

# Trauma & Eating Disorders 101



Hope Recovery

## Part I

### Goals of the Trauma & Eating Disorder 101 Workshop

- To gain awareness of how trauma affects the mind and body.
- To gain an increased understanding of the connections between trauma and eating disorders.
- To identify and understand the pull of your eating disorder, and its tools, particularly control and shame.
- To gain skills in overcoming feelings and shame.
- To gain skills in grounding and self-compassion to help stop the cycle of the eating disorder.

### What is Trauma?

First, it might be helpful to talk about trauma—what it is, what we know about it, and how it can affect our health and wellness. While every survivor’s trauma is unique and personal, trauma can manifest itself in similar ways.

When we look up the word *trauma* in the dictionary, its definition reads, “a deeply distressing or disturbing experience.” What do you think of that definition? What might you add to it? We might add that “trauma” is the *aftermath* of such a distressing or disturbing experience. When an experience lingers and continues to intrude in our brains, it challenges the normalcy of our lives; It changes how we live.

Traumatic events and experiences can take a variety of forms. Traumatic experiences could be interpersonal, some examples of which are: childhood abuse, domestic violence, sexual assault, neglect, emotional abuse, racial violence or discrimination, or exploitation. Trauma can be physical or emotional. Trauma can be representative of a one-time event or the cumulation of multiple events. For example, natural disasters and violent accidents are a one-time experience. Childhood abuse or domestic violence over a period of time is cumulative. No matter what kind of trauma one has experienced, all emotions, reactions, and experiences are valid and real. Trauma creates moments of helplessness, isolation, and unbearable pain.

Trauma victimizes, and we’re here to help you learn how to take it by the horns so that you don’t stay the victim. It’s important to see yourself as a survivor instead of a victim so that you recognize your agency and control. You have not only survived the traumatic experience(s), but also surviving the memory of it and its effect. You are beautiful. You are enough. You deserve to be treated well—by others and yourself—and you are and can be in control.

### What is Recovery?

Given the trauma you have experienced, how and what you’re feeling and going through is valid and understandable. You are not weak. You are not stupid. You are not invalid because you are having difficulty moving forward. You are not alone. Recovery is incredibly difficult and rocky and it involves taking steps forwards and backwards throughout the process. Symptoms can improve in some moments, and then in others moments, it might feel like you’re taking a step back. When you are working through trauma, your symptoms might actually increase for a while until that aspect of the trauma is resolved, and you feel safe and in control again.

The purpose of recovery is not to forget your trauma and go back to the person you were before it. Instead, recovery is about being able to cope with intense feelings, so that when they arise in the future, rather than

being reactive, you will be able to choose how to respond. You will be in control, and you will feel free. Recovery is also the process of being comfortable in your own skin and learning to love yourself. It is the process of moving forward as who you are in the present—made incredibly strong by your survival and continuous efforts to feel better.

## **Reactions to Trauma**

In your recovery, it's important to understand how trauma affects us and to validate those effects. While traumatic events are occurring, our brain goes into survival mode. In dangerous situations, the amygdala (our fear response center) takes control almost instantly and goes into fight, flight, or freeze reactions. You become more alert, your heart and breathing rates increase, you may shake, sweat, get nauseous, or have other physiological symptoms. Your non-vital organs slow down to increase blood flow and glucose into your skeletal muscles and extremities. Your prefrontal cortex reduces or shuts down, meaning that thinking becomes secondary to automatic physical responses. Because your thinking is affected, your memory can be challenged too. Memories are interrupted by the reduction of the prefrontal cortex so there may be memories that you don't connect with or that weren't processed and stored. It can be biologically difficult to sort memories in chronological order.

Overall, the point is that you don't have control over your response to trauma. In fact, sometimes trauma is so severe that it disrupts the functioning of the nervous system to the extent that it's incredibly hard or even impossible to regulate your emotions. These are automatic bodily responses generated without conscious thought or control, so there is no reason to feel ashamed about your reaction to trauma. This reaction doesn't represent who you are; It represents our body's fight for survival.

Trauma can affect our daily lives in many different ways. Survivors of trauma often experience intrusive memories or thoughts, avoidance behaviors & emotional numbing, and hyperarousal, which is the unconscious or conscious scan of the environment for danger. On top of these symptoms, survivors' relationships with themselves, others, and the world can be greatly impacted by traumatic events. For many survivors, the social contract with society has been broken. The world and society are no longer trustworthy. A survivor's sense of self, or self-concept, might also be harmed, as feelings of hopelessness, low self-esteem, guilt and self-blame, and lack of self-compassion persist.

## **PTSD & C-PTSD**

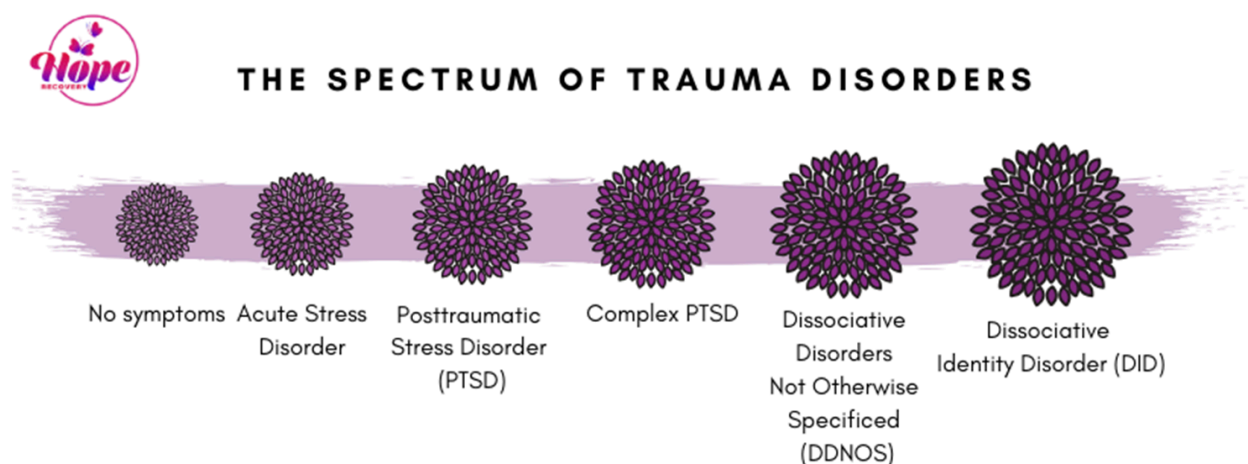
Intrusive memories, avoidance, and hyperarousal are all symptoms of Posttraumatic Stress Disorder. Some survivors of trauma may struggle with these symptoms and emotions for longer periods of time, finding it very difficult to stay in control of one's life. Posttraumatic Stress Disorder accounts for such long lasting symptoms. According to the American Psychiatric Association, PTSD is a psychiatric disorder that can occur in people who have experienced or witnessed a traumatic event such as a natural disaster, a serious accident, a terrorist act, war/combat, rape or other intense personal assaults. Similar to PTSD is Complex Posttraumatic Stress Disorder (C-PTSD) which includes a worsened-version of the core symptoms of PTSD. C-PTSD accounts for the repeated, chronic trauma a survivor has faced in their life. For example, a survivor of abuse that spanned over years and years might be diagnosed with C-PTSD.

It's important to know, though, that **PTSD and C-PTSD are treatable.**

## Dissociation

Many people with either PTSD or C-PTSD tend to experience dissociation, which is the disconnect between a person's thoughts, feelings, memories, behaviors, perceptions, and/or sense of identity. In our everyday life, many of us dissociate. A common example of dissociation is when you're on the highway and your brain & body is on autopilot driving in your lane. Meanwhile you're thinking about other things or nothing at all. You've disassociated from the moment.

Some survivors of trauma tend to dissociate often, relying on dissociation as a coping strategy to dissociate from traumatic memories. When a survivor is no longer in a dangerous place, however, dissociation can delay or prevent a survivor's recovery. Survivors who have experienced long term trauma might experience dissociative disorders that interfere with their daily life, personal relationships, and work. Survivors with Dissociative Identity Disorder (DID), a condition in which a survivor has two or more distinct identity or parts, might experience memory loss and impulsive behavior.



## Eating Disorders (EDs)

Knowing what we do about trauma and the way it lingers & manifests itself in our minds and bodies, we can turn to talk more about eating disorders and how our minds and bodies have internalized them as ways to cope with trauma, suppress painful emotions, and/or regain a sense of control. Before we dive into this conversation, it'll be helpful to define the three most common eating disorders: Anorexia Nervosa, Bulimia Nervosa, and Binge-eating. All three of these eating disorders are characterized by abnormal eating and eating related behaviors.

- Anorexia Nervosa is motivated by a severe fear of becoming fat and body image distortions. People struggling with anorexia restrict food intake so much that their weight falls below minimal normal weight (as it is determined by doctors through age, height, etc.)
- Bulimia Nervosa is created and maintained by this cyclical behavior of eating binges followed by self-induced vomiting (or misuse of laxatives) to avoid gaining weight.
- Binge eating disorder is used to describe the cyclical behavior of eating binges, or unusually large amounts of food, without the ability to stop.

## **Trauma & EDs**

With these definitions and our understanding of trauma in mind, let's think more deeply about the reasons why survivors of trauma might develop eating disorders. We'll focus on two:

- **Distraction/Avoidance**
- **Control**

Eating disorders, whether they mean eating or not eating, distract us from the trauma we've experienced. Instead of thinking about the trauma we've experienced, eating disorders make us obsess over food, thereby burying our emotions in/through our eating habits. Many survivors stay stuck in their eating disorders in order to not feel or process their trauma. It's an unconscious way to hide from or avoid trauma. By engaging in eating disorders, individuals might feel like they've escaped or distracted themselves from their emotions tied to their trauma.

