Embodied Relating and Transformation
Tales from Equine-Facilitated Counseling
Hillary Sharpe and Tom Strong

What kinds of embodied and relational learning can come from developing a responsive relationship with a horse? What insights might such ways of learning offer counselors and educators? In this book, the authors explore how women challenged by disordered eating develop transformative relational and embodied experiences through Equine-Facilitated Counseling (EFC).

Embodiment refers to how we engage with others and the world in often habitual and taken for granted ways that shape who we are and the relationships we have. These habitual ways of being provide us with a sense of stability, but they can sometimes become constraining and problematic (as in the case of eating disorders). Our corporeal engagement with the world structures such habits, but it can also afford us opportunities to experiment, modify, and challenge problematic patterns, and in some instances, create new and preferred ones.

The horses that participate in EFC present a vastly different sort of other who can help clients interrupt their sedimented ways of being and foster moments of responsivity that hold the power to become transformative. This theoretical context presents a different way of thinking about and practicing counseling – one that adds to a growing language of embodiment across a variety of disciplines. Chapters set forth a theoretical context for understanding the following: relationally embodied processes of stability and change, EFC, client stories from our research associated with riding horses in EFC, and implications we see for practice across different healing and learning contexts.
Embody Relating and Transformation
TRANSGRESSIONS: CULTURAL STUDIES AND EDUCATION

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TRANSGRESSIONS: CULTURAL STUDIES AND EDUCATION

Cultural studies provides an analytical toolbox for both making sense of educational practice and extending the insights of educational professionals into their labors. In this context Transgressions: Cultural Studies and Education provides a collection of books in the domain that specify this assertion. Crafted for an audience of teachers, teacher educators, scholars and students of cultural studies and others interested in cultural studies and pedagogy, the series documents both the possibilities of and the controversies surrounding the intersection of cultural studies and education. The editors and the authors of this series do not assume that the interaction of cultural studies and education devalues other types of knowledge and analytical forms. Rather the intersection of these knowledge disciplines offers a rejuvenating, optimistic, and positive perspective on education and educational institutions. Some might describe its contribution as democratic, emancipatory, and transformative. The editors and authors maintain that cultural studies helps free educators from sterile, monolithic analyses that have for too long undermined efforts to think of educational practices by providing other words, new languages, and fresh metaphors. Operating in an interdisciplinary cosmos, Transgressions: Cultural Studies and Education is dedicated to exploring the ways cultural studies enhances the study and practice of education. With this in mind the series focuses in a non-exclusive way on popular culture as well as other dimensions of cultural studies including social theory, social justice and positionality, cultural dimensions of technological innovation, new media and media literacy, new forms of oppression emerging in an electronic hyperreality, and postcolonial global concerns. With these concerns in mind cultural studies scholars often argue that the realm of popular culture is the most powerful educational force in contemporary culture. Indeed, in the twenty-first century this pedagogical dynamic is sweeping through the entire world. Educators, they believe, must understand these emerging realities in order to gain an important voice in the pedagogical conversation.

Without an understanding of cultural pedagogy’s (education that takes place outside of formal schooling) role in the shaping of individual identity – youth identity in particular – the role educators play in the lives of their students will continue to fade. Why do so many of our students feel that life is incomprehensible and devoid of meaning? What does it mean, teachers wonder, when young people are unable to describe their moods, their affective affiliation to the society around them. Meanings provided young people by mainstream institutions often do little to help them deal with their affective complexity, their difficulty negotiating the rift between meaning and affect. School knowledge and educational expectations seem as anachronistic as a ditto machine, not that learning ways of rational thought and making sense of the world are unimportant.

But school knowledge and educational expectations often have little to offer students about making sense of the way they feel, the way their affective lives are shaped. In no way do we argue that analysis of the production of youth in an electronic mediated world demands some “touchy-feely” educational superficiality. What is needed in this context is a rigorous analysis of the interrelationship between pedagogy, popular culture, meaning making, and youth subjectivity. In an era marked by youth depression, violence, and suicide such insights become extremely important, even life saving. Pessimism about the future is the common sense of many contemporary youth with its concomitant feeling that no one can make a difference.
If affective production can be shaped to reflect these perspectives, then it can be reshaped to lay the groundwork for optimism, passionate commitment, and transformative educational and political activity. In these ways cultural studies adds a dimension to the work of education unfilled by any other sub-discipline. This is what Transgressions: Cultural Studies and Education seeks to produce – literature on these issues that makes a difference. It seeks to publish studies that help those who work with young people, those individuals involved in the disciplines that study children and youth, and young people themselves improve their lives in these bizarre times.
Embodied Relating and Transformation

Tales from Equine-Facilitated Counseling

Hillary Sharpe and Tom Strong
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BACKGROUND

A touch, a handshake, an intake of breath, the cadence of footsteps – these are all examples of corporeal ways of being that we often take for granted, but which structure our lives. They are small, seemingly insignificant practices, yet they communicate a wealth of information that we are only ever partially aware of: From the way that we meet or do not meet a stranger’s gaze, to the dialogue of muscle movements that take place when we embrace a friend, we are always engaging in corporeal habits. Indeed, they constitute the undercurrent of who we are, how we relate to others, and the ways that we change and are changed by the world. In this book, we examine how such embodied and dialogic practices both constrain us and hold the potential to transform us.

This represents a very different way of conceptualizing and communicating in counseling theory and practice – a way that leads us beyond more traditional talk therapy. Embodiment, or the myriad ways that we are engaged by the otherness around us includes what we can think about and verbalize, but it also encompasses a host of corporeal and relational habits, which are largely unexamined and thus unarticulated. This exciting new realm has been touched upon in a number of diverse fields including philosophy, sociology, ecology, women’s studies, the arts, architecture, kinesiology, biology, and psychology. In the chapters to come, we argue that embodiment presents a challenge to a number of problematic assumptions and habits that stem from our typical ways of compartmentalizing and classifying human experience.

Psychological thought and research has tended to focus on qualities of human life that can be quantified, measured, and objectified (Bigwood, 1991; Kolstad, 2014). These ways of knowing and understanding can be traced to the long-standing traditions of Cartesian dualism, which is based on the premise that minds and bodies are separate entities, with the former holding primacy over the latter. This idea has led to a number of troubling implications including the mainstream (or dominant) discourse in Western society that our bodies can and should be controlled. The practices and beliefs that transmit and sustain such ways of being include the objectification and policing of our bodies, the rituals of excessive diet and exercise, and a sense of disconnection between self and body.

Dualistic notions and practices are taken up and communicated in numerous ways through mass media, cultural institutions, everyday language, and medical and psychological understandings. As such, our embodiment has often been ignored or
overshadowed as it is a dimension of human experience that in many ways defies articulation, measurement, and classification – mainstays of Cartesian thought. Despite the difficulties in studying embodiment and related concepts, there is a movement afoot that has begun to highlight how corporeality can and should be taken up in the field of counseling psychology.

Our aim is to show how this shift can lead to new understandings for counselors, researchers, educators, and other helping professionals. We begin by outlining the central ideas of dualism, bodily habits, and embodiment. We use the example of Equine-Facilitated Counseling (EFC), and outline how our research in this promising new field has been used to address a particularly problematic constellation of bodily habits that manifest in disordered eating. Through our research focused on the experiences of 14 women with eating disorders who took part in an EFC group, we tell the stories of how the women and their horses created a type of dialogue through touch and movement, and how this led to novel changes that first took root in the corporeal realm. These stories point to a new way to address eating disorders, and also a new way for counselors to engage clients in exploring embodied experiences.

Before we get to these big ideas and the stories that weave them together, it is important to speak to what brought us to this research, and why it has continued to call to us.

PERSONAL INTRODUCTIONS

Hillary: The smell of hay and leather permeate the air as I enter the stable and spot “my” pony, a beautiful light brown mare named Clover. I’m five years old and this is my favorite place. My parents and grandparents have taken me here for pony rides and to visit with the farm animals ever since I can remember. The excitement of walking to the stables from the parking lot fills my whole body with a warm, vibrating energy that I can barely contain. Clover senses this and begins to communicate her own excitement by neighing softly and stamping her hooves. I reach out to stroke her neck, her coat warm and soft beneath my fingers. Her body relaxes and she drops her head to let me scratch behind her ears, sending particles of dust floating through the air. Her long eyelashes settle on her cheeks as she closes her eyes. Time seems to slow in this moment of communion. The rest of the world falls away and it’s just me and Clover in the warm afternoon light.

Looking back on this moment I’m surprised by how clear the memory is. In the years that have passed, I’ve grown up, become a counselor, completed a Ph.D., and started a family. Yet, whenever I think back on such moments, I feel a hitch in my throat and a heaviness that fills my chest. I can’t remember what happened to Clover.

