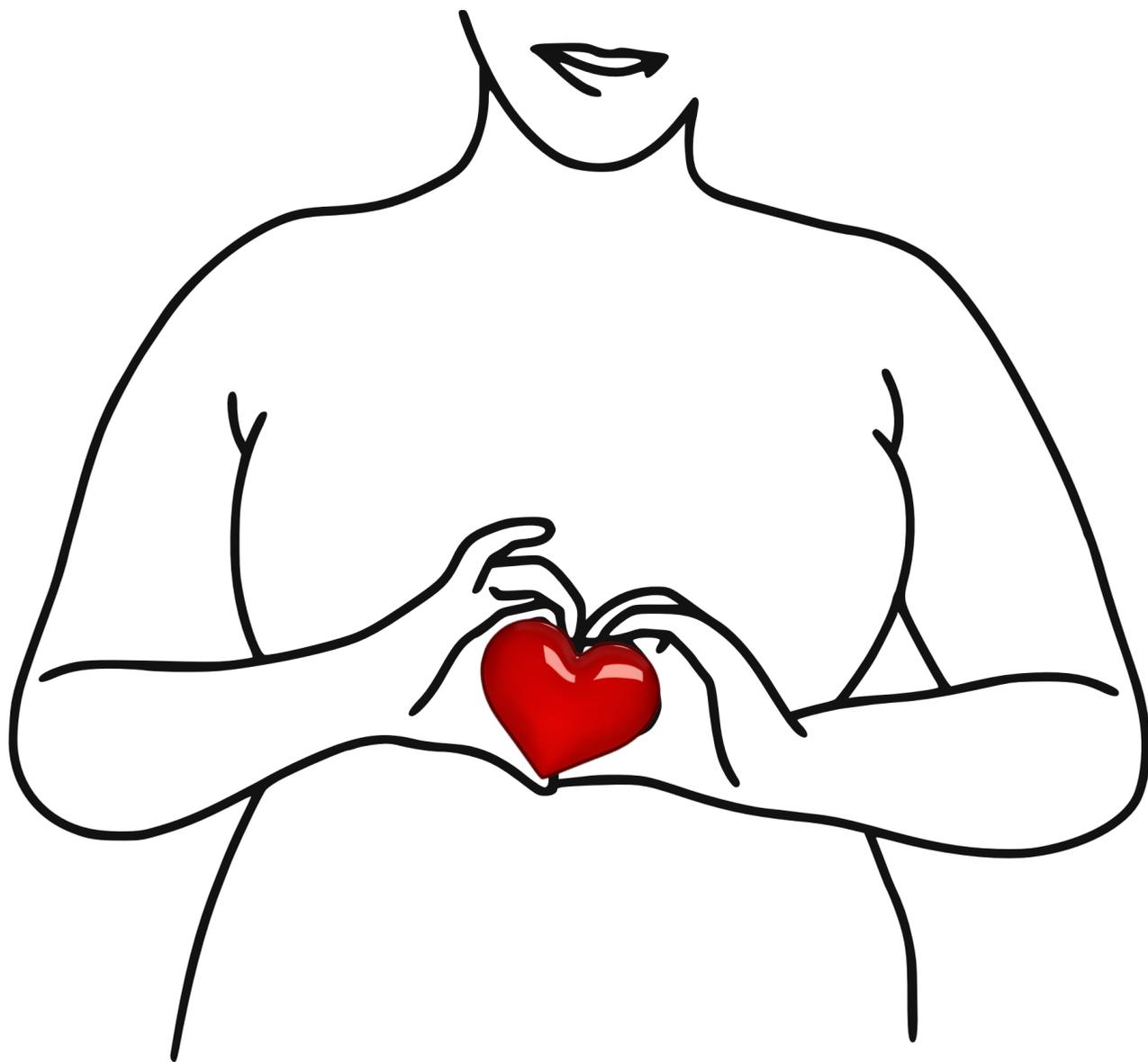


How to Stop Struggling With An Eating Disorder And FINALLY Heal

Spoiler Alert: Chances are you're an HSP



DR. ELAYNE DANIELS

"I'm Dr Elayne Daniels. My passion is helping people deepen their self-understanding so they can embrace their truest selves with love, compassion and joy. I provide psychotherapy, consultation, and coaching that can help you identify harmful patterns and develop new modes of thinking, feeling, and interacting with others."

**"THERE IS NO MAGIC SWITCH TO TURN ON OR OFF.
THERE'S NO OVERNIGHT REMEDY FOR THE MINDSET OR
SYMPTOMS OF AN EATING DISORDER."**



Please note that information offered in this e-book is not a replacement for psychotherapy and should not be construed as psychotherapy. The purchase or reading of this e-book does not constitute a treatment relationship with Dr. Daniels.

How to Stop Struggling from an Eating Disorder: P.S. Chances are you are a HSP
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Science grows out of observations.
Great discoveries, complex theories, life-saving medical advances, even simple relationships that can influence your life choices going forward – they're all rooted in observation.

Sometimes those observations become the basis for hypotheses and methodical research.
And sometimes they awaken a deeper understanding of ourselves – our behaviors, our choices, our innate tendencies, our ongoing tension between “nature and nurture.”

If we're wise, we make note of those observations – the circumstances behind their occurrence, their timing, their relevance to other aspects of life. And, whether or not they lead to rigid scientific study, we can become more prudent in our choices as a result of them.

