

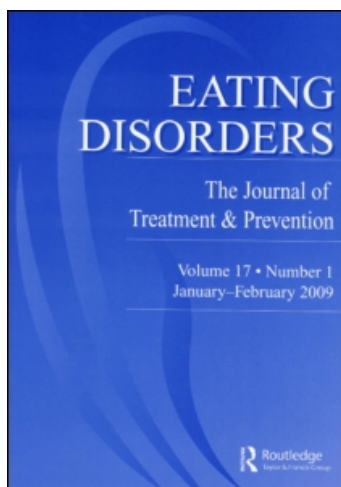
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The Therapist's Voice

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The Therapist's Voice



JUDITH RUSKAY RABINOR, Editor

Try to love the questions themselves as if they were locked rooms or books written in a very foreign language. . . . Live the questions, now. Perhaps then, someday far in the future, you will gradually, without ever noticing it, live your way into the answer.

Letters to a Young Poet, Rainer Maria Rilke

HEALING THROUGH CONNECTION: SELF-DISCLOSURE IN PSYCHOTHERAPY

STACEY NYE

“It’s amazing the things we find we can live without,” I say to Gina. She knows what I am referring to. “If you had asked me six months ago if I could live without my hair, I would have told you *no way!* But here I am, learning to live without my hair.”

I’m telling this to Gina, a 34-year-old mother of three who has had an eating disorder since college. She has restricted her calories and abused exercise for half of her life, and, refusing more intensive treatment, has again claimed that she is not sure that she can live without these parts of her identity. She has always prided herself on her physical fitness. She is a runner primarily, but will also use the stair-stepper or tennis to supplement her calorie burning. Most Americans would unfortunately look at her and think that she looks great—dark skin, well-defined muscles, taut arms and legs, devoid of any cellulite dimples. Not bad for a mother of three. But Gina is

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obsessed with exercise. Being a stay-at-home mom, this is her only form of stress release. The positive aspects of using exercise as a coping tool have become totally overshadowed by her obsessive pursuit. She must work out every day. She has a hard time taking days off. She must meet or surpass the goals of the previous day's workout. She gives up other activities in order to work out, like social engagements, hobbies, therapy appointments. She exercises when she is sick with the flu or a cold, and will not stop in the middle of a work out despite extreme fatigue, nausea, or dizziness. This is her life and her identity, and she does not know how she can live without it.

I, her therapist of one year, am referring to my condition of Alopecia Areata, an autoimmune disorder in which the hair follicles seem to be switched off, causing spotty hair loss. Unnoticeable at first, I went for steroid injections in my scalp to try to stimulate hair growth. These worked initially, then suddenly stopped working. When hair from all over my scalp began making a mass exodus, I quit treatment and began wearing hats.

Since then I have lost all my hair. I bought a wig, and have had eyebrows and eyeliner tattooed on. There is no cure, and the prognosis is unknown. Devastated at the start, I cried, screamed, and slammed doors for two straight months. Finally, during a Reiki session, I was told it was time to *let go*. I was fighting so hard to try to control the progression of my illness, something I could obviously not control at all, that I was probably making it worse. Although I left that day feeling betrayed by and infuriated with the suggestion, I proudly returned four weeks later with my energies successfully released. I still periodically look in the mirror and say something negative like, "I hate my wig, I feel like a freak," and so forth. But then I get dressed, walk away from the mirror, and get on with my day. I don't have a choice. I am learning to live without my hair.

"It's amazing the things we find we can live without," I repeat. I read her parts of this article (initially written directly after a particularly daunting session with her), revealing my initial obsession to cure my illness and subsequent letting go. "I did not choose or expect to lose my hair. Although I have not yet embraced or celebrated my hair loss, I have learned to live without it, for now." I remind her that she will not likely wake up one morning and decide that she can live without exercise, restricting, or the identity of being more fit than anyone she knows. She will not likely embrace or celebrate these losses. She will possibly cry, scream, and slam doors as a way to express her frustration. Both of us will learn to cope with our losses, but there is one important difference between us. If she makes it to the other side, she will have learned to cope with her feelings, expand her identity, and increase her health and happiness a hundredfold.

