

Yoga as the Missing Link in Eating Disorder Recovery

For someone with an eating disorder, the benefits of Yoga can be a powerful tool to uncover underlying causes and move individuals toward awareness and recovery.

The South Carolina Department of Mental Health estimated in 2006 that eight million Americans exhibited eating disorders—seven million women and one million men,¹ but that number may be even higher now. Given the high prevalence of eating disorders in this country, undoubtedly many individuals affected will ultimately reveal themselves as students in the classes of Yoga teachers. Yoga therapy is an opportunity for Yoga teachers to bring their skills into the lives of individuals who struggle with eating disorders, sometimes to see them progress toward recovery and sometimes only to realize that they are not yet ready for the help a Yoga recovery program can offer.

The case studies that follow are based on my clinical training as a registered dietitian, exercise physiologist, and experienced Yoga teacher specializing in eating disorders for over 25 years. I have worked with individuals who have eating disorders and related addictions both in my private practice and in a Yoga-based eating disorder treatment program. Prior to completing my Yoga teacher training, I felt that there was a missing link in eating disorder recovery. Subsequent Yoga training enhanced the way I practice as a clinician. These case studies illustrate the continuum of eating disorders, how a student might present in the classroom, and ways in which a Yoga teacher can identify and guide his or her students who have eating disorders.

Defining Eating Disorders

Eating disorders are considered a spectrum disorder ranging from anorexia nervosa, to bulimia nervosa, to binge eating disorder. Eating disorders are symptoms of depression and anxiety, along with a host of other psychological issues, including mental health conditions resulting from trauma. Depression and anxiety, along with personality dis-



orders, are consistently found in individuals with eating disorders and Obsessive-Compulsive Disorder (OCD). Further information on the diagnoses and classifications of eating disorders, along with co-occurring disorders, may be found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM) IV-TR*.²

Brittany's Story

Brittany was 34 years old, 5'7", and approximately 80 pounds when she was referred to my Reconnect with Food® Yoga-based day treatment program. This program offers Yoga along with group and individual psychotherapy, mindful eating, and creative arts therapy led by licensed mental health providers, a psychiatrist, an internist, registered Yoga teachers, creative arts therapists, and a registered dietitian. Some of the mental health practitioners are also Yoga teachers. American Psychological Association guidelines³ recommend that in order to participate in an outpatient program, such as a partial hospitalization (day treatment) program or intensive outpatient program such as Reconnect with Food, individuals should be at 80% of their ideal body weight and medically stable.

Brittany had struggled with an eating disorder since high school. She had sought treatment previously on an outpatient basis through individual therapy and sporadically,

but she had never adhered to treatment recommendations for any length of time. She qualified as a candidate for inpatient residential treatment, but refused this type of intensive treatment whenever it was recommended. Brittany also suffered from depression, anxiety, and OCD. In addition, Brittany had compromised lung function due to a history of a collapsed lung associated with her starvation. She also had severe osteoporosis.

Although we were reluctant to accept Brittany into our program, her referring psychiatrist and psychologist encouraged us to work with her. Our licensed therapists focused on addressing her anxiety, depression, and OCD by integrating individual and group psychotherapy with Yoga and creative arts therapy.

Our team worked with Brittany on modifying poses and taking care of herself as she tended to overdo and push herself, which was part of her disease. We were concerned about Brittany injuring herself, specifically breaking bones due to her fragile state, along with compromising her heart muscle from the extra effort needed because of her diminished lung function. While Brittany was stronger than her skin and bones appearance might lead one to believe, she was also preoccupied with attaining perfection in the poses.

The philosophy of my Yoga teacher training was to provide increased access to Yoga while looking inward as well as to move away from intellectualization of postures that in this case, would perpetuate the perfectionism which fuels this disease. We gave Brittany permission to simply sit on her mat and meditate. We also took her through Yin Yoga practices, designed to take one deeply inside through the use of long holds and deep stretches that reach deep in the connective tissues and the joints. These are the deep yin tissues of the body, relative to the more superficial yang tissues of muscles and skin. Yin Yoga opens up these deep, dense, rarely touched areas. This type of *asana* practice is beneficial to cultivate stillness of the mind, which can be more mentally than physically challenging to an individual with

an eating disorder-including Brittany, who became very rigid in these postures and could not remain still.

After two weeks in our program, participating in Yoga, group psychotherapy, individual psychotherapy, nutritional therapy, and creative arts therapy, Brittany was referred to a higher level of care since her malnourished state, along with underlying severe psychiatric and medical issues, warranted inpatient/residential treatment. Her distorted thinking made it impossible to do effective psychotherapy, while her edematous ankles were potentially indicative of kidney or heart failure.

