

**SELF-HELP
MANUAL FOR BULIMIA NERVOSA**

**by
Dr Chris Freeman & Gillian Downey, 2001**

This manual contains information and ideas which have been produced
by members of The Cullen Centre over the past 10 years.

**Cullen Centre
Tipperlinn House
Royal Edinburgh Hospital
Morningside
Edinburgh EH10 5HF
Tel: 0131 537 6806 Fax: 0131 537 6104**

A SELF HELP MANUAL FOR BULIMIA NERVOSA

WHAT IS BULIMIA NERVOSA?

Bulimia nervosa is becoming more frequently seen in our society. Characteristics of the disorder involve the sufferer, usually a young woman, "bingeing" on large amounts of food, during which she experiences feelings of extreme loss of control. Interrupting such a binge can provoke extreme anxiety and agitation. Bingeing leaves the woman feeling guilty, disgusted with herself and afraid of weight gain. She may compensate for this by vomiting, exercising, fasting, abusing laxatives or often by some combination of these.

Most bulimic women are continuously "dieting" and their eating patterns are often chaotic. An important feature of the disorder is the sufferer's perception of herself as fat. She maintains a very negative view of her body which perpetuates her low self-esteem and causes her to avoid many social situations.

Most sufferers describe low mood and a marked reduction in their quality of life although they often appear to be coping well and can disguise their disorder from family and friends.

About the Self Help Manual

- This manual has been developed to accommodate the need for an alternative to treatment within the health service, as for many people there are barriers to referral to NHS facilities.
- It is designed as a first line intervention for bulimia, and we recognise that some people may require further treatment - this manual is not intended to replace other therapy which is currently available.
- The manual uses cognitive behaviour techniques.
- Its remit is to teach alternative, less destructive coping strategies to replace bingeing and vomiting.
- Underlying conflicts are almost certainly present and cannot be addressed by any self help package.
- Much of the material in the package is taken from the manual for the 'Bulimia First Aid Group', which is a structured group program which has been run at the Cullen Centre for some years now.
- It has become apparent, that for a variety of reasons, for some people group therapy is not acceptable.

IS THIS MANUAL SUITABLE FOR YOU?

WHY SELF-HELP?

- Many people want to try to help themselves first.
- Self-help compliments specialist help.
- Practical considerations such as time and availability of treatment.
- Self-help can be alone or in groups.
- You can start when you feel ready.
- You can control the pace of your change.
- There is no treatment which is "best".

HOW TO USE THIS MANUAL

1. First and foremost your **MOTIVATION** is essential if this manual is to have any beneficial effects. Start working on it when you feel ready, but remember there may well never be a perfect time to start to tackle your eating disorder.
2. Each module should be worked through thoroughly and carefully before you move on to the next, as each module tends to build on the previous one. We would suggest that it takes roughly one week to carry out the 'homework' tasks that are set for each module, and that you attempt one module only per week.
3. You should consider working through the manual as a time in which to attain self-knowledge and a personal experiment for facilitating recovery. This involves risk-taking and testing out the suggestions made. Progress depends on attempting **ALL** the homework assignments.
4. Change involves a persistent effort in examining beliefs about weight, shape, food and the underlying issues which may perpetuate an eating disorder.
5. It is important that you take credit for your own progress and confront your beliefs and fears at a pace that is comfortable for you.

Summary:

- Motivation
- Working through section by section
- Knowledge, experimentation and risk taking
- Completing homework tasks
- Examining your beliefs
- Progress at your own pace
- Taking credit for your progress

MODULES

- Module 1:**
- A* What is bulimia?
 - B* Breaking the Cycle
 - C* Principles of Normal Eating
- Module 2:**
- A* Physical and Emotional Side Effects of Bulimia
 - B* Dietary Advice
- Module 3:**
- A* Changing the Way you Think
 - B* Steps of Cognitive Therapy
- Module 4:** Thinking Errors
- Module 5:** Looking for Rational Answers
- Module 6:**
- A* Coping with Anxiety; Relaxation Training
 - B* Coping with Anxiety; Other Methods of Coping
- Module 7:** Body Disparagement
- Module 8:** Assertiveness
- Module 9:** How to Help Yourself in the Future

Appendices:

- a) Booklist
- b) Self-help Organisations
- c) Sample Food and Thought Diaries
- d) Script for Progressive Muscular Relaxation Exercises
- e) Body Mass Index (BMI) Chart

MODULE 1

A WHAT IS BULIMIA?

CASE EXAMPLES

Deborah, a 25 year old architect had recently been discharged from hospital where she had been treated for anorexia nervosa. Her weight was now within the normal range for her age and height. However, she still found her thoughts to be preoccupied with food, eating and weight. She started starving herself all day while at work, then by evening, when she was at home alone, she would have such strong cravings for food that she would binge, sometimes for 2-3 hours, vomiting when she felt her stomach tense and uncomfortable. She had told none of her family or friends about her problems because she felt so ashamed.

Mary had always been teased at school for being "fat". At the age of 15 years, she had started herself on a strict diet in order to lose some weight and make herself feel better. She initially lost weight, but her parents continually expressed anxiety over her restricted intake, so she started eating apparently "normally" again with her parents but would secretly go off to the toilet as soon after a meal as possible and make herself sick. As time went on, she began bingeing and vomiting whenever she had the house to herself. Often up to 6 times per day. Her parents, unaware of what was going on, were relieved to see her eating "proper" meals but were worried by her apparent change in personality from a happy-go-lucky child into a moody, irritable and secretive adolescent who seemed to have no friends and never went out if she could help it.

Jill was a 37 year old housewife and mother of three. She spent most of her day running after the children, looking after her frail mother and keeping the house in order. Her husband often worked away from home and she didn't have many friends in the area, so she didn't tend to go out much. She felt very alone and unhappy. She didn't sit down with her family at meal times just picking at food as she went from task to task. However, when the children had gone to bed and she was alone in front of the television, she often used to consume several packets of chocolate biscuits as she felt food comforted her. Guilt over her actions made her vomit afterwards. She was now 3 stone overweight but felt too miserable to do anything about it.

Pauline was a 21 year old student of law when she developed bulimia. On returning home from lectures she would stop off at the supermarket and buy bread, biscuits and confectionery, often consuming most of it before she got back to her flat. She had tried inducing vomiting but had found herself unable to do so. Instead, she took 20-30 laxative tablets after each binge and did frequent exercise to burn off the rest. She felt permanently exhausted and found it hard to concentrate on her lectures, often falling asleep during them. Her preoccupations with food made studying hard and eventually she dropped out of university after failing her second year exams.

MODULE 1

A WHAT IS BULIMIA?

Ann was a 20 year old unemployed secretary. She had developed bulimia 10 months previously following a split with her fiancé and had been unable to work since due to a combination of depression and her chaotic eating pattern. She was now in severe financial debt as a result of buying food, clothes and beauty products on credit, in order to make herself "feel better". She would never try on clothes in the shops as she couldn't bear exposing her body to others in the changing rooms nor seeing herself in the numerous mirrors. Unfortunately, she couldn't face the shop assistants to take back the ones she didn't like, so they hung in her wardrobe untouched. She felt comforted when she bought things, although she knew she couldn't afford to pay for them when the bills came through.

Do you recognise yourself in any of these descriptions?

Perhaps no particular case fits you exactly but there may be parts from Deborah, Mary, Jill, Pauline or Ann's stories that are familiar to you.

MODULE 1

A WHAT IS BULIMIA?

BULIMIA MEANS DIFFERENT THINGS TO DIFFERENT PEOPLE

The symptoms can vary in type and severity. Below is the currently accepted definition used by Psychiatrists and Psychologists:-

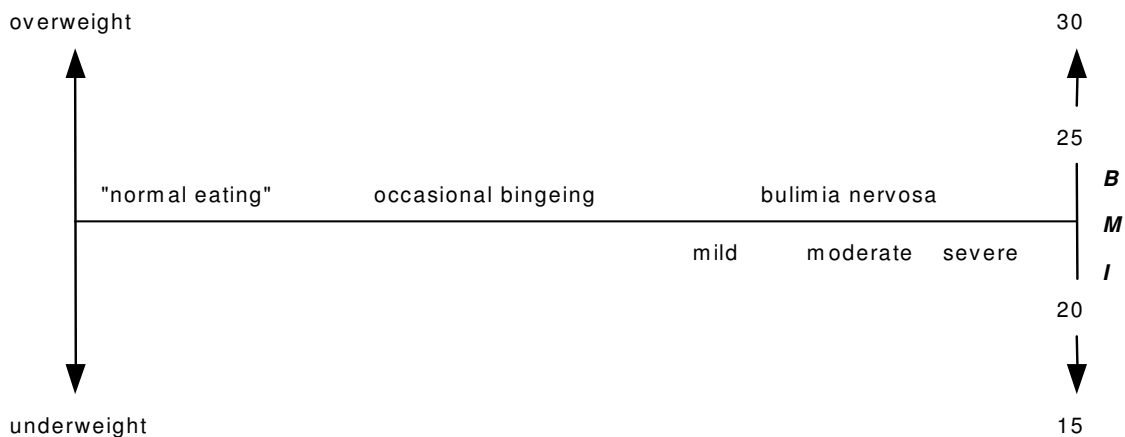
Criteria for Bulimia Nervosa:

- a. You must have recurrent episodes of binge-eating. This means rapid consumption of a large amount of food in a discrete period of time, usually less than two hours
- b. During the eating binges you should feel a loss of control over your behaviour
- c. You should regularly engage in either self-induced vomiting, use of laxatives, strict dieting, fasting or rigorous exercising in order to counteract the effects of your binge eating
- d. You should have a minimum average of two binge-eating episodes per week for at least three months
- e. You should have marked anxious over-concern with body shape and weight

This is what the 'experts' say you are supposed to do in order to have Bulimia Nervosa. Remember these are not all the features of Bulimia Nervosa, you may have other symptoms but not all the above.

Some people binge only occasionally and their eating disorder does not significantly interfere with their lives. For others, the problem can be more consuming. They may binge and vomit/purge several times a day, be unable to hold down a job, be severely physically run down, feel emotionally out of control and socially isolated.

Obviously there is a continuum between a "normal" eating pattern and that of someone with a severe form of bulimia nervosa. See appendix e) for more information on Body Mass Index.



BMI = Body Mass Index

It is a way of relating your weight to your height.
It is a much better guide than weight tables.

MODULE 1

A WHAT IS BULIMIA?

Homework assignment 1a

- **What does bulimia mean to YOU?**
 - *Is it consuming all your thinking time?*
 - *Does your day revolve around food?*
 - *Are you too ashamed to talk to others about it?*
 - *Do you need it to cope with the stresses of daily life?*
 - *Has it led to you becoming socially isolated?*
 - *Has it affected your physical health?*
- **In the space below, jot down a few thoughts on how bulimia affects your life:**
- **What are the advantages and disadvantages of Bulimia?**

Disadvantages of your eating disorder may spring to mind very easily

e.g. *tiredness*
social isolation
dental decay
low mood/irritability
financial strains

Advantages may be less obvious to you and in some cases they may no longer actually be present. However, they have almost certainly been there at sometime. Take some time to think about them.

The examples below may help you get started:

e.g. *as a means of coping with day-to-day stresses*
as a comfort when you feel alone or misunderstood
to blank out family expectations of perfection

In the space below, under each heading try to list down at least five advantages/ disadvantages for you of having bulimia.

ADVANTAGES

DISADVANTAGES

1
2
3
4
5

1
2
3
4
5

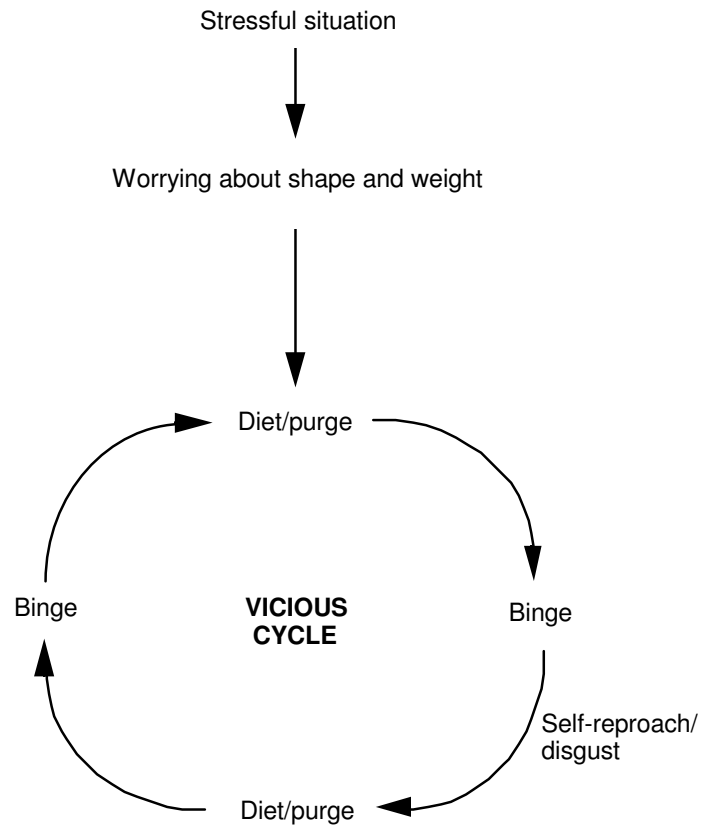
MODULE 1

B BREAKING THE CYCLE

THE VICIOUS CYCLE

Below is a diagram showing the VICIOUS CYCLE which, although you may not have realised it, is almost certainly controlling the way that you eat.

How you got into this cycle is less important than what makes you stay there.



MODULE 1

B BREAKING THE CYCLE

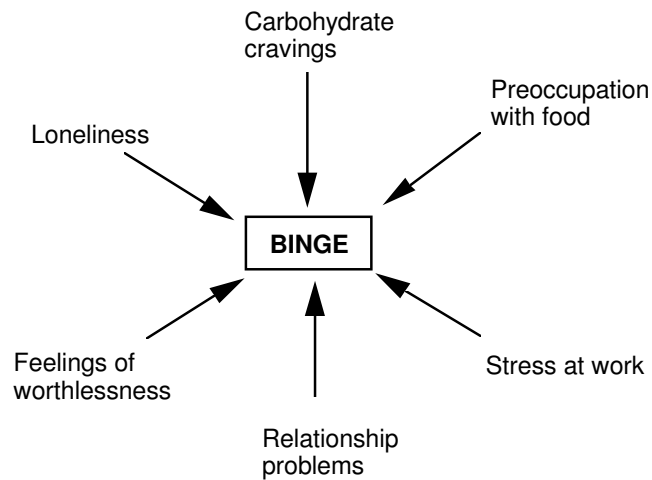
WHAT INDUCES YOU TO BINGE?

The diagram below suggests certain psychological triggers for bingeing but also shows the less obvious but nevertheless strong physiological factors which occur when someone is in a starvation state.

You may say that the physiological drives can't apply to you because you are not underweight.

This is in fact wrong as strict dieting, even at normal/above normal weights induces:

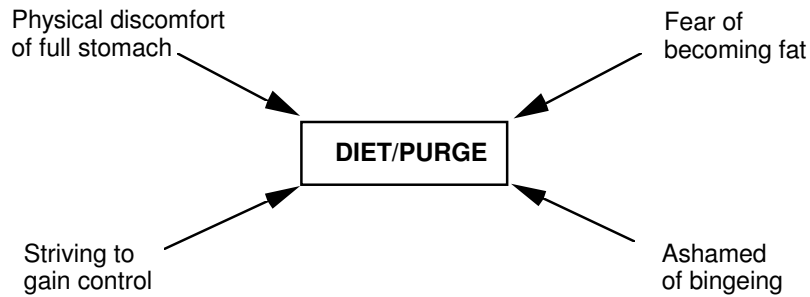
1. Preoccupation with food
2. Carbohydrate cravings
3. Strong drive to binge



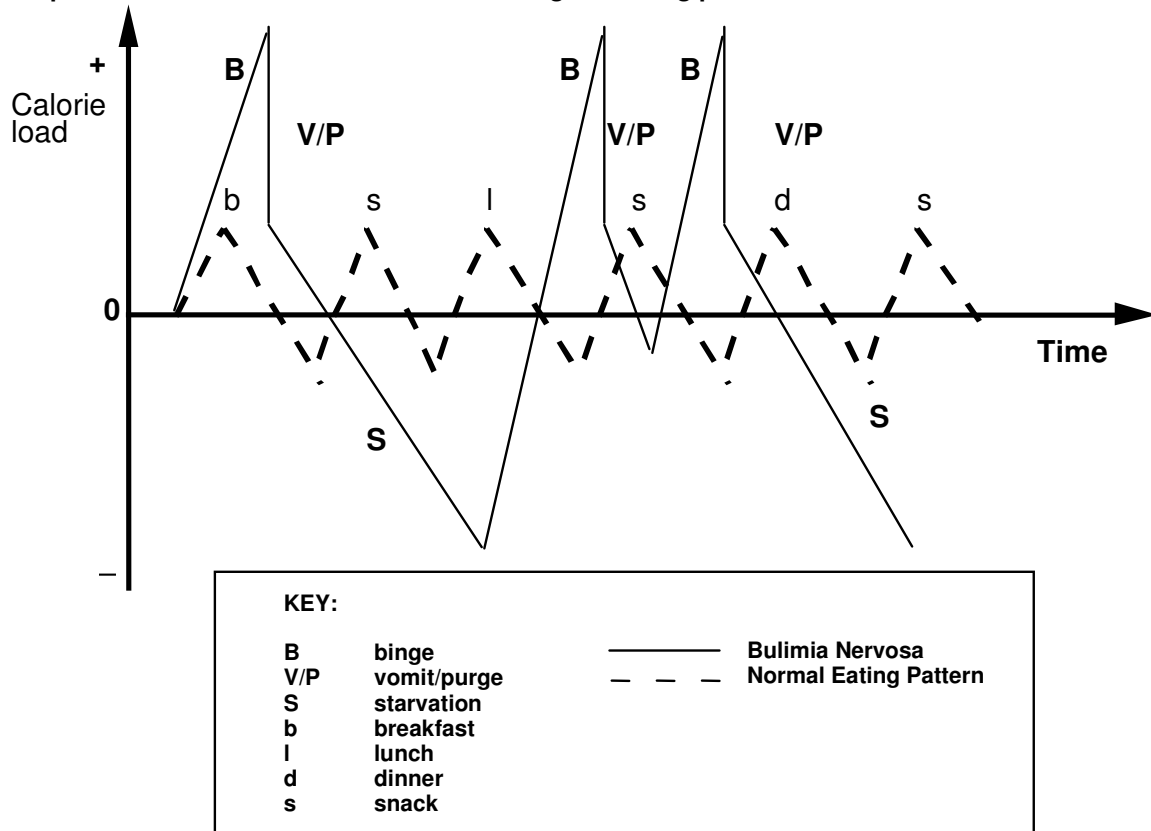
MODULE 1

B BREAKING THE CYCLE

WHAT THEN TRIGGERS DIETING/PURGING?



It can thus be seen how the strong drive to diet/purge after bingeing inevitably results in a starvation state which increases the chances of further bingeing and so the vicious cycle continues. The figure below shows how a typical bulimic's calorie load can vary over a day in comparison to that of someone with a more regular eating pattern.