Although I, too, will begrudgingly learn how to cope with *my* feelings, expand *my* identity and maybe even increase *my* health and happiness, when I get to the other side, I will probably still be bald.

I realize that I am asking my patient to do something that I myself am

having a hard time doing. I am asking her to give up something that she has steadfastly held on to for most of her life, something that wholly and completely defines her sense of self. She may eventually realize on an intellectual level that she will be better off when she is no longer a prisoner to her eating disorder, but her current *emotional* reaction to recovery is one of utter horror.

Like Gina, I have intellectually accepted that I am better off no longer a prisoner to trying to control the progression of my illness. As a product of this acceptance, I no longer focus on cures or treatments for hair growth, but on self-care, since there is a possible link between autoimmune disorders and stress. I don't do this as a way to cure my condition, but as a reaction to the lessons I have learned about how to live my life more sanely. But also like Gina, my emotions have yet to catch up with what I know intellectually. I cannot accept that I am better off without naturally growing hair. Even though my hair did not completely define my sense of self (like Gina's eating disorder), it was central to my appearance and identity, and I still sometimes view my unadorned reflection in the mirror with utter horror.

Months after this session, Gina finally agreed to residential treatment. She has been there for eight weeks now, four weeks longer than she had initially anticipated. She called me the other day and informed me that she plans to never run again. She had been told this before she entered the program, but now she has accepted this painful lesson as a part of her recovery.

I am convinced that there are lessons for me to accept, too. Unfortunately, it sometimes takes misfortune to get us to slow down, smell the flowers, and appreciate our lives. I have spent more time in the last three years really living life than I did in the previous 37. This approach will hopefully protect me from further illness, and make the rest of the time I spend here on earth much more worthwhile. Also, this experience has given me an avenue for my writing, a passion of mine since childhood, and it's a tremendous relief to put the words down on paper. And finally, just like I survived a life of fat thighs and grew to teach others how to do the same, I assume I will be using this experience to further help others cope. I think I already have.

REFLECTIONS

There is an ongoing debate about the therapeutic value of self-disclosure in psychotherapy. I was originally taught at my psychodynamically-oriented graduate school that the therapist should remain a "blank screen," and therefore self-disclosure by the therapist only serves to contaminate the transference by interfering with the projections of the patient. Others say therapist self-disclosure risks empathic failure with the patient, since obviously, we

are there to talk about them, not us; and what helped us may not help them. Feminist therapists, however, believe that self-disclosure helps to bridge the gap between patient and therapist by enhancing the relationship and therefore intensifying connection, understanding, and healing.

My own therapist, an analyst, advised me against informing my patients of my illness before they asked, much less sharing various details or struggles I've had along the way. His concern was not only that I was interfering with transference projections, but my uncertainty about the progression of my illness or how I was going to handle my changing appearance (hats, wigs, au-natural) would lead to more anxiety for them, not less. My colleagues, however, suggested that taking care of myself would ultimately be taking care of my patients. I was so anxious and preoccupied by my fear that they were wondering why I was wearing a hat or that they noticed my scalp when they walked behind me, that I was unable to be in the room with them and listen empathically to their issues. I also was worried that if I brought it up or handed them a memo in a session, they would feel obligated to talk about it or take care of me. In addition, I was so raw with emotion, that at that time I could not utter the words "alopecia areata" without crying. Ultimately, I sent a memo to my patients explaining my condition. This approach gave me the distance I needed, allayed any anxiety they might have had about my health or appearance, and allowed them to make a choice about whether to talk about it or not. By the time anyone brought it up, I had past the initial trauma of my hair loss, and was able to speak about it without becoming overly emotional.

