

# Understanding Eating Disorders

Thom Rutledge, author of *Embracing Fear*

See information at the end of this article about Thom's participation with Shannon Cutts' (author of *Beating Ana*) new free monthly MentorConnect Teleconference Series.

## Part I: IT'S NOT ABOUT THE FOOD

One thing people often don't understand about eating disorders is this: *it's not about the food.*

Those who suffer with eating disorders know this very well. They know that it is about so much more than the food. It is about the loss of self-esteem; it is about constant self-criticism; it is about painful, unrelenting perfectionism; it is about feeling cut off from the rest of the human race; it is about believing oneself to be a freak, or defective, or a loser, or stupid, or gutless. It is about facing (or hiding from) one no-win situation after another.

The person with an eating disorder doesn't need to *just* eat more, or *just* learn when to stop eating, or *just* don't eat this or that specific food, or *just* stop making herself throw up or take laxatives. When someone with an active eating disorder hears some of this advice --- explicitly or implicitly --- it only contributes to her already damaged self-esteem.

In the simplest terms, eating disorders are characterized as the loss of control of one's relationship with food, obsessive thoughts about food and the presence of excessive (also obsessive) concern about one's physical appearance, especially in terms of size and weight. But the central experience of an eating disorder is about a broader sense of loss of control, and the individual's attempts to regain control in at least one area of her life.

Individuals with eating disorders may outwardly appear resistant, stubborn or rebellious while inwardly fostering extremely negative thoughts about themselves. It is not uncommon for someone with an eating disorder to consider themselves to be inherently bad and worthless, undeserving of genuine positive attention and "nothing but an inconvenience" to their family, friends and even to their doctors and therapists. Internally, they remain stranded in a sort of confused twilight zone, feeling torn between desperate shame and intense anger. The anger is usually blocked from direct expression, then turned back on themselves in the form of self-condemning thoughts and self-destructive behaviors.

These symptoms most often occur in response to frustrated developmental needs of basic trust of others and self, and the establishment of personal power and autonomy. People with eating disorders are usually able to consciously acknowledge that the "control over food and their bodies" -- via restriction of intake, excessive exercise,

bingeing and purging -- is in direct response to feeling so completely out of control in all other areas of their lives. All of these behaviors, as well as regular or episodic bingeing / over eating, also provide an emotional numbing effect, and/or may be an expression of an angry rebellion that the person does not otherwise feel capable of communicating.

The eating disorder behaviors themselves --- restricting, bingeing, purging --- are abusive, ways to deliver what feels like deserved punishment, or attempts to find expression for pain that is beyond words.

What follows is an introduction to recovery from an eating disorder, a general overview of what I consider three (3) specific areas of focus (SEPARATING FROM THE EATING DISORDER, SETTING POSITIVE GOALS, LEARNING TO SUCCEED) necessary for a successful beginning. The material is written directly to the person with an eating disorder and includes rudimentary exercises that will help the reader experience herself in relation to the information presented.

Each of us is a unique human being, and respecting that is a crucial part of recovery. I do not expect that every bit of this information will apply to every individual reader. Read with an open mind. Take what is helpful; leave what is not. Be careful to not throw the baby out with the bath water.

## **Separating from Your Eating Disorder**

Even though you probably believe that you should be able to just change your eating behaviors, this is not a realistic expectation. In order to recover from an eating disorder, you must learn to respect the power of your disease (usually, this is not difficult) and you must learn to respect yourself (usually, much more difficult).

Recovery is not about getting rid of the eating disorder; it's not about purging it from your mind and body. In fact, recovery is not so much about changing you as it is about changing your relationship with the eating disorder. And recovery can only begin with a decision to change that relationship. In order to do that you must first become proficient at distinguishing yourself from the disorder.

Think of your eating disorder as a distinct being, separate from yourself. Think of your eating disorder as having its own thoughts, its own personality, even its own philosophy about what is best for you. This may initially feel strange; clients and workshop participants will frequently ask, "Are you trying to make me feel more crazy than I already feel? Don't you think that I have enough problems with just one personality?"

