



Eating Disorders - Symptoms of Distress

Part 2

Recovery -
Strategies for Survival

***Norfolk Eating
Disorders Association***

This booklet looks at::

- The Energies involved in maintaining an eating disorder
- The Fears and Demons
- The Weapons you have to Fight with
- What is recovery?
 - The Process of recovery
 - Being Recovered
- Treatment via the GP
- What will I have to do about food?
- What may help:
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Recovery - Strategies for Survival

Eating disorders are illnesses of extremes: of emotions, symptoms and, sometimes, of weight. One of the key factors involved is ambivalence. For the sufferer the eating disorder is at the same time his or her dearest friend and worst enemy. It is not as easy as simply making the decision that they have had enough and want/need to change the situation.

Norfolk EDA has a saying: "*You cannot do it alone, but you alone can do it.*" This can be a major problem for someone with an eating disorder. Most are prepared to accept the second half of the statement, but not the first. "Shoulds" and "Oughts" are very strong: "I should be able to..." "I ought to be strong enough..." and, at the same time, "I **can't** do it." The other side of the coin is that many people may want to hand over the responsibility for their illness and recovery to someone else, usually their GP or psychiatrist; they want someone to "make it better."

The point is, that when an eating disorder is present, self-esteem has dropped so low that sufferers feel they do not deserve anything positive at all - be it food, treatment, or other help.

Sadly, traditional treatment has been based on the "punishment and reward" model. As recovery is so hard and can take such a long time, it seems that there has always been more punishment than reward for sufferers. Even now, enlightened specialist eating disorder treatment is far too sparse throughout the country. Some counties do have an integrated specialist service, and Norfolk is currently working towards this.

If you feel strongly that better provision for people with eating disorders must be made a priority, **lobby your MP and make your views known.**

When you have an eating disorder, you will direct a great deal of your energy towards the illness and maintaining the habits involved in it. This will include:

Emotional Energy

with your whole being concentrated on factors such as:

- food, how to get it, how to avoid it, how to hide whatever you are doing with it
- your body shape and how it measures up to how you think it should be
- your weight as this fluctuates, soars upwards or plummets downwards
- maintaining your mask - keeping secrets so no-one knows what is really happening - not even yourself
- achieving success in whatever task you set yourself - academic, work, family
- the battle with trying to eat the small amount of food you allow yourself, or resisting the urge to binge
- the adamant denial that anything is wrong
- carrying the burden of how much you hate yourself for the way you are, despite an outward “I’m OK” attitude
- fighting to keep the door shut on the problems, incidents, beliefs that lie behind the eating disorder. Your subconscious fear is that the clear sight of these will confirm you in your worthlessness, guilt and shame.
- fear of the future - of changing the way you are, and of not being able to change
- maintaining a confident exterior - how you feel you should be seen, and how others want you to be - whilst hiding self-doubt and lack of confidence inside

Physical Energy

the efforts you put into:

- lugging binge food back from the shops and preparing your binge
- exercising until you are numb
- vomiting until your ribs, head and muscles ache
- dragging yourself about when you are exhausted through lack of body fuel or stuffed full after bingeing
- coping with the effects of laxatives which cause dehydration, and the need for frequent visits to the loo
- maintaining your normal working, family and social life with all its physical and emotional demands
- crying - trying to cry when you feel numb (there's **Nothing There!!**) - and trying not to cry
- rushing around here, there and everywhere - **I Must Keep Going!! I Must Keep Doing!!** - not allowing yourself time to sit down and rest

But what is the real situation?

The truth is that you are not “to blame”. You are of value for the person you are. This is true despite any mistakes you may have made in the past or will make in the future. It is also true despite any wrongs which have been done to you and which have caused you to feel worthless.

Whatever the situation or problem, a time will come when asking “why?” or “how?” is less helpful than saying “OK, this is what happened - nothing can change that now - and this is how things are at present. So, what am I going to do about it?” History is important, but, in the end, what really matters is how we respond to our experiences and

whether we grow through them or allow them to destroy us. And blame is not useful in the process of recovery. It is just another smokescreen that stops you seeing clearly and prevents you appropriately taking and/or relinquishing responsibility.

People can and do recover from eating disorders. Recovery isn't easy, and it can take a long time to get there but, with help, it is possible to find a new understanding and way of life.

The Fears and Demons

For most people with an eating disorder, the thought of recovery is really scary. However painful the anorexia, bulimia, or compulsive eating may be, it is often described as a friend or demon, perhaps both at the same time. Most importantly, it is **known** territory. It can be very reassuring to have something wrong with you, to be The Anorexic, The Bulimic, The Compulsive Eater. The illness becomes your identity, and the way in which you measure your value - "It's the only thing I am good at."

Letting go of it is going into the unknown and finding or forging a new identity.

"Who, or what, am I without anorexia/bulimia/compulsive eating...? Who, or what, am I if my weight, size or shape is no longer the focal point for me - and for everybody else...? What will I be worth without it...? If nothing is wrong with me I'll have to get on with my life... What is 'normal' anyway?"

In order to recover, energy that has gone into maintaining the eating disorder will need to be channelled and used differently.

A powerful illness can feel like a battlefield, and the process of recovery usually consists of a mixture of skirmishes, retreats and full-scale battles.

