

New Maudsley Skills Workshops for Carers
**Additional Capsule – Using motivational language when Edi is really angry,
violent and rejecting your support**

In this short capsule we consider a common scenario in which the carers are feeling battered and bruised by a constant flow of verbal abuse from the eating disorder (ED) voice, which at times can manifest in the sufferer (Edi) becoming violent. The ED voice is often loudest and at its cruelest when it is feeling under threat. This might be:

- a) When the family first notice that their loved one might have an eating disorder**
- b) When more weight has been gained than was expected**
- c) When weight gain has become intolerable for the sufferer to cope with**
- d) When the sufferer has experienced a setback and is vulnerable to the ED voice as well as being disappointed and frustrated with herself**
- e) When a surprise meal or family event is forced on the sufferer**
- f) When stress levels at school/university/work are high**
- g) When the sufferer has been removed from school/university/work, sport or other pleasurable activities because of their illness**
- h) When the family has spent more time together than usual such as extended holidays or the current lockdown situation.**

In any of the above situations (and there are of course many more that can trigger these outbursts) the ED voice is screaming in Edi's ear, and of course her anxiety levels are sky high. Really hurtful things can be said in the heat of the moment:

- a) I hate you
- b) You are the worst mum/dad/sibling ever
- c) It is all your fault this is happening to me
- d) I wish I wasn't here
- e) You have no f*****g idea what I am going through

And much more. I have had carers in floods of tears on many occasions because of the constant torrent of abuse they are facing from their own child.

Reflecting back on these outbursts using calm, compassionate communication can go a long way to

- a) quieten the ED voice,
- b) reduce anxiety levels
- c) increase Edi's self confidence in her own ability to manage when the ED voice is raging, and to know that those around her understand that she loves them very much and needs their support as much as ever.

Violent Outbursts

Note regarding violence: if Edi becomes violent and is at risk of hurting herself and/or other family members, and will not respond to your calm instruction to stop, it is advisable to call the police. Explain that Edi has an eating disorder. The police are very used to dealing with violence triggered by mental health issues and they will usually come very quickly to diffuse a potentially dangerous situation. Very often the shock of this occurrence will then result in Edi being more willing to reflect on what triggered that violent outburst and to consider a range of options that could help diffuse potentially violent outbursts in the future without the need for police intervention. Some families use a code word so that Edi can communicate that they feel they are losing control. Then the family can respond accordingly and Edi knows in advance that if the violence continues and/or escalates the carers will have no option but to call the police.

As a carer it is likely you are feeling very isolated and lonely after a violent outbreak – “we are the only family this has ever happened to. I must be a terrible parent.” Of course, this is not factually correct but you don’t often hear about teenager to parent violence. It is a taboo subject. You might be reassured to look at the Family Lives information and practical advice on this topic at <https://www.familylives.org.uk/advice/teenagers/behaviour/teen-violence-at-home/> and watch the really informative video about an ongoing pan European research project on this issue.

In this capsule we will focus on verbal abuse directed at parents and other family members when the ED voice is very loud. The strategies and practical tips should also prove useful if you are experiencing low level physical violence and property damage that is not a danger to life. There are 9 practical ideas and you might adopt all of these or pick out one or two that you feel will work best in your family situation.

Finally, there is a scripted section imagining how conversations with Edi after the event might go. This section expands on the ALVS technique.

Scenario

Louise is 17 and has binge/purge type anorexia. She was diagnosed before she got to a dangerously low weight and has had trouble accepting that she needs expert help from the eating disorder service. Her treatment programme is currently focusing on steady weight gain and a course of sessions of cognitive behavioural therapy. In the past two weeks the whole family have been at home because it is the start of the summer holidays. Louise has two younger brothers who are 9 and 14 years old. Her older sister who is 20, is also home

from university and Dad started working from home a month ago. Mum feels like she is being stretched to the limit looking after everyone and trying to keep the peace.

Out of the blue one afternoon Louise attacks her mum with a tirade of verbal abuse:

“Mum you have no idea what you are putting me through, this is all your fault. You are the worst mum ever. I hate you. If you hadn’t interfered, I could have lost the weight I wanted to lose, so I could be like my friend Yvonne, and I would be happy. You have made me into a disgusting fat blob. I hate everything about me, I hate you and it is all your fault!”

Louise’s siblings were all within earshot of this outburst. Not surprisingly mum burst into tears and then tried to argue with logic “Louise, it is not my fault, it is nobody’s fault. I love you and I am doing everything I can to support you and help you get better.” Louise’s sister started shouting at Louise “Stop this, you are being totally unfair to mum, you have become very controlling and attention seeking. It has to stop now.” Louise’s 14 year old brother has crept away, whilst her 9 year old brother is now clinging to his mum’s cardigan and is clearly very upset. Louise storms off to her bedroom

Many of you reading this scenario will recognise it, or something similar. However, the first time it happens it is a complete shock and the whole family can become frozen with fear, treading on eggshells around each other, embarrassed and ashamed to talk about it, and waiting for the next outburst.

