

# Giving Up an Eating Disorder: What Else Might You Be Giving Up?

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Once the initial tasks of recovery from an eating disorder are undertaken – that is, when the process of normalizing eating, controlling symptoms and stabilizing weight is underway – it may feel as though some obstacle has lodged itself in the road ahead. The individual may feel that she knows what she has to do, and yet feel confused, frustrated and discouraged by her inability to “just do it.” Significant others and professional helpers may share her sense of frustration with this seeming stalemate in the recovery process.

It can be helpful at this point to explore what it is that the individual would be giving up if she were to recover. In other words, the eating disorder has come to serve some purpose in her life. Letting go of the eating disorder may represent a significant loss, and the individual may fear that recovery will come at too high a price. If she can articulate what purpose the eating disorder is serving, what its “positive” aspects are, it will help her to move forward with her recovery.

## Self-soothing

Binge eating is often described as a means of soothing or nurturing oneself. Bingeing may relieve stress, and may in fact be the only way that an individual feels she can “get a break.” She may know of no other way to take time out or to relax. She may feel that bingeing is her only means of receiving pleasure, and that food is her only friend. She may therefore be reluctant to give the bingeing up, despite the distress and self-loathing that follows.

## Social reinforcement

The response one receives from others can be a powerful reinforcer for an eating disorder. Others who are unaware that there is a problem may admire the individual and lavish her with praise for her ability to eat little, to stay thin, or to go to the gym every day. Others who are aware of the problem may respond with caring and support. She may end up fearing that the caring and support will be withdrawn if she recovers, and that she will have no way of communicating her distress other than through the eating disorder. Even if she receives “negative” attention, for example having others argue with her to eat, “police” her eating, or follow her to the bathroom, the thought of giving this up can be frightening if she feels that this is the only way others will notice her at all.

## **Preservation of the family unit**

The eating disorder can divert attention from other problems in a relationship or in a family. If the family is focused on the eating disorder, they can ignore other difficulties, for example, strife in the parental relationship. The individual can come to sense that the eating disorder is the glue that keeps the family together, and to fear that recovery will cause it to fall apart.

In the case of a couple, the relationship may have come to revolve around the eating disorder. The two may have little in common, to do or to talk about, outside of managing her illness. The partner may have assumed a caretaker role, and may feel not needed as the individual becomes well and more independent. She may come to sense that to stay ill is the only means of saving her relationship.

## **Safeguard against failure**

Often someone with an eating disorder will feel that her life has been “on hold.” She may have ceased to pursue school or work goals, may not have started a family, or may still be living in her parents’ home. She may initially have been waiting to be at an ideal weight before taking on these roles, but increasingly she experiences an inability to carry on with these things as the eating disorder consumes more of her time, energy and health. The eating disorder can thus become a cushion or a buffer between herself and her life. Through lack of “practice” at managing everyday challenges, she may fear that recovery will bring with it an overwhelming set of roles and responsibilities. Remaining ill thereby becomes a means of maintaining the status quo, and not having to face the possibility that she will fail at the various tasks she will be expected to perform once she is well.

## **Avoidance of sexuality**

Having an eating disorder often results in a decrease or cessation of sexual activity. This may be due to the effects of the illness. It can also be associated with a history of abuse. The eating disorder then becomes a way of protecting oneself from contact and intimacy that represent vulnerability to harm. When a woman becomes accustomed to little or no sexual contact, she may fear that with recovery there will be renewed expectations for sexual responsiveness. She may fear that with weight gain she will appear more feminine and sexually attractive, resume menstruating, and face challenges that she associates with the potential for relationships and possibility of childbearing. All of these may be associated for her with loss of control over her body, not only in terms of weight gain, but also in terms of how, when, and by whom she will be touched. Similarly, a person may binge eat to gain unnecessary pounds that make her feel protected from having to be sexual.

