

# Recovering from Eating Disorders

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In our culture it is not unusual to hear people speak, often jokingly, of being addicted to food. Certainly, food is the most easily available of all the substances one might choose to use. It's legal, reasonably affordable, and you don't have to be 21 to buy it. For a larger percentage of the population than you might realize, this is not a joke. For those who have an eating disorder, food is the substance of choice, though eating it is not always the preferred mode of abuse. Although a large number of men and women are compulsive overeaters, many experience their eating disorder as bulimia (bingeing on food and then purging by vomiting, using laxatives, strict dieting or vigorous exercise), or anorexia (not eating).

To understand the origins and effects of eating disorders, we need to explore several different areas of the eating disordered person's (EDP) life. The first area, often the most obvious, is the physical. Many EDPs have no way to hide the physical signs of their addiction - they may be obese or they may be emaciated. There are also those, usually bulimia sufferers, who manage to hide their addiction from the world by maintaining an "ordinary" weight through extraordinary means. These people are in no less pain than those whose bodies declare their eating disorder.

Although we don't understand all the details yet, there appears to be a genetic component that predisposes a person to eating disorders. Each of us has a weight setpoint that the body gravitates to, and if that setpoint is higher than the culturally accepted weight, there might be an attempt to diet down to the "ideal" weight. This induced starvation can create many problems as the body begins to respond with increased hunger and food cravings, as well as increasing the efficiency of the metabolism to make the most of the decreased calories.

Although many people resist the idea that their family relationships past and present can be a part of the eating disorder, this is most often the case. This is not a matter of blaming the parents, but acknowledging that who we are develops within a family context, and we can't understand our present behaviors without exploring where they came from. Human beings are not isolated, and the current family situation of the EDP must be addressed. Each member of the family is likely to be affected by the eating disorder, not just the one who is showing the symptoms, and family therapy is often an important part of the recovery process. At the very least, the EDP must examine the important relationships in their life, and often learn new communication skills.

Environmental contributions to eating disorders are all around us. The media is full of unattainable images of what is currently considered attractive in our culture, with subtle messages that we are not OK unless our bodies conform to these standards. At the same time, advertisements encourage us to use food to deal with loneliness, and to choose what we eat based on how it tastes rather than how well it can nourish us.

At perhaps the deepest level, disordered eating behaviors are an attempt to fill a spiritual hole, a yearning for something undefinable, that often has not been satiated with traditional religious activities alone. Part of the difficulty here is that people haven't learned how to apply the resources available to them through their religious activities to their addiction, while for others it may be that they have rejected all religion because the religious models they had in childhood did not work, or may even have been abusive.

The recovery process is a journey that never ends. When EDP's embark upon this journey they must open themselves to experiencing feelings that they may have been avoiding through the use of their addictions. The foundation of recovery is the willingness to face these feelings and explore the issues that underlie the eating disorder, combined with the commitment to change unhealthy behavior patterns. This is not an overnight miracle process - the byword is "progress, not perfection." Unlike other addictions, eating is not something we can go without. The EDP has to face the substance they have abused three times a day, replacing unhealthy eating behaviors with life-nourishing responses to food. Abstinence is not a black and white state, but rather an attitude toward eating that evolves through a process of choosing and evaluating behaviors. Lapses into unhealthy patterns often happen, and the signpost of recovery is how the EDP uses a lapse to learn more about their disease and apply new insights to further growth.

Embarking on recovery is not ordinarily a solitary activity, although the first impulse to get help may be. Just as eating disorders generally involve isolation, recovery usually requires connection with other people. Overeaters Anonymous, based on the 12-step program of AA, provides a supportive group and a well-thought out program for recovery. Individual therapy, group therapy, nutrition education, body image awareness, reading literature about eating disorders - all of these may be part of the recovery process.

Above all, patience, perseverance and a forgiving and gentle attitude must be embraced to foster the recovery process. It is important to recognize that every step taken in recovery is a step in the right direction. Taking those first steps is not easy, but there are thousands of recovering people who can provide hope and inspiration to those who are currently suffering and ready to seek help.

