

Cure Your Eating Disorder:
5 Step Program
To Change Your Brain

The Neuroplasticity Approach

Dr.. Irina Webster MD.

“Mom, Please Help!” Series

Cure your eating disorder

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Dedication:

This book is dedicated to the memory of all eating disorder victims who needlessly died without having the opportunity to learn about the power of neuroplasticity in treating their illness. It is also dedicated to all those who are still suffering from eating disorders, but hopefully, will recover after discovering the real power of their mind.

The names of the people used in this book have been changed to protect their identity and confidentiality. All of the symptoms and the treatment methods are portrayed as they actually occurred.

Acknowledgements

This book could not have been written without the help of the many people who shared their experiences and successfully implemented the Five –Step Method. Also I could not have written this book without the great work of Jeffrey M. Schwartz, MD whose knowledge and research inspired me to continue on with my work to educate eating disorder sufferers on the power of their own mind in curing ED. Although we have never personally met, his work has made a great impact on the structure of this treatment.

I want to thank Norman Dodge, MD, whose book, “The Brain that Changes Itself,” made me see the brain and mind from a different perspective and pointed me in the right direction regarding the management of eating disorders.

Also the books by Sharon Begley that introduced me to the world of ‘Mindful Awareness’ and which I have religiously followed ever since. I believe it is really the only way to create positive changes in your own brain and transform yourself for the best.

I am grateful to Bruce Lipton, PhD for his insight, through his research, about cellular biology. He is the person who showed that our beliefs, true or false, positive or negative, affect genetic activity and can actually alter our genetic code. His discovery completely transformed my mind as a medical doctor and made me question the traditional university approach to human genetics.

I also want to thank my husband William Webster, BA (coauthor) for his constant support, encouragement and contribution to the research of this subject.

I needed a lot of help, knowledge, information and experience from others to write a book about self-treatment. So, thanks to all the people who have provided this service and assistance.

Irina Webster, MD

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The death rate associated with anorexia nervosa
is 12 times higher than the death rate of all other causes
in females 14 – 25 years old.



Prologue

Karen's story

At death's door: overcoming a vicious eating disorder

Karen and Amy's story is typical of many cases of eating disorders which start in adolescence. Karen was kind enough to tell us her story. Without realizing it, she treated her daughter's illness using our neuroplasticity approach. Here is her story as told to us:

"My name is Karen Phillips and this is the story of my daughter Amy who survived life-threatening anorexia and bulimia. I thank God every day for answering my prayers and letting her survive.

I started to notice something was not right with Amy about the time she turned 13 when I noticed her frequently looking at herself in the mirror. She would ask me if I thought she had put on weight. I told her of course she hadn't. She always looked just right for her age.

I have since learned that one of the major indicators of an eating disorder is the sufferer becomes more and more withdrawn.

This was about a year before she developed her first symptoms of the eating disorder.

I never even thought that anything was wrong! I took it as a teenage thing and thought no more about it. I recalled myself in those teenage years worrying about my looks and going on diets -- silly stuff like that.

I didn't pick up on the fact that Amy would just play with her food at the dinner table, shift it around her plate, eating very little. Of course I would ask her about not eating, but she would say she had a lot to eat at school, or at a friend's place, or some other excuse. I would fall for it. In hindsight, I feel guilty as a mom for not being more aware of things at that time. I go through the "if only I had noticed back then, maybe I could have done something." However, I didn't do anything, and 10 years of living hell was about to begin.

Amy had always been a beautiful, intelligent girl— constantly thinking of other people, always nice and kind. When she was 8, she would do things for her grandmother who had come to live with us. Amy frequently asked if she needed help cleaning, or if she could do anything for her. She volunteered to take Gran's

dinner to her and bring back the dirty dishes; nothing was too much for her.

Amy was 12 when her grandmother passed away. We thought she would be really upset, but she seemed to handle it better than any of us. We put it down to the fact that Gran had been sick for 6 months and we had explained to her that we thought Gran would not live much longer. Even at the funeral, Amy did not cry but seemed to be in full control. Once again, I was too upset at losing my Mom. I did not really pay attention.