I knew I had to work through some issues, though, first, before I could talk about it with my patients in an appropriate way. I felt guilty: a professional who treats eating disorders and body image issues wasn't suppose to feel bad about changes in her appearance. I felt hypocritical for putting on hats, wigs, or extra eyeliner to disguise what I was missing. I had sincerely taught legions of women every day to embrace their faults, but I was not. I had seriously considered early on going without anything on my head. My kids, however, two boys 7 and 9 years old, were mortified by the idea. They were concerned that their friends would make fun of them for having a bald mother. Ultimately, though, I realized that I could not have ever left my house so naked. And although it's not a secret—most of my friends, colleagues, family, and clients know about my condition—I have chosen to try to emulate what I once had with wigs and permanent makeup.

I also felt fraudulent as a therapist. Since autoimmune disorders are thought to be linked to stress, I feared that eventually one of my patients would figure out that I had no business telling them how to cope with their feelings, since I obviously haven't done a very good job of coping with mine. So far, though, no one has called me to the carpet on that. When and if they do, I will be prepared to answer honestly with what I tell them

frequently anyway—we all have growth and learning to do; recovery is a process, not a destination; and, that applies to all of us.

I had a variety of reactions to my initial disclosure, some of which I might have expected, others not. Surprisingly, few of my patients with eating disorders commented on receiving the letter. I had anticipated that they would have been the most cued into my appearance, and would be eager to ask all kinds of questions. I can only imagine that the people who did not raise the issue with me felt (1) satisfied with my written explanation, (2) reluctant to bring up an issue that they assumed I would not want to talk about, or (3) were possibly unable to connect with me around this awkward subject in my personal life. I don't really know, since I did not ask those who did not bring it up.

In contrast to my eating disordered patients, many of my general psychotherapy patients were especially sensitive and caring. Roxanne, an attractive 34-year-old married mother of one and a member of my woman's group, a non-eating disorder, long-term therapy group, anxiously admitted how scary it was for her to see me as vulnerable, since she had placed me on a pedestal similar to the one she had been placed on as a child. Traci, a single mother with a physically and sexually abusive past, cut off eight inches of her own hair and donated it to Wigs for Kids. Unaware of the connection at first, she later agreed with my interpretation that she was unconsciously taking care of me, one of the few safe and nurturant people in her life. Morgan, a 30-year-old single woman who I have been seeing on and off for six years (and who currently lives out of town), sarcastically asked me over the phone after receiving my letter if I was bald. Since Morgan has been working on relationship difficulties due to her sometimes blunt and unempathic interactions with people, she was devastated when I responded "yes." She sent a letter of apology to me the next day, with an offer to buy me one of those hats with the ponytails attached to them. Loretta, a 52-year-old divorced mother of two (who has just survived a bout of breast cancer herself and still has difficulty acknowledging my importance in her life after five years of therapy), sent me a poem about acceptance and self-care shortly after receiving my letter. Much of what happens in this therapy relationship occurs outside of the room.

Timing is an important consideration when using self-disclosure. My letter was sent out based on my timeline, not my patients. The timing of my subsequent disclosure to Gina was mostly intuitive. I had been mulling it over in my mind for several weeks prior, considering the pros and cons of revealing this part of myself to her. I had worked with Gina for nearly a year, and we had developed a very open and forthright relationship. I hoped she could handle it—she could hear it as an empathic reaching out, not as a disparagement of her.

I've wondered if this opening up helped Gina to pursue more intensive treatment, or if it helped her at all? I cannot be sure. It is sometimes difficult

to judge the effectiveness of our interventions. It is often the slightest nuance of our behavior that makes a difference. Gina seemed nonplussed at the time by what I had assumed was a brilliant and intuitive analogy. I suspect that it was more the sharing of a piece of me, than the actual specifics of what I had to say, that contributed to her overall faith in me and my recommendations for residential treatment.

Ultimately, I know I have modeled something important for my patients. They see me going through a difficult time, sometimes with grace, and other times without. But more important than that, I have bridged a gap with them. By allowing myself to be vulnerable with them, I have intensified the connection and enhanced the relationship for both of us. This point is crucial. If we agree that healing and recovery develop through connection, then I benefit, and so do my patients. Don't get me wrong, I did not enter this field to be healed by my patients. But, if I feel as deeply connected as they do, doesn't that provide them with the richest soil for ongoing trust and growth? And if my hair re-grows in that soil, isn't that okay, too?