The Weapons you have to Fight with

These include:

- **your own choice** - a conscious choice and decision to get well that you have **made** yourself, **for** yourself
- **your own strength** - it takes a strong person to develop and maintain an eating disorder.
- **real determination** - remembering that it **is** your choice when the going is tough, and constantly renewing your decision to get better
- **willingness** - the choice, decision and determination will not be enough if, deep down, you are not willing to make the necessary changes. No-one can force you if you are not willing.
- **patience** - it can take a long time to work through a eating disorder and establish a new way of being, so you will need to be kind to yourself instead of constantly beating yourself up
- **understanding** - you will have learned a lot about yourself and other people through your eating disorder
- **a vision** - your view of what recovery means to you, the goal that you are aiming for. Your goal may be one that is set for you by someone else - such as your GP or other medical support - an adaptation of it, or one you have worked out for yourself. Whatever you decide, it must be a vision you accept as your own
- **an open-minded flexibility** - to adapt your vision if necessary as you change. New opportunities may open up for you that you had never dreamed possible, and the

old ways of being which you thought were set in concrete may crack and need to be shed. The wish for 100% perfection will need to relax gently into something more realistic, and a lowering of your goals

- **resilience** - so you are not overwhelmed by any setbacks to recovery that you may experience. Keep your sight fixed firmly on your goal, but be aware that you will also need:
- **tolerance** - of your own weakness when you relapse, as you almost certainly will; you are not unique in this, all people fail, and most people do relapse from time to time
- **spiritual resources** - you may or may not be part of a structured religious group, but knowing that you consist of body, mind **and** spirit is important if you are working towards wholeness. Awareness of what is the “meaning of life” for you may help to open up your mind, set realistic goals, keep working towards them, and find your way back to them if you relapse.
- **acceptance of yourself as you are**, and starting from there. Now, this is where you **are** unique. Your value is that you are **you**. Much of the problem of an eating disorder stems from fighting who you are. Once you start admitting your needs, resistance lessens.
- **support from others** - this will show that people do want to listen to you, value you and are not rejecting you. Hopefully, your support network (and it needs to be a network, not just one other person) will include family and friends, but will also involve people outside your situation. Possible sources of help are your GP or practice nurse, dietitian, school nurse or matron, self-help group, counsellor or other practitioner, and your local self-help organisation, Norfolk EDA.

So what is recovery?

There is a difference between recovering and being recovered. "Recovering" is a process you go through, a journey you make, hopefully, from illness towards health. "Being Recovered" is arriving at a stage where you have reached a point at which you can safely live your life - a new "normal" for you. It will not be the "normal" you knew before your eating disorder.

The Process of Recovering from an eating disorder involves various stages, such as:

- **allowing difficult thoughts, feelings, memories ("stuff")** that you have been keeping down to come into your consciousness, and then
- **resolving emotional factors** that lie behind and led to the eating disorder. On the journey, one of the things you will be seeking to do is "laying ghosts to rest," and moving on emotionally. Often, what you feel guilty about is not that bad, and most people have some problems.
- **sorting out the physical side of things** and re-learning how to care for your body with appropriate food, exercise and rest. Arm yourself with facts. Remind yourself that you are giving yourself what your body needs.
- **learning new skills** to help you cope with life - opening up, learning to trust, gradually beginning to talk
- **growing up** and taking a responsible place in adult life. Many illnesses seem to hold the person concerned in a state of limbo, delaying maturity. Eating disorders are among them. The maturing process begins again as you work towards recovery. You **can** cope. You **can** care for yourself, and it is right to do so. Only you know

what you really need from life.

- **letting go**, little by little, of the ties that bind you - old hurts, abuses, fears, resentment, beliefs, family myths. Many things stop us moving on - emotional and physical clutter. It all needs to go.
- **relapsing** from time to time, most people do
- **realising** that, when you do relapse, you do not go back to square one. You do not lose what you have learned, but can simply pick up from where you were and start again.
- **taking care of yourself emotionally and physically**, which means accepting that you merit such care and being prepared to make it a priority.

So that is the process, covering different ground perhaps, but similar for each person who struggles to overcome an eating disorder. But what are you aiming for? How will you know when you get there? The state of "recovery" and the concept of "normal" means different things to different people, and there is room for variation. But, on the whole,

Being Recovered from an eating disorder includes:

- a life-style in which choice is not dictated by fear and avoidance of food and meals
- some enjoyment of food and eating without it being flavoured by guilt
- knowing when hunger is physical, and when it is emotional
- a mind that is not **constantly** occupied with thoughts of food, eating, weight and shape
- a body that is regularly and adequately nourished for its needs
- acceptance of food and eating as necessary fuel for life and health. **(There is no way round this one.)**

- learning to cope with the stresses and pressures of life without abusing food
- losing the need for secrecy and deception around food and eating
- body-weight that is not life or health-threatening
- the courage to be more open and honest about needs and feelings
- a brain whose functioning is not affected by chemical disturbance through starvation or chaotic eating
- in women, the natural start or return of periods
- a less “black and white” view of the world.
- relearning what is “normal” in portions and eating patterns

NB: Turning to another destructive coping mechanism in place of using food is **not** recovery. Such ways of coping may be abuse of drugs, alcohol, laxatives, or other substances, self-harming, dangerous risk-taking, excessive exercise or destructive relationships. All these are other ways of avoiding the underlying emotional issues.

Being recovered from an eating disorder does not mean going back to where you were before the symptoms began. You will have changed and grown through the experience of the illness, and through choices and decisions you have made during your recovery. You are a strong person, and will have gained new strengths and insights and a sense of your own needs and true worth.

This means that relationships will almost certainly have been affected, for better or worse. Ambitions - academic, career, or general life-style - may also have to be re-assessed. Life may really be much the same, but the

change is that you will view it, yourself and your behaviour differently. You will have learnt more about what you really want and need and, hopefully, will be able to be more gentle with yourself. People that you are close to - partner, family - may also find it hard to adjust to the new dynamics in the relationship, and they may find counselling helpful.

You will be at the beginning of a new life. This is scary but, if it means you are on the way to where you truly want to be, it is worth all the pain. You may also recognise, with amazement, that you are now more at ease around food than people who have not had an eating disorder, but are constantly talking about diets. This may be irritating, but affirms you in your recovery.

So how do I get there?

Different ways work for different people. The different disorders need different practical approaches. Some people are able to get effective help and support through their GP.

How can my GP help?

A sympathetic, informed **GP** can make all the difference to the way you view your illness, and how you manage it. He or she may be able to gently talk you through what is going on. They may be able to offer on-going help such as a physical check-up, blood tests, bone scans, regular weighing, asking you to report back on how eating is going, or perhaps suggesting medication, or counselling via various agencies including counsellors both within the surgery and outside. He or she may be able to arrange for you to see a dietitian.