We’re in a sterile room: pale walls, hard chairs, one small window offering a view of the dumpsters in the back alley. Someone has tacked up posters to brighten the dull
space, but it’s done little to change the inherent ugliness of this room. I often wonder why the counseling offices can’t be a little more personal, or at least comfortable. I listen quietly as the girl recounts her story. She speaks of her body as if it’s something outside of herself; the punishing rituals of starvation and exercise as a way to bend it to her will. She keeps her eyes focused on the floor in front of my feet and speaks in a quiet voice, almost a whisper. She isn’t comfortable with the term “eating disorder” and is hesitant to trust me. I don’t blame her; what do I know about her life or her problems? And yet, as she talks I begin to see the many ways that we’re similar: our discomfort with our own bodies, echoed in the postures and positions we adopt to take up less space, our mutual striving to shape and control our bodies, to render ourselves smaller, more “fit,” more “toned,” somehow contained or less there. We live in the same cultural climate that exalts a standard of physical perfection that we cannot meet. I think to myself, “This could have been my story...”

The more I learned about issues of body dissatisfaction and disordered eating, the more I questioned how my own journey did not follow a similar path. At the time of this interaction I was part-way through completing my masters in counseling psychology and looking for a research topic for the Ph.D. that I hoped to embark on. While I struggled with disordered eating and related issues in my adolescent years, I was fortunate in that I never developed a “full-blown” eating disorder. I wondered what protective factors may have been at play. Perhaps it was my peer group or the strong female role models that I found in my family. Or perhaps it was playing soccer during my formative years, feeling joy and pride in what I could do. These experiences helped to mediate the body dissatisfaction that I still struggled with, reminding me that it might be possible to feel at peace with my body. As I pondered these experiences, my mind wandered back to the time I had spent with Clover, her gentle gaze looking down on me, the feel of her mane in my fingers. Somehow these moments were calling to me, asking something of me.

I began to read stories and articles about people’s innate kinship to animals and the ways that this re-affirms our vitality. Horses in particular seem able to facilitate a greater awareness of the present and one’s connection to the world. I stumbled upon anecdotal accounts of EFC. What I read fit with my experiences of being with horses and offered intriguing findings about how this new form of therapy could benefit people suffering from a variety of problems. I began to wonder how EFC could help women with eating disorders. Through many conversations with my academic supervisor Tom, we came to the research endeavor that we worked on throughout my Ph.D., one that has continued to influence my counseling practice and has called to me ever since.

Tom: Hillary’s interests in Equine-Facilitated Counseling were brought to me at an important time in my own reflecting on embodied experience. As someone who had been living with chronic back pain, and an academic who had become interested in therapeutic applications of the somewhat ethereal social constructionist theory, I seemed caught in the Cartesian mind-body split that Hillary’s inquiry brought me back to considering anew. My own Ph.D. research, some 20 years earlier, had
been into coping beliefs and practices used by people who struggled with arthritis. This former psychological research had been premised on the mind-body split, but by the time Hillary came to talk with me about horses I had become interested in the dialogic aspects of how people construct stability and change. Hillary’s horses, as I came to think of them, were there to engage women in a different kind of communicative relationship than the others in their lives. Learning to relate to their horses was clearly different from participating in any other therapeutic alliance; a different kind of dialogue and relationship would develop and seemed worth better understanding. I came to think of Hillary’s participants and horses as being in communication through responsive muscular movements, a dialogue through which new forms of trust and self-confidence could develop. This was a chance to move beyond the micro-analyses of therapeutic dialogue processes I had then been doing, for a much different kind of understanding of what it meant to communicate, relate, and personally change.

A DIFFERENT KIND OF DIALOGUE

The field of counseling psychology has its roots in the biomedical paradigm and conveys many of the central tenets that exist within this dominant discourse. The heritage of mind-body dualism is rife within both, and arguably creates a number of problems for practitioners and clients alike. This includes the parsing of human experience into static and discrete categories, which cannot adequately account for the dynamic and always-evolving ways that people engage with the world. Contemporary counseling discourses often present mechanistic and objectified understandings, which can be far-removed from individual experience and first-hand accounts. These first-person experiences are integral to understanding the types of problems that clients in therapy face; when they are obscured or neglected, helping professionals run the risk of not being able to adequately help clients (or in some cases, perhaps doing more harm than good).

A related criticism levied against dualistic understanding is that by its very definition, dualism creates a divide between mind and body, often leading to a disconnected sense of self or treating our bodies as objects to be controlled or tamed. This is evident in many of the ways that people go about their daily lives and also in the types of concerns that clients bring to counseling. For instance, those suffering from eating disorders often experience an objectified or disrupted sense of their bodies, but this can also be present in other sorts of problems such as depression, anxiety, and issues stemming from trauma. These difficulties can be compounded when helping professionals unknowingly reify this sense of disconnection through theories, interventions, and language that promote dualistic ideas and practices. When clients take up these ideas and the language that communicates them, it can lead to even further estrangement between themselves and their bodily experiences. Thus, the difficulties of dualism can be reinforced by the very therapy that is supposed to help alleviate them.
Cartesian dualism is also linked to a number of other ideological binaries such as man-woman, reason-emotion, culture-nature, and subject-object, which can have harmful consequences. A prime example of this is the subject-object binary as it relates to the “othering” or devaluing of those deemed different from ourselves. People are grouped into categories of either experiencing subject or less-than-human object, leading to oppressive and exclusionary practices for those who fall within the category of object. This has been noted along dimensions of race, gender, socio-economic status, and other culturally-dictated divisions between people.

Additional binaries can be seen as stemming from this primary one in that a particular side of the binary is typically valued over the other (e.g., culture over nature, reason over emotion, man over woman). Mind-body dualism can be considered a sort of othering of our bodies, creating a sense of disconnection by aligning ourselves with our minds and viewing our bodies as mere extensions of the self. In the man-woman binary, men are often granted the status of subject, while women are objectified. Further, men are typically associated with the “rational” or cultured mind and women with the body, which is often associated with emotion and the “uncontrolled” or natural. Many have argued that the assumed primacy of the mind over the body has contributed to the subordination of women throughout history. Even in our modern society, such dualisms hold sway and are evident in many sexist beliefs and practices (e.g., the exploitation and objectification of female forms throughout mass media and the gendered wage gap that still exists). Dualisms such as these are dangerous because they help to create rigid ways of thinking about the world that lead to oppressive practices, both on an individual and social level.

By thinking beyond dualisms we can challenge them and create different ways of being. This is a difficult task however, as these dualisms can often be so pervasive that they escape notice. While people are more aware of oppressive and exclusionary practices at a cultural level, what is less obvious is the myriad ways that these are communicated and reinforced on an individual one – through the ways that we move and interact (e.g., the ways the women are taught to take up less space or the manner in which people control or “tame” their bodies). One way that we can begin to break down mind-body dualism is by immersing ourselves more fully in the corporeal – by experiencing ourselves as whole, constantly caught up in the flow of experience and response, always in dialogic exchange with the world. This allows us to return to first-hand experiences and consider them anew, which in turn grants us an opportunity to escape the objectified and mechanistic language that dualism creates and instead generate a more apt language. What we mean by a more apt language is one that communicates beyond what we already know and creates rich descriptions and stories that can enliven us. By embracing the messiness and complexity of our dialogic interactions we can create other, perhaps more helpful ways of experiencing and making sense of our world.

This is the approach that we advocate and that connects our research to the broader scope of counseling philosophy and practice. We all have certain habits or repertoires that create structure and routine for us - from the ways that we wake up and get ready
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in the morning, to the conversational habits that we employ. Such habits are informed by an amalgam of experiences including our cultural ways of being/knowing (e.g., the pervasive beliefs and practices associated with the mind-body split and other dualisms). These habitual ways of being dictate the sorts of exchanges that we have, the relationships that we come to develop, the beliefs that we hold, and ultimately who we become. While these embodied practices make our lives easier and more predictable in many ways, they can also become sedimented and problematic (e.g., in the case of eating disorders and many other bodily-relational issues).

Our main concern in this book is how helping practitioners can address these sedimented modes of being and help people become more responsive. This requires engaging in a different sort of interchange, one based on the relational and the dialogic – the embodied ways that we respond to the world around us. The more responsive we are, or the more repertories of response that we have at our disposal, the more flexible we are to meet the changing demands of life. Responsivity includes our attunements or general engagement with otherness, which are constituted by our postures, movements, kinaesthetic qualities (feeling our bodies move), spatial awarenesses, and other corporeal habits and repertoires of being. These corporeal experiences can be difficult to explore and articulate in traditional counseling modalities, but they are exactly the types of interactions that clients are able to explore with the horses that take part in EFC. This way of doing counseling is unique in that clients are asked to relate in wholly different ways to a large and often imposing “other” that requires an openness to novel bodily-relational experiences. Said differently, horses can provide an experience of otherness that provokes new types of responsiveness and allows for exploration of corporeal ways of being.