The irregular pattern of eating and wide differences in calorie load of a bulimic results in a continual vulnerability to strong biological urges to binge. Eating more regularly and frequently, in time, reduces the urge to binge allowing the body to revert to its normal "set point" weight which is maintained despite fluctuations in the calorie intake of the diet.

MODULE 1
B BREAKING THE CYCLE

OTHER METHODS OF WEIGHT CONTROL THAT PERPETUATE THE CYCLE OF BULIMIA

| Method of Weight Control | Effectiveness in Controlling Weight | Perceived Benefits/Losses | Possible Adverse Effects on Body |
|--------------------------|---|---|---|
| Self-induced vomiting | Absorb at least 25% of binge calorie load | "Permits" bingeing but reduces motivation to change | <ul style="list-style-type: none"> - Sore bleeding throat - Swollen glands (makes face look fat) - Disturbs body salt levels - Reduces tolerance of stomach to food |
| Laxative Abuse | Lose water not calories | Creates feeling of "emptiness" but without ridding body of food | <ul style="list-style-type: none"> - Dehydration - "Lazy" bowel - On attempting to stop causes bloating/ water retention/ constipation |
| Diuretics | Lose water not calories | Creates feeling of "emptiness" but without ridding body of food | <ul style="list-style-type: none"> - Dehydration - Kidney damage (if used long term) |

It is important to remember that:

- Recovery from bulimia nervosa involves you **TAKING CONTROL** of your eating rather than letting it take control of you.
- Recovery involves **RISK TAKING** and **CHALLENGING** your previous patterns of eating.
- **CHANGES** may seem daunting, even terrifying but try to remember how miserable you were feeling when you initially asked for help.

The **PRINCIPLES OF NORMAL EATING**, shown overleaf, are **STEPS** towards normal controlled eating that should be tested out **SLOWLY** and at a pace that is tolerable to you. Remember, you are more likely to take fright and give up if you try to be too ambitious too soon.

Once these guidelines have been put into practice for some time, you will then be in a much stronger position to make realistic reductions in your intake if you still want to lose weight.

MODULE 1

C PRINCIPLES OF NORMAL EATING

1. **Use diaries or exercise books to record your eating. You may wish to do this in the form of diaries we provide (see appendix c). Write down everything you eat and drink with details of times and how you were feeling while you were eating.**
2. **Try to eat in company, not alone.**
3. **Do not do anything else while you eat (except socialising), even if you are bingeing. For instance, do not watch TV, do not read. It is usually okay to listen to music but try to concentrate on enjoying your meal.**
4. **Plan to eat three meals a day plus two snacks. Try to have these meals and snacks at pre-determined times. Plan your meals in detail so that you know exactly what and when you will be eating. In general, you should try to keep one step ahead of the problem.**
5. **Plan your days ahead; avoid both long periods of unstructured time and over-booking.**
6. **Only have planned food in the house, don't stock up too far ahead. If you feel you are at risk of buying too much food, carry as little money as possible.**
7. **Identify the times at which you are most likely to over eat, using your recent experience and the evidence provided by your diary. Then plan alternative activities making sure they are not compatible with eating such as meeting a friend, exercising or taking a bath.**
8. **Whenever possible, avoid areas where food is kept. Try to keep out of the kitchen between meals and plan what you will do at the end of each meal. If necessary, get out of the house completely - the washing-up can wait.**
9. **Don't weigh yourself more than once a week. If possible, stop weighing yourself altogether. Don't try to lose weight while you are trying to learn new eating habits. Once you are eating normally you may reduce weight by cutting down the quantity you eat at each meal rather than skipping meals. Remember, gradual changes in weight are best.**
10. **If you are thinking too much about your shape and weight, it may be because you are anxious or depressed. You tend to feel fat when things are not going well. Can you identify any current problems and do something positive to try and solve or at least minimise them?**
11. **Use exercise. Regular exercise increases metabolic rate and helps suppress appetite, particularly carbohydrate craving.**

MODULE 1

C PRINCIPLES OF NORMAL EATING

12. Take particular care in the days leading up to your period. For many women food cravings increase at this time.
13. Avoid alcohol. It can increase cravings and reduce your control.
14. Set aside some time daily to reflect on how you are coping. If some of your strategies are not working, try others.
15. Set yourself limited realistic goals, work from hour to hour rather than from day to day. One failure does not justify a succession of failures.
16. Note your successes, however modest, in your diaries. Every time you eat normally you are reinforcing your new good eating habits.

We do strongly recommend that you establish a regular eating pattern based on the principles of normal eating.

This should include:-

BREAKFAST

SNACK

LUNCH

SNACK

DINNER

SNACK

The above recommendation is one to aim for and is unlikely to be achieved quickly and without taking risks and experimenting.

Summary

- Bulimia Nervosa is an eating disorder whose symptoms vary in nature and severity - you don't have to have them all to be ill.
- Binge-eating, feelings of loss of control, attempts to restrict intake/rid the body of food and an altered body image are core features of this condition.
- There will be advantages and disadvantages to you in being bulimic.
- Eating regular meals will help you break the vicious cycle of binge - purge/diet.
- In order to take CONTROL you have to be MOTIVATED and willing to take RISKS.

MODULE 1

C PRINCIPLES OF NORMAL EATING

Homework Assignment 1b

- *Over the next week try to incorporate two steps from the 'principles of normal eating', one of which should be number 1., i.e. start to keep a diary of your eating.*
- *You will notice that the food diaries provided with this manual (appendix c) have a section for you to record what you eat, when you binge, when you vomit and when you use laxatives or diuretics - fill this in honestly and completely.*
- *We will describe the thought diary in module 3. For the moment it may be helpful for you to begin to record general thoughts and feelings that you have had during the day - write something down each day in terms of how your mood has been, what stresses you have been under, relationship difficulties etc.*
- *It's also helpful for you to record something positive – jot something down each day.*
- *Take these diaries seriously. They can become a valuable resource in your attempt to 'give-up' bulimia.*

Write down which 'principles of normal eating' you are going to attempt this week (one of them should be number 1 from the list, choose one other then write them down below - use diaries):-

e.g.1. Use diaries to record my eating.

2. etc.....

Note:

- **You should try to complete each exercise in this module before moving on to the next one. If you have been unable to do this so far, go back and try again. Remember RISK TAKING is required to gain control over your bulimia.**
- **If you have managed to complete the tasks, recognise your success by giving yourself a treat e.g.. go to the cinema or relax in a hot bath, etc....**
- **When you feel ready to move on, turn over the page and begin module 2.**

MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

Homework Review

- *How are you getting on with keeping your food diary? Are you jotting down general thoughts and feelings?*
- *How are you getting on with the 'principles of normal eating'? Remember that some of them might not be particularly relevant to you.*

This module addresses the question of "is bulimia a good coping strategy?" In order to make choices it is essential to have as much information as possible about the consequences of bulimia so that your choice is an informed one.

CASE HISTORIES

Susan, a 21 year old sales assistant, had suffered from bulimia for 10 months. She binged 4-5 times per day usually vomiting straight after each binge or using 20-30 laxative tablets if there had been some unavoidable delay in reaching a toilet. She went to her G.P. complaining of palpitations and twitching in her leg muscles, especially at night. Tests showed the source of the problem to lie in the low level of the salt potassium in her blood which had resulted from her repeated vomiting and laxative abuse.

Paula, a 32 year old housewife, had suffered from bulimia for 12 years. She went to her G.P. complaining of severe fatigue and persistent heartburn. She declared her bulimia for the first time and in response her G.P. gave her a full examination and an extensive array of tests.

The results showed:

- severe dental decay
- chronic acid regurgitation
- kidney damage

These case histories show some of the symptoms which can occur as a result of an eating disorder.

Below, try to write down any symptoms which you have suffered from and think may be related to your eating disorder.

Remember: this is not simply to alarm or worry you.

MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

Some examples of the side effects are highlighted below:

Poor concentration
Aggression
Depression
Anxiety
Irritability

Blackouts
Hair loss
Acne
Dental decay
Bloodshot eyes
Mouth ulcers
Swollen cheeks

Irregular heartbeat
Palpitations
Chest pain

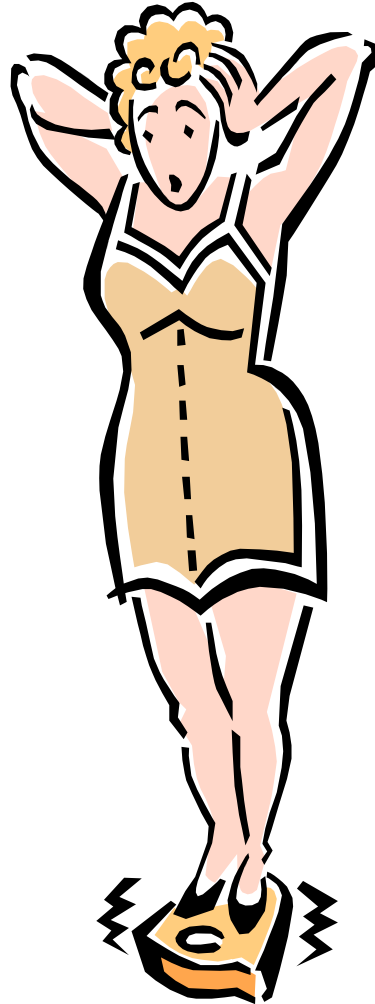
Kidney damage

Overstimulation of
pancreas

Muscle twitching

Numb - fingers
- toes

Swollen - feet
- ankles



Fits
Fatigue/faintness
Dry skin/hair
Dehydration

Hoarseness
Bleeding throat

Acid reflux
Chronic regurgitation
Stomach rupture
Stomach pain

Irregular/lost periods
Shrinking of ovaries
Polycystic ovaries

Diarrhoea
- loss of minerals
- loss of bowel tone

Chronic constipation
- further laxative abuse

Unsteadiness
Clumsiness
Possible bone decalcification

Here are some simple points to consider which could improve your health:

- Treat your body with the same amount of **RESPECT** that you would give to other people's.
- Take exercise in moderation.
- Check with your G.P. to see if you need extra iron or potassium.
- Do not brush your teeth until several hours after vomiting, or you will scrub away the enamel. Use an alkaline mouthwash or plain water.
- Check your contraception. Is the pill reliable for you? If you vomit within 2 hours after taking the pill it may not have been fully absorbed from your stomach.
- Moderate your alcohol level or give up completely.

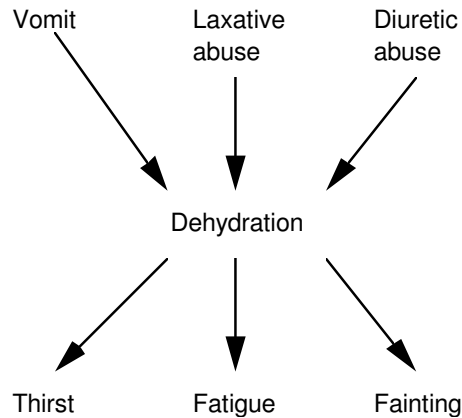
MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

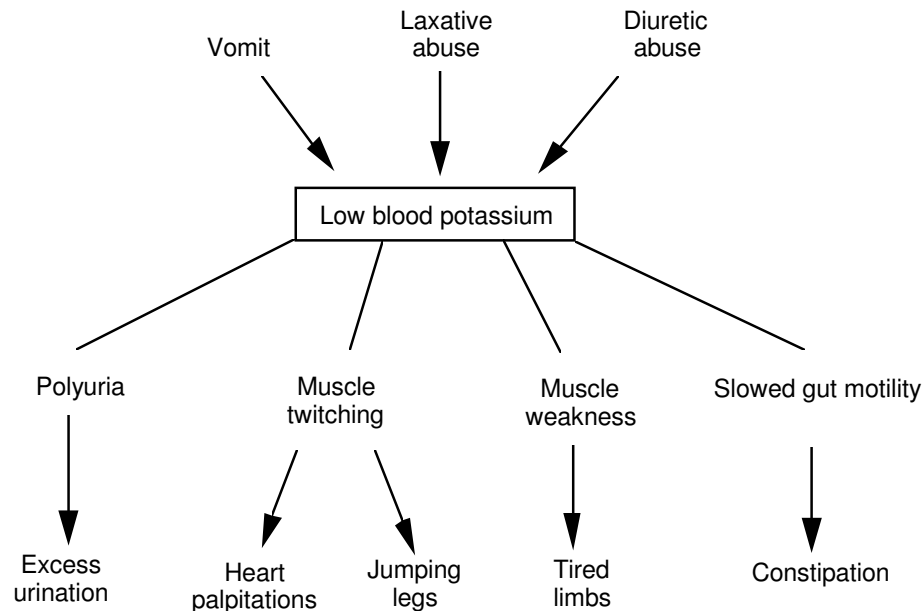
Let us consider some of these complications in a little more depth.

1. DEHYDRATION AND ELECTROLYTE IMBALANCES

The diagram on the previous page shows how the use of either vomiting, laxatives or water tablets (diuretics), can lead to dehydration and subsequent feelings of thirst, fatigue and faintness.



The next diagram shows how these methods of weight control affect the levels of sodium and potassium (salts) in the blood. The resultant effect of low potassium on the body can be potentially very serious, especially the effect on the heart.

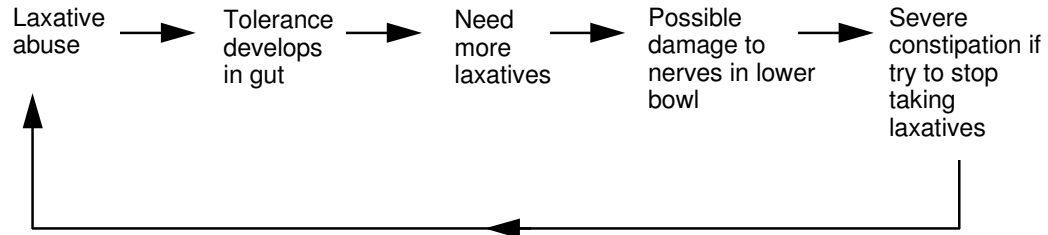


It is important to remember that immediately following the stoppage of either laxatives or diuretics, the body tends to retain water. Subsequent swelling of the ankles, feet and abdomen often occurs. This is a TRANSIENT feature and must not be mistaken for fat.

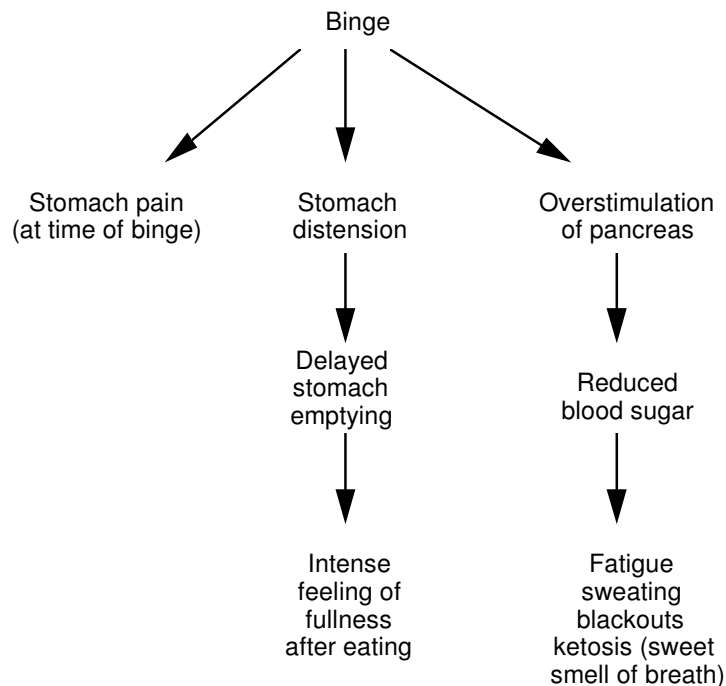
MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

2. GASTROINTESTINAL COMPLICATIONS



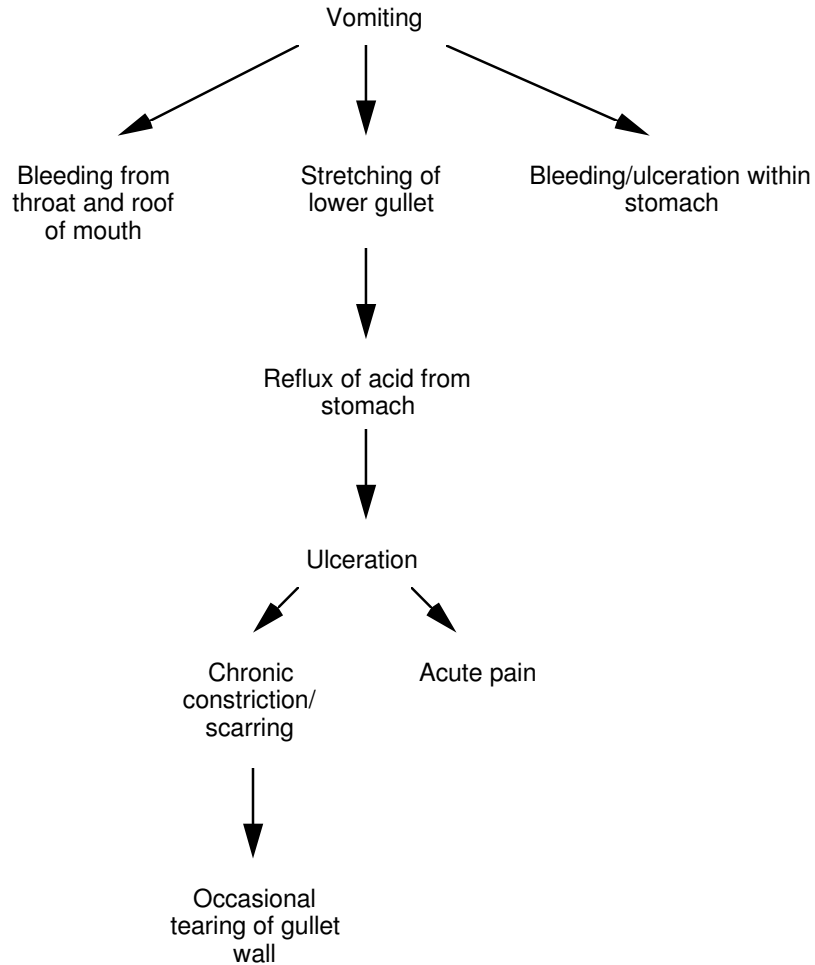
- a) The cycle shown above requires to be broken in order to prevent any permanent damage from occurring. Stopping using laxatives may result in constipation for several weeks. However, the bowels will, in most cases, start functioning again with time and a normal diet.
- b) The diagram below shows the effect bingeing has, both immediately and over time, on the stomach. It also shows that, through the effect on the pancreas, bingeing causes a fall in the blood sugar level giving rise to some transient but unpleasant symptoms.



MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

- c) As can be seen in the diagram below, regular induced vomiting can have some serious effects on the stomach and gullet.



