

Are Eating Disorders Truly a Thinking Disorder?

An Interview with Judith Ruskay Rabinor, PhD



By Nancy Eichhorn, PhD

A Moment in Therapy:

A 48-year-old woman was slated to attend a black tie event, a fancy fundraiser for work; she didn't want to go. She spent her day consumed with thoughts about leaving work and going home to eat. Dr. Judith Ruskay Rabinor, an eating disorder specialist for over 35 years, had her client slow down as she recapped the story to have her think about her thinking process.

“**Eating disorders** are a thinking disorder,” says Rabinor, founder of the American Eating Disorders Center of Long Island in New York City and Long Island. Rabinor, who considers her eclectic therapeutic style a mix of experiential, relational, spiritual, and practical, also notes an alliance with The Relational Cultural Therapy of The Stone Center. According to Rabinor’s website, their philosophy states that a sense of inner connection to oneself, to others, and to the universe is a central organizing feature of human life. This connection helps people develop connections to self (thoughts, feelings, history), to others, and to everything this universe has to offer that enhances a sense of aliveness, vitality and joy. Rabinor bases her eating disorder treatment on

psychoanalysis, feminist theory, cognitive behavioral therapy, and a wide variety of trauma treatments.

“**She wanted to go home** and eat because eating functions to both help her relax and avoid the stress if this event,” says Rabinor. “She wouldn’t have to go, wouldn’t have to get dressed up and feel fat (she is not fat). This is a good example of how people with eating disorders spend more time sitting and thinking about eating as opposed to dealing with the reality of their feelings. This young woman felt scared and inadequate. She was afraid of being alone and wondered why she was always alone and not in a relationship. She wondered why her last three relationships didn’t work out—

what was wrong with her? Why can’t she get a date? She didn’t have the necessary coping strategies when faced with an anxiety provoking experience. So, she bypassed all that, overrode her feelings by thinking about what she would eat—would it be brownies? No, chocolate chip cookies? No, wait, maybe she’ll go home and take a nap and then eat ice cream. All of the emotional work that should be done was set aside by thinking about and strategizing food.”

“**Instead of finding** someone to go along to the event, or finding other single women who were going (which there would have been), or another couple she likes to spend time with so that she could have

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possibly wound up having a good time, she bypasses it all with thinking about food. She’s not even saying, ‘I’m a mess, I’m a failure, I’m alone.’ Saying this would be step up, an advance in therapy. Eating disorders often pose psychological challenges. These women don’t feel okay feeling their feelings or thinking their thoughts about their feelings so the solution to the problem is to lose weight.

“If you fall off your bike and scrape your knee, are you going to put an ice cream cone on it instead of a Band-Aid and mercurial?”

This is a question Rabinor asks her patients over and over again to point out the distorted thinking the through use of an analogy. They think the ice cream cone is the way to treat the wound, and there’s always a wound underneath the eating disorder. ‘I feel fat’ covers the emotional wound. There’s the magical thinking that my life will be so much better when I’m a size 6 again. Sure if you weigh 200 pounds and you lose 100 pounds, your life will be different, but most eating disorder people are normal weight who are torturing themselves.

“The heart of the work is highlighting how the avoidance of their feelings is protective and destructive,” Rabinor says. “They can think about throwing up and eating and not think about the real life problems that impact everyday life.”

And life offers all kinds of triggers resulting in anxiety, depression, uncertainty, fear, abandonment, betrayal, frustration, anger. Take for instance graduating from high school and going to college. This life changing event often triggers anxiety about leaving home and facing the challenges of living with strangers, performing in a new learning environment, becoming part of a new social network and maintaining lifelong friendships despite geographical distance. One of Rabinor’s clients shared that she’d gone shopping with her mom and bought a quilt to take to school. When Rabinor asked her if she was feeling any anxiety about going, the response was no. She asked her several times, and when the client queried why the repetitive questions, Rabinor shared her own quilt story.

“When I went to college, I remember sitting in bed underneath my quilt. I got this leg camp and realized that it had resulted from all the tension I felt about leaving my parents and home. I told her my story because I was trying to normalize the experience. It didn’t seem to take but then I asked her about her eating, and she said that she didn’t know why but she threw up that morning.”