What an idiot I was back then. How could I have missed all the little signals that Amy was sending? Why didn't I see the warning signs? They were all there to be seen, but I didn't notice a thing. How could I have been so blind?

*How could I have
missed all the little
signals that Amy was
sending?*

I think what started Amy on the trip that nearly took her life was a major disappointment when she was 13. Amy loved to dance, and she was good at it. She had a real passion for dancing. She said that she wanted to be a dancer when she grew up, and if any dancing came on TV, she would not miss it.

Amy was not a typical little 13 year-old girl. She was well developed for her age, with breasts and a mature shape. She looked more like a young woman of 16 than a 13-year-old girl. Most of her friends were still waiting to develop breasts, thin little girls with no shape. I didn't know it then, but Amy was teased about her body by girls at school who would call her fat and tell her she had a big bottom.

Of course, this was not true. Amy was just more developed. However to her, she was starting to think she was really fat.

November, 1994 was the catalyst for the 10 horrible years we were about to face. Amy had been practicing for months to get into the school dance troop and she wanted badly to get the lead dance role. Two days before the auditions, she got ill. By the time her dance trials came, she was in very poor health. She failed to get the lead role; in fact she danced so badly she did not even make the team. When she was leaving the stage, I heard one of the successful girls, say, "I told you... you're too fat."

Amy was inconsolable. She screamed, yelled and cried. I tried to comfort her by saying "...there is always next year, It was not your fault that you were sick." Nothing I said helped. She kept saying, "I tried so hard. Why wasn't I picked? Mom, I wanted to be in the show. Why did I not get in? I am too fat. They didn't pick me because I'm too fat."

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Amy sobbed all night in her room and there was absolutely nothing I could do. I told my husband John that she would cry herself out. In a couple of days she would be that lovable girl we knew. How wrong that statement turned out to be.

I have heard anorexia described as like getting on an escalator that you can't get off of. It just keeps going and you don't even know how you got on in the first place. You think you are in control at first, but then it takes control of you and there is nothing you can do about it.

This is basically what happened to Amy. I believe she got on the escalator the night of the auditions, looking for something she could control, but she found the devil instead.

Amy seemed to recover a bit after a few weeks, although more aloof and withdrawn than she normally was. She seemed to be eating okay and we thought she was getting over her disappointments. She even said wanted to go see the show she had auditioned for but when it came to the night of the show, she claimed to have a headache and stayed in her room. Of course this was another signal that all was not well with Amy. I have since learned that of the major indicators of an eating disorder is the sufferer becomes more and more withdrawn. However, it is very subtle and extremely hard for someone on the outside to notice.

Over the next 12 months Amy did well at school. Her grades were up, near the top of her class. But she had completely given up her dancing, saying that she wanted to concentrate on her schoolwork.

So when she told us she wanted to do better at school, we simply believed her. After all, her grades reflected all the effort she was putting in. We didn't realize that what was really happening was that she was withdrawing further and further into herself.

She wasn't eating much, and soon she started to look thin and scrawny. In winter I didn't notice her weight loss because she wore bulky clothing that covered her up. When she started to wear thinner clothes in spring, I saw the extent of the problem.

Alarm bells started to go off in my head; she was starting to look emaciated. She looked like one of those photos you see of people in the concentration camps—all skin and bone, hair lank and without luster or life. I thought, "My God, what is going on?" It was time for us to confront Amy and see what in the world was happening. But what transpired was a nightmare we had not imagined.

Amy just did not want to talk. She exploded—swearing and cursing at us, tell-

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ing us that it was her life, and if she wanted to diet she would. I said to her that she had no fat to lose. She was already skin and bone. She pointed to her shoulders asking if I was blind, telling me to look at all the fat on her shoulder. She was pointing at her shoulder bone.

She yelled and screamed, calling me an idiot and saying how she just wanted us to leave her alone. She slammed the door in our face.