If you need more intensive medical help, your GP could refer you to a psychiatrist and/or psychologist in the Norfolk Mental Health Care NHS Trust. There are specialists in eating

disorders working in the local health services. At present, however, there are no specialist NHS in-patient beds or formal out-patient services. Norfolk Health Authority has an agreement with the local private unit, Newmarket House Clinic, to fund a small number of beds. Treatment for eating disorders will normally come under mental health services, but your GP will also be concerned about the physical effects you have experienced. The team of trained personnel in the NHS or private services will consider a programme which may include medication, and perhaps talking and/or other therapies. (Please don't feel that referral to the mental health services team means that you are mad. It doesn't.)

But don't forget, your GP is not psychic. If you are unable to be honest with them about your use of food he or she is unlikely to pick up the signs. If you pluck up the courage to be open about your eating problems and the response from your GP is not understanding or encouraging, don't give up - and try not to take it personally. You can contact us at Norfolk EDA and talk about how you might be able to get a more enlightened response.

Two common problems are that GPs are very busy, and not all of them have special or detailed understanding of eating disorders. Also, many people feel unable to talk to their GP, or do not want the suggestion of an eating disorder to go on their medical notes. (It is worth asking if you can talk to your doctor "off the record," without it going on your notes).

Enlightened GPs will suggest that you contact Norfolk EDA for the information and support we offer. They will also want to monitor your progress and may suggest regular sessions with the practice nurse. GPs who would like information about eating disorders, and would like to find out what services may be helpful locally, are welcome to telephone or write to us at Norfolk EDA.

You will need a referral from your GP to see a **dietitian**, but once you manage to see one, she or he will be able to talk you through the implications your eating habits have for your physical, mental and emotional health. Most people with eating disorders would benefit from talking with a sympathetic dietitian. They can help you to get back in touch with what a normal portion size is, and what your body needs for proper nourishment. If eating full meals feels too difficult, they will suggest ways you could make things easier for yourself and those around you. Being able to talk around this very scary subject with someone who understands can be a life-saver in itself.

Medication is not usually prescribed for a "simple" eating disorder. However, an illness such as depression is very often linked with eating disorders, and this may benefit from the use of antidepressants. In such a situation medication is not a "cop-out." Medication adjusts the chemical balance and can allow people the space they need to look at the whole problem more rationally. It is impossible to see your way clearly when you are overwhelmed by sadness that has become depression. Your GP may suggest antidepressants, or agree to prescribe them if you request them. Such medication may be most effective when combined with a talking therapy.

Hospitalisation is not an ideal option, but may be necessary for a few people. When eating problems become very severe - e.g. weight levels are low enough to be life-threatening, or chaotic eating is dangerously out of control, or combined with self-harming behaviours or suicidal depression - hospital treatment may be necessary. In Norfolk, we do not have a specialist NHS Unit, so hospital treatment is most often through in-patient treatment in one

of the psychiatric units. This is unless medical intervention is needed - e.g. tube or drip-feeding - in which case treatment on a medical ward may be the only option. In hospital locally, emphasis is placed on weight restoration and medication, but a full range of talking and other therapies is not on offer for patients.

The nearest **NHS specialist unit** is the Phoenix Centre in Cambridge, which is for adolescents. They take patients up to the age of 18 years and will accept GP referrals from Norfolk and elsewhere in the region. The treatments they offer include dietary advice, cognitive behaviour therapy, individual counselling, advice to parents, family therapy and medication. They do not take self-referrals, and they do have a waiting list.

The **private clinic** in Norfolk - Newmarket House Clinic - is in Norwich. You can find out what they offer by contacting them on 01603-452226. Details of private hospitals in other areas that accept referrals nationwide can be found through phoning the national organisation Eating Disorders Association on 0845 634 1414.

Just a note about in-patient treatment.....

Because eating disorders involve issues around control, the thought of in-patient treatment may be particularly alarming to sufferers. It means handing over a large chunk of your control to other people. This can be hard when you may not want what they want - which is for you to let go of your eating disorder. However, for some people it is a relief to have the need to retain control taken out of their hands. This may become a real turning point if you choose to take it.

What will I have to do about Food???????

Whatever your eating disorder your aim will be to develop an eating pattern that is right for you and your body's needs. This will mean working towards a regular intake of "balanced" nourishment. A "balanced eating pattern" is usually one that is varied and flexible, not rigid. Portion sizes may vary to some degree, but you will need to eat/drink:

- **carbohydrates** - such as cereals, bread, potatoes, pasta, rice. Adequate portions of carbohydrates are **essential** in order to prevent binges as well as provide energy
- **fruit and vegetables**
- **protein** - meat, fish, eggs. Vegetarians and vegans can get a balance of proteins if they combine nuts, pulses, Textured Vegetable Protein (TVP), Quorn, and soya, with rice, potatoes or wholemeal flour products
- **dairy products** such as cheese, milk and yoghurt
- **fats** - yes, the dreaded word, but essential in moderation for complete, balanced nourishment
- **fluids** - especially water, but not large amounts of alcohol or drinks high in caffeine (more about fluids later)

You may not realise that the **resting** body needs around 1200 calories per day (depending on age, sex and metabolism) just to keep the vital organs and metabolism functioning. Any amount of activity requires additional calories.

When intake falls below 1200 calories, the body registers "famine", and the metabolism slows down to conserve energy. If intake increases again, the body will initially store fuel in case there is another "famine" on the way. This is

why “yo-yo dieters” find that they regain the weight they have lost and more on top of that. The body **knows**, from experience, that the next famine is just round the corner, and acts accordingly.

The only way you can stabilise at the weight which is right for your body, whatever weight you may be now, is by making a **once-for-all-time change in your eating philosophy**. You may need to stabilise your eating pattern in stages if your current weight is very low or very high, or your eating very chaotic.