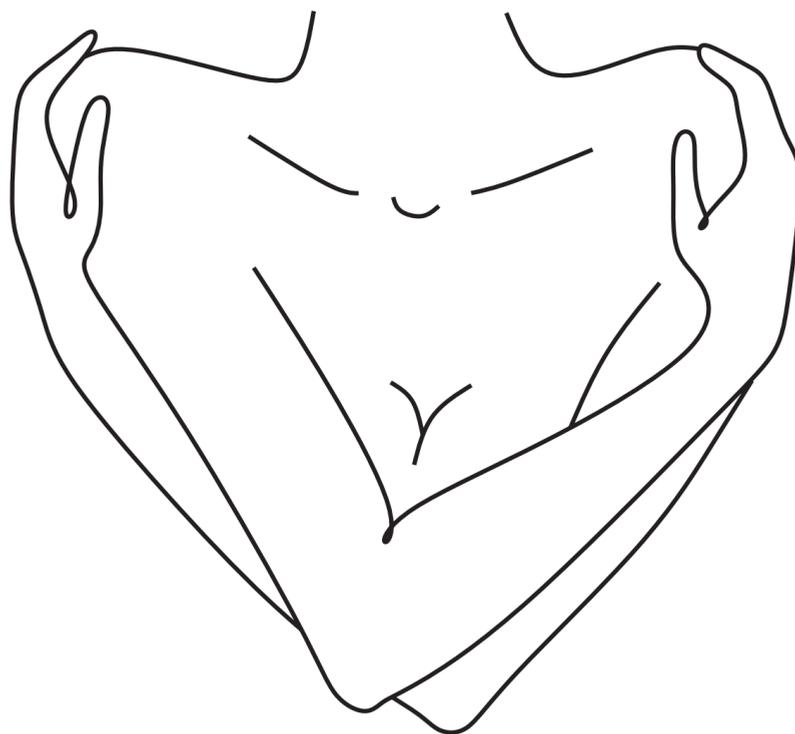
As the saying goes, “When you know better, you do better.”
And so it goes in the world of psychology.

As a psychologist, I guide people into deeper, more honest observations of their own lives.
And I make my own observations as I listen to theirs.

In the course of these vulnerable, confidential exchanges in the sacred space of therapy, we discover latent truths and stumble into life-changing “aha” moments.
In my specialty work helping patients with eating disorders and High Sensitivity,
I have come upon my own “aha” moment.

I have observed a relationship between these two areas of specialty so consistent and so strong that I can't stay silent about it.
What is this “discovery,” this observation about eating disorders and High Sensitivity?
It's an observation of the way the two show up together.

THERE IS A HIGHER PREVALENCE OF EATING DISORDERS AMONG HIGHLY SENSITIVE PEOPLE (HSPs).



Over the course of 25 years as a psychologist specializing in eating disorders, body image, and Highly Sensitive People, I have seen a lot of overlap.

A lot.

Let's explore both areas and how they end up merging in the same person,
starting with eating disorders.

**CONTRARY TO WHAT MANY ONLOOKERS BELIEVE EATING DISORDERS ARE ROOTED IN SO
MUCH MORE THAN AN OBSESSION WITH THINNESS.**

They're what I imagine being held hostage is like. Everyday is filled with rules you must follow.
You have no choice.

Even the slightest noncompliance has harsh, even inhumane, consequences – fasting, ruthless exercise, and/or other extreme behaviors.

One of the most difficult things for you and others to understand is that a part of you is doing this to yourself. Or, in eating disorder-treatment speak, the eating disorder has taken over your thoughts.

You are convinced the self-talk is 100% you and 100% true.
It's neither.

Even though the thoughts are from your own mind and are therefore your thoughts, they're actually symptoms of a serious disorder.

HERE'S THE BASIC THINKING BEHIND AN EATING DISORDER.



Your life is consumed by endless thoughts of how worthless you are. If only you were (fill-in-the-blank)-er, life would be better. You're certain that the fill-in-the-blank, whatever it is, is the missing link. And you set your life up for that pursuit.

Whether you binge, binge/purge, restrict, or fast, the underlying reasons are often similar.

The name of the behaviors (diagnosis) is much less important than the beliefs, thoughts, feelings, and underpinnings that all eating disorders have in common.

Your belief system is based on perceived "not enough-ness." You believe you aren't (fill-in-the-blank) enough.

Maybe it's that you aren't thin enough, popular enough, good-looking enough. And, if you were thin/popular/good-looking enough, you'd like yourself more...and so would other people.
Or so you believe.

At the same time, you may be convinced you're too much – your feelings are too much, your appetite is too much, your needs are too much.

THE STORY YOU TELL YOURSELF (CONSCIOUSLY OR NOT) IS THAT YOU'RE TOO MUCH. NO MATTER HOW HARD YOU TRY NOT TO BE.

The "not enoughness" and "too muchness" feelings and beliefs are a burden.
And untrue.

They also represent your mind's tendency to think in all-or-nothing terms.
Another theme of eating disorder thoughts is the false promises you make to yourself.

"If I reach 'x' weight, I will allow myself to eat 'y' food."

But "y" rarely if ever happens because you keep changing the rules ("x") in order to "earn" a reward.

You really think that once you weigh "x," life will be better.
But it never is.

