THERAPEUTIC INTERACTION IN
ANOREXIA
NERVOSA TREATMENT

Rachael Bellair
BA (Honours) (Psychology)

This thesis is presented for the degree of
Doctor of Philosophy
Murdoch University
2009
I declare that this thesis is my own account of my research and contains as its main content work which has not previously been submitted for a degree at any tertiary education institution.

__________________________________________

Rachael Bellair
ABSTRACT

Anorexia nervosa (AN) is a chronic and complex psychosomatic condition, characterised by a primary drive to be thin and a refusal to maintain normal body weight. Only a minority of people diagnosed with AN ever become asymptomatic and more research has been called for to address high drop-out rates and lack of engagement in AN treatment services, in particular psychotherapeutic treatment. Prior studies have generally examined this problem in terms of patient mediated variables, such as attitudes and behaviours, with little focus on contextual factors. Research that has studied therapeutic engagement in the area of AN has yet to examine psychotherapeutic treatments-in-practice. Guided by this gap in the literature this thesis examines ways in which therapists engage with adolescents diagnosed with AN in naturally occurring psychotherapeutic interactions. A secondary and concurrent focus is to look at how the therapists’ underlying theoretical models are reflected in in situ practice. The data corpus comprises twenty-four therapy sessions recorded in an eating disorders programme based in a children’s hospital. In contrast to eating disorders treatment statistics reported in the literature, the programme has a low drop-out rate, zero mortality rate and good long-term patient outcomes, making it an especially suitable setting to examine engagement.

Drawing on methods from discursive psychology (DP) and conversation analysis (CA), a number of interactional practices are found which show how the key principles of engagement and neutrality are brought off, or achieved as such in turn-by-turn interaction. Central to the analysis, is the recurrent production of patients’ bodily states and conduct as delicate items. As these topics are also the primary focus of the institutional setting, the analysis shows how practices such as perspective display series
and dispositional management allow delicately marked institutional tasks to be carried out. The analysis also examines how patients’ bodies and conduct are embedded in, and constituted as problematic in the interactions. Regularities, such as agentic repositioning in accounts, demonstrate the co-production of patients as psychologically compliant with treatment while physically non-compliant.

This thesis contributes to work in applied CA concerning links between theoretical models and interactional practices by demonstrating naturally occurring regularities that describe key guiding principles of the eating disorders programme. It also builds on work in DP concerning examinations of the body and embodiment, by showing how patients’ physical bodies are an integrated feature of the interactions. Finally, this thesis has implications for a clinical audience in terms of extending therapists’ awareness of how engagement with patients is constituted interactionally, which also contributes to wider AN literature on ‘resistance’ to therapy.
# TABLE OF CONTENTS

Abstract ................................................................................................................................. iii
Acknowledgements .............................................................................................................. ix

## CHAPTER 1
Overview .............................................................................................................................. 1
  - Conceptual and Methodological background ............................................................ 2
  - Research aims and implications ............................................................................. 5
  - Thesis structure and chapter summaries ............................................................... 7

## CHAPTER 2
Literature Review .................................................................................................................. 10
  - Introduction ............................................................................................................... 10
  - Overview of Anorexia Nervosa .............................................................................. 11
  - Diagnosis and Presentation of AN ........................................................................ 12
  - Issues of co-morbidity .............................................................................................. 13
  - Treatment of AN ........................................................................................................ 14
  - Motivational treatment approaches ....................................................................... 18
  - The current project .................................................................................................... 22
  - Discursive psychology and conversation analysis .................................................. 24
  - Embodiment and bodies in discursive psychology .................................................. 28
  - Conversation analytic research in institutional settings ......................................... 31
  - Connecting conversational practices to therapeutic models ..................................... 35
  - Site of data collection ............................................................................................... 37
  - Project aims and summary ....................................................................................... 40

## CHAPTER 3
Methods and methodology ................................................................................................. 43
  - Introduction ............................................................................................................... 43
  - Institutional background information ...................................................................... 44
  - EDP admission/assessment process ......................................................................... 45
  - EDP therapeutic treatment approach ....................................................................... 46
  - Data collection and transcription ............................................................................ 47
  - Participating EDP clinicians .................................................................................... 48
  - Participants ................................................................................................................. 49
Process of EDP and hospital ethics approval ............................................. 49
Hospital ethics committee provisions ....................................................... 50
Analysis and methods ............................................................................. 51
Discursive psychology ............................................................................ 52
Conversation analysis ............................................................................ 54

CHAPTER 4
“Muscly and tall and normal” versus “Too thin”: Practices in the
Management of Delicate Items ............................................................... 57