“Thinking about eating is gratifying because you don’t have to think about and figure out real life issues,” Rabinor says, stressing the sense of denial and deflection in regards to feelings.

“I’ve been at this for 35 years now. I used to work with a lot of

teenagers, but now I’m seeing more women in their 30s. I talk with colleagues who have also been working with eating disorders for 30 plus years, and they are seeing 45 to 50 year old women who have been living with eating disorders since their teens. Sure there’s a genetic vulnerability, but if becomes a habit then it becomes a way of life.

“Many women in their 50s feel hopeless that they can never stop. They don’t understand why they do binge, vomit, or starve it. They are smart, well-functioning. They don’t understand what triggers it. But it becomes a pan defense; it’s not about one thing anymore, and they may never get their body used to not responding in this way. They become resistant to change—they come to therapy and want to tell their same story over and over, but they don’t want to go home and do the homework to change.”

Looking at eating disorders from a neurobiological point of view, Rabinor says the pathways for feeling one’s bad feelings become blocked and new pathways result directing the response to eat. The response becomes hard wired into the system; other reactions and responses to life are lost. Instead of thinking, ‘I need to call someone, or talk a long walk, or breathe and listen to some music until the overwhelming sensations pass and the underlying emotions can be processed,’ the response is to run to food (or away from food as in the case of Anorexia).

It’s the same with alcoholism, Rabinor says. Kids who are

drinking a lot in high school or college have not yet created a deep, hard wired reaction to life. She can help them live their life without binge drinking. Drinking is not just about drinking, it's about thinking, too. Reading Rick Hanson's book entitled, *Hardwiring Happiness: The New Brain Science of Contentment, Calm, and Confidence*, and respecting a current neurological saying inspired by Donald Hebb, "neurons that fire together wire together," Rabinor brings Hanson's work into her therapy sessions.

"A patient came in and talked about sitting on her couch with her boyfriend and petting her cat. (She started throwing up at age 11 and is now 26 years old.) She explained that she was happy sitting there petting the cat. I took a page from that book and photocopied it and showed her that she knows how to regulate her nervous system, she knows how to calm her nervous system down. I said, 'Let's try an experiment. I want you to go home and practice petting the cat, and email me every day: Did you do it, when, did it work etc.' She returned the following week and said that it was the first week she hadn't thrown up. I saw her yesterday in a frenzy. She's engaged, and her parents had initially said it was her wedding, she could do it her way.

But now that isn't the case. They want the wedding to be their way, at their location, with their invites. She didn't connect that she was throwing up again because she was mad at her mother. She was not connecting the emotional upset with her nervous system not handling the stress and throwing up."

Rabinor has written extensively about eating disorders. Her book, entitled, *A Starving Madness: Tales of Hunger, Hope and Healing in Psychotherapy*, is based on eight of her patients' stories. She often has her current patients read the book, and at times she reads passages from the text aloud to them as a way to share someone else's experience, to find a commonality and normality in the experience, and a way out. Many of her patients feel shame because they leave the office feeling that everything is fine, and they can develop the capacity to think their thoughts and feel their feelings, and then something triggers them and they throw up. "I tell them our job is to be a detective and find out what the triggers are," Rabinor says.

A Spiritual Crisis

According to Rabinor, one of the triggers is feeling lost and alone. We're living in a culture where

people feel so lost, so overwhelmed, and eating is so primitive, soothing, she says. Spiritual celebrations and bonding through eating have been part of our lives since the dawn of man.

"A nice meal is like a spiritual homecoming," Rabinor says, then adds that for someone living with an eating disorder there is never a nice meal. It's like a spiritual quest, she says, tied into the calm comforting place of eating. "It's more calming to think about having a brownie than confronting your boss," she says.

"I've been doing this since the late 1970s and now it's 2014," Rabinor says. "And we still really don't know why people develop eating disorders, and while we have learned a lot, we don't know what we can do to heal everyone."

Another Story

"I received an email from a young woman I had seen 30-35 years ago. She wasn't sure I would remember her. She wanted to thank me. When we met, she was dealing with drugs, alcohol, and an eating disorder. She wrote, 'You helped me change. You gave me the tools I needed that have helped me my whole life. You were my doctor and my friend.' I almost fell over at the thought I wouldn't remember her. I responded and said, 'Of course I remember you. I wrote a paper on you and presented that paper at a professional conference.' I emailed her that paper. I told her that I would love to write another book about what helps people get better, and I asked her, 'What helped you?' and she replied, 'You had confidence in me.'"

