny thoughts were clouded over by anorexia's stern instructions to excessively exercise:

"Your body is there to be used, not for lying in the sun! Go and exercise!"
Johanna remembered the seductive invitations anorexia/bulimia employed to get her to end her life:

"I will be here for you. The white lights will come and fetch you, take the pills, all of them..."

There were times when her suffering was so acute that she wanted the white lights to come and fetch her away. She used to pray that her heart would just arrest.

Her uncle's death by suicide came back to haunt her. She said that she knew suicide is the wrong route to take but that in a strange way the memory of his suicide kept her alive. I found it very confusing. Nevertheless, there were definite moments when death seemed inviting, and she welcomed it.

She spoke of two angels, one was a white angel of light with promises of her healing, while the other angel was a burning flame in her head, encouraging her to hang on to the pain and bitterness. This angel (which seemed to have evil intent) forced her to sit slumped, helpless and disempowered, inviting death.

Then Johanna accidentally ran over the family puppy.

Trauma and Anxiety accused her of being a murderer. The Temporal Lobe Epilepsy events increased. Self Harm's invitations became impossible to ignore; they were relentless and never-ending. She could not get the image of the dead puppy out of her mind. She felt so guilty. And angry. She could not concentrate or get through a single day. Now she prayed that death would come.

She agreed to an emergency admission to the Clinic. After three Electro-Convulsive Therapy treatments and a new medication regime, she felt more distressed than before. She distrusted the nurses. A nurse told her that the tattoo on Johanna's shoulder was demonic and should be prayed over to break its evil hold on her life. Still recovering from ECT, Johanna was outraged and humiliated. The tattoo was of her own design.

She struggled to remember, felt very agitated and angry. She was afraid, couldn't focus, read or write. She found refuge at the occupational therapy department where she could doodle and draw. She said she felt fat and ugly and could not eat the hospital food. She started secretly vomiting after meals. The nurses forced her to eat under their surveillance.

Shortly after her discharge, Johanna's mother, Anina became ill. Anina provided back up support by taking the kids to school and taking care of them while Johanna was unable to. This was the proverbial straw that broke the camel's back. Johanna fell apart.
Johanna was admitted to yet another specialist psychiatric clinic where she was sedated.
As the sedation wore off she would bash her head against the wall requiring restraints for her own safety.

The treatment of choice was electroconvulsive therapy. The psychiatrist completed her treatments and slowly Johanna started feeling better.

Surprisingly, Johanna reported feeling a lot better after this ECT. She slowly recovered.
She started putting together an emergency treatment plan for herself in case Trouble came her way again. She embraced the Warrior archetype and saw herself as a warrior who can recognise and anticipate danger. She set out to prepare herself to face her problems head on. She called this her "battle for Self-Care". She identified people who made up her circle of trust.

Johanna is the bravest person I have ever met. I tried to be brave alongside her, but in my heart, I felt I had missed something important. I felt lost and out of my depth. I had no idea

what to do. I did believe that she was a brilliant, beautiful woman with great talents who was immersed in a battle for her life.

Soon after her latest hospital discharge, her daughter called me to come and help them as Pieter was away and Johanna had injured herself severely. This time, her life was surely in peril.
Her planned support team were unavailable that night. I drove out to their home, finding Johanna in a most desperate state. She had taken all her prescribed medication, and cut herself deeply with a blade. There was blood everywhere. After arranging all the emergency medical care, I drove home, feeling desperate. I remember holding my head in my hands, thinking to myself, “This is ridiculous! What is this? Is this anorexia? Bulimia? The Devil? And I don’t even believe in the Devil. Something has to change. What can I possibly do?” In desperation, I logged on to the Anti-Anorexia/Bulimia League, found an e-mail address to the website and sent off this letter:

Date: Saturday 2 Dec 2000 09:06a

Subject: Anti-Anorexia Leagues

Dear David

We met in Pretoria last year when you were here, and it is only because I have heard you speak that I have the freedom to write to you. I hope you are well.

We really need some help and advice here.