You're convinced, though, that the disappointment is your fault.
So you set a new weight as the magic number.

You change the goals.
But it's never enough.

And your plan to like yourself more when you weigh "x" doesn't work.
In fact, the self-hatred and poor body image intensify.

So you decide the answer must be to lose even more weight or "try harder."
THEN, you'll like yourself more, right?

You map out a more stringent plan.

You figure if you set out with a specific plan to do something, you'll do it.

Shit, that doesn't work either...

BIOLOGY STEPS UP TO RESIST FURTHER DAMAGE TO YOUR BODY.

The human body does whatever it can to keep organs functioning well – especially the beating of your heart.

At times you question the point of living.

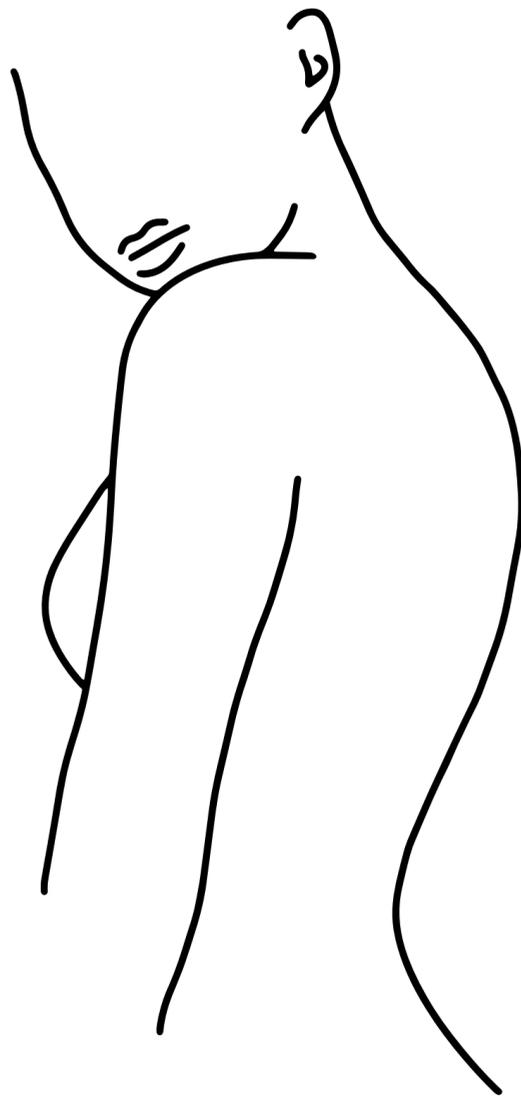
At the same time, you can't fathom a life without an eating disorder. Life sooner than later becomes narrow, filled with self-loathing thoughts, feelings of shame and misery, and punitive methods of existing.

You don't want to change.
But you do want the horror to stop.

You REALLY don't want to change.
Yet, you do want to be free of at least some of the monsters that have taken over your life.

Back and forth these thoughts ping-pong. The tug-of-war is exhausting.

When you're in treatment, the difficulties continue. There is no magic switch to turn on or off. There's no overnight remedy for the mindset or symptoms of an eating disorder.



HOWEVER YOU CAN ABSOLUTELY FULLY RECOVER WITH THE RIGHT TREATMENT.

NO MORE DIETING OR HOSTAGE SITUATIONS.

With treatment, you can restore your life to authenticity, and your monochromatic world can eventually return to color.

Life as a recovered person is the kind of genuine meaning you never even knew existed.

Unfortunately, many people with eating disorders suffer indefinitely.

Treatment either doesn't happen or isn't effective.

It may be because they don't have treatment access or because they deny the seriousness of the need for treatment or drop out of treatment altogether.

In many cases the treatment just doesn't seem to work.

Some people with eating disorders are treated in higher levels of care, and sometimes repeatedly. Care may be inpatient, residential, and/or partial hospitalization (day treatment).

Rarely do people plan on returning to intensive treatment. Yet so many do.

I BELIEVE SENSORY PROCESSING SENSITIVITY (SPS) ACCOUNTS FOR WHY TREATMENT IS INEFFECTIVE FOR SOME PEOPLE IN RECOVERY FROM AN EATING DISORDER AND/OR WHY PEOPLE DON'T (RE)PURSUE TREATMENT IN THE FIRST PLACE.

Living life without the eating disorder can be difficult, especially in Diet Culture.

In addition to Diet Culture, there's another factor that interferes with the effectiveness of treatment.

Here's where the "overlap" I mentioned earlier comes in....

An innate trait called **Sensory Processing Sensitivity (SPS)** affects about 15-20% of men and women.

They are born with the trait, though most don't even know it. People born with SPS are called "Highly Sensitive People" (HSPs).

People born with SPS know they are more sensitive than other people. They've been told hundreds if not thousands of times,

"You're too sensitive,"

"Why can't you take a joke?"

"You have no reason to feel that way."

If you don't know you have the trait, you're more likely to assume the feedback is correct.



The message you're listening to is that there is something wrong with you, just by being who you are.

The SPS trait can feel like a curse. (You have no way of knowing at this point that it's actually a superpower.)

Having the trait can leave you feeling alone, as if you're just too sensitive for this world.

You often wonder, "If so many people have the same feedback about my being too sensitive, they must be right...right?"

