

## “Normalizing” Your Eating

This handout is intended for anyone struggling with disordered eating, which may or may not be part of an eating disorder. It provides practical suggestions for coping with and overcoming disordered eating patterns. These strategies are aimed at helping to regain “normal eating” (this term is in quotations because there is not one correct way to eat, only that which best fits the individual in terms of physiological, psychological, and social needs).

1. Resist the urge to dismiss your disordered eating as not a “real” problem or as something that “everyone” does. The sooner that you recognize and address it, the sooner you can overcome it, and the smaller is your chance of developing a lifelong chronic problem with eating.
2. There is no typical profile for individuals affected by disordered eating - they can be of any gender, age, ethnicity, sexual orientation, etc., despite cultural myths to the contrary. Do not let yourself become invisible by not coming forward to get help, and do not get discouraged if in the past you haven’t gotten a helpful response from health care professionals who weren’t knowledgeable about disordered eating - continue to seek help until you find it.
3. Garner support for yourself from friends, family, roommates, and/or online. Another option is to join a support group for people with similar problems. Secrecy and shame around disordered eating only perpetuate its existence.
4. Ask your friends, family, roommates, etc., to refrain from commenting on your physical appearance at all - whether it is meant to be complimentary or not - because these types of comments promote a focus on one’s appearance and can be perceived as back-handed compliments (e.g., “You look healthy” can be misinterpreted as “You’re fat” even though this was not the intended message).
5. It is important to have a team of professionals on your side: let your physician know that you have disordered eating, in order to monitor any health effects; meet with a counsellor or psychologist to deal with the emotional aspects of disordered eating; and consult with a dietitian (the services of a dietitian are available free of charge to U of A students; you can access the services by making an appointment at the University Health Centre in 2-200 SUB).
6. Do not diet or go on any restrictive eating regimes, unless medically necessary. In addition to being potentially harmful to your health, dieting suppresses your metabolic rate (making future weight gain more likely) and increases cravings and the risk of bingeing. Research has consistently shown that diets are not successful in the long run.
7. To prevent the desire to binge, consistently eat several meals and snacks per day. Consult with a dietitian if you’re unsure about what or how much to eat.

8. To prevent the desire to purge, the key strategy is to not binge in the first place (see #7). In addition, try to be busy and away from a bathroom after eating, e.g., go for a walk outside. If you cannot avoid purging just yet, plan to delay it incrementally, e.g., wait 2 minutes the 1<sup>st</sup> time, then 5 minutes, then 10 etc. Reward yourself for your successes!
9. To help with the desire to restrict, remember that paradoxically, for some people, losing weight intensifies this desire; gaining weight will, over time, decrease it. It seems that there is a “weight threshold” effect that influences certain individuals’ perception of their body size and their body satisfaction.
10. If needed, educate yourself about nutrition and health. For example, most young women need a minimum of 2000 calories per day, depending on activity level, but many people underestimate the amount of calories they need based on pop-culture myths. Another example of a little-known fact is that it takes an extra 3500 calories (above and beyond the daily requirements) to gain just 1 pound.
11. A moderate amount of regular physical activity can provide physical benefits such as improved cardiovascular fitness, strength, and coordination, increased energy, and the development of strong bones. It can also help to reduce stress and tension, increase focus and concentration, and improve overall mental well-being. Consult with your physician regarding the right type of exercise for you.
12. If you use gym machines for cardiovascular exercise, cover up the displays that show the number of calories burned. Try not to keep a mental tally of calories in versus calories out; this practice is imprecise at best, and promotes obsessive thinking about eating and exercising.
13. Consider the notion (often overlooked in our diet-driven society) that food is not just physical fuel; eating is also socially and psychologically healthy! It can and should be a pleasurable experience and fun to share with the people in your life.
14. Disordered eating may serve as a coping mechanism to deal with stress or other unpleasant feelings (e.g., sadness, anxiety, or shame) – it relieves psychological pain, but only in the short term. Through counselling or self-help resources, you can learn to cope with unpleasant emotional states in more adaptive ways; for examples of these, google the terms “stress management” or “mindfulness.”
15. Individuals with disordered eating sometimes lose touch with their normal bodily sensations of hunger, thirst, and satiety (fullness). For this reason, integrating normal eating patterns may initially involve eating “by the clock” and using portion sizes until the physiological signals are re-established.
16. Feeling full after eating should not normally involve pain or discomfort, but it may do so for people who are re-integrating healthy eating habits after a period of restriction. In those instances, plan for possible discomfort/pain after eating; wear comfortable clothes; distract yourself by engaging in a pleasurable activity, or practice relaxation. Try not to purge or compensate for eating in any way (see #8 above).