Introduction ............................................................................................ 57
‘Bodily state’ and ‘conduct’ as delicate matters ....................................... 58
Extract 4.1 ............................................................................................. 59
Extract 4.2 ............................................................................................. 60
Extract 4.3 ............................................................................................. 61
Perspective display series ........................................................................ 64
Perspective display invitations in current setting ..................................... 67
Extract 4.4 ............................................................................................. 70
Extract 4.5 ............................................................................................. 77
Extract 4.6 ............................................................................................. 81
Extract 4.7 ............................................................................................. 88
Conclusion .............................................................................................. 91

CHAPTER 5
Neutral practices in conduct ‘check-ups’ and ‘safety non-negotiables’ .... 96

Introduction ............................................................................................ 96
Information-eliciting tellings .................................................................... 97
Extract 5.1 ............................................................................................. 100
Extract 5.2 ............................................................................................. 105
Neutrality as an interactional achievement ............................................... 109
Extract 5.3 ............................................................................................. 111
Extract 5.4 ............................................................................................. 112
Extract 5.5 ............................................................................................. 115
Extract 5.6 ............................................................................................. 119
Conclusion .............................................................................................. 122
CHAPTER 6
On requests for accounts and the management of accountability

Introduction
Marked and unmarked account requests and accounts
Extract 6.1
Extract 6.2
Patient initiated agency repositioning accounts
Extract 6.3
Extract 6.4
Extract 6.5
Therapist initiated agency repositioning accounts
Extract 6.6
Other uses of ‘anorexia’ in agentic repositioning
Extract 6.7
Extract 6.8
Extract 6.9
Past-tense ‘bodily state’ accounts
Extract 6.10
Extract 6.11
Extract 6.12
Conclusion

CHAPTER 7
Management and orientation to contextual identities

Introduction
Omni-relevant devices
Extract 7.1
Extract 7.2
Orientation to institutional identities
Extract 7.3
Extract 7.4
Extract 7.5
Conclusion
CHAPTER 8
Conclusions ................................................................. 177
   Chapter structure ......................................................... 177
   Thesis summary .......................................................... 177
   Clinical implications of analytic findings ................. 179
   DP/CA implications of analytic findings .................. 186
   Thesis limitations ...................................................... 190
   Future research .......................................................... 192

Reference List .............................................................. 195

Appendix A - Transcription Notation Glossary .............. 230
Appendix B - Record of Therapy Sessions, Extracts and Session Times ...... 231
Appendix C - Patient and Parent Consent Forms .................. 232
Appendix D - Patient and Parent Information Sheets ............ 234
Appendix E - EDP - Clinical Practice Guidelines .................. 234
ACKNOWLEDGEMENTS

First and foremost, my deepest thanks goes to all the adolescents who volunteered for this project from the PMH Eating Disorders Programme. I am also incredibly grateful and indebted to the participating clinicians for your trust and commitment of time.

My thanks to Ngaire Donaghue and Iain Walker for your consistent support throughout my candidature. Ngaire, thank you especially for your insights, reassurances and generosity (and patience with ‘urgent’ thesis related phone calls). I am so grateful for how much care and time you have given me, and your continual belief in my ability to complete this thesis.

Many thanks to my original supervisor Mark Rapley for providing ongoing academic assistance and generous input. I have really appreciated how you have taught me to think more critically about psychology and life if general.

Thanks to David Silverman for taking time to help me with data analysis, and providing comments on portions of this dissertation.

My thanks to Charles Antaki for answering my emails concerning this thesis, regardless of how trivial, so graciously and promptly.

To the Discourse Analysis Group (DAG) at Murdoch University for your input.
To my Club Murdoch writing group for your empathy and encouragement. It has been a rewarding environment to work in, and often the highlight of my working week.

To my friends and family for your understanding of my general absence from birthdays and other significant social events during the past year. Anita, thanks so much for your wonderful laughter, intelligence and encouragement – I will really miss sharing an office with you. Magenta, thank you for taking the time to do corrections, and your continual generosity and love. Rachael, words cannot adequately express how appreciative I am of your friendship and care throughout this year, I would not have got through it without you.

To Marty for your encouragement to continue.

To my parents, Jennifer and Bill Bellair, for your steadfast love, support and enormous amount of babysitting, without which this dissertation would certainly have remained unfinished.

Finally, to my beloved and beautiful children, Ethan, Sophie and Annabelle, for your frequent tolerance of ‘mummy going to uni again’.
During its preparation, portions of this dissertation were presented at the following conferences:


September, 2006 – Mosaics and Milestones: An Eating Disorders Conference – Western Australia. Keeping patient-centred in a diagnostic paradigm: Can qualitative research help?

June, 2005 – Conversation Analysis of Psychotherapy – Manchester University, UK. Psychotherapy of Anorexia Nervosa.