Eating disorders are also about control. While traumatic events can make individuals feel powerless or out of control, eating disorders can begin to represent a way to control an aspect of our life while distancing ourselves from the pain from such trauma. Survivors struggling with eating disorders might control food in order to hide feelings of shame, hopelessness, and fear. Additionally, survivors may try to regain control by self-inflicting pain. Alternatively, survivors may deny themselves or binge-eat food to punish themselves for perceived guilt, shame, or feelings of worthlessness from their trauma. Many survivors believe that they don't deserve to live a healthy or worthy life and that they don't deserve to eat or deserve to overeat or deserve to purge.

Although those feelings are very real and valid, check the facts! You are worthy of a life worth living, and you are worthy of a healthy diet. Your trauma and your reaction to your trauma is not your fault. You are enough just by being a human being. You are strong for living through your trauma and for being on this journey of recovery. You are a survivor and deserve to be treated as a survivor instead of as a victim.

## **Acknowledging Difficult Relationships with Our Bodies**

After experiencing trauma, survivors have a very complicated relationship with their bodies. Traumatic events can create disconnected feelings between survivors' brains and bodies. Beyond wanting to regain control by regulating their food intake, survivors, particularly of sexual assault, may want to lose or gain weight in order to protect themselves from being preyed on again. Those who develop anorexia or bulimia may want their bodies to be smaller so that they can disappear or appear childlike and thereby less conventionally attractive to men. Someone who binges may be overeating subconsciously to be able to use their weight as a protective mechanism or mechanism of self-defense.

## **EDs & PTSD**

It's also important to recognize the link between eating disorders and PTSD. Some research suggests that PTSD can actually be a mediator between experiencing trauma and developing an eating disorder. As we already know, different types of trauma can result in PTSD. For example, childhood abuse is often associated with both PTSD and eating disorders. In fact, research has shown that children who experience emotional, physical, and/or sexual abuse are at a higher risk for developing an eating disorder. When we're children, we're still developing our sense of self, core beliefs, and our understanding of the world and social contract. Eating disorders can become a way for survivors to numb or escape painful emotions, such as feeling unworthy or unloved.

Still, it's incredibly important to recognize trauma experienced in adulthood. Such trauma can also result in PTSD, and adult survivors might turn to eating disorders to cope. Some survivors—including children and adults—might turn to other coping skills over eating disorders. Our minds, bodies, and experiences are all unique and valid.

## **EDs & Dissociation**

Earlier in this packet, we also touched on dissociation and dissociative identity disorder. Dissociation can certainly be linked to eating disorders. As we noted, dissociation is common among those who experienced childhood trauma. Researchers have noted that very young children often don't have many coping mechanisms to turn to, besides dissociating or changing their eating patterns. Studies have revealed an association between traumatic childhood events and the development of both bulimic and dissociative symptoms. Binging and purging themselves can also be a method of dissociating from trauma. In some survivors' recoveries, it can be essential to work on coping strategies to replace dissociation. Coping strategies that remind you that you're no longer in a dangerous place and you are safe can represent an alternative to dissociation. Simultaneously, healthy coping mechanisms can help you reconnect your mind and body.

## **Link between Childhood Abuse & EDs**

We mentioned that one example of trauma that's often associated with eating disorders and PTSD is childhood abuse. Childhood abuse raises a survivor's risk of developing an eating disorder. When we're children, we're growing into our own identities. We're figuring out who we are and what's important to us. We're also dependent on our caregivers and guardians. But if a child experiences traumatic events, especially those related to abuse—emotional, physical, sexual, or spiritual—and is meant to believe that they aren't loved or worthy of love and care, they might begin to internalize low self-worth. They might believe that something is genuinely wrong with their identity. A child might feel like their perceived identity is a problem and, as a result, suffer from low self-esteem, relentless self-criticism, and issues with body image. To numb, shut down, or escape painful emotions, a child might turn to eating disorders.

Again, we want to reiterate that the abuse of a child can take many different forms. Emotional, physical, sexual, and spiritual abuse are all traumatic. Each of these traumas, or the combination of a few or all, can be so severe that it can actually disrupt the functioning of the nervous system, so much that it becomes exceptionally difficult for a child to feel like they have control over their emotions. Eating disorders, as we've noted a few times now, can represent a form of control.

This focus on childhood abuse is not to take away from the trauma that adults have experienced. It is only to highlight the well-researched relationship between childhood trauma and eating disorders. Survivors of all experiences and ages may have struggled with eating disorders, and we want to be sure to address many of the treatments survivors can turn to in their recoveries.

## **EDs & Trauma Statistics**

At this point, we do feel compelled to share some concrete statistics reflecting this association.

- For example, according to one study, approximately 75% of women who have enrolled in residential treatment for their eating disorder admit to experiencing some form of trauma. 50% of these women have a history of PTSD. In another study of 182 patients diagnosed with an eating disorder between

the ages 12-22 and who had been seen in an outpatient setting at a large hospital over the course of two years, more than 1/3 of the sample had experienced at least 1 traumatic event.

- National surveys estimate that 20 million women and 10 million men in America will have an eating disorder at some point in their lives.

## **EDs & Identity**

Eating disorders can and do affect people of all genders, ages, races, ethnicities, weights, shapes or body types, sexual orientations, and socioeconomic statuses. Stereotypes of those struggling with eating disorders affects how we talk about eating disorders, how different people with eating disorders are treated, and who seeks and/or gets treatment. Systematic racism leads to misdiagnosis or no diagnosis at all.

Physicians may have preconceptions about who eating disorders affect: affluent white women. This preconception is very damaging to women of other ethnicities and races, men, and transgender people, as it can invalidate their experiences and lead to misdiagnosis (or no diagnosis at all). For example, one study revealed that only 17% of Black women were properly diagnosed with an eating disorder. Meanwhile, 44% of white women & LatinX women were properly diagnosed.

In reality, there are many reasons why eating disorders are more prevalent among BIPOC communities. Present day social inequalities and past injustices can take a significant psychological toll on individuals and communities. Gloria Lucas aptly shared that racism and historical trauma from colonialism can play a significant role in why BIPOC communities have a greater prevalence of eating disorders in their communities.

Though each and every individual is different, it's important to be aware of the misconceptions and stereotypes that can affect survivors' diagnoses. It's also important to be aware of the traumatic experiences BIPOC individuals and communities have faced.

## **Health Risks of EDs**

Unfortunately, eating disorders have the highest mortality rate of any psychiatric illness in part due to the medical complications from binge-eating, purging, starving yourself, over-exercise, or suicide. People with eating disorders have many health risks due to the malnourishment of their bodies.

### **Cardiovascular system:**

- When you consume too few calories, your body breaks down its own tissue for fuel. Muscles are some of the first organs broken down following malnourishment. The heart is the most important muscle in your body. Pulse and blood pressure may start to drop since your heart has fewer cells to pump blood with and less energy to do so. As these pressures decrease, the risk for heart failure increases.
- Purging (by vomiting or laxatives) depletes your body of electrolytes, important chemicals that help the heart beat and muscles contract. Electrolyte imbalances from purging or drinking excessive amounts of water can lead to irregular heartbeats and possibly heart failure.

### **Gastrointestinal system:**

- You may experience constipation because of inadequate nutritional intake. When we are inadequately nourished, there is not enough food in our intestines, or there is not enough energy to move digested



food out of the body. Over a period of time, constipation can weaken the muscles of the intestines and impede digestion.

- Food restriction and purging can lead to gastroparesis (slowed digestion). Gastroparesis' symptoms include stomach pain and bloating, nausea, feeling full quickly, blood sugar fluctuations, blocked intestines, or bacterial infections.
- You may have intestinal obstructions (blockages), perforations (holes), or infections as a result of your eating disorder.
- Binge-eating can cause stomach ruptures.
- Purging by vomiting causes sore throats, a hoarse voice, and can cause the esophagus to rupture.
- Malnutrition and purging can cause pancreatitis.

#### **Nervous system:**

- Our brains consume up to  $\frac{1}{5}$  of our body's calories. Restricting food or erratic eating denies the brain the energy it needs to concentrate.
- Extreme hunger or fullness can create sleep dysregulation, such as difficulty falling or staying asleep.
- Inadequate fat intake can damage our body's neurons that insulate and protect us. This damage causes numbness or tingling in your extremities.
- Neurons need electrolytes to send chemical and electrical signals throughout the brain and body. Severe dehydration and electrolyte imbalances disrupt these signals and can lead to muscle cramps or seizures.
- Malnourishment can cause fainting or dizziness if our brain isn't getting enough blood.

#### **Endocrine (Hormonal) system:**

- Our body uses the fat and cholesterol we eat to produce hormones. Without enough fat and calories in our diet, our levels of hormones, particularly thyroid and sex hormones, will decrease.
  - These lowered sex hormones can cause menstruation to become irregular or to stop.Lowered sex hormones can also greatly increase bone loss and the risk of broken bones or fractures.
- As a result of your body's attempts to conserve energy, your resting metabolic rate and your core body temperature will drop.
- Over time, binge eating may lead to resistance to insulin, a hormone through which our body gets energy from carbohydrates. This insulin deficiency may lead to Type 2 Diabetes.