I have been talking with a young married woman with two teenage children for many months. She was treated for anorexia when she was a teenager. She claims that anorexia is no longer a problem and that she has overcome it. However, she feels that self-destructive behaviour in the form of cutting and overdosing on medication has taken over from the hold that anorexia had on her. Despite her claims that she has overcome anorexia, her weight still fluctuates, she stops eating, starts vomiting and then turns to cutting and other acts of self-abuse.

We have not managed to find out what triggers her abusive behaviour; it could be anything.

A neurologist diagnosed TLE (Temporal lobe epilepsy) as an explanation for her mood swings. She was delighted that he had found something physically wrong with her to explain her erratic behaviour, but she refuses to take any anticonvulsants as she feels that they turn her into a zombie. She is very creative, highly intelligent and a wonderfully exciting person, who functions very well in her family when depression does not get a grip on her. Her children are well adjusted and lovely; her husband is very supportive and is doing everything in his power to prevent her psychiatrist from certifying her, even though her psychiatrist is at his wit's end and firmly believes that she will have to be certified sooner or later. She has received ECT more than once; sometimes she experiences it as helpful and at other times it steals her memory and will to live. She has had all the diagnoses in the book ranging from schizophrenia to manic depression to borderline personality disorder.

I am at my wit’s end as she has been cutting and overdosing for three weeks, being admitted and re-admitted into various psychiatric clinics. Her weight fluctuates due to

vomiting and poor eating; Anorexia/Bulimia convinces her that she is worthless and denies her any reason to live. Recent ECT has also impaired her memory so she needs to be constantly reminded of her life successes. Her mood fluctuates in minutes between being depressed to the point of suicide and elation and this is taking its toll on her husband and children.

I wondered whether contact with the Anti-Anorexia league could benefit her. If you agree to this, how do I get her in touch with them?

Any advice would be appreciated.
Yours sincerely, Jo Viljoen.

I was clutching at a straw, somewhere out there in cyberspace. None of my reading and researching had prepared me for the intensity of the problems in Johanna's life. I was terrified that she might actually kill herself. I had hoped at best that David Epston or someone at the Anti-Anorexia League would be able to guide me from here.

When I next opened my computer, I received an email from David Epston. I'd send the original mail to www.narrativeapproaches.com. My email had been forwarded to his email and he replied below.

Date: Monday 4 Dec 2000 08:39

Dear Jo,

The League now exists only in the website as that's where all its energy is going. Have you considered printing off any relevant documents for your client to see what discussions might emerge from there? Also, I am hoping to double its content before Xmas, so keep an eye out for that. The only other possibility (which I am afraid isn't very possible given my circumstances) is that you and your client would have to be willing to communicate by email on the website. Obviously, you would disguise names and whereabouts. I would be the only respondent, although of course, I have recourse to the 'archives' most of which remain in boxes beside my desk here. What are my circumstances? I leave for my Xmas holidays just before Xmas and won't be back to work until Feb 1st. Most of the 'weight' of this practice would fall on your shoulders, I am afraid. See Lane, Epston and Winter, Mad Max Sunday: Are some virtual communities more real than virtual? Contact Elmarie to get a copy of this journal. (Reprinted in Epston, D. (2008), Down Under and Up Over: Travels with Narrative Therapy, available free on www.narrativeapproaches.com). I would expect you to read this before considering embarking on such an endeavour. Also, please note I will not be faxing but emailing. Let me know what you think. By the way, for all intent and purposes right now, I am the League. It does not exist apart from the website and the thousands of documents.
Yours anti-anorexically, David.

For a minute I was dumbfounded. Somebody read and replied to my mail. This was during the Christmas holidays. David Epston was prepared to read and reply to me. Gratitude. Relief. Hope. I met with Johanna, armed with David's response and suggestions. We pored over his letter, read it and reread it and then replied to him as one:

Date: 10 December 2000

Dear David

You might only receive this mail after the holidays, but I have spoken to Johanna and her husband Pieter about our plan to set up a virtual response team and they are very happy to include you as part of their virtual response team.