In promoting an approach based on relational responsivity, we hope to further a movement away from rigid dualisms towards broader, richer ways of knowing/being. This can lead to greater acceptance of different ways of conducting counseling that tap into the corporeal. Such approaches encourage a very specific kind of communication on a personal and corporeal level, but we are also curious about how they might be helpful in exploring and furthering a much larger-scale dialogue that has started a shift towards creating a language of embodiment in counseling theory and research. This movement towards embracing corporeality is crucial as it provides an alternative to mind-body dualism, or a way to reach beyond it – creating more responsivity in our language and discourses. If we can explore and understand our experiences with and through our bodies, and the ways that we resonate with others, this provides a counter to all sorts of dualisms including mind-body, culture-nature, man-woman, and subject-object. We enter a unique territory where these distinctions become blurred (e.g., when horse and rider move and sense as one, or when we recognize ourselves in another being and perhaps they recognize themselves in us).

These ideas are predicated on the notion that our bodies are intelligent, generating knowledge about ourselves and our worlds in ways that we are only ever partially aware of. According to Maurice Merleau-Ponty, Maxine Sheets-Johnstone, Carrie Noland, and other researchers and philosophers in this growing field, our bodies
structure and define our experiences and habits, but they can also transform them. It is this transformational potential that interests us as counselors and researchers because it heralds a vastly different way to think about therapeutic change. Rather than understanding people as divided into discrete categories of feelings, behaviors, and thoughts, embodiment discourses offer an integrated understanding of these and other facets of being. It also provides another way to explore these change processes that begin with and through our bodily experiences, encouraging us to pause and take note of the seemingly small practices and potentially transformative moments that make up our daily lives.

Perhaps the most difficult aspect of exploring embodiment is the tendency to unknowingly perpetuate mind-body dualism through our language. The ideas that minds are bodies separate has been largely discredited, but we as a society often communicate such ideas to the detriment of more integrated or embodied understandings. In many ways, we all subscribe to dualistic notions and ways of being, trapped by everyday language and cultural norms that create and sustain the mind-body split. Examples of this include idioms such as “mind-over-body” and regimes that encourage bodily control and perfection, and hence the objective experiencing of our bodies. At times we have found ourselves caught-up or confined by the limits of language while writing this book. For example, when writing about “our bodies” or “the body” it seems to imply that we are still in some ways separate from them or that we possess or inhabit them. This is not our intention, and where possible we attempt to clarify by drawing on words and language that speak to our embodiment and underscore how we are always, already bodily.

Words such as dialogic, embodiment, attunement, and corporeality take on a multitude of meanings depending on who is using them. We use the word dialogic to refer to the ways that we are always in the midst of an intricate and evolving interchange with the world around us, which creates the vast array of ways that we go about thinking/being/feeling/relating. We deliberately use these terms together to show how they are more than just connected to each other – they flow together and can be considered streams of human experience that converge into a larger whole.

Much like the word dialogic, embodiment is a term that has been taken up within a variety of disciplines and refers to the many bodily-relational ways through which people participate in being in the world (Csordas, 1999), highlighting how we are immersed in the world or caught up in this flow of interactions and engagements. This includes sensations, visceral experiences, and one’s general engagement with physical and social reality. Similarly, attunement refers to people’s pre-reflective ways of existing in the world. While embodiment and attunement are similar concepts, the key distinction is that attunement corresponds more closely to a relational process, or the ways that individuals alternately engage with and respond to their social and physical worlds. This can be understood as an ongoing circle existing between bodies and the world in a reciprocal dialogue, thus people are continually adjusting to a changing terrain (Abram, 1996).
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The words corporeal and corporeality can be traced back to the verbal root meaning “to appear” and the words for belly, womb, or abdomen in ancient languages (Harper, 2012a). Our aim throughout this book is to invoke a visceral relation to the stories and concepts discussed; to make manifest a new way to grasp the topics explored and to give the reader not only an intellectual understanding, but a felt understanding or “gut sense” of how this new dialogue can shape counseling interactions and therapeutic change in EFC and beyond.

WHY HORSES?

As prey animals, horses are highly attuned to their environments and other creatures within it. In order to survive, they need to be able to anticipate other’s intentions and respond in kind, while communicating with others in their herd. This type of communication/response/movement takes place in the constant unfolding interchange between beings and the world. It is this dialogic, or relational aspect of interactions with horses that is of particular importance in EFC. While horse and rider attune to each other, there is also a concurrent element of attuning to and responding from one’s internal bodily sensations that takes place – a kind of synergy between horse and person through their embodied interactions. This process of attuning to oneself through another is a dialogic one and it can create new ways of being, sometimes creating a ripple effect whereby these moments become part of a different (perhaps preferred) repertoire of response.

What is so different about this way of responding is that it occurs “over and above our wanting and doing” to borrow a phrase from the philosopher Gadamer (1989, xxviii) – it happens outside of our plans and intentions. The horses require clients to respond *in the moment*, often times without foresight or conscious thought. This means responding in novel ways that are outside of habitual ways of responding to the world. In a sense, horses shake us out of our typical ways of being and open up the possibility for new forms of responsiveness to be mutually created.

The horses that participate in EFC are able to communicate with clients using another sort of language and the types of understanding this promotes occurs first at a corporeal level, sometimes beyond what spoken language can convey. This is not to say that these understandings cannot be taken up and explored using more traditional means – they often are, but it may take a different sort of verbal exploration between client and counselor with different kinds of questions asked. For instance, a counselor may ask a client to reflect on what a certain moment with the horse felt like using visuals, metaphors, free-word association, questions focused on their bodily-relational experiences, or even drawings or other artistic expressions.

Once clients begin to notice shifts in their experiencing when they interact with the horses, they may be able to apply these in other areas of their lives as well. For example, a client who struggles with trusting others may come to recognize how this manifests in her relationship with her EFC horse. She may begin to notice how the stringent boundaries she maintains with her horse interrupts their communication...
and movements together. The client and counselor can then work to further the bond and level of trust between rider and horse, helping the client to let her guard down in a safe and supported way. These experiences, and the insights that come from exploring them, can help the client begin to change a restrictive pattern in her life by allowing her to grasp what developing a trusting relationship feels like. While these insights are helpful in and of themselves, it is the opportunity to experiment with and modify such interactions that is especially useful in EFC. In collaboration with her horse, the client can begin to explore preferred ways of being/interacting that can act as a template or resource in building other trusting relationships.

The field of Animal-Assisted Therapy (AAT) is wide reaching and has been practiced with a variety of different animals in both rural and city-settings. While animals in general can offer many avenues for healing in a counseling context, horses in particular have a number of unique characteristics that are well-suited for addressing issues that clients with eating disorders often face. Eating disorders are experienced and communicated in profoundly corporeal ways that have traditionally eluded exploration within the literature. The women who participated in our EFC groups were in many ways constrained by the habits of disordered eating. These habits include ways of being that are typically associated with eating disorders such as restricting food intake, bingeing, purging, and over-exercising, and a whole host of other patterns that manifest in movements (e.g., gait and posture), relationships (with self and others), and visceral sensations and experiences. Individuals who live with these problems have come to embody habitual ways of attuning that limit other, possibly preferred ways of attuning. The horses that the women were paired up with and the relationships that developed between them challenged these ways of being and attuning at a corporeal level. The natural environment that the horses inhabit, coupled with the opportunity to ride, presented further novel opportunities or encounters with otherness that helped to interrupt problematic habits – providing the chance to develop new ways of being.

Hillary: When I first began this research, I had my own preconceptions about how or why EFC might work for women with eating disorders, but it was only when I got caught up in the flow of being with the women and their horses, and witnessing the connections that they developed, that I came to understand what it is about these experiences that are so powerful. One of the women who participated stopped me in my tracks when she said such moments were “igniting” – they sparked shifts in her experiencing that caught and spread like a wildfire through the prairie. When she talked about the time she spent with her horse Skye, I felt like I was there. She described the cold chill in the air, the feeling of the dirt under her boots and the sound of Skye’s breath, his head reaching down to meet her hands. I still feel my heart swell recounting her experiences, as if I am there with them.

The stories told in this book touch on the pain of living with an eating disorder, but they also speak about hope and healing. These stories explore how we can begin to reclaim our connection with ourselves and our bodies through encounters with another, an experience that holds the power to awaken and transform us. These
moments often happen in everyday situations where something, some difference or curiosity stops us in our tracks. It could be a person, an object, an environment, or any aspect of our experiencing that catches us off guard and asks something of us. Being around horses offers a fertile ground for such encounters. They are beings that “speak” a very different relational language, one based on touch, movement, intuition, and attunement. In the next chapter we explore how people come to develop bodily habits using the example of eating disorders and describe how and why traditional approaches to treating these problems have often fallen short.
CHAPTER 2

EATING DISORDERS

There are many different ways to understand eating disorders, and human experience in general. In making sense of our world, people draw on cultural understandings including institutional knowledge (e.g., the biomedical system), pop culture (e.g., what we see on television or read about on social media), and political powers/systems (e.g., policies, social norms, and values) that converge to shape what we know. Dominant discourses such as these privilege certain ways of knowing over others. In the dominant discourses pertaining to eating disorders, corporeal experiences have typically fallen to the wayside in favor of a more cognitive and mechanistic approach, which has limited how we understand these problems.