#### **Other health consequences:**

- Intense, prolonged dehydration can lead to kidney failure.
- Inadequate nutrition can decrease the amount of certain types of blood cells. When our white blood cell count drops, we are more susceptible to infection. When our red blood cell count or iron level drops, we can develop anemia and experience fatigue, weakness, and shortness of breath.

## **The Most Common Eating Disorders**

With all the background information and relevant research on trauma, we can look more closely at each disorder we mentioned, beginning with anorexia nervosa.

### **Anorexia Nervosa**

Anorexia Nervosa is characterized by a severe fear of becoming fat in the face of frequent body image distortions. People struggling with this fear and these body image distortions turn to restricting food and calorie intake, to the extent that their weight falls below minimal normal weight, as it is determined by doctors



through a patient's age, height, age, etc. In addition to reducing food and caloric intake, people with anorexia might binge eat, take laxatives or vomit to purge, or exercise compulsively.

While anorexia most likely develops during adolescence, young children and older adults can certainly struggle with this illness as well. Often, it's difficult, as an outsider, to even recognize that someone you know might be struggling with anorexia. Just because a person doesn't look underweight or emaciated doesn't mean that they aren't struggling with anorexia.

Some symptoms of anorexia are emotional, behavioral, and physical. For example, someone struggling with anorexia might exhibit dramatic weight loss, be preoccupied with food and caloric intake, refuse to eat some foods, deny feeling hungry, develop food rituals, and make comments about weight loss or body image. They might also feel extremely tired often and feel like they don't have the energy to hang out with friends or family, to the extent that they become withdrawn, isolated, and secretive. Some physical symptoms include but are not limited to: stomach cramps, difficulty concentrating, dizziness, fainting, difficulty sleeping, dental problems, menstrual irregularities, muscle weakness, cold hands and feet, poor wound healing, and an impaired immune response.

These symptoms, or the combination of them, can be different for everyone. Nevertheless, the health consequences of anorexia can be severe for everyone. Essentially, anorexia nervosa cyclically starves the body of the nutrients it needs to function. When the body is cyclically denied these nutrients, it has to go into survival mode. It has to slow down and conserve energy. Even though the body can keep itself alive in this mode, being in this mode for so long and in a cyclical pattern, can have a profound effect on all body systems including but not limited to: cardiovascular, gastrointestinal, neurological, and endocrine systems.

While anorexia can certainly develop as a means to avoid trauma and maintain control, it often relates to a survivor's sense of self-worth. Remember that trauma—physical, emotional, sexual, and spiritual—can make us feel like we aren't good enough, that we don't deserve love, and that we are a problem we need to fix. We might turn to perfectionism and equate our success and worth with our body image and our control over it.

### **Tips for Anorexia Recovery:**

1. **Journaling.** Write about your feelings and try to gain some insight into why it is you're feeling that way. Ask yourself some questions that might inspire you to challenge the negative beliefs or feelings you might be experiencing. Let yourself be heard in your journaling.
2. **Rethink your wardrobe.** Wear the clothes that you feel comfortable in. What clothes make you feel like yourself? What clothes make you feel the most positive about yourself. Get rid of the clothes that make you feel like you have to change your body.
3. **Do things that you love and don't have anything to do with eating or weight.** Even if you love exercising, maybe try taking a break from that activity for a little. Are there activities, like drawing, listening to music, or gardening, that are less likely to trigger you? Dive into those passions.
4. **Join a support group.** You are not alone in your struggles. Being surrounded by other survivors might not only validate your experiences, but also help you find new coping skills.
5. **Spend time with healthy friends and family members.** Remember that anorexia can isolate us and make us withdraw from our relationships. Try to schedule in some time to see these people, as they can be helpful support systems. You might even consider doing some of the things you love (tip #3) with your friends and family.
6. **Avoid pro-anorexia media.** In Western beauty culture, there's often an emphasis on thinness. This emphasis is for no good reason. Try and take a break from any media, websites, or blogs that trigger your anxieties about weight and body image.

7. **Practice mindfulness.** If you're feeling overwhelmed with perfectionist or negative thoughts, try to simply recognize it rather than attaching to it. You don't need to hash out or entertain every thought or feeling you experience. You can allow yourself to let it pass by.
8. **Work with a dietician.** A dietician can help you develop an individualized eating plan that works for you. You can and deserve to have a positive relationship with food and yourself. A dietician can also help you correct any misinformation you may have about food, metabolism, and healthy weight.
9. **Set goals.** Think about your individual needs and set some goals for a healthy body state. Are there some new, nutritious foods you want to incorporate into your lifestyle? Do you want to limit your number of workouts a week? Ask yourself: in a month from now, where do you want to be in your recovery? Remember to be gentle with yourself as you evaluate your progress.
10. **Ask for help.** Recovery comes with its obstacles, and no one will judge you if you find yourself needing some extra support along the way. Reach out to your support systems (new or old) and embrace their willingness to help you in your recovery. You deserve it.

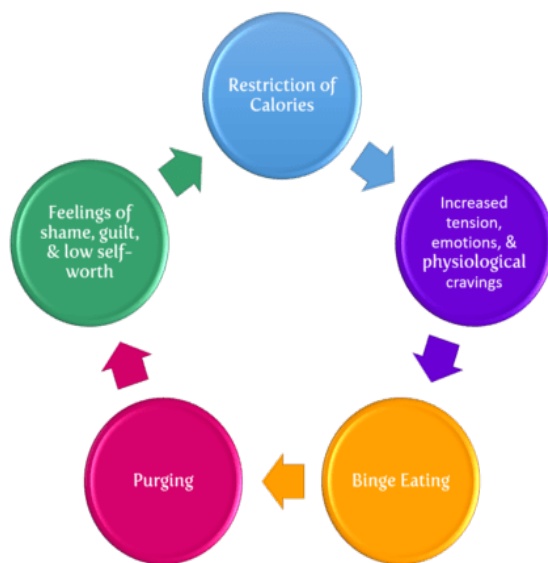
## **Bulimia Nervosa**

Bulimia is defined as a mental illness in which someone is caught in a cycle of eating large quantities of food in a small period of time (bingeing), and then trying to compensate for that overeating by vomiting (purging), taking laxatives or diuretics, fasting, or exercising excessively. Bulimia can affect anyone of any age. More often, though, it's seen in adolescence or early adulthood.

Some symptoms of bulimia include difficulties in relationships & social situations and some physical complications. These include but aren't necessarily limited to: dental problems, harmed digestive system from overuse of laxatives, fatigue, feeling bloated or constipated, abdominal pain, irregular menstruation, occasional swelling of hands and feet.

Despite all these symptoms, it can be difficult for a survivor's friends or family to see these symptoms. In other words, bulimia can and is often hidden. People struggling with bulimia often maintain a "normal" weight, and they're often hesitant to seek help. Before noticing these physical symptoms, an outsider will probably notice mood or behavioral changes, such as low self-esteem, irritability, guilt, shame, and/or anxiety.

In linking bulimia to trauma, one study found that roughly 60% of people struggling with bulimia have survived some form of sexual abuse. Although this finding is significant, it's not to say that the traumatic experiences can't vary. The repetitive cycle of bingeing and purging associated with bulimia can act as a temporary escape from the intense emotions trauma inspires. In becoming so involved in this cycle, a survivor can divert their attention from their trauma and onto the body. By being in charge of what goes in and out of the body, a survivor might feel like they've gained back some control that was lost in the trauma.



(graphic from Magnolia Creek Treatment Center for Eating Disorders)

### Tips for Bulimia Recovery:

1. **Decide not to restrict food or calories.** To break the cycle, you must be willing to let go of calorie and/or food restriction that may lead to feelings of deprivation and set you up to binge again. It's important to try to normalize your eating patterns so as to decrease bingeing opportunities and/or desires. Perhaps three meals a day isn't working; it may be helpful to have five meals a day instead, or to include snack times. A dietitian may help provide guidance here, as your eating habits must work for you.
2. **Practice mindfulness.** We use bingeing and purging as ways to avoid our internal emotions and experiences. Try to be aware of your bodily sensations and your thoughts; it's important to try to process these instead of trying to stop them. If you're not at the place where you can process them yet, use grounding skills and other healthy coping mechanisms to center yourself; try not to allow yourself to go back to the bingeing or purging cycle. Those methods have become habit, but there are other ways to cope that won't hurt you or entrap you in the shame cycle. With practice, those new coping mechanisms will become habit too.
3. **Develop a plan for when urges to binge or purge hit.** In crisis moments, it's incredibly difficult to think clearly or logically. In these moments, we're more likely to turn to bingeing and/or purging. Make a list of 5-10 different activities or coping mechanisms to engage in. Put that list up on your wall, in your wallet, in your phone, perhaps even text it to a close friend or family member who you trust to keep you accountable and safe.
4. **Agree to delay binge eating or purging.** An intense urge can be incredibly overwhelming and feel like it lasts forever. However, everything passes and changes over time (a simultaneously comforting and scary thought.) Delaying the engagement in bingeing or purging behaviors by 5-10 minutes can make a world of difference in terms of the intensity of the emotions and urges. Perhaps the next time you may try to delay the engagement for 15 minutes. Regardless of the amount of time, creating that space gives you an opportunity to make a different choice instead of just acting on autopilot.
5. **Write a letter to yourself.** Writing a letter to yourself for when you're struggling or having strong urges can be really helpful. Your letter can be full of affirmations, validating yourself and your emotions, a reminder of your goals, values, and how engaging in bingeing and purging does not align

and even interferes with your recovery. This letter can also include some action steps to take to decrease the emotions and urges, and encouragement to continue on the road of recovery.