I know now that this reaction is common. It's called "broken eye syndrome." It happens when people see a different picture of themselves in a mirror from what everyone else sees. They see a distorted image – fat and ugly, not what they really are.

I was in absolute shock. Tears were streaming down my face. What had just happened? John tried to open the locked door. Amy shouted a tirade of abuse through the door. We could hear things being thrown and smashed.

I was distraught. I couldn't understand. I thought I was a good mother, but I was totally unprepared for this. I was in a state of denial. How could this be? This was not my beautiful little girl. A monster had come into my life.

I called my doctor because I needed answers. He suggested that I come and see him and bring Amy if it was possible. She refused, saying why would she want to go to see a doctor when there is nothing wrong with her? I did not argue, seeking to avoid a repeat performance until I at least knew what I was dealing with.

I went alone to see the doctor and explained what had happened. He asked me a number of questions about Amy, then told me he was sure that she had an eating disorder, probably anorexia.

I nearly fell off my chair. I could not understand how in the world this had happened to Amy. How could she have anorexia? Eating disorders only happened to stressed out super models and Hollywood types.

The doctor explained what he could and recommended we get Amy to see a counselor as soon as possible. He told me that people die because of anorexia, that it is a psychological problem, not an eating problem. Getting her to a counselor was her only chance, or she might die. I sat there completely dumbfounded. My little girl could die. I didn't know what to say. My heart was in my mouth, tears were flowing down my face. She was only 14 so how could she die? I did not go to hear someone say my baby could die.

I emerged determined. Amy was going to see a counselor even if I had to drag

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her screaming and yelling every inch of the way. I was determined that there was no way was she going to die. Of course my thinking at that time was a mother's reaction, I did not know then how complicated this disease really is. I was about to find out the hard way.

We did persuade Amy to go see a counselor. For the next two years we battled her devils and we thought we were starting to get on top of things. We learned that Amy had taken the death of her grandmother extremely poorly and had bottled up all of her emotions. Also, missing out on the dance performance at about the same time was a major turning point in Amy's life. To us it had been a molehill; to Amy it was Mount Everest.

For 2 years, I read and studied everything I could find on anorexia. It was during this time I started to think about the methods I would later put into action, methods which would change everything.

We didn't know that Amy had started to binge eat and then purge herself Amy seemed to be hanging in there with the problem and although there was no significant weight gain, she did improve, or seemed to improve.

After about 15 months, Amy started to eat more. We were overjoyed. At last we were making progress, even though she did not put on weight We thought that after nearly 4 years of virtual starvation it would take the body a little while to revert to a normal metabolism.

We didn't know that Amy had started to binge eat and then purge herself, not only after dinner, but after every meal. I was well aware that this could happen and I did keep an eye out, but Amy was very cunning and sneaky. She would go to the bathroom downstairs in the pool area where she knew no one would go. Of course we didn't find out until it was too late.

In August 1999 we went away for three weeks on business. We received a frantic phone call from my sister who was looking after the house and kids. She said that Amy had collapsed at home, was in hospital and we had better get back because things were not looking good.

I totally panicked! I had promised myself there no way was I going to let Amy die. Now there was a possibility that it just might happen. The recriminations started to come thick and fast in my head. Why did I go away? Why didn't I see what was happening? It was entirely my fault. I was a bad mother.

After catching the first available flight, we got to the hospital 12 hours later.

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Amy was on a saline drip and looked very ill. My heart fell. This was the worst I had ever seen Amy look. I feared we were going to lose her. Amy was in and out of consciousness. I sat there and prayed to God that he let her live.

The doctors told me her potassium level was dangerously low; low enough that her heart could stop beating. It was touch and go over the next 24 hours, but Amy pulled through, I believe with the help of God. Later I found out that Amy was vomiting as many as 15 times a day over the 3 weeks we were gone. Her system reacted to the abuse and she collapsed.