Your goal is to establish an adequate pattern of regular meals, which you can maintain long term. This will reassure your body that famine will not strike again, and that it will always have enough fuel for its needs. It will also mean that you have learnt to recognise when the hunger you feel is **physical** hunger, and to feed it with appropriate food.

Different people go through different stages as they relearn their eating pattern. Obsessions around food and eating are not unusual. Swinging into a pattern of bingeing after a period of starvation will often be part of the recovery process. The whole process of change is normally a very conscious effort at first but, gradually, new habits will form.

Part of getting the balance right is to accept that **treats are allowed**. However, there are “treats” which you will need to moderate. If you have been relying heavily on food substitutes such as diet coke, chewing gum and diabetic sweets to trick your body into feeling full, your recovery will be impeded if you continue to rely heavily on them. Plan to gradually replace them with “safe” alternatives.

Whatever your eating disorder, we invite you to read all of the following sections as each may well have pointers relevant to your problem. When working towards recovery, broaden your mind to accept all the support and help you can. This is not a time to say “That’s not my problem, so I can't learn anything from it.”

Anorexia Nervosa

If you have anorexia and are low weight, the most important thing initially will be to stop losing weight. This will be frightening. Talk about it. Talk about the fears, and talk about the practicalities. If you are able to do so, enlist the help of another person who can work out an eating plan with you and who will encourage you to stick to it. Referral to a dietitian could be helpful. You may need to check out that what you feel you can eat is realistic in maintaining your weight, at the very least.

Some of the following may help when trying to regulate your eating pattern:

- try to be **honest with yourself and others** about what is going on for you. Support would be good at this stage and, as you educate those around you, you will also learn to understand yourself better.
- start off with a number of **small meals and snacks** - say, six per day
- make yourself a **timetable of mealtimes** and what you plan to eat - either day-by-day or a plan for the whole week, whichever feels least stressful
- you may want to **eat with someone** else present, so that you cannot cheat. If this is impractical, **imagine** someone is there and behave accordingly - treat yourself

graciously and with respect

- include as part of your meal plan what you are going to do **after you have eaten** - and make it something enjoyable and/or relaxing
- think about how you are going to **shop for your food** - where will you go, and do you want someone to go with you?
- **make a list** of what you need to buy and what alternatives you could accept if what you want is not there
- consider getting some **ready-made meals** (especially if you no longer know what an individual portion is) and some food to prepare for yourself
- if you think chewing six meals per day will be too exhausting, think about **liquid meals** for one or two of them. Liquid meals such as Complan, Build-up or Ensure may be useful, or else get yourself a blender and make your own with fresh ingredients
- aim to **increase your calorie intake very gradually** in a controlled manner - try 100 extra calories per day for a week and reassure yourself that weight is not piling on. Then add another 100 calories per day for a few weeks
- If you have the option, it would be good to discuss the development of your eating pattern with a **dietitian**
- **gradually extend** the range of foods you are prepared to eat, little by little - but do not try to tackle scary new foods when you are feeling low
- make each meal **a distinct event** rather than “eating on the run.” Set the table and sit at it if that feels good
- **make it attractive** - decorate the table, have something you enjoy to look at, play calming music
- use a **large plate** so the portion can be arranged attractively and is not overwhelming. (You may want to

use a small plate if someone else is serving you and you are not in control of your portion.)

- set yourself a **time limit**, but within that eat slowly, chew well, and try to appreciate what you are eating
- feelings of guilt get in the way of appreciating the food, so **calm down**, try not to feel guilty and:
- **register the taste** and texture of the food, what you like about it, what you don't like: "Am I enjoying this?"; "Would I eat this again?"; "What am I getting from this food?" Having what you want actually makes you feel as good/ in control as not letting yourself have something. "This tastes good. I am enjoying it. I want this, therefore I cannot be wrong. I am in control".

Eating is not **Giving In**.
It is **Making a Choice**.
It is **Giving to You**.

- **if you don't like the taste** - don't eat it again. Find another taste you do like.
- **decide on a signal** which shows you when you have finished your meal e.g. when you have a cup of tea, or clean your teeth
- when you have finished **get up from the table**, and do the enjoyable activity you have planned to do
- write down what **your feelings** were about the meal and, especially, what might make the next one easier. If it has been difficult to **stop** eating, try to work out why. What have you been trying to put off doing or facing? A scary conversation/meeting? A difficult phone call? Is food keeping a worry, desire or fear at bay? Remind yourself that the fear etc will still be there whatever you eat.

above all:

- try not to make things more difficult for yourself than they need to be
- if you find yourself enjoying your meal, try not to fight it
- if you find yourself hating your meal, try to be precise about why - feelings, taste or texture of food, timing - and what you can do at the time or in future to change that. Continue eating if possible.
- try not to beat yourself up if you can't do it this time, try again at the next mealtime

Bulimia Nervosa

If you have bulimia and are caught up in a binge/purge cycle, the first thing you will need to do is to eat balanced meals. This is important **even if you are bingeing and vomiting at the same time**. Remind yourself that this is necessary to ensure your body is being nourished.

This is scary. You may put on weight, and you don't want to.

But there is no way of stopping the **physical** need to binge other than by giving your body the fuel it needs **and keeping it down**.

Your weight will stabilise as you bring your chaotic eating under control. Many of the tips above about meals will be helpful to people with bulimia as well as to those with anorexia, so do read them. You will already be aware that certain situations are more likely to trigger a binge for you than others, for example:

- you don't have breakfast, have skipped lunch and are physically very hungry
- being at home alone in the evening or after everyone else has gone out in the morning
- getting home after a stressful day or event
- your own body is reacting badly to the time of day, time of year, or if you are having your period
- you are surrounded by "trigger foods" such as biscuits, chocolate, crisps

These are some suggestions which may be helpful when you feel the urge to binge:

- **be realistic** - you know that these and other times are difficult for you, so make plans about how to deal with them in the future. This may include joining an evening class, learning relaxation techniques or taking your meal plan seriously
- **take avoiding action** - as an immediate solution get out of the danger zone if you can and go for a walk in or to a "safe" place
- **try to buy time** - by talking to a friend, helpline or counsellor about how you are feeling; or by doing something which you enjoy and do not want to associate with a binge. These may just be delaying tactics, or they may relieve the stress and allow the urge to pass.
- **do something "clean"** that you don't want to associate with a binge - clean your teeth, have a bath, wear your favourite clothes, or do something beautiful like art or craft work
- **put the binge off** - resolve to put the binge off for five minutes, twenty minutes, or whatever you can manage, and

then review how you feel. Extend the time if possible.

