

## Break Free from ED

*An Active Guide to Recovering From Your Eating Disorder*

### Module 2

## **What Keeps Eating Disorders Going?**

Introduction	2
What Keeps Eating Disorders Going?	2
How it All Fits Together: The Vicious Cycle of Eating Disorders	4
Where to From Here?	7
Why You Can't Recover While Trying to Lose Weight	7
Module Summary	8

*If you are restricting your food intake, using self-induced vomiting, over-exercising, laxatives or diuretics for weight-control, or have lost weight recently, it is important that you talk to your medical practitioner and get a full medical check-up, as there are many physical complications that can arise as a result.*

This information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statements available at [www.cci.health.wa.gov.au](http://www.cci.health.wa.gov.au) regarding the information on this website before making use of such information.

## Introduction

In Module 1, we discussed symptoms of eating disorders and highlighted why it is important to see a medical practitioner. You considered how concerns about eating disorder behaviours impact your physical and mental health, relationships, and quality of life. In this module we are going to look at the key factors that keep you stuck in the vicious cycle of an eating disorder. We will then introduce ways for you to break free from this vicious cycle.

## What Keeps Eating Disorders Going?

People often come to treatment and blame themselves for not being able to get out of the eating disorder on their own. They might be self-critical and think of themselves as *undisciplined* or *weak*, or believe that they're *just not working hard enough*. This is not the case!

So why do people with eating disorders get into a pattern of doing things they don't want to be doing over and over again? Let's work through the key factors that keep eating disorders going.

### 1. Unhelpful beliefs about eating, weight and shape (and their control)

It is common for people to hold very strong beliefs about the relationship between their eating disorder behaviours and their weight or shape. Some beliefs might include:

- *Eating carbohydrates regularly will cause uncontrollable weight gain*
- *If I don't purge after binge-eating I will feel awful*
- *I need to be thin to be liked by others*
- *I must eat perfectly*
- *Eating will make me feel better*



Eating disorders also provide a rich breeding ground to align our **beliefs and values** to that lead people to believe that behaviours like restriction, exercise, or dieting reflect achievement, health, hard work, or even moral or ethical superiority. Unfortunately, eating disorder behaviours usually take people away from their true values - for example, trying to “get healthy” might spiral into an eating disorder and result in being hospitalised. Eating disorders ultimately occur **at the cost of other valued areas of life** and prevent you from being the person you want to be.

Challenging these beliefs is an important part of recovering from your eating disorder.

### 2. Unhelpful behaviours related to eating, weight and shape


Eating disorders **always** involve disordered eating behaviours.

You might be eating too little, following rigid and inflexible rules about what and when to eat, exercising too much, vomiting, or misusing laxatives. You may also be using binge eating to manage your emotions.

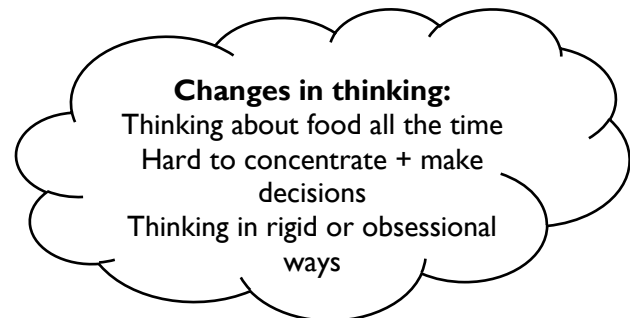
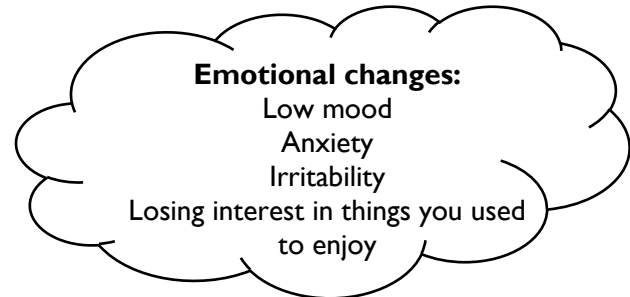
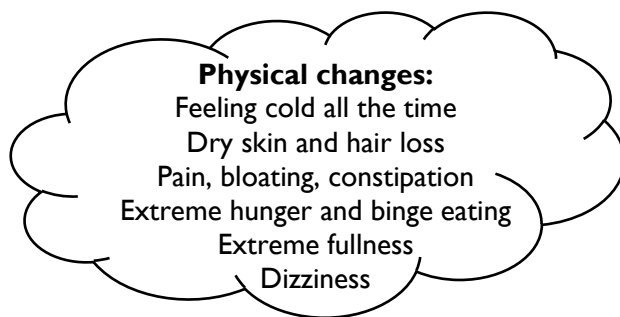
You might spend lots of time focusing on your body or try very hard to avoid looking at your body or having others see your body. You might swing between the two!

