

## Nutrition and Eating Disorder Recovery

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## Goals and Objectives

- Increase knowledge of eating disorders and the recovery process
- Develop deeper understanding, compassion and patience
- Gain an understanding of nutrition treatment
- Inspire to become a role model and mentor for girls and women

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“Learning to eat was about learning to live – and deciding to live; It is one of the most radical things I have ever done.”

Anne Lamot

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“We are not human beings on a spiritual journey. We are spiritual beings on a human journey.”

Stephen Covey

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## Eating Disorders

An illness that tells us we don't have an illness

It does not discriminate

It's existence relies heavily on the fact that you forget to separate from it

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## Hunger

- To yearn
- A strong desire for something
- Experiencing weakness, pain or other discomfort from lack of something

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## What are we hungering for

- . Emotional connection
- . To be seen, listened to
- . To be loved
- . To be valued
- . To be considered worthy
- . To be soothed, calmed
- . To be freed
- . To be released from the prison of E.D.

## Our Society and Culture

Our culture is lacking in rituals and rites of passage and we are starving for them.

I believe that dieting and our food obsessions have become our 'modern ritual' of self improvement and self purification

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## Recovery

"The act, process or instance of recovering; to get back, to bring back to normal position or condition. "

"To regain a normal position of health"

"To save from loss and restore to usefulness"

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## Health / Healthy (a definition)

"Condition of Being Sound in Mind, Body and Spirit"

"Freedom from Physical Disease or Pain"

"Well Being"

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"Enjoying health and vigor of body & mind"

"Prosperous and Flourishing, not small or feeble, conducive to health"

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## Normal.....

"Regular, sane, occurring naturally according with, constituting or not deviating from a norm, rule or principle"

Body dissatisfaction (body never good enough)

- . Body hatred
- . Comments on how people look, always comparing
- . Food fears
- . Always dieting or needing to diet
- . Food avoidance; not eating 'that' because I'm trying to lose weight
- . Mindless eating
- . Always talking about body, food, weight

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## Normal.....

- . Skipping meals
- . Eating while doing other things
- . Moralizing foods and self: 'good' foods and 'bad' foods
- . Feeling guilty or bad because of foods eaten.
- . Ignoring or overriding our bodies messages
- . Weight, food intake becomes some statement or indication of person's worth, their character, their moralness
- . Having lots rules, shoulds and shouldn'ts

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## Cognitive Distortions

- Eating Disorders create a lens through which an individual sees herself, her body and all things food related.
- These thoughts that emerge through this lens are called cognitive distortions.
- These distortions are firmly embedded and serve to keep the eating disorder going.
- They are intensified the longer the individual has had the eating disorder and the more starving the individual.

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## Cognitive Distortions

- I am not hungry so I don't need to eat.
- Eating or eating certain foods will make me gain weight or get fat
- Gaining weight will make me fat
- My body is not to be trusted
- My body is the enemy
- When someone tells me I look good or healthy they mean I look fat
- I can't control myself around these \_\_\_\_\_ foods
- If I eat these foods I will binge

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## Cognitive Distortions

- Food is bad.
- Eating is a sign of weakness.
- Not eating is a sign of control, power, and strength.
- I am more powerful because I don't eat.
- Food makes me anxious.
- Eating foods with fat will make me gain weight.
- If I gain weight I will be fat.
- When someone tells me I look healthy they mean I look fat.
- My body is not to be trusted.

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## Recovery

- Being in and having a healthy relationship with Body and Self;
  - Body care, Respect, Worth, Appreciation
- Intuitive eating
- Food Neutrality
- Maintaining a Weight that is right for your body
- Self Worth not being determined by body size
- Dealing with emotions and life's challenges in healthy and appropriate ways

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## Recovery

- It can be slow and filled with regressions and plateaus
- Behavior change needs to be thought of as a process not an event
- Behavior change is not linear
- It may be incremental steps over time

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## Recovery is not

- A return to the state / condition prior to development of the eating disorder
- Having food fears
- Body dissatisfaction / hatred
- Moralizing food
- Being fearful of gaining weight or being weight focused
- Using a scale to monitor weight
- Being fearful of certain foods and avoiding them
- Valuing one clothing size over another

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## Recovery

Recovery is not just the elimination of behaviors

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We all have a relationship to food, eating, our bodies and ourselves.