## Avoidance of memories or feelings

An eating disorder can be an effective means of avoiding painful memories or feelings in a number of ways. Low weight itself keeps feelings or memories at a safe distance by making the individual feel “numb.” Also, the cycle and the complications of bingeing and purging can be a powerful distraction from other concerns. Finally, vomiting is for some individuals a way of “purging” feelings and relieving intense emotion. The individual who has experienced abuse may have managed to keep the memories at a safe distance while preoccupied with food and weight. As she reaches a healthy weight, eats normally, or stops bingeing and purging, memories can surface or intensify, or flashbacks occur. If these memories feel unmanageable, this can be a powerful deterrent to recovery. When abuse is not the issue, negative feelings can still be extremely painful, and even frightening, when one is unaccustomed to dealing with them. Individuals may describe a stage in the recovery process where they feel worse rather than better, because they are more familiar with the struggles of an eating disorder than they are with the despair of unfamiliar negative feelings.

## Maintaining control

Although a woman with an eating disorder generally feels very out of control of her body and of her life, she will often have a sense that the eating disorder is her one chance at control, or she may fear that to give it up will render her more out of control than ever. The cycle of starvation and of eating disorder symptoms can be experienced as something that is hers and that only she can control. The cycle of starvation and symptoms comes out of her own goal of achieving a particular body type, and the fact that the behaviours that it entails are hers and hers alone. She may feel that this is *all* that is truly her own. Hanging on to the eating disorder can therefore come to represent the only means she can find of maintaining her self-determination.

Although the cycle may fail miserably at providing her with a sense of self-efficacy, giving it up may represent giving up the quest for self-efficacy. She may have the sense that in illness she is controlled by her own will, while in recovery she has to relinquish her will, to be controlled by the demands and expectations of others. She may also fear that if she gives up her eating disorder, her own needs and feelings, even hunger itself, will skyrocket out of control. Having the eating disorder may feel like the only means of denying and thereby controlling her own bodily and emotional needs, which she abhors. Finally, another way that she feels in control while she has the eating disorder is that she feels her life is familiar and predictable. It is, so to speak, the enemy she knows. While others, and she herself at times, may extol the virtue of regaining her health and thereby “getting her life back,” this prospect can be very frightening. She cannot predict what the future will hold without her eating disorder. What if she fails at these unfamiliar life tasks? Better the illness she knows than the unknown territory of recovery.

## Self-concept

Achieving a thin body can give an individual a sense of pride and accomplishment, a source of self-esteem, a feeling of being special and unique, and indeed even an identity or sense of self. Because her self-evaluation has been disproportionately or exclusively tied to body image, being thin or striving for thinness may be her only way to feel good about herself. She may feel special, either in her ability to maintain her thin body or even in her status as a patient or someone with an illness. She may in fact have come to define herself through her illness. Having an eating disorder may be her only identity, and she may believe that she will face dissolution of her very self if she were to give it up.

## Moving forward

All this said, what is someone with an eating disorder to conclude? That the eating disorder performs a number of important purposes, and serves a number of vital needs, and so one should hang onto it and not proceed with the recovery process? *By no means.* The eating disorder has been a means of coping, but it does not deal with or resolve the issues, and it comes at the high price of failed health and inability to live the life one chooses. If the individual can articulate the needs that the eating disorder may be filling, she can begin to pursue other means of filling these needs.

## The functions an eating disorder can serve:

- Self-soothing
- Praise, admiration, support and attention from others
- Keeping the family or relationship together
- Safeguard against failure
- Avoidance of sexuality
- Avoidance of memories or feelings
- Maintenance of a sense of control
- Giving one an identity or sense of self

## Strategies to move forward:

1. Actively practice other means of relaxation and self-soothing. These will not come easily or automatically, and must be learned. Examples would include taking a hot bath or listening to music.
2. Practice communicating directly to others about needs you want met.

3. Set a realistic pace for pursuing other goals after recovery. In fact, set *only* the goal of recovery at first. Be explicit, with yourself and others that you may not return to school or get married – not right after recovery or maybe not ever. Allow yourself the time to find what it truly is that you want, rather than trying to live up to some expectation.
4. Separate sexuality from recovery: Tell yourself, and your partner, that you need space to recover first, with no expectation of change in sexual activity. This issue can be dealt with separately when and if you become ready to manage it.
5. Learn to sit with feelings rather than trying to “get rid” of them. Then look at ways of relieving or resolving them. These would include talking to someone, distracting from the feelings in a healthy way, or soothing yourself.
6. Look for ways to define and feel good about yourself other than through your body.

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