17. Be aware that purging is not an effective way to get rid of consumed calories, because food starts to be absorbed as soon as it is ingested. In addition, if you haven't already, educate yourself about the medical risks inherent in purging.
18. Get rid of your scale or tape measure, or at least minimize their use to weekly or less. This may be difficult at first, as you may find yourself very anxious without the reassurance that frequent weighing or measuring can provide. However, by abstaining, you will prove to yourself that your body weight or size is fairly constant over time. When tempted to weigh or measure yourself, engage in distracting activities and/or practice yoga or other relaxation methods.
19. Remember that our body weight naturally fluctuates throughout the day as well as day-to-day due to water intake, water retention, urination, bowel movements, menstruation, etc., and so weighing yourself gives you just an arbitrary number which is at best a snapshot in time.
20. Similarly, mirror-checking should be minimized or avoided if possible. Try to get rid of your full-length body mirrors (even if just for a little while) - you can cover up the bathroom mirror from the neck level down with a bed sheet.
21. If you have a poor body image, reflect on whether you have an "ornamental" view of the body (i.e., seeing it as something to be looked at from an external vantage point) or an "instrumental" view of the body (i.e., seeing it from within, as an agent of living your life). Promote the latter view by noticing ways in which you can value your body for its functionality, rather than for its appearance.
22. The concept of an ideal weight or size is misleading. Each of us is different and unique, and our genes determine much of our body shape. Learn to accept and love yourself (you can start with parts of yourself!) rather than trying to change something that you may not be able to.
23. While Hollywood tells us otherwise, our bodies are supposed to change as we get older. This is a natural process with the passage of time as well as changes such as puberty, pregnancy, or menopause. Because our society is youth-centric, such changes can lead to poor body image. Explore your own beliefs about this.
24. Try to minimize your exposure to the influence of media and advertising on body image by avoiding reading fashion magazines/websites; notice that even "health magazines" promote extremely unrealistic ideals and focus excessively on weight issues. As an experiment, go on a 1-month "diet" of no media images related to body image - this includes online sources such as Pinterest.
25. Cut out the tags/labels from clothing that show the sizes (if the #s bother you) since sizing systems are quite arbitrary. Avoid keeping "skinny clothes" around as a way to motivate yourself to lose weight, because not only will this not work, it will contribute to and remind you of your negative feelings about your body.
26. Dispel the myth of "good" versus "bad" foods, and challenge your food fears. Let yourself eat "treats" and "extras" as it is psychologically healthy to do so.

## Selected Sources and Resources:

[www.eatingdisordersupportnetworkofalberta.com](http://www.eatingdisordersupportnetworkofalberta.com) (EDSNA, has local support groups)

[www.nedic.ca](http://www.nedic.ca) (National Eating Disorder Information Centre)

[www.sheenasplace.org](http://www.sheenasplace.org) (Toronto resource with information about eating disorders)

[www.something-fishy.org](http://www.something-fishy.org) (general information about eating disorders and treatment)

[www.tcme.org](http://www.tcme.org) (The Centre for Mindful Eating)

Cutts, S. (2009). *Beating Ana: How to outsmart your eating disorder and take your life back*. Health Communications.

Fairburn, C. (1995). *Overcoming binge eating*. Guilford Press.

McCabe, R., McFarlane, T., & Olmsted, M. (2003). *The overcoming bulimia workbook: Your comprehensive step-by-step guide to recovery*. New Harbinger Publications.

Schaefer, J. & Rutledge, T. (2003). *Life without Ed: How one woman declared independence from her eating disorder and how you can too*. McGraw-Hill.

Schaefer, J. (2009). *Goodbye Ed, hello me: Recover from your eating disorder and fall in love with life*. McGraw-Hill.

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