My job is to work with the individual to make these relationships healthy. We start this by developing our own relationship.

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## Goals for Nutrition Treatment

- Develop flexible eating patterns
- Meet caloric and nutritional needs of the body
- Eliminate all fears and obsessions with food and weight
- Eat intuitively
- Develop and maintain a healthy relationship with exercise
- Achieve and maintain a weight that is right for your body
- To develop 'healthy and normal' body image and relationship with body
- To eat regularly and consistently
- Have food become emotionally neutral
- Be able to eat in a variety of social situations

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## 'Readiness to Change' Indicators

- The willingness and ability to confront cognitive distractions regarding food, weight and nutrition.
- Willingness and ability to weigh a healthy weight.
- Willingness and ability to confront and challenge food fears.
- Willingness and ability to be more flexible with food and eat a greater variety of food.
- Willingness and ability to eat with others.
- Desire to not have or use E.D. to define themselves.

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## Nutritional Therapy Work

### · **Develop a trusting and collaborative relationship**

I am aligning with the individual not the eating disorder

- Assess the individual, family, support system
- Challenge the beliefs
- Challenge the distorted thinking
- Challenge the rules
- Provide new ways of thinking – based on science and facts

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## Nutritional Therapy Work cont'd

- Get them invested in their own recovery
- Practice new behaviors
- Help to weather emotional storms and stressful life events.
- Provide reassurance

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## Starvation

- Ancel Keyes in 1950's
- Men followed 6 month program of a semi-starvation diet followed by a re-feeding program
- The men were observed and followed behaviorally, physically, emotionally and cognitively.

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## Keyes' Starvation Study

- Preoccupation with food
- Constant hunger
- Decreased ability to concentrate
- Increased anxiety
- Increased apathy
- Increased fatigue and weakness
- Decreased ambition
- Increase in depression and moodiness
- Decreased memory

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## Starvation Study cont'd

- Sleep disturbances
- Indecisiveness
- Social Withdrawal
- Feelings more easily hurt
- Many rituals were developed around eating
- Preoccupation with food, hunger and body size
- Coffee and tea consumption increased as did consumption of water and other fluids

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## Re-Feeding Experiment

- Mood changed from apathetic to more irritable, depressed or aggressive
- Even though they wanted to the men found it difficult to change the habits and attitudes they had developed during semi-starvation
- It took between 5-8 months for eating behaviors to return to normal
- As they gained weight the men experienced some of the following: gastrointestinal discomfort, sleepiness, fatigue, edema, muscle soreness and thirst.

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## Malnutrition

It exacerbates Everything!!!!!!

Our cognitive functioning, our emotion and moods, our physical health, our physiology and our behaviors

\* Studies show hungry students retain less information and have a more difficult time grasping complex ideas

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## Nutrition Therapy

- Stop/Reverse their malnutrition
- Improve their nutritional intake
- Increase their caloric intake
- Increase their intake of protein and fat ( to help with cognitive function among other things)
- There may not be the luxury of time
- Start with where they are and move forward from there
- Be in frequent contact with the treatment team – this is critical in the early stages
- Know what your parameters are – what are the consequences for the individual if they do not meet them?

Energy intake during re-feeding must achieve a compromise between the need to restore weight and normal nutrition as quickly as possible and the patient's physical and psychological ability to tolerate eating.

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The rate of increase in intake depends on patient's ability and level of support and supervision and medical necessity.

Amount of food given is limited at first and slowly increased.

More nutrition support may be needed at this time until minimum goal of weight restoration and nutritional intake has been reached.

Recommend use of taking enzyme supplements and probiotics

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Discuss the how to's - provide as much structure and support as

## Intuitive Eating

- Eating when hungry
- Stopping when full
- Eating what tastes good to you
- Eating what you know the body needs
- Responding appropriately if something interferes with hunger/fullness system
- Planning to eat meals with your daily schedule in mind
- Having food available

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“ It takes a Village to Recover”

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What are your next steps?

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