

Eating Disorders

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A survey published in Psychology Today that said 41% of respondents would give up five years of their life in order to be thin. Our bodies and digestive systems evolved over the millennia to utilize foods in their most natural forms. As we improve our diet, we increase our respect for the body. Optimal nourishment has more to do with paying attention to each of these areas:

1. emotional state
2. genetic heritage, family predisposition to states of health/disease
3. cultural and family heritage
4. macronutrient intake (proteins, fats, carbohydrates)
5. micronutrient intake (vitamins and minerals)
6. environment and relationships
7. exercise habits
8. food chi
9. pre and perinatal environment with the Mother or primary care giver

Our body image is be influenced by many factors, especially the media which displays young, starved bodies as being the norm. Remember that most models in the magazines have either had plastic surgery, liposuction or the image has been air brushed by a technician to look that way. Few of these women are "natural".

Women who like themselves are irresistible and fun to be around. Some women require big bodies because they have the capacity to experience pleasure and have a well developed sense of self. Many of them have bodies filled with energy and vitality. They like themselves and this self-love permeates their flesh. Research by Dr. Margaret Mackensie, a social anthropologist that works in Western Samoa (where body fat is not considered undesirable in any way) supports the observation that these women have a low risk for disease. Clearly, excess fat is not a health risk to all women. Conversely, when a woman has been abused physically or sexually, she uses this armoring to protect herself from unwanted sexual attention. Given the high incidence of these crimes, it is no wonder that so many women eat to cover their pain (Northrup, 1998).

In addition, there is growing evidence that in utero stress and trauma passes directly tot he unborn fetus that manifests in symptoms such as eating disorders later in life. Certain types of shock and trauma that are now common in the birth process imprint on the infant and have been correlated to the onset of the symptoms associated with eating disorders, particularly in adolescence (Emerson, 2000). One example of this is called umbilical shock. When a baby is born in a hospital, the umbilical cord is frequently cut before it stops pulsing. This induces a shock into the infant's intestines and viscera. This in turn may show up later in life as an eating disorder.

DEFINITIONS:

ANOREXIA:

A chronic disorder characterized behaviorally by self-induced weight loss, psychologically by body image and other perceptual disturbances, and biologically by physiologic alterations (e.g., amenorrhea) that result from nutritional depletion.

BULIMIA:

A behavioral disorder characterized by episodes of overeating (bingeing), usually followed by acts to "undo" the threatened weight gain with self-induced vomiting, cathartic or diuretic abuse (purging), fasting, or excessive physical activity. This includes the overuse of colon hydrotherapy to purge. Compared to anorectics, bulimics usually have normal body weight and tend to have less distortion of body image. Bulimics are more aware that their behavior, although secretive, is aberrant, and they may therefore be more accepting of psychotherapeutic treatment.

More than 90% of patients with anorexia or bulimia are girls or young women; although most cases of anorexia begin in the teens, bulimia is more apt to begin in the late teens or early 20s. Dehydration is the most serious physical threat. The past 30 years has shown a marked increase in these disorders. The most prominent change has occurred culturally where being thin has become more desirable. The old view of being round as a sign of affluence and fertility is no longer valued by our society. While weight loss is desirable for some types of obesity because of threat of cardiovascular disease, other types of obesity do not impact longevity. There is not clear research on why this is so.

The psychological factors are quite complex. When eating disorders became prominent in the 1960s the profile of the girls was that they were excellent students, compulsive workers and described as compliant daughters. The same girls then became withdrawn, hostile and depressed. In therapy, they revealed exceedingly low self esteem despite their outward appearance of coming from "healthy families". Family therapy is of vital importance especially for younger patients. Conflict resolution, parenting styles and alternative styles of communication are necessary to explore. Group therapy is often successful.

The physiological consequences eating disorders are devastating. All systems are affected and in particular, the endocrine system. Menses cease and the upset in estrogen levels often leads to osteoporosis. Heart disease risk is higher and gastrointestinal disorders abound in these patients. This is why a team approach to successful treatment is necessary. A complete physical and psychological evaluation will ascertain the patient's condition.