(Another spoiler alert: No!)

WHAT IF I TOLD YOU THAT SPS IS A COMMONALITY AMONG PEOPLE WITH AN EATING DISORDER. AND IT'S RARELY IF EVER IDENTIFIED?

This commonality among many people who struggle with healing is an inborn, natural trait. And learning about the trait is a complete game-changer – an “aha” moment that suddenly connects all the dots.

The trait of High Sensitivity (HS) can be tough to understand, let alone appreciate. And, an understanding of the “how and why” of eating disorders (EDs) is complicated.

Thinking about how HS and EDs “work together” shines light on two often misunderstood concepts – concepts that happen to be central in the lives of so many people of all ages, genders, and backgrounds.

Insight into how eating disorders are more likely for someone with the HS trait (and vice versa) has helpful implications for prevention and treatment.

I have compassion for the experts working with people with eating disorders.

They're experts in eating disorders, but they haven't seen what I've seen.

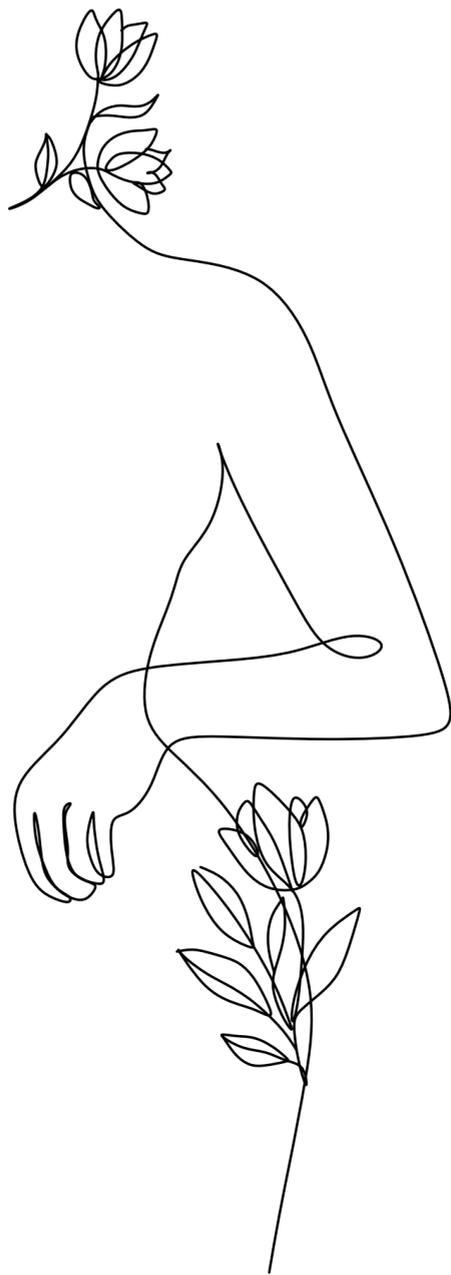
They rarely know that High Sensitivity exists, let alone that it can have such an impact on eating disorders.

For the last 25 years, I've worked in research and clinical capacities with people with eating disorders.

For the last 20 years, I've treated thousands of people for eating disorders one-on-one in private practice.

I also have lived experience with both an eating disorder and High Sensitivity.

Let's delve a bit more into the way High Sensitivity plays out.



With HS, everything becomes “extra,” including thoughts, feelings, and sensory experiences. Thanks to a heightened nervous system, HSPs think and feel deeply and are highly responsive to what's going on around and within them.

The nature of HSPs' hardwiring can easily lead to overstimulation, with the nervous system going into overdrive.

A sense of burnout (“too much-ness”) happens more quickly than it does for non-HSPs.

(It's not that HSPs have supersonic hearing, sight, or other senses. Rather, the way they process incoming stimuli is deep.)

High Sensitivity is not theoretical.

It's real, biological, and genetic.

(Variations of the HS trait are even found in over 100 species!)

**HIGH SENSITIVITY IMPACTS ALL DOMAINS OF A PERSON'S LIFE INCLUDING
EATING AND BODY IMAGE.**



What a relief that the eating disorder is yours, and no one can take it away!

That control feels sacred.
You can't imagine life without the feeling of control the eating disorder provides.

But at times you do want to find freedom.

Even though you're ambivalent about treatment, over time you become increasingly aware of how much the eating disorder steals from you.

If you've been in and out of treatment – inpatient, residential, partial hospitalization, intensive outpatient programming, outpatient groups, and/or individual therapy – you can't help but believe you're just one of those people who will always suffer from an eating disorder.

Part of you feels like a failure, and part of you convinces yourself that treatment is dumb anyway.

Your struggle continues.

"How come other people recover and I can't?" you wonder.

You just can't seem to catch a break.

Maybe recovery is not in the cards for you?

Hold it right there!

**YOU MAY BE A HIGHLY SENSITIVE PERSON WHICH COULD EXPLAIN WHAT GETS IN THE WAY OF
REACHING AND SUSTAINING RECOVERY.**

As you know, eating disorders are super complex, especially from a biopsychosocial perspective. In lay terms, the biological, psychological, and social factors that contribute to the onset and maintenance of eating disorders are more complicated than simply $1+1+1 = 3$.

The vastness and depth of how High Sensitivity and eating disorders overlap is key.