In this chapter we explore the eating disorders literature with a focus on these issues and describe how corporeal engagement can offer a different way of understanding and addressing disordered eating. We use the example of eating disorders as a microcosm for exploring a number of problematic assumptions that have taken root in wider psychological discourses pertaining to a host of other psychosomatic issues that people suffer from. Our aim is to call attention to these shortcomings and show how an embodied understanding can add these missing dimensions. Before we delve into the literature pertaining to eating disorders, we will briefly explore how language and discourse have the power to shape our experiences and what counts as research and knowledge.

DISCOURSE AS POWER

Our body is never removed from culture, but instead can be seen as a product of and participant in it. We are limited in the ways that we experience and understand our bodies by the discourses that are available to us. By their very definition, dominant discourses leave other meanings unsaid, unexplored, unknown. Other discourses that do not fit within the dominant one tend not to be taken up by cultural institutions and examined; they exist at the periphery of knowledge.

As Foucault explained (1972a) people are always engaged by cultural practices that act to shape their bodily experiences, pleasures, sensations, and energies. The dominant discourse of our body as an object to be controlled and molded acts to shape how we experience our corporeality, including many of the bodily-relational problems that people seek help for. These discourses also dictate how helping professionals understand such problems and the methods that we use for treating
them. In Foucauldian theory knowledge is power, and knowledge is created and sedimented through the dominant discourses of a historically-located culture (Lock & Strong, 2010). Therefore the dominant discourses surrounding biomedicine and psychology have a particular power to define what we understand as disease and disorder, and health and wellness. Discourse “finds a way of limiting its domain, of defining what it is talking about… and therefore of making it manifest, nameable, and describable” (Foucault, 1972b, p. 41).

Science has become a sort of religion in our society, limiting and describing what counts as truth and what sorts of knowledge we value. For example, research tends to focus on those aspects of human life that are amenable to classification, prediction, and control. Contemporary psychological and medical discourses are predicated on particular tenets of empirical and objectified knowledge. Other ways of knowing and communicating in research such as through art and story-telling are thought to hold less truth-value – they do not fit the mold of principles, laws, and theories. While these ways of knowing work well for so-called “hard” sciences (e.g., chemistry, physics, biology, engineering, etc.), human experience has proved harder to classify, and as we will see later in this chapter there is something lost when we attempt to organize human experience this way.

If knowledge is power, then we can go about creating knowledge or re-defining what counts as knowledge – going beyond the boundaries of what traditional science is able to explain. This is informed by a movement within psychology and other fields that has called for an expansion of our ways of knowing to include more phenomenological accounts (e.g., first-hand experiences). We assert that bodily knowledge or bodily intelligence is another way to access phenomenological accounts and the types of language that does them justice. This way of experiencing, languaging, and understanding has the potential to create a shift in the ways that we address problems such as disordered eating by going beyond the limits of traditional discourses.

EATING DISORDERS DEFINED (AND LIMITED)

When we first began exploring the research concerning eating disorders, we were astounded by the variance and prevalence of these problems. Eating disorders have been noted in children as young as five (Madden, Morris, Zurynski, Kohn, & Elliot, 2009) and women up to age 92 (Mermelstein & Basu, 2001). Despite a large body of research into the nature of these problems, eating disorders are on the rise in developed countries including Canada (Public Health Agency of Canada, 2002), the United States (Streigel-Moore & Franko, 2003; Wade, Keski-Rahkonen, & Hudson, 2011), Australia (Hay, Mond, Buttner, & Darby, 2008), Japan (Chisuwa & O’Dea, 2010; Gordon, 2001), Italy (Ruggiero, 2001), and India (Mishra & Mukhopadhyay, 2011). While disordered eating predominantly affects women, researchers have found that rates are increasing in men as well (Hudson, Hiripi, Pope, & Kessler, 2007).
Recent definitions of eating disorders primarily rest on the criteria listed in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, (DSM-5; American Psychiatric Association [APA], 2013), which many consider to be the most influential and widespread body of diagnostic knowledge on problems defined as mental disorders. The manual describes anorexia (AN), bulimia (BN), binge eating disorder (BED), other specified feeding or eating disorder (OSFED), and unspecified feeding or eating disorder (UFED). According to these criteria, AN is characterized by a severely calorie-restricted diet, resulting in a body weight that is significantly below that expected for age and height. This type of eating disorder is largely considered the most deadly mental health disorder as an estimated 5 to 20% of sufferers will eventually die from AN or related complications (Fichter, Quadflieg, & Hedlund, 2006; Fotios, Papadopoulos, Ekbom, Brandt, & Ekselius, 2009; Sullivan, 2002).

BN is characterized by frequent fluctuations in weight and recurrent episodes of bingeing followed by behaviors meant to compensate for binges. These behaviors include self-induced vomiting, purging, fasting, laxative use and/or excessive exercise. This can cause a number of life-threatening issues (Mohr, 1998) and other long-term health complications (Mehler, 2011).

People who suffer from BED typically engage in compulsive binge-eating without purging or compensatory behaviors, and often suffer from health problems related to obesity such as heart disease, diabetes, and high blood pressure. BED was recently added as a diagnostic category to help address the issue that the most commonly diagnosed eating disorder was eating disorder not otherwise specified – a sort of catch-all for atypical presentations of these problems. In the most recent edition of the DSM, eating disorder not otherwise specified was discarded in favor of the new categories: BED, OSFED and UFED.

OSFED includes five subtypes: atypical AN, sub-threshold BN and BED, purging disorder (purging at least once a week without bingeing), and night eating syndrome (consuming large amounts of calories in the evening or waking in the middle of the night to eat). The category UFED includes behaviors such as chronic dieting, purging, binge-eating, and night eating, but do not meet the criteria for BN, AN, BED, or OSFED. As one can see by the many acronyms and diagnostic categories, it can be difficult to pin down what disordered eating actually encompasses as the symptoms vary widely. The most recent changes to the DSM were made in an attempt to create a more clear and concise way to help those who suffer from eating disorders, yet as many researchers and clinicians have pointed out, they seem to have created a fragmented and sometimes confusing diagnostic system (for both clients and practitioners).

Along with many noted physical complications, eating disorders include a number of psychological and social problems such as anxiety, depression, isolation, relational problems, and substance abuse (National Eating Disorders Association, 2012). There are a wide variety of risk factors cited for eating disorders including: body dissatisfaction, elevated shape and weight concerns,
prior sexual abuse and other trauma (Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004), internalized societal ideals of thinness, dieting behavior (Stice, Ng, & Shaw, 2010), developmental transitions such as puberty or the transition from high school to college (Levine & Smolak, 2012), and teasing by peers or family members (Kluck, 2008; 2010; Nuemark-Sztainer, 2011). The research demonstrates that many of the factors common in eating disorders are normative experiences for most women (e.g., developmental transitions, the experience of being teased, body dissatisfaction, dieting, etc.). In fact, despite the various factors implicated in eating disorders, the single best predictor of risk is simply being female (Striegel-Moore & Bulik, 2007).

While rates for these problems vary from context to context, it is estimated that 1–3% of the population in Canada and the US suffer from an eating disorder (Garfinkel et al., 1995; Levine, McVey, Piran, & Ferguson, 2012; Walters & Kendler, 1995). However, many researchers consider eating disorders to be more widespread than these rates suggest due to the secretive nature of these problems (Malson, 1998) and issues inherent in the diagnostic system (Fairburn & Cooper, 2011; Paris, 2015; Swanson, Crow, Le Grange, Swendsen, & Merikangas, 2011). These problems exist on a spectrum ranging from socially acceptable behaviors such as diet and exercise to more extreme practices characteristic of what we define as eating disorders (Russell-Mayhew, 2007).

The National Eating Disorders Association (2012) highlights that there are many different kinds of food and weight preoccupations, including eating disorders, yet the current diagnostic system is predominantly focused on those problems that fit within the diagnoses of AN, BN, or BED. The number of individuals who suffer from problematic ways of being labelled as sub-clinical eating disorders likely far exceed the rates and prevalence that have been measured (Bordo, 2003; Field et al., 2012; Gucciardi, Celasun, Ahmad, & Stewart, 2004; Swanson et al., 2011; Thomas & Schaefer, 2013), indicating that these are not only much more common than previously thought, but are emblematic of a deeper cultural problem (Blood, 2005; Bordo, 2003; Malson & Swann, 1999).

