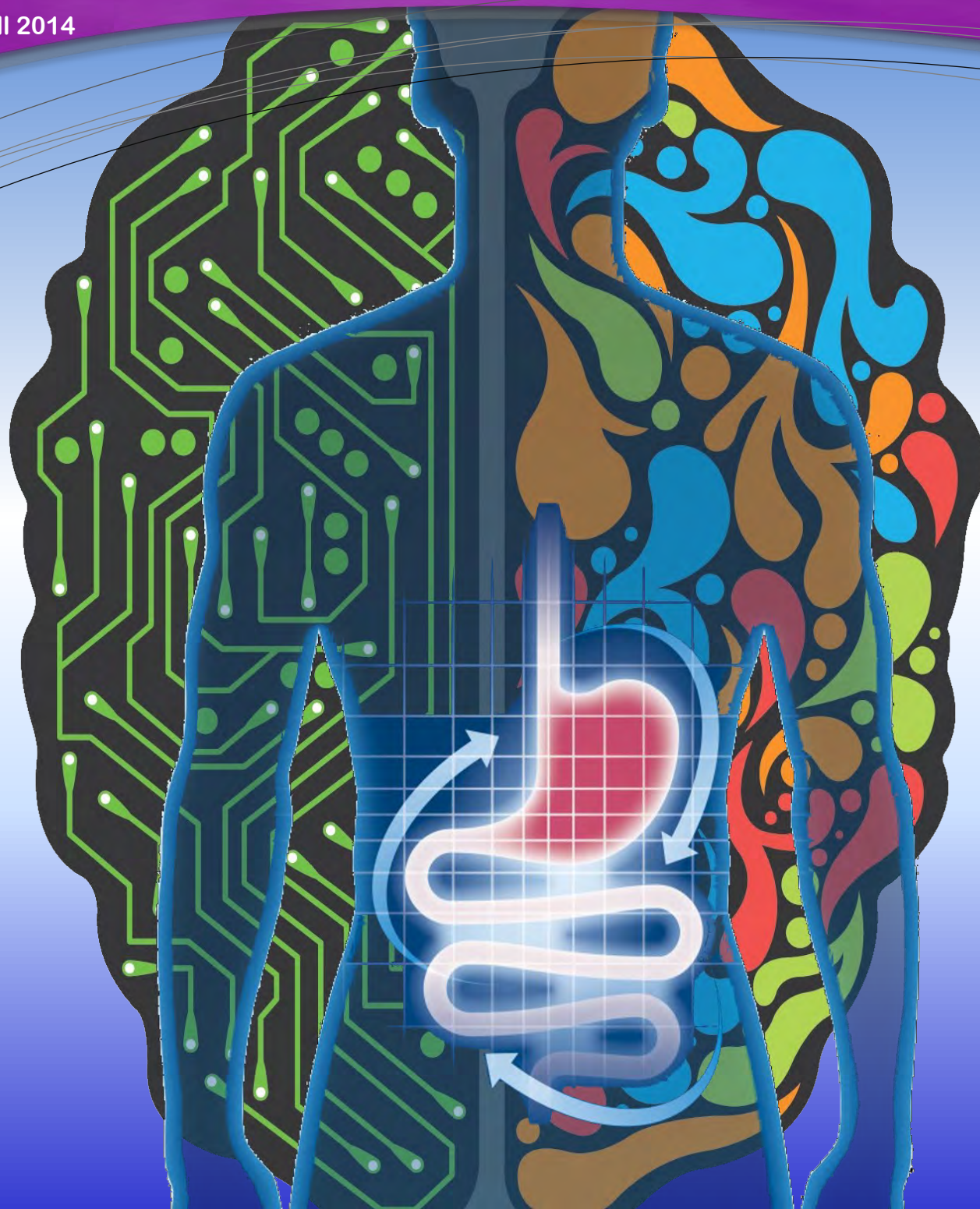




# Somatic Psychotherapy Today

Volume 4 Number 2

Fall 2014





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# Somatic Psychotherapy Today

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### Volunteer Magazine Staff

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Nancy Eichhorn, PhD

*Founding Editor, Layout Design*

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Diana Houghton Whiting, M.A., BED *Cover Design, Layout*

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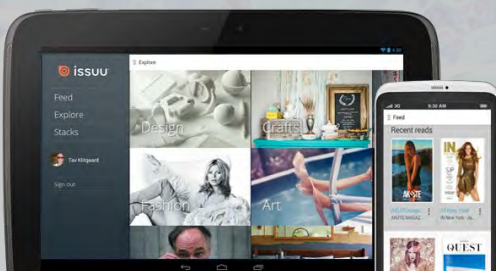
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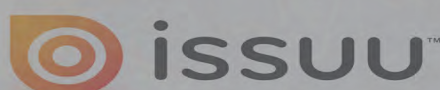
Look for us *Three* times a year, we publish the 15th of May, September, and January