The answer is no, I am not trying to make things worse, or more complex. Believe it or not, when you succeed in separating from your eating disorder, you are taking a giant step toward increased clarity. When you can distinguish yourself from the disorder, you will begin to see that many of the obsessive and negative thoughts you experience originate from the eating disorder. These are messages that have been "programmed" by your experience, and they are not who you are.

By learning to stand back -- separate yourself -- from the disorder, you are making room for your own opinion, creating an opportunity for you to disagree with those habitual, negative thoughts that follow you around day in and day out. Don't worry if you discover that you are not disagreeing immediately, or even if the idea of disagreeing with the eating disorder scares you. These responses are natural and understandable considering the intimidating power the disorder has had over you until now.

With the exercise that follows you will role-play (or journal) your Eating Disorder and then you will role play a separate part of your personality that we will call your Recovery Identity. By playing out a conversation between these two separate characters, you will begin to see, hear and feel the difference between the two. Don't be surprised to discover that the Eating Disorder is the much more developed and powerful of the two, or even that your Recovery Identity is difficult to find.

Once past the embarrassment of doing this kind of role play exercise, and really get into character, it is interesting to notice how a person with moderate to extreme low self-esteem can house a "personality" (the eating disorder) with such confidence and authority. Across the board, the Eating Disorder claims absolute authority, over and above not only you, but also any professional advice you may be getting. I have frequently worked with health care professionals, with eating disorders, who fully accept [as truth] eating disorder messages about the advantages of restricting food, purging, using laxatives, excessive exercise, etc, when by training, they absolutely know better. Interestingly, these professionals tend to be highly competent in their work, and as a rule, do not apply their delusional belief system to those they care for.

The eating disorder will tell you that you are different, that the truth for everyone else is not the truth for you. The eating disorder will go as far as telling you that you are the exception to science, that the laws of physiology do not apply to you.

## Exercise

Place two chairs facing each other with three or four feet between them. Designate one chair for the Eating Disorder and one chair for your Recovery Identity. Begin the conversation from either chair, but make certain to keep each character in its respective chair. For instance, if you are speaking from your Recovery Identity and the Eating Disorder is mentally interrupting you, switch chairs and speak the interruption aloud.

Continue the conversation (moving from one chair to the other) until you are sure that you have experienced your Recovery Identity as separate from the Eating Disorder. The only goal of this exercise is increased awareness. Be a good observer of this inner-relationship and it's a job well done.

Here is an example of a conversation between the Recovery Identity and the Eating Disorder:

EATING  
DISORDER (ED) : What makes you think you need help? You don't need help.  
You just need to do what I tell you to do.

RECOVERY  
IDENTITY (RI) : I'm tired of feeling this way.

ED : Then stop trying to fight me. I'll help you feel better. Don't  
I always? Besides, what would you do, for that matter?  
Who would you be without me?

RI : (Head down, Silence)

ED : Now put this stupid article down, and get out of here. This  
crap only make you feel worse and you know it.

RI : Yeah, I know.

ED : Let's get going. I'm thinking grocery store on the way home.

Allow your conversation to occur spontaneously. There is no right or wrong way to do it. Try more than one conversation at different times over the next several days. Have a conversation when you feel like your Eating Disorder is in charge; then have another one when you feel like your Recovery Identity has more power. Practice.

Mastering this exercise (clear awareness of where you stop and your eating disorder begins) will change your perspective forever.

## Part II: SETTING POSITIVE GOALS

**W**e are seldom at a loss to describe what it is like to be stuck. However, we are often at a complete loss to describe what we want instead. It is important to at least be able to characterize something of what you want -- if you intend to find it. As an old joke -- I think it dates back to third grade -- goes:

FIRST GUY: Do you know the difference between an elephant and an egg?

SECOND GUY: No, what is it?

FIRST GUY: I sure wouldn't want to send you out for a carton of eggs.

In its simplest terms, goal setting is about getting from Point A to Point B. Again, we are not usually lacking in information about what Point A looks, sounds, feels, smells and acts like. But what do we know about Point B?

