

EATING DISORDERS

Today

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A NEWSLETTER FOR RECOVERING INDIVIDUALS AND THEIR LOVED-ONES

EATING DISORDERS 101

Readiness for Change

Karen R. Koenig, LICSW, M.Ed.

Ending destructive eating can be facilitated by developing five behavioral traits that support change. They are:

- 1) A balanced ability to say yes and no to yourself.
- 2) A willingness to seek help as part of problem solving.
- 3) A belief that if others can reach a goal, you can too.
- 4) The capacity to look honestly at ego deficiencies.
- 5) The ability to bear the anticipation and reality of setbacks.

1. Saying Yes and No

If, in general, you have difficulty saying either yes or no to yourself, you're at a disadvantage in changing eating behaviors. If you habitually say no to yourself by denying hunger, depriving yourself of food, or postponing eating, you will need to learn to increase your comfort in responding affirmatively. By sitting with the intense initial anxiety of a positive response, you'll gradually find that saying yes to food can be as pleasurable, satisfying, and empowering as saying no.

On the other hand, if you have difficulty saying no to yourself, it's helpful to recognize that in the long run, saying no can be as gratifying

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The Role of Shame in Eating Disorders

Jane Shure, LCSW, PhD

What is Shame?

Shame is that feeling of being inherently flawed, damaged, and defective. It dampens spontaneity, drains life energy, and keeps us prisoners of self-doubt. Shame has many faces and shows up with different voices, but they all say that the person we present to the world is deficient, that we won't amount to much, and that we should keep ourselves hidden.

Feelings of shame live in the body and get stored there over time. Shame can evoke strong urges to shrink ourselves and disappear from sight in an attempt to avoid perceived interpersonal humiliation. It can produce agitation, suspiciousness, resentment, irritability, a tendency to blame others, and even terror. Shame leaves us wanting to flee rather than be present. It makes us want to block out emotions because we don't know how to soothe hurts or manage pain.

People often confuse shame with guilt, but there are important differences that distinguish them. Guilt focuses on an action that we have done or failed to do. With guilt, we feel bad about our behavior, while with shame, the feeling isn't that we have done something bad, but that we *are* bad.

Shame causes feelings to get converted into beliefs, and with time these beliefs

come to be thought of as truths. For instance, "I feel stupid" becomes "I am stupid;" "I don't feel loved" becomes "I'm not lovable;" "I'm unhappy in this situation" becomes "It's all my fault." Shame supports name-calling, accuses self-blame despite innocence, and holds us responsible for others' shortcomings. All these things create fertile ground for ongoing self-criticism.

Individuals who live with high degrees of shame tend to tell themselves: "I'm weak. I'm disgusting. I'm pitiful. I'm damaged. I'm inadequate. I deserve to be put in my place." They frequently assume that others view them in the same negative ways that they view themselves. They anticipate humiliation and disdain from others and feel undeserving of kindness and praise.

This high degree of shame can become so basic to a person's inner life that therapists often call this spiraling cycle of self-degradation as being "shame-based." While everyone encounters moments of shame, people who are shame-based get stuck in their shame. Others have the resilience to recover and reclaim feeling good about themselves, but those who are shame-based find such recovery difficult—at times it may seem nearly impossible.

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Groups: Building
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The Lies of
Perfectionism



Published by Gürze Books,
specializing in eating disorders
publications and education since 1980.

How Families Promote Shame

In the normal course of development, all children feel inadequate to certain tasks. They may feel less capable than an older sibling, frustrated in the course of skill mastery, or somehow "different" from those around them. Good parenting helps children struggle with and manage these challenging feelings. When parents coach their children to accept feelings and frustrations, it helps build self-esteem. When parents convey **c o m p a s s i o n** towards their children's vulnerable feelings, they teach soothing techniques and build the capacity for their children to tolerate frustration and imperfection.

When opportunities for compassion and understanding are missed, children may not develop sufficient skills for managing the normal feelings of shame that arise, and they may become deficient in the skills of self-comforting and calming.

Children who grow up in shame-based families learn to please others in order to avoid experiencing shame and disapproval. In families where blaming, humiliation, and critical parenting styles are dominant, children's self-worth

ger, and fear—gets under the skin and is incorporated in the body. The body becomes a container for negative thoughts, painful feelings, and distorted perceptions. Coping with these emotions and thoughts becomes an enormous challenge.

Limited in their repertoire of choices, shame-based individuals instinctively search for ways to get rid of distressing feelings. Sometimes the mind dissociates, which is the process of cutting off awareness to what is going on. Instead of experiencing these feelings, it will block out those that might feel too overwhelming. Dissociating from unacceptable thoughts and feelings allows people to live "as if" their thoughts, feelings, and life situations do not exist.

In all forms, eating disorders offer a form of adaptive dissociation. Eating

erodes and they develop fewer healthy defenses for coping with emotional

stress. Seeking ways to feel good, they develop radar for discerning how to please the people in their lives. They organize themselves to figure out "who should I be?" rather than the healthier stances of "how do I feel and what do I want to do about it?" These children are most at risk for developing self-destructive defenses and are therefore at greater risk for becoming perfectionistic about their actions and appearance.

Shame, Dissociation, and Eating Disorders
Shame—as well as hurt, sadness, an-

disorder symptoms—restricting, purging, compulsively overeating, always feeling fat—provide a way of distracting attention away from one's original sources of shame. They direct the mind to criticize the body and obsess about food. Thoughts get conceptualized in "either/or" terms: there is good and bad, right and wrong, thin and fat, and nothing in between. "I feel so fat" draws attention toward weight loss rather than an exploration of distressing feelings.