It was after this traumatic time that I began to formulate the method that would change everything for us, and more importantly, for Amy. It is not a quick fix, but with dedication, love, and hope, I believe it will work for anyone.

Anorexia and bulimia are not bugs you catch, and they cannot be fixed with a pill. It is a debilitating psychological problem. Although counseling is an important part of helping beat anorexia in the early stages, there are amazing results possible from things a person can do on their own.

What Karen did with Amy, although she did not realize it at the time, taught Amy how to build new neuronal pathways around the old defective ones Amy had built subconsciously in her brain. This neuroplasticity approach was the main reason Karen had such success treating Amy, getting her to use the new pathways. So, the old faulty pathways started to wither and die. It was the *use it or lose it* principle that is central to the neuroplasticity: change the way you think and change your brain.

Anorexia and bulimia are not bugs you catch, and they cannot be fixed with a pill.

Today Amy is a beautiful young woman with the world at her feet. Her weight is a respectable 130 pounds, a far cry from 85 pounds. She has had no symptoms of anorexia or bulimia for almost three years. Amy now eats 3 regular meals: breakfast, lunch and dinner. She eats snacks between main meals - normally fruits or salted biscuits, but sometimes I see her munching a chocolate as well.

We even eat out together once a week, something I could only dream about when she was suffering from anorexia and bulimia. Amy has nearly finished a University course in psychology and wants to help other people with eating disorders. She wants to use the strategy that I used with her for other sufferers. Amy is also about to be married to a wonderful young man who has been a great source of support for her.”

Happily, Amy’s story did not end tragically like the lives of many people whose eating disorder can eventually be fatal.

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Although Karen took extraordinary steps she is not alone in her fight to free a loved one from anorexia- bulimia. Her story is by no means unique. What is unique is she decided to go outside the conventional thinking of the time and do it her way.

It is important to know what an eating disorder is because people have many misconceptions which can stop them from recovery. Knowledge can help a parent or loved one provide proper care for someone who has an eating disorder.

Introduction

This book is about how you can treat eating disorders by using the extraordinary ability of our brain's own neuroplasticity. Neuroplasticity is the ability of the human brain to change itself based on how we live our lives.

Our brain consists of cells or neurons that are interconnected. It means that different life experiences and different behaviors are constantly changing the strength of these connections, by adding or removing connections, and by adding new cells.

“Plasticity” relates to learning by adding or removing connections, or adding cells. According to the theory of neuroplasticity, thinking, learning, and acting actually change the brain's physical structure or anatomy as well as functional organization, known as physiology, from top to bottom.

The brain's plasticity exists from “cradle to grave” and the adult brain is not “hard-wired” with fixed and immutable neuronal circuits as was previously thought. We can change our brain in any way we want. Jeffrey M. Schwartz* calls it “self-directed neuroplasticity” when we direct the changes of our own brain in the way that is beneficial to us.

The treatment method described in this book is based on the principles of “self-directed neuroplasticity” when a person directs the changes in their brain to achieve a certain result.

Throughout the book the story primarily used is that of a regular mother, Karen Phillips, and her daughter Amy. Karen was able to help her daughter recover from a severe eating disorder using the natural ability of the human mind to change itself. Amy's brain was damaged from the consequences of prolonged, severe mental disorders- anorexia and bulimia.

Using neuroplasticity principles, Karen and Amy proved that even the damaged brain can often reorganize, or rewire itself for the better, even fix itself. At the time Karen was unaware she had actually used neuroplastic methods on her daughter. This became evident much later.

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Doctors had merely prescribed drugs such as antidepressants and anti-anxiety medication for Amy, then sent her for counseling. Amy did not like the drugs because they made her feel even worse, so she did not take them.

Psychologists told Karen to be patient and gave her hints on how to cope, but they did not tell her exactly how to change Amy's feelings, thoughts and emotions.

In her journey Karen found research that proved simple thinking, learning, imagining and acting can turn our genes on and off and shape our brain anatomy, and hence our behavior. That means that even if you are born with a faulty gene, one that makes you prone to addictive compulsive behaviors like anorexia-bulimia, you can turn this faulty gene off by re-wiring your brain.