Our societal need for bodily control and perfection plays a large part in the creation and maintenance of eating disorders. Indeed, the shape and size of our bodies are intricately connected with self-worth, especially for women (Blood, 2005; Bordo, 2003). These cultural ideas and associated practices are predicated on a mind-body split, with our minds pitted against our bodies. Many theorists and researchers have conceptualized eating disorders as problems of too much, or conversely too little control within this paradigm. Susie Orbach, a prominent feminist, psychotherapist, and cultural critic wrote that “women speak with their bodies” (1986) and asserted that disordered eating represents a deeper cultural discontent that leave women striving to achieve a sense of self-worth through controlling their bodies. When this becomes overwhelming, the pendulum of control can swing the other way, leading to a sense of being out of control and engaging in over-eating or binge-eating. Consequently, women who live with disordered eating can be understood as
expressing psychological distress through moving between extremes of control – either too much control as in the case of restrictive eating disorders like AN, or states of being out of control as in the case of BED or phases of binges in BN.

As many have indicated, it is not just women labelled as eating disordered who suffer from this cultural climate, but anyone who has struggled to feel at ease with his or her body – from the middle-aged woman who diets to be thin, to the young man who obsessively logs hours at the gym. Even if such overt behaviors are absent, most people can relate to this striving or feelings of shame regarding body shape/size. Despite the fact that eating disorders are part of a deeper cultural problem, they are still largely treated as individual ones – leading to a troubling pattern of pathologizing those who suffer from them. It can be difficult to know where culturally-sanctioned and encouraged behaviors such as dieting ends and disordered eating begins, and indeed many experts would assert that there is a large grey area between the two, yet in our cultural discourses we seem to draw a stark line between them. What is considered healthy versus what is considered dysfunctional can vary across context and according to who you ask (e.g., Is exercising one hour a day healthy? What about two or three hours a day? When does calorie counting or “clean eating” become dangerous?).

While people generally applaud healthful behaviors such as exercising regularly and eating nutritious food, when one crosses the line into eating disordered behavior it is largely seen an individual problem instead of being tied into our cultural obsession with fitness, bodily control, and physical flawlessness. That is part of the reason why research into eating disorders has historically focused on treatment rather than prevention, which would require a large cultural shift. As a society it is easier to label individuals as disordered or “sick,” rather than address the numerous cultural problems that factor into eating disorders and the huge industries that rely on the propagation of these problems (e.g., fashion, fitness, weight loss, cosmetics, plastic surgery, etc.). Thus, eating disorders (sub-clinical or otherwise) are not adequately addressed and individuals who are diagnosed are often viewed as possessing “aberrant” or “dysfunctional” traits.

Even within the more rigorously researched diagnostic classifications, a number of issues limit how we understand and treat such problems. These issues include a high preponderance of diagnostic cross-over (e.g., from AN to BN; Eddy et al., 2008; Hilbert et al., 2014; Tozzi et al., 2005) and the troubling finding that the most commonly diagnosed type of eating disorder remains a classification intended to capture atypical presentations of these problems (previously eating disorder not otherwise specified, now reclassified as OSFED and UFED; Striegel-Moore & Bulik, 2007; Thomas & Schaefer, 2013). Findings such as these expose how fragmented the current state of knowledge is and indicate the need to address certain gaps. For instance, a review of the literature reveals the following: eating disorders are on the rise and the current classification system is not able to adequately account for the range of eating disorders. Further, the risk factors cited pathologize individuals who suffer from these problems, and also those who may not meet the criteria for an
Eating disorders include a variety of limiting habits that have been constructed differently. The predominant constructed understanding rests on a number of dualistic assumptions that locate the individual as the source of the problem and while largely neglecting an exploration of cultural influences and corporeal, first-hand experiences. This is due in part to psychology’s enamorment with the mind (and the disregard of our bodies). For example, counselors have tended to focus on “faulty cognitions,” “dysfunctional beliefs,” and “distortions in thinking” as ways to pin down the sorts of problems that bring people to counseling. This is often coupled with a belief that the primary component necessary for therapeutic change is the will to succeed. While this is partly true, it obscures the many ways that life happens to us, “over and above our wanting and doing” (Gadamer, 1989, xxviii) – in the many unquestioned cultural practices that people adopt. This dominant discourse is rife within psychology and other social sciences, and can lead to de-contextualizing and de-humanizing people who live with what are defined as disorders (Shotter, 2014).

Corporeal, first-hand accounts are valuable because they can help create a more apt language for understanding and addressing all sorts of problems, including eating disorders. The approach we propose draws on the cultural and corporeal. It is based on the simple yet powerful premise that our bodily experiences are the seat of all our understanding of ourselves and the world (Merleau-Ponty, 1962). Our bodily motility, which includes touch, movements, gestures, postures, attunements, and kinaesthetic memories can create a world of possibilities and transformational opportunities (Sheets-Johnstone, 2009), yet these bodily techniques also constrain us, structuring our perceptions and our sense of self (Manning, 2007). This dialectic of possibility and constraint discloses the world to us in certain ways, but is also created by the world – “culturally shaped at every turn” (Noland, 2009), thus providing an exploration of how cultural influences operate on and through us, and how we in turn can resist and unsettle these influences (Gremillion, 2003). To illustrate how this mode of understanding is quite different from more traditional accounts, we outline two contrasting examples of a hypothetical client with AN; one based on a more traditional understanding of eating disorders, and one drawing on the language of corporeal engagement.

Account #1 – Shannon is a 43 year old woman diagnosed with AN. She exhibits the core psychopathology common to eating disorders – over-evaluation of shape and weight, deficits that are cognitive in nature. These distorted thoughts lead to a number of dysfunctional behaviors including compulsively over-exercising, restricting her food intake to 900 calories per day, and obsessively weighing herself. Shannon is socially withdrawn, has a low level of emotional awareness, and has been assessed as having narcissistic personality traits and poor impulse control; traits common in those with eating disorders. She describes “feeling fat” as a frequent occurrence that leads her to engage in unhealthy behaviors in an attempt to control
her weight and appearance. Shannon began to exhibit this symptomatology in high school after being bullied about her weight.

Account #2 – Shannon is a 43 year old women who has been struggling with a number of problematic patterns integrated in eating disordered ways of being. She notes that she is often uncomfortably aware of her body; as bulky, heavier than normal, and taking up too much space. She feels and communicates these awarenesses in a number of bodily practices including holding her body in certain ways to take up less space, tightening her muscles when she feels scrutinized by others, policing herself through carefully restricting her food intake, and exercising to the point of exhaustion almost daily. She has cultivated the habit of keeping these practices secret from others, leading to isolating and disconnecting from loved ones. Yet, she also describes the relief that disordered eating provides in that it allows her to feel a sense of pride, control, and safety. The habits Shannon described are relationally-responsive ways of being that have been shaped and reinforced through culture and environment; a confluence of forces communicated through various means (e.g., popular media, peer groups, family, etc.).

These two accounts offer strikingly different understandings of eating disorders with certain assumptions, ways of knowing, and implications for approaching these problems. In the first account, the person is seen as containing/having pathological traits, which reinforce a number of problematic separations (inner-outer, mind-body, individual-culture). This is a common psychological discourse that communicates a disjointed view of treatment (e.g., divided into psychological states and behaviors, with one following the other; Gergen, 1989) and the assumption that the person is the source of the problem and therefore requires expert intervention (Guilfoyle, 2001).

The second account offers a different understanding based on corporeal ways of being and engaging in the world. This latter type of understanding lends itself to exploring the often disparate realms of inner-outer, mind-body, self-other, and individual-culture in a more unified sense, thus addressing many of the problems inherent in the dominant discourse. Once these dichotomies are understood as more fluid and permeable, researchers, practitioners, and clients alike can come to define disordered eating and associated problems in new ways. Our intention is not to argue that the current approach should be dismantled, but to create a space for a corporeally-oriented approach, an alternative way of understanding and potentially challenging disordered eating. To fully appreciate the importance of these two discourses, we must revisit how and why they came to be.

TRADITIONAL DISCOURSES AND CARTESIAN DUALISM

One of the most prevalent discourses of our bodies in Western society is based on Cartesian dualism; the idea that mind and body are separate entities that co-exist and exert influence upon one and another, but are constituted of different matter – our bodies as flesh and our minds as spirit (Carr, 2007). This dualistic heritage has
been transmitted in various philosophies, but can be traced to thinkers such as Plato, Augustine, and more recently, Descartes (Shusterman, 2008). The implications of dualistic thought include the idea that our bodies are alien, or other, and that they can and should be controlled. This world view and the assumptions inherent in it are typically taken for granted, thus this cultural perception of bodies often goes unquestioned. This can be seen in the many ways that Western culture objectifies and compartmentalizes our bodies – from an obsession with beauty and fitness to the mechanistic ways that bodies are treated within the biomedical model.

