

Inner and outer voice coaching (narREtIve Therapy)- with food 'addiction'

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The Cognitive Behavioural Therapy model has been used in the addictions field for over fifty years and relapse prevention training has a large CBT component. As well as focusing on the practical behavioural changes that need to occur, a big part of the CBT paradigm is cognitive restructuring.

Cognitive restructuring can be thought of as a form of *inner voice* coaching where the client learns to identify and modify thoughts/attitudes/assumptions/images, that support the addictive behaviour.

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- **The strength of the CBT approach is in looking inward and encouraging the client to take responsibility for the self talk that relates to the over consumption/addiction. For example for the client who is struggling with junk food there are likely to be unhelpful cognitions that 'help' the person to consume it. Including:**
 - **Anticipatory beliefs**
 - **Relief oriented beliefs**
 - **Various permission beliefs**
 - **Musts, Shoulds, 'I can't stand it' beliefs**

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Albert Ellis asserted that humans do not addict themselves to a substance but to a **must or **should**. Perhaps a variation of the 'should' is the often used phrase "Oh I **shouldn't** have these..." just before consuming some *forbidden* food.**

(per.comm Albert Ellis, 2003)

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These cognitions can be thought of as
Self **H**arming **I**mpeding **T**houghts.

These in turn, can relate to disturbing
Self **H**arming **I**rrational '**T**ruths' or Core Beliefs (Schreuder 2012)

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The Self Harming Irrational 'Truth', may look something like:

- **“Because I find it hard to stick to healthy food goals I am no good!”**
- **“I will always be over weight, I was born this way”**
- **“Because I have failed again I am worthless”**
- **“Without this food my life sucks!”**

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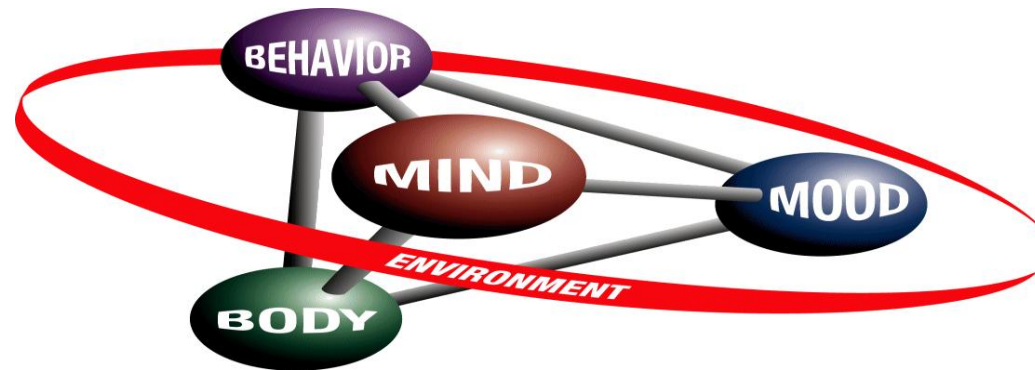
Using various cognitive restructuring strategies the client is encouraged to take responsibility for changing their attitudes/beliefs, and perhaps also take responsibility for their unique response-ability when it comes to their 'food porn'. In collaboration with the therapist the client is helped to replace some counter-productive underlying philosophies including:

- *Living to eat* with *eating to live*
- *Food as a fix* with *food as fuel*
- *Short term pain* with *long-term gain (loss!)*
- *Conditional self acceptance* with */Unconditional self - acceptance*

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Because the CBT model focuses largely on the cognitive (head) the emotive (heart) and behavioural (hand), there is a possibility that factors outside of the person can be subjugated in favour of the internal factors. Padesky and Greenberger (1995) offer a five part model that expands the model, but most of their focus remains on the inner voice work.



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Mason Durie (2009) explores the merit of a 'best of both worlds' philosophy. Using a microscope and telescope metaphor, Durie considers the inner as well as the outer dimension. This echoes the idea of strengthening the inner *and* outer voice.

One aspect of Narrative Therapy (White 2007), involves strengthening the disempowered voice. This emancipatory model of therapy can to some extent, be viewed as a form of 'outer voice' coaching. As the person increases their sense of personal agency or fills an 'agentic gap' they are better able to speak out against the influence of the problem.

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As discussed, CBT provides some good strategies for coaching the inner voice. Narrative Therapy offers some ideas about NOT owning the problem and NOT taking responsibility for factors outside of the person- but strengthening the outer voice. For example speaking out against:

- The marketization of low nutritious high calorie 'food'
- The confused messages about research findings.
- The Ubiquity of certain products, and normalisation of fast food.
- The way that 'food' is engineered not in kitchens but in laboratories.
- The deliberate manipulation of ingredients to stimulate the dopamine system. (Stimulate the WANT)

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- **The profit driven mentality of the pharmaceutical corporations and big medicine.**
- **The exploitation of folk who want a 'quick fix' to fix their problems.**
- **Trafficking in various supplements that offer false hope.**
- **The political apathy around primary prevention**
- **The subjugation of alternative discourses.**
- **Plutocracy/Hegemony**

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According to Thompson (2012) our new eating habits represent .. “a profound mismatch of our appetites and our biological needs. High calorie foods that once represented a precious opportunity to store energy now attack the internal organs of our sedentary bodies” (p.124). It is time we used our inner and outer voice to counter the ‘obeseogenic’ lifestyles (Sellman, 2008), that people adopt in an increasingly ‘addictogenic’ world.

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Thank you.....

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