"I was out with some very good friends, a couple ages 60 and 68, who are now seeing a couples' counselor, and they just love this woman. I asked them what makes the counseling so good, what is it about
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Samah Ahmed Ikram

A Starving Madness: Tales of Hunger, Hope and Healing in Psychotherapy

Written by Judith Ruskay Rabinor, PhD

Reviewed by Samah Ahmed Ikram

Judith Ruskay Rabinor is a clinical psychologist, author, consultant and professor. She has conducted lectures, workshops and seminars worldwide. She received her PhD from Fordham University in 1978, after which she began to develop a specialty in eating disorders. She is the founder and director of the American Eating Disorder Center (1993), which has offices in New York City and Long Island.

In 2002, motivated by her experiences with patients Rabinor wrote, *A Starving Madness- Tales of Hunger, Hope and Healing in Psychotherapy*. It explores the healing process sufferers of eating disorders go through. It is an honest approach that reveals her own vulnerabilities while in session. This book allows the reader to take a seat in Rabinor's mind as she tries to assess her patients. She breaks down the otherwise confidential walls of therapy sessions as she attempts to determine the root cause of eating disorders.

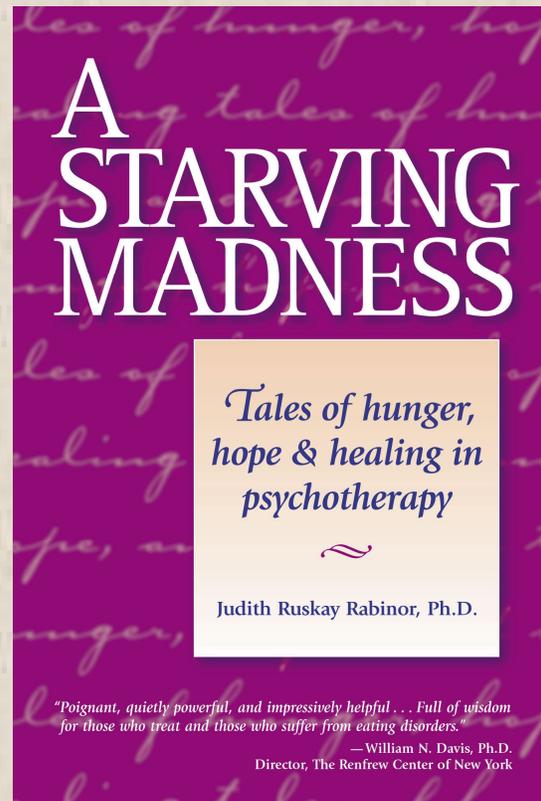
She illustrates in her book that she continues to be "struck" by the intricate interplay of familiar, cultural, psychological, and biological factors that contribute to the problem. The stories of patients enforce the importance of interpersonal relations as a means to "nourish" deeper parts of our selves. Although she masks the names and identities, the tales are based on the lives of real people and represent the many attributes of eating disorders that have become a part of our "cultural landscape".

The stories of the patients she writes about echo the idea of cultural stereotypes and the desire some have to fit a certain mold. While she addresses the impact culture has on eating disorder, she also writes about the other challenges her clients experience such as sexual abuse and neglect.

For Rabinor, storytelling is the oldest healing art. It is

a form of self-expression. She argues that telling stories enhances the value of an experience and each time we share a story we get a step closer to "buried facts and feelings". She also illustrates that thinking about the past with a witness can often be different than when alone. She explains the traumatizing effect reliving the past can have, but assures the reader that with the right support and guidance, clients can learn to express themselves and heal. She uses techniques such as journal writing, guided imagery and EMDR (Eye Movement Desensitization and Reprocessing) to help her clients through the process of healing and writing a new narrative for their life.

This book is divided into eight chapters, each of which tells the story of a patient. Among them is a fifteen-year-old girl who suffers from anorexia, a woman in her fifties who secretly suffered from bulimia for more than ten years, a thirty-year-old compulsive eater traumatized by her childhood memories and, a patient who despite



therapy remains anorexic. Also compelling are stories about a college aged woman and a man who must learn to cope with struggles including compulsive exercise, sexual abuse, and self-mutilation.