This biomedical model is grounded in Cartesian dualism, but Leder (1992) argued that Descartes also contributed an “ontology of death” that places the primacy of the dead body over the living, thus reinforcing the reductionist ways that bodies are explored and treated. This ontology of death was further articulated out of a shift in the nineteenth century from a conceptualization of disease treatment that relied on patients’ own accounts of illness to an examination of the symptoms written on people’s bodies, which often took place after death (Leder, 1992). The epistemological primacy of the dead body has had profound effects on how medicine is practiced, the technologies health care professionals use, and how patients are treated. The living body itself is seen as no more than a complex machine. Thus our corporeality is disregarded; we are lost within a system that is captivated with the mechanical, objectified body (Radley, 2000). This mechanistic model serves to place bodies within the mind’s presumed control. By compartmentalizing the natural processes of our bodies and the interactions between the parts, a certain understanding of it is imposed onto the living flesh through intervention and treatment (Kriel, 2003). This understanding is one based on reductionism and materialism, which limit the type of knowledge that science is able to explore (Bortoft, 2012).

These problems are further compounded by the tradition of individualism, which stems from an egocentric view of the world in which the individual is the locus of change, material is composed of atomic parts, and the whole is always equal to the sum of the parts (Kenney, 2002). Individualism has long been a mainstay of Western culture, promoting ideals of the self as an autonomous agent within society and a moral outlook which classifies the motivation for human agency as self-interest (Cahoone, 1988). Within the medical paradigm, individualism is evident in a number of understandings, including the idea that the individual patient is the site of disease and illness, thus decontextualizing the culture that the patient lives within (Dutta, 2008). This focus is often narrowed to view a diseased bodily part or condition as requiring treatment, leading to further compartmentalization of our bodies and a mechanistic view of treatment (Dutta, 2008).

The nature of disease treatment and intervention described through the dominant medical model is steeped in dualism, despite attempts to re-integrate the domains of mind and body (Leder, 1992; Mehta, 2011). The very language introduced by the biopsychosocial model (Engel, 1977) evokes a sense of disconnection, as if these concepts have merely been strung together. This reductionist understanding of our bodies has had dire consequences for how professionals understand and address
the sorts of issues that counseling clients contend with. Traditional approaches to
therapy often reify dualism through treatment discourses that emphasize a type of
mind-over-body mentality, which is not surprising as psychology has its roots in the
biomedical model and typically adheres to the same philosophy and values.

Many researchers and philosophers agree that the distinctions made between
mind and body are no longer useful and may in fact be misleading and harmful,
yet they persist because in many ways they are a part of our cultural understanding
of what it means to be human. We lack the necessary language to convey how
minds and bodies are one and the same, and as Wittgenstein reminded us, “What
we cannot speak about we must pass over in silence” (proposition 7, *Tractatus
Logico-Philosophicus*, 1922). Despite a movement towards more body-oriented
therapies and mind-body approaches, our language still fails us in that it reifies this
separation by searching for links between two seemingly disparate domains. Take
the previous sentence for instance, the terms “body-oriented therapies” and “mind-
body approaches” inherently communicate a Cartesian split, yet in the counseling
field these terms refer to more corporeally aligned modes of doing therapy.

Similar language within dominant counseling discourses separates human
experience into cognitions, behaviors, and emotions. These facets are presumed
to be connected, but are understood as ultimately existing in separate realms (e.g.,
cognitions belonging to the mind, emotions lying within the body, and behaviors
controlled by the mind and executed through the body). Furthermore, the fact that
counseling is predominantly language-based, largely to the exclusion of touch
or movement provides a prime example of this neglect of our corporeality. Such
practices and ways of understanding are not just confined to therapy, they exist
within the fabric of our lives and are sustained and transmitted by our social norms
and discourses. Our society has been described as touch-deprived and there are
many taboos in place surrounding touch, despite it being considered “the mother of
the senses” (Field, 2003) – necessary and critical for our growth, development, and
health. We will revisit the importance of touch in the chapters to come, but for now
it serves to underscore the many ways that this disregard for the corporeal permeates
our lives.

The themes of bodily control, objectification, compartmentalization, and
separation of person from culture can be seen throughout dominant discourses in
psychology. Indeed, it is found within much of the language that we use to classify
and address the problems that bring people to counseling. A good illustration of
this is the very title of the DSM (The Diagnostic and Statistical Manual of Mental
Disorders). The language of disorders focuses on individual dysfunction to the
neglect of cultural and societal factors that may be at play, locating the source of
the problem within the individual. The terms diagnosis and statistical refer to the
ways that professionals attempt to classify and measure such problems. The pursuit
of more phenomenological understandings, or an articulation of lived and corporeal
experience has been largely ignored in favor of approaches that measure and parse
human life into discrete categories. This is further exemplified by the use of the term
mentally, as if human problems can be understood without reference to other facets of being, and as if the way to address such problems is through a focus on the presumed power of the mind.

TRADITIONAL DISCOURSES FOR UNDERSTANDING AND ADDRESSING EATING DISORDERS

As we can see, the prevailing discourse in psychology has created a variety of problems for helping professionals and clients alike. This is particularly evident in the literature pertaining to eating disorders. For example, “thin-ideal internalization” is a term that has appeared in the eating disorders literature to explain how women who internalize societal standards of thinness are at an increased risk for developing disordered eating. According to researchers and clinicians within the field, thin-ideal internalization refers to “the extent to which an individual cognitively buys into socially defined ideals of attractiveness” (Thompson & Stice, 2001, p. 181). The idea that women “buy into” the thin-ideal instills the suggestion that women are to blame for their unhappiness in regards to their bodies. This leads to the supposition that women can remove themselves from the cultural ideals that promote the thin-ideal and hence develop healthy ways to experience their bodies.

This assumption can also be noted in other terminology within the eating disorders literature, especially those concerning “body image,” which is considered a fundamental issue for those struggling with disordered eating. Body image is commonly defined as the subjective picture or mental image one has of his or her body (Oxford English Dictionary, 2015). In the eating disorders literature, many individuals who suffer from these problems are conceptualized as having difficulties gauging the actual size and shape of their bodies – oftentimes over-estimating them. This leads to what has been termed body image dysfunction or body image disturbance. Such terms have been characterized as denoting a number of limiting assumptions including: (a) that there is an outside and knowable reality, (b) that individuals who suffer from problems related to body image have a deficient or distorted view of this reality, and (c) that professional (i.e., medical or psychological) intervention is required to ameliorate this deficiency (Blood, 2005). What is dangerous about the discourse of body image disturbance or dysfunction is that it pathologizes women who succumb to its grasp, which according to research is most women (Blood, 2005; Ridge Wolszon, 1998).

Eating disorders research has led to proliferating “truths” such as body image that have far-reaching ramifications not only for individuals labelled as eating disordered, but for anyone who has struggled to feel comfortable with his or her body. The terms thin-ideal and body image are not inert, they are imbued with power and expected accountabilities in the discourses that they communicate. The preponderance of women who suffer from a “distorted” or “disturbed” body image, whether indicative of an eating disorder or not, has made this construct a powerful “truth” that problematizes women’s embodied experiences. The language pertaining
to these constructs pathologizes women and strengthens their dualistic experience of body as outside the self.

Thus, we can begin to appreciate how the language that is used to understand eating disorders is restrictive and sometimes harmful. The very term body image is a visual one, focused on what can be seen and measured. This sort of visual and cognitive language is also part of a dominant discourse in Western society, one that has influenced (and been influenced by) the biomedical model. While new conceptualizations of body image have incorporated other aspects of human experience (e.g., emotion and behavior), the primary means of defining and assessing body image remains largely visual and cognitive. This type of language is but one way to understand eating disorders and it has arguably fallen short in understanding and addressing these issues and the people they affect. Images are static, whereas life, as many philosophers such as Heidegger (1962) and Wittgenstein (1953) have argued is dynamic, ever-changing, and inextricably tied to the world and the many ways that we engage within it. Put differently, people’s lives cannot be adequately understood and accounted for using language that relegates lived experience to mere snapshots or images in time. There exists a whole undercurrent of knowledge that lies beneath the surface of awareness – one grounded in relationally-responsive and corporeal ways of being. It is this corporeality that is obscured through the use of visual and cognitive language. Even if we take into account a broadening of the term body image to include behavior and emotion, bodily-kinetic experience is left behind and human experience is fragmented.

Another troubling implication of such discourses is the way that they reinforce dualisms such as mind-body and individual-culture. Women with eating disorders already contend with a separation between themselves and their bodies, often experiencing their bodies as an enemy (Maisel, Epston, & Borden, 2004) or as an object to be controlled (Jarman, Smith, & Walsh, 1997). Individuals who suffer from these problems frequently tune out bodily sensations such as hunger signals (Hetherington & Rolls, 2001) and emotional cues (Maisel et al., 2004). Furthermore, eating disorders often lead to a sense of isolation and disconnection from others and the world at large. Dualistic notions such as mind-over-body, reason-over-emotion, and individual-over-culture contribute to creating and maintaining eating disorders (Bordo, 2003) – echoing and reinforcing many of the messages and practices associated with these ways of being.