3. NEUROLOGICAL COMPLICATIONS

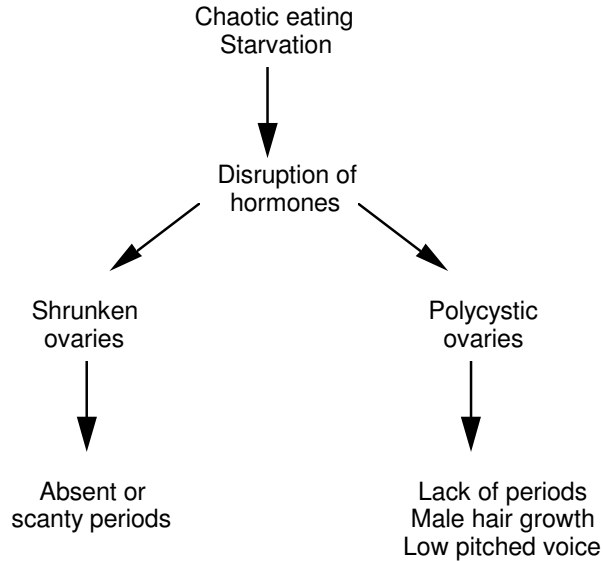
In bulimia, the acidity of the blood can be altered as a result of either vomiting, laxative abuse or a combination of the two. This change in acidity may well lower the seizure threshold and epileptic fits have been reported occasionally.

MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

4. MENSTRUAL AND HORMONAL CHANGES

Even at an apparently "normal" weight, people suffering from bulimia can have disturbances with their periods.



5. OTHER SYMPTOMS

Puffy cheeks and swollen glands are the result of enlargement of the salivary glands and can result in the characteristic "moon face". This can occur in the parotid (side of the cheeks) or submandibular (under the jaw) glands.

Binge/vomit episodes can cause bleeding in the front of the eye, in the roof of the mouth and around your face.

Dental problems are caused by the acid from vomiting, high sugar diet and vigorous brushing of the teeth. These cause erosion of the enamel and loss of calcium from the teeth.

Callouses on the fingers are the result of using the hand to stimulate vomiting.

Osteoporosis (loss of bone calcium) has been frequently reported in anorexia nervosa and has recently been reported in bulimia nervosa.

Abuse of over the counter pills have several side effects, including changes in blood pressure, kidney failure, bleeding into the brain, anxiety and insomnia.

Amphetamine-based appetite suppressants can be addictive.

MODULE 2

A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

If you have any concerns about your physical symptoms please consult your G.P. - if he/she does not already know about your bulimia he/she probably needs to know in order to diagnose and treat any complications you may have.

The good news is that virtually all the medical complications of bulimia are reversible when you resume a normal pattern of eating. Reversal may take months rather than weeks.

Summary

- The consequences of a bulimic eating pattern can adversely effect every system in your body.
- Some of the effects may occur in the short term, e.g. hair-loss, palpitations, stomach pains, depression, fatigue, etc....
- Other effects may not become obvious until much later e.g.. shrinking ovaries, kidney damage, possible osteoporosis, severe constipation, etc....
- You have to look after your body and treat it with respect if you want it to work for you.

MODULE 2
A PHYSICAL AND EMOTIONAL SIDE EFFECTS OF BULIMIA

Homework Assignment 2a

This week's homework is essentially the same as last week's.

You might like to go back to the section about the advantages and disadvantages of bulimia at this stage as the preceding modules may well have given you some more information. You may by now be wondering what the panels are for on the thought diary – we'll come onto this in module 3.

Try to maintain the principles of normal eating you picked last time and introduce one or two more.

We suggest you write down all the ones you have chosen here.

1.

2.

Note:

You should attempt to complete all exercises before moving on. If you have been unable to do this so far, go back and try again. Remember - taking risks is a necessary first step on the road to getting better.

When you feel ready, turn to the next page and commence module 2b.

MODULE 2

B DIETARY ADVICE

Homework Review

- *Look back over your diary for the past week and try to answer the following questions - write down your answers.*
- *How have you done in the past week in terms of your eating?*
- *Has keeping a diary helped to regulate your eating in any way?*
- *Are there any links between your eating and the way you feel?*
- *If there are links, does your eating change your mood, does your mood influence your eating, or does it work both ways?*

DIETARY ADVICE

This module commences with an overview of the effects of bulimia nervosa and dieting on metabolism.

Women with bulimia may believe in many myths about changes in weight and what will happen to them if they eat normally. You may have a powerful fear of gaining weight in a completely uncontrolled way.

Included here is information regarding the possible barriers that may prevent you from making changes to your diet. Managing this process using a system of food portions to regulate your intake in a controlled but non-rigid way will then be introduced. In terms of some of the barriers to change, the following subjects are discussed:-

- a. normal fluctuations in an individual's weight and the reasons for these.
- b. the way in which the body responds to starvation by reducing metabolic rate and the reversibility of this process by refeeding.

MODULE 2

B DIETARY ADVICE

WEIGHT FLUCTUATIONS

In studies which have investigated the normal changes in body weight in healthy, free-living individuals, a fluctuation of $\pm 1\text{kg}$ (2.2lbs) in consecutive days are common, and fluctuations of $\pm 0.5\text{ kg}$ (1lb) very common.

In order to understand the reasons for these variations in body weight during short periods it is worth considering the various components of the human body which can change in size and thus result in change in weight.

| Component of Human body | Tissue type | Daily changes in Weight when eating a Normal Diet. | Rate of Change in Weight when Dieting |
|----------------------------|---|--|--|
| Structural | Bones, ligaments, cartilage, etc. | None | No change |
| Major energy reserves | Muscle, Fat | None | Changes occur slowly over several weeks of dieting |
| Short term energy reserves | Glycogen (stored in combination with water) in the liver. | Minimal fluctuations of 0.5 - 1.0 kg are common | Is responsible for initial rapid loss of weight in first few days of dieting |

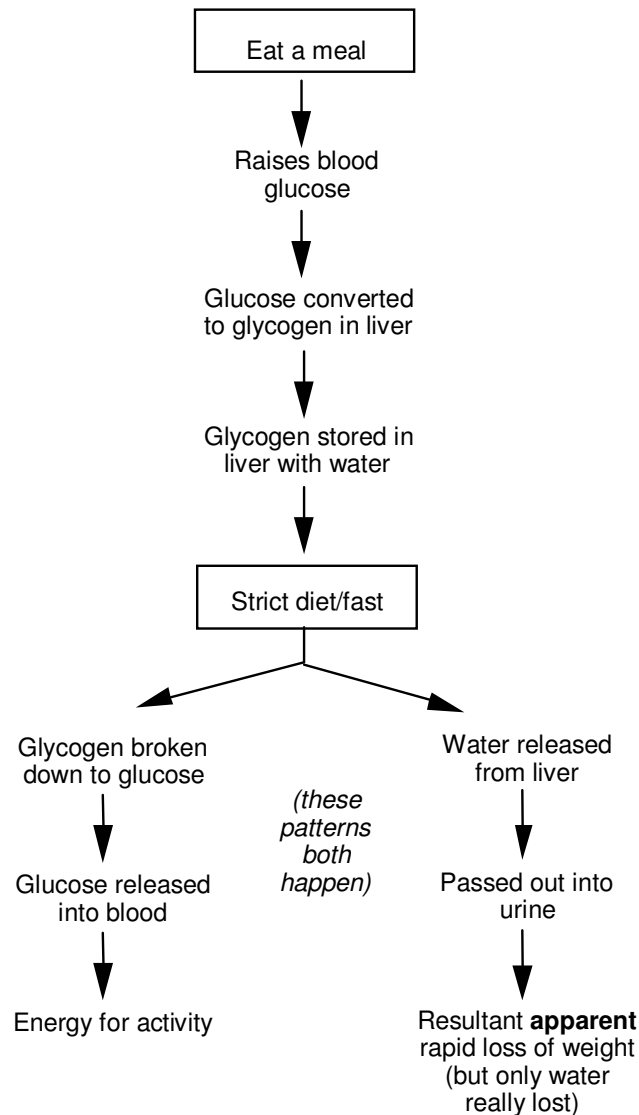
Although loss of mineral from the bones is a common side effect of starvation, the effects of this on body weight are small.

The body's glycogen stores are specifically designed to provide energy in the short-term, i.e. between meals, and in normal circumstances they only last for a few hours.

MODULE 2

B DIETARY ADVICE

EFFECTS OF EATING AND NOT EATING ON ENERGY STORES AND BODY WEIGHT



The above flow diagram shows what happens when someone does not eat or has a very restricted diet. When that person starts to eat or to increase their intake, the diagram will flow in the opposite direction. That is, the excess glucose in the blood will be taken up into the liver in combination with water and stored as glycogen. This may occur either following a binge or when someone increases their diet in a more planned way.

In either situation, a rapid increase in weight is observed (if weight is checked!) which frequently leads to further dietary restriction in order to reverse the weight gain.

Only when glycogen stores are almost exhausted does the body start to break down muscle and fat stores to release energy.

- When you look at the above diagram the left hand side gives you energy but there is no weight loss from burning glycogen. The apparent weight loss comes from the right hand side but in fact is just water. As soon as you start to eat again the weight is rapidly regained even though you have not taken in many calories.

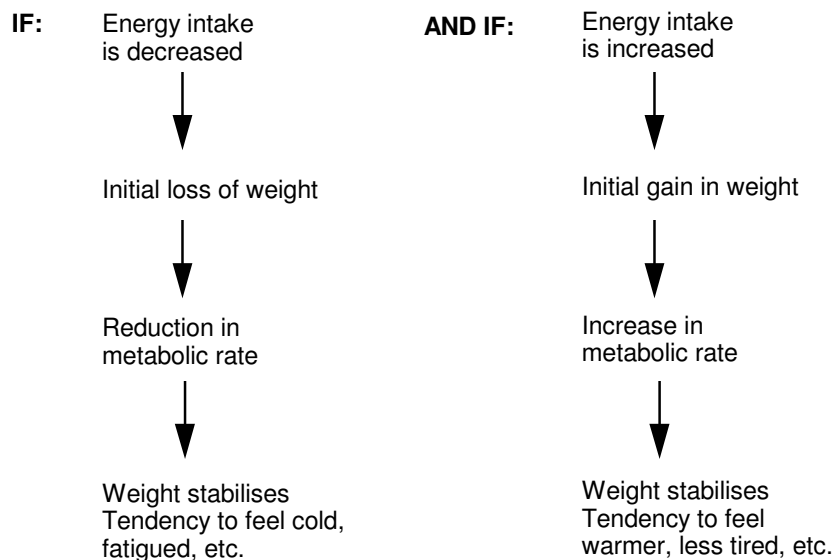
MODULE 2

B DIETARY ADVICE

- The important message from this for people with eating disorders contemplating dietary changes is that the initial rate of weight gain in the first few days of change (whether up or down) will not continue.
- The other important point is that long-term weight maintenance does not mean that someone's weight is the same every time they weigh themselves.

THE BODY'S RESPONSE TO STARVATION

- The human body has evolved over millions of years and has, during this time, produced a number of mechanisms to attempt to protect it from adverse effects of the environment (e.g. temperature regulation, responses to lack of oxygen at altitude etc.).
- Another adverse environmental stimulus is a lack of food and the body protects itself from this by decreasing the metabolic rate and therefore surviving on less food.
- This process reinforces the fear of weight gain in people who have rigorously dieted.



The diagram above shows the changes in the metabolic rate and subsequently in body weight which occur with changes in energy intake.

It can be seen that, when a body is starved and then there is an increase in dietary intake, there will be a weight gain in the short term at a greater rate than for a non-starved person.

This short-term gain can be a difficult time, but after a spell of higher intake the metabolic rate and therefore energy requirements are increased.

There is no evidence of permanently lowered energy requirements in people who increase their intake following starvation. In other words, your body's energy thermostat always resets itself.

These processes of decreasing and increasing metabolic rates apply not just to periods of starvation resulting in weight loss, but will occur in those who starve/vomit and binge at a stable weight. The reduction in metabolic rate is reversed when regular eating patterns are re-established, particularly if food intake is distributed throughout the day.

MODULE 2

B DIETARY ADVICE

THE PORTION SYSTEM

Techniques for regaining control over eating by applying a "portion" system are introduced below. The potential benefits of this system are:-

1. You remain in control of dietary choice.
2. It gives a flexible alternative to calorie counting.
3. It allows a structured but non-rigid pattern of meals.
4. It encourages you to introduce "difficult" foods within a planned system.
5. It generally leads to a nutritionally adequate range of foods as long as you are not restricting excessively.

WHAT IS THE PORTION SYSTEM?

- A system of food "portions" is used to vary the overall level of food intake. These "portions" are basically what are usually termed carbohydrate foods and include bread, potato, fruit, crackers and biscuits, rice, cereals, pasta, cakes and puddings.
- Protein foods such as meat, fish, eggs, cheese and pulses are taken in relatively fixed amounts whatever the level of "portions" needed. Vegetables, tea, coffee, can be taken as you wish but avoid taking them instead of carbohydrate "portions".
- Milk should be used in tea, coffee, and cereals or a suitable alternative if this is not possible.
- These foods are of variable calorie content, but so long as a variety of foods are chosen each day a constant intake will result.
- You can record portions in the appropriate section of the food diary.

Typical portions are listed overleaf:

MODULE 2

B DIETARY ADVICE

The following foods each count as one portion:-

- one slice of bread
- two plain biscuits
- one chocolate biscuit (digestive etc.)
- two oatcakes, crackers etc.
- three crispbreads etc.
- one bowl of porridge, breakfast cereal
- one piece of fruit
- one "diet" yoghurt
- one small potato or scoop of mashed potato
- one bowl of soup
- two tablespoons of rice
- one glass of fruit juice
- two tablespoons of pasta

The following foods count as two portions:-

- one bread roll
- one pitta bread
- one large (e.g. baked) potato
- one scone, pancake etc.
- one croissant
- one fruit yoghurt
- one bag of crisps
- one large chocolate biscuit (Club, Penguin etc.)
- one individual pudding (rice, custard, tart, pie, etc.)

HOW DO I USE THE PORTION SYSTEM?

To start you should try to aim for fifteen "portions" per day, preferably spread between breakfast, mid-day meal, evening meal and snacks.

It is important to spread the intake of food through the day to avoid prolonged periods of hunger which may trigger binge eating and also avoid over-fullness which may make the planned intake difficult to achieve. You should aim to include a helping of meat, fish, eggs, cheese, or pulses with your mid-day and evening meals (for example a sandwich at mid-day, part of the main course in the evening).

Having established a regular pattern of meals, adjustments can be made to the total number of "portions" in order to bring about controlled changes in your weight. These adjustments are best made infrequently i.e. no more than one change every two weeks or so.

MODULE 2

B DIETARY ADVICE

CASE EXAMPLE

Jemma, was a 34 year old teacher who had suffered from bulimia for 10 years. She had always gone on periods of strict dieting between binges, counting the calorie content of all she ate and vowing never to binge again. However her diets never lasted for long and she inevitably ended up bingeing, hating herself for it and starting over again on a strict diet.

She was introduced to the "portions" system of eating and though initially apprehensive, she found that in the long term it worked well for her. She liked the fact she could stop counting calories and was surprised to see that even eating three meals and two snacks regularly, her weight only increased by 4-5 lbs. This she found easy to lose once her more regular eating pattern was established.

Summary

- Fluctuations in weight occur daily.
- Establishing a healthy eating pattern allows the body to hold some energy in reserve in the liver in the form of glycogen.
- Water held with this store of glycogen causes an INITIAL rise in weight which will rapidly stabilise.
- Water released from glycogen and excreted causes an initial weight loss when you starve for a day. This weight loss is not due to loss of muscle or fat.
- Starvation even as part of a binge and vomit/starve cycle at a stable weight, leads to a decrease in metabolic rate.
- The reverse happens when a normal healthy eating pattern is resumed. However, a lag in the rise in metabolic rate results in a further INITIAL weight gain which again stabilises.
- Developing a system of "PORTIONS" allows you to remain in control of dietary choice, without calorie-counting and gives your body a nutritionally adequate range of food.
- Fifteen "portions" spread over three meals and two snacks, prevents excessive hunger which could trigger a binge.
- The number of portions can then be changed at a later stage, as necessary, in order to alter your average weight.

MODULE 2

B DIETARY ADVICE

Homework Assignment 2b

- *Continue your food diary as you were doing last week.*
- *Try and take on another two 'principles of normal eating' from the list. Write down which ones you are now trying to incorporate:-*
 - 1.
 - 2.
- *Have a go at the Portion System - there is space in the diaries to record how many portions you are eating (column on the food diary page headed "Portn.").*

Note:

As with every module, it is a good idea to attempt all the exercises suggested before moving on.

If you have been unable to do this so far, don't worry, go back and try again.

Remember that no stage in getting back to a normal eating pattern is easy to accomplish. Don't expect miracles from yourself, after all you wouldn't expect them in other people.

Don't forget to reward yourself for any achievements you have made no matter how small.

When you feel ready, turn to the next page and commence module 3.

MODULE 3

A CHANGING THE WAY YOU THINK

Homework Review

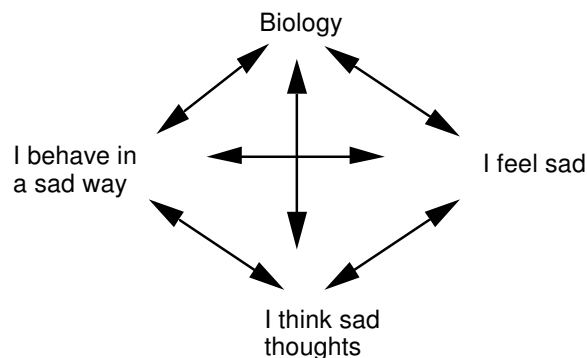
- *You should by now have started to see some patterns emerging in your diaries with respect to the links between eating and thoughts and feelings .*
- *Review your diaries at this point if you do not feel that you have a pretty good grasp of these links and write down what the links are e.g.*

*Do you tend to feel miserable, depressed, misunderstood or angry?
What are your thoughts just prior to bingeing?
Are they always negative or self-destructive?*

- *Have you been able to use the "Portion System"? Remember that fifteen portions per day is something to AIM FOR and not necessarily an easy target to achieve. More importantly, is to try to establish a regular eating pattern spaced throughout the day so as to decrease the urge to binge.*
- *If you have not managed to change your food intake in any way, you should spend some time challenging your negative automatic thoughts about shape, weight, eating and food.*
- *You may find that modules 4 and 5 are particularly helpful in doing this.*

HOW THINKING AFFECTS BEHAVIOUR

The relationship between thoughts, behaviour and mood is presented below showing how a vicious circle can arise, such as that of an eating disorder, when any one of the elements becomes dysfunctional.



For instance:-

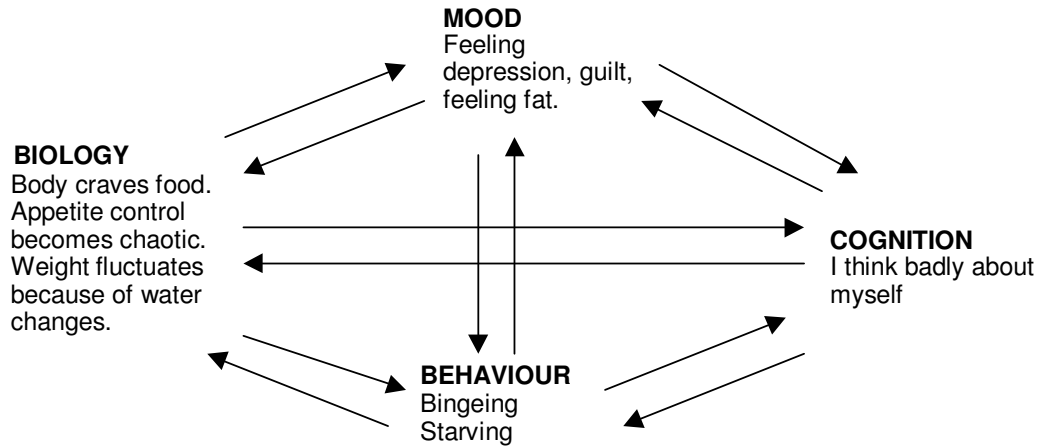
Imagine for example you caught a cold. The effects that this has on your biology makes you FEEL weak and apathetic. This in turn may make you THINK more negatively e.g. "I look so awful today - all pale and puffy faced, I'd better stay in."

