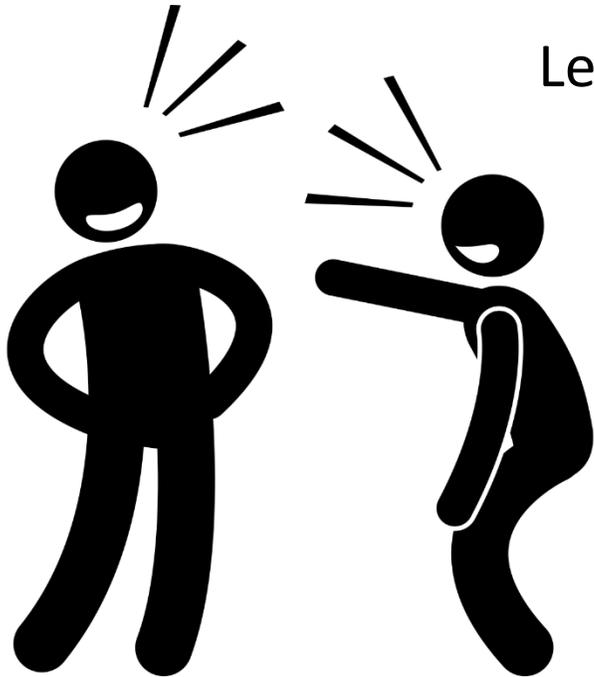
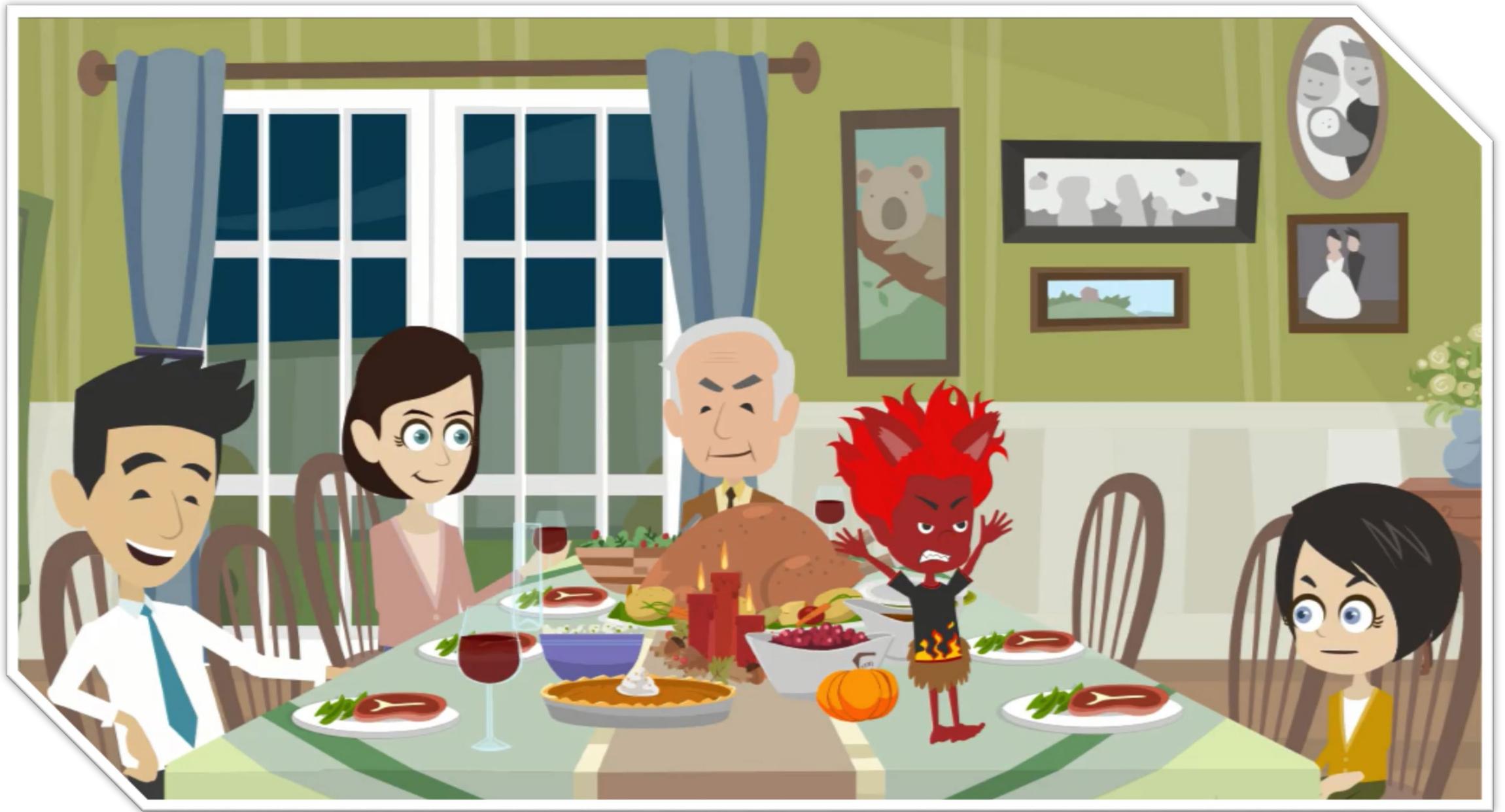