*... thinking, learning, imagining
and acting can turn our genes
on and off and shape our brain
anatomy, hence our behavior*

When Karen discovered that I had used a similar treatment method to cure myself of an ED, she allowed her method to be integrated with mine to form the basis of this book.

The discovery that the brain can alter its own structure and function by thinking in a certain way, and by acting in the world in a certain way, is a great inspiration for those who suffer from mental and emotional problems like eating disorders. This proves that many people can be helped just by implementing the method and by changing their behavior and thinking.

So, neuroplasticity is the power to produce a more flexible and beneficial behavior for the treatment of ED. However, these positive changes will only happen if you target the eating disorder in a certain way. "Ironically, some of our most stubborn habits and disorders are a product of our plasticity. Once a particular plastic change occurs in the brain and becomes well established, it can prevent other changes from occurring. It is by understanding both positive and negative effects of plasticity that we can truly understand the extent of human possibilities." (Norman Doidge, MD*) Stress and anxiety, no matter whether induced by external events or by your own thoughts, actually kills neurons and prevents the creation of new ones. Using neuroplasticity builds new connections to negate stress and other stressors from the ED sufferer's life.

Most eating disorders are probably a product of the brains plastic abilities and the incorrect use of thoughts and feelings. It takes time to develop an eating disorder, accumulated months and years of negative thinking about your own body image and falsely believing yourself to be fat and ugly.

Trying to fit someone else's criteria of what others believe to be "nice and beautiful" also has a devastating effect on the mind. If you continue to think these misguided thoughts, then all the destructive feelings can turn into a fully developed eating disorder.

Eating disorders are probably one of the plastic phenomenon Dr. Norman Doidge calls "the plastic paradox" when more rigid and unwanted changes occur in the brain as a consequence of its neuroplastic abilities. This can be a double edged sword; you can train yourself to act in a good or a bad way. For example, you are able to develop an ED or cure yourself from an eating disorder.

Luckily, we now have much more understanding and insight into harnessing the unique ability of the human mind to change itself. We can now use it to our own advantage to stop eating disorders. And this is what you are going to learn in this book.

Eating Disorder Statistics

Research suggests that about two percent (2%) of female adolescents have anorexia. The latest figures from the USA suggest that it could be higher than 8% of the population. All figures can vary depending on the area and age bracket of the sufferers.

Research indicates that about five percent (5%), or five out of one hundred, college-aged women have bulimia. At least half of people who developed bulimia in adolescence continue to have bulimia for a very long time, in some cases until old age. About 50% of people who have been anorexic develop bulimia or bulimic patterns.

People with bulimia are secretive and it is difficult to know how many older people are affected. There is an alarming trend for middle age women in their 30s and 40s to develop bulimia. It is also rare in young children to have bulimia but anorexia is recorded in children as young as four, although is probably not body-image related.

The death rate associated with anorexia nervosa is 12 times higher than the death rate of all causes in females 14 – 25 years old. About 10 – 15% of people with anorexia or bulimia are males, although this could be higher taking into consideration that males tend not to seek treatment.

The cost of treatment for an eating disorder in the US ranges from \$500 per day to \$2,000 per day. The average cost for a month of inpatient treatment is \$30,000. It is estimated that individuals with eating disorders need anywhere

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from 3 – 6 months of inpatient care. Health insurance companies for several reasons do not typically cover the cost of treating eating disorders. The cost of outpatient treatment, including therapy and medical monitoring, can go beyond \$100,000, without any guaranties of success.

Dieting teens

More than 50 percent of teenage girls are, or think they should be, on diets. They want to lose all or some of the weight that females naturally gain between 8 and 14 years of age. About 5% of these teens go too far, becoming anorexic or bulimic. Despite the prevalence of eating disorders these disorders continue to receive inadequate research funding.

