



## MEMBER SPOTLIGHT

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### TITLE

**How to Be on Your Clients Side without Taking Their Side:  
Avoiding becoming the Target of Splitting or Projecting**

When individuals struggle with eating disorders, they usually have previously held beliefs about themselves and others which were often formed in childhood. These beliefs may have been adaptive initially, but can become problematic as their environments change. The title of this article came to me as I supervised students who were so focused on listening to and validating their clients that they appeared to believe everything they were told. Then the very thing that the client claimed others did *to* them, often happened at our center; such as feeling that staff liked other patients more than them. I found myself saying “allegedly” when the students would share stories about the patient or his past that involved another person. Supervision often became more about teaching students how to be on their client’s side without *taking* their side. Suffice it to say that if the patients’ perspectives were always accurate, they probably wouldn’t need to be in therapy. Valuable therapy time can be wasted chasing the client down well-worn paths rather than empowering the client to shift their thinking or perspective to be more effective.

I don’t want to be misunderstood. We are empathic, kind and validating with our clients. My clients generally feel very supported and validated because I have learned the skills which communicates to them that I am on their side without needing to take their side. In one situation, a client felt abused by another client at our center. I met with her to discuss her reaction and she was able to see her part. I asked her, “What do *you* need to do so that others’ don’t have the power to scare you in that way anymore?” She actually told me at the end of the session that it was the first time anyone really understood her.

Treatment involves doing a careful assessment of the client’s generally held beliefs about self and others. It is also important to note, however, that there aren’t really good ways to assess which difficulties a person is experiencing are due to a sensitive nature versus an invalidating environment. I’ve come to believe that this is really much less important to therapeutic outcome than I once thought. Although it goes without saying that people hurt each other, once the pain has been experienced it becomes the “property” so to speak of the one that felt it. Thus it is theirs to manage and ultimately heal.

A technique that I find very helpful to avoid falling into a “split” or becoming the target of a projection is a form of the Empty Chair Technique. When a person is ambivalent or projecting, you can ask if they would be willing to try an exercise in which they put one side of the dilemma in an empty chair and speak to it from the other side. In other words, they are talking to themselves rather than to you. It doesn’t really matter what you as the therapist thinks is true or what needs to happen, but you will look very much like you are on their side as you guide them through the exercise.

For instance the client might think, “I can’t trust because everyone will hurt me” versus “I am lonely.” As she begins to talk, the “don’t trust” side may explain that she’s always been hurt. The facilitator will give sentence stems to move the experience along such as “When you (lonely side) tell me that I should trust I feel...”, “What you don’t understand is...”, “When you tell me to get over it, you remind me of...”, “What I wish you’d do instead is ...”

Once the client has fully expressed this side of the dilemma, then she switches roles or chairs and does the same thing from the other side of the dilemma. She might talk about being lonely. The therapist might provide similar sentence stems such as “When you say I should never trust, I feel...”, “When you tell me that no one will ever treat me right, you remind me of...”, “What I wish you’d do differently is...”

As a result of this exercise clients often see what the first steps will need to be to get unstuck, often consisting of some kind of compromise. Clients are empowered using this method because the answers come from within.



## Bio

Dr. Linda Buchanan is the founder and Clinical Co-Director of the Atlanta Center for Eating Disorders, an Intensive Outpatient and Day Treatment Center for individuals with eating disorders. Dr. Buchanan received a masters degree in Counseling from Georgia State University, a masters diploma in Christian Counseling from the Psychological Studies Institute and a Ph.D. from Georgia State University in Counseling Psychology. She has published two chapters on her model of treatment of eating disorders which have been used as texts in a local doctoral program for Clinical Psychology students and published four research articles on the treatment of eating disorders including two outcome studies of the treatment provided at Atlanta Center for Eating Disorders. She has been married for 30 years and is the mother of two teenaged boys.