6. **Make a list of positive affirmations.** It's really easy to think critically of ourselves, especially during such intense emotions, so it's important to have reminders of your true self-worth. List positive self-statements for each stage of the eating disorder's cycle. What do you need to hear when you are trying to stop yourself from restricting, refrain from bingeing or purging, or to cope with sadness, anger, or shame? It's crucial to write statements that are somewhat believable to you; they do not need to feel like the absolute truth, but they should feel in the realm of possibility. Saying these affirmations aloud is a big step in believing them. Our brain is always listening. Put some of these notes in your phone, in your computer, up at work, in the kitchen, in the bathroom, in your bedroom, etc.... so that you are constantly reminding yourself of your true worth—not the limited self-worth your brain tricks you into believing, particularly during hard times.
7. **Identify the thoughts or triggers that typically occur before a binge or purge.** Be mindful of the thoughts that go through your mind before a binge or purge. Identify these thoughts so that you can counter them with something more truthful or accurate. Here's a tip: Draw a line down the middle of a piece of paper lengthwise. On one side, write the typical thoughts you have. On the other side, reframe these thoughts into kinder, more accurate, and recovery-oriented statements. The act of writing and/or saying these reframed thoughts provides the space and opportunity for a different perspective to evolve.
8. **Identify and address your most difficult times during the day.** Often, a daily pattern of bingeing and purging develops, and this pattern can align with other parts of our day. For many, the transition to home from work or school or late in the evening may be a time of high stress and vulnerability. Developing a schedule and routine for what to do during these hard times can help you cope ahead and lessen the likelihood of engaging in unwanted or harmful behaviors.
9. **Practice healthy self-care.** Feelings of increased emotions and tensions contribute to the cycle of bingeing and purging. It's key to take care of yourself (body, mind, and soul) consistently so as to regulate and increase emotional stability. Regular self-care can make us less susceptible to the pulls of eating disorders. Explore how much restful sleep you are getting, whether you have a healthy work/life balance, if you have any physical illnesses, how much you are exercising (balance is key—not too much or too little) whether you're staying connected to other people, what you do to cope with stress and what you do for leisure.
10. **Enlist social support.** It's incredibly important to create or rely on support networks. It's extremely challenging to be vulnerable and trust others, especially when we have trauma in our pasts. Finding safe spaces will allow you to share and let others into your world. This support can be tremendously healing. Expressing yourself is a really powerful tool; it's important to feel heard and validated. Telling someone that you have an urge to binge or purge can be very helpful in alleviating some of the pain and stress. Since many eating disorders are rooted in trauma, it's imperative to address and talk about the trauma as well, normally first, in order to heal.
11. **Recognize the importance of not purging.** Purging sends a signal to your body that you're not satisfied, which can make you feel compelled to eat more. It also psychologically permits us to keep bingeing because we can alleviate discomfort of a binge and its calories, even though we still absorb most of those calories anyway. By not allowing ourselves to purge, we're more intentional about binges/eating.

## **Binge Eating**

As we defined earlier, binge eating disorder is used to describe the cyclical behavior of eating binges, or unusually large amounts of food, without the ability to stop. Survivors often turn to binge eating as a result of feeling out of control. The survivor may then either try to regain control or avoid the pain by binge eating. A survivor might turn to large portions of food, consuming it all in a short period of time, in order to maintain control and gain a sense of comfort while distancing themselves from the trauma.

This process of bingeing makes physiological sense because eating and digesting food uses our parasympathetic nervous system which allows our body to rest; eating makes the parasympathetic system take precedence over the sympathetic nervous system which was triggered by the painful thoughts of hopelessness or lack of control. After such bingeing, though, many survivors are overwhelmed with feelings of shame that then becomes part of the cyclic behavior that traps us in both eating disorders and our traumas.

### **Tips for Binge-Eating Recovery:**

1. **Don't Restrict** (extreme diet, overexercising, appetite suppressing drugs). Restricting sets you up to binge again. Eat regular meals to shift away from this cycle. Make sure not to skip any meals—even if you binge at one of them. If you do skip a meal, you're more likely to binge again later.
2. **Practice Self-Compassion.** We usually beat ourselves up for bingeing and then feel shame. Then, in a cyclical way, we distract ourselves from those feelings of shame by bingeing. It's important to remember that self-criticism not only makes us feel worse, but it also prolongs and perpetuates binge behavior. You're also far more likely to change behavior with mindfulness and self-compassion! Treat yourself like you would treat someone you love. If you make a mistake/slip up, be supportive and understanding, not cruel or angry.
3. **Make Sure You're Getting Enough of Certain Nutrients.** Oftentimes bingeing is our body's way of seeking nutrients we're deprived of, so try to make sure you're getting enough vitamin C, calcium, sodium, magnesium, zinc, iron, B12 + high-fiber carbs, healthy fats and protein—these last ones fill us up and prevent blood sugar crashes (which often lead to bingeing). Pay attention to these signifiers:
  - a. a craving for sweets = dehydration or lack of vitamin C
  - b. a craving for salty foods = lack of calcium, sodium, magnesium, or zinc.
  - c. low energy + insatiable appetite = low on iron or B12.
4. **Clear Your Cupboard of Binge Food.** Following this tip will help you avoid binge food. When you're out grocery shopping, only buy and eat whatever you feel safe around (meaning what you think you can control). For example, if you were an alcoholic, you'd get rid of all the alcohol in your house to lessen temptation. Doing so, doesn't make you not an alcoholic but it helps your recovery. Remember that it's not a sign of weakness or failure to keep close tabs on what you're stocking your cupboard with! It's a supportive and compassionate action to help your recovery.
5. **Learn & Use Mindfulness.** Mindfulness is defined as the process of “intentionally paying attention to the present moment, without judgment.” You can practice mindfulness by bringing attention to your bodily sensations, thoughts, feelings or senses to switch out of “autopilot” bingeing behavior. Mindfulness helps with HALT (are you physically or emotionally hungry?) Some other great ways you can practice mindfulness are yoga & meditation.
6. **Low Intensity Exercise.** Try out some low intensity exercises rather than high intensity ones since high intensity exercises can set you up for a binge. Such high intensity exercises increase your

appetite and can put your body in a state of “famine.” Functional, low intensity exercises, like walking, yoga, and stairs, can be more useful to control and stop bingeing.

7. **Learn to “HALT” = “Am I Hungry, Angry, Lonely or Tired?”** As you become more in touch with your body, you’ll be able to tell if you are truly hungry or if your hunger is misplaced. If you can acknowledge that you’re lonely, maybe reach for a loved one or give someone a call instead of turning towards food. This little exercise can really help you get in tune with your mind & body and allow you to figure out what will actually help you in that moment.
8. **Join a support group or see a therapist.** We’ve mentioned the word *shame* a couple times now, and shame thrives in secrecy. Shame perpetuates bingeing. It’s important to talk about your struggles in a safe, supportive environment. Doing so decreases shame and increases compassion. In support groups and with therapists, we can not only acknowledge that bingeing is usually a maladaptive way of coping with more complex issues, but we can also heal together. It’s so challenging to heal alone. Let others help you.
9. **Be mindful of your relationship with alcohol.** You’re more vulnerable to bingeing when you drink alcohol because alcohol affects our prefrontal cortex—the part of our brain where we make decisions and where we decide to practice self-control. Alcohol also increases your appetite for up to twenty-four hours after consumption, depresses your mood, and destabilizes your blood sugar.

## **Part II: Coping with Shame**

At this point, we know that feelings of shame can play a large role in eating disorder origins and behaviors. In this next part of the workshop, we will discuss what shame is, how it affects us, and how we can manage it. As we continue, please think about the following questions:

- What is shame?
- Is shame healthy? Is it unhealthy? How?
- How does shame make us behave?
- What is the difference between shame and guilt?

### **What is shame, and how does it impact us?**

“Shame is the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of acceptance and belonging.” —Brene Brown

Shame is one of the most powerful human emotions. It can make us feel regretful, disappointed in ourselves, and inadequate. Often, we experience shame when we feel like we aren’t measuring up to expectations—whether they be someone else’s or our own.

Sometimes, shame isn’t unhealthy. This notion of “healthy shaming” is used to describe how small doses of shame followed by personal reflection and good communication with others can be helpful. Healthy shame can motivate us to positively change our behavior and treatment of others.

That said, shame can certainly be unhealthy. Those feelings of inadequacy and regret associated with shame can make us want to hide ourselves and withdraw from our environments and relationships. Like Brene Brown says, shame can make us feel like we don’t belong in some spaces, as if we don’t deserve to be there and could never be accepted for who we are. Such shame can be deeply saddening, upsetting, and debilitating. It can even silence us, and perpetuate a negative self-image and feelings of worthlessness. It’s important to recognize that large, repeated doses of shame can signify toxic shame. With emotional and physical



symptoms, toxic shame can be very painful.

Shame, like trauma, puts our body in the autonomic freeze state and lowers our ability to think or act clearly. Shame acts as a fog, creating feelings of powerlessness and isolation and making it difficult to function. Just as shame thrives in secrecy and silence, so do eating disorders. Both manifest themselves in isolation.

Survivors experiencing shame might feel like their trauma was their fault. They might feel as if something intrinsically flawed about their identity caused or exposed them to their trauma. While feeling this way is valid, it is certainly not true. **A survivors' trauma is and never was their fault.** We are here to help you dismantle any contradictory feelings. Likewise, there is **no shame in having experienced trauma, and there is no shame in having an eating disorder.** Your traumatic experience was not your fault, and it was not your fault that any or all feelings of shame projected onto your body through an eating disorder.