Each story begins with quotes about self-discovery and hope. These work well to rejuvenate the mind of the reader at the end of a patient's difficult tale and also create the mood for the next one. Each patient is complex and individualistic. However, the problem they all deal with is their inability to express their feelings. They use food as a tool to suppress their emotions.

She discusses storytelling as one of her primary tools in therapy sessions. "Writing is an axe to break the frozen sea within" is the quote that begins the story of Becky, a fifteen-year-old anorexic who heals through storytelling. Although Becky is initially on guard, Rabinor uses the technique of writing to cautiously penetrate the wall she has put up. She tells Becky to write about her feelings when she is about to eat. Becky's journal entries initially focus on her fear of gaining weight. As she continues her therapy sessions, she becomes more able to identify her loneliness and hunger for attention. Rabinor reminds Becky to be with her feelings as she voices experiences she once silenced with starvation and exercise. As a trusting relationship develops between therapist and client, Becky is able to connect and express her own emotions.

One of the most important components to storytelling is listening. Rabinor exemplifies this in her story with Mia a nineteen-year-old who was both bulimic and involved in self-mutilating behaviors. Rabinor realizes through her sessions that Mia needed someone who would listen and pay attention to her needs in therapy (unlike other therapists who she felt had their own agendas). She enforces the importance of being an active listener, which helps build a bond between therapist and patient.

In addition to her emphasis on the process of telling stories, Rabinor urges her clients to share stories not only through words but also through gestures that "contain imprints of our past". In one session, she explains to a client who binge eats that listening to the body is crucial because talking sometimes distracts us from a deeper pain. Together Rabinor and her client imitate the movement involved in binge eating—"reach and grabbing". This silent repetitive story telling technique enables the client to connect with early memories of reaching for food for comfort while her mother lay sleeping. This method enables her to connect and express her emotions, instead of turning to food.

Rabinor reveals personal anecdotes throughout the book. She sees story telling as a two way process that enriches the lives of both the sufferer of the eating disorder and therapist. As the book progresses, Rabinor confides in the reader and exposes her own vulnerabilities as a therapist. She illustrates the continuous journey of healing that patients with eating disorders go through. In a majority of her stories, patients were able to reconnect with their emotions. However, she also gives examples of patients who continued to struggle with their eating disorders even after months of therapy reflecting on their past issues. Despite the challenges she encounters along the way, Rabinor remains optimistic and reflects: "wounds can be a source of connection that enhance rather than hamper" her capacity to empathize with patients. By doing so, she humanizes the role of therapists, and makes a choice to share personal experiences and strategies for growth.

The dedication she gives patients is moving as she caters to them according to their individual needs and is sensitive to the fact that a technique that worked for one patient may not work for the other. She illustrates stories of people from all

age ranges and clarifies her own misconceptions regarding prevalence of eating disorders using patient case studies. For instance, she addresses the fact that people in old age can also suffer from them. In addition, she tries to combat the stereotype that eating disorders only affect girls by including a story of a male patient. Each personal story runs through a sequence of events from why they are in therapy to their process of acknowledging their eating disorder and connecting with their deep-rooted emotions. This gradual shift illustrates to the reader the time it takes for a patient to reach some degree of healing.

A Starving Madness - Tales of Hunger, Hope and Healing in Psychotherapy provides an intimate glimpse into the lives of individuals who struggle with eating disorders. It is a comprehensive guide for professionals in the field as well as those wanting to help themselves or a loved one with an eating disorder. It is a book parents can use to educate themselves about the symptoms of eating disorders as well as the steps they should avoid and those they should take to allow healthy growth of their children. Readers vicariously step into the position of the characters in this book. The language and style are simple yet creative, which also makes it accessible to many audiences.

This book was incredibly insightful. Rabinor takes something as simple as storytelling and caters it to her patients according to their needs through writing, gestures, and retelling of stories, and helps them heal. Her words remind the readers to have faith in themselves. For each struggle she faces in session, she offers a solution and further explains the use of certain methods. This is especially helpful for educational purposes. Rabinor's reflections before and after the session provide a deeper context to her interest and qualification in the field. These stories remind the reader that