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**Mindfulness and Disordered Eating: Food Is Not the Enemy**
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Food is neither good nor bad; it’s a matter of how a client reacts to her thoughts and emotions about how she eats. The only way clients will mindfully turn towards the difficult is if it is also the therapists’ practice to stay when they want to bolt.

He vowed no more morning donut stops, but it’s Monday and he’s finger-wiping jelly off the steering wheel and blowing powdered sugar from his tie, relieved that the familiar panicky feeling is momentarily tamed.

She swore she wouldn’t let herself go the way her mother did. Then one day as she’s running errands, she catches a glimpse of herself in a store window and recognizes the all-too-familiar shape.

The living legacy of disordered eating waits at home in the welcome-back wink of the refrigerator door as it’s eased open after-hours. It’s there at the fast-food drive-thru window, strapped in and trapped, as an anonymous exchange of cash passes from hand to hand for moments of secretive pleasure. And it always beckons from the hiding places that conceal seductive comforts and the sweet promise of forbidden relief.

The secrets, the shame, the relentless hope and desperation—a tangled web of suffering that consumes the bearer and often the therapist. A client’s urgency that demands and implores from a place of overwhelming pain humbles the best of therapists.

**Anywhere But Here**
Meeting our clients where they are, especially those who struggle with disordered eating, is easier said than done. As best we can, we try to get a sense of what’s bringing them into therapy on the initial phone call. Yet that is the tip of the iceberg, and when they arrive for the first appointment, we learn so much more. From their chair, they don’t want to be where they are—in their body, their life, or our office—and they expect us to deliver them from where they are to where they believe they should be. From our chair, we want to help without letting our own agenda get in the way and without being overwhelmed by their suffering. Often it’s the body that reveals the story they aren’t yet willing or able to voice. And sessions later, when the “I’ve-been-meaning-to-tell-you-I-have-this-thing-about-food/eating/my-body” statement emerges, we may experience a rock-like plunge in the pit of our stomach and the thought, “Oh no, not an eating disorder on top of everything else. Too much.”

Too much. Not enough. The story of their life.

Yet from a mindfulness perspective an eating disorder isn’t “on top of everything else.” It is everything. How we behave in one area of our life is most likely how we behave in most places of our life. Compulsive eating, bingeing, restricting, and purging are only the manifestations of a much more deeply ingrained fear-based belief system. If we eat large quantities of food quickly, deny ourselves certain foods, or throw it up or away, we most likely have the same behaviors in other areas of our life such as spending, exercising, taking risks, apologizing, loving, and being loved.

One thing is for sure: feeding the stomach will never nourish the heart. Disordered eating can be the doorway that opens into your client’s heart and the rest of her life. To pass through that doorway requires that she be willing to stay with what seems unbearable. Over and over that must become her practice. And the only way the client will engage in the practice of mindfully turning toward the difficult is if that is our own moment-by-moment practice: staying when we want to bolt.

**Here Is Where We Begin**
In mindfulness-based therapy we start with ourselves. As therapists we are pressed up against suffering every day. We hear, see, taste, and feel it hour after hour and unless we know how to take care of ourselves, it can be a suffocating, depressing, and unseen burden that follows us everywhere, tainting our home life, our sleep, and our own relationship with food and eating.

From the mindfulness stance, we know that inherent in each client who arrives at our door is the gift of discovery and growth for both of us. We then must cultivate fearlessness: a willingness to turn toward what we most fear, to stay in our body, and to listen deeply. Through leading by example, we may encourage them to step toward freedom from the tyranny of mindless eating and unconscious living.

There is a poem by Rumi that, whenever I read it to clients, causes eyes to roll and inspires hope all at the same time.

**The Guest House**
This being human is a guest house.
Every morning a new arrival.
A joy, a depression, a meanness,
some momentary awareness comes
As an unexpected visitor.

Welcome and entertain them all!
Even if they're a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still treat each guest honorably.
He may be clearing you out
for some new delight.

The dark thought, the shame, the malice,
meet them at the door laughing,
and invite them in.

Be grateful for whoever comes,
because each has been sent
as a guide from beyond.

— Jelalludin Rumi, from***Essential Rumi***, translation by Coleman Barks

Meeting all our dark thoughts, emotions, and physical sensations with laughter and welcoming them may be difficult to entertain. But Rumi offers a taste of what might await us if instead of constantly hating and running from ourselves, we came to know our thoughts, emotions, and physical sensations as well as we know an old friend. Then when shame, craving, or loneliness arrived, we wouldn’t need to slam the door, run, or become a doormat in the face of what was once the enemy. This is the gift of transformation that a client with disordered eating brings to a therapist’s life.

**How the Unwanted Challenges Us**
Certainly eating disorders are among the most difficult diagnoses to work with. It’s tempting to refer these clients out, which may be the most appropriate and wisest thing to do with some. The strong mind and ingrained belief system of a client with a conditioned eating pattern presents seemingly daunting challenges for a therapist to bear witness to. The client’s desire to stop the behaviors evokes problem solving urges in us. Her resistance to change raises frustration, and the lack of follow-through on our suggestions exhausts us while we worry about the damage being done to her body. Her shame is endless. We feel hopeless. And when the client argues why she can’t change, blames it all on her history, insists the media and fast-food companies are the problem, and believes she is irreparably damaged and unloveable, we can be reduced to a puddle of helpless exasperation unless we can understand this as fear.