Some survivors might experience shame-proneness or internalized shame, which describes the tendency to experience shame across situations. Shame-proneness or internalized shame is exacerbated by childhood trauma and/or neglect. Without proper love or nurturing, children can quickly begin to internalize this belief that something is wrong with them and that the trauma they experience is their fault. Such shame proneness can be associated with low self-esteem, suicidal ideation, borderline personality disorder (BPD), depression, anxiety, eating disorders, PTSD, substance abuse, and a host of other intrapersonal and interpersonal challenges. **In their recovery, survivors of childhood trauma must re-examine their internalized shame and, instead, internalize that the trauma they experienced was not their fault.**

While shame might feel like a barrier to treatment, it's necessary to discuss in your recovery. While it might be difficult, working through the shame will open doors for the holistic and thorough recovery you deserve.

### **Shame vs. Guilt**

Sometimes, “shame” and “guilt” are used interchangeably, but the two are different. To understand how the two are different, let's think about it this way: “being bad” vs. “doing bad.” Shame reflects the former. Shame involves the internalization of being a bad or inadequate person. Guilt, on the other hand, doesn't include such deep internalization. A guilty person may have done something bad, but that bad act is not a reflection of their whole identity. When a person feels shame, or rather this deep internalization that they are a bad person, they might be driven to self-destructive behavior, rage, avoidance, and/or addictions that lead to further shame.

Fortunately, there are constructive ways to break the shame cycle. No one deserves to be in this constant state or never-ending cycle of shame.

### **Breaking the Shame Cycle**

Here are multiple practices you can implement to break the shame cycle, as they relate to eating disorders.

1. **Understand your triggers.** What triggers your self-critic? In what situations does your inner-judge come out and shame you? If you can understand your triggers, then you can better prepare yourself for them. In the face of your triggers, you can recognize and reject your self-critic and inner-judge. Empathy and compassion for yourself, rather than judgment, can help you reject the negative thinking that often increases feelings of shame and leads to increased isolation.
2. **Challenge the Critical Voice.** Our critical voices urge us to feel guilty or shameful around food, looking or thinking about body image representations, or revisiting past traumas. They speak to our



internalized belief of not being “good enough.” When you begin to hear your critical voice, don’t be afraid to reject. It’s one thing to recognize and be mindful of your inner critic’s voice, but it’s another thing to tell it that you aren’t entertaining it and letting it have unchecked power over you.

3. **Practice Compassion & Self-Love.** Don’t hesitate to show kindness and understanding to yourself. If you’d show such kindness to your friend, then why not yourself? Positive feedback can help you grow and recover. Practicing and affirming compassionate behavior and self-love will help continue such growth.
4. **Radical Acceptance.** One way to practice compassion is to show yourself radical acceptance. In other words, accept yourself and the situations you’ve been in without judgment. Accept yourself as radically as you would your friends and loved ones. Talk to yourself as if you were talking to someone you love dearly.
5. **Create a Positive Support System.** When you feel comfortable, you might share your voice and experiences with others. Sharing ourselves with others who show us radical acceptance and empathy without judgment can help break the shame cycle. Some places where you can find radical acceptance include support groups or treatment centers. Sharing your struggles, victories, and stories can help you connect with others, to the extent that you not only feel less isolated or alone, but also loved.
6. **Develop Shame-Resilience Skills.** Learn to talk or write about shame. If you can develop the ability to identify, tolerate, and speak about shame, then you can feel more control of the cycle. You might feel like you finally have power over something that once had so much power over you. Decreased shame can lead to increased self-esteem and fewer trauma symptoms.
7. **Recognize Shame as a Feeling Rather than a Truth.** The shame you feel now or the shame you have experienced in the past does not define you. As a survivor, your shame is likely in response to underlying trauma. You can heal from this feeling.

## Self-Compassion

As debilitating as shame might be, showing yourself compassion can go a long way. The “Compassion Cure,” is broken down into five steps: self-understanding, self-forgiveness, self-acceptance, self-kindness, and self-encouragement.

### **The Compassion Cure is the antidote to debilitating shame:**

1. **Self-understanding.** This first step is your foundation. You can’t move forward without working through this step. The reason being is that this step asks you to view your negative ways of coping and your symptoms (ED, addiction, self-harm, sexual acting out, etc.) as safety strategies in the face of trauma. Understanding that your mind and body did what it did as a safety strategy—and not because you’re an inherently flawed person—will allow you to stop blaming yourself for the abuse and how it affected you. No survivor of abuse or assault is at fault for either their trauma or their coping skills. Before practicing self-understanding, you might not even be aware of how intensely your trauma affected you. Self-understanding will help you fully realize how your trauma threatened your safety, profoundly frightened you, physically hurt you, and had lasting impacts on your perception of memories and the present world. This self-understanding will help you be less critical of yourself as you begin to internalize that the negative coping skills you’ve turned to, in the past or present, are not a reflection of who you are. For example, you might tell yourself, “It’s understandable why I do this,” given the trauma I experienced. The behaviors you feel the most

shame about were, in fact, your survival skills. They were clever and effective ways for you to cope with sometimes unbearable anxiety, fear, pain, and shame. You had good reasons for your actions and inactions.

2. **Self-forgiveness.** Once you adopt self-understanding, you will find that it becomes less difficult to let go and forgive yourself for your unhealthy behaviors & shame. Without self-forgiveness, you're more likely to hold onto feelings of resentment and anger towards yourself. You, though, don't deserve to be in a constant state of resentment, anger, or hopelessness. You deserve peace. You might find self-forgiveness in various ways. It might be through articulating your story aloud or in writing. It might be through reading other survivors' stories of forgiveness.
3. **Self-acceptance.** Self-acceptance means being able to accept all of ourselves. We accept our strengths and our weaknesses. We accept our full self, and we do so unconditionally. That said, we acknowledge how difficult it can be to accept ourselves. For survivors of childhood abuse and trauma, self-acceptance can be especially difficult. Young children cannot be expected to have a clear sense of self. They can only really understand what it is their caretakers want them to be. They are constantly asked to measure up to it without ever defining what they'd like to see of themselves. Children who are not supported by or given positive feedback from their caretakers constantly feel inadequate. They feel ashamed & internalize a constant inner critic or judge. Whether a survivor of child abuse or another trauma, you can shut down that inner judge. You can tell yourself that you are worthy just the way you are. Just by being you, you deserve unconditional self-love.
4. **Self-kindness.** Self-kindness describes how warm and gentle you are to yourself. In the face of feelings of failure or shame, do you punish yourself? Or, do you tell yourself that you're human and tell yourself that you're not perfect and that's perfectly fine? When you feel pain, does that make you feel weak and ashamed? Or, do you ask yourself, without judgment, what you can do to help yourself? Feelings of failure or pain are inevitable. They are a part of being human. When you accept these realities of being human with kindness and gentleness, you are practicing self-compassion.
5. **Self-encouragement.** Without self-encouragement, you could slip back into old habits of self-judgment. We certainly want to avoid that. In the face of discouraging moments, remind yourself of how far you've come. Remind yourself of your goal. Remind yourself that you are capable, strong, and brave.

When working through shame, be gentle with yourself and strive to understand the role trauma has played in shaping your life. In this **Trauma-sensitive approach**, you can recognize that the behaviors you might feel the most ashamed about were actually coping mechanisms. Your behaviors did not manifest themselves because you are an inherently flawed person. They came to surface because you experienced trauma—something no one should ever have to experience. The trauma you experienced and the symptoms it causes are the problem. You, as a person, are not.

In understanding the role trauma has played in your life and behaviors, you can begin to think of yourself not as a “bad” person, but instead as a “hurt” person. This understanding of yourself is empathetic. Hopefully, you might be able to recognize how you are a strong person, and you can give yourself credit for the steps you are taking in your life and recovery.

In enforcing this trauma-sensitive approach for yourself, you might inspire others to do the same. You could decrease the stigma around shame, and you might mobilize survivors, just like you, to discover healthier and more productive coping strategies.

### **Compassion Exercise: The Connection between the Abuse and Your Behaviors**

1. Make a list of your most troubling behaviors—the things you have done that cause you the most shame (like abusing alcohol or drugs, sexual acting out, compulsive gambling, or abusive behavior).
2. Take a close look at each behavior and see if you can find the connection between the behavior and your abuse experiences. For example: “I drink alcohol as a way of self-medicating when I am in emotional pain.” Now tell yourself: “Given my history of abuse, it is understandable that I would behave like this.”
3. Once you have made this all-important connection and stated that it is an understandable one, check to see if you feel more compassion for yourself and your suffering.
4. The next time you find yourself behaving in an unhealthy or self-destructive way, instead of chastising yourself for the behavior (or for the desire to act in an unhealthy way), repeat the sentence above, or simply say to yourself, “I understand why I’m acting like this.” If possible, think of healthier ways to soothe yourself.

### **Triggers & How to Identify Them**

A trigger is something that reminds someone of their trauma. Triggers can take all types of forms. Triggers could be words, people, images, scenes, situations, etc. They can also cause different reactions. In the face of a trigger, one can experience flashbacks, anxiety, panic, fear, etc. While there are many types of triggers, here are some of the more common examples.