Johanna says she is determined to live a life of love for her husband, her children and the community. She says she has to re-write her life script, which up to now has been prewritten for her. The pre-written script casts her as a tragic heroine, who is permitted some months to reconstruct her life in order for it to be destroyed by Self Harm a while later. She has managed to withstand Self Harm for one week. She has commenced a reiflexology course which has a spiritual take (includes Reiki) and she finds this involvement very beneficial and healing for herself. During this week she has managed to identify her son and daughter's diverse needs, live happily with her husband and run their home to everybody's (her own included) satisfaction.

However, she is frightened that Self Harm is setting her up for a few months of self-love and self-care only to hit her unexpectedly with an attack of Self-Destructive behaviour in the form of cutting, overdosing and self-hate.

She says her uncle had a similar life script and he died from suicide when he was 47 years old. Self Harm has convinced her that her life script is the same as his and that she only has another 15 years of suffering before it will get her to wipe herself out, MUCH like him. Johanna is not prepared to suffer for another 15 years. She is not prepared to suffer for another day. She treasures her husband, and her children, and wants to make a contribution to society. Self Harm has managed to write a problem story for her life in neon lights, which blinds her to all the other positive life experiences she has had every day. Yesterday we explored some of her life experiences from the past week that were not a part of the Problem Story's Script for her life and found that she prefers to write HOPE, LOVE, INSIGHT, CHOICE, RESPONSIBILITY AND LIVING AS AN INTEGRATED BEING INTO HER LIFE STORY. She gave me many examples of how she managed to live a life of love for the last seven days:

- She managed to smile at Pieter when she saw him for the first time in the morning; he said he was so pleasantly surprised to see her smile at him; it was wonderful!
- She rubbed her son's back to put him to sleep.
- She gently scratched her daughter's back as an act of love.
- She encouraged her children to voice their concerns to her when they complained of sore throats.
- She recognised when her children needed her and helped them to face some problems they had.
- She enjoyed her time spent learning reflexology/Reiki and believes that it will be the right thing for her to do professionally. She has already designed her business card.
- Pieter verified that Johanna has been able to show the love and affection she feels for him by listening to him, sharing her experiences with him, sitting with him when he is in the bath and sharing his dreams and insights into life.
- They agree that they have been able to laugh a lot this past week and that they have a lot of fun together.
- She says she has chosen to rewrite her life story now, while she still has the

strength, the hope and youth on her side.
• She has managed to forgive herself for accidentally running over their puppy, Liquorice, in a rush to leave their home to be on time for an appointment (Self Harm used this incident which occurred a few months ago to convince her that she is worthless, careless and that she does not deserve to live.)
• She says she is managing to let go of the anger she feels for herself, others during her reflexology training
I will be speaking to her again in a week's time.
Her current response team consists of Johanna (she included herself because she knows best when she is under siege and needs to call for help), Pieter, me, her psychiatrist and a private psychiatric nurse, and you David, as our virtual member.

Looking forward to a response from you as soon as you can make it.

Regards
Jo Viljoen
I received the following letter on 15th December 2000

Dear Jo

Just to let you know of a change of my plans. I have decided to return to Auckland once a week in the month of January as the urgency I was feeling to get everything 'up and away' is, from my point of view, no more. We can now take our time, which of course is best to work ourselves into such a 'strange conversation' and its vagaries. I hope this is a relief to you. However, I will be away from 'my desk' between Xmas and early Jan. However, please feel free to communicate with my email, if that suits you all. Could you please pass this on? If there is anything you wish to discuss I guess the urgency has placed you in an invidious situation. If so, please do so before I leave for Xmas (or at any time in the future). You, of course, are the linchpin, the pin that passes through the axle that holds the wheel together. Can you let us all know how comfortable that is for you? And what you might like to ask from us? Jo – I expect this will be a discussion-without-an-end as this discussion starts having a life of its very own. So please keep this in mind.
Jo, I admire your daring for engaging in such pioneering and at times decidedly unconventional practice. I want you to know that.
Yours sincerely
David

Bibliography

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