The Therapeutic Use of Humor and Irreverence in Treatment for Anorexia Nervosa

Levity in the Context of a Deadly Serious Disorder



Nancy Zucker, PhD
Katharine Loeb, PhD



A Moment of Meal Support

Angry parenting, anxious parenting, and a visit from the eating disorder.

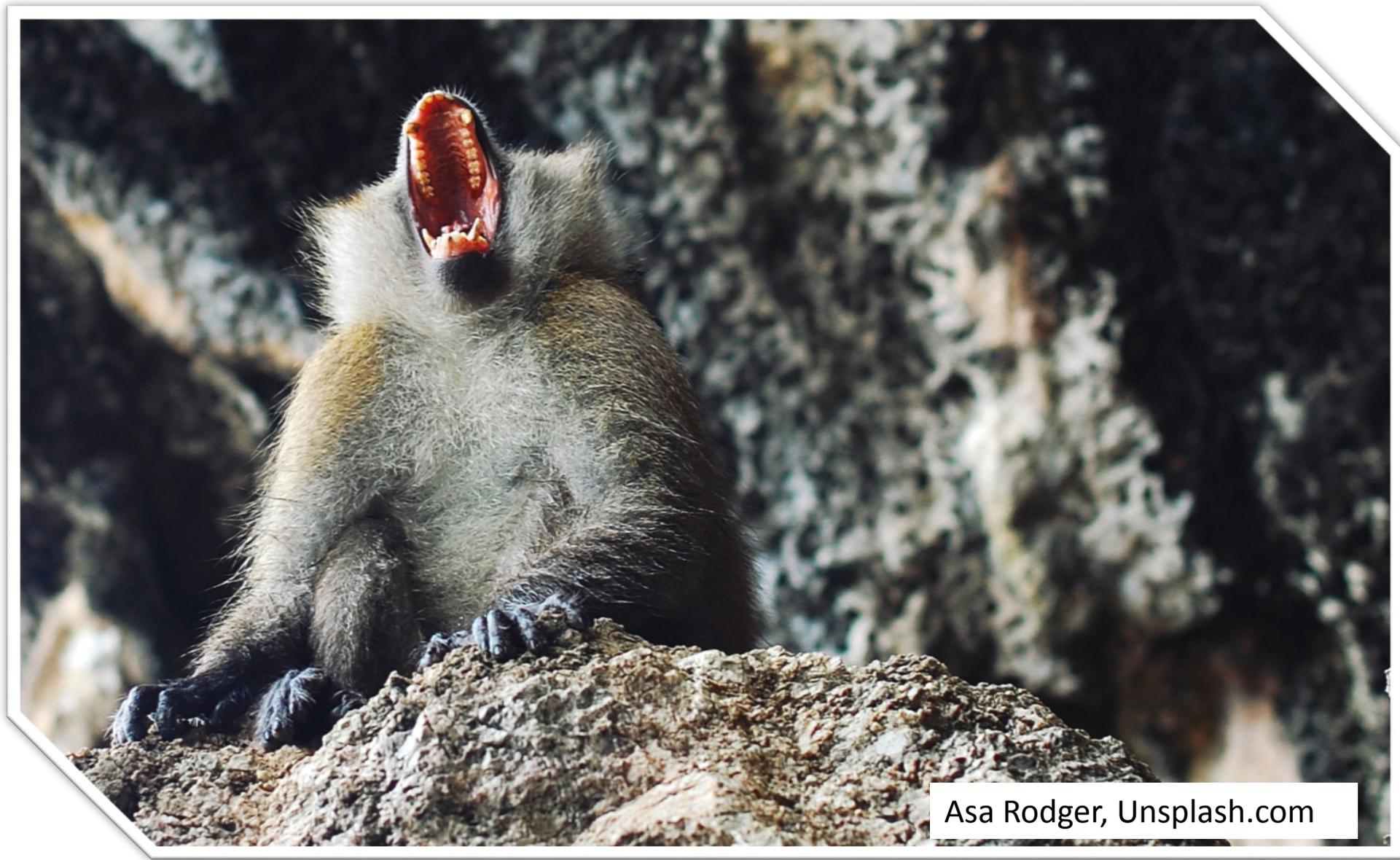
What is the therapeutic strategy?

Who is the target population?

How may this backfire?