The result of thinking this therefore effects your BEHAVIOUR in that you stay inside longer - by staying in you may get bored and start to feel more negative about yourself thus perpetuating the cycle.

MODULE 3

A CHANGING THE WAY YOU THINK

THIS CYCLE ALSO APPLIES TO BULIMIA:-



The effect of **THINKING** about fat and how you ought to be thinner has a direct effect on your **BEHAVIOUR** i.e. starving, dieting, exercise, vomiting etc. These behaviours lead to bingeing and therefore may trigger more thoughts about your shape and weight. This chaotic eating behaviour has a direct effect on your biology - it causes sleep disturbance, irregular periods and so on, and often results in you feeling low in mood. One way to break out of this cycle is to introduce the principles of normal eating and thus try to alter your behaviour.

There is little you can do to directly change your mood although some medications may help by changing biological symptoms of depression.

What you can do is learn to think less negatively about yourself and about food and your weight. This will result in a change in your behaviour and you will then be able to break out of the cycle. Using "cognitive therapy" is a way of doing this.

REMEMBER:-

Cognitive distortions (thinking errors) don't just affect you. If you think in this way characteristics you will have include;

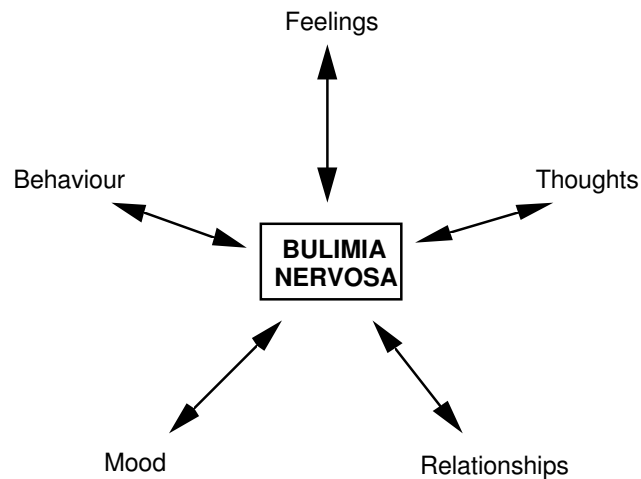
- Negative view of self
- Negative view of future
- Negative view of the world around you

(This triad can occur in depression, bulimia and severe anxiety.)

MODULE 3

A CHANGING THE WAY YOU THINK

- Bulimia nervosa is an eating disorder which affects your mood, the way you think, feel, behave and interact in relationships.
- Even when the behavioural symptoms of bulimia have disappeared and you are eating normally, the bulimic thoughts or preoccupations with food, weight and eating often remain.
- These thoughts can be quite distorted and are not helpful to you because they stop you from functioning in areas of your life which require concentration.
- They impede progress because they represent arguments that encourage you to maintain your faulty eating pattern.



Typical Bulimic Thoughts:

- I must not eat anything today because I must make up for the binge I had yesterday.
- I cannot eat anything at the party tonight because I don't think that I'll be able to get rid of it afterwards without anyone noticing.
- That's it, I've blown my diet!

Whilst on the surface these thoughts seem to make sense, these issues may have come to preoccupy most if not all your thoughts, so that you are unable to apply yourself properly to anything else, and have come to dictate how you lead your life.

Typically, people with bulimia believe that they are the only person in the world who thinks and behaves as they do, but when they talk to other bulimics they are amazed to find that there are many others in exactly the same position as themselves.

MODULE 3

A CHANGING THE WAY YOU THINK

CASE EXAMPLE

Emma was a 38 year old unemployed teacher. She had suffered from bulimia for 11 years. She lost her job two years previously after numerous warnings because she had been so preoccupied with her eating disorder that she would turn up late for work, was unable to focus on what was going on in the class and frequently failed to mark homework.

She had few friends left and felt unable to tell those around her of her eating problem. Eventually, in desperation she went along to her G.P. and ashamedly confessed her problems. She was surprised to find that the doctor had several patients on his list with similar problems and that there was a self-help group running in the area.

After attending this group for a few weeks, she began to feel much less of a "freak" and was able to tackle her eating with the support of fellow sufferers.

Cognitive Therapy is aimed at helping you:-

LEARN TO RECOGNISE ERRORS IN YOUR THINKING WHICH PREVENT YOU FROM CHANGING YOUR BEHAVIOUR.

- By using this manual you will learn to apply your reasoning skills to situations you find difficult, in particular those related to your eating.
- You will learn to find alternative ways of thinking that will help you to change your behaviour and make you feel better.
- You will be encouraged to think of yourself as a scientist, testing out or experimenting with your ideas to find out how realistic or helpful they are by deciding on practical tests each week.

Can you think of any examples of vicious cycles like this affecting you?

Write down some examples using the model contained in the diagram on the previous page to make links between biology, behaviour, thinking and mood.

MODULE 3

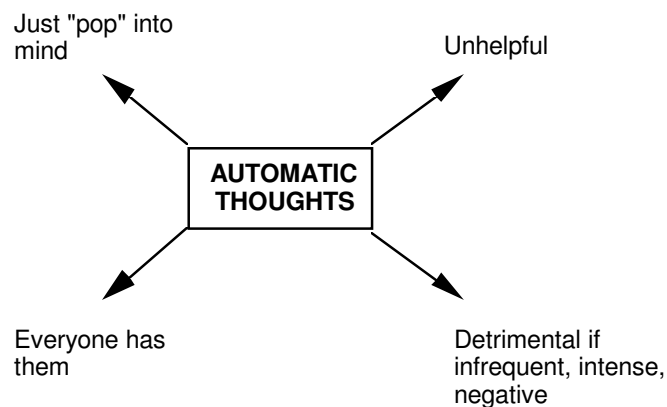
B STEPS OF COGNITIVE THERAPY

STEP 1

Having automatic thoughts is normal. Everyone has them they can be 'good', 'bad' or 'indifferent'. We will all have thoughts running through our minds the whole time, although we are not always conscious of what we are actually thinking. Nor do we normally question our own thinking, therefore if it becomes excessively negative or self-critical we tend just to believe that the thoughts are factual. However, how one thinks about oneself can be very heavily affected by all sorts of things such as life circumstances, self-confidence, body image etc.

The first step is to learn to recognise your own "automatic thoughts", whenever you feel like bingeing or vomiting. First you must be quite sure of what an automatic thought is.

Characteristics of Negative Automatic Thoughts:-



- a) They are automatic - they are not actually arrived at on the basis of reason or logic - they just seem to happen. It can help to think of them as part of the running commentary on life that goes on almost constantly inside our heads while we are awake.
- b) They are our own interpretations of what is going on around us rather than facts. They depend on all sorts of factors, such as our level of self-confidence and how things are going in our lives generally. If we feel confident and happy, then the automatic thoughts we have are likely to reflect this by being positive and optimistic; if however we feel unhappy and low in confidence, the automatic thoughts are likely to be negative and pessimistic.
- c) The negative thoughts are often unreasonable and serve no useful purpose. They are based on an individual's view of herself, and often do not coincide with reality. Even if they are not actually irrational they make you feel worse. They can prevent you from getting better by persuading you that there is no point in trying to change before you have even tried to do so. They may allow you to justify putting things off (procrastinating for long periods of time). "There is no point in me working through this manual, I'll be wasting my time because I've had bulimia for such a long time, I must be a hopeless case" or "I'll try to stop bingeing again tomorrow as everything is spoiled for today anyway, because I've binged and vomited already."
- d) Even though these thoughts may be unreasonable and/or unhelpful to you, they probably seem to be very believable at the time when you actually think them and because they are automatic it is very unlikely that you stand back from them and evaluate or question them. You tend to accept them as easily as an ordinary automatic thought such as "the doorbell is ringing - I should answer it".

MODULE 3

B STEPS OF COGNITIVE THERAPY

STEP 2

The second step is to record your negative thoughts in your thought diary (appendix c). If you start to feel bad for any reason, review your thoughts. Try to remember exactly what has just passed through your mind. These are the thoughts to write down. They can be seen as your automatic reactions, either to something that has just happened or to an issue which you have been thinking about, such as your bulimia. You will probably find that these thoughts are very negative and that you believe them.

It is important to try to recognise some negative thoughts of your own. Below is an excerpt from the cognitive therapy diary of a 21 year old student who had suffered from bulimia for 4 years.

| Date | Emotions | Situation | Automatic thoughts |
|---------|---------------------------|---|---|
| 12.5.95 | Disgust / anger at myself | Sitting alone in my room after a binge | I must not eat anything tomorrow to make up for the binge I had tonight |
| 14.5.95 | Fear / panic | Sitting in the refectory at lunchtime | People are staring at me because I'm so fat and ugly |
| 15.5.95 | Ashamed, miserable | In a department store trying on a dress | If I can't fit a size 10 I must be overweight I look so fat in this dress, I may as well go home |

The above table may help you to recognise some of your own negative automatic thoughts. If so, jot some of them down in the table below just now. **DON'T WORRY** if none come to mind immediately. You will have a chance over the next week to fill some into your diary.

| Date | Emotion | Situation | Automatic thoughts |
|------|---------|-----------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The typical automatic thoughts of a person suffering from an eating disorder tend to be preoccupied with food, weight and shape. They are often quite distorted and are not helpful because they maintain faulty eating patterns and hold back progress in other areas of life. These

MODULE 3

B STEPS OF COGNITIVE THERAPY

thoughts may appear to be true to you at present, but often there may be no concrete evidence to support them.

Some further examples are given below:-

If I lose one stone, my life will be okay.

I feel ashamed of my figure, if I was slim people would like me more.

I'm no use - I can't stop eating, I have no control of my life. She said "you look well" she meant "you look fat" - she must know how much I ate last night.

If I eat breakfast, I'll just binge for the rest of the day.

It's not worth living if I get any fatter than this.

I'll never be the person I want to be.

Summary

- **Bulimia nervosa affects not just the way you behave but also the way you THINK.**
- **Preoccupations with food, weight and eating often remain even once the behavioural symptoms of bulimia disappear and need tackling to prevent faulty eating patterns from reappearing.**
- **There is a close interrelationship between THOUGHTS, MOOD and BEHAVIOUR. If one becomes disturbed a vicious negative circle can then ensue.**
- **AUTOMATIC THOUGHTS are those that just pop into the mind without consciously thinking about them. Everyone has them but they become DETRIMENTAL when they are repeatedly of a NEGATIVE nature.**
- **COGNITIVE THERAPY involves recognising and altering negative automatic thoughts.**

MODULE 3

B STEPS OF COGNITIVE THERAPY

Homework Assignment 3b

- *Using the thought diaries you should try to write down some negative automatic thoughts during the coming week. Fill in the first three columns entitled "SITUATION", "MOODS" and "AUTOMATIC THOUGHTS".*
- *Continue the rest of your food diary as you were doing last week.*
- *Remember to try to take on some more of the 'principles of normal eating' if you feel that you have mastered those that you have already attempted.*

Note:

Before moving on, you should have attempted to identify some of your own negative automatic thoughts.

If you are finding this difficult, don't worry, it is a difficult technique to master. Look back through this module and imagine yourself in some of the situations mentioned and think how you would react in each one. This may get you in the swing of catching the thoughts that just pop into your mind.

Once you feel ready, turn over the page and commence module 4.

MODULE 4 THINKING ERRORS

| <u>Type of Thinking Error</u> | <u>Description of Thinking Error</u> | <u>Example of Thinking Error</u> |
|-----------------------------------|---|---|
| All or nothing | See things as black or white - no shades of grey. | I failed my driving test. I am a terrible driver. I will just give up. |
| Over-generalisation | One unfortunate event leads to the assumption that this will happen every time. | Every time I eat a biscuit I just know I'll binge. |
| Mental filter | Pick out and dwell exclusively on the negative / worrying details. | Today was a disaster. I had eaten 300 cals by lunchtime. |
| Disqualifying the positive | Positive experiences don't count for anything. Successes are seen as flukes and there's no pleasure from positive events. | He only asked me out because he was lonely. |
| Jumping to conclusions | You assume the worst even when there is no reason to (expect failure before trying). | She didn't speak to me because she could see how fat I was. |
| Catastrophising | You exaggerate your own imperfections. Common misfortunes become disasters. | I made a mistake, how awful. I can't show myself here again. I will never recover from bulimia because I binged this morning. |
| Emotional reasoning | Taking feelings as facts (e.g. feel afraid therefore must really be some danger). | I feel fat therefore I am fat. |
| Should, Must and Ought statements | Thinking you should ALWAYS be capable of staying calm or NEVER getting angry, etc. These statements are: OVERDEMANDING, UNREASONABLE and cause UNNECESSARY PRESSURE | I should be 8 stones therefore I must diet. I ought to be a better daughter. |
| Labelling / mislabelling | You label yourself on the same basis of one mistake. | "I'm a useless person" on the basis of one mistake. |
| Personalisation | Attribute things going wrong to oneself. | My parents fight because I'm an awful daughter. |

MODULE 4 THINKING ERRORS

If we think again of the excerpt from the cognitive therapy diary of the student mentioned in the last module we can now add an extra column to the table to look at the thinking errors involved.

| Date | Emotions | Situation | Automatic thoughts | Thinking errors |
|---------|---------------------------|---|--|---------------------------------------|
| 12.5.95 | Disgust / anger at myself | Sitting alone in my room after a binge | I must not eat anything tomorrow to make up for the binge I had tonight | All or nothing |
| 14.5.95 | Fear / panic | Sitting in the refectory at lunch | People are staring at me because I am so fat and ugly | Jumping to conclusions |
| 15.5.95 | Ashamed Miserable | In a department store trying on a dress | If I can't fit a size 10 - I must be overweight I look so fat in this dress I may as well go home | Catastrophising All or nothing |

- With the help of the examples given above, now look back over any negative automatic thoughts that you have recorded and try and decide if these thoughts contain any of the types of thinking errors mentioned above.
- Write down beside the negative automatic thought which thinking error it contains. Sometimes a thought will fit into more than one category, so don't worry about fitting your thoughts into exactly the right place.
- You will probably find that there are certain patterns of errors you keep on making, in other words you will have your individual repertoire of thinking errors you keep on making.
- Do not try to think of rational responses to your thinking errors until you have learnt to identify the type of error first. This stage is important in order to avoid trying to make rational responses without an understanding of the negative bias or erroneous thinking that you are trying to challenge.

Summary

- Every negative automatic thought has at least one **THINKING ERROR** underlying it.
- There are various forms of thinking errors, some of which will be more applicable to you than others.
- Identifying which thinking errors frequently occur for you is a necessary first step on the way to replacing negative automatic thoughts with more rational responses.

MODULE 4 THINKING ERRORS

Homework assignment 4

- *Continue to keep your food and thought diaries recording what you eat, general thoughts and feelings and the first FOUR columns of the panel in the thought diary (including the column entitled Thinking Error)*
- *Write down which "principles of normal eating" you are now attempting - do not take on any more until you have mastered the ones you have already undertaken to achieve.*

Note:

Before moving on it is important to have identified some of the thinking errors underlying your own negative automatic thoughts. If you have been unable to do this so far, don't worry, have another look over the module and especially at the examples given for some help and then have another go.

When you feel ready, turn the page and start module 5.

MODULE 5

LOOKING FOR RATIONAL ANSWERS

Homework Review

- *Have you managed to identify negative automatic thoughts and the thinking errors that they contain?*
- *If not try going back over the last module before going on.*

CHALLENGING THE WAY YOU THINK

Now that you have become familiar with identifying negative automatic thoughts, you are ready to start to challenge the way you think. Below is a suggested set of steps to take to challenge each negative automatic thought that you have written down.

1. WHAT IS THE EVIDENCE?

What evidence do I have to support my thoughts?

What evidence do I have against them?

2. WHAT ALTERNATIVE VIEWS ARE THERE?

How would someone else view this situation?

How would I have viewed it before I got depressed/became bulimic?

What evidence do I have to back these alternatives?

3. WHAT IS THE EFFECT OF THINKING THE WAY I DO?

Does it help me, or hinder me from getting what I want? How?

What would be the effect of looking at things less negatively?

4. WHAT THINKING ERROR AM I MAKING?

Look through the list of types of thinking error from module 4.

5. WHAT ACTION CAN I TAKE?

What can I do to change my situation?

What can I do to test out the validity of my rational answers?

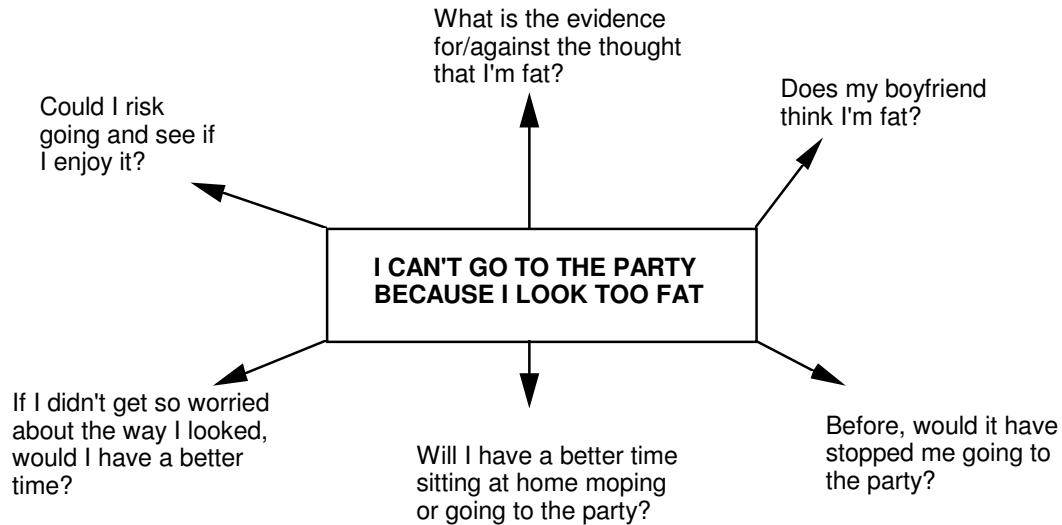
Can I use? - I want or I don't want to
 I need or I need not do this
 I wish or I don't wish this

instead of: I must or I mustn't
 I should or I shouldn't
 I ought or I ought not to wish this

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

EXAMPLE:



The above diagram suggests how the automatic thought - "I can't go to the party because I look so fat", can be tackled using the set of questions laid out on the previous page.

If we look back again at the example of the excerpt from the students cognitive therapy diary that we studied in the last two modules, and take the first automatic thought that she wrote:-

"I must not eat anything tomorrow to make up for the binge I had tonight."