It's like opening up Pandora's Box, filled with nuggets of understanding that help people heal from eating disorders and even help prevent eating disorders in the first place.

In general, learning about being an HSP helps you embrace your HSP qualities and live unapologetically and zestfully...without an eating disorder.

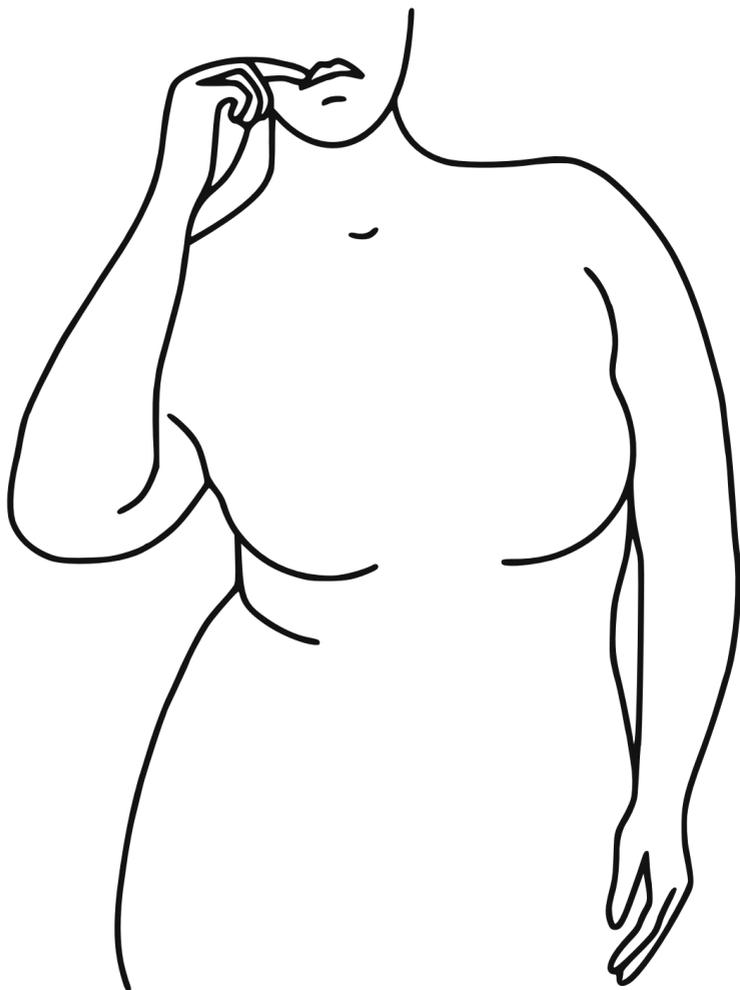
Curious? For starters, check these out.

HERE ARE 9 GENERAL WAYS HSPs AND EATING DISORDERS INTERACT.

How many can you relate to?

Please keep in mind that everyone is different, so some of the things below might not be true for you. That's ok!

1. DEPTH OF PROCESSING IS AN OVERLAPPING CHARACTERISTIC.



HSPs think a lot, often to the point of being told they're overthinking.

The thinking is in all tenses - past, present, and future. They reflect on the past – including woulda's, shoulda's, and coulda's – and on possible outcomes in the future.

At the same time, they're super aware of what is occurring in the here-and-now because of how meta-aware they are.

Intuitive, reflective, and conscientious are HSP qualities.

Deep processing also means HSPs see details, inconsistencies, and errors in the environment and in other people that others don't see.

People with eating disorders often overthink too. Common examples of the kinds of things they overthink about include:

- What and when to eat, factoring in what they ate earlier and what they expect to eat later
- Nutrition information, including having a minute-to-minute calorie count in their heads
- Ways to structure the day, food-wise and perhaps purge-wise
- When and how to engage in other eating disorder behaviors
- Replaying the way past conversations or other interactions went
- Convincing themselves they aren't sick enough

It's as if the brain has Velcro for thoughts. The thoughts 'stick' and replay over and over.

2. OVERWHELM/OVERSTIMULATION ALSO OVERLAP.

HSPs' senses are turbocharged. As a result, HSPs are highly responsive to sight, sound, touch, smell, and taste.

Pleasant experiences are really pleasant.

Unpleasant ones are very unpleasant.

Because of turbo-charged sensory wiring, coupled with the deep processing, HSPs are prone to feeling overstimulated or anxious sooner than non-HSPs.

People with eating disorders are also prone to overwhelm.

In fact, they're often diagnosed with an anxiety disorder before they develop an eating disorder.

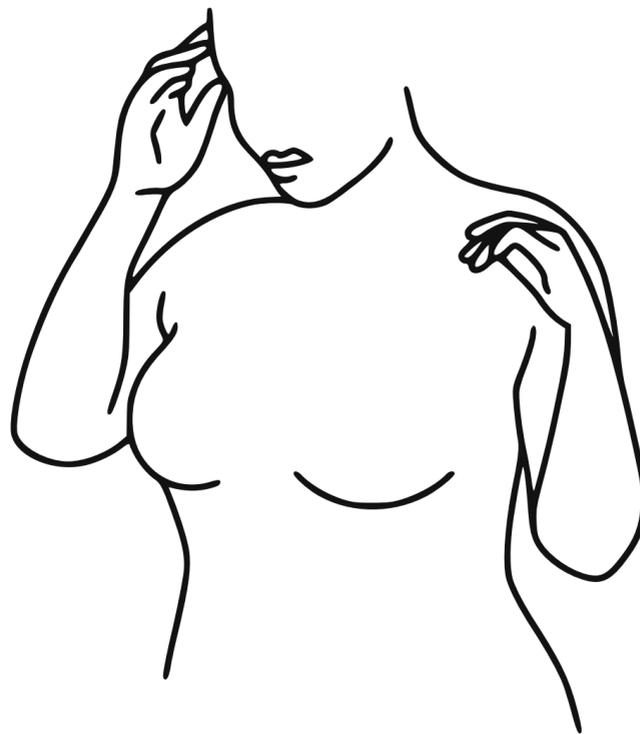
Second, eating disorder symptoms are a way to simplify their world to revolve around one thing — weight.