The latest research shows that women who smoke and/or have only 1 binge of alcohol while pregnant are more likely to give birth to a child who develops an eating disorder in adolescence or young adulthood (Chamberlain, 1998). Any early developmental trauma, i.e. physical, emotional or sexual abuse disturbs the child's relationship with food, nurturing, love and intimacy. They develop feelings of incompetence, low self esteem, hopelessness, unworthy, feeling fat and invisible, poor body image and hypersensitivity. The brain misinterprets signals from the body as a result of this

trauma and shock in the pre and perinatal environment. The person experiences being split: the adult who has no memory of the pain and the inner child who feels nothing but the pain. This pain is stored in a repressed state that gives rise to aberrant behaviors.

We eat the way we live. What we do with food, we do with our lives. Eating is a stage upon which we act out our beliefs about ourselves. Its not just what we eat, its what's eating at us. One way to break free of the past is to speak about it honestly. In this way, the present becomes itself, nothing more (Roth, 1991). Thus we are able to reframe and re-own the past. When we are not honest about the internal conflict, we perform an external one. It protects us from being intimate. We act out drama to distract us from the intense emotional pain that we simply cannot bear to feel. We are not able to contain basic psychological functioning. In some cases, we withdraw inside ourselves and use food to defend our loss of contact and intimacy.

Compulsive eating is very theatrical. It has all the elements of a tragedy: rage; frustration; grief; sorrow; fear; happiness; hope; exhilaration; ecstasy. The excitement of the cycle of binging and dieting keeps us very busy so we never have to let another human being come close. We sabotage intimacy. We feel guilty; we repent and then rebel with food. It is a recapitulation cycle. A rut that is hard to escape. How can we pay attention and be more aware of this?

Our childhood past was out of our control. Many of us were brought up in families where children were to be seen and not heard. The rules of no touch and no choice were very dominant in many of our family systems. We walked on eggs since we were never sure what would happen next. This is common behavior in an alcoholic family system. Therefore, we never learned the art of bonding and intimacy. Now, as adults, we control our inner world with food, sex, alcohol, work, vacuuming, whatever. It is important to remember that many of us have broken hearts from childhood. Some of us experienced this over and over. We often spend the rest of our lives trying to minimize this hurt, pretend it didn't happen, try to protect ourselves from it happening again. How can I get someone to love me the way I needed love as child unconditionally and safely? We spend the rest of our lives eating, drinking, smoking, working, or whatever to avoid the unbearable pain of our broken hearts (Roth, 1998). To heal this wound requires acknowledgment that it happened and then we must grieve the loss of something we never had.

We have all experienced trauma and many of us have experienced shock which is having our mind and body overwhelmed. These words evoke something dramatic or violent. It is not always the body or mind that is traumatized but ones spirit. If there is suppression of unacceptable, unexpressed feelings, it impacts our core identity (Greeson, 1994). Common occurrences can produce traumatic aftereffects. These effects may lay dormant and accumulate over the years. Then, suddenly during a stressful time, symptoms show up without warning. A minor event can cause a sudden breakdown. A person who is traumatized lives in constant fear. The frozen fear can show up in many ways: headaches; chronic fatigue; digestive disorders to name just a few. Trauma evokes a biological response that needs to remain fluid and adaptive, not stuck and maladaptive. Maladaptation may feel like mild uneasiness to more debilitating feelings such as depression and anxiety. Both the causes and symptoms of trauma are incredibly vast and diverse. For further study on this topic I recommend Peter Levine's book entitled Waking the Tiger. He

suggests ways to get in touch with our self-healing instincts as a way to free ourselves and live fearlessly.

However, it is important to remember that the original behaviors that we used to survive shock and trauma saved our life. In this way, the debilitating symptoms of eating disorders rarely change until the underlying survival strategies and resources (like withdrawal, dissociation, hypersensitivity and hopelessness) are acknowledged and truly appreciated by both the therapist and the client as life saving.

Losing weight only changes the outside temporarily the inside is still the same. Compulsion is despair on an emotional level. We believe that food, sex, people, God or someone else will take our despair away. At best, it will distract us from the emotional pain. The big problem is that it keeps us from the truth of our past. The walls go up and intimacy is not possible. There is no rest for the compulsive eater. They are always either on their way up or down the weight scale. There is no winning with the scale, pitch it! We get used to the struggle and suffering which spills over into all of our relationships with others personally and professionally. Contentment is unthinkable and uncomfortable. We create drama by lying, suffering, bingeing, dieting and living in perpetual motion. Forever beginning and ending relationships.