If I tell you that I live in a little yellow house, could you find me? How about if I tell that I live in a little yellow house on a corner lot across from a city park where once a grammar school stood? Well, that certainly is more information, and in fact, someone familiar with this city may very well be able to find my house with that information. Most of us will need even more detailed information, like a street name and an address, not to mention the name of the city. You are not likely to find the house if you just set out to visit, knowing that I live in a little yellow house on a corner lot. And yet, that is exactly what you are attempting when you seek change without setting specific goals.

You need to know where you are going. For one thing, you need to be able to recognize it when you get there, and for another, you need enough information to decide if you really want to go there.

### **A Simple 3 Step Plan**

When you want to make a change, try this:

- 1.) Describe in detail where you are now -- the condition you want to change.
- 2.) Describe in detail your desired destination -- the change you intend to make.
- 3.) Then, and only then, begin to identify the obstacles you are likely to encounter as you travel from Point A to Point B.

Consider how often you and/or others you know have approached a desire to change by focusing on STEP ONE and STEP THREE of this plan, but neglected STEP TWO. When you remain focused on STEP ONE, the result is inertia, and when you tend to focus on STEP THREE without having completed step two, the predictable result is discouragement, or even a sense of hopelessness.

### **Facing the Fear of Hopefulness**

When you have an eating disorder it is extremely difficult to imagine getting completely beyond your obsessive thoughts about food and body, and completely free of the well entrenched eating behaviors of bingeing, purging, restricting, etc. Consequently, you may hesitate to expend any energy developing a goal that you do not believe you can reach. Many of the clients I work with express a fear that by developing a positive goal they may become hopeful and then be disappointed "one more time" when they are not able to reach the goal. It is vitally important that this fear of becoming hopeful be faced before any credible goal setting can be accomplished.

*When you stand face to face with your fear,  
any fear that you intend to move beyond,  
the only reassurance with any power is this:  
I am willing to risk it.*

To move beyond a fear does not mean that you have to be rid of it. We often hear that courage is not the absence of fear, but the moving ahead while it is still present. Moving into STEP TWO of our simple 3 STEP PLAN, requires you to accept that if you want something and you decide to go after it, risk is part of deal. There are no guarantees, and in all likelihood you will slip and fall many times before your goal is accomplished. I ask clients, "How often are you willing to fall down and get back up again?" The only answer that will work here is: "As often as I need to," meaning, for every time you fall, you accept the responsibility to do whatever it takes to get up, brush yourself off and keep moving. As they say in 12-Step Programs, this is simple, but not easy, but when you make this level of commitment to your growth, no obstacle is big enough, intimidating enough or tricky enough to stop you.

## **Step Two for Eating Disorders**

Take the risk now of creating a vision of a healthy relationship with food. Be specific, be clear, paint a vivid picture of the you that you want to be. Avoid phrases like, I want to feel better about myself, I don't want to feel so much like a slug, I don't want to think about food all the time. When you look closer at these statements as goals you will see that they are much more rooted in STEP ONE (describing the problem) than they are positive goals; that is, they bring to mind images and thoughts of what is wrong rather than what will be right.

Write your healthy vision in a journal so that you will have it to refer back to, so that you can revise it and add to it. To give it real power (thereby increasing the sense of risk), write your vision of a healthy relationship with food in the form of present tense statements such as:

*I eat three healthy and enjoyable meals each day.*

*Between meals, I focus on other areas of my life. I am productive and I am able to relax.*

*I am in tune with my body so that I know when I am hungry, and when I am satisfied*

*If my eating disorder messages resurface, I recognize them for what they are & take care of myself.*

*My life is full of supportive people who believe in me, respect me and listen to what I need from them.*

*I feel good about my appearance. I eat well and exercise to remain healthy.*

It is not difficult to see that statements like these will feel risky. It is not uncommon for clients to literally not be able to say such positive (and hopeful) things about themselves, even when I tell them that they don't have to mean what they are saying. If you feel a hesitancy to write your healthy vision or even to read the example above out loud, you are a step closer to confronting your own fear of hope. Congratulations.

For now, work with your vision. Write the vision itself. Write about your responses to setting positive goals. Keep a list of your fears. Describe in detail any hope that you experience.