- Time-Related Triggers: These triggers could be a time of day, an anniversary, holiday, birthday, season, nighttime, etc. It could be the time or the atmosphere of the time that’s triggering.
- Place-Related Triggers: While the place where the trauma occurred could certainly be triggering, another location reminiscent of where the traumatic event took place could cause intense emotion. It might be also the qualities of a place (its crowdedness, emptiness, etc.) that triggers someone.
- Relational Triggers: Even if the relationship is healthy, its dynamic can certainly be triggering. For example, a person might feel triggered if a close friend, family member, or partner raises their voices. A critical comment in a relationship might feel triggering and perceived as a threat, even if the relationship is truly healthy.
- Internal Triggers: A bodily sensation, such as pain, indigestion, cramping, numbness, can be triggering. Just experiencing these physical sensations can take a survivor back to a memory of trauma and cause emotional and/or physical distress.
- Sensory Triggers: These types of triggers relate to our five senses—sight, smell, sound, touch, and taste. For example, seeing someone who looks like an abuser can cause fear, panic, and anxiety. The sound of a door slamming and the smell of a perfume that an abuser wore could be triggering. Many triggers fall under this category.

Coping with triggers can be very difficult when you aren’t sure what your triggers are. To identify your triggers, you can ask yourself these questions:

- What is a situation or experience that you find happens a lot that triggers you?
- What can you do to prepare for that particular situation or experience?
- Where were you and what were you doing when you were triggered?
- What happened with the trigger (describe it)?

- What was your inner body experience of being triggered (out of body experience, anxiety, panic, flashbacks, nausea, etc.)?
- What date, time of day, or season was it when you were triggered if you sense it could be time related?

Once you've identified your triggers, you can work to anticipate them and make plans to cope ahead of time. Ask yourself these questions:

- What options do you have for coping with it?
  - Should you keep a small skills toolkit (Play-Doh, essential oils, list of skills, list of support, list of assets, etc.) with you?
- What can you do to lessen the impact of the trigger before it becomes overwhelming?
  - Can you distinguish the past from the present and recognize that you are now safe?
  - Can you recognize/remember that you are in control?
  - Can you alter schedules, hold a friend's hand, make extra time for sleep, increase therapy sessions, celebrate the small victories to lessen triggering times?

### Coping Skills

Here are some valuable skills to try. Remember that not all skills work for everyone. Finding which skills works best for you can be a trial-and-error process. Sometimes, a skill won't work on the first try either. Let yourself come back to a skill in the future to try again. Likewise, give yourself permission to say, "This skill doesn't work for me, but that's okay. There are other ones out there." Be gentle and patient with yourself.

### TIPP (DBT):

This is a distress tolerance skill for when you are really struggling and need to reign yourself in to calm down. These tools are especially useful when you feel out of control because they act on our physiology to slow our heart rates and breathing automatically.

- **Tip the Temperature.** During a crisis, our body tends to heat up and utilizing frigid temperature can help you cool down emotionally and physically. Using cold water or ice on your face and/or pulse points will automatically slow your heart rate. TIPP can help make your emotions a little bit more manageable when you feel out of control and need help to decompress. Here are some things you can try:
  - Hold an ice cube in your hands, on your wrists or neck, or on your cheeks or forehead.
  - Run your wrists under cold water.
  - Fill up a bucket with cold water and dunk your head in for 8-10 seconds.
- **Paced Breathing:** During moments of extreme distress, our breathing quickens and becomes more shallow. Breathe slowly and deeply to soothe your nervous system and increase oxygen flow. Breathe out longer than you breathe in as to slow your heart rate, bringing it back to baseline. It is best to breathe in through your nose and out through your mouth.
  - **Square Breathing:** Imagine 4 lines making up a square. The first line is inhaling for 4-5 seconds. The second line is pausing for 4-5 seconds. The third line is exhaling for 5-7 seconds. And the 4th line is pausing for 4-5 seconds. Then you have reached the beginning of the square again and you can restart the exercise. This breathing technique allows you to be more mindful of your breath and stay focused on your breath by tracing the square.

- **Progressive/Paired Muscle Relaxation:** Our body tends to tighten when we are stressed and/or in distress. Tense muscles require more oxygen, so our heart rate and breathing increase with the tension. When we tighten our muscle groups and then allow it to rest, it will be more relaxed than it previously was, and thereby will naturally slow your heart rate and breathing. We often don't realize how rigid our body is until we focus on each muscle group individually. Progressive muscle relaxation not only destresses our body, it also brings more awareness to it.
  - Start at your toes and feet. Contract those muscles for about 4 seconds and then release them. Repeat this. Then move up to your calves. Then your thighs. Then your gluteus maximus (buttocks). Then your lower back and abdomen. Then your upper back and chest and shoulders. Then your arms, your hands. Then your neck. Then your face—make sure to focus on your jaw and above your eyebrows. All the while contracting and then releasing and repeating.

### **Somatic Experiencing to Ground**

Somatic practices work towards reconnecting the body and mind and can help alleviate anxiety by soothing your nervous system. By regaining awareness of your body, you can begin to feel calmer and safer. You can take notice of how you are no longer in the past. You are in the present and you are safe. When you feel triggered, you can pull out and practice one of these exercises below to ground yourself in the current moment.

- **Body scan:** Get into a comfortable sitting position and close your eyes. Beginning with your head, notice any sensations, any tinglings, warmth or coolness, or any pain in this part of your body. Work your way down your body, noticing what you are experiencing at each part. Do not worry about judging or critiquing these sensations. There's no right or wrong way for your body to feel during this body scan. Simply try to identify the location of each one. Keep working from your toes all the way up to your head. Focus especially on your toes, stomach, shoulders, jaw, and forehead; these are common areas we hold tension.
  - When you've finished your body scan, try to address what you're experiencing. If you feel tense, pull out one of your relaxation exercises, such as the progressive/paired muscle relaxation exercise above. If you feel numb, try rubbing that part of your body so that you might begin to feel a sensation. If you can't relax or begin to feel a sensation right away, do not worry. Like any grounding technique or skill, this takes practice.
- **5-4-3-2-1:** Use your senses to identify the following:
  - 5 things you can see.
  - 4 things you can touch.
  - 3 things you can hear.
  - 2 things you can smell.
  - 1 thing you can taste.

During this process, it is helpful to say what you find aloud to help you further ground. Your voice gives you power.

- **Self-Soothe:** It's important to treat your mind and body gently and kindly. When you are struggling and need extra support, using your 5 senses to help soothe you is extremely comforting and relaxing. Mindfulness—being present and aware of the moment—is crucial for these skills to be effective. If

you feel erratic and cannot focus on these sensations, perhaps use the distress tolerance skills or other grounding skills before trying this one.

- Sight: Focus on your vision.
  - Light a candle and watch the flame flicker.
  - Go people-watching or window-shopping.
  - Look at the nature (birds, squirrels, flowers, trees) around you.
  - Watch the sunrise or sunset.
  - Look at pictures you enjoy.
  - Watch the stars at night.
  - Enjoy a coloring book.
  - Make/look at pleasing Pinterest collages.
- Touch: Focus on what you can physically feel around you.
  - Take a long hot bath or shower.
  - Wash your hair and body, noticing the sensations you feel.
  - Rub or cuddle with your pet.
  - Put a cold compress on your forehead or neck.
  - Get or give yourself a massage (feet, arms, scalp, and neck are easy for self-massage).
  - Hug someone.
  - Go outside on a nice day and bask the sun and/or the wind.
  - Sink into a comfortable chair.
  - Wrap yourself in a blanket (burrito).
  - Run your hand along smooth wood or leather.
  - Apply lotion.
  - Play with Play-Doh.
- Sound: Focus on what you hear.
  - Listen to soothing or fun music.
  - Play an instrument.
  - Make a playlist full of songs you love.
  - Sing to your favorite songs.
  - Hum.
  - Speak or read out loud.
  - Listen to the nature (birds, ocean, wind) around you.
  - Be mindful of the sounds around you (your AC or fan, talking, cooking, or eating) and allow those sounds to leave you just as they came in one ear and out the other.
- Smell: Focus on what you can smell.
  - Light a scented candle or burn incense that you enjoy the smell of.
  - Get a diffuser and essential oils of your favorite scents (perhaps for your bedroom).
  - Inhale the aroma of your favorite food or drink before you eat or sip it.
  - Make cookies or popcorn.
  - Open the windows and smell the air.
  - Smell the nature around you (forest, salty ocean, flowers).
  - Smell herbs (cinnamon, basil, rosemary, sage, thyme, etc...).
  - Use your favorite soap, shampoo, aftershave, perfume, cologne, or lotions (preferably scented) or try them at a store.

- Drop essential oils onto your mask to enjoy breathing through it more (Covid).
- Taste: Focus on what you can taste.
  - Really taste the food that you eat (this may require you to eat slower).
  - Chew flavorful gum or breath mints you enjoy.
  - Suck on hard candy (caramel, peppermint, sour, etc.)
  - Drink a soothing drink you enjoy such as herbal tea, hot chocolate or a latté.
  - Enjoy fresh-squeezed lemonade or orange juice.
  - Eat some of your favorite comfort foods (perhaps one from your childhood).  
\*Check with your dietician or doctor first.
  - Sample flavors in an ice cream store. \*Check with your dietician or doctor first.

## **Journaling**

Journaling often helps us work through what's going on in our minds, behind-the-scenes. It can be very helpful to express what you are thinking and feeling; it often helps us digest and process. Suppressing our emotions and thoughts can be dangerous and unhealthy, mentally and physically. Journaling provides a safe space to explore and share your feelings. It's helpful to journal about both positive and negative emotions so as not to get sucked into the negativity; after writing about something really difficult, try to find a silver lining or some nugget of hope to prevent post-journaling dysfunction.