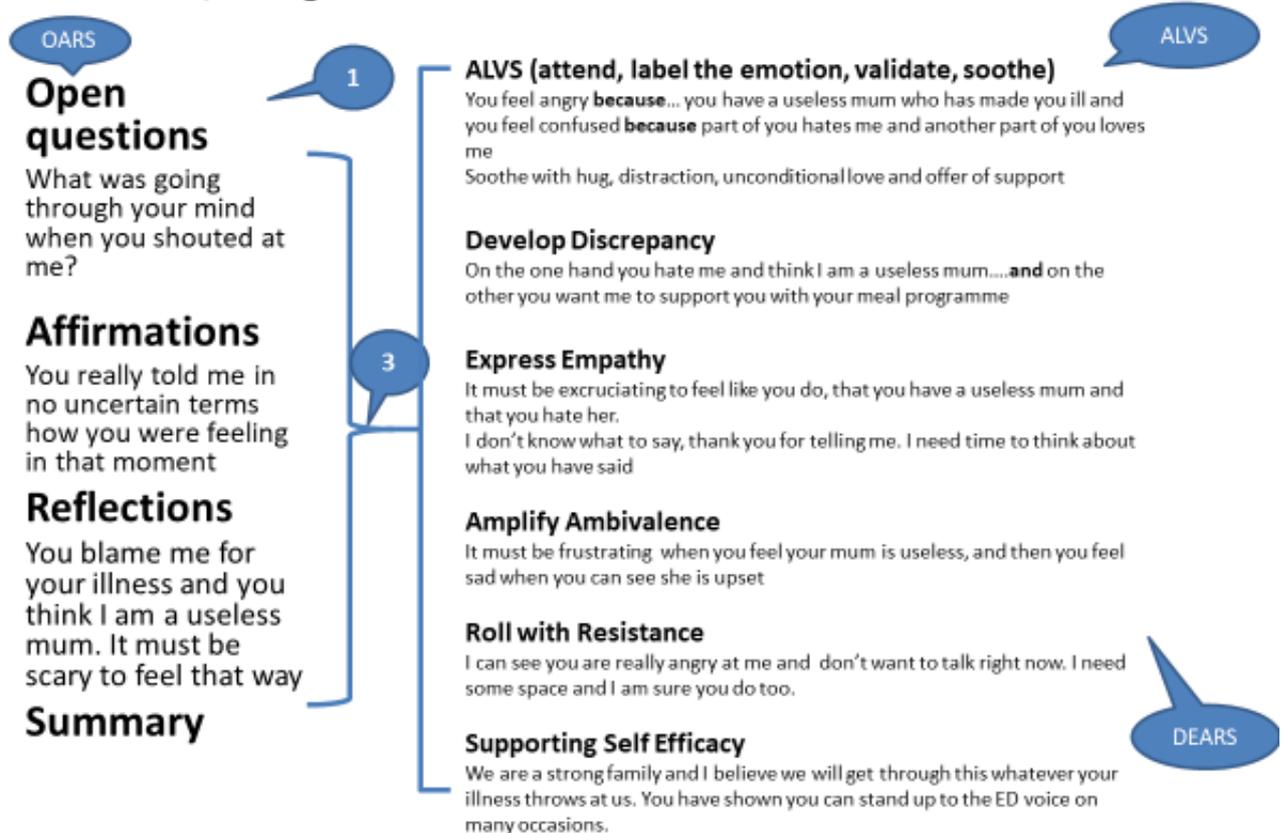
Some practical ideas for a family to recover after such an outburst:

1. Everyone needs time to calm down after such an upsetting event. In this scenario mum, Louise’s 9 year old brother and 20 year old sister could support each other perhaps by making a cup of tea and going to sit outside in the garden for a while. Perhaps Louise’s sister could tell Louise she is welcome to join them if she wants to, although this is probably unlikely straight after the event. Mum could remind the two siblings that their sister is unwell and sometimes it makes her behave very aggressively towards other family members. (Note: an older sister came to the workshops a few years ago and was so angry with her sister for causing such chaos and havoc because of her ED. Once she learnt a bit about the illness and how calm communication could help, she felt much more compassion for her sister and was able to be a much more supportive ally to her sister in her battle against her ED). Younger siblings need reassurance that it is ok to be upset and that things will improve and they will get their big sister back. They can be encouraged to do normal activities with the sibling who is ill – watch TV, play games, walk the dog etc.
2. Mum could call a helpline such as B-eat or AnorexiaBulimiaCare. This would give her time to calm and to be reassured that such events are not unusual when the ED voice is being threatened in any way. She might also pick up some useful tips.
3. Reflecting on the caring animal metaphors can be helpful. The outburst naturally triggered several instinctive responses – emotional jellyfish bursting into tears, logical rhino – it is not my fault, overprotective kangaroo – I will make this better. Mum could reflect on how she could have been a little more St Bernard like – calm in

the face of any avalanche, and Dolphin like – gently nudging her daughter to self soothe when the ED voice is screaming in her ear.