Lesson: Yoga does not cure everything and not all students with severe malnutrition and/or psychiatric issues are able to tap into their innate wisdom to know what is best for them. It is important that individuals like Brittany have the support of a qualified treatment team with experience in eating disorders, if working in conjunction with Yoga as a tool. A Yoga teacher who finds a student like Brittany in class should inform the studio owner if he or she is not comfortable with

this student practicing at the respective studio. A student with severe medical issues presents a serious liability to the Yoga teacher and/or studio owner. Teachers and studios can address their concerns with a student like Brittany, but should keep in mind this student may be in denial and never return to the studio once confronted.

Heather's Story

Heather traveled from the other end of the country to access our day treatment program in the Midwest, as she was specifically looking for a Yoga-based program to help in addressing her bulimia and related impulsive disorder.

Heather is a tall, beautiful, and outgoing young woman in her 20s. Most individuals would judge her as having a beautiful and toned body and would not think anything was wrong or unusual about her. But what most people would not understand is what is really going on in Heather's head: Heather loathed her body, herself, and her life. Her bulimia consisted of bingeing on

large quantities of food, followed by purging or restricting her food intake. She had a history of drug and alcohol abuse prior to developing her food-related issues. Heather also tended to be sexually promiscuous.

Heather resonated with our program. She was particularly attracted to our Hatha Yoga sessions that offered long holds and challenging poses, while weaving in the eight-fold path along with the *chakra* instruction and practices in relation to what she was experiencing physically, emotionally, and spiritually in her addictive process. She enjoyed the *vinyasa* "free flows" we added to our mix of postures because she loved to work out and loved "the burn." In the studio where I trained, students are given a series of poses to experience in the beginning of the class session, and then left to "flow on their own." Students can add or delete poses of their choosing. They move at their own pace, generally to music, to tap into their breath and feel the movement of their bodies on a much deeper level. This type of free flow can also be very empowering. In addition, we were trained to continuously develop and implement new or *(continued on page 17)*

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updated flows from class to class and as time progressed, allowing students to continually open new areas of the body. This style of Yoga helps individuals with eating disorders begin to break free from the rigidity that is normally an inhibitive trait they manifest.

The treatment goal for Heather was to focus on her Borderline Personality Disorder and impulsive behavior, which is common in pure bulimics. Binge eating is usually included in the impulsive behavior criterion for Borderline Personality Disorder, along with sexual promiscuity and substance abuse. Individuals with personality disorders exhibit feelings of ineffectiveness; a strong need to control one's environment; inflexible thinking; limited social spontaneity; perfectionism; and overly restrained initiative and emotional expression.

Individuals with bulimia also tend to abuse alcohol and other drugs more frequently than the general population. In a study of students by Stewart et al. (2000), 30-35% of individuals diagnosed with eating disorders also abused alcohol and other illicit drugs compared with 9% of the general population.⁴

A research study by Boudette (2006)⁵ elucidated some of the characteristics Heather exhibited and was helpful in our work with her. Boudette taught Yoga in a class designed specifically for eating disorders and discovered that bulimics and compulsive eaters find a deep sense of peace and freedom, integrate positive coping strategies, and connect with their physical bodies through the practice of Yoga. She concluded that Yoga offers a non-verbal, experiential adjunct to talking therapy and also discussed the importance of goal setting in a Yoga practice designed for eating disorder recovery.

The same treatment team and goal-setting strategy was implemented with Heather as had been done with Brittany. Over the course of treatment in our program, Heather reported that her bulimic behavior diminished as she learned to use Yoga to help delay her impulses. She learned to explore more deeply when she found herself in postures that were difficult or awkward. Learning to stay present with the poses and to work through challenging postures helped Heather delay acting on urges to binge and purge, while listening carefully for what her body/mind was conveying versus running

from these difficult emotions. She was also able to notice when she was crossing boundaries with others and to observe this behavior. Heather began to appreciate her body for what it "could do" versus how she currently defined it.

Lesson: Yoga can help delay impulses in people with bulimia. Through a regular Yoga practice, individuals may find themselves in postures that are difficult or awkward. Learning to stay within the poses and work through them can help an individual who feels an urge to binge or practice unhealthy food behaviors delay acting on this urge. In our society there is a tendency to want to escape anything that causes psychological or physical discomfort. People frequently tend to escape by overeating, working too much, getting caught up in unhealthy relationships, or by drug and alcohol use. In Yoga, individuals are encouraged to observe rather than react to their discomfort by breathing and listening carefully for what their body/minds are conveying.