## Recovery & Abstinence in Eating Disorders

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When you embark on the path of recovery from an eating disorder, there is an impulse to identify the beginning of the journey, as addicts and alcoholics do, as the day that you stopped "using". The use of a specific drug is easy to mark - either you use it or you don't. The use of a behavior or process, as an eating disorder involves, is less simple to identify. For some people, a specific food is identified as the substance (like sugar), or a particular behavior (like purging). Sometimes a rigid "food plan" is set up, and deviating from this constitutes relapse or loss of abstinence. Unfortunately, this kind of rigidity is often another manifestation of the eating disorder, a jumping from one extreme to another. In a way, the term "abstinence" is antiquated in eating disorder recovery. It sets up an ideal vision of how your eating behavior should look, feeding into the perfectionism that is often at the core of eating disorders and providing one more unattainable goal to feel ashamed of not achieving.

Recovery is a hazier and less precise phenomenon than most definitions of abstinence provide. It involves balance, rather than moving from one extreme to another. Finding that balance is an ongoing process of feedback and fine-tuning, and that process can involve what might be seen as "loss of abstinence" if we use a hard and fast definition of abstinence. As long as you are working on yourself, working the Twelve Steps or whatever variant you have found, working with a therapist and/or therapy group, learning and using tools and techniques for dealing with your behavior and feelings, or whatever combination of these you have chosen, then you are in the recovery process.

Rather than judging your abstinence by rigidly determined rules, imagine an on-going process of examining yourself and your interactions in terms of the symptoms or cues that can remind you that all is not well. This involves a considerable amount of retrospective vision, looking at your past and the patterns of your eating behavior with an eye to picking out the signs that your recovery is on shaky ground. We can look at the present in the same way, noticing when we are eating or not eating in ways that seem familiar around the edges and that are an indication that something is going on that we're not paying attention to. Rather than begin to obsess about whether eating in the car or eating too fast or having a second helping means that we have lost our abstinence, we can spend our energy more productively leaving the judgments by the door and taking a serious look at what's going on.

Recovery in eating disorders has more to do with one's attitude toward oneself than with the specific behaviors. Using a rigid food plan to beat oneself up with whenever one makes the slightest slip is not conducive to growth and discovery about oneself. If there is no room for self-forgiveness around one's eating behaviors, then the disease is still running the show, under the guise of abstinence. Most

variants of eating disorders are about control as much as they are about food - having control, or being out of control, or swinging back and forth between the two. Recovery needs to be more than a new way to attempt to control one's eating.

All this is certainly not to say that good nutrition is not an important part of recovery. Eating in a healthy manner is indeed something to focus on, and learning what this means is an integral part of setting your feet on the path to health. What do we mean by healthy? Healthy eating is generally balanced eating. A first step is learning to eat a variety of foods that provide the carbohydrate, protein, fat and fiber that our bodies need in reasonable quantities. Many people with eating disorders have fears of certain foods, as if just one portion or even just one bite will trigger a binge or make them fat. Although it is true that foods have a physiological effect on us, the strongest effect is not physiological but emotional, and this can change with time and different conditions. If you can respond with gentleness and self-forgiveness to eating a food that has been a trigger food before, and not fall into the self-flagellation and guilt that spins you into the disease cycle, you have shown unmistakable signs of recovery. This is further along the road than the simple avoidance of those foods, and should certainly not be further occasion to question whether your eating behavior has been pure enough to be considered abstinent.

Of course, different stages of recovery require different approaches, and in early recovery people usually don't have the tools to deal a completely wide open array of eating behaviors and food choices. It makes sense to attempt to create what feels like a safe environment for yourself in terms of food, and this may involve setting some general guidelines for yourself to observe. It is important to keep in mind here that you need to avoid setting up so rigid and severe a set of rules that failure is inevitable. Just as important is making clear in advance that these are guidelines that you are choosing to follow to keep yourself comfortable, and if you happen to fall outside of those guidelines at times this is not a cause for guilt, but rather an opportunity to understand what happened and evaluate how it worked and what to do about it in the future.

As you progress further into recovery, the guidelines can become looser as you gain the ability to gauge your state of mind in each situation. The tools that on-going recovery provides you in terms of self-understanding and spiritual connection can steer you through the daily relationship you have with food. You will have developed the awareness to make decisions about food based on what is happening in the present moment in light of what you've learned from the past and what you want for the future. The hallmark of recovery in eating disorders is this awareness, not the arbitrary application of a rigid "food plan" that resembles the diets of the disease more than the healing of recovery.