While eating disorder behaviors are attempts to diminish the harmful effects of shame, they end up strengthening and maintaining it. After months or years of living with an eating disorder, women and men often have no idea that their disorder is related to childhood experiences, shame-based patterns, or forgotten trauma. Over time they come to believe that they are just bad for having their symptoms.

Guidelines for Healing the Wounds of Shame

Compassion is the antidote to shame because it resists judgments and seeks understanding. It allows for imperfection and mistakes and sees life as a journey of experimentation, discovery, and

Parent Styles That Influence Self-Esteem & Body-Esteem

Promotes Low-Esteem

Controlling
Judgmental
Avoidant
Indirect
Behaves like a victim
Expects child to please
Angry/disapproving
Encourages perfectionism
Compares and competes
Defensive
Diets/body dissatisfaction
Depression/anxiety
Under/over exercise

Promotes High-Esteem

Understanding
Accepting of differences
Attentive
Direct
Demonstrates caring for self
Recognizes child as separate
Tolerates emotions/sets boundaries
Realistic, healthy standards
Doesn't compare/compete
Accountable
Healthy eating/body satisfaction
Balanced in mood
Enjoys moderate exercise

National Institute of Mental Health funded

Genetic Study of Anorexia Nervosa in Families

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Locations across the US, Canada and Europe.

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learning. As we experience compassion, our inner critic loses power and we become able to treat ourselves with the kindness that we believe our loved ones deserve. Remember that it takes patience, hard work, and much practice to change habits of condemnation and disapproval.

What You Can Do:

- 1) Become aware of how you talk to yourself and what your inner critic says. Noticing and becoming aware is the first step in any change process.
- 2) Replace words of shame and criticism with words of compassion and understanding. Notice how much harder it is to speak to yourself in nonjudgmental language. If it would be mean to say something to a loved one, then don't say it to yourself. Practice by journal writing with words that tolerate imperfection and promote self-acceptance.
- 3) Accept that you are a human being with a range of feelings and experiences, not an inanimate object that is meant to be controlled. Learn to focus your attention on thoughts of respect and awe for what your body does for you rather than getting annoyed by what it doesn't do for you.
- 4) Surround yourself with people who treat you well and stay away from those who cause you to feel bad about yourself.
- 5) Acknowledge any experiences of being shamed. When we talk with people we trust, we can begin to heal our shame.

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Transforming Obsessions With Body-Image, Weight & Food: Healing The Wounds

- Kripalu Center, Lenox, MA
June 17-19, 2005
www.kripalu.org
- The Crossings, Austin, TX
Oct 21-23, 2005
www.thecrossingsaustin.com

Calming Your Inner Critic

- Kripalu Center, Lenox, MA
Sept 23-25, 2005 www.kripalu.org

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Legislation Needed: Help Congress to Act Now

Congress and state legislatures have the power to help eating disorder sufferers and the public by passing laws that provide adequate health insurance coverage and awareness programs.

While most people know about the Terri Shiavo case, the media kept relatively quiet the reports that her coma was directly related to her bulimia. While eating disorders and mental illness are too often considered taboo subjects, currently proposed legislation includes several bills that could lead to substantial and important benefits.

Current Legislation

The Eating Disorders Awareness, Education, and Prevention Act of 2005 (H.R. 49) was recently introduced in the House of Representatives. If passed, this bill would authorize the use of government funds for educational prevention programs.

The passage of this bill would improve identification of students with eating disorders, increase awareness among parents and students, and provide prevention training for educators. It would also implement public service announcements, as well as authorize a study of the impact eating disorders have on educational advancement and achievement.

Another bill, the Paul Wellstone Mental Health Equitable Treatment Act (H.R. 1402), was introduced in Congress two years ago. However, the legislation has still not passed. This bill was born as a result of another legislation, the Mental Health Parity Act of 1996, (MHPA) a federal law that required mental health benefits receive the same dollar amount as physical illness.

The MHPA has been overstepped by many insurance companies that have found ways to place restrictions on coverage. Insurance providers may only cover a limited amount of treatment, and many

families are forced to pay out of pocket.

The new legislation, H.R. 1402, would improve the quality of coverage provided

to people suffering from mental illness and end mental health restrictions currently being placed by employers and insurance companies.

How You Can Help

The public and government officials are in great need of education from people who are knowledgeable about eating disorders, treatment, and recovery. Everyone concerned with these issues can take personal responsibility for helping to pass these bills. Showing concern to your elected officials will result in attention and action.

The Eating Disorders Coalition (www.eatingdisorderscoalition.org) requests that people send a letter, postcard, fax, or e-mail to their elected senators and representatives in Congress urging the support of these bills. Educate these government officials about the impact that eating disorders have had on your life. Let them know that eating disorders are preventable and treatable mental illnesses.

If enough people show that the public cares about these subjects, better health care coverage will result. For the names of your state's representatives and their contact information, go to: www.house.gov/writerep. Senators are listed at: www.senate.gov

—LW

Show Your Support for Two Bills in Congress:

- *The Eating Disorders Awareness, Education, and Prevention Act of 2005 (H.R. 49)*
- *The Paul Wellstone Mental Health Equitable Treatment Act (H.R. 1402)*