Yoga teachers can be helpful by emphasizing breath and movement, along with taking care of one's self. An effective teacher communicates a healing theme in his or her class dialogue that empowers students rather than using extensive and complicated dialogue about getting into a pose or by fostering competition by using another as a role model for an ideal as to what "one should look like in a pose."

Larissa's Story

Larissa was 45 years old, 5'4", and over 250 pounds when she began to see me privately for nutrition counseling. She had undergone bariatric surgery a number of years previous to our meeting and lost close to 100 pounds; however, over time she began to consume small amounts of calorically dense foods, resulting in her gaining all of her weight back, and then some. At the time she came to us, she was bingeing for several days straight, followed by restricting food for a given amount of time. She was also quite sedentary. Larissa had a history of purging, but had not been active in this behavior for over 10 years.

Larissa was diagnosed with post-traumatic stress disorder (PTSD) as a result of

being sexually abused (raped) as a teenager by her uncle. In a study by Brewerton et al. (2000),⁶ it was reported that compared with the general population, individuals with PTSD had a 50% higher history of rape than the general population. Bulimic women with PTSD were five times more likely to have a history of rape compared with women in the general population who did not have bulimia.

It is often the Yoga teacher in whom the student will confide—based on the relationship—before turning to other qualified, professional help.

When Larissa entered our day treatment program, she had a hard time moving and getting into many poses that required compressing her knees into her chest such as pigeon, shoulder stand, and seated forward folds. She had difficulty sitting on the floor for periods of time longer than five to ten minutes. In talking with her, she continually put up barriers as to why she could not move forward in her life. These barriers included her weight, being the mother of a special needs child, and an emotionally unavailable husband. By way of emotional soothing she turned to food. Larissa also did not like to be touched or adjusted in postures and was fearful and anxious about lying in *savasana* (corpse pose).

Larissa was able to work toward achieving her weight goals over the course of our program with a slow-moving Hatha Yoga flow incorporating long holds and many challenging poses. Like Heather, Larissa learned how to use various Yoga poses as metaphors for tolerating uncomfortable emotional states without running toward food for comfort. While in various Yoga poses, she was taught to hold postures for a certain length of time while maintaining the breath. Larissa learned the discipline of holding these postures as a metaphor for feeling and accepting uncomfortable emotions instead of resorting to compulsive eating and other impulsive behaviors.

Larissa was also able to tune in to her body's signals of hunger and satiety and to trust her body. Often, standard nutritional treatment of eating disorders implements yet another food plan, which solidifies the rigidity of eating disorders that we are trying to

move away from rather than moving instead toward intuitive eating found in progressive treatment centers. The Reconnect with Food program incorporates various concepts of mindful and conscious eating in daily eating and is tied into the Yoga practice, which helps individuals with eating disorders break free from “diets” and become empowered to make food choices for their highest good. Larissa also learned to enjoy new foods offered through mindful eating by experiencing the taste, texture, and other sensual qualities of food along with paying attention to how much she was eating.

Lesson: Yoga teachers often suggest *vinyasa* or more cardio-intensive Yoga for weight loss. Someone who struggles with an excessive amount of weight may find similar benefits in a challenging, slow-flow Hatha Yoga class. Yoga is a practice that helps individuals to actually experience what it is like to be mindful rather than merely talking about being mindful in progressive, traditional therapy. Experiencing mindfulness can help individuals transfer skills such as learning how to eat when hungry and how to stop when full, into daily life.

Teachers should also be aware of whether students want to be touched or adjusted in Yoga class, especially if they have a history of sexual abuse, as touching or adjustments may trigger a trauma response. Some studios have a “no touch” policy, which should be honored for the sake of the student’s emotional well-being and for the eventual successful outcome of the treatment program.

It is helpful to work closely with the treatment team (which may include the medical doctor, psychiatrist, psychotherapist, registered dietitian, and the Yoga teacher) in order to discuss what type of Yoga practice would be most suitable for the individual with an eating disorder. This means keeping an open line of communication and consent by the patient/student. The protocols discussed here may present an opportunity for the Yoga teacher to become involved as a significant member of the eating disorder treatment team in an outpatient setting or open doors to involvement in a residential treatment program. It is often the Yoga teacher in

whom the student will confide—based on the relationship—before turning to other qualified, professional help. Yoga teachers and studio owners need to cultivate their intuition to determine when it is clearly a liability to have a severely medically and emotionally compromised student in their classes. **YTT**

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