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## From Our Founding Editor

This issue focuses on a topic near and dear to me: eating psychology—a movement that shines a spotlight on the dynamic psychological relationship we have with food and its impact on our health and emotional wellbeing. Advances in holistic and functional nutritional health are changing the way we understand the role our diet plays in obtaining and/or maintaining optimal health. During our interview with Dr. Helayne Waldman ED.D., she noted that it is time to expand the term eating disorder:

“If you are sabotaging your health, if you disregard your own well-being in any kind of clinical field, this is considered disordered thinking/behaving. When you eat sugar, drink that coke, or engage in a variety of other eating habits that undermine your health, I believe that *too* is an eating disorder. I think the ‘eating disorder’ needs to be broadened to honor our own well-being through healthy habits with food, it’s an eating disorder. I think the term should be broadened to honor our own well-being through healthy habits with food.”

Everyone has a relationship with food, and as Stephanie Pollock writes in her article, *A Voyage into the Gut*, “There is no such thing as emotional eating because we are emotional beings, and we eat, thus all eating will always be an emotional experience.”

Our contributors share their personal and professional stories to highlight the connection between eating psychology and digestion, mood and depression, immunity and food allergies, cancer, fatigue, osteoporosis, overeating, binge eating, not eating, and purging. They discuss how our thoughts, feelings, and beliefs influence our nutritional metabolism and health, our emotional metabolism and health, and our spiritual metabolism and health. And, they share healing modalities that may offer relief and resolution. All are practicing practitioners (therapists, coaches, educators) with successful experiences supporting clients who are willing to approach their own dynamic relationship with food and face the negative consequences and experiences in order to ‘turn-the-tables’ and engage in healthier ways of eating and being.

Join us as we explore the connection between the brain and the gut brain and the impact of their alliance on our digestion and behavior.



We welcome your response.

Warmly,  
Nancy Eichhorn, PhD  
writetobe@myfairpoint.net



## From Our Cover Designer



I grew up in a city that claimed to have the most restaurants per capita in the entire US. The variety of atmospheres and foods was mindboggling. Going out to eat had many layers of meaning for status and socially. As with many people food holds a lot of emotional and social meaning. How, when, and why it is eaten. It is interesting to see the connection between food and all the different meaning we place around it and how it can be helpful and nourishing or harmful and challenging.

Sincerely,  
Diana Houghton Whiting, M.A., BED

## From the USABP President

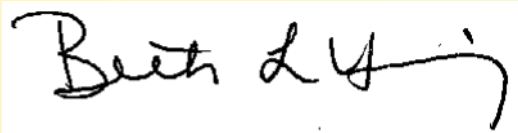


Dear *Somatic Psychotherapy* Readers,

I love to eat, but I have a hard time feeding myself. I feel full, yet sometimes I am unsatisfied. I am voracious, while also quenched and picky. What am I talking about here? It's all about the psychology that pulls the topic of eating and food into a depth and meaning way beyond the ground of survival and food. There's probably no human activity that calls on so many brain regions as food does (maybe sex?). It's a perfect topic to be addressed by **our** field, *Somatic Psychology*—the psychology of the body.

By looking closely at *Eating Psychology*, our unique perspective may shed light on what is really eating us up these days.

Bon Appetit!



**Beth L. Haessig, Psy.D.**

President, United States Association for Body Psychotherapy

### APA ACTION COMMITTEE

The USABP is forming a committee whose purpose will be to create a *Somatic Psychology* division of APA. The goals are: to determine the necessary steps involved in creating a division of APA and to take those steps in order to make a strong application to APA. If you are interested in being part of this important work, please be a member of this committee!

Contact the President of USABP, Beth Haessig, Psy.D. at [President@usabp.org](mailto:President@usabp.org)



## From the Managing Editor

### International Body Psychotherapy Journal: The Art and Science of Somatic Praxis



Jill van der Aa

Dear Editor of Somatic  
Psychotherapy Today,

I write this on your birthday although it will be read when you are six months older! I was glad to hear that today you would celebrate with chocolate cake and champagne! So this is a good time to say what a great job you do, pretty much single-handedly I understand, with the help of your wonderful designer Diana Houghton-Whiting. SPT is lively, colourful, modern, committed, encouraging, inspiring, and makes a wonderful contribution to this new and exciting field we are working in and for. By the way, I wonder sometimes how you fit it all in and keep the rest of your life going?