- To help you get started, here are some questions to consider as you write:
  - What emotions am I holding on to? Can I let them go?
  - Where did these emotions come from?
  - What would it be like if I let these emotions go?
  - How has my trauma affected my life and my relationships?
  - What have I learned in my recovery? What am I now learning? What would I like to learn?
  - Are there any ways in which my recovery story can help others?
  - How am I strong?
  - What are my passions and how am I feeding them?
  - Where would I like to see myself in a month? In a year? In three years?
- There is a link between habitual “expressive writing” about specific traumatic events and improvements in immune system function.
- If you have nightmares, write it out, but rewrite the ending to a circumstance where you escape or are stronger than your perpetrator or fear. Repeat this exercise, rewriting and rereading so that your brain retains this new ending that reduces or changes your nightmare. (Yes, our brains are that powerful and adaptable!)

## **Caring for your Inner Child**

Our inner-child is the part of our psyche that is still childlike, raw, and in need of nurturing. Our inner child holds a large capacity to experience creativity, joy, sensitivity, wonder, innocence, and playfulness. By interacting with our inner child, we learn more about ourselves, our wounds, and the needs that weren't met when we were children. Our inner child often holds onto hurt feelings because they weren't able to process them or didn't have the support to process them. Connect with your inner child and create emotional and physical safe spaces; give your inner child the safety, comfort, love, and expression they crave, even if you are not ready to give that to your adult self.

- Reconnect with your childhood.



- Give in to your inner child's desires.
- Write a letter to your inner child.
- Ask your inner child questions.
  - How are you? What happened to you? What can I do to help you? How can I be there for you?
- *Take a look at our inner child handout at the end of this packet.*

## **Body Neutrality**

We are often very judgmental, not only of others but also of ourselves. In fact, we're programmed to be judgmental. The norm is hating our bodies. But try and flip the switch; Try to appreciate your body. You don't have to love it or even like its shape, but try to acknowledge that it has an important function in your life. Instead of focusing on how your body looks, focus on what it does. Your body supports you, allows you to move, to travel, to hug or hold hands.

When you regularly repeat positive affirmations that you don't actually believe—or at least don't believe every single day—they can backfire. In other words, if someone says, "I love every inch of my body" on a day when they don't feel that way, the subconscious mind will reject this affirmation and make the person saying it feel more stressed out and resentful of their body as a result. Body neutrality is about seeing your body as a vehicle that, when treated with care, can help you move about the world in a way that brings you joy. Body neutrality is a different form of self-love that's more palatable. Loving our bodies isn't always realistic. This is a great middle path between love and hate.

Ultimately, body neutrality is like mindfulness; it's simply about not passing judgment or harboring strong emotions about our appearance. Practicing body neutrality can help reduce anxiety, stress, and emotional reactivity. We do realize that looking in the mirror can be an intensely difficult experience for some survivors, so please be gentle with yourself and remember that recovery is all about what works best for you and your emotional and physical health.

## **Treatment**

Take a minute to recognize that you are already on your journey of healing. You have not only admitted there is a problem, but have reached out for help and are trying to learn more about yourself and how to heal. These are huge steps—give yourself a pat on the back!

As you can see, there are a lot of health risks related to eating disorders, in all areas of life—mentally, emotionally, physically, economically, spiritually, etc.... It's crucial to address your eating disorder and where it stems from in order to protect yourself from future harm. It's important to remember that eating disorders are often not about food itself, but the underlying thoughts and feelings that cause those urges and that behavior. As we said previously, many eating disorders stem from trauma. It's imperative to identify the reasons behind your eating disorder and deal with the root of the issue in order to heal from your eating disorder, too. Addressing the trauma underneath your eating disorder is really difficult and painful work. Unfortunately, eating disorders often get worse while treating the trauma before it gets better. This is because your eating disorder is a coping mechanism to avoid that underlying pain and try to take control. Eating disorders keep you stuck in your past abuse; they don't allow you to process the associated feelings of shame, fear, sadness, anger, or loss, crucial to the healing process—for both the trauma and the eating disorder since they work in tandem.

There is a plethora of treatment options to help sustain you on your journey of recovery. Like all coping

mechanisms, some aspects may work for you and some may not; it's best to try any skill multiple times before judging how it functions for you. It often takes three tries to get comfortable enough with a technique for it to work (the first time you may be too anxious for it to have the proper effect).

Treatment is important because you deserve to heal and move forward. You don't need to be in excruciating pain for the rest of your life. It takes a lot of work and dedication, but recovery is possible and worth it.

## **Treatment Options for Trauma & EDs**

**Somatic Experiencing:** Trauma often separates our mind from our body and makes the two feel out of sync or unconnected. Somatic experiencing is a holistic approach to re-establishing a natural flow between your mind and your body. Somatic experiencing addresses the physiology of stress and trauma rather than avoiding it. You need to allow yourself to feel the reactions to trauma, allow that chemical discharge to move through your nervous system in order for your mind to reset and your body to return to baseline. This may mean trembling, shaking, bucking, running, screaming—any reaction is okay. Somatic experiencing explores the sensations in the body to recognize and regulate feelings of distress, to restore the nervous system's normal cycling between alertness and rest.

**Eye Movement Desensitization and Reprocessing (EMDR):** EMDR is an interactive psychotherapy technique used for trauma and (C-)PTSD. EMDR therapy dives into the trauma in brief doses while stimulating your left and right brain separately. In order for EMDR to be effective, we must learn grounding skills to keep us safe while and after reliving the traumatic experience. EMDR acts fast comparably, allowing us to process and develop new insights and associations surrounding traumatic experiences. Over time, it is meant to lessen the impact the traumatic memories and triggering thoughts have on us.

**Cognitive Behavioral Therapy (CBT):** Cognitive Behavioral Therapy is a mix of psychotherapy and behavioral therapy that focuses on cognitive processes and the behavior those processes provoke. CBT works to change patterns of thinking in order to change patterns of behavior. CBT lays on the idea that our thoughts and perceptions influence our behavior; feeling distressed often distorts our perceptions of reality and creates automatic negative thoughts that often aren't accurate to the situation. We must understand these emotion-filled thoughts and assumptions and question their undue negativity in order to conquer them. CBT concentrates on modifying dysfunctional thoughts and behaviors by interrogating and uprooting negative and irrational beliefs. CBT aims to identify harmful thoughts, assess their accuracy and then provide strategies to challenge and overcome those distortions.

**Dialectical Behavioral Therapy (DBT):** Dialectical Behavioral Therapy is a mix of CBT and Zen Buddhism. DBT provides a toolbox of skills to manage painful emotions and decrease conflict. DBT provides tools in 4 modules: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness. It is based on the principle of dialectics, meaning two opposite perspectives can be true at once. DBT challenges us to balance opposites, challenge distorted thinking, and change maladaptive behaviors. The core dialectic of DBT is connecting/agreeing acceptance and change to "form a life worth living".

**Self-Help Support Groups:** Social support is an integral part of healing. Support groups are a structured way for people from diverse backgrounds to share common experiences, thoughts, and feelings, build trust and relationships, and fortify each other's healing and growth. Support groups provide a safe, nonjudgmental space to express our true selves. Support groups offer a space where it's okay and, in fact, encouraged to take our "masks" off and be ourselves fully. This freedom and support decreases feelings of worthlessness, "differentness," loneliness, shame, and stigma. In these spaces, we can break down barriers to demonstrate that you are not alone and that there is nothing wrong with you. Sometimes, you just need someone to remind you that you can heal. Peer groups help us adapt, learn new ways to cope, and rebuild our self-worth in order to sustain recovery. Through creating connections, support groups inspire, empower, provide insight

and bring hope to survivors.

**Nutritional Therapy:** Nutritional therapy is an opportunity to work with a registered dietician, someone who can work with you to develop a more positive and symptom free relationship with food. Some key goals in nutritional therapy include weight restoration & body-weight maintenance, the development of a more neutral attitude food, and the redevelopment of intuitive understandings of hunger and fullness. Nutritional therapy might also help you re-establish healthy blood sugar levels.

**Exercise:** As long as you feel like you can maintain a balanced and not compulsive exercise routine, then exercise can be a helpful component in your recovery. Exercise can be a healthy outlet for intense emotions, such as anger and anxiety. When you exercise, your body also releases endorphins, which chemically trigger a positive feeling in the body. In your recovery, you might also try out some body positive workouts, in which you're encouraged to be kind to your body and to express gratitude towards it. When incorporating exercise into your recovery, just be mindful of the reasons why you're exercising. If you find yourself becoming consumed by your exercise routine, then it might be a good time to take a step back.

**Nutraceuticals:** "Nutraceuticals" is a combination of "nutrient" and "pharmaceutical," and it's an umbrella term used to describe any dietary supplement you might find in a supermarket or pharmacy. These include foods or supplements rich with extra health benefits. Some examples of nutraceuticals include products rich with minerals, vitamins, herbal products, dietary enzymes, fiber, prebiotics, and protein. A registered dietitian might recommend some "nutraceuticals" in your recovery.

**Mind-Body Therapy:** Eating disorders generally perpetuate a disconnect between the mind and the body. All forms of mind-body therapy, such as massage, meditation, acupuncture, yoga, self-hypnosis, energy healing, and breath work, can help reconnect the two. Alongside helping that reconnection take place, these interventions can help ease anxiety and depression in your recovery. They can also help you gain greater awareness and insight into their emotions and recovery.

**HAES (Health at Every Size) Eating Model:** This approach is an alternative to the weight-centered approach in treatment. It confronts the subjectivity of weight, and it asserts that weight does not define your health. Rather than critiquing yourself, you are encouraged to accept yourself, be aware of and motivated to end weight discrimination, and to lessen the cultural obsession with thinness. This approach focuses more on balanced eating, healthy exercise, and respect for all body shapes and sizes.