Then we can now attempt to find a rational response to this by going through the questions detailed.

1. What is the evidence for?:-

I have consumed so many calories tonight, eating more tomorrow will make my weight go up even more. That will make me feel out of control and I can't stand that so I will starve myself.

What is the evidence against?:-

I know that I have got rid of the majority of the calories by vomiting, so it will probably be alright to eat tomorrow rather than attempt to starve myself.

2. What alternative views are there?:-

My boyfriend can eat a large amount in one evening and not put on any weight despite eating normally the next day.

I read that fluctuations in weight from day-to-day are normal and simply due to fluid shifts, so even if my weight goes up tomorrow it will probably come back down the next day if I just attempt to eat normally.

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

If I try not to eat all tomorrow, I will probably end up bingeing again because I will get so hungry, so maybe I would be safer just to try eating small amounts regularly.

3. What is the effect of thinking as I do?:-

Feeling that I can't control my bingeing makes me feel so useless that it prevents me from thinking myself capable of changing things.

Thinking of myself as so worthless, I don't see the point in attempting to change my eating habits, no-one will care if I change and I know that I will fail anyway.

4. What thinking error am I making?:-

All-or-nothing

5. What action can I take?:-

To change my situation I must try to accept that I am a worthy person and that I am capable of taking RISKS to improve my life.

I will try to start eating regular small meals tomorrow and accept that I may have an occasional lapse where I binge, but not look on this as a complete failure worthy of giving up trying.

CASE HISTORY

Hannah, a 29 year old clerk, had suffered from bulimia for 5 years when she came into therapy. She was gradually introduced to the concept of looking at her negative automatic thoughts, trying to find the thinking errors underlying them and subsequently to think of rational responses.

Although she could come up with some "rational responses", she felt that she couldn't imagine herself putting them into practice especially at work where she felt that if she responded when "put upon" that she may be disliked by others and even fired.

However, after practising some role playing at home, to increase her courage, she tried acting on the basis of her "rational responses" and was surprised to find that not only was she not fired, but that others respected her more for voicing her opinions.

You may feel:-

1. Like the woman in the case history and fear the response of others to your "new" self.
2. That it is "safer" to think negatively because there is less likelihood of being let down.
3. That you are being arrogant and cheating yourself by being more positive.
4. That you are simply unable to see yourself in a more positive fashion.

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Regardless of how you feel about challenging your negative automatic thoughts and replacing them with "rational responses" it is a worthwhile exercise to write down the rational alternatives even if you do not believe them at the moment.

Remember that this exercise, like much of this manual, involves taking RISKS and testing out new ideas in order to make a better life for yourself.

Summary

- **Once negative automatic thoughts and the thinking errors underlying them have been identified, the next stage involves replacing them with more RATIONAL RESPONSES.**
- **To find more rational responses it is important to challenge the evidence for and against each negative automatic thought; think what others would say in the same situation; and think how you would react if someone else had acted as you did in the situation.**
- **It is important to take RISKS and test out new alternative approaches, even if you don't fully believe in them, in order to lay new foundations for the future.**
- **Don't be too pessimistic. Your negative thoughts and thinking errors may be deeply ingrained. It may be difficult to stop or change them.**

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Homework assignment 5

- *Continue with your diary as you did last week.*
- *Try now to rationalise your negative automatic thoughts and record it in your diary.*
- *It is sufficient to record one or two negative automatic thoughts each day and work through them with the scheme presented above.*
- *You will probably find that the same thought, or thoughts, will crop up repeatedly.*
- *Keep challenging them on paper and eventually you will be able to put the 'rational response' in place of the negative automatic thought as soon as it occurs.*
- *How are you getting on with the 'principles of normal eating'? Remember to keep these going.*

Note:

Working through the process of finding a more rational response can often be quite slow and time consuming but it is a very worthwhile step to learn.

Before moving on, try to carry out the scheme suggested for at least a few negative automatic thoughts. Take as long as you need.

When you feel ready, turn over the page and begin module 6.

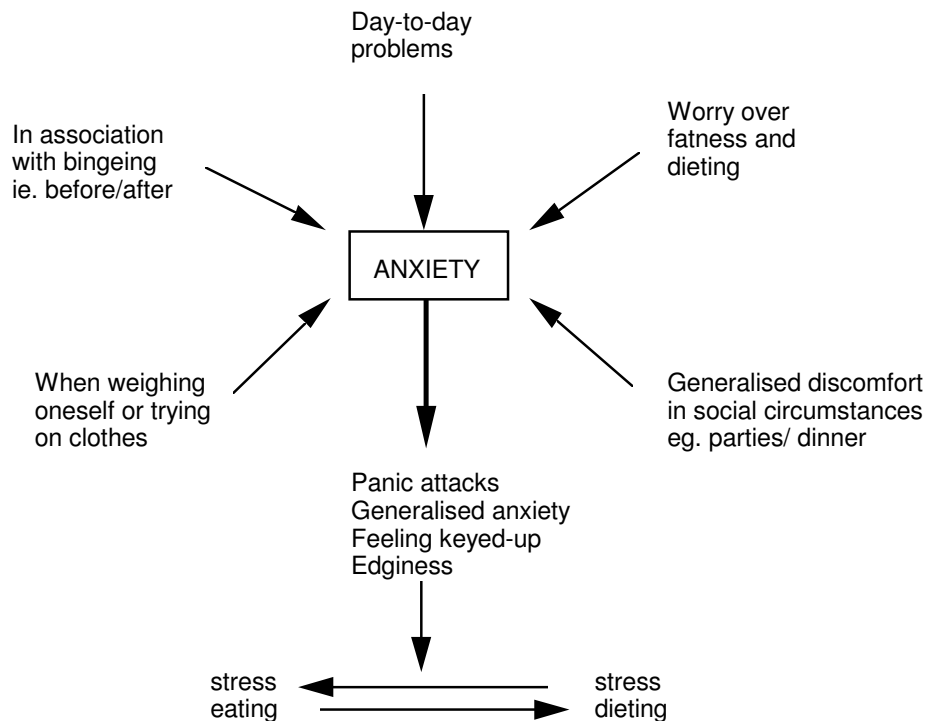
MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Homework Review

- *You should now have had some practice at challenging your negative automatic thoughts - if you do not really understand the process of doing this, or are still unable to come up with any rational answers, go back and read the appropriate modules again before going any further in the manual.*
- *If after this you still cannot get the hang of it DON'T WORRY - the sections don't necessarily have to be done in this order.*

WHAT HAS ANXIETY GOT TO DO WITH BULIMIA?



- **Are you a stress eater (food for comfort, grazing etc.) or a stress dieter?**
- **Anxiety can effect the quality of someone's life quite markedly and overcoming it involves firstly understanding the causes and symptoms.**
- **It has been calculated that as many as 70% of women with bulimia nervosa also experience some type of anxiety disorder at some stage.**

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

CASE EXAMPLE

Megan, a 25 year old shop assistant, has been suffering from bulimia for 7 years. She hated going out to parties, but her friends always nagged her to go and she was afraid she would look "different" if she refused to go.

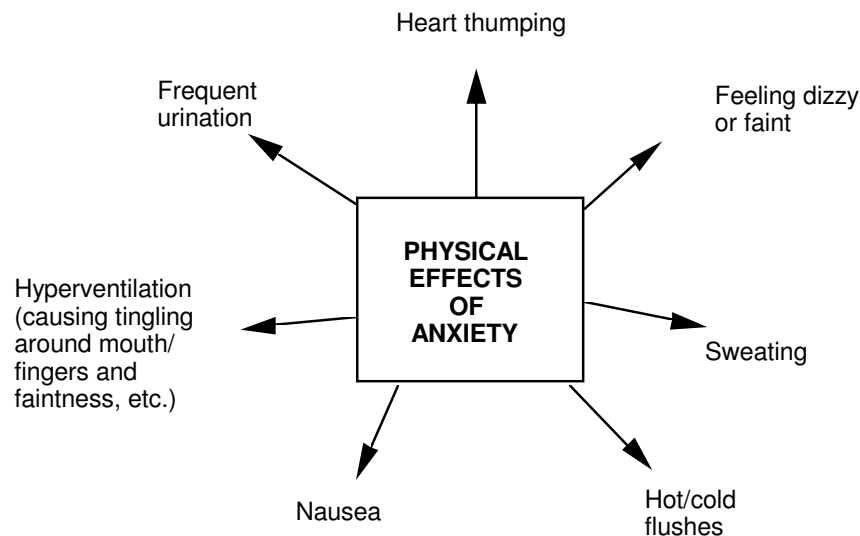
On the days leading up to a party she would find herself becoming irritable and edgy, would worry excessively about what to wear, what she would say and what others would think of her. At the parties themselves, she found herself to be sweating profusely and often felt others would hear her heart beating it was so loud.

She was always exhausted and miserable by the time she arrived back home.

The case study described above illustrates some of the effects that anxiety can have on someone's thoughts and physical symptoms.

SYMPTOMS OF ANXIETY

Effects of anxiety can be felt as physical sensations, as was pointed out in Megan's case history. These physical effects are very real and are those of a "fight, flight, fright" response occurring in a situation which would not normally result in such a dramatic response i.e. they are occurring in an inappropriate setting.



Hyperventilation, in itself, can produce a range of frightening sensations which can trigger a continuous rise in anxiety and thus further symptoms.

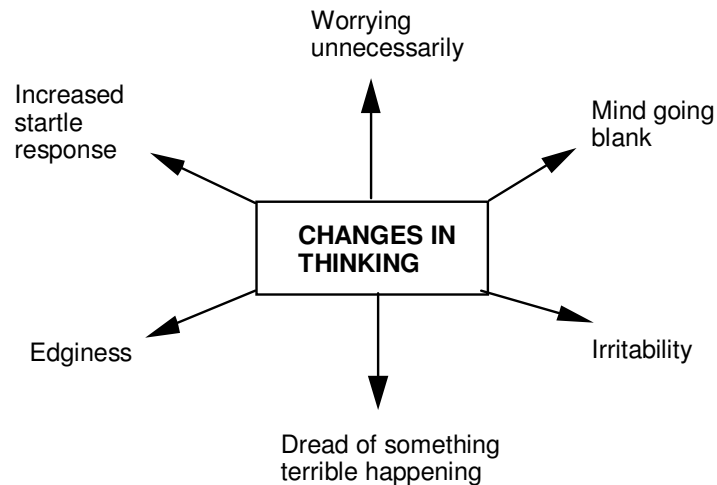
Recognition of hyperventilation as a cause of symptoms is a worthwhile step as it is readily treated initially by breathing in and out of a paper bag, and later by retaining your breathing to a slower more regular pace.

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Anxiety can also produce changes in your thinking, as we saw with Megan who found herself to be irritable and edgy before social events. On the next page is a diagram which shows some of the other effects of anxiety on thinking.

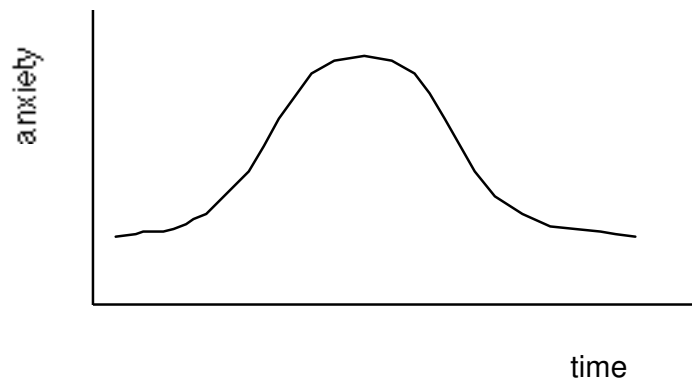
Can the same process apply to feelings around the urge to binge or vomit?



- Note down which symptoms, either mentioned above, or any other symptom that you have suffered which you think may be attributed to anxiety.
- Have you ever had a panic attack?
- What does anxiety feel like to you?
- What physical and psychological symptoms occur, for you in a panic attack?

We will now look at anxiety in a little more detail. Consider the graph on the following page - it shows how your level of anxiety changes if you are in a stressful situation, and STAY in it.

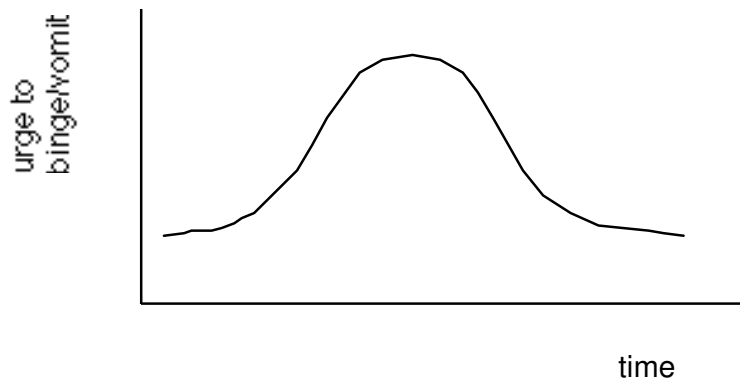
MODULE 6
A COPING WITH ANXIETY; RELAXATION TRAINING
THE CHART BELOW SHOWS HOW ANXIETY LEVELS CHANGE WITH TIME



The most important point from this graph is that anxiety subsides with time. However, if the anxiety provoking situation is avoided it becomes quite difficult to believe that the symptoms can decrease and one of the first steps in treating anxiety is to stay within the situation, however uncomfortable it seems in order to discover that the symptoms can be tolerated.

Can the same curve apply to feelings around the urge to binge or vomit?

Imagine the same graph with different axes.



Again it can be difficult to believe that these feelings are tolerable - the easiest option is to "give in" and binge or vomit. This could in fact be described as avoiding the anxiety and the result is that the bulimic behaviour is reinforced. In order to overcome bulimic symptoms you may have to learn to cope with the increasing tension by using anxiety management and finding alternative distractions to bingeing or vomiting.

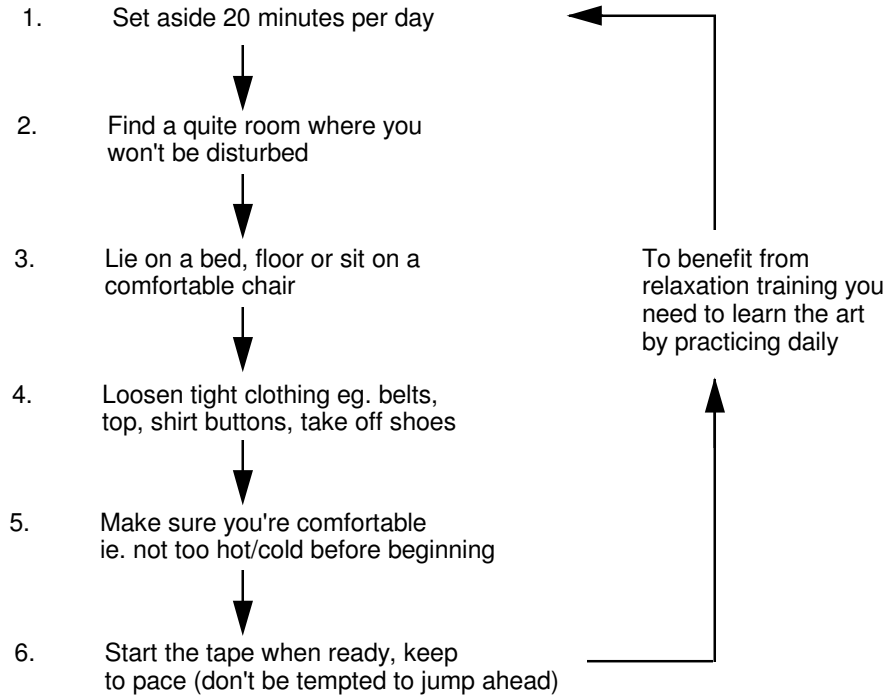
Increasing tension can be tackled directly by using relaxation techniques but it is also important to tackle negative automatic thoughts that trigger a binge. Relaxation can also be used to develop an awareness of physical tension that may build up to become problematic.

We suggest you use a relaxation tape in conjunction with this module. You can purchase one of the many tapes available in the shops or make your own using the script provided in appendix d. In order to get the greatest benefit from using it, follow the flow diagram on the next page.

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

FLOWCHART FOR RELAXATION



Points to Remember About Relaxation Training:

- Concentrate on breathing slowly, smoothly and evenly, and not too deeply throughout the exercises.
- It should only take place when there is no time pressure, e.g. practice should not take place fifteen minutes before you are due to go to work.
- As daily practice is crucial, set aside a regular time each day for your relaxation exercises, e.g. after work, after your evening meal, or just before going to bed. Do not just use the tape when you feel a bit anxious. Outwith this time the tape may be used as often as you wish.
- Using the tape is a training phase. Once you learn and are comfortable with the relaxation exercises you will be in a position to use relaxation to combat anxiety in "real-life" situations.

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Summary

- **People who are bulimic very often suffer from symptoms of anxiety.**
- **Symptoms can be PHYSICAL e.g. palpitations, EMOTIONAL e.g. irritability, or related to BREATHING i.e. hyperventilation.**
- **If you STAY in an anxiety provoking situation, with time the symptoms of anxiety will decrease.**
- **To overcome bulimic symptoms it may be necessary to learn to cope with increasing tension using relaxation and distraction techniques.**
- **Relaxation must be LEARNED and PRACTICED regularly before it can be used to combat anxiety in "real-life" situations.**

MODULE 6

A COPING WITH ANXIETY; RELAXATION TRAINING

Homework assignment 6a

- *Practice relaxation using your relaxation tape, taking care to follow the above instructions.*
- *Continue your diary as before.*
- *Remember the 'principles of normal eating'.*

Note:

Learning relaxation techniques can be very worthwhile in helping you to overcome your eating disorder. If you have not managed to practice regularly the techniques described so far, then decide right now what time of the day is easiest for you to set aside for relaxation practice and make sure that you use that time solely for that purpose. Spend a few days practising the technique before moving on.

If you feel that you have managed to grasp the basics of the relaxation technique described, then in your own time, turn over the page to start the next module.

MODULE 6

B COPING WITH ANXIETY; OTHER METHODS OF COPING

Homework Review

- *Are you managing to use your relaxation tape regularly?*
- *It may well take some time (and practice) before you really start to feel the benefit of relaxation.*

Review your diaries:-

- *Are you managing to eat more regularly?*
- *Are you using the 'principles of normal eating'?*
- *If you are bingeing at a similar time each day, could this be triggered by hunger? Could it be triggered by anxiety? What can you do about it?*
- *Are you managing to identify and challenge negative automatic thoughts? If not re-read the relevant modules.*

HOW TO COPE WITH THE URGE TO BINGE

This module also focuses around the anxiety curve which relates to the increasing urge to binge or vomit. Imagine yourself in a situation where you have a very strong urge to binge. You may feel quite out of control and not believe that there is anything you can do to stop bingeing. You may have attempted to rationalise negative thoughts but still the drive to binge is overpowering.