An exercise

Identify a therapeutic barrier in yourself and develop a character with that feature, exaggerated



An anecdote

An angry adolescent, aka, a day in the life of Dr. Katharine Loeb...

One day I received the following email from a friend/colleague (who, to be fair, works primarily with adults):

i had a question about maudsley/fbt, thought of you, and went to find your private practice info and came upon this...

https://www.vitals.com/doctors/Dr_Katharine_Loeb/reviews

not surprising that someone dislikes you (because you tell it like it is)
but super upsetting/annoying that someone went and posted this.
figure you know about it but just in case...

So I clicked on the link and found this:

(Note: even though this is publically accessible, I also have permission to tell this story here)



★☆☆☆☆ One Star

Self-verified patient of Dr. Kathari
Posted on November 8th, 2018

I HATE her! 🤬

Show Full Review ▾

Was this review helpful?

YES

NO

Similar Psychologists

Reactions?

How would you have felt?

What would you have done?

What did I do?

- Laughed
 - Put it in perspective (framing)
 - “The feisty ones do better”
 - Externalization probably healthier than internalization
 - A smart, bold way of expressing anger
- Immediately suspected who it was
 - Business card thief
- Forwarded it to a friend/colleague who does FBT
 - Validation/shared experience
 - Showing vulnerability

At the next FBT session...

- My suspect stated “You’re stupid and I hate you” in response to discussions around the need for increased food and weight
- And then she muttered, “And I told everyone about it by giving you a bad review online”
- **What was the function of this?**

Humor as a form of active ignoring

- “I THOUGHT that was you!” (with a smile)



Modeling Humor



- Parents were initially horrified when they heard this confession and threatened to take away the patient's internet privileges
- Effectiveness indicator: Waffle/pants story

Appreciating the absurdity of a situation can prevent burnout for therapists and parents alike

Distinct from mockery, an aggressive humor style, which aims to diminish the target's esteem

Humor can also reduce the effects of negative emotions by acting as a cognitive distraction

Strick et al., 2009

What makes therapeutic humor therapeutic?

- “Conscious and purposeful use of humor by a professional health practitioner for the purpose of activating a positive therapeutic change in an individual’s feelings, behavior, thoughts, or even physiology” (Sultanoff, 2013)
- Humor as a dedicated intervention
 - For example, comedic improv therapy for social anxiety disorder (Phillips et al., 2016)



University 2018

Dysfunctional Dieting

We explore the hazards of rigid dieting and out-of-control eating... thankfully Captain Validation comes and saves the day.....

What is the therapeutic strategy?

Who is the target population?

How may this backfire?

What may be some advantages of this strategy?

An exercise

Identify a patient who is experiencing this symptom. How would this material be useful or inadvertently be hurtful?

A didactic interlude.....

Irreverence in a therapeutic context





Dialectical behavior therapy

Stylistic strategies: irreverent and reciprocal communication (Linehan, 1993)



Irreverence



Irreverence



The Internal Battle of an Eating Disorder

Here we expose the secret strategies of the Duke Eating Disorder Devil as it tries to pit body against brain in a brutal battle. Luckily, Emma's family has some strategies of their own.....

What is the therapeutic strategy?

Who is the target population?

How may this backfire?

A qualitative interlude

Opinions and impressions from experts and families, aka you



Qualitative Research Question:

What is the role of Humour in Family based treatments for adolescent eating disorders?

Pilot our interview Guide with you!

- What kind of therapeutic context is needed to employ 'light-hearted and fun videos' in FBT (and other forms of treatments)?
- Under what conditions (family dynamics, illness presentation) should videos that contain humour be employed (OR not)?
- What do we need to know about a family, the adolescent, the illness and ourselves as therapists to use videos that contain humour in FBT?

Perceptions/thoughts about Video

Create smaller groups: Each group takes on the role of a different participant: a therapist, the Adolescent with ED; a parent; and, a sibling (or other family member).

In smaller groups, please consider how the videos might be experienced through the lens of your role in the family or the therapist.

Perceptions/thoughts about Video

- What are your immediate thoughts/reactions to the humour used in the video(s)? Does this video clip help you better understand what is expected of you in this treatment?
- Do the videos help strengthen your relationship with other members of your family and/or the therapist?
- What are your main concerns about the use of these videos in treatments?
- How might these videos be beneficial?
- Are these videos more/less helpful at different stages of the treatment?

Eliciting your Input on Qualitative Research Study

- What is the best approach for obtaining input from providers, parents and adolescents about the use of videos that contain humour?
- Should we interview parents and adolescents together or should we meet with them separately to obtain their input on these videos?
- What factors influence whether a therapist uses videos such as this?



The Origins of ARFID

The GREAT DISGUSTO tells the ancient tale of sensory superpowers...

What is the therapeutic strategy?

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Discussion