“In 2005, the National Institutes of Health estimates funding the following disorders accordingly:

- Eating disorders: 10 million sufferers funding \$12,000,000*
- Alzheimer’s disease: 4.5 million sufferers funding \$647,000,000
- Schizophrenia: 2.2 million sufferers funding \$350,000,000

* The reported research funds are for anorexia nervosa only. No estimated funding is reported for bulimia nervosa or eating disorders not otherwise specified.

Research dollars spent on eating disorders averaged \$1.20 per affected individual, compared to over \$159.00 per affected individual for schizophrenia. “(The data is taken from National Eating Disorder Association, www.NationalEatingDisorders.org)

Although Karen took extraordinary steps she is not alone in her fight to free a loved one from anorexia- bulimia. Her story is by no means unique. What is unique is she decided to go outside the conventional thinking of the time and do it her way.

It is important to know what an eating disorder is because people have many misconceptions which can stop them from recovery. Knowledge can help a parent or loved one provide proper care for someone who has an eating disorder.

NOTE: Most of this book deals with the day-to-day realities of eating disorders. For a more scientific oriented discussion, see Appendix A, Eating Disorder Theories.



“One cannot think well, love well, sleep well,
if one has not dined well.”

-Virginia Woolf



Chapter 1

What eating disorders are all about

So, what are eating disorders all about? It was mentioned before that EDs are not just about food and eating as most people think they are. So what are they? Why do people take the distorted eating disorder route and odd behavior in relation to food and eating? What kind of emotions and behaviors are involved in eating disorders?

An eating disorder is a disorder of feelings and emotions. For Amy, food abuse helped her respond to her feelings, thus allowing her to avoid, postpone, forget, deny or otherwise anesthetize her feelings.

For Amy, keeping a safe emotional distance precludes the risk that others will discover her real self and hurt her. Before her recovery Amy mentioned a few times that she always wanted to make herself feel better. However, nothing else other than binging-purging or starving herself could bring her these feelings of satisfaction. When she was asked by a therapist to describe her life she said: “I seem to be always in one or the other like being on a crazy swing. I am either high on anorexia by not eating or high on bulimia from binging and purging.”

It took a long time for her to learn how to feel good using other means, not just by using food.

An eating disorder is a disorder of self-control. Amy perceived that she couldn't control anything in her life except her food intake and her weight. She

perceived that controlling her food intake and her weight enabled her to keep her uncontrollable life in balance. She viewed her weight loss as an impressive achievement, a sign of extraordinary self-discipline; whereas, weight gain was perceived as an unacceptable failure of self-control.

Amy always wanted to be something she was not, so she tried to compensate for this “loss” through her eating disorder. She thought that she was more powerful as a person if she was able to control her weight and food intake.

It was necessary to work on this issue for a long time to make her finally understand that keeping your life under control has nothing to do with weight loss or weight gain and it has everything to do with the right attitude toward life. People are not born with a “right attitude“... it is something that has to be learned and developed over time.

An eating disorder is a disorder of thinking (or the disorder of thought processes). Amy was thinking in a distorted way about herself, the world, and her place in it. She thought that gaining even 1 kilo invariably leads to gaining 10 to 20 kilos.

Amy always wanted to be something she was not, so she tried to compensate for this “loss” through her eating disorder.

Her misconception about how she looked is called body image distortion. She thought that she was fat although she was actually very thin. This is also called “broken eye syndrome” because people who have this syndrome see themselves in a mirror differently from what they really are. For instance, a skinny person sees a fat person look back at her/him.

This happens because the brain processes information received by the eyes in the wrong way. When their eyes see the image of a human body, the impulse goes from the eyes to the brain for interpretation of this image and this is where the mistake occurs – a wrong interpretation process in the mind is the result.

When Amy went to her therapist she was asked to write her thoughts in a diary. It had to be her thoughts throughout the day, her thoughts before the binge or a starvation cycle.

Here is what she wrote about her daytime thoughts:

- 1) I can't eat because I will get fat
- 2) I can't eat because what if I get out of control and it turns into a binge
- 3) I can't eat because I just had a binge last night.

