

Giving Up an Eating Disorder: What Else Might An Affected Individual 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 they know what they have to do, and yet feel confused, frustrated and discouraged by their inability to “just do it.” Significant others and professional helpers may share their 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 they were to recover. In other words, the eating disorder has come to serve some purpose in their 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 they can articulate what purpose the eating disorder is serving, what its “positive” aspects are, it will help them to move forward with their 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 they can “get a break.” They may know of no other way to take time out or to relax. They may feel that bingeing is their only means of receiving pleasure, and that food is their only friend. They 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 them with praise for their 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. They may end up fearing that the caring and support will be withdrawn if they recover, and that they will have no way of communicating their distress other than through the eating disorder. Even if they receive “negative” attention, for example having others argue with them to eat, “police” their eating, or follow them to the bathroom, the thought of giving this up can be frightening if they feels that this is the only way others will notice them 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 the affected individual's illness. Their partner may have assumed a caretaker role, and may feel not needed as the individual becomes well and more independent. The affected person may come to sense that to stay ill is the only means of saving the relationship.

Safeguard against failure

Often someone with an eating disorder will feel that their life has been “on hold.” They may have ceased to pursue school or work goals, may not have started a family, or may still be living in their parents' home. They may initially have been waiting to be at an ideal weight before taking on these roles, but increasingly they experience an inability to carry on with these things as the eating disorder consumes more of their time, energy and health. The eating disorder can thus become a cushion or a buffer between the affected individual and their life. Through lack of “practice” at managing everyday challenges, they 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 they will fail at the various tasks they will be expected to perform once they are 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 an individual becomes accustomed to little or no sexual contact, they may fear that with recovery there will be renewed expectations for sexual responsiveness. In the case of an affected woman, 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 them 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 they reach a healthy weight, eat 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 many individuals with eating disorders feel very out of control of their bodies and of their lives, they will often have a sense that the eating disorder is their one chance at control, or they 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 theirs and that only they can control. The cycle of starvation and symptoms comes out of their own goal of achieving a particular body type, and the fact that the behaviours that it entails are theirs and theirs alone. They may feel that this is *all* that is truly their own. Hanging on to the eating disorder can therefore come to represent the only means they can find of maintaining her self-determination.

Although the cycle may fail miserably at providing them with a sense of self-efficacy, giving it up may represent giving up the quest for self-efficacy. They may have the sense that in illness she is controlled by their own will, while in recovery they have to relinquish their will, to be controlled by the demands and expectations of others. They may also fear that if they give up their eating disorder, their 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 their own bodily and emotional needs, which they abhor. Finally, another way that they feels in control while they have the eating disorder is that they feel their life is familiar and predictable. It is, so to speak, the enemy they know. While others, and they themselves at times, may extol the virtue of regaining their health and thereby “getting their life back,” this prospect can be very frightening. They cannot predict what the future will hold without their eating disorder.

What if they fail at these unfamiliar life tasks? Better the illness they know 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 their self-evaluation has been disproportionately or exclusively tied to body image, being thin or striving for thinness may be their only way to feel good about themselves. They may feel special, either in their ability to maintain a thin body or even in their status as a patient or someone with an illness. They may in fact have come to define herself through their illness. Having an eating disorder may be their only identity, and they may believe that she will face dissolution of their very self if they 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, they 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 if you have an eating disorder:

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, get married, etcetera – 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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