- **make a record of how you are feeling** - this could be written, expressed in art or craft or spoken onto tape. These records could give you insights about how to help yourself without using food. For example, if you are feeling angry, working it out physically, through dance, gardening, or walking, may be an option. Working on it with a counsellor may be another.

- **choose some positive sayings** to apply to yourself and use them. Even if you don't believe it, tell yourself "I am a good and worthwhile person and deserve health and happiness". You may also like to choose a quotation from a poet or spiritual teacher to use as a mantra as you battle with your bulimic habit and low self-esteem.

- **if you reach the stage where a binge is inevitable, give in to it, but manage the binge.**

If you usually eat out of the bags, boxes or fridge, with everything littered around you on the kitchen floor, change your routine. Slow down. Try to get as far away from your usual binge as you can get. Prepare a tray, decide what taste and texture of food will feed the hunger, use plates, arrange the food and drink attractively. Take it into another room, sit comfortably - perhaps at a table - and eat it slowly, consciously, chewing and swallowing with attention to what you are doing. Do not return to the kitchen for more food or drink. Keep the food down for longer than you would normally do.

Keep a record of how you are feeling as you try to change your routine. Making all aspects of the binge conscious actions will help you to understand what is going on. This will be painful and far from easy.

- **if you vomit, take care of yourself afterwards.** Rinse your mouth out with water and don't brush your teeth for at

least two hours. The tooth enamel is softened by digestive acid and could be damaged by brushing too soon. Resolve to keep to your meal plan and give your body nourishment at the appropriate time.

- **next day - be kind to yourself.** Tell yourself you did it for a reason - to fulfil some need. Bingeing is not evil or wrong - it is a response to something. Try to understand what might have triggered it. Don't resolve to fast for the whole day to make up for it, as this will often lead to another binge.
- **accept that you are going to fail at times,** however much you want to recover. If you are able, try to talk it through with someone instead of keeping it secret, or write about it. Note down your feelings and emotions and think about other ways in which you could have coped.

Learn what lessons you can from the binge and why you needed it, and Move On.

Compulsive or Binge-Eating Disorder

If your eating disorder is compulsive overeating, much of what has been said already will be relevant to you.

However, another part of the problem for you may be that you are carrying a lot of excess weight. It is not part of Norfolk EDA's remit to advise people about diets and ways of losing weight. But, if the extra weight is affecting your general health, you may need to seek separate help about this through your GP or dietitian. Bringing your bingeing under control and stabilising at a weight that is right for you could end up being one and the same thing. Many overweight compulsive eaters have found that gradual weight loss is the unexpected by-product of the life-changes they have chosen to make.

Some of the following thoughts around food may be helpful:

“Good”, “bad” and “forbidden” food.

Think about it. In these days of BSE/CJD, genetic modification, food poisoning, allergy and intolerance it is too simple to say “there are no good and bad foods”. However, it can be said in relation to eating disordered thinking about different foods.

In this thinking, “good” foods are those which are fat-free and just about zero calorie. Not many people would class a lettuce leaf as “bad”. “Bad” and “forbidden” foods are those which are laden with fat, astronomical in calories and taste delicious. They are also those which the power of advertising push in your face. (You don’t see many adverts for lettuce leaves.) So, they are “forbidden” because you enjoy them and they are “bad” because they have the potential to increase your weight. But they are good too because they are simply food.

It’s all pretty confusing when your whole life is dominated by food. When it resumes its proper proportions again, the “good”, “bad” and “forbidden” labels should quietly disappear. In the meantime, try to resist this way of thinking. Listen to your body and your hunger.

“What I really, really want.”

Think about what you really enjoy eating and would be miserable without. Look at the balance of your food intake, making sure you include all the food categories at the beginning of this section. Consider the proportions of each your body needs for nourishment. Make out your meal plans including the treats you crave.

Think about whether your desire is for the filling effect of those foods you really crave, or the taste and texture of it. If you want to cut down, do so gradually. Buy smaller bars of chocolate or bags of crisps, eat half of what is there and throw the rest away. Don't leave treats lying around taunting you, this isn't about making life more difficult for yourself. If you want something and can't stop thinking about it, eat it - STRAIGHT AWAY. This stops it becoming forbidden and frees your mind to think about other things. Get someone else to clear away after a meal if you are tempted to finish off the children's portions of something tasty.

**“Healthy eating” isn't about “fat free” or “sugar free”-
what does the food *contain*?**

Many low-fat foods make up for lack of flavour by adding extra salt, sugar or other additives which are not necessarily “healthy.” Learn to listen to your body. Different people are affected in different ways by different foods. Many medics will only take food allergy seriously when a reaction such as a rash or anaphylactic shock is produced, or an illness such as coeliac disease is present.

However, many people become aware for themselves that certain foods make them feel tired, irritable, bloated or sick, and the term “food intolerance” may cover some of this. Often, these reactions can be caused by foods that you crave, or are the “trigger” foods which may precipitate a binge.

Keeping a food diary may help you to identify these if this is new ground for you. Once you see a pattern in what is happening, you can work out what changes may make you feel better. Try not to read **too** many magazine health articles. They often give conflicting messages and talk in

“good” and “bad” terms. This can be confusing and make you feel less sure of how to eat. Instead, think about what you want/like, and discuss this with someone. Share your uncertainties and you will find many other people feel the same. It may also help to talk to a professional - dietitian, nutritionist, or qualified alternative therapist.