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- 4) I can't eat now because I may as well wait until later when I can eat all I want and purge.

Her thoughts before the binge were:

- 1) ...hmmm what I am about to cook is going to taste good.
- 2) ...at least I can eat all I want now because I haven't eaten all day and I am going to throw up anyway.
- 3) ...God I pray that when I throw up everything comes up easy
- 4) ...hmmm I better eat the bread before the rice because the bread being at the bottom will push up the rice when I throw up.
- 5) ...is that too much oil/butter? It doesn't matter because I will have a hot tea to melt it all up and it will come up easy when I throw up so no problem, just keep going.
- 6) ...ok, today is my last day of cooking anything. Tomorrow I am starting a new life – life without bingeing-purging and starving myself..."

Her thought processes were far from being remotely normal: there was a strong preoccupation with food and the fear of becoming fat if she kept anything down. All of her thoughts were related to food, eating or starving. She also admitted that she dreamed about food at night. Before she fell asleep she was dreaming of what food she could eat the next day and what these foods would taste like.

Amy had a strong fear of becoming fat. She always agonized about it and worried that this fear would never go away. Once she said, "I don't want to sound negative or hopeless but is there any hope for me? I am truly scared to gain any weight so how can I eat? It seems so foreign to me because the only time I will allow myself to eat is during a binge because I know I will purge."

Another element of Amy's disordered thinking was a tendency toward rigid "black and white". For example, I am either perfect or I am not. There was no middle ground with Amy. One hour she thought she was the best and the next she felt like she was so bad that she even didn't deserve to live. She often thought about other people this way too, for her they were absolutely great or horrible and low. There was no grey area for Amy. It took us a long time to make her understand and accept that there are plenty of other colors in the world and that the "black and white" are only minority colors.

"The greatest deception men suffer
is from their own opinions."

Leonardo Da Vinci

This was one of the quotes that influenced Amy a lot on her way to changing the way she thought about life.

An eating disorder is a disorder of coping.

For Amy, her eating disorder was the way she coped with everyday stress such as school, homework and pressure from her friends. Her eating disorder became her coping strategy. Other people did different things to relax and enjoy themselves (relieving stress) like knitting, gardening, decorating, reading, watching movies, but for Amy it was her ED.

Amy had difficulty managing strong emotions, such as anger, sadness, boredom, and anxiety just the same as all other eating disorder sufferers do. And food, starving or binging, helped her to manage that until she learned other stress coping strategies and how to implement them for stress management instead of abusing food.

An eating disorder is a disorder of identity.

People's self-identity is rooted in their subconscious beliefs; in what they associated themselves with. Amy had a poor sense of self because of her perfectionist nature and her eating disorder became a substitute for her own self. She described that being without her disease would be like going without air to breathe. When she was in the hospital, she was afraid that if she recovered, she would "cease to exist."

Amy was always concerned about what others thought of her, rather than what she thought of herself. This was because she didn't know who she was and only associated herself with her ED. She often described the sense of emptiness inside or a numbness which are all symptoms of "lost identity".

By changing Amy's subconscious beliefs we managed to improve her self-esteem. And after improving self-esteem her sense of identity became stronger and more powerful. Anyone with an ED should really focus on these two things self-esteem and identity, as I believe they are the key to real recovery.

Today Amy is a completely different person with a strong sense of identity. She knows and values who she is and what her purpose in life is. She learned that she must have a higher purpose in life and make goals which she must achieve in a certain time. She learned to make a plan and follow it through until she achieves what she had planned.

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Cure your eating disorder

This habit of making goals and planning helped a lot with her identity problems. Keeping a plan made her feel like an achiever, and solving problems along the way made her feel like she was a problem solver.

An eating disorder is a disorder of values and lifestyle.

For Amy spending time alone and bingeing was much more important than going out seeing friends and socializing.