Fewer things to focus on in life can be a way to experience life as less overwhelming. Shifting the emphasis to weight helps to manage overwhelm/anxiety.

(But it really doesn't.)

The decision-making that underlies the shift in focus is done unconsciously, not deliberately. Restriction numbs emotions such as anxiety, fear, and other difficult feelings.

The built-in survival strategy of food preoccupation naturally prevails and trumps all other thoughts.



3. EMOTIONAL RESPONSIVITY.



HSPs' brains process and feel deeply. HSPs are strongly affected by whatever they experience.

The depth and intensity of thoughts and feelings mean HSPs are prone to overwhelm. So, after something occurs (especially if it's exciting or intense), their brains need time to recalibrate.

HSPs benefit from taking pauses and space throughout the day, especially at the beginning and end of the day. Doing so gives their brains time to regroup and prepare for what comes next.

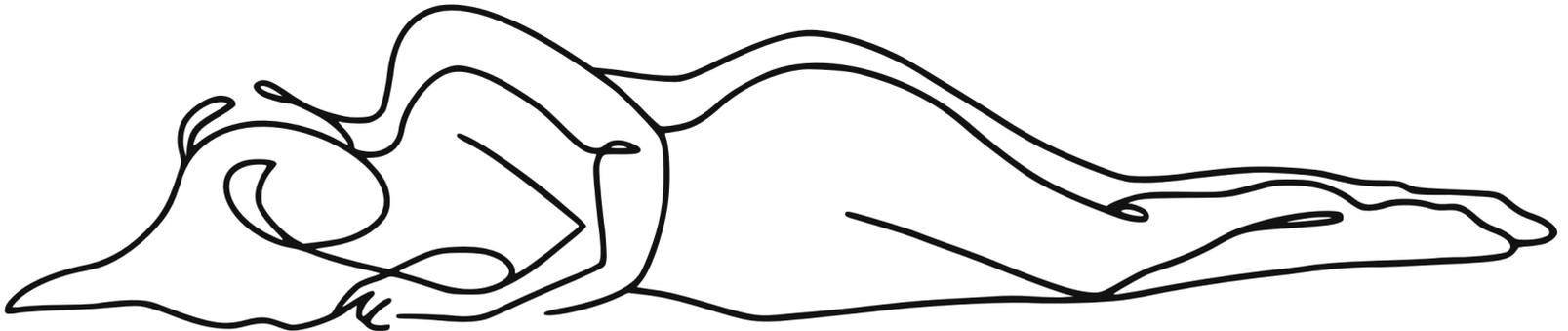
One of the "benefits" of an eating disorder, as we've said, is emotional numbing. This is the "perfect solution" if you have intense and plentiful emotions, and especially if you were not taught healthy ways to emotionally self-regulate.

How else can you offset the intensity of emotions of all sorts?

4. SENSORY SENSITIVITY.

HSPs are more inclined to notice (and be bothered by) tags in their clothing, texture of food, smells, light, and loud sounds.

Eating disorders lower the intensity of HSPs' experience of loud noises, cold temperatures, annoying fabric, and/or offensive smells.



5. "YOU'RE TOO SENSITIVE."

HSPs are used to being told they're "too sensitive," "can't take a joke," or in some other way are wrong in how they think or feel.

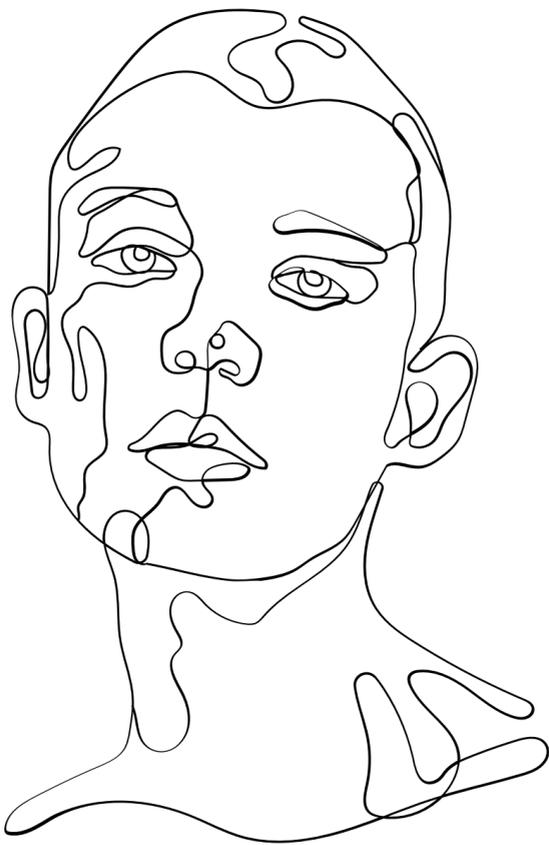
If you feel fundamentally flawed (because you're too sensitive, can't take a joke, or don't know how to feel in a way that will be approved), why not immerse yourself into something you know will be lauded?