The danger of the dominant treatment discourse is that it reflects and reproduces these very same dualistic messages (Blood, 2005; Gremillion, 1992; Sesan, 1994). We can see this in the sorts of treatments that are used to address disordered eating. Current research gives prominence to a number of empirically-supported interventions including Cognitive Behavioral Therapy (CBT), family-therapy, inpatient/outpatient hospital treatment, and pharmacotherapy for the treatment of AN, and Dialectal Behavioral Therapy, Interpersonal Psychotherapy, and CBT for the treatment of BN (Grilo & Mitchell, 2011). Acceptance and Commitment Therapy has also shown promise in treating disordered eating, however researchers have
called for further investigation of this approach (Hayes, Luoma, Bond, Masuda, & Lillis, 2006; Pearson, Follette, & Hayes, 2012).

While a number of researchers purport that CBT has proven to be an effective tool for challenging eating disordered ways of being, the suitability of this approach for certain subsets of eating disorder sufferers has been called into question (Bell & Rushforth 2008; Straebler, Bosden, & Cooper, 2010; Wilson, Vitousek, & Loeb, 2000). Despite this, the current gold standard of treatment has been, and continues to be CBT (Fairburn, 2008; Wilson, Grilo, & Vitousek, 2007). This is partly due to fact that cognitive-behavioral theory has roots in the biomedical model and has served as the primary basis for conceptualizing and treating body image problems (Cash, 2002; Newell, 1991; Nye & Cash, 2006). CBT is one of the most widespread treatment approach across various mental health disciplines and is also the treatment of choice for a wide variety of counseling concerns (Ciarrochi, Robb, & Godsell, 2005; Epp & Dobson, 2010).

CBT was developed in the late 1950s when behavioral therapy was merged with cognitive therapy (National A;ssociation of Cognitive-Behavioral Therapists, 2008). Since that time, CBT has undergone a number of evolutions, which are seen in three broad phases: CBT-1, CBT-2, and CBT-3 (Ciarrochi, Robb, & Godsell, 2005). In contemporary practice, the most common and well-known form of CBT arises from CBT-2, or the second-wave of CBT practitioners. This form of CBT has been articulated by researchers and clinicians such as Beck (1995) and Ellis (2001), and rests on the principal assumptions that the way people feel and behave is determined predominantly by the way they perceive and structure their experiences. Human suffering is viewed as the result of perceptions of external events (DeRubeis & Beck, 1988).

In practice, CBT-2 has been criticized for implementing a mechanistic view of the world that espouses an objective and knowable reality (Ciarrochi et al., 2005). Accordingly, individuals are always at risk of developing faulty or unhelpful views of reality, which in turn cause distress. Once these thoughts or beliefs can be examined rationally, a clear picture of reality can emerge. Therapists are seen as directing clients towards a more objective view of reality, thus challenging and replacing their faulty patterns of thinking. This leads to a number of problematic assumptions including (a) that there is an objective “outside” reality, rather than an in-lying reality that people help to create, (b) that clients are the source of their problems, and (c) that therapists are better equipped than clients to see the objective reality.

CBT-3 theorists and practitioners have responded to these critiques by integrating a more social constructivist view of reality in how CBT is formulated and practiced (Giovazolias, 2004). CBT-3 approaches are differentiated from traditional forms of CBT by providing more client-focused methods of conducting therapy, meaning that clients are not viewed as passive agents, but as active and resourceful creators of their lives. This arises from the constructivist view that places clients as central in
the process of exploring their subjective frameworks, rather than positioning them as recipients of knowledge about the objective world. Thus, therapy is more of a collaborative process than traditional or rationalist forms of CBT (Giovanazolias, 2004). More recent evolutions of CBT, including most CBT-3 approaches also advocate a renewed focus on the power of language in creating meaning and making sense of people’s lives (Ciarrochi et al., 2005). Language is seen as the medium between basic experiences and their formulation in understandings through dialogue. Rather than focusing on faulty thinking, CBT-3 approaches explore language and meaning with clients (Mahoney, 1998).

Some common CBT-3 approaches include Dialectical Behavior Therapy (Linehan, 1998), Acceptance and Commitment Therapy (Hayes, 2004), and Mindfulness Based Cognitive Therapy (Segal, Teasdale, & Williams, 2002). While these perspectives have many differences, some basic similarities include a focus on accepting thoughts, feelings, and behaviors, and incorporating Eastern-influenced philosophy such as mindfulness practices. Whereas CBT-2 approaches emphasize changing thought processes, CBT-3 approaches emphasize reacting to thoughts in new ways that promote acceptance, rather than changing the actual content of thoughts (Hayes, 2004). In other words, the next generation of CBT approaches concentrate less on what people think and more on how they think. While such therapeutic modalities have been used to address disordered eating (e.g., Hayes & Pankey, 2002; Heffner, Sperry, Eifert, & Detweiler, 2002; Keville, Byrne, Tatham, & McCarron, 2008; Wilson, 2004), the most common perspective for treating eating disorders remains a CBT-2 informed approach (e.g., Murphy, Straebler, Cooper, & Fairburn, 2010).

It is important to note that despite the focus on language in a number of CBT-3 approaches, many pathologizing terms of traditional CBT are still used (e.g., Bach & Hayes, 2002; Dimeff & Linehan, 2001). Terms such as “distorted,” “dysfunctional,” and “psychopathology” communicate a range of understandings including the assumptions that the person is deficient or ill and the source of the problem, and that the practitioner-expert knows what is best for the client (Samson, 1995). These implications can help create and sustain a discourse that is constraining and disempowering for clients, limiting alternative discourses that promote agency and resilience (Sampson, 1993). While newer versions of CBT present a more egalitarian relationship between client and therapist, it can be argued that the language and protocols used characterize the relationship as one of compliance on the part of the client, rather than collaboration (Proctor, 2003).

A number of researchers and theorists have noted that this type of framework, especially when practiced in its traditional and more widespread form, furthers the dualistic notions of a mind-body and culture-individual divide (Blood, 2005; Gremillion, 1992, 2003; Lees, 2008). In a CBT framework, societal pressures and cultural ideals are understood as external variables that can be controlled through changes in cognition and behavior. However, if the power of these cultural precepts
CHAPTER 2

contribute to developing eating disorders, how can individuals be expected to simply remove themselves from such influences? Ridge Wolszon (1998) described this gap in knowledge:

They seem to lack a language by which to describe how individuals might, of various innocent and not so innocent motives, adopt cultural norms that come to degrade them, but retain the capacity, with effort and maturity, to re-evaluate and replace them with more decent and humane standards. (p. 548)

Rather than noting the myriad ways that culture permeates and grounds people’s lives, many CBT approaches espouse the primacy of individual beliefs over cultural ones; a divide that dangerously characterizes eating disorder sufferers as the source and cause of their “illness.”

These types of dualistic notions can be seen throughout the dominant treatment model used to address eating disorders. For example, Gremillion (2002, 2003) noted that at many of the major treatment centers for AN in the US, the processes pertaining to weighing and eating serve to exacerbate the problem of women’s objectified bodies. She stated: “Anorexia is difficult to treat because psychiatric ideas about the body in these therapies are embedded in contemporary discourses of feminine ‘fitness’ that help cause anorexia in the first place” (2002, p. 384). The body is treated as a machine that requires medical and psychological intervention to function properly, a type of policing of the body to exert control over it. Focusing on food and compartmentalizing the body leads to a narrow scope of experience and a withdrawal of attention from social and cultural contexts, which contributes to objectifying the individual (Deusund & Skarderud, 2003). Furthermore, dominant treatment discourses reinforce the assumption of an individual-culture divide through locating the source of the problem within the person who is often labelled as dysfunctional or possessing pathological traits (Samson, 1995). As we have outlined, the dominant treatment discourse is rooted in a range of dualisms that in many ways serve to exacerbate the problem of disordered eating.

THE RISE OF EMBODIED AND SOCIO-CULTURAL APPROACHES

In recent years, feminist and socio-cultural models for the treatment of eating disorders sought to rectify many of the troubling assumptions inherent in the dominant discourse by calling attention to the cultural context that contributes to these problems. Feminist writers highlighted how social norms and values pertaining to womanhood, individualism, and the quest for “self-improvement” have led to a “normative discontent” (Rodin, Silberstein, & Striegel-Moore, 1984) that pervades how women view their bodies and hence themselves. Women’s time has been increasingly relegated to attaining beauty (e.g., Chernin, 1981, 1985; Diamond, 1985; Orbach, 1982, 1986), but this quest is never complete – they are always in pursuit of an unattainable standard (Bordo, 2003; Chernin, 1983; Saltzberg & Chrisler, 1995). Living in a state of want and inadequacy is part of the cultural norms that influence
womanhood (Bordo, 2003; Vandenbosch & Eggermont, 2012; Wolf, 2002), pointing to a disturbing trend that is representative of a dominant discourse for what it means to be female in today’s culture.