**Residential/Inpatient Treatment:** In many cases, inpatient treatment is necessary to help people initially break the cycle of shame and disordered eating. While each inpatient treatment center is unique, there are some commonalities you can expect from each one and your time there. All clients' experiences at a residential treatment center will be structured, organized, planned, and focused on their recoveries. Counselors will help you establish a routine so that you can move up in the phases of reaching your recovery goals.

## Conclusion

Congratulations on all of the work you have made so far in your recovery. Whether you are taking your first step with this workshop or you have been working on your recovery for a while now, you deserve to feel proud of yourself.

Trauma, eating disorders, feelings of avoidance, control, and shame are interwoven. That is clear. Any and all of your experiences with trauma, eating disorders, and these feelings are valid, and you are not alone. Your

past experiences can affect present behaviors. But in the present moment, you are safe and you can overcome the behaviors that hold you back from living your life. You have the skills to heal and to practice self-compassion.

Check out all of the resources at the end of this packet and be patient and kind to yourselves.

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## PTSD Checklist (PCL)

Page 1 of 1

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If an event listed on the Life Events Checklist **happened to you** or you **witnessed it**, please complete the items below. If more than one event happened, please choose the one that is **most troublesome to you now**.

The event you experienced was \_\_\_\_\_ on \_\_\_\_\_.  
(EVENT) (DATE)

**Instructions:** Below is a list of problems and complaints that people sometimes have in response to stress-ful life experiences. Please read each one carefully, then **circle** one of the numbers to the right to indicate how much you have been **bothered** by the problem **in the past month**.

BOTHERED BY	NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY
1. Repeated disturbing memories, thoughts, or images of the stressful experience?	1	2	3	4	5
2. Repeated, disturbing dreams of the stressful experience?	1	2	3	4	5
3. Suddenly acting or feeling as if the stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of the stressful experience?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, or sweating) when something reminded you of the stressful experience?	1	2	3	4	5
6. Avoiding thinking about or talking about the stressful experience or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they remind you of the stressful experience?	1	2	3	4	5
8. Trouble remembering important parts of the stressful experience?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being "super alert" or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

CO-OCCURRING DISORDERS PROGRAM: SCREENING AND ASSESSMENT

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# Dialogue with Your Child

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## A WRITING EXERCISE

### INSTRUCTIONS:

You'll need a pen or a pencil, or if you are so inclined you may want to use several colored markers or crayons. On the following pages you will be writing the questions in the left-hand column and the answers in the right-hand column.

1. Using the following page for the writing assignment, begin in the *left-hand column*, using *your dominant hand* (the one with which you write).
2. Begin a conversation with your child part. You might begin with simple introductory questions (e.g. "How are you?" or "How are you feeling?"), whatever questions feel right for you, keeping in mind that the dialogue is with a child.
3. In the *right-hand column*, the child part will be responding to the questions. So, after you have the question written, switch your pen or pencil to *your nondominant hand*, or switch to using a marker or crayon (again hold it with your *nondominant hand*).
4. Read the question and, without forcing anything, wait and see what comes up. Just allow an answer to surface. The answer typically feels as if it is coming from another part of you. Because the dialogue is with the younger part of you, it shouldn't be surprising if the response sounds childlike.
5. When an answer does arise, write it down in the right-hand column.

It's not uncommon for there to be no response. After all, it's probably been awhile since you've connected to him or her. You may have to ask several times (and maybe on several occasions) before there is enough trust developed between you and the child part that (s)he feels safe enough to be exposed.
6. When the child part does surface, (s)he may write that (s)he is angry with or scared of you. To which you would further inquire as to why that is, and what you can do to help him or her to begin to trust you.
7. Like every other new relationship, its development is a process rather than a one-time exercise. The ultimate goal is to not only access the child part, but to become a nurturing figure to him or her.

[illegible]

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# Developing a Nurturing Voice

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## ATTACHMENT WORK

*...If you ever, ever feel like you're nothing  
you're perfect to me.  
You're so mean  
When you talk about yourself,  
you are wrong  
Change the voices in your head  
Make them like you instead...*

excerpted from "Perfect" by Pink

Developing a nurturing inner voice is one way to counterbalance the critical parental messages that so many of us have introjected—the voice that keeps telling you that you're not good enough, that something is wrong with you, and what a disappointment you've always been and will always be. Presently, that voice and its messages serve only to limit you and keep you stuck in the past, whereas creating a new one—a responsive, empathic one to calm, soothe and encourage you—would be much more helpful in the present.

### EXERCISE 1

Ask yourself these questions:

1. Do I know anybody who has this nurturing quality? (S)he may be real or fictional, it really doesn't matter. Who is it?
2. When you've settled on one person, bring him/her to mind and allow him/her to truly come to life. Picture the person in his/her nurturing aspect. What does this person look like? What is (s)he doing? Perhaps singing to a child, stroking his/her hair? Using a calming voice, when a child is scared? Cooking a favorite meal? Reading a storybook? Whatever feels right.
3. Allow that scene of nurture to become as vivid as possible. Truly listen to the words being said and the tone of voice (s)he is using.
4. Now, imagine being one of the people in the scene, either the child or the nurturing figure, whichever feels right for you. What would it feel like to be that child/nurturing figure? Try taking on that role. Truly embody it for a few minutes.
5. Now imagine a time when you were criticizing yourself. Hear the words you said and the feelings that those words brought up for you.

6. Now consciously switch out of the critical voice and into this more nurturing one—words and tone.
7. Notice what it feels like to be responded to with kindness and compassion instead of criticism.
8. Practice this imaginally a few more times.
9. The next time you find yourself using the critical voice, once again consciously switch out of the critical voice and into this more nurturing one, both words and tone.
10. Practice switching voices as often as you are able.

## EXERCISE 2

Remember a time when someone said, “thank you,” and you knew that (s)he truly meant it.

1. How did it feel to be acknowledged, appreciated, or loved?
2. Embody that feeling for a few moments.

Now remember a time when a loved one acknowledged something good that you did or said.

1. How did it feel to be acknowledged, appreciated, or loved?
2. Embody that feeling for a few moments.

Now remember a time when you felt appreciated or loved.

1. How did it feel to be acknowledged, appreciated, or loved?
2. Embody that feeling for a few moments.

What do you value most about yourself?

Of the people to whom you matter (and who matter to you), if asked, what would they say they value most in you? What qualities do they admire?

Now, think of your closest friend. If asked, what would (s)he claim to value most in you? Are those things the same (i.e., do you value the same things in you that your friend does)?

What other things about you do you value, but others may not recognize? What are they?

**The following section includes imagery scripts designed exclusively for furthering this work.**

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# Body Scan: Awareness of the Felt Sense

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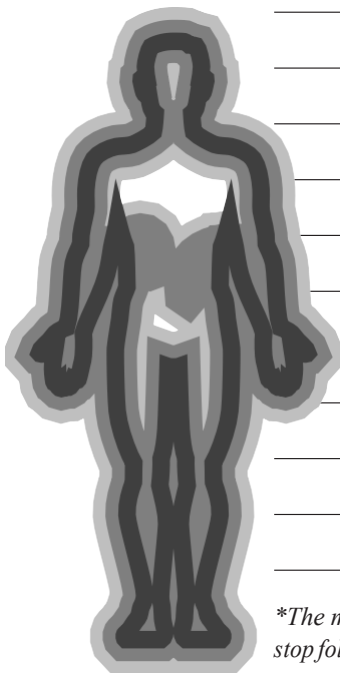
## INDIVIDUAL OR GROUP

### EXERCISES

Use the diagram on the following page. First, you will scan your body, noting your sensations on the lines next to the image.

Begin in a comfortable position—sitting or lying down. Now, breathe deeply as you focus inward. Begin with the first segment—focusing your attention and awareness on just that part of your body. (Although, most people begin at the top of the head, you should feel free to begin wherever you like. If you choose to skip any section, just note that.) After a few breaths into just that part, note what is/was present—however it is . . . and however it may have changed. Then, using the following outline, take a moment to write your awareness on the lines next to the outline.

### SENSATIONS



*\*The moment doing any exercise feels wrong in your body, stop following the instruction, and back up slightly. Stay there with your attention until you can sense exactly what is going wrong.*

~Gendlin



Rate each \* question at the end of each day with the scale of 0 to 10 (0 being no symptoms, and 10 being the worst).

Rate each \* question at the end of each day with the scale of 0 to 10 (0 being no symptoms, and 10 being the worst). Answer each # questions at the end of each day with the N for No, or if Yes, the 0 to 10 scale.

[illegible]



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### **Identifying Triggers Worksheet**

To help in identifying your triggers, you may want to utilize this worksheet. Recognizing your triggers can help you to prepare for them in the future should they happen again, or if it a trigger you face on a regular basis.

1. What was the trigger (smell, sight, taste, touch, place, time, etc.)?
  
2. What was your initial response?
  
3. What was your thought(s)?
  
4. What was your fear(s)?
  
5. What can you take away from this trigger that you might be able to tell yourself or help yourself be aware of if this trigger presents itself again in the future?
  
6. How can you handle this trigger differently and what tools can you use in the future should you experience it again?
  
7. How can you remind yourself to use the tools you chose in question 6 if you encounter this trigger in the future?



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## Letter to Yourself

In the space below, write a letter to yourself that you can pull out and read when you are struggling. In this letter, you might write about your values, your goals, and your hopes. Reading this letter during distressing times can help you ground yourself.