If the person concludes that, after considering all of the perceived advantages and disadvantages of the eating disorder, that the status quo (i.e., the maintenance of the disorder) truly is in his/her best interests, several strategies can be used to challenge this conviction.

Devil's Advocate

Adopting the role of devil's advocate can be useful in eliciting self-motivational statements from clients. Specifically, the clinician asks the client whether he/she is ready to change anything at all, given the advantages of the illness. For example, the clinician might say "It's becoming clearer how the symptoms have really helped you to better cope with things. So why would you consider changing at all?" This approach is helpful in terms of eliciting from clients their own reasons for changing.

Externalise the problem

Developing discrepancy can also be enhanced if the eating disorder is externalised. Here the client is encouraged to talk about the disorder as something separate from the self. Asking questions about both the advantages and disadvantages of "the eating problem" (or "the bingeing" or whatever it is that the client prefers to call the issue), for example, can be used to help the client disentangle the self from the disorder. (Externalisation is discussed in more detail later in this learning package).

Future Projection

In future projection, the client is asked to identify important goals he/she hopes to achieve. This can be helpful in terms of having clients begin to realise how their eating disorder interferes with the attainment of future goals. For example, the clinician could ask "What are some of your goals in life?" or "How would you like to see yourself living when you are five years older?" The converse of asking clients to examine a future life without an eating disorder is to have clients consider how they would feel about continuing to live for years with the disorder (e.g., "If the trade-offs are acceptable at present, will they remain so five or ten years hence?"). Most clients shrink from the prospect of living with a chronic eating disorder and fighting the same battles indefinitely.

Looking Back

Looking back involves highlighting strengths from the client's life prior to the onset of illness. This can be helpful in terms of eliciting what the eating disorder has stolen from the client's life, while also increasing his/her sense of confidence that he/she can live without the symptoms. For example, the clinician could say "Think about the times before things got bad. Did you have good times with your friends then?"

Explore Extremes

An additional technique for loosening the client's attachment to his/her symptomatic behaviour is to explore extremes. This involves highlighting the client's worst fears as a way of tipping the balance in favour of behaviour change. For example, the clinician might ask "What do you suppose are the worst things that could happen to you if you keep on going the way you have been?"

Information Provision

Information provision regarding the negative consequences of eating disordered behaviour can be a powerful tool for enhancing motivation to change. However, the style in which this information is provided is important. Presenting information in a respectful manner (e.g., asking clients if they would like to know about the risks to their health) places responsibility for this information on the client and helps to avoid the confrontation-denial trap. Also, avoiding "scare the hell out of them" tactics is recommended since any resultant distress may be managed through denial and avoidance rather than adaptive behaviour change. To avoid arguments, clients should not be harangued with information, but asked to consider it in a respectful and matter-of-fact manner. For example, the clinician might ask "Would it be useful to spend a few minutes talking about the effects of your dieting on your body?"

Juxtaposition

The technique of juxtaposition involves placing the client's self-contradictory statements together such that the client is able to see how his/her behaviour conflicts with important goals. For example, the clinician might ask in an interested tone of voice "You are concerned about healthy eating and having a fit body and you frequently skip meals and haven't had a period for months. How do these things go together?"

Questioning the degree to which the client has genuine power and control targets one particularly potent perceived advantage of eating disorders (particularly anorexia nervosa), namely, the sense of control that the disorder provides. Summarising the negative consequences of the symptoms identified by the client can serve to highlight the reduced autonomy the client may have. For example, the clinician might say "So you have said that you can't go out with your friends or enjoy dinner with your family. You've also said that you think about food all the time and that you are constantly freaking out about what you have eaten. It sounds to me that this whole thing has a lot of control over your life. Would you agree?"