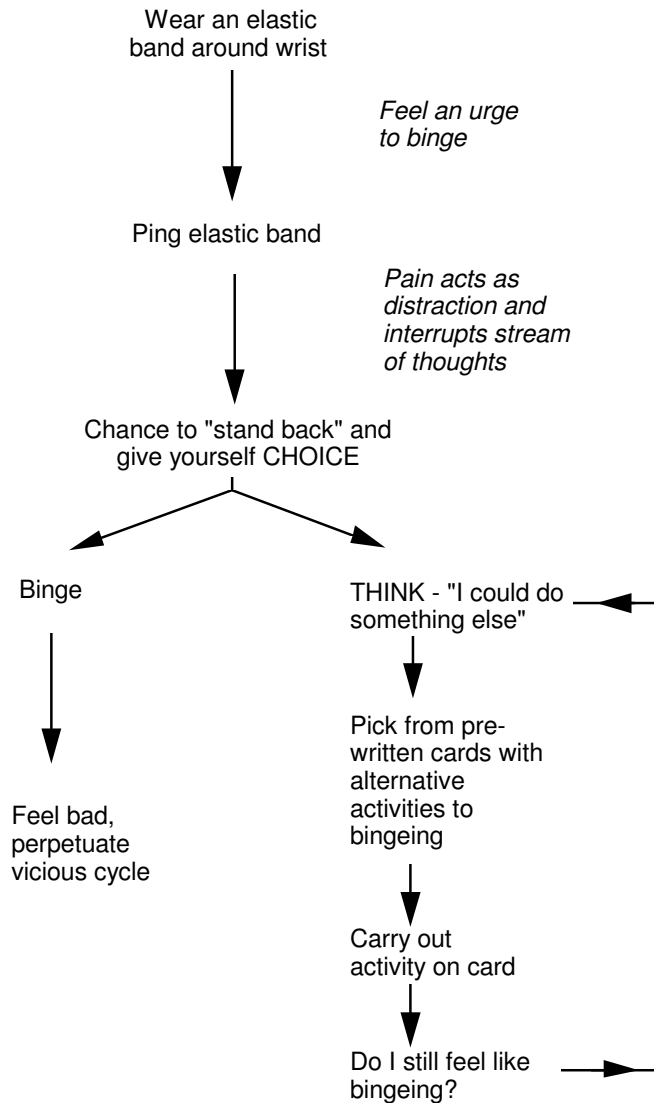
Coping strategy 1; The Rubber Band Technique

At this point, we have found it helpful to introduce a variety of simple tactics that encourage you to realise that you do actually have a choice in your decision to binge or not. The first strategy involves a rubber band and a set of cards.

Although we have suggested a rubber band, any technique which causes you to stop for just a second or two and interrupt your train of thoughts will do just as well.

MODULE 6
B COPING WITH ANXIETY; OTHER METHODS OF COPING

Choosing to binge or choosing not to...



The cards, mentioned in the flow diagram above, should fall into one of the three categories shown below. You should try to think of at least three cards for each category. Some examples have been given to help.

1. **Things that you know are helpful:-** e.g. doing your relaxation tape
 listening to music
 going to bed
2. **Things that you enjoy doing:-** e.g. taking a bath
 drawing
 doing some yoga / exercise
 reading from a chapter of a novel
3. **Things that you must do:-** e.g. writing a letter
 housework (be specific e.g. hoovering)
 phoning a friend
 writing a diary

MODULE 6

B COPING WITH ANXIETY; OTHER METHODS OF COPING

- **Make sure that the things that you write down are possible to do without preparation and at any time. Some people have found it useful to have different sets of cards - one set for home and another for work etc.**
- **Put the cards into a box.**
- **The strategy, described above, helps you to discover that you do have a choice and to find out that there are alternatives available to cope with tension and stress. This discovery also helps you to become aware that you have control over your bulimic symptoms.**

You have now learned a number of coping strategies and it's helpful to review them at this stage.

The principles of normal eating can be used to protect against the vicious cycle of starving and bingeing and to reduce the physiological drive to binge

Relaxation can be introduced as a way of preventing increasing tension

The rubber band and card system can be developed in order to introduce new ways of coping

Negative, unhelpful thoughts can be addressed and tackled in order to prevent them leading to destructive bulimic behaviours

CASE EXAMPLE

Donna, a 35 year old housewife, had suffered from bulimia for 4 years before seeking help. She had been shown the "principles of normal eating" but although in theory she found them very sensible, she found it very difficult to put them into practice.

She had been able, in the cold light of day, to sit down and write rational alternatives to her negative automatic thoughts but in the heat of the moment often lapsed back into her old ways.

You may by this time be feeling that you 'should' be improving in terms of your bulimic symptoms, but have perhaps not been able to make any great changes in your behaviour. It is normal to feel some distress at the prospect of 'giving up' bulimia - look back at the 'advantages and disadvantages' that your symptoms have (module 1). It is difficult to replace the advantages with alternative ways of coping, and it does not mean that you are a failure if you have not yet managed to do this. It may well be that you will be able to use the techniques in this manual at a future date.

MODULE 6

B COPING WITH ANXIETY; OTHER METHODS OF COPING

Coping Strategy 2; Cue exposure

- You may find this technique helpful
- Some people find that certain cues (situations, objects, people) trigger binges
- Try and make a record these
- Look for even very innocent things, (the sound of the kettle boiling, the 6 O'clock News), all sorts of things may be subtle triggers
- Make a record of them:
 - test out if they are really triggers
 - test out what happens if you try and avoid such cues
 - try to repeat exposing yourself to these cues and using techniques such as distraction and relaxation to avoid bingeing
- The theory behind this exercise is to try and break the link between the cue and the binge which may have become an automatic or learned response

Summary

- You have a choice in your decision whether or not to binge.
- Alternative strategies may be introduced to cope with tension and stress.
- Coping strategies which have been introduced so far include:
 - the principles of normal eating
 - relaxation techniques
 - rubber band and card techniques
 - cue exposure and distraction

MODULE 6
B COPING WITH ANXIETY; OTHER METHODS OF COPING

Homework assignment 6b

- *Continue with:-*
 - *Diary (food eaten, portions, general thoughts and feelings, and negative automatic thoughts)*
 - *'Principles of normal eating'*
 - *Relaxation*

- *Try the coping strategies presented in this module.*
 - eg. 1. *Rubber bands and cards*
 - 2. *Cue exposure.*

Note:

Continue using the coping strategies at your own pace. When you feel confident in using them to initiate changes, turn over the page and begin module 7.

MODULE 7

BODY DISPARAGEMENT

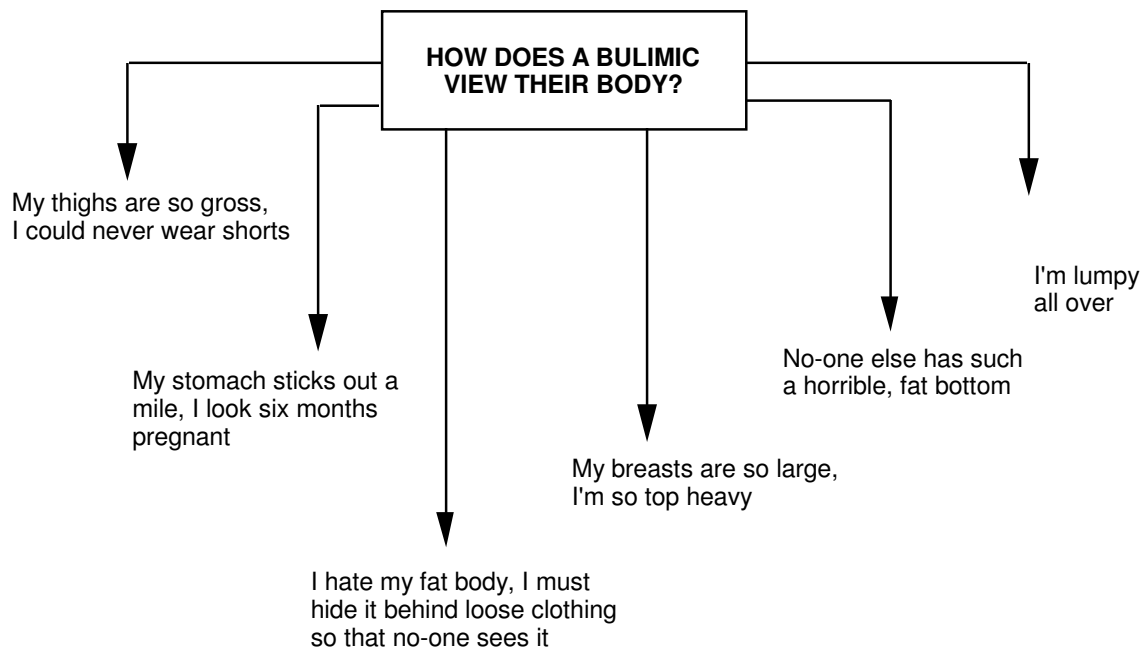
Homework Review

- *Are you managing to introduce any new coping strategies?*
- *Have you recognised any particular cues which may trigger a binge?*
- *Have you tried to expose yourself to these cues?*
- *Remember that this technique must be used regularly.*
- *Are you still managing to use your diary?*
- *Are you still managing to identify and challenge your negative automatic thoughts?*
- *Are you using the portion system?*
- *If you are having difficulties with any of the homework tasks, go back and re-read the relevant modules.*

HOW DO YOU VIEW YOUR BODY?

Body disparagement refers to the mental picture that a person has of their own body. It is therefore based on how someone feels about their body and not on its actual physical appearance.

People with bulimia nervosa tend to have a very negative body image.



MODULE 7

BODY DISPARAGEMENT

Do you recognise any of the statements in the diagram above as comments you have made about how you feel about your own body?

It is not unusual to mistake strong feelings for facts. (i.e. I FEEL lumpy all over, therefore I must BE lumpy all over). This is however a thinking error.

These feelings can become so strong that the person becomes convinced that their body actually looks as bad as it feels. The result is body image distortion and this is one of the most distressing features for the sufferer of bulimia nervosa.

CASE EXAMPLE

Melanie, a 25 year old student, had suffered from bulimia for 2 years. When she initially came for help with her eating disorder she had a very distorted body image. Despite being within the normal weight range for someone of her age and height, she was convinced that she looked "podgy" all over and that her thighs and buttocks were out of proportion to the rest of her body. As she described herself, "I just wobble like a blancmange". She could not try on clothes in shops because she was so ashamed about how she looked and hated places that had numerous mirrors. Whenever she felt down, she dwelt on how fat she was and whenever she was anxious, e.g. before a job interview, she would get very unhappy and all she could focus on was how awful she looked.

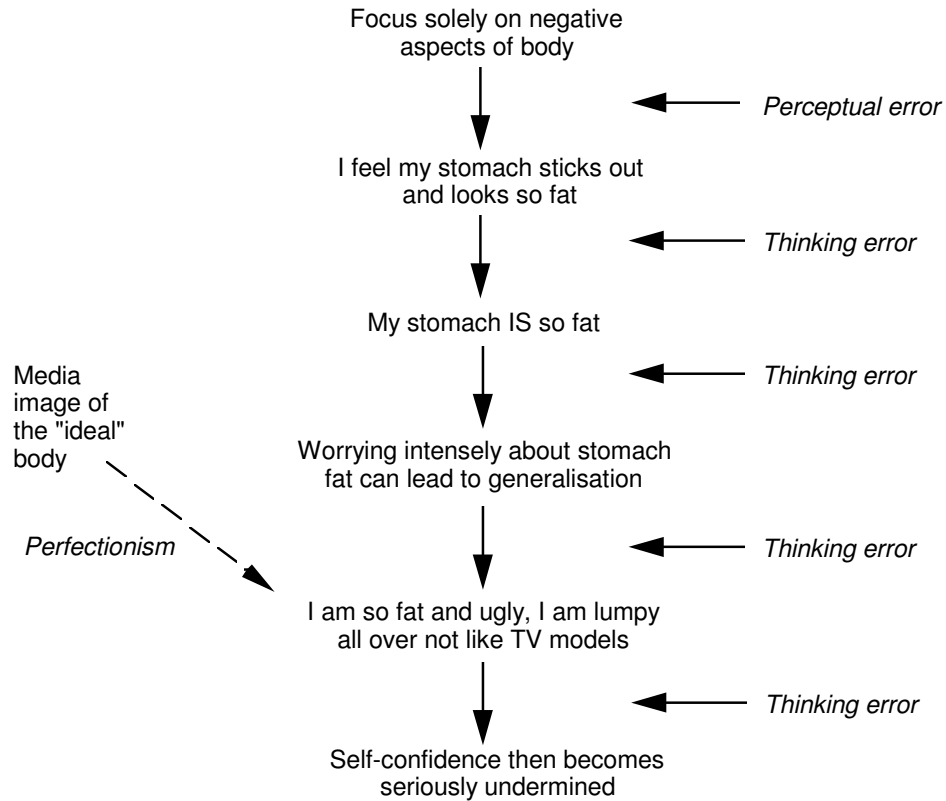
Like Melanie, many bulimics tend to feel worse about their bodies when they are feeling low and hopeless in general. It appears that any negative feelings about themselves can be very readily displaced into feelings of fatness. These negative feelings can be the result of all sorts of things. This is especially clear for Melanie before her job interviews. She looks in the mirror prior to going into the interview and sees herself as fat and ugly. In this instance she may well be displacing other negative thoughts, such as anxiety about the interview going badly, onto her body.

There is a problem with misplacing feelings about yourself onto your body - losing weight and trying to change your body does not really solve anything as the underlying issues remain unchanged.

MODULE 7

BODY DISPARAGEMENT

PATHWAY TO BODY IMAGE DISATISFACTION



As can be seen from the flow chart above, body image dissatisfaction can begin when someone focuses solely on the negative aspects of their body and disregards any positive features. It can arise from dissatisfaction with the whole body or part of the body that then generalises with time.

Perfectionism can result in a negative body image. The media provides us with an image that is portrayed as the "ideal body". This image itself is often a distortion because photographs of models are frequently elongated to make the model look taller and thinner than she really is. Therefore very few people can even approach this ideal body shape. Some ideas of beauty stress the rarity value of 'beauty'. What is beautiful or ideal is nearly always unachievable by the generality of the population;

e.g. Small feet in China

Plumpness in some Third World countries

Thinness in Western society

MODULE 7

BODY DISPARAGEMENT

However, people who feel that they have to achieve perfection in all aspects of their life can quickly become obsessed with the fact that their body is not how they want it to be and this leads to distortion of their own image and further distress as they strive to reach an unattainable goal.

The last stage of the flow chart shows that the way someone feels about their body is often reflected in how they view themselves as a person. Having a negative or distorted body image therefore may seriously undermine an individual's self-confidence.

Avoidance of looking, touching and recognising your body as it is, can perpetuate negative feelings about it. You can become PHOBIC about your body or parts of it. As with all phobias, the best way of overcoming it is to reduce avoidance behaviour and confront the fear.

The more you avoid, the stronger the phobia.

The exercises given next may help you with this, but other things to consider include:

body massage

aromatherapy

yoga / exercises in front of a mirror

While you are carrying out these activities, use the cognitive techniques you have learnt to challenge thoughts about your body.

Remember, it is always best to do these tasks in small steps so you feel comfortable with one step before you move to the next.

BODY IMAGES EXERCISES

The exercises on the next few pages, may help you to think more about the body image disparagement that you have and to focus on why this may have come about. Each exercise is quite time consuming and you may find them emotionally draining. Set aside a separate evening, when you know that you will not be required to do anything else and will have peace and quiet, for each exercise.

MODULE 7

BODY DISPARAGEMENT

1. BODY SCANNING

1. Lie down on the floor with your legs uncrossed and your arms by your sides. Notice how you are feeling in your body. Begin to pay attention to your breathing, simply noticing how this happens for you. Don't try to change anything, but rather trust that, after all these years, your breath knows how to breathe itself. Just allow yourself to breathe and notice...
 - what parts of your body move when you breathe?
 - in what order are they moving?
 - are you breathing through your mouth or your nose?
 - are you inhaling all the way, or is there some restriction that prevents you from taking a full breath in?
 - when you exhale, do you empty your lungs completely?
 - follow your breath and use it as a means to getting to know the inner areas of your body

2. Try to sense how much of the surface of your body is present in your awareness. Scan your surface to discover which areas of your body's surface are clear and which are vague or missing entirely from your awareness...

3. Bring your attention now to the way that your body is lying on the floor...
 - how are you feeling on the floor? light? heavy? free? constricted? how is it for you right now?
 - sense the contact that your back makes with the floor. Is it the same on the left as it is on the right?
 - notice those places where you feel pleasure...move your awareness from your heels to your head, noticing those parts of your body where you accept the support of the floor and therefore feel contact or pressure...
 - notice where in your body there is contact with the floor: in your mind's eye imagine the size and shape of the spaces between your neck and the floor; the tips of your shoulders and the floor; between your shoulder blades; the small of your back; your knees, ankles and wrists.
 - with your hand (disturbing the way you are lying on the floor as little as possible) explore the spaces behind the neck and the small of your back to see if they are as you sensed them to be...

4. Turn your attention to experience your body as a whole...
 - if the ceiling were to be lowered right now, which parts of your body would it touch first? Your breasts? Your nose? Your tummy? Your toes?
 - how wide are you? Internally, sense the width of your body, finding where you are widest. Where are you narrowest?
 - Discover the places where you carry the most and the least flesh.

MODULE 7 BODY DISPARAGEMENT

5. Relying on your internal sense and not your memory, sense the width of your head...then represent that width holding both hands directly over your face. Gently lower your hands to your face and check the accuracy of your sensing.
6. Try to sense the width of your hips...represent that disturbance with both of your hands, holding them just over your hips. Lower them carefully, disturbing their relationship as little as possible, and once again check the accuracy of your sensing against the true width of your hips.

7. Now experience your body as an integrated whole...say to yourself the following, inserting your own name:

"This is my body. This is where I, _____, live." Feel the impact of these words on you. Say it again.

BODY SCANNING WORKSHEET

1. *How is your body feeling right now? Has it changed merely from paying attention to it?*

2. *Describe your experience as though it were happening right now (including any reactions, surprises, questions and feelings aroused by the process).*

3. *What areas of your body image are clearest and which are faint or missing?*

4. *Are your assessment of size and shape accurate or distorted?*

5. *Note any difficulties you had in doing this exercise.*

MODULE 7 BODY DISPARAGEMENT

2. CLOAKS OF IDENTITY

1. Write down ten words or phrases that describe your negative feelings and attitudes about your body, eg. "I am fat", "I am ungainly", etc...
2. Choose the five that you feel closest to and write each of them on small pieces of paper.
3. Arrange these pieces of paper in a stack with the ones that feel most essential to you on the bottom and the ones that are least essential on the top.
4. Sit comfortably with your stack of papers within easy reach. Close your eyes and relax.
5. (Please follow this two step procedure with each piece of paper). Pick up the first piece of paper and look at the words which define your relationship to your body. Allow yourself to *experience fully* what it means to you and your life to identify yourself this way.
 - How does it feel to be defined by this?
 - Be aware of all the sensations, thoughts, feelings that go along with this definition of yourself
 - Acknowledge and experience in fantasy the many ramifications of this self-definition in your life (relationship, careers, self-image, health, etc...).
 - Experience the way in which it limits you and also the things it gives you permission to be or do.

When you have fully experienced what is written on the paper, turn it over and as you do, imagine that you are letting go of this self identification as if you were taking off a cloak.