Take your time.

Think how you would treat a friend and treat yourself the same. Decorate the table, prepare and present the food beautifully - you deserve it. Be good to yourself and don't rush. If you slow down your eating and chew the food properly you will have more chance to work out what messages your body is giving you. You will also appreciate the tastes and textures of your food more.

The brain needs time to receive messages about what is going on elsewhere. It takes about 20 minutes to register that you are “full up”. Eating too fast will put things out of sync - like a film on which the sound and vision are not co-ordinated. Your life may be busy, with many demands, and time short, but the human digestive system hasn't changed the way it works to allow for that. Learn to respect it.

All these pointers about food and eating are really about putting the whole issue back into perspective. The human body needs fuel as much as a machine needs petrol, oil or electricity to make it work, but it is more complicated than machinery because of the feelings we have. Human fuel is food and drink. The feeling factor means self-esteem, self-respect and self-love also need feeding. If these last are present, accepting food as fuel is that much easier. When you really hate yourself and feel a waste of space, “self” also seems like a bad word, equating with “selfish”. But that is not true, and one of the talking therapies - counselling or psychotherapy, may help you to see this clearly.

What are talking therapies and how can they help?

There is much overlap between **counselling** and **psychotherapy**, and some controversy about whether there is really any clear distinction at all. Both counsellors and psychotherapists should belong to a nationally recognised organisation such as BACP, adhering to a written code of ethics and practice.

Psychotherapy is a range of treatments that use a psychological approach to problems rather than physical or social help. Specific psychotherapies use a systematic approach to problems, guided by clear theoretical principles. Psychotherapies include cognitive therapies - that explore the relationship between thoughts and behaviour. Psychodynamic therapies are based on psychoanalytic principles, and are used to explore the relationship between past experience and current problems, and acknowledge the power of the unconscious.

Counselling offers a supportive, non-directive relationship within which problems can be safely processed. Eating disorders are complex illnesses. If they were simple there wouldn't be a problem. Even if you think you know what lies behind your anorexia, bulimia or compulsive eating, or what triggered it, knowing what to do about it is another matter entirely.

Counsellors are trained to enable you to look at and think about the situation you are in, and how you feel about it. Then, usually by talking about it, your counsellor will help you to understand how your experiences have formed your attitudes and responses to problems in your life, how you think and behave. They will encourage you to feel the difficult feelings you have been trying to avoid.

You will learn that it is not other people who put you under pressure - it is yourself. It is not others' opinions which frighten you - it is your own. Gradually, you are encouraged to reach deep inside yourself and find the solutions which you know are right for you, but have become hidden.

In the end, only you know what you want and when you are letting yourself down. Only you know when you are cheating or lying to yourself. Counselling does not impose solutions from the outside. The pressures come from the "you" inside who is struggling to break free.

Counselling usually consists of sessions with a qualified counsellor who will allow you to decide what you want to talk about and the pace at which you want to go. He or she may encourage you to look at your experiences from another point of view, to understand them differently. This, in turn may enable you to see how you could change the things in your life you want to change, and give you the space to move on.

Counselling is not a soft option. It can be very painful and can take a very long time. Sometimes it can be like peeling an onion. You take away one layer of problems through your new understanding, only to find that there others, forgotten, to be looked at underneath.

When you begin to come close to the real problems, the eating disorder will often become more virulent as you try to fight against facing the original pain. If you can stay with it, you are likely to come through with new strengths - self-respect, self-esteem, self-knowledge - in exchange for the self-hatred, self-denial and fear that upheld your eating disorder. You will be better able to take responsibility for

your own thoughts and actions. You will learn how to make changes, give yourself freedom to do what you want and **really** be in control.

The aim of counselling is to free you from the unhelpful judgements and restrictions you have put on yourself. The two inner voices which torment you with “good” and “bad” talk can be brought together. You will be helped to look at their needs, fears and origins. With better understanding you may be able to live with diversity within yourself.

Techniques used in counselling may include:

- writing a letter to yourself
- self-talk - conversations with yourself
- drawing pictures
- visual images
- transference - seeing things from another’s point of view
- re-evaluating and changing thought patterns through questioning beliefs about food/self/good/bad, and reassessing automatic thoughts and assumptions
- genograms can help to show patterns of behaviour or personality or ways of relating, which repeat themselves within your family

Sometimes other people who have a close relationship with you - parent, partner, or other relative - may also need help in adjusting to what is going on. At different times counselling may be useful either in a family group, as a couple, or individually. If you are in a close relationship and working on some very painful issues, it will be hard for the other person to understand what is happening. What you expect from a relationship and what you are prepared to give to it are likely to change. This may be difficult to express, and counselling can help to “translate” what is

going on. (See our Help for Carers booklet for more information on this.)

Committing yourself to counselling can be a hard decision to make, especially as sessions usually cost money, unless your GP can refer you to one within the NHS. Norfolk EDA offers low-cost counselling to people who meet specific criteria. Some low-cost or free counselling is also available elsewhere, and there may be a waiting list for this. Usually a fee is involved, sometimes negotiable. There are many counsellors in Norfolk, particularly in Norwich and you should be able to find someone appropriate at a cost you can afford.

As you work towards recovery, it is important to accept that you are worth spending money on to help you recover. It needs to be a priority you put above buying binge food or slimming magazines. You also need to accept that you may need more than one course of counselling. It is easy to think you are “better” and find later that another layer of the onion has come loose and you are struggling again with issues you hadn’t realised were there. Going back to the same counsellor may be an option, or you may need to find someone new for this stage.

Other **psychotherapies** including cognitive and psychodynamic therapies may be available on the NHS. They may be offered to in-patients and outpatients under the care of Norfolk Mental Health Care NHS Trust, but there is a lengthy waiting list.

Depending on your age and your family situation, another rarer option may be family therapy if this is available.