## 3. Starvation Syndrome

Regardless of how you are attempting to control your weight and shape, if your nutritional intake is poor, irregular, or unbalanced, or if you engage in behaviours that reduce energy absorption, you are likely experiencing symptoms of **Starvation Syndrome**.

Starvation Syndrome refers to a collection of changes that occur when someone is malnourished. We know what you're picturing – someone who is extremely underweight. However, **starvation can occur at any weight**. You don't need to lose weight to experience symptoms of starvation and it can be very serious. 

A key study that helped us understand the effects of starvation syndrome is the Minnesota Starvation Experiment. Many of the symptoms once thought to be primary symptoms of eating disorders are actually direct symptoms of starvation. A starved brain is unable to perform many of the essential tasks on its daily "to-do list" – and this can result in a number of changes:



## 4. Binge Eating

Binge eating refers to an episode of eating during which a person feels a **loss of control over their eating**. Eating too little, following strict rules about how you eat, and emotions can all trigger episodes of **binge eating**. This is often followed by intense feelings of guilt, disgust, and shame and renewed attempts to follow even stricter eating and exercise routines, which keeps the vicious eating disorder cycle going.

## 5. Purging Behaviours

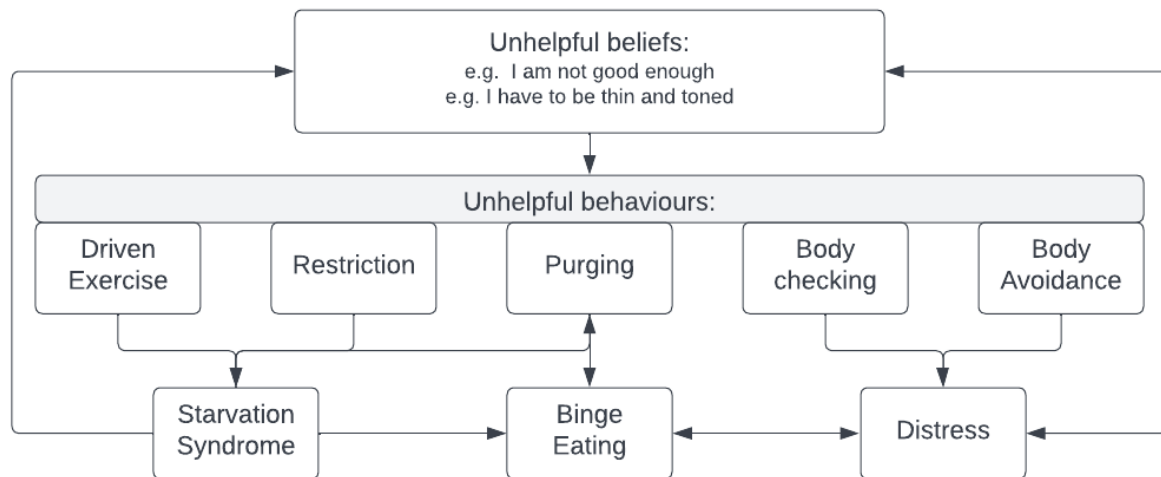
Purging refers to methods intended to get rid of food or liquid from the body and may include vomiting, misusing laxatives or diuretics, or driven exercising. People may purge when they break a dietary rule, eat more than planned, binge eat or experience uncomfortable feelings or physical sensations.

## 6. Distress

Many people report that they engage in eating disorder behaviours in response to feeling anxious, sad, or distressed because, in the short-term, it makes them feel better.