- Mum could think about how to reflect on what happened with Louise once she has completely calmed down (strike when the iron is cold). She might use any aspects of the motivational language shown on the summary sheet below. Externalising the illness and empathy for the challenges that the ED voice is presenting Louise with is key. “We understand how difficult it is when you have the ED voice screaming in your ear.”

Example – Louise has verbally attacked her mum, blaming her for her illness, telling her she is the worst mum ever and that she hates her



- Mum could really try to put herself in Louise’s shoes to try to understand what happened. She might use the ALVS approach which is so effective when emotions have been running high and things seem to have become out of control. Mum could consider how to construct a useful conversation with her daughter, acknowledging the challenges of recovery. She might not even have the conversation with Louise, as just imagining it can be useful to be better able to reconnect with Louise

ALVS (Attend, Label, Validate, Soothe is a complex reflection)

Attend to signs – Louise you said some really hurtful things earlier, that I am a terrible mum, it is my fault you are ill and that you hate me.

Label (guess the emotion) – Louise you seemed really furious with me

Validate the emotion – You were furious **because** you feel I am not able to help you in your battle against your ED voice, **because** I have made things worse for you and,

because your ED voice makes you really hate me. It must be terrifying to feel like that. I would feel very lost and alone and scared in such a situation.

These are natural emotions to have with these conflicting and confusing things going on. I feel so sad **because** I really want to help you. I want to be your ally against this demon that is causing you so much pain and grief.

Note : the more **because**s the more powerful the validation is.

Soothe: Louise we are trying to really understand the challenges you are facing. On reflection I realise that my reaction to your outburst didn't help matters. I would really like you to help me work out how I can be a better mum, more supportive when you are feeling so upset. We are here to help in whatever way we can (unconditional love and empathy). Let's focus on some other things for now (whatever Louise is able to do that is non eating disorder related – reading, yoga, meditation, art, gardening, short walks. These are all non eating disorder related distractions).

In the next section we expand further on this approach scripting a conversation between Louise and Dad.

6. Once Louise accepts that her mum genuinely wants to help, they could contingency plan for any possible future outbursts. Some families refer to this as their safety plan. With her mum's help (or indeed any other trusted family member or therapist) Louise might write down on a card, things she can do when she feels the ED voice screaming in her ear and pushing her to be abusive to another family member. It might say:

To calm my ED voice when it is screaming in my ear I will:

Play loud music

Go outside and sing at the top of my voice

Cuddle the dog

Call a helpline

Talk to my mum or dad or older sister.

If I do lose control I will talk to my mum or dad or older sister about what happened once I have calmed down

7. As part of this process it might be useful to reinforce core family values for the whole family, as well as to list unacceptable behaviours.

Core family values:

- Kindness
- Empathy
- Respect
- Supportive of each other
- Freedom and responsibility
- No judgement of others
- Tolerance of mistakes
- Balanced healthy lifestyle
- Humour
- Unconditional love
- Everyone should feel safe

Unacceptable behaviours:

- Violence towards people or property
- Swearing or disrespectful behaviour
- Aggressive displays in public
- Lack of respect for other people's needs and property

8. The crap sandwich is also a useful tool when trying to establish or re-establish acceptable boundaries:

Louise, we love you unconditionally. Swearing at your mum like that and blaming her for everything that you are struggling with at the moment is not acceptable, we talked about this. We know you are really upset right now and we are here to help. Louise we love you unconditionally and will support you through this.

Some scripted conversations:

In this section we imagine how Louise might respond to conversations with some of her family members after the event:

- a) With her 9 year old brother
- b) With her 20 year old sister
- c) With her Mum or Dad.

These are just ideas and each family might have slightly different ways of communicating after such an outburst. Try to imagine what might happen in your family and write your own scripts.

a) Conversation between Louise and her 9 year old brother James

Louise – Hey James what are you up to?

James – I am trying to do this maths, it is really hard. Can you help me?

Louise – Of course I would love to.

They sit down and do maths for half an hour. Any joint activity can really help Edie and her siblings to reconnect after an outburst. Edie or her sibling might then mention what happened.

James – Louise it was really scary when you were shouting at Mum earlier. Did you mean all those things you said? Do you really hate her?