Peace and contentment takes practice. They are not a result of being successful or thin! They require presence NOW! For those who were abused, being calm was too dangerous. At times it was necessary to run to survive. Therefore we develop a perception that being content is a threat to our lives. Again, this perception takes over our behaviors and beliefs, sometimes with an incredibly loud inner critic. The inability to be perfect leads us into shame. "If I could just be more.!" Notice when you are in blame from your inner critic and see if it is based in shame. "I didn't do it, he did!" These are very old tapes from childhood. Striving for perfection is a clue that someone is shame based from pre and perinatal or developmental trauma. Families, culture, media ads, all support this theme. We will always be healing our unhealthy shame for as long as we live. How can we help each other do this and stay in present time and heal the past?

Giving up obsession with food releases us from the protection of pain. When we protect ourselves from pain, we protect ourselves from intimacy. We must slowly come into relationship with the struggle with food. We must give a voice somehow to our struggle and perhaps through art, dance, massage, etc., decompress and manage the struggle. This allows us to be in relationship with our pain as a fair witness. It is the witness we lost a while back. This is not the self-critic and the morbid, sometimes hostile inner voice, but the wise one who speaks from inside our body. With grace, we learn this lost function. It is a slow path to healing, working one small piece at a time to reframe and re-own our past, to achieve congruence in a new way of being in the present time. Being a non-judgmental witness is the antidote. Developing qualities of fierceness, instinct, curiosity and acting on our own behalf will break the bondage of this compulsivity. Remember, these behaviors have become our friends that we will miss. We must also grieve the loss of the drama that defined our being alive in our dysfunctional family. However, when self-healing is challenging, it is always worth it.

How does one recognize when we are in a FAT/UGLY ATTACK. Be aware of the source of this attack. What events led to it...bad news, physical pain? Our usual responses are:

- collapse: binge on food or emotions
- vow to improve: "Ill never do this again!"
- get angry/defensive: "Oh, the hell with it!"

Ask yourself what has changed in the past 24 hours or maybe the last 24 minutes or seconds! Maybe you felt blamed, criticized, threatened or maybe you felt happy, excited, and powerful. Remember, we can sabotage these good feelings with compulsive behavior. Naming out loud to yourself or a friend what you feel causes a break from the action. I am not the "attack". Suddenly a light shines and you feel whole again. Remember that the inner voice of smallness is only that---a voice! "Sticks and stones" cannot ever harm you. We have created defenses that are no longer appropriate now that we are adults who can defend ourselves.

Compulsive eating is a symbolic reenactment of the way in which we distorted our feelings when we began eating compulsively; we swallowed our feelings; we blamed ourselves, we felt out of control; we believed we couldn't get enough. If we allow ourselves to get sidetracked into believing that food is our problem, we will never heal the wounds that led us to compulsivity.

Here is a recipe for healing:

NAME IT

CLAIM IT

FEEL IT

HEAL IT

TRANSFORM IT

FORGIVE AND MOVE ON

In the instant that you can speak what you feel, the process has begun. This can take as little as a few seconds if you are willing to acknowledge the truth of your emotions. Allowing it to continue to fester inside is what creates the pain. Have a resourced friend that you can call for this support.

What more can we do for self help?

- We can help each other cultivate kindness, humor, curiosity and the ability to act on our own behalf.
- Use your humor when you eat at the refrigerator, pull up a chair (Roth, 1998)!
- Clean out your closet and give away any clothes that cut off your circulation!
- Create a beautiful environment for yourself. Put a fresh flower on your desk every day.
- Always sit down to eat and put out your fine china, best linen and a candle to create a nourishing and attractive stage for your nourishing time.
- Only eat with those people you want to eat with.
- Chew each morsel slowly at least 30 times and imagine the nutrients entering your body as you swallow.
- Take 3 breathes between each bite of food.
- Put the fork down and breathe.

Create comfort and begin to get used to it. Pamper yourself regularly. Wear the softest, silkiest clothing possible all the time. After a meal, lay back and rest for a minimum of 15-20 minutes. The blood is now in your belly helping the digestive process. Allow it to stay there and assist you in nourishing your organs. Play soft, gentle music as you rest and perhaps read poetry or a humorous book. Soon, with these practices, your inner voice will begin to change and say, "Yes, I deserve!"