This social control is insidious because it is often hidden within a dominant discourse of empowerment. Messages such as “take control of your body” and “be who you want to be,” are often found in fitness magazines, on television, and in other mediums of communication that are taken up and internalized, not only by women, but by men as well (Bordo, 2003). What is less obvious in such messages is the idea that people can and should control their bodies to conform to cultural standards of beauty and individualism. These cultural discourses play a role in creating and maintaining many problematic ways of being, including the practices associated with disordered eating (Gremillion, 2003).

When understood this way, eating disorders are initially rational and responsive ways to deal with the social order that places value on bodily control and the continued subjugation of women (Blood, 2005; Bordo, 2003). Feminist and socio-cultural approaches advocate examining and exploring proscribed gender roles and the implications that these have for individuals suffering from disordered eating (e.g., Katzman, Fallon, & Wooley, 1994). Dominant cultural messages and practices can be deconstructed and new approaches can empower clients to experience embodiment in different ways (Wong-Wylie & Russell-Mayhew, 2010).

Terms such as the “crystallization of culture” (Bordo, 2003), “culture-chaos syndromes” (Nasser, 1997), and “culture-bound syndromes” (Gordon, 2001) have been used to reflect the problem of eating disorders as stemming from women’s subjugation in Western culture and the ways that this is reflected through their bodies. Nasser wrote:

Eating disorders are extreme forms of behavior that are symptomatic of an underlying human distress. The distress is caused by the loss of the relation of the self to the other, and the loss of one’s ability to understand the prevailing system and be part of it. This distress is reactive to the sense of confusion, disorganization, and disharmony felt by many who need to be on the inside of the system and yet are always outside it. It is true that these disorders occur predominantly in women, but the reason does not lie in being a woman, it is more to do with the fact that women, for many obvious reasons, have been vulnerable to the effects of these cultural changes. (1997, p. 106)

This distress and disharmony that Nasser (1997) wrote of highlights another shift in eating disorder theory and research – further exploration of the felt-experience of living with such problems. Scholars and researchers in the eating disorder field have turned towards exploring embodiment, as well as cultural factors that play a role in creating and maintaining disordered eating. For instance, Fredrickson and Roberts (1997) proposed that women are acculturated to internalize a view of their bodies from the position of an outside observer, essentially rendering their bodies as objects
for the gaze of others. They termed this objectification theory and suggested that this understanding of the body results in “disembodiment,” a diminishing awareness of bodily sensations and flow of consciousness. The habit of adapting one’s bodily experiencing to others objectifications crowds out a more primal experience of the body for self, or the pure joy of being a body. The authors speculated that this objectifying and disconnecting from self and world is a common factor in a host of mental health issues, including eating disorders.

Piran and her associates (Piran, 2002; Piran, Carter, Thompson, & Pajouhandeh, 2002; Piran & Teall, 2012) proposed a similar construct, “disrupted embodiment” within their developmental theory of embodiment, which communicates the experience of feeling out of tune with one’s body as a source of pleasure, self-confidence, and nurturance. For Piran and colleagues, the body is understood as expressing social inequity that is communicated along the dimensions of body ownership, prejudicial systems, and social constructions of the body. Disrupted embodiment occurs with negative feelings such as shame, self-loathing, and anxiety, and habitual practices expressing these feelings such as bingeing, purging, and restricting food. Other bodily habits can include postures and positions that take up less space, or communicate passivity or weakness in accordance with traditional and dominant messages of what women should be. These bodily movements, postures, and ways of being can further incorporate dominant narratives of disempowerment and disembodiment (Piran et al., 2002). The authors also explained how individuals can resist these oppressive messages by engaging in practices that promote a sense of physical freedom (versus physical corseting), mental freedom (versus mental corseting) and social power (versus social disempowerment) (Piran & Teall, 2012).

The role of embodiment in eating disorders and related problems has been increasingly recognized as integral to understanding, preventing, and treating these problems. Theorists and researchers have recently begun looking towards phenomenology and the related concept of attunement to create a new way of understanding disordered eating habits (e.g., Duesund & Skarderud, 2003; Newton, Boblin, Brown, & Ciliska, 2006; Sanz & Burkitt, 2001; Skarderud, 2007a). This emerging discourse of the body encourages a shift from understanding eating disorders as individual pathologies, as espoused in the medical treatment model. Instead, women who struggle with eating disorders and related problems are seen as people who accordingly express their life and relation to the world in dynamic and communicative ways (Sanz & Burkitt, 2001).

While this alternative approach to preventing and treating eating disorders heralds a shift in the discourses that influence the dominant understanding of these issues, there remain inherent problems in the ways that such terms are taken up. For example, the authors of the developmental theory of embodiment (Piran, 2001, 2002; Piran et al., 2002; Piran & Teall, 2012) contrasted an embodied state with a disrupted one and implied that embodiment is related to being in control of one’s body or owning one’s body, emphasizing a mind-over-body dichotomy. Another
example of this dualism is found in the inaugural issue of the international journal *Body Image*, in which Cash stated:

The evolution of this journal reflects an ever-expanding field of scientific inquiry into the profound as well as subtle meanings of human embodiment. Plato once insightfully remarked that we are bound to our bodies like an oyster to a shell. Indeed, our life experiences are integrally influenced by the body we happen to live in. (2004, p. 1)

This quote epitomizes the dualistic ideas that pervade common discourses of the body as a house or confinement for the mind (Shusterman, 2008) – “the body we happen to live in,” hence reifying the restrictive assumptions that some have sought to overcome in eating disorder theory and treatment. Despite the shift towards exploring embodiment within the literature, there remains a focus on constructing knowledge through critical, cognitive processes, leaving out the often pre-reflective experiences that make up much of our day to day lives (Merleau-Ponty, 1962).

Broadly speaking, the literature pertaining to eating disorders has taken a number of turns over the past 30 years. The biomedical model has strongly influenced how professionals understand and address eating disorders. Among the major difficulties inherent in such an approach are the numerous dualisms that are sustained through these discourses (e.g., mind-body, subject-object, individual-culture). Feminist theory, particularly in the area of disordered eating, has contributed to a shift from understanding the body in mechanistic terms proposed through the biomedical model, to understanding the body as discursively and culturally produced (Lester, 1997) – leading to an understanding of how culture is inscribed on us and through us. This allows for a way to understand eating disorders without many of the pathologizing implications of the more traditional model, which focuses on the individual, largely to the exclusion of the broader cultural context.

Despite this turn, some argue that the quest to deconstruct the body as a cultural symbol has led to neglecting individual experiences of being our bodies (Shusterman, 1997). Csordas (1999, p. 146) stated, “It has come to the point where the text metaphor has virtually… gobbled up the body itself.” Such critiques have led to a corporeal turn, or a shift to exploring embodiment (Hekman, 2010). However, the mind-body dualism that dominates more traditional understandings of disordered eating has been noted within embodiment discourses as well. As Robertson (2001, p. 72) remarked, “embodiment” often means “enmindment.”

A number of scholars suggest that the body in flux, movement, and connection is the missing link in common discourses of embodiment (Diprose, 2002; Featherstone, 2010; Manning, 2007, 2009; Massumi, 2002; Noland, 2009; Sheets-Johnstone, 2009). Merleau-Ponty (1962, 1968) was one of the first to explore the primacy of our bodies and movement in understanding corporeal engagement in the world. He stated: “The senses and one’s own body present the mystery of a collective entity which, without abandoning its thinness and its individuality, puts forth beyond itself meanings capable of providing a framework for whole series of thoughts and
experiences” (1962, p. 146). In Merleau-Ponty’s philosophy, movement constitutes intentionality: “Consciousness is in the first place not a matter of ‘I think that’ but of ‘I can’” (1962, p. 159).

The type of embodiment that Merleau-Ponty advanced is presented as an active and open form, always in contact with the world and always changing in relation to it:

...my hand knows hardness and softness, and my gaze knows the moon’s light, it is as a certain way of linking up with the phenomenon and communicating with it. Hardness and softness, roughness and smoothness, moonlight and sunlight, present themselves in our recollection not pre-eminently as sensory contents but as certain kinds of symbiosis, certain ways the outside has of invading us and certain ways we have of meeting this invasion. (Merleau-Ponty, 1964, p. 317)

What is so revolutionary about this philosophy is that it provides an alternative to mind-body dualism (Carr, 2007; Crossly, 1995) and other dualisms such subject-object, inner-outer, and culture-biology (Carman, 2008; Cromby, 2005). If one’s body is the seat of all experience and perception, then it is fundamentally the self. The often conceptually and psychologically divided domains of thought, emotion, and behavior in the literature are united through the body, for even the most abstract thoughts originate from the mysterious and sentient world of the body itself (Bortoft, 2012). It is only through embodied experience that we hold the integrated power to act, to think, to feel, and to know ourselves and others. This meeting of outer to inner and self to world transcends the divides created through many dominant discourses and offers a different way of understanding corporeality. In the next chapter we further explore this philosophy and the ways that we are both constrained and transformed by our corporeal experiences.