

# Journey to Recovery



Kelowna Eating Disorders Program

# Recovery from Bulimia Nervosa -One Study

1. Reindl's (2001) study of recovery from bulimia nervosa, from the patient's perspective.

-Sheila Reindl is a psychologist at Harvard University's Bureau of Study Counsel and has a private practice of psychotherapy in Cambridge, Massachusetts.

- Her qualitative research offers important insights from the patient perspective. The theme "Sensing the Self" parallels later works of Weaver et al's (2005) on the process of recovery from anorexia nervosa in which they came up with a substantive theory and the main theme was all about "Self-Development". What I like about Reindl's work is that she goes into depth about the work the women did to recover their sense of self, while adding her own clinical insights.
  - This book is not something you pick up and speed read. I encourage you to reflect on how these concepts apply to you or your loved ones.
2. Part of this discussion includes ideas from the APA (2006) Practice Guidelines on overall treatment. I did not want to only give Reindl's theory on recovery but also a broader, more comprehensive perspective of what is usually recommended.

# Research From the Patient's Perspective...On Recovery

Sheila Reindl (2001), "Sensing the Self: Women's Recovery from Bulimia".

Keski-Rahkonen & Tozzi (2005), "The process of recovery in eating disorder sufferers' own words: An internet-based study". *International Journal of Eating Disorders*, Vol 37, pp. 580-586.

Rorty, Yager & Rossotto (1993), "Why and how do women recover from bulimia nervosa? The subjective appraisals of forty women recovered for a year or more." *International Journal of Eating Disorders*, Vol 14 (3), pp. 249-260.

# Sensing the Self

Reindl qualitative study involved interviewing 13 female college students who had BN and had not binged or purged for at least one year but not more than four.

A point to note is that with qualitative research, the researcher's analysis and interpretation of recovery is based on the specific population under study and may not necessarily be generalizable to other recovering individuals or population.

One aspect that struck me from Reindl's research was that these 13 women tended to avoid turning inward to consult their needs, desires and feelings and this was driven by their need to avoid encountering their own sense of shame...stemming from childhood or other traumatic experiences.

For these women, recovery was all about "Sensing the Self".



# Experiencing a Sense of Self

(Reindl, pp. 5, 10, 42)

- There is no "consensus" per se on definition of Self. However, Reindl found these to be important factors:
- Learning to *sense* oneself, from being *ensor* of their experience to *sensor* --less self-judgment.
- Learning to soothe oneself—calm & comfort oneself.
- To attune to one's subjective physical, psychic & social experience.
- To come to their senses and trust their sensed experience rather than shame—validating oneself.
- To trust their sense of 'enoughness' (physical enoughness, psychic legitimacy...being human is good enough...)
- To accept & embrace that they have needs too.

# Four Components to Sensing the Self (Reindl, 2001, p. 11)

1. Knowing your sense of self & sensing self such that you know yourself to be:
  - a single, distinct, integrated body,
  - the agent of actions,
  - the experiencer of feelings,
  - the maker of intentions,
  - the architect of plans,
  - the transposer of experience to language
  - the communicator & sharer of experience

# Four Components Cont'd...

## 2. Reconnecting vs dissociating from the self.

- The women used bingeing, in part, to disconnect or dissociate from painful thoughts & feelings or to numb themselves (needed emotion regulation skills).
- Denying own needs was common in these women. Not saying "no" to others was hard because the ingrained belief that "how" they say it might hurt or disappoint others (needed assertiveness & boundary setting skills).
- Recovery involved reconnecting and paying respect to their own "self-experience" ie., to stand up.

# Four Components Cont'd...

## 3. Addressing deficits in self-structure and self-regulation.

- Self-structure generally refers to a sense of who you are, what you're about, what you stand for, your sense of direction & purpose, sense of mastery & self-efficacy, sense of being okay as is, sense of congruency with what you value & how you behave.
- In Reindl's study, there's a tendency toward avoiding sensing the self-experience because doing so would have elicited shame, and the women did not feel able to regulate or tolerate shame and other painful feelings.

# Four Components Cont'd...

## 3. Addressing deficits in self-structure and self-regulation continued...

- The women had "a sense of being fundamentally inadequate and bad" (p. 13). All the women in this study experienced chronic emotional neglect, some emotional abuse and others also physical or sexual abuse.
  - *"Without emotionally attuned responsiveness, a child does not learn to identify and tolerate her emotions. Because she experiences herself as unable to recruit an attuned response, she feels as if she makes no impact, as if she does not matter. She develops a deep sense of shame" (p. 14).*
  - *In other words, when the caregiving environment is lacking in "good enough" empathy and attunement, the child does not have a model for learning how to soothe or calm, how to stimulate or how to affirm and comfort oneself.*
- Reindl talks about the importance of "re-parenting" oneself in order to move forward, to give oneself what was sadly lacking, to validate oneself.

# Four Components Cont'd...

4. Building up from an insubstantial sense of self, finding fidelity to oneself:
  - When there is a sense of being 'defective', that awareness of 'difference' between self and others becomes translated automatically into a comparison of good vs. bad or better vs. worse. Instead of valuing the difference, the women strived to stamp out the difference and strive instead for perceived perfection...that last hope of making up for underlying sense of being defective. Perfectionism tendencies are magnified by core sense of shame--not worthy, not good enough, does not matter.

# Treatment Planning

## Treatment Guidelines (adapted from APA, 2006, pp. 51, 81)

1. Nutritional rehabilitation, reducing the chaos, eating competently.
2. Up-to-date nutrition education.
3. Reduction and/or elimination of bingeing and purging.
4. Treatment for medical complications of BN.
5. Treatment for associated psychiatric conditions including depression, alcohol & drug misuse, social phobia, OCD, PTSD, and personality disorders.
6. Individual psychotherapy (i.e. CBT, IPT, DBT).
7. Group psychotherapy.
8. Enlist family support where possible and/or family/marital therapy as appropriate.
9. Support groups/12-step programs (Overeaters Anonymous).
10. Medications.
11. Self-help manuals (CBT):
  - "Overcoming Binge Eating", Fairburn (1995)
  - "Overcoming Eating Disorders", Apple & Agras (1997)
  - "Overcoming Disordered Eating" website <http://www.cci.health.wa.gov.au>
    - Part A: Take Charge...Initiate Change"
    - Part B: In Charge...Mindset Matters"
12. Prevent relapse.

# References

1. Reindl, S. (2001). "Sensing the Self: Women's Recovery from Bulimia".
2. APA (2006). "Practice Guideline for the Treatment of Patients with Eating Disorders", 3<sup>rd</sup> Edition.
3. Greenberger & Padesky (1995). "Mind Over Mood: Change how you feel by changing the way you think." (Not specific to eating disorders but can be useful in reducing automatic E.D. thoughts when working with a therapist)

# Thank you

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