



7 BARRIERS TO RECOVERY

One of the biggest things that make eating disorders confusing is that often the people suffering from them don't want to get better or recover ... In fact resistance towards recovery is expected in the initial stages, usually giving way to ambivalence and finally determination to recover. We unpack seven of the most common barriers towards recovery that we see in our clinical practice...

1. Fear of weight gain

Without a doubt one of the biggest challenges for most people is the belief that "I will surely become fat if I eat normally". In fact for many people with eating disorders they are terrified of becoming fat- more than they might necessarily identify themselves as fat. They often believe that their body is somehow "defective", or that their metabolism has been "ruined" by dieting or behaviour associated with the eating disorder. *We ask sufferers: Weight restoration is often a necessary part of recovery, but what proof is there that excessive weight gain will occur?*

2. Poor self efficacy and fear of failure

People who suffer from eating disorders often also suffer from chronically low self esteem, their belief in their own capacity to achieve is so limited that they have trouble believing they could possibly recover. Similarly, they may dismiss their role in any achievements in recovery or filter positive outcomes, seeing others as responsible rather than themselves. They often also suffer from perfectionistic thinking, which amplifies their perceived failure and completely maintains this dilemma. Accordingly, any amount of failure feels total and irrevocable to them.

Taking steps towards recovery is terrifying, so much so that it seems better to stick with "the devil you know". Even at its very core, making a decision to recover is a humbling one for sufferers as it confirms their defeat, that they "went down the wrong path" at the expense of relationships, education, developmental milestones and so forth. There is often tremendous guilt associated with turning ones back on the eating disorder. *We ask sufferers: What have you learnt from the eating disorder? Could perfectionistic thinking be replaced with another method of thinking? Could recovery be reframed as an ongoing journey of self discovery, where every "failure" is a chance to learn?*

3. Association of recovery with acquiescence

Because of the rigid belief structures that often underpin and maintain an eating disorder- such as perfectionistic thinking and harsh rules- the principals of recovery (moderation, self kindness etc) seem inherently wrong to someone with an eating disorder. Furthermore, sufferers may feel that letting go of the eating disorder means abandoning self-control, self discipline, no longer meeting a culturally sanctioned beauty ideal (ie extreme thinness) etc. Sufferers might perceive recovery as suddenly being “average” or “ordinary”, dropping high standards, or simply taking “the easy way out”. *We ask sufferers: How do you reconcile values you uphold, such as discipline and self control, with recovery? How does the eating disorder compromise your ability to live consistently with your values?*

4. Uncertainty about what recovery means

Often dubbed as “the anorexic wish”, many people want to “recover” however maintain a low body weight- or eating disorder behaviour. Sufferers will argue that they don’t need to gain back all of their weight in order to be recovered. This is simply not the case- a full recovery requires complete restoration to a healthy body weight and the reconciliation of a healthy relationship with food. Recovery is much more than just eating a proper meal. And if a sufferer is underweight, it is more than just weight restoration. Recovery is a process that takes months, if not years. Indicators across research may vary however ultimately it is the resumption of functioning in every area of a persons life- their body functioning properly, cognitive processes restored, academic and vocational pursuits balanced and relationships stable. *We ask sufferers: What are your goals for recovery? What indicators, other than weight, are important to you in recovery? How will you know when you are better?*

5. Dependence on the eating disorder

When someone has had an eating disorder for months or years a dependent relationship is usually developed. People often feel as though recovery means losing a core part of their habitual behaviour (at best) or identity (at worst). Sufferers can feel that their eating disorder is embedded in every part of their body and question: “who am I without it”. They see the eating disorder as a friend, rather than an enemy. *We ask sufferers: What has the eating disorder cost you? When are you reminded that it is an enemy rather than a friend?*

6. Secondary Gains

Often an eating disorder has (dys)functional benefits that recovery may forfeit. These vary from person to person and are not to be confused as attention-seeking or “doing it on purpose”. Satisfying these secondary gains is often tantamount to having core needs met. Secondary gains may include feeling or being treated as “special”, eliciting additional care or preferential treatment, or

maintaining a “sick” role that “keeps the family together”. *We ask sufferers: What function/s is the eating disorder performing for you? How can these otherwise be achieved?*

7. Limited resources

Eating disorders are notoriously expensive to treat because of their pervasive nature that transcends time. Further, treatment often requires the engagement of specialists with expertise in domains that include medical, dental, psychological and nutritional. This means that financial burden is incurred, and too often expert treatment is cost prohibitive. Community education is limited and thus supportive relationships are also frequent casualties. *We ask sufferers: What resources are available to improve access to treatment and support? Rebates through public or private health? Attending support groups or community education forums? Books? Self help programmes?*