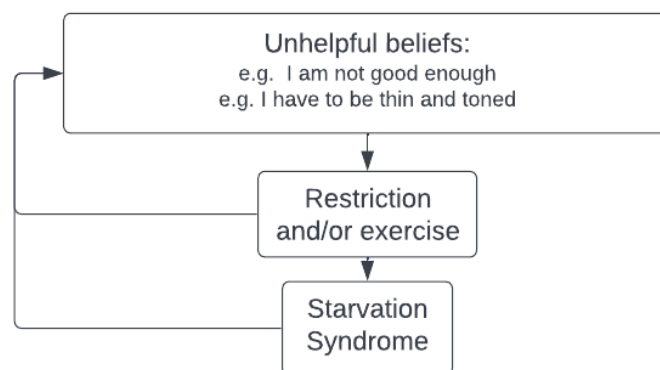
## How It All Fits Together: The Vicious Cycle of Eating Disorders

When people hold very **strong beliefs** about eating, weight, and shape, they may make attempts to try to control them through disordered eating behaviours. These behaviours can create a vicious cycle that is very difficult to escape. There are several 'loops' that keep eating disorders going.



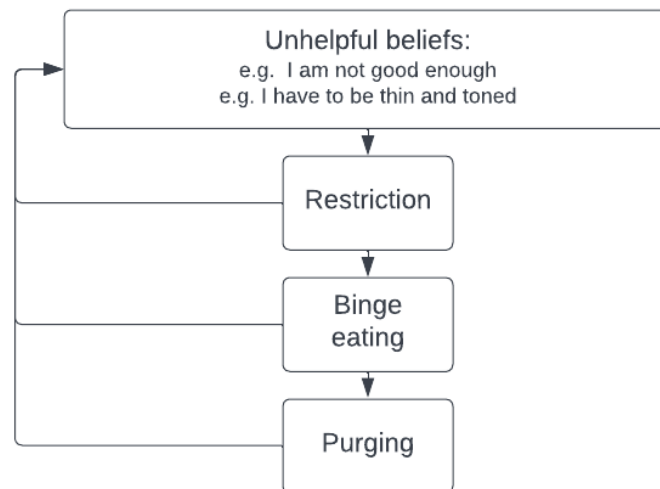
Let's take a look at each of these 'loops' in more detail:

One 'loop' that keeps eating disorders going is **starvation syndrome**. For example, feeling overly full, easily bloated, not feeling hungry, and toileting issues increase concerns about weight, shape and eating. Starvation can also increase anxiety and worsen mood leading to isolation and increased focus on your eating disorder. Perhaps most importantly, the cognitive changes that occur as a result of starvation (i.e. rigid, obsessive thinking, preoccupation with thinking about food) make it very difficult to 'snap out of' an eating disorder. To recover you need to plan, solve problems, think differently, and regulate your emotions - these complex tasks require energy from a nourished brain!

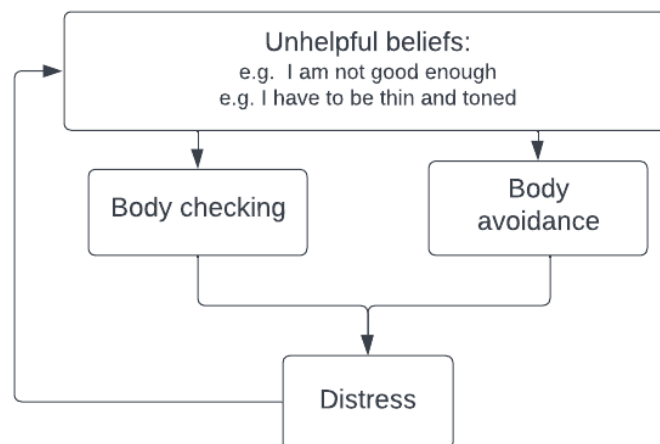


**Attempts to control eating, weight and shape lead to binge eating and broken rules.** Not eating enough makes you physically hungry and leads to craving foods you are depriving yourself of! When you are *really* hungry, your clever brain drives you to eat more than usual so you don't starve - this is a sign of an adaptive brain equipped to survive. Plus, the more you try *not* to eat something, the more likely you are to crave it. Binge eating and broken rules lead to distress and attempts to 'make up for it' by restricting even harder tomorrow or purging, creating another vicious loop!