When we encounter resistance, within ourselves or from our clients, we often become irritated, judgmental, and even disgusted with them or ourselves. It’s important to remember that no matter how destructive the behavior may be, we are always trying to take care of ourselves. As best we know how, we are attempting to cope with unresolved emotions, memories, and habituated thoughts, many of which trail back to childhood. We continue to operate on automatic pilot, a conditioned reactivity, employing old coping skills that don’t get us what we want.

**Acceptance Is Not Passivity**
Helping a client become more mindful of her thoughts, emotions, physical sensations, and behaviors is not a quick fix because it means noticing what is going on, staying alert long enough to acknowledge what is here, and then accepting that this is how it is right now. These are key ingredients in the use of mindfulness with clients in a therapeutic setting. Accepting how it is rather than striving to make herself different is not what a client wants to hear or do and perhaps not what a therapist wants to say or sit with either. Yet the therapist’s work is compassionately opening to where the client is and allowing for how it is right now.

Too often acceptance is thought to be passivity. Mindful acceptance is anything but passive. It takes tremendous courage to acknowledge a felt sense of what is here right now in body and mind, rather than to relentlessly wish it to be different or pretend it’s not here. Acceptance and striving take effort, but only acceptance leads to freedom.

Shifting to a different way of being with self, others, and food is a journey, not a destination. I remind my clients: “One breath at a time. One step at a time. One bite at a time.”

Small steps add up. Our clients would like to move from the first stair to the second floor landing without having to tread the steps in between. As therapists, we too must accept small steps as incrementally important and enough. Small steps are possible, doable, and lay down a path that can be retraced.

**Extreme Living**
Most women who struggle with unhealthy eating will tell you they want to stop obsessing over what to eat or not eat every minute of every day. But food is not the problem. How a client reacts to her thoughts and emotions drives what, how, where, when, and why she eats. Food is neither good nor bad, and food will be the last thing she relinquishes because eating is the way she copes with disappointment and discontent. I tell my clients that up front. After all, who would give up a “best friend” who doesn’t berate, compare, or ignore; who instead soothes, comforts, or numbs the unwanted; and whose appearance and disappearance are within her control?

Being caught up in unhealthy eating patterns pitches us from one extreme to the other. Most of us are terrified by what we imagine lies in the space between our arbitrary assignment of success and failure, right and wrong, empty and stuffed. We have little ability to tolerate the unknown, what is often referred to as the gray, scary, or murky wasteland between right and wrong. There is a desperation that arises from living at the extremes. It’s an energy that carries an urgency to fix, end, have, or get rid of. It is what drives her to try every restrictive diet, every extreme exercise regimen, and every self-punishing, perfecting thought she can conjure up.

Its striving quality peaks and flounders in euphoric moments and inevitable crashes, reinforcing a cycle that exhausts and disappoints. It is what drives her to continuously look for an external authority rather than trust her inner wisdom. And now she’s looking to you to tell her what to do.

As a therapist, it can be difficult to the point of dreading the arrival of a client who lives at these extremes and repeatedly sets herself up for failure by having unrealistic expectations of what she should be able to do.

**Disorder as a Pathway**
Using mindfulness in working with eating disorders is a radical approach and it’s not a fit for every therapist or appropriate for every client. Mindfulness recognizes that the misuse of food is just a symptom, not the enemy. In fact, a disordered eating pattern is viewed as a pathway to becoming mindful and gaining freedom through the very objects that are thought to be the problem: food, eating, and the body.

Mindful acceptance is the practice of meeting fear, your client’s and your own, without judgment or striving. It may be unnerving not to set weight- or behavior-related goals with your client. The thought that you are not doing enough may arise over and over. That, of course, exactly mirrors your client’s experience. If in the moment you can recognize, allow, and meet with compassion your own fear about not being enough, you will in turn know how to meet your client’s desperate need to endlessly do more because there is something so disappointing and wrong with her, that she is not enough as she is.

Here is where the therapist’s personal attention to using his or her own bodily sensations to navigate intellectual and emotional reactivity can contribute to the skillful use of self in therapy. If you trace mindfulness back to the Buddha, you will find that his first way of establishing mindfulness is in the body. This access point, through physical sensations in the body, can be a useful practice first for a therapist and then with clients. Learning to titrate between one’s own inner landscape and be present to a client is an acquired skill that takes time to develop. A personal mindfulness meditation practice can help to develop the wise and compassionate observing mind. The ability to be aware of one’s own fear in the form of judgment, irritation, or disappointment, and not speak from that place, allows space for choice to arise as to how to respond rather than react to what the client is sharing.

When a therapist embodies a compassionate mindful presence it is a gift to the client who struggles with eating issues. The therapist’s nonjudging, nonstriving, patient stance slows down the process and creates a compassionate space for all thoughts, emotions, physical sensations, and behaviors, because she knows they are always changing and impermanent. Intellectually we know that everyone and everything will pass away, but day to day we rarely live or respond to others and life as though it is really true. To counsel from a place of experientially knowing that this is indeed how it is creates a spaciousness and ease of being where a gentle light can illuminate even the darkest secrets. Then, in the presence of the therapist’s steadiness that will not be hurried, in an atmosphere of acceptance in which all exploration is welcomed and held in kindly awareness, excitement in the possibility of a new way of being and living begins to grow and flourish. And little by little, food once again becomes nourishment for the body not the heart, eating becomes joyful and pleasurable, and the body is cared for and appreciated.

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