### Part III: LEARNING TO SUCCEED

**H**ave you ever thought that you might not be successfully accomplishing your goals because you are out of practice? Maybe no one ever taught you how to succeed. Maybe you have become too accepting of your dissatisfaction. Maybe you have a really bad habit of thinking negative things about yourself. Maybe you keep listening obediently to what the eating disorder tells you to do because you didn't know you had a choice.

Maybe you can change all that.

Ask yourself: In terms of recovering from my eating disorder, what do I honestly expect is possible? Too often, we keep plugging away at recovery based on other people's expectations -- our family's, our spouse's, even our therapist's. Well, other people certainly come in handy when it comes to building and maintaining a quality support system, but the only expectations that really count are our own. What do you expect is possible? What do you believe you are capable of accomplishing?

Faced with these questions, many of my clients discover that they have very low expectations for their recovery when it comes to what they believe is actually possible. The expectations are low because they have so little faith in themselves; they have not been taught to think of themselves as successful. Instead, they are programmed to look for flaws and focus on them -- like pouring salt into an open wound.

Too many of my clients actually expect themselves to fail. Even when improvement is evident, they assume the progress is temporary and will soon pass. They are always waiting for the other shoe to fall, the rug to be pulled from beneath them. Again: What are your expectations of you?

Allowing yourself to fully experience your dissatisfactions is a risk. Identifying what you want is an even bigger risk. Maybe the biggest risk is believing that you can have what you want, that you deserve it, and that you are capable of doing whatever it will take manifest your dream.

What do you actually risk if you decide to believe in yourself? The answer is simple: you risk failing to live up to your expectations. If you have grown up surrounded by criticism -- should's, ought's, if only's -- falling short of your expectations can be a very painful experience. If you were not taught to value yourself for who you are, beyond what you do or don't do, when you fall short of a goal, you and your failure are synonymous. You don't just fail -- you are a failure. Where someone accustomed to a nurturing, supportive environment will experience disappointment and frustration, you will be devastated. No wonder you avoid the risk of positive expectations.

*The Self-Saboteur's Motto:  
You cannot lose what you do not have.*

## **Big Challenge, Bigger Challenge**

Let's say you have thought it over carefully and decided to accept all the risks involved in expecting yourself to succeed. As each of your fears show up (and you can bet they will) and state their case (threatens you, that is -- if you do this, you'll be sorry) you square your shoulders, raise your head and say, "I'm willing to risk it."

*Success is much more  
a matter of courage  
than of ability.*

Now, here comes the tough part, the part most of my clients with eating disorders have told me presented their greatest challenge: Learning to acknowledge, reinforce and even celebrate your progress. To meet this challenge you will ultimately need to change your focus 180 degrees. No small matter.

## **A Lesson in Success (Stepping Up)**

Imagine yourself at the bottom of a flight of stairs. There are a dozen steps to the first landing. Now consider how much progress you would make toward the first landing if you would only be satisfied getting there in one step. Even if you stretch your stride and make it to step five with one giant step, you don't recognize the progress, so you step back to the beginning to try again. Even with a running start, you make it only to step seven. Back to the bottom step you go, defining yourself as a failure. Eventually you give up, accepting that you are not capable of making it to the first landing.

This scenario sounds ridiculous, but it accurately describes how far too many of us sabotage our own efforts by defining success in all or none terms.

By imagining the flight of a dozen steps, you can easily see how to get to the first landing, and it is obvious that you could just as easily make it to the next landing using the same amazing technique: one step at a time.

This very same amazing technique is how you can successfully recover from your eating disorder. The idea is to build your whole recovery from smaller -- sometimes even tiny -- steps of progress. Your challenge (and your responsibility) is to become supportive of your own efforts, to learn to recognize progress as it is happening. For instance, if you have a problem with bingeing three or four nights a week, and this week you binged only once, that is progress. Give yourself credit, and then get ready to take the next step.

What if you are half way to the first landing and you fall, tumbling back down to the bottom? The principle remains the same. Taking one step at a time is still your best bet. Feel your frustration, express it -- scream, holler, stomp your feet. Rest a little while, then start again.

