The Body Conversation

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OBJECTIVES

1. Recognizing what a healthy relationship with your body and the food you put in it looks like.

2. What are the three phases of The Body Conversation.

3. Recognizing when an unhealthy relationship with body and food is an disordered eating.
- 42% of 1st-3rd grade girls want to be thinner
- 45% of boys and girls age 9 to 11 want to be thinner
- 51% of 9-10 year old’s feel better when dieting
- 25% of college-aged women engage in bingeing and purging as a weight-management technique.
- Sixty-four percent of the adults in the United States are overweight or obese
THE BODY CONVERSATION:
1. THE STRUCTURED APPROACH: LISTENING

“Be willing to ignore everything you think you know about your body and the food you put in it”

1. Time and portions
2. Variety is key: Grains, fruit, vegetables, proteins and fats.
3. No “good”/”bad” foods
   Letting go of what we think we know to understand what our body’s want us to know.
4. Ask questions: can you hear your body signals?
5. Recommend one-year.
2. THE MINDFUL APPROACH: CONNECTING

“I food choices became about aligning to my truth, and strength and the woman I want to become.”

1. Instead of paying attention to our emotions and thoughts, we refocus our attention towards:
   – Cravings
   – Flavors of food
2. Begin to move further away from the notion of “good” or “bad” foods
3. Allow your body to start choosing a variety of foods that sound satisfying, rather that “safe” and “good.”
3. THE SELF-CARE APPROACH: RESPONDING

“Self care is so much more fulfilling than the media’s definition—so much more inspiring, liberating, and obtainable.” Pg. 182

You’ll discover relationships between things like food types, amounts; times of day (and month), and how they effect your body.

1. Loosely use the structured approach (times of days and ranges of foods)
2. Become curious about how food choices effect your well-being
3. Listen beyond your desire for certain foods
4. Use nutrition to provide you with optimal physical, mental, and emotional functioning and wellness
5. Use your relationship with food to build upon your recovery, and deeper trust of self
“This desire to ‘switch the witch for the bitch’ was always there. Just because I was making inroads to recovery didn’t mean I didn’t have a deep desire to numb my feelings. Drinking alcohol often took the place of my disordered eating in times when my food was ‘under control.’ It became the thing I used to numb myself so as not to feel my emotions. So I had to say no to that, too.”

Making Peace with Your Plate (p.29)
CO-OCCURRING STATISTICS

- 50% of individuals with eating disorders also abuse substance.
- Up to 35 percent of individuals who abuse or are dependent on alcohol/drugs also have an eating disorder, compared to up to 5 percent in the general population.
- Lifetime rates of substance use disorder in the various eating disorder subgroups are as follows:
  - AN, 27.0%
  - BN, 36.8%
  - BED 35%
- AN women are 19 times more likely to die from SUD
- Approximately 57% of males with BED will experience SUD
- Individuals who undergo bariatric surgery are at risk for developing SUD
EATING DISORDERS CAN HIDE BEHIND SUBSTANCE ABUSE DISORDERS

- Many patients who suffer from substance abuse exhibit eating disorder behaviors that can often remain undetected by his or her treatment team.

- Initially substance abuse may mask eating disorder behaviors, or be utilized as part of the eating disorder pattern.

- As individuals with addictions and/or compulsive tendencies enter into abstinence, they may reach toward other numbing mechanisms such as eating disorder behaviors to help them cope with the unwanted thoughts, feelings and memories that emerge.
BEHAVIORS THAT MAY BE INDICATIVE OF EATING DISORDERS

- Consistently leaving the table within ten minutes after eating a meal
- Stirring or playing with food rather than eating
- Skipping meals consistently
- Skipping a meal then overeating at another meal
- Consistently tired or fatigued
- Consistently setting and communicating goals around getting physically “healthy”
- Exercising despite physical injuries
- Exercising more than 1.5 hours a day more than 4-5 days a week
- Restricting foods or food groups
- Talking about particular foods as “good” or “bad”
- Expressing concerns about being or becoming fat
- Gaining weight in treatment
- Inordinate amounts of conversation about food, weight, the body, and calorie intake
- Rigid eating patterns
ADDITIONAL BEHAVIORS

- Use a larger quantity of artificial sweetener and low calorie beverages
- Between 26-67% of individuals with ED use laxatives for weight control
- Approx. 52% of those with AN and 45% of those with BN are regular smokers
- Regular smoking and caffeine disorders are the most prevalent SUD found in women with ED.
- Approx. 26% of those with AN and 23% of those with BN meet the criteria for caffeine disorder

SCREENING: WHEN AN UNHEALTHY RELATIONSHIP WITH FOOD BECOMES AN EATING DISORDER.—SCOFF QUESTIONNAIRE

- Do you make yourself Sick because you feel uncomfortably full?
- Do you worry that you have lost Control over how much you eat?
- Have you recently lost more than One stone (14 lb) in a 3-month period?
- Do you believe yourself to be Fat when others say you are too thin?
- Would you say that Food dominates your life?
SCREENING: WHEN AN UNHEALTHY RELATIONSHIP WITH FOOD BECOMES AN EATING DISORDER.—BED SCREENING

- I feel out of control around food.
- I sometimes eat until I feel sick or uncomfortable.
- I am worried about my weight and body size.
- I eat 25% of my total daily calories after dinner and before bed, and/or eat in the middle of the night.
- I use food as comfort.
- I have gained more than 15 pounds in the last 12 months.
- I feel addicted to food.
- I eat mindlessly throughout the day or during the night.
- I am vomiting and/or using laxatives, diuretics, or other over the counter or prescription medications to try to lose weight or reduce my calories.
- I have medical issues (diabetes, hypertension, heart disease, sleep apnea, etc.).
- A medical or health professional has advised me I must manage my eating behaviors.
- I am struggling with eating disorder behaviors after having bariatric surgery.
- I am always worried or think a lot about my weight and/or shape.
- I have mood and/or anxiety symptoms and/or substance use behaviors.
WHAT TO SAY AND WHAT NOT TO SAY

DON’T:
- You don’t look like you have an eating disorder
- I could stand to lose some weight myself
- You look good
- You look healthy
- Just eat healthier foods
- You don’t look fat
- You are too skinny

DO:
- What do you think about your body?
- Do you diet or attempt to lose weight in other ways?
- Do worries about eating or your body affect your day to day life?
- Do you ever try to make up for or “spend” calories after eating to keep from gaining weight?
- Do you ever feel out of control when eating or eating for reasons other than being physically hungry?
STUDIES SUGGEST

“…that it is important for clinicians to consider and screen for subthreshold levels of Eating Disorders in addition to formal Eating Disorder diagnoses. Moreover, assessment of co–occurring subthreshold eating problems may facilitate earlier intervention to prevent later development of the full–blown disorder.”

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