Louise – Oh James, I am so sorry, I just lost control and I feel so bad about it now. It is just my eating disorder sometimes makes me say things I don't mean. I am sorry you heard it. I need to apologise to Mum. I know she really loves us all and wouldn't do anything to make things worse for any of us. I love you all too.

This is quite a grown-up conversation for a 9 year old and younger siblings can really surprise us with their emotional intelligence and ability to keep calm. Other younger siblings might need more support, in which case parents can reiterate to them that their sister is not well, and sometimes says things she doesn't mean. Encouraging pleasurable whole family activities and sibling to sibling activities can also have the effect of helping siblings to reconnect after the event.

b) Conversation between Louise and her 20 year old sister Lily

Lily – Louise can we talk about what happened earlier?

Louise – Why? Are you going to have a go at me again? I know I was being a total cow to mum, but you said some pretty harsh things.

Lily – Yes, I did. I recall I said you were very controlling and attention seeking, and in that moment, I meant it. (Siblings can be more direct than parents without causing a backlash from Edi). Mum has explained to me that your ED voice makes you lose control and I have been talking to a friend at university whose brother had anorexia. She said that there were various situations in which he would lose control because of the voice in his head. They worked out a kind of code so that she could communicate with him that she had noticed he had lost control in that moment. They found it helpful. It didn't stop him losing control, but they could talk about it afterwards and it helped him to calm down more quickly. Eventually he learnt to control that ED voice but it took time.

Louise – Wow she sounds like a good sister to have.

Lily – Why don't we try it? We don't have to do it now. I fancy going for a walk. Do you want to come?

Louise – thanks Lily that would be nice.

In this conversation the siblings have reconnected through honesty and a suggestion for problem solving, with Lily sharing a story from one of her friends. Some siblings are really good at doing this. Other siblings might choose to stay away when the ED voice takes over, as they simply don't understand it and do not want to get involved. That is ok, as long as the parents encourage some level of connection through non-ED related family or sibling to sibling activities when things are calmer.

c) Conversation between Louise and her Dad

Dads can be great at the “aftermath” conversation, and tend to pick up the ALVS approach very quickly.

Dad – Louise are you ok, I heard a lot of shouting earlier and you and Mum were very upset? (Opening the conversation with attend and label)

Louise – No I am really NOT ok. I have had a f*****g awful day. I feel so bad, guilty, ashamed. Everything totally got on top of me and I really took it out on Mum and then Lily started screaming at me. I hate my life. You would all be better off without me!

Dad – That sounds terrible. You are feeling bad, guilty, ashamed and that makes you feel even worse about yourself. You feel like this **because** of your illness and it makes you say and do things you would never normally do. I have never heard you swear like this. I understand that is pretty normal with eating disorders. (Dad keeps the validation step simple, and externalises the ED).

Louise says nothing and bursts into tears. Dad moves on to the soothe step.

Dad – Louise darling we all love you very much. Our family would not be better off without you, you are an important and valuable member (unconditional love). I am so sorry that you hate your life at the moment, we will do anything we can to help you to get a better life (acknowledging Edi's pain and offering unconditional support). I can see that you and Mum are both really upset, Mum wishes she had responded differently, she realises that arguing with you that it isn't her fault wasn't helpful in the heat of the moment. (Acknowledging that nobody is perfect and Mum could have responded differently – change is possible). I am not sure I would have responded differently and perhaps we need to all sit down together and work out what we can do to help when that ED voice takes over. (Reiterating that the family is a team that can pull together to quieten the ED voice, and suggestion that

change for the better is a possibility). I am sure you have some ideas Louise (belief in her ability to come up with her own solutions). Louise, we love you and we will get through this. Do you fancy a chess rematch later? I can't believe you beat me three times in a row (distraction and affirmation with some humour).
Louise – thanks Dad that sounds good.

Dad has managed to reconnect with Louise and introduced the possibility of the family pulling together to come up with a plan to help Louise to develop her own strategies to quieten the ED voice when it is trying to take over and cause havoc.

Conclusion

It is heart-breaking when the ED voice lashes out like this and carers often need a trusted friend (one who understands eating disorders) or a helpline to turn to in order to self soothe before attempting to reconnect with their loved one. In the above scenario it is likely that Louise is also feeling terrible in the aftermath of the outburst. Guilt, shame, embarrassment are all common feelings for both parties. Repairing the rupture created by the outburst can be done using a range of techniques such as those listed above, or anything else that the family finds that works well.

By visualising and verbalising possible conversations, carers can really build their confidence in using the motivational communication techniques. Practicing for just five minutes a day can make a difference and carers often report that this style of communication gradually becomes second nature. The results can be subtle or dramatic. Generally, families report feeling calmer and much more connected with their loved one with the eating disorder. The carers become allies with their loved one in their loved one's battle with the eating disorder voice, thus avoiding family members engaging in fierce arguments with the eating disorder voice.