Developing an eating disorder can result from dieting to fit in and wanting to feel better about oneself. It can stem from wanting to be approved of, or at least not criticized so often about who and how you are as a human being.

In Diet Culture, pursuing the idealized female body through dieting promises success and popularity. (But it never delivers on its promises.)

People of all genders, ages, and backgrounds diet. Only some develop an eating disorder.

HSPs are that subset.



6. ANYWHERE BUT HERE.

As an HSP, you might notice that expressing your needs can feel overwhelming.

Maybe you fear rejection, so you avoid sharing.

Maybe you want to avoid conflict or just naturally lean into people-pleasing.

But also as an HSP, you tend to be aware of how you're feeling, both physically and emotionally, at any given moment.

So being too in-your-head, rather than sharing what you're thinking, is a big obstacle to being present.

People with an eating disorder are prone to be people-pleasing.

They avoid 'speaking their truth' for fear of rejection.

Rarely are people with an eating disorder in the present.

Rather, they're planning their food/exercise/other ED behaviors and reflecting on their behaviors over the last day or so.

You can't be in the present when thinking about the future or past.

Being an HSP and having an eating disorder is like two peas in a pod.

7. SAVOR AS PLEASURE OR PUNISHMENT.

HSPs enjoy savoring.
Appreciating and experiencing the moment is tough if it passes by too quickly.

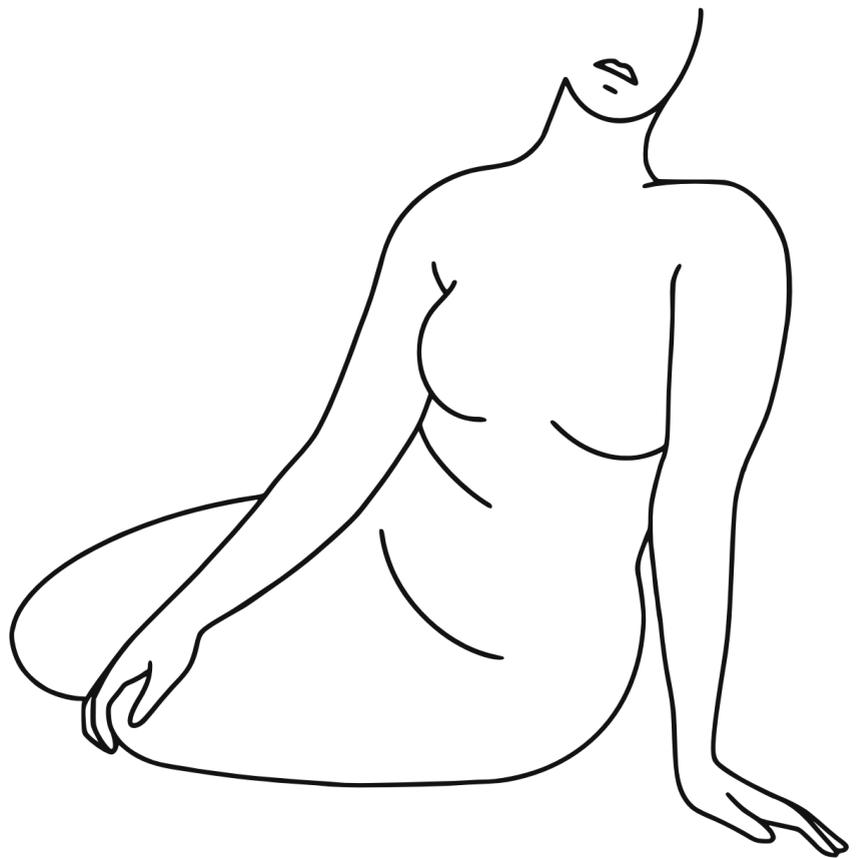
Rushing tends not to work.

Being with what you are feeling is a better guide.

People with eating disorders don't allow themselves the pleasure of savoring.

Actually, they don't allow themselves the pleasure of anything, really.

An eating disorder is a way to punish oneself through deprivation of pleasure.