- Notice any shift in your body sensations and feelings.
 - Who are you without this particular way of identifying yourself?
 - What is it like to give it up?
 - Notice whether it is easy to let it go or whether it is difficult.
 - Is there anything risky about letting it go?
6. After completing these steps for all five identifications, simply be quiet and let yourself experience wordlessly how it feels to be you when you are free from all of them.
 7. Meditate on this thought: "I am the centre of my identity. From here I have a sense of permanence and inner balance. From this centre I affirm my identity".

Take as long as you like in this step before proceeding to the next.
 8. Dealing with each paper/identification, one at a time in the reverse order (ie. from most closely to least closely identified), pick each one up and imagine it as a cloak that you are putting on again.
 - Experience your feelings as you take back this self-identification.
 - How are you feeling about this particular identity?

MODULE 7

BODY DISPARAGEMENT

- Notice how your feelings and body sensations change as you take back all the identifications, one at a time.

9. Rest quietly for a moment before writing on your Worksheet.

CLOAKS OF IDENTITY WORKSHEET

- 1. *Who are you without your identifications? How are you different with them?***

- 2. *Process each identification with an eye to learning what role it serves in your life and what your resistance is to letting go of each one. Try a question like, "If I let go of.....then I will....."***

- 3. *What feelings came up for you as you took back each identification?***

- 4. *List here any resistance to change which surfaces during this exercise:***

- 5. *For each resistance TRY to explore other ways of meeting the same needs that do not involve distorting your experience of your body.***

- 6. *Comments.***

MODULE 7

BODY DISPARAGEMENT

3. FAMILY PORTRAIT

This exercise will work best if you let your imagination run free rather than drawing from what you already think you know about your family.

1. Sit comfortably, close your eyes and relax.

2. In your imagination, go back into your past to a time when you were much younger - to a formative and impressionable time as a child or early adolescent. Create an opportunity to bring together many members of your family in one place. (Perhaps it will be a gathering that actually happened). Include any relatives or other people who were important to you in your earlier years.

3. Gather everyone together - including yourself - as if you were posing for a family portrait. Notice how you are arranged and where you are in relation to others. How old are you?

4. Now step out of the picture with your consciousness, leaving your body just where it is.

5. Notice everyone's characteristic postures. What messages - both positive and negative - are they communicating to the world with their bodies?
 - i) Who is present in your portrait?
 - ii) What were the non-verbal messages communicated to you and to the world by their bodies?
 - iii) As role models, how have they taught you to feel about your body?

Use the space below to note down your answers to these questions in this part of the worksheet:

6. Return to your imagination. Now separate out the males as a group. Are they attractive? How are they "masculine" and "male"? How do they appear to relate to their own bodies and their sexuality? Walk up to them and sense how you feel in their presence... What have they taught you about what it means to be a female?
 - i) What is there to learn about maleness from the males in your family?
 - ii) What have you learnt about being a woman from your experiences with these males?

Use the space below to note down your answers to these questions in this part of the worksheet:

7. Return to your imagination and, keeping your consciousness outside the image, separate out the females in your family as a group, including yourself...How do you feel about their bodies when you look at them? ...Notice their body types...The way they carry and dress their

MODULE 7

BODY DISPARAGEMENT

bodies...How does your body measure up in comparison to their bodies?...What can you tell from looking at them about their feelings about their own bodies?...What have you learned from them about how to value and care for your own body?

8. How do they feel about being women?...What do they teach you about what a woman is?...Or is not?...What can you tell about their attitudes towards their own sexuality?...In what ways do they project it?...And in what ways do they mask it?
 - i) How do you characterise the women in your family as a group in regard to appearance, self presentation, and ease in their own bodies?
 - ii) Do they seem to value their bodies? How do they take care of their bodies?
 - iii) What did you learn from them about sexuality?
 - iv) What did these women teach you about how to feel about your own body?
 - v) Which women have been important role models?

Use the space below to note down your answers to these questions in this part of the worksheet:

9. Return to your imagination. Reassemble your whole family in one place. As you look at these people, what feelings come up for you?
 - i) What feelings come up for you as you contemplate your family as a group?...
 - ii) How have you incorporated your family into your body image?
 - iii) Of what you have taken in, what do you wish to keep? What do you wish to discard?
 - iv) To attain the body image you want for yourself, what kind of role model would have been helpful that was unavailable in your family?
 - v) Comments.

MODULE 7 BODY DISPARAGEMENT

BREAKING THE CYCLE

- Try to identify times when you feel worst about your body - are you in fact misplacing other problems onto your body? Can you identify these underlying issues - what might they be? Boredom? Anxiety? Anger?
- Many people have described the onset of their dieting as being associated with a feeling of being "out of control" of some aspect to their life. Dieting to them felt like something that they could control and this was a relief at the time. Is there anything in your life that feels out of your control and is increasing the urge to control your body weight to compensate?
- Is your body image distortion making the problem worse?
- Are you seeing only the negative aspects of your shape and forgetting the rest of your body?
- Could you see your body more positively? Try not to focus on body parts that you are dissatisfied with. See your body as a whole.
- Try to break the connection between how you view yourself as a PERSON and how you visualise your BODY.

Summary

- People who suffer from bulimia nervosa tend to have a very negative body image ie. they FEEL parts of themselves to be much fatter and uglier than they really are, and this is translated by them into they ARE fat and ugly.
- A person with bulimia's view of themselves as a person is often coloured by their feelings about their body, thus undermining their self-confidence.
- Perfectionism can lead to a negative body image and much misery while striving for the unobtainable goal of the "perfect" body.
- For someone suffering from bulimia, general negative feelings eg. feelings of hopelessness or depression can readily be DISPLACED into feelings of fatness.
- Avoiding looking at or touching the body perpetuates negative thoughts and feelings about it.

MODULE 7 BODY DISPARAGEMENT

Homework assignment 7

- *Continue with your diary as before. Remember to look back through your previous diaries and look for the following:-*
- *What connections are there between eating and feelings?*
- *What are your automatic thoughts about weight, shape and food?*
- *Do the same thoughts tend to keep cropping up?*
- *Are you able to challenge any of these thoughts?*
- *If you are able to challenge them does it make any difference to your behaviour?*
- *Which of the various coping strategies presented in the manual are helpful to you?*

Note:

The exercises in this module may be quite draining for you to work through. However, they may well be informative for you and certainly worth trying.

If you have been unable to carry out these exercises so far don't worry, go back and read through them again and have another go.

When you feel ready, turn over the page and commence module 8.

MODULE 8 ASSERTIVENESS

Homework Review

- *Have you used any of the exercises described in the previous module?*
- *Which did you find the most helpful?*
- *Are you continuing to use the coping strategies to help you make changes?*

LEARNING TO BE ASSESRTIVE

- Learning to be assertive requires practice, and it is therefore difficult to teach assertiveness by way of a manual like this.
- However we hope that the information presented here can be used as a set of guidelines which you can experiment with.
- The rationale behind learning to be more assertive is that it may provide you with a tool to get what you want, rather than using food as an alternative.

A bill of 'assertiveness rights'

1. You have the right to judge your own behaviour, thoughts and emotions and to take the responsibility for their initiation and consequences upon yourself.
2. You have the right to offer no reasons or excuses for justifying your behaviour.
3. You have the right to judge if you are responsible for finding solutions to other people's problems.
4. You have the right to change your mind.
5. You have the right to make mistakes - and be responsible for them.
6. You have the right to say, "I don't know".
7. You have the right to be independent of the goodwill of others before coping with them.
8. You have right to be 'illogical' in making decisions.
9. You have the right to say, "I don't understand".
10. You have the right to say, "I don't care".

The above Bill of Assertive Rights is from 'When I Say No, I Feel Guilty', by Manuel J Smith, Bantam Books.

MODULE 8 ASSERTIVENESS

ASSERTIVE BEHAVIOUR

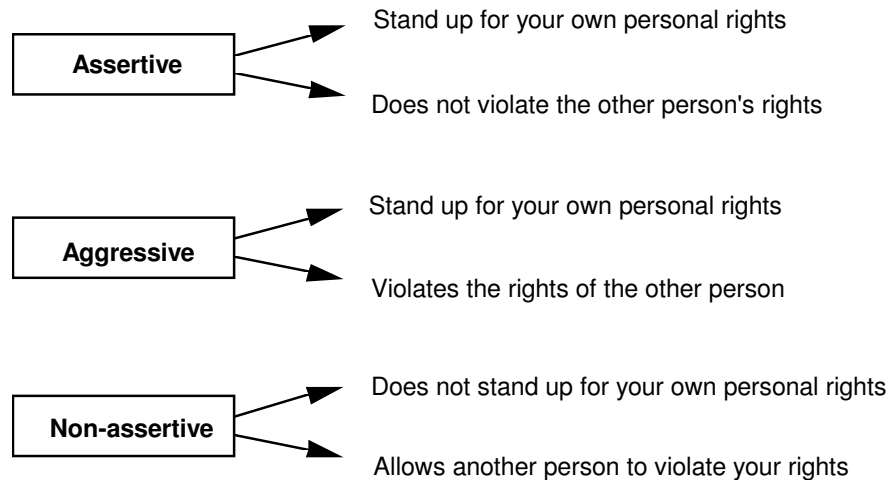
In any form of communication, be it verbal or non-verbal, there are three different ways to act:

ASSERTIVE

AGGRESSIVE

NON-ASSERTIVE

So what differentiates these three different types of behaviour?



Assertion

As you can see from the diagram above, assertive behaviour involves standing up for your own rights - expressing your **THOUGHTS, FEELINGS and BELIEFS** in a

**DIRECT,
HONEST and
APPROPRIATE**

way, which does not violate the rights of another person.

It involves respect, not submission. You are respecting your own needs and rights as well as accepting that the other person also has needs and rights.

Aggression

This involves standing up for personal rights and expressing your own:

**THOUGHTS,
FEELINGS,
BELIEFS**

in a way which is

**OFTEN DISHONEST
USUALLY INAPPROPRIATE**

and always violates the rights of the other person.

The usual goal of aggression is domination and winning, forcing the other person to lose. Winning is ensured by humiliating or overpowering other people so that they become weaker and less able to express and defend their needs and rights. The message is:-

This is what I think - you're stupid for believing differently. This is what I want - what you want isn't important. This is what I feel - your feelings don't count.

MODULE 8

ASSERTIVENESS

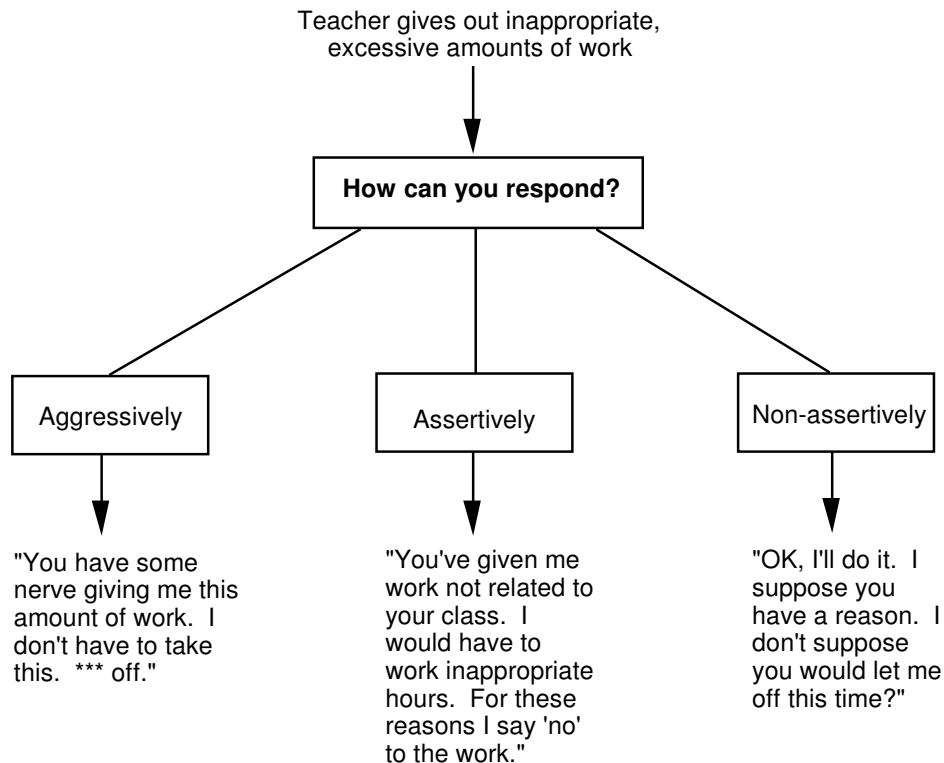
Non-Assertion

This involves not standing up for your own rights by not expressing honest feelings, thoughts and beliefs and by this letting others violate your PERSONAL RIGHTS. The message communicated is:-

I don't count - you can take advantage of me, my feelings don't matter, only yours do. I'm nothing, you're superior.

So, it means you are not respecting your own rights and needs. The goal of non-assertion is to appease others and avoid conflict at any cost.

Examples of different responses in the same scenario:



The following exercises will help to consolidate for you the different types of responses available to you and helps you to see which type you routinely use.

Assertive? Aggressive? Non-Assertive?

These exercises will help to clarify what we mean by the words 'assertive', 'non-assertive' and 'aggressive'.

For each situation make suggestions for what you think the three types of responses might be: ie. not how you would behave under the circumstances, but how you think an aggressive, non-assertive or assertive person might respond.

MODULE 8 ASSERTIVENESS

EXERCISES:

1. You are out for a work night out in mixed company. During a friendly difference of opinion one of the men says quite seriously, "Of course women are definitely the inferior race. It's been proved".

Aggressive:

Non-assertive:

Assertive:

2. You are with friends deciding which movie you are all going to see. Someone suggests a movie which you have already seen and didn't like at all:

Aggressive:

Non-assertive:

Assertive:

3. A colleague from work criticises another mutual colleague. You feel the criticism is unjustified:

Aggressive:

Non-assertive:

Assertive:

4. You bought an expensive designer dress that you really liked. After the first wash the stitching around the left shoulder seam started to come undone:

Aggressive:

Non-assertive:

Assertive:

5. You return a pair of trousers because the stitching is faulty. It was the only pair of trousers in that style that were your size. The assistant offers you an exchange or a credit note:

Aggressive:

Non-assertive:

Assertive:

6. You have nipped home during your lunch hour and are quickly eating a bowl of soup before rushing back to work. The door bell rings and a smartly dressed man, saying that he is from the Gas Board, asks to be let in to check your piping as part of a safety campaign. You have had no warning of this and are in a hurry to get back to work.

Aggressive:

Non-assertive:

Assertive:

MODULE 8 ASSERTIVENESS

7. You have gone to a newly opened restaurant for lunch. They are very slow to take your order and when your food arrives, it is cold:

Aggressive:

Non-assertive:

Assertive:

Now look back over your answers and note which one you would normally use, in each case, and which one you feel is most appropriate in the situation. Imagine yourself as the person at the receiving end of your statement and see which response feels the most comfortable.

REASONS FOR ACTING ASSERTIVELY

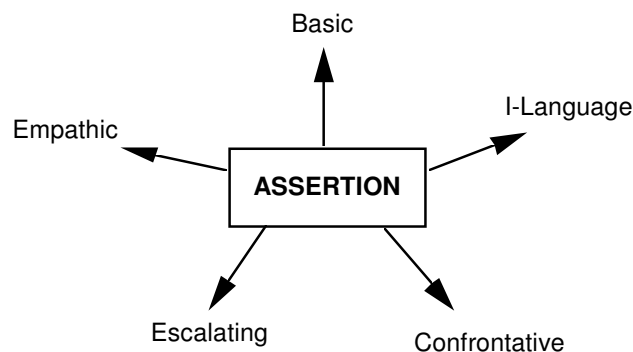
Assertion rather than non-assertion: Losing other people's respect is often an issue for non-assertive people. However, non-assertion does not guarantee approval. People may pity rather than approve of non-assertion and this eventually turns into irritation and finally disgust.

Assertive behaviour increases your own self-respect leading to greater self-confidence thus reducing the need for others approval. Usually, people respect and admire those who are responsibly assertive, showing respect for self and others. Assertion results in individuals getting their needs satisfied and preferences respected.

Assertion rather than Aggression: Aggression does not guarantee successful control over other people. It just means they will probably go 'underground' with their feelings. Assertive behaviour increases your feelings of 'self control' and makes you feel more confident. Aggression will probably make you feel more vulnerable. Assertion rather than aggression results with closer relationships with others. You won't necessarily 'win', but both parties can at least partially achieve some goals and get their needs met.

TYPES OF ASSERTION

So now that we can differentiate assertive behaviour from aggressive and non-assertive, we need to look to different types of assertion and when to use them.



The diagram above shows that there are five different types of assertion each of which suits a different situation. We will now look at each one in greater depth and give examples to show the type of situation that it is best used in.

MODULE 8

ASSERTIVENESS

Basic Assertion

This is expressing basic personal rights, beliefs or feelings e.g.

When being asked an important question for which you are unprepared:- "I'd like to have a few minutes to think that over."

When it is apparent you don't need advice: "I don't want any more advice."

Also, expressing affection and appreciation to others: "I like you." "I care for you a lot."
"You're someone special to me."

Empathic Assertion

This is expressing your needs/feelings, but also showing sensitivity to the other person, e.g.

When two people are chatting loudly when a meeting is in progress: "You may not realise it, but your talking is starting to make it hard for me to hear what's going on in the meeting. Would you keep it down."

When having some furniture delivered: "I know it's hard to say when the truck will come, but I would like an estimate of the arrival time."

Escalating Assertion

This starts with a minimal assertive response usually achieving the goal with minimum of effort. When the other person fails to respond and continues to violate your rights, gradually increase the assertion and become increasingly firm without becoming aggressive, e.g.

The speaker is in a bar with a friend and a man repeatedly offers to buy them drinks: "That's very nice of you to offer, but we're here to catch up on some news. Thanks anyway."

"No thank you. We really would rather talk to each other."

"This is the third and last time I am going to tell you we don't want your company. Please leave."

The final, blunt refusal was APPROPRIATE because the earlier assertions were ignored.

Confrontative Assertion

This is used when the other person's words contradict what he/she does. This type of assertion involves describing what the other person said would be done, what they actually did, and what you want done, e.g.

"I said it was OK to borrow my records as long as you checked with me first. Now you're borrowing them without asking. I'd like to know why you did that."

I-Language Assertion

This is assertively expressing difficult negative feelings e.g.

"When your half of the desk is so messy, I start feeling angry and that upsets me. I'd like you to be more neat and organised."

"When I'm constantly interrupted, I lose my train of thought and begin to feel that my ideas are not important to you. I start feeling hurt and angry. I'd like you to make a point of waiting until I've finished speaking."

Not "you make me mad when you butt in. What's wrong with you anyway?"