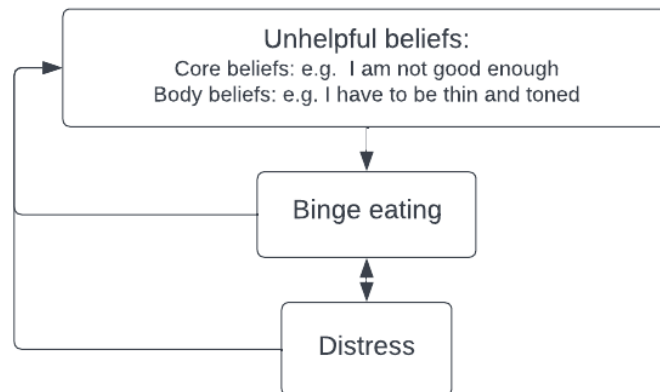
**Purging behaviours** create another 'loop'. Just knowing that you *can* purge after eating makes you more likely to binge eat or eat food that you consider 'forbidden'! Purging behaviours can also lead to physical or biological changes (e.g. insulin spikes and drops, fatigue) that lead to cravings and further urges to binge eat.



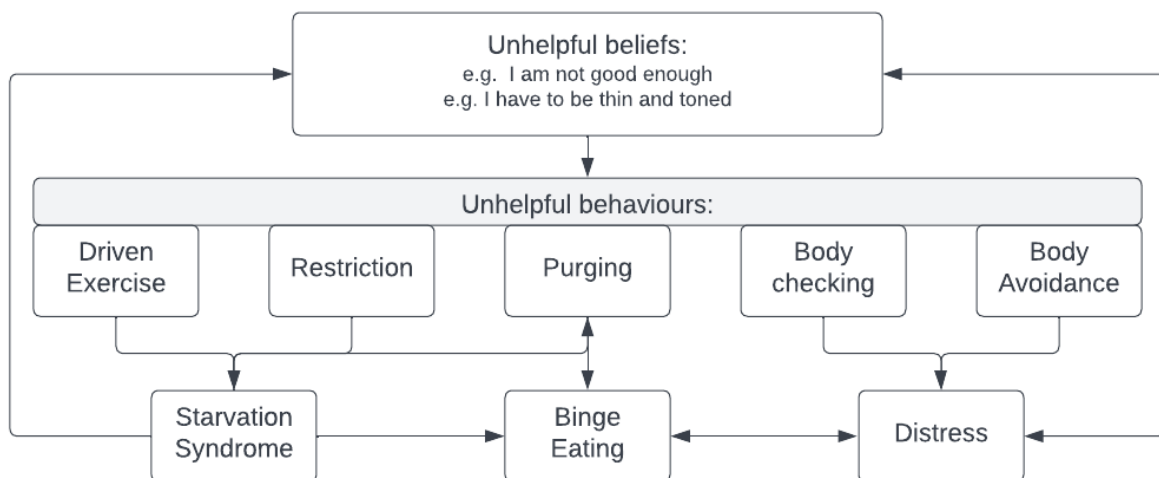
**Body checking and body avoidance increase body image concern.** When you hold negative beliefs about your body you might focus intensely on your body (e.g. in mirrors), and in turn notice 'flaws' that you wouldn't normally notice, leading to feeling awful. Attempts to avoid seeing your body altogether might make you feel better in the short term, but in the long term the negative beliefs you hold about your body are never tested and body image concerns worsen.



**Relying on eating disorder behaviours to regulate your mood and manage distress** is another 'loop' because you will not learn other ways to cope with distress. While the behaviours may seem helpful in the short-term, in the long-term, they will make your mood worse. Starvation syndrome increases anxiety, lowers mood and makes it more difficult to regulate your mood. Many people also feel shame after binge eating or purging, which keeps the cycle going.



**TASK:** On the diagram below, highlight the boxes and loops that seem most relevant to you.



## Where to From Here?



It may feel overwhelming to realise that the methods you have been using to try to control your eating, weight and shape are actually the very thing keeping your eating disorder going. Hopefully you also understand that this is why we need to focus on changing these behaviours first! We know from research that this needs to be the first step as **your brain must be properly nourished in order to recover**.