8. USE OF ENERGY.

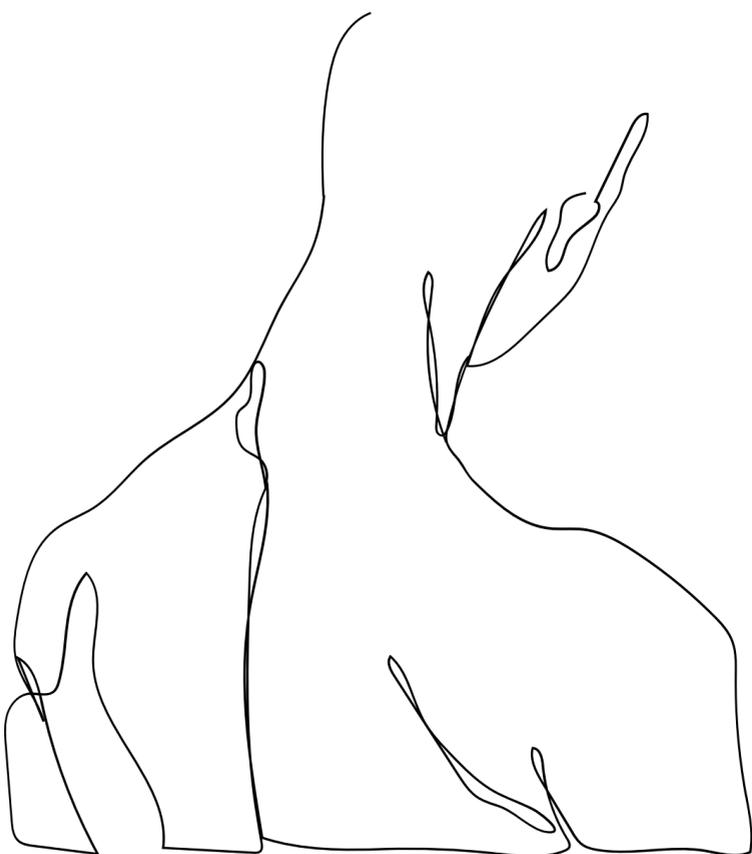
As an HSP, your baseline energy expenditure is naturally consumed by being on constant alert - processing work, kids, traffic, chores, and goddess knows what other stimuli.

There are physical effects from cognitive and emotional drain.

One way to 'master' those effects is through the eventual development of an eating disorder.

You embrace that challenge.

That same type of mechanistic mental energy keeps a person with an eating disorder stuck in the repeated cycles and rigidity of the disorder.



9. YOU HAVE MORE FEELINGS.

HSPs are often misunderstood and do things to avoid feeling hurt or rejected. Makes sense.

You may, for example, hide your sensitivity by engaging in behaviors that don't align with how you really feel.

For example, let's say you feel pressure to have the culturally ideal body. You do what it takes so you'll be accepted, included, and deemed attractive, even though those very behaviors – dieting in particular – set you up for an eating disorder.

Being told you have an inherent trait, such as sensitivity, that is wrong, bad, or disordered leads to shame.

And shame tells the story of "I am defective."
Diet Culture plus High Sensitivity is a solid recipe for eating disorders.

Nurturing social connection is challenging when you're used to being misunderstood by others. So, instead, you turn toward exercise or other eating disorder behaviors and away from social contacts.

Eating disorders intensify in isolation and serve as a pathway to feeling approved of, especially when you're given an appearance compliment.

Ongoing experiences of feeling misunderstood can insidiously lead to questioning your perception of reality.

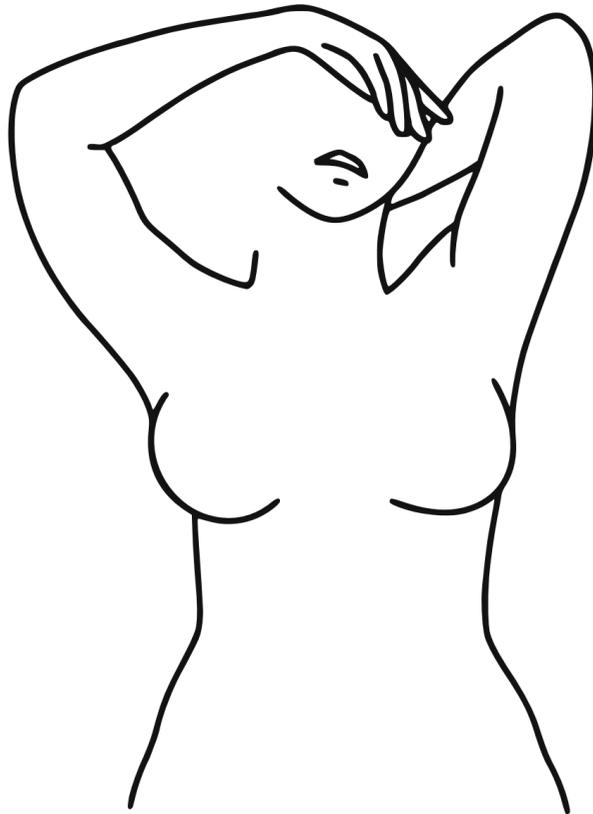
Imagine being told repeatedly that your way of interfacing with the world is "wrong" or "bad." You know that dieting and pursuing the cultural ideal body type are rewarded and praised, so you put your energies there with a vengeance.

If you observe any of these behaviors or thoughts in yourself, chances are you have both High Sensitivity and an eating disorder.

Eating disorders mute the features of High Sensitivity. Incorporating an understanding of High Sensitivity into eating disorder treatment is therefore essential.

Human beings are complex. Thoughts, feelings, behaviors, and body sensations communicate with each other 24/7, often outside of conscious awareness.

Compassionately acknowledging the High Sensitivity trait provides a depth and breadth of understanding that may surprise you.



AND RECOGNIZING THAT HIGH SENSITIVITY AND EATING DISORDERS ARE NOT MUTUALLY EXCLUSIVE CAN HELP SHORTEN THE DURATION OF AN EATING DISORDER... OR EVEN PREVENT ONE FROM DEVELOPING IN THE FIRST PLACE.