Family Therapy, as the name suggests, is a type of therapy which may involve all or some other family members. It can be very useful in helping everyone to see

how the way you all relate to each other influences how you each respond to pressures. The therapists may suggest some changes of behaviour, to see if this will help the family dynamic (i.e. the way the family relationships work together for growth). Family therapy may be available for people up to 18 years old through the Bethel Hospital, via a GP referral, or through a counselling agency.

A talking therapy may not be right for you at present, but there are other therapies and other types of help available.

So what are these other types of help and how do they work?

One of the best forms of help is therapeutic in its effect without being “therapy”. That is **self-help**, such as contact with other individuals who have experienced similar problems. This can take the form of specific group meetings, informal socials, correspondence, telephone calls, or chats via the internet. We are aware that, at times, for some people, contact with others who have an eating disorder can bring a competitive element where anorexic or bulimic behaviours are concerned. However, when you need support while desperately trying to hang on, the understanding of someone who knows about it from the inside cannot be too highly valued.

Books can also have a place in self-help. There are many popular psychology titles, self-help manuals written especially for all aspects of life, health and illness. Don't expect them to hold **The Answer**. Some will strike a chord with you, others won't. What they can do is help you to see that there is more than one way of doing or seeing things. Other types of books can also be life-changing if they give

you inspiration which enables you to see your situation afresh and offers hope for the future. Poetry, novels, spiritual, art and craft books are all worth consulting and sharing, as is **music**.

Many people use music as therapy, or find certain songs or pieces of music to be therapeutic. Music can reach you in your isolation, depression or despair, and stay there with you or lift you out. It can also be used in conjunction with **dance** and **movement** to bring you back in touch with your body again.

Alternative therapies may also be useful. Because eating disorder symptoms and behaviours are so specifically focused around weight and food, therapies which work **holistically** - treating the whole body, mind and spirit rather than concentrating on individual symptoms - can help to bring things into balance again. They need to be used as part of an over-all strategy for treating eating disorders and not expected to be miracle cures. There are no miracle cures but, for **some** people and at the right time, **some** alternative therapies can ease the way.

All reputable practitioners should belong to their relevant professional association, and should take a medical history from you before beginning treatment. You will probably have to pay for alternative therapies, as very few of them are available on the NHS, and such a course can work out to be very expensive, although some practitioners may be prepared to negotiate a fee.

Some GPs are becoming more interested in alternative approaches to health and may offer, for example, acupuncture or homoeopathy. Norwich and Norfolk are well served by alternative therapists and clinics. The library, "Body, Mind and Soul" on Ber Street, yellow pages,

health food shops, “body, mind and spirit events” and Natural Health Directory are all good starting points to find what is available.

Briefly, these are some which sufferers have found helpful:

- **Acupuncture** (with needles) and **Acupressure, or Shiatsu** (with finger pressure) both work on the meridians of the body, clearing blocked energy and releasing pressure and tension. There are different approaches to these therapies, depending on whether the practitioner has been trained in the Chinese or Western tradition.
- **Aromatherapy** uses essential oils in a variety of ways - massage, burners, bath essences - to work on mood, emotions and ill-effects of stress. Although these are widely available in the shops, please either consult a trained practitioner or else read about the different essences before using. They are powerful substances and some should not be used during pregnancy or in the cases of certain illnesses, and should be used with care.
- **Art therapy** may be very helpful if you find talking therapies are not for you at present; or using **dance or drama** as a means of expression. This doesn't mean you have to be able to draw, paint, act or do ballet to take part. It does mean that, when words get in the way, there are people around who can still understand what you are trying to say through what you make or how you move and behave.
- **Flower Remedies** are used to treat emotional states and can be used in different combinations for different personalities and life problems. They are dilute flower essences preserved in a small amount of brandy and can be sipped in water or used straight on to the tongue.

Rescue Remedy is a good stand-by for situations where you think you are likely to panic. Various books and pamphlets are available on these.

•**Homoeopathy** works on the principle of giving a minute amount of a substance which, in health, would cause the symptoms which are present in ill-health. This is “treating like with like”. Both physical and emotional problems can be treated in this way.

•**Hypnotherapy** can be particularly helpful in helping you to relax. Some hypnotherapists are also trained counsellors, and will use the deep relaxation of hypnosis to enable you to talk with greater insight about painful areas of your problems.

•**Massage** is often used in aromatherapy, but deserves a separate mention. The thought of body massage can be very threatening to someone with an eating disorder, but having hands or neck and shoulders done may feel more acceptable. Apart from any remedial effects for a particular physical problem, massage also helps you to accept the reality of your own body. Because it is the focus of so much pain and self-hatred, it is easy to cut yourself off from your body. Massage enables you to feel the structure of skin, flesh, muscle, fat and bone, get back in touch with it and, hopefully, own it anew.

•**Meditation, Visualisation, and forms of Yoga**, can all be vital roads to **relaxation**. When so much in life is painful, full of anxiety, anger and panic, relaxation may feel like an impossible dream. It is, however, essential if you are truly seeking to care for your whole person.

•**Reflexology** works on the zones of the body through points on your feet. This is a different system from the meridians used in acupuncture, but similarly clears blocked energy, allowing the body to make its own recovery. Some people have found this particularly

helpful in irritable bowel syndrome, for example.

- For some people, treating their situation holistically may include being part of a **Spiritual Community**. This may be a Christian church, Buddhist community or other group. A word of caution. You are seeking love and acceptance, not judgement. Your recovery will not be helped if you are part of a community in which you feel pressured, drained and guilty instead of uplifted and spiritually nourished.

- T'ai Chi** is a form of rhythmic movement which also aids relaxation, calming the mind and balancing the body.

NB. If you choose to seek some sort of alternative therapy, find a therapist you can trust, and be prepared to be open and honest with them. Some therapies are not appropriate in pregnancy or in people with certain illnesses, for example, diabetes, psychosis, cancer, heart problems, asthma, high blood pressure and very low body weight. If the therapist knows, then he or she can work out what may or may not be appropriate for you. *They won't know if you don't tell them.*

As we have said before, **different things work for different people**. Just because some people found these therapies helpful doesn't mean that you will. This doesn't mean that you have failed, nor does it mean that the therapist has failed, it just means that another approach is more appropriate for you at present.