The eating disorder became her lifestyle, her entertainment, and her total interest in life. Her main priority was to allocate time for her eating disorder – time for counting calories, reading labels, making a diet plan as well as time for preparing a binge. Starving herself for a whole day and then eating enormous amounts of food at night and purging it all up were a great accomplishment.

When she was starving herself she also did a lot of cooking but did not eat any, not even trying or tasting the food. She liked to give the prepared food to others or she stored it for the time when she binged at night.

In her diary there was a description of what she did: “Anyway my pattern for years has been to eat nothing all day except coffee and some water. I start cooking at about 5 p.m. in preparation for a dinner binge which usually lasts about 6-7 hours. My stomach obviously cannot handle all I cook so it is a constant eat, vomit to make space for more, eat, vomit, on and on for hours. It’s really crazy insane.”

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We spent many hours, days and months to re-train her mind and her heart to value other things in life not just things related to food and eating. She learned that she must spend her time accordingly toward the goals she set for herself. It is not what you feel it is more what you do that counts.

There is an interesting fact that an average person thinks from 30 000 -70 000 thoughts a day. Some thoughts are good, some of them are bad, most of them are neither good nor bad and it differs from person to person. But we don’t act on all these thoughts. We choose which thoughts to act on and which ones we should just ignore.

And this was what Amy needed to understand. She had to learn to differentiate good and bad thoughts and the ones upon which she can act. Deep inside her mind she understood that what she was doing did not make sense but she continued doing it because it was her obsession. After focused training and focused attention she got better and better.

Now she can differentiate thoughts, destructive and constructive, and act on the constructive ones only. She is able to identify her own values in life and hold them in her mind constantly. She now understands that false messages that come into her head should not be acted on and she has to just ignore them.

An eating disorder is a disorder of relationship.

Amy once told one of the counselors: “My best friend is always there for me.” This comment was about her eating disorder. She perceived it like her “best friend,” unlike the hurtful and rejecting people in real life.

When her grandmother died, Amy hid her feelings in her eating disorder. She became very withdrawn and did not want to see anyone or talk to anyone about her pain. She used the eating disorder as an escape rather than face the fact that her grandmother had passed on. It seemed that she was happy with herself and the eating disorder together. This way she did not have to face reality.

She was withdrawn from her family as well as from her peers. It also seemed she avoided building personal intimate relationships with people. She had a fear of being too close to anyone. She wanted understanding from others but was scared to open up.

Now she is a different person, alive and vibrant. She has good friends with whom she is very close. She enjoys being with people and people love her. It was the ED that kept her away from being sociable and lovable.

*She wanted
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An eating disorder is a disorder of behavior.

The extreme unbending and compulsive nature of unbalanced eating behaviors is the main feature of the disease. Amy did not know how to stop. If she eliminated one meal, it would be preferable to eliminate two. If she lost some weight, she would feel that she needed to lose more.

It gave her a kind of control she did not normally have in the real world.

Amy even had a secret forum online under a fake name. It was for her secret friends, the ones who, like Amy, were slowly starving themselves. That was where she exchanged tips for hiding her anorexia-bulimia, won praise for her diet of coffee and water, and posted “thinspiration” photos of her bare, collapsed stomach.

When she was confronted about this forum she said: “Talking to others who accept their condition and have good advice helps me to live and keep going.”

Cure your eating disorder

Of course her family wondered “keep going for what?” But unfortunately Amy had her own opinion about that at the time.

One of the biggest problems was that Amy’s eating behavior changed so much that she lost her sense of hunger. She wrote once to her friend: “Some nutritionists and doctors have said that if a person does not eat during the day, then you will be forced to binge at night because you are so hungry but I don’t think that is the case for me because I don’t get hungry.”

Amy now has a totally different way of looking at this weird eating behavior and has changed. Amy is promoting anti-anorexia and anti-bulimia and teaching people how to overcome the disease. She said that being able to teach others about eating disorders made her learn more about the subject than she had ever learned before.

So, do you get the idea now? If you want help yourself stop your ED, start teaching others about how to stop also and you will see better results.