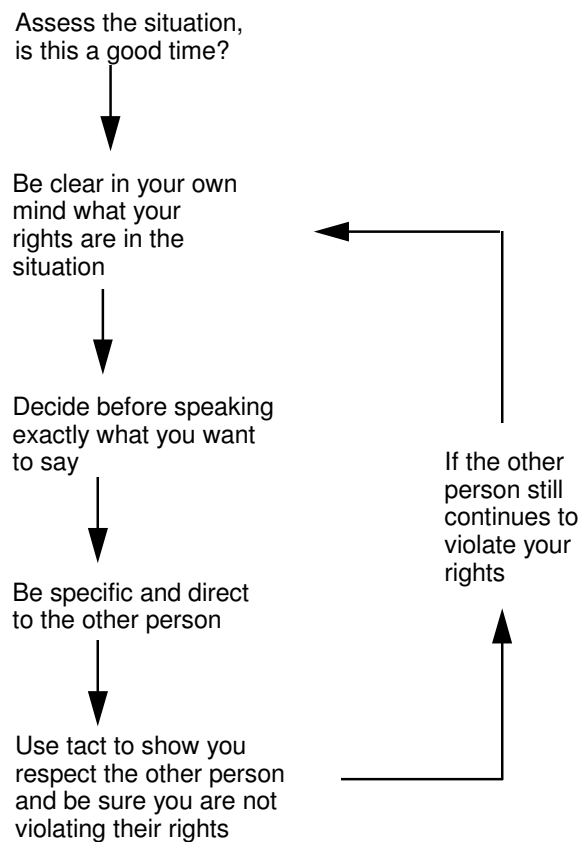
MODULE 8 ASSERTIVENESS

USE OF ASSERTION

If behaving assertively is new to you, it might be helpful to use the following diagram to formulate a basic plan of how you are going to approach each new situation.

If, to begin with, you don't feel confident enough to behave assertively with everyone, then try doing some role playing with a close friend at home before launching the "new assertive you" to the rest of the world.

PATHWAY TO ASSERTION



MODULE 8 ASSERTIVENESS

CASE EXAMPLE

Diana, a 27 year old office worker, had suffered from bulimia for 5 years. She had low self-esteem and was very miserable both at home and at work. After a hard day at work she came home to start the cooking, cleaning, ironing, running after the children and her husband. The list of tasks was endless. She was unable to see any way out, feeling that it was her duty to do all this work and feeling guilty for moaning about it. Occasionally she felt like screaming at her husband for help but was scared of what her husband might do in response.

A friend suggested that she join an assertiveness class with her. She decided to go along although she was doubtful that it would help. She was taught about "The Bill of Assertive Rights" and how to act assertively, practising in class by role-playing. Soon she began to realise that looking after the home was not her sole responsibility and that it was acceptable to ask her family for help. Her family put up some resistance initially as they did not like having to do "extra" work but she prodded them along using her new found assertive techniques and soon life became somewhat easier and more enjoyable for Diana.

REASONS WHY PEOPLE ACT NON-ASSERTIVELY

Like Diana in the case history on the previous page, you may have more than one reason why you don't act assertively. In her case it was a combination of:

1. Failure to accept that you have personal rights...but you do have rights and feelings. You're human.
2. Anxiety about negative consequences.

Other reasons for acting non-assertively are:

1. Mistaking firm assertion for aggression.
2. Mistaking non-assertion for politeness...but is it polite or is it actually dishonest?
3. Mistaking non-assertion for being helpful, when it really is exactly the opposite!
Poor social skills. Get role-playing and practicing assertion!

If you are frequently non-assertive, you will feel a growing loss of self-esteem, and an increasing sense of hurt and anger. Internal tension may result (as with Diana). Close relationships can be difficult without honest expression of thoughts and feelings. Other people may feel irritation about the non-assertive person leading to a lack of respect.

MODULE 8 ASSERTIVENESS

REASONS WHY PEOPLE ACT AGGRESSIVELY

1. Powerlessness and a feeling of threat.
2. Previous non-assertion leading to this extreme reaction.
3. Over-reaction due to past emotional experiences.
4. Beliefs about aggression, i.e. this is the only way to get through.
5. Skills deficits, i.e. you don't know how to be assertive.

If you are frequently aggressive, you might lose or fail to establish close relationships and feel constantly alert for counter attacks.

You might lose your job, promotion, get high blood pressure and feel misunderstood and unloved and you may feel guilt, shame or embarrassment after your aggression.

Summary

- **ASSERTION** involves standing up for your own **PERSONAL RIGHTS** while not violating those of others.
- **NON-ASSERTION** allows others to violate your personal rights and may lead to them losing respect and pitying you.
- **AGGRESSION** violates the rights of others and does not guarantee successful control over them.
- Assertive behaviour increases your own self-respect leading to greater self-confidence thus reducing the need for others approval.
- There are several types of assertion but to maximise the impact of any of them it is important to use **TIMING** and **TACT**.
- Role-playing is a good way of increasing your confidence using assertive behaviour before trying it out in the "real" world.

MODULE 8 ASSERTIVENESS

Homework assignment 8

- *Continue your diary as before and review last week's diary.*
- *Identify situations in which you are not assertive. Write them down. In what way are you not assertive in each situation? How could you be more assertive in each situation?*
- *Practice being more assertive in the situations you have identified as being problematic. Record the results of your more assertive behaviour, and compare them with when you are less assertive. How does it feel to be more assertive?*

Note:

Changing your behaviour from aggressive or non-assertive to assertive can be a difficult and slow task. Remember that it has probably taken you years to perfect your present behaviour so it will take rather more than a day to change it!

An important first step is to recognise the three types of behaviour and which one you most commonly use.

If you have not managed this yet, DON'T WORRY, work through the module once more at your own pace until you feel comfortable with it.

When you feel ready, turn over the page and begin the final module: module 9.

MODULE 9

HOW TO HELP YOURSELF IN THE FUTURE

A MAINTENANCE PLAN FOR BULIMIA

Eating problems may reoccur at times of stress. You should regard your eating problems as an Achilles heel: it is the way you may react at times of difficulty. This does not mean you can never get better but it might mean you have to be more aware of your reaction to stressful situations.

You will hopefully have discovered whilst working through this manual that certain strategies helped you regain control over eating. These strategies should be re-established under two sets of circumstances:-

- (1) if you sense you are at risk of relapse, or
- (2) if your eating problem has deteriorated.

At such times there will often be some unsolved difficulty underlying your relapse or fear of relapse. You must therefore examine what is happening in your life and look for any events or difficulties that might be of relevance. Once these have been identified, you should then consider all possible solutions to these problems and construct an appropriate plan of action. In addition, you should use one or more of the following strategies to regain control over eating:-

1. *Set some time aside so that you can reflect on your current difficulties. You need to devise a plan of action. Reckon on formally re-evaluating your progress every day or so. Some strategies may have worked; some may not.*
2. *Recommence monitoring everything you eat, when you eat it. (Use the diary provided).*
3. *Try to eat in company, not alone.*
4. *Restrict your eating to three or four planned meals each day, plus one or two planned snacks. Try to have these meals and snacks at predetermined times.*
5. *Plan your days ahead. Avoid both long periods of unstructured time and overbooking. If you are feeling at risk of losing control, plan your meals in detail so that you know exactly what and when you will be eating. In general, you should try to keep "one step ahead" of the problem.*
6. *Restrict your food stocks. If you feel you are at risk of buying too much food, carry as little money as possible.*
7. *Identify the times at which you are most likely to overeat (from recent experience and the evidence provided by your diary), and plan alternative activities that are incompatible with eating, such as meeting friends, exercising, or taking a bath.*
8. *Whenever possible, avoid areas where stocks of food are kept. Try to keep out of the kitchen between meals.*
9. *If you are thinking too much about your weight, make sure you are weighing yourself no more than once a week. If possible, stop weighing yourself altogether. If you want to reduce weight, do so by cutting down the quantity of food you eat at each meal rather than by skipping meals. Remember, you should accept a weight range, and gradual changes in weight are best.*
10. *If you are thinking too much about your shape, this may be because you are anxious or depressed. You tend to feel fat when things are not going well. You should try problem-solving in order to see whether you can identify any current problems and do something positive to solve or at least minimise them.*

MODULE 9

HOW TO HELP YOURSELF IN THE FUTURE

- 11. *Try not to be "phobic" about your body. Do not avoid looking in mirrors or using communal changing rooms.***
- 12. *If possible, confide in someone. Explain your present predicament. A trouble shared is a trouble halved. Remember, you would not mind any friend of yours sharing his or her problems with you.***
- 13. *Use exercise. Regular exercise increases metabolic rate and helps suppress appetite, particularly carbohydrate craving.***
- 14. *Take particular care in days leading up to your period. For many women, food cravings increase at this time.***
- 15. *Set yourself limited, realistic goals. Work from "hour to hour" rather than "day to day". One "failure" does not justify a succession of failures. Note your successes, however modest, on your diaries.***

Take some time just now to highlight which of these strategies are most helpful to you.

Before seeking professional help, try to use the strategies listed above. Remember, you have used them with benefit in the past.

If you do need further help with your eating problem please contact your GP, the Cullen Centre or local self-help group (see appendix b).

APPENDIX A BOOKLIST

The books listed here are those that are readily available in bookshops. Waterstone's have a particularly wide ranging selection of books which you will find listed under "Popular Psychology" and "Health". Although we have recommended the books below obviously individual choice and opinion is an important consideration. Books marked with * use Cognitive Behaviour Therapy (CBT) techniques.

EATING DISORDER SELF-HELP BOOKS

*"Getting better bit(e) by bit(e) – A survival guide for sufferers of bulimia nervosa and binge eating disorder"**

Schmidt U. & Treasure J.
(1993). Lawrence Erlbaum Associates
ISBN: 0-86377-322-2

A self-help manual to help people work systematically to give up bulimia. Includes chapters on preparing the recoverer for setbacks and deals with issues of on-going life such as motherhood, work and relationships. In our experience this book has been found to be very helpful.

*"Overcoming anorexia nervosa"**

Freeman C.
(2002). Robinson
ISBN: 1-85487-969-3

Originally developed as a manual for patients with anorexia attending the Cullen Centre, this book explains the many forms and causes of anorexia and contains a self-help programme. It is based on the cognitive behavioural therapy approach.

This book is part of a popular series of self-help books that aim to help people 'overcome' a variety of problems from including depression and anxiety disorders. See also "Bulimia Nervosa and binge-eating" by Peter Cooper which is part of this series.

GENERAL INTEREST

"Fat is a Feminist Issue"

Orbach S.
(1988), 2nd ed., Arrow Books

Susie Orbach is well known for her contribution to the psychology of women and treatment of eating disorders. Her approach is worth becoming familiar with even if you do not agree with her theories - quotation of her books often provides lively argument!

"Talking About Anorexia"

Monro
(1992), Sheldon Press

A well written book in which the author uses her own experience as an adolescent sufferer to inform the teenage reader. She makes sympathetic links to sufferer's low self-confidence, difficulties with relationships and depression in a clear readable style. Full of useful information. Recommended read.

APPENDIX A BOOKLIST

DEPRESSION

"Mind over Mood"
Greenberger D. & Padesky C.
(1995), Guilford Press
ISBN 0898621283

Popular workbook that explains how to use the CBT model to tackle depression and anxiety in a very accessible way. A great text to use in conjunction with this manual.

"Overcoming Depression"
Williams CJ.
(2001), Hodder & Stoughton Educational
ISBN 034876833

A useful, jargon-free, self-help book that describes how the CBT model can help a person change the way they think and feel.

SELF-ESTEEM

"Overcoming low self-esteem "
Fennell M.
(1999), Robinson
ISBN 1854877259

Another book from the popular 'Overcoming' series. 'Overcoming low self-esteem' identifies triggers to bouts of low self-esteem and advises ways to overcome these triggers. The reader is encouraged to keep a daily action diary to help overcome the triggers.

INFORMATION FOR CARERS

"Carers Guide "
(2002), EDA

This is a helpful guide for carer's published by the EDA. It is available through contacting the EDA. (Eating Disorders Association)

"Understanding Eating Disorders "
Palmer R.
(1996), Family Doctor Publications
ISBN 1-898205-15-9

A short guide giving basic information on anorexia and bulimia nervosa for people who suspect that they have an eating disorder or for those worried about them. Colourfully illustrated and easy to read.

APPENDIX B SELF HELP ORGANISATIONS

GENERAL

BEAT (previously known as the Eating Disorders Association)

1st floor, Wensum House, 103 Prince of Wales Road, Norwich, NR1 1DW
Telephone helpline: 0845 634 1414 Youth helpline: 0845 634 7650
Website: <http://www.b-eat.co.uk/Home>

BEAT can provide information on local services – NHS, private, voluntary and self-help – all over Britain. It also provides information pamphlets and a regular magazine – SIGNPOST.

Scottish Eating Disorders Interest Group (SEDIG)

The group includes sufferers, carers and professionals and meets biannually for a themed conference day. More information and membership forms are available on the website: www.sedig.members.beeb.net

Overeaters Anonymous

This organisation runs groups around the UK which aim to help sufferers of eating disorders overcome their problems with food using a 12-step programme similar to that used in Alcoholics Anonymous. Contact 07000 784 985 for more information.

Self Help Information

www.ukselfhelp.info

EDINBURGH

Self Help - Bonnington Resource Centre

Group for sufferers and carers of those with eating disorders. The group meets together and sufferers and carers also meet separately. Led by people with their own experience of an eating disorder. Affiliated with the Eating Disorders Association network of self-help groups. Meets fortnightly on a Wednesday evening.

Contact: Mairi on 0131 558 7008 or 0131 555 0920

Some community psychiatric nurses are also trained in CBT - you can find out more through your GP.

**APPENDIX C
SAMPLE FOOD DIARY**

Name..... Day..... Date.....

| Please record food intake below (bracket food consumed in a binge) | Vomit | Lax. | Exer. | Portn. | Other |
|--|-------|------|-------|--------|-------|
| Breakfast | | | | | |
| Snack | | | | | |
| Lunch | | | | | |
| Snack | | | | | |
| Evening Meal | | | | | |
| Snack | | | | | |
| Totals: | | | | | |

APPENDIX C
SAMPLE THOUGHT DIARY

| Situation | Moods | Automatic Thoughts | Thinking Error | Evidence that supports worst (hot) thought | Evidence that does not support the hot thought | Alternative/Balances thoughts | Rate moods now |
|---|--|---|----------------------------|--|---|--|------------------------------------|
| Who were you with? What were you doing? When was it? Where were you? | Describe each mood in one word. Rate intensity of mood (0-100%) | What was going through my mind just before I started to feel this way? What does this say about me? What does this mean about me? My life? My future? What am I afraid might happen? What's the worst thing that can happen if this is true? What does it mean about the other person? What images or memories do I have in this situation? | Look at the list on pg. 41 | Circle the HOT thought in the previous column. Write factual evidence to support this conclusion. Use the questions in module 5 to help you/ | Read the questions about looking for rational answers in module 5 and try to answer here. | Write an alternative or balanced thought | Re-rate the feelings from column 2 |

This thought record is similar to those found in 'Mind Over Mood' by Dennis Greenberger and Christine A. Padesky (1995). Guilford Press.

APPENDIX D

SCRIPT FOR PROGRESSIVE MUSCULAR RELAXATION EXERCISES

This set of exercises will help you to distinguish between tension and relaxation in your muscles. It will help you to learn to relax at will and thus overcome tension and anxiety.

To begin you need to make yourself as comfortable as possible. Either lie flat with a pillow under your head or sit back in a comfortable chair which has support for your neck and arm rests. If you wear glasses take them off, similarly take off your shoes and loosen any tight clothing. You should practice the exercises, at first, in a warm and quiet place where you will not be disturbed. Later, when you become good at them, you will be able to adapt them to use them whenever you need to.

We will be working through the various muscle groups, first tensing and then relaxing them. We will start with your hands, then work through your body slowly and smoothly. It is important not to rush the exercises, just allow your body to relax at it's own pace.

You should do each exercise twice, tensing for about five seconds and relaxing for about ten seconds.

Make yourself as comfortable as you can, now begin by clenching your fists as tightly as you can, feel the tension, hold it, then relax and spend your fingers out, allow them to relax. Repeat.

Push your arms out straight in front of you as though you were pushing against a wall. Feel the tension, hold it, then let your arms relax gently dropping them by your side. Imagine the tension draining away from your arms so that they feel heavy and relaxed. Repeat.

Push your shoulders up to meet your ears. Feel the tension across your back and in your neck. Increase the tension in your neck by tipping your head back slightly. Hold the tension. Now relax by letting your head drop slightly and your shoulders drop down. Let your shoulders drop even further. Feel the tension easing away from your shoulders and neck and allow the muscles to relax. Repeat.

Now pull your shoulders forward and feel the tension across the back shoulder blades, then let them go, wriggle them round to make sure they are relaxed and comfortable, then let them drop again, feeling completely relaxed. Repeat.

Turn your head as far as you can to the right, hold it then bring it back to the middle. Let your chin drop onto your chest and relax. Repeat.

Screw your eyes up tightly, then keeping them shut, relax them and let the skin smooth out over your forehead and face. Repeat.

Grit your teeth as hard as you can so that you feel the tension around your jaw. Hold it, then let the tension go by relaxing your mouth, letting your lower jaw drop slightly. Repeat.

Breathe out all the air in your lungs. Take in a slow deep breath to the count of four, feel your stomach being punched out as you use your diaphragm muscles to expand your lungs. Hold your breath to the count of four, then breathe out slowly to the count of four.

APPENDIX D

SCRIPT FOR PROGRESSIVE MUSCULAR RELAXATION EXERCISES

As you breathe try to relax your shoulders. Breathe slowly and naturally for a few breaths then repeat.

Pull your stomach in as far as you can under your ribs. Tense your stomach muscles, hold the tension, then let go of the tension and let your stomach relax. Repeat.

With your legs straight, pull your toes up towards your face, feel the pull at the back of your knees. Relax, letting your legs and feet flop gently apart. Repeat.

Think of your whole body now feeling completely relaxed. Let go of any tension. Imagine the tension leaving your body. Concentrate on your calm, easy breathing and enjoy the feeling of deep relaxation.

Once you are happy with the happy with the progressive muscular relaxation exercise described above you can move onto learning the simpler and briefer relaxation routine described below.

SCRIPT FOR SIMPLE RELAXATION

Begin by getting as comfortable as you can. Close your eyes and just let yourself relax and unwind. Concentrate on feeling completely relaxed. Keep your breathing regular and calm, try to relax a bit more with each breath. Allow any tension to leave your body.

Now you are going to relax all the muscles of your body. Drop your arms by your side and imagine the tension draining away from your arms. Let your hands and arms relax completely, no tension in your hands and arms, they feel completely relaxed.

Let your shoulders drop and relax, no tension in your shoulders and neck. Let your head rest back gently and let the muscles in your neck completely unwind.

Let any tension in your forehead go by smoothing out your brow, letting your eyebrows drop and relax. Close your eyes gently and ease out any tension around your eyes. Allow the muscles of your face and mouth to relax. Allow your bottom jaw to drop slightly and relax. Feel the relief of letting go.

Keep your breathing shallow and relaxed. With each breath think about relaxing a little bit more, feeling more and more relaxed. Allow your body to relax.

No tension in your stomach muscles let them loosen and relax.

Let your back and hips unwind a bit more, feeling more and more relaxed. Now let your legs fall apart, limply. Imagine the tension draining away from your legs leaving them feeling completely relaxed. Imagine them feeling heavier as though they were sinking into the floor, and relax.

Let the relaxation spread to your feet, feeling more and more relaxed. Allow your feet to roll outwards slightly feeling completely relaxed.

Think of your whole body now. Your entire body feels completely relaxed. Let go of any tension. Imagine it flowing out of your body. Listen to your calm regular breathing. Allow yourself to feel completely relaxed. Enjoy the feeling of deep relaxation.

APPENDIX E BODY MASS INDEX CHART