It is important to find an environment that enables you to let go of your guilt feelings and nourish the part of you where your creativity is based. This does not necessarily mean producing masterpieces, but does mean being able to

distinguish between activities, people and things which give energy, inspiration and meaning to your life, and those that drain you. Life is usually a juggling act between the two, but things that drain you may be much more demanding of your time and attention. The process of recovery includes accepting the responsibility of replenishing your creative resources on a continuing basis. You can then meet demands made on you from an abundance of energy instead of an empty store. This is not being selfish.

Above all... don't forget that the word treatment includes the word "**treat**." And this is what it should all be about. If you have an eating disorder, the hardest essential of recovery for you to accept is that you are worth "treating." What you need is to make body, mind and spirit whole, balanced and healthy, through treatment that is right for you, where you are now.

If, through these treatments you are helped to find your true self, and nurture it, you will discover that through the years you have been holding a gift as yet unwrapped. This gift is your uniqueness, and is all that you truly have to offer to the world.

All sorts of things can be of value on the road to recovery, and it would be good to receive your thoughts on anything that you have found to be helpful.

Turn to pages 39-40 and write yourself a list of all the things that make you feel good. When you feel stuck and unsure of what to do, read it and try one. There are a million and one tiny things which go to make up a normal life - focus on the ones that work for you.

So what is normal anyway?

Good question. Perhaps “normal” is the wrong word. For example, if being in an abusive relationship is “normal” for you, that is not the normal we are talking about. There are norms of being in society - including desired weight, ways of eating, socialisation, relationships, jobs, number of children etc. - which may not be suitable or possible for you. What we are trying to help you to seek is your own, desired, “normal” - the most creative lifestyle that you are able to sustain in your personal situation. This may encompass:

- **stable weight** that you can manage, even if it is low or high by society’s standards, but is not life or health-threatening
- **a pattern of eating** that basically nourishes your body, even if you are a bit erratic at times with where, when and what you eat
- **a social life** that is not restricted by fears around food
- **a view of yourself** that is at least tolerant of your shortcomings and at least acknowledges some of your gifts
- **acceptance of your own body**, just as it is, as only one part of your whole being
- **awareness of your own spirituality**
- **being comfortable** with your own sexuality and sexual orientation
- **the ability to seek help** when you need it
- **relationships** that have some degree of balance between respect and self-respect, giving and taking, and in which there is some awareness of boundaries - what behaviour and expectations are/are not acceptable

- some way of directing and using your **creative energy** - this may be in the form of art, craftwork, writing, sport, singing, dancing or other ways that refresh you
- the **ability to accept** as well as to give love
- the **realisation that you are “normal”** and that what troubles you troubles most other people too
- accepting that you are unique** in your special combination of gifts, strengths, weaknesses and experiences - and that everyone else is unique too!

This may not be everybody’s idea of “normal” - but it’s not a bad start

What's been invaluable in my recovery?

- **Support from friends, family, Norfolk EDA**
- **Support from myself**
- **Advice from dietitian**
- **Yoga**
- **Evening class**
- **Employed work**
- **Counselling**
- **Reading/learning**
- **Escaping - getting away - changing routine, surviving and coping**
- **Talking/sharing more**
- **Crying**
- **Being selfish**
- **Changing attitudes/mental approach to life**
- **Eating!!!!!!**

(Notes from someone who is in the process of recovery from an eating disorder)

Been There - Doing That

(Notes from someone who is in the process of recovery from an eating disorder)

Remember:

- So much energy is put into the disorder - why not channel it into something else? It will take a lot of energy to reverse the process, but can it be any worse?
- You are strong. Maintaining an eating disorder needs determination and strength. Therefore, you have power. This can be used. You are valuable and resourceful in other areas too.
- You want to get better. Reading this means you want to. In hard times, let this voice dominate. **I Want to Get Better.** I want to give to myself. Think of eating well as giving to yourself.
- Ultimately - you only have a problem to the extent you tell yourself you do. Take each day as it comes. Try **not** to see improvement as one huge goal. If you do, you will only feel as though you are not getting there. then your “problem” will only get worse.
- You don't **have** an eating disorder - you **do** an eating disorder. Some days more than others. You have a choice. To a certain extent, everyone “does” an eating disorder every day. So many people are on a diet/ starving for a day or two/eating through stress. You are not different really - only more extreme. In fact, you are probably more aware than many.

So - allow yourself to have the disorder, learn from it and adjust behaviour accordingly. Don't ignore it or hate it. Use it. Learn from it. Deny it and it'll never go away.

Notes

Notes

Norfolk EDA Publications

- ◆ **1: Anorexia & Bulimia nervosa, Compulsive or Binge Eating. Disorder & the Grey Area**
Also includes Norfolk statistics and influence of the media.
- ◆ **2: Strategies for Recovery**
This is intended for people who want to work to control or overcome their eating disorder, but need some help or support at hand. May also be helpful for carers.
- ◆ **3: Help for Carers**
Especially for families, friends, colleagues and employers of people with eating disorders, offering practical help and support.
- ◆ **4: Men and Eating Disorders**
So much information is aimed specifically at women, men often feel it is irrelevant to them. This begins to redress the balance.
- ◆ **5: Eating Disorders and Pregnancy**
Issues around fertility and pregnancy are often problem areas for women with eating disorders. This booklet looks at some of these issues.
- ◆ **6: Eating Disorders - Information for Young People**
Adapted from our original schools hand-out, this is aimed at young people over the age of 16 years.
- ◆ **Supported Self-help Group Programme**
Available quarterly.
- ◆ **General Information Leaflet**
About Norfolk EDA services: group meetings, 1:1 appointments, outreach services and counselling

To request copies of our booklets contact 01603-665974 (admin)