We know that this is easier said than done, and you're probably feeling very anxious about making these changes, possibly even terrified. We will guide you through the steps of recovery and always explain to you **why** these changes are important! Remember, **early behavioural change** is the most consistent predictor of recovery, and anxiety means you are tackling change!

We will work through treatment strategies in the order that has been shown to be helpful for people with eating disorders.

- We start by providing you with clear, scientific information about weight and correct some unhelpful myths about the number on the scale while showing you how we can use the scale to test out some of the unhelpful beliefs that keep eating disorders going (Module 3).
- We will then discuss eating and guide you through the steps of normalising your nutritional intake, addressing starvation syndrome and reducing behaviours intended to control eating, weight, and shape (Modules 4 - 7).
- Then we will turn our attention to other eating disorder behaviours, including binge eating (Module 8), purging (Module 9) and driven exercise (Module 10).
- Once your eating is more on track, we will address body image (Module 11 and 12) and some of the core unhelpful beliefs that may have led to disordered eating (Module 13)
- Finally, we will help you work out a plan for maintaining gains and dealing with setbacks (Module 14)

As you move through these modules, we encourage you to have a good go at the strategies so that you can give yourself the best chance to see what it is like to think and behave in these new ways!

## Why You Can't Recover While Trying to Lose Weight

As you may be starting to realise, having a goal of weight loss is incompatible with recovering from an eating disorder. This is because if you are trying to lose weight, you are likely engaging in all of the behaviours that keep you stuck in the eating disorder!

We understand that it is hard to let go of weight loss goals, but we encourage you to fully commit to the process and see what it's like to put this aside and focus on reducing your eating disorder symptoms!

## Module Summary

- People with eating disorders tend to hold strong **beliefs** about eating, weight and shape, and **attempt to control** these through **eating disorder behaviours**.
- Eating disorder behaviours form several 'loops' that keep you stuck in your eating disorder. They need to be addressed **first**.
- Trying to lose weight is not compatible with treatment for an eating disorder – consider whether you are willing to put this to the side to prioritise your recovery.
- The most consistent factor that predicts whether someone will fully recover from an eating disorder is **early behavioural change**. This means that jumping in and making changes early on will give you the best possible chance of recovery!

**Coming up...**Understanding the Number on the Scale



## About the Modules

### CONTRIBUTORS

**Katharina Targowski** (MPsych)  
*Clinical Psychologist*

**Dr. Olivia Carter** (DPsych)  
*Clinical Psychologist*

**Dr. Bronwyn Raykos** (PhD, MPsych)  
*Senior Clinical Psychologist*

**Samantha Bank** (MPsych)  
*Clinical Psychologist*

**Dr. Bruce Campbell** (DPsych, MPsych)  
*Consultant Clinical Psychologist*

### REFERENCES

These are some of the professional references used to create the modules in this information package.

Fairburn, C. G., Cooper, Z., Shafran, R., Murphy, R., & Hawker, D. M. (2008). *Cognitive Behaviour Therapy and Eating Disorders*. Guilford Press.

Waller, G., Cordery, H., Corstorphine, E., Hinrichsen, H., & Lawson, R., (2007). *Cognitive Behavioural Therapy for Eating Disorders*. Cambridge University Press.

Waller, G., Turner, H.M., Tatham, M., Mountford, V.A., & Wade, T.A. (2019). *Brief Cognitive Behavioural Therapy for Non- Underweight Patients: CBT-T for Eating Disorders*. Routledge.

### ACKNOWLEDGEMENTS

We would like to thank Professor Glenn Waller (University of Sheffield), Professor Tracey Wade (Flinders University) and Dr. Louise Andony for their expert review of these modules. We would also like to acknowledge Dr. Sarah-Ashley Robbins from the Gaudiani Clinic for her review of select medical information and thank the entire Eating Disorders team at the Centre for Clinical Interventions.

### IMAGES

All images in these modules were created by Alexi Bailey. Copyright © 2022 Centre for Clinical Interventions. Artwork is not to be used without permission of the owner in accordance with Australian Copyright Law.

### “BREAK FREE FROM ED”

This module forms part of:

Targowski, K., Bank, S., Carter, O., Campbell, B. & Raykos, B. (2022). *Break Free from ED*. Perth, Western Australia: Centre for Clinical Interventions

**ISBN: 978-0-9757995-2-9**

**Created: July, 2022**