*Ultimately, it is persistence that will pay off.  
Forget about perfection.*

It is doubtful that there is such a thing as a person with an eating disorder who is not, to one degree or another, a perfectionist. Being a perfectionist does not mean that you do things perfectly; it means that you are never satisfied with your efforts, you can never do anything well enough, that you will never be good enough. Very advanced perfectionism manifests as a person who has stopped trying to succeed at anything that is important to them. This person doesn't even make the effort because she is paralyzed by the fear of failure. And remember, this person's definition of failure is expansive, while her definition of success is very narrow, not to mention beyond human capacity.

In recovery from an eating disorder, one very important way that you must be on your own side is in reminding yourself that perfection is not one of your options. Perfection is not possible for us imperfect human beings, and striving for the impossible does not make us better; it tears us down.

## **Recovery Success**

One of the most important aspects of successful recovery is having a realistic, workable definition for success. One very workable definition is expressed in the following:

“I have an eating disorder, but I am not an eating disorder. I am separate from my eating disorder, and I accept the responsibility to do whatever it takes to maintain that separation. I have the ability and the responsibility to recognize the voice of my eating disorder and to disagree with it when it tells me what I should do.

“I accept full responsibility for continuing to develop my personal vision of emotional and physical health in specific terms, and for focusing my attention toward that positive vision.

“When I stumble or slip in my recovery, I respond with compassion and firmness like a strong, loving parent who accepts her child unconditionally.

“I know that perfection is not an option, and I disagree when old programming tells me that it is.

“I support myself by acknowledging my efforts and my progress all along the way. When I fall short of my expectations, I remember that I am only human and that I don't deserve to be attacked for being less than perfect.”

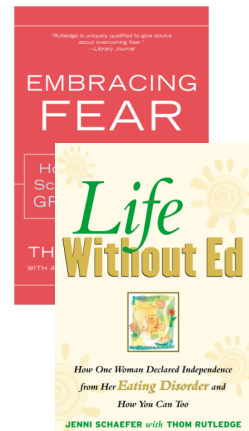
Try reading this "proclamation of successful recovery" out loud each morning for the next few days. Make changes to personalize it if you like, or write your own proclamation.

Save and re-read this article from time to time as a healthy reminder of what it really takes to succeed.

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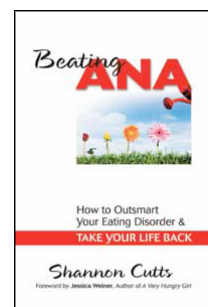
Thom Rutledge is a psychotherapist, speaker and author of several books, including **Embracing Fear: How to Turn What Scares Us into Our Greatest Gift**. He is the co-author (with Jenni Schaefer) of *Life Without Ed: How One Woman Declared Independence from Her Eating Disorder & How You Can Too*.

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Recently, Thom has partnered with Shannon Cutts, author of the popular new book, **Beating Ana: How to Outsmart Your Eating Disorder & Take Your Life Back**, to create “**MentorConnect’s Teleconference Series**”. The telephone seminars are offered monthly at no charge to participants. For more information about Shannon Cutts work, including how to purchase her book, go to [www.key-to-life.com](http://www.key-to-life.com).

Also, find Shannon and Thom on Facebook.



## Proclamation of Successful Recovery

**I** have an eating disorder, but I am not an eating disorder. I am separate from my eating disorder, and I accept the responsibility to do whatever it takes to maintain that separation. I have the ability and the responsibility to recognize the voice of my eating disorder and to disagree with it when it tells me what I should do.

I accept full responsibility for continuing to develop my personal vision of emotional and physical health in specific terms, and for focusing my attention toward that positive vision.

When I stumble or slip in my recovery, I respond with compassion and firmness like a strong, loving parent who accepts her child unconditionally.

I know that perfection is not an option, and I disagree when old programming tells me that it is.

I support myself by acknowledging my efforts and my progress all along the way. When I fall short of my expectations, I remember that I am only human and that I don't deserve to be attacked for being less than perfect.

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