We must form a relationship with our shadow side from the past. Resisting it will only allow it to have power over us. Play with your dark side, have fun with it, laugh about how it makes you crazy if you let it. It is soul work and we rise up from the descent of the unspeakable.

Here is why diets don't work:

1. For every diet, there is an equal and opposite binge. You will rebel.
2. The message of a diet is, "If you let yourself go, you will devour the entire universe!"
3. Deprivation, fear, shame and guilt do not now, or ever, lead to long lasting change.
4. Long lasting change is only available through self-kindness, self-curiosity and a willingness to be in an appropriate relationship with ones issues.

There will be times when emergency measures are in order to stay in a resourced place. Life is just too difficult, the news you heard is more than you can handle, and you actually begin to feel sick, tired, weepy or depressed. In this case:

1. change your clothes immediately to a soft, elegant, graceful outfit or dress
2. listen to soothing music like harp or flute
3. take a nap, simply rest, if you have a hammock use it
4. take a bath with lavender oil or leaves if you grow it
5. go outside and smell a flower or two, they don't think you are fat, spend time gardening, touch Mother earth with your hands
6. take a walk and look up at the sky often, if its winter, look up at the sky through your window for at least 10 minutes,
7. imagine pictures in the clouds like when you were a child
8. be fierce in your efforts to stop this malaise yet tender with yourself when you do
9. call a resourced friend or therapist or go to a 12 step meeting
10. use progressive relaxation exercises starting with your head and working down to your toes (Greeson, 1993).

When you begin to act on your own behalf, start with what you know you can do, not another diet whose failure is a given. Instead:

1. writing down your intention
2. post it prominently on a shrine with a candle
3. acknowledge the effort it takes to change habits. It usually takes a minimum of 21 days of repetition.
4. be willing to pay attention and stay in present time, you do not have to plunge into the trauma

5. be fully present for 5 minutes a day whether you are washing dishes or making love
6. eat a hot meal every day even if it is simply scrambled eggs or soup, coffee is not a hot meal
7. surround yourself with people who do not have food issues
8. buy clothes with elastic waist to be more comfortable and less focused on what size clothes fit you
9. keep doing what you are willing to do
10. pray for guidance and support regularly

Become your own advocate, not just with food but also in all aspects of your life. Basic needs are not negotiable: safety; respect; warmth; kindness. If someone begins to abuse you verbally, simply put up your hand and say STOP. If it continues, then walk away. If you are on the telephone, tell them you are hanging up now. We must end these cycles of abuse in order to cultivate loving kindness, first towards ourselves, then our family and others. I love Christiane Northrup's guidelines from Chapter 7 in her famous book *Women's Bodies/Women's Wisdom* that will assist you on your exploration:

1. examine your motivation for improving your nutrition
2. respect your body right now, regardless of the size
3. eat foods you love slowly, mindfully and at the right time
4. eat when you are hungry and stop when you are full
5. get your food history straight
6. be completely honest about what and why you are eating
7. update your cultural programming
8. bring your food shoulds and oughts to consciousness
9. stop dieting
10. make peace with weight
11. determine your body frame size
12. find out if you're fit or fat
13. retrain your eyes
14. eat to feel healthy
15. rehabilitate your metabolism

In closing, eating disorders are rooted in our pre and perinatal development as well as how we interacted within our family. We also know that anything from fetal nicotine exposure, to birth trauma, to neglect and childhood abuse can lead to the symptoms of anorexia and/or bulimia. Therapy with a professional team is always appropriate and there is much that can be done by the person himself or herself as one engages the anxiety, depression and behaviors driving these disorders. The key is to stay in present time and work hardest on the prevailing self-aggressive behaviors. The advice I offer you here is in no way intended to be a substitute for correct and professional treatment by a qualified health practitioner. But the road to healing starts with yourself and relating to your own inner states appropriately and lovingly. Remember the words of Bill Tims, a macrobiotic counselor, "Guilt is one of the worst foods for the intestines". Our deepest hunger is about not showing up for life. It's about having physical and/or emotional nourishment right in front of me but not being able to taste it because my attention is somewhere else. Be here now!

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