We, on the editorial team of the IBPJ, struggle to keep our lives going so we do understand. It is what happens when you become committed to something bigger than yourself – you become obsessed. You live it day and night. By the time this is being read, both the Editor and the Managing Editor will have reached a ripe old age! So I (the Managing Editor) sometimes ask myself, isn't it time to get some addiction therapy, slow down, find some younger people to take over and retire?

It is. But will we?

Jacqueline Carleton, with the support

of Robyn Burns, kept the USABP Journal going for ten years. These last two years have been a mammoth effort to transition from an in-house Association Journal to a peer reviewed open access Journal, from a two person to a many person effort. I'll come back to that.

But why the obsession?

Because we, (as you do), feel we have something valuable to offer, and we would like to make it available to people from complimentary health disciplines, to clients, and to anyone involved with working with people! Healing comes through working with the whole person and that also means working with a combination of body-based, non-verbal methods as well as traditional verbal ways of bringing things together. For too long the head has ruled – we want the body to be heard and felt. Doctors and psychiatrists, for instance, could do with a good dose of somatic psychology, and it might work a good deal better than some of those sugar-coated pills!

Thankfully, through all of our efforts, a great range of contributions is coming into the Journal now, from a diversity of methods, from clinical descriptions to research reports and in-depth book reviews, from senior trainers and writers to students writing their dissertations, from US and European sources. Keep it coming! We love it.

And we love the sense of community building. While the Journal goes for in-depth analysis, the SPT and the LinkedIn discussion groups set up by Serge Prengel are complimentary with interviews and discussions from which further work is developing.

From reaching a small group of three hundred therapists, we are together reaching thousands of people, all over the world, who are not only interested in passively reading about what we are doing but actively participating with us.

It's clear! One of my obsessions is about relating, about being heard, about community – working together in a team. While the load of creating the IBPJ does fall squarely on a small number of people: Editor, Managing Editor, Assistant Editor, Peer Review coordinator, and German Editor, we have been building a wider team. Abstract translators come from about ten different European countries and some are now beginning to translate articles back into their own language, in Greek for instance. Each article is peer reviewed by three reviewers providing mentoring for authors as well as an opportunity for senior members of the field to impart what they have learned.

This is an enormous job. Most scientific Journals use an automated system but our process is done manually. To get such a system would cost at least \$6,000 and that is money neither of our two Associations, USABP and EABP, have. We are of course looking for a maenas, or an external publisher, but are wary of letting go of control at this exciting stage.

It is OK for the Editor and Managing Editor to reveal their obsessions at this ripe old age, but Jacqueline Carleton, PhD, mentors young graduate students who have been doing a lot of the work, and I wondered what they were getting out of their voluntary commitment to the IBPJ?



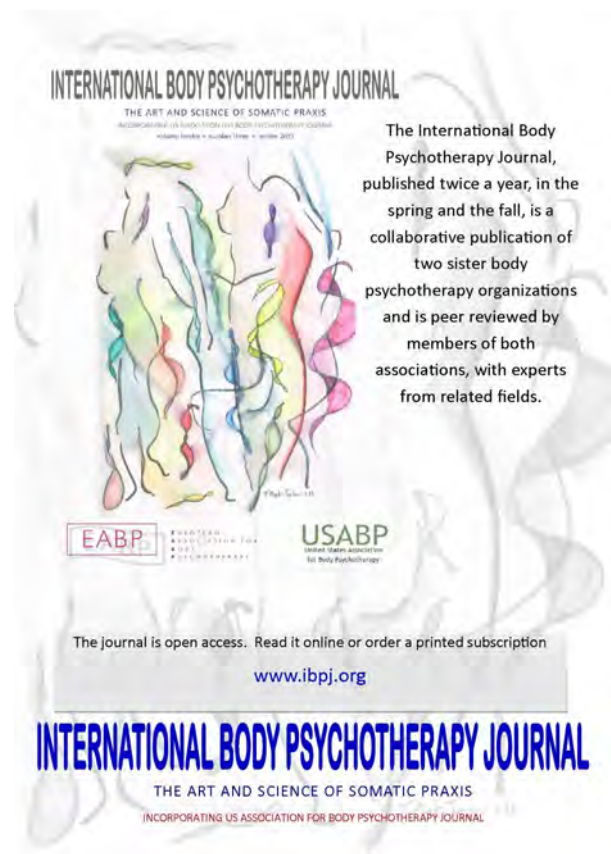
Diane Cai has been with us for two years now developing from peer review coordinator to Associate Editor. This position will add to her professional advancement very directly in the future. Josh joined us recently, and I asked him to describe what he does and what he gets out of it.

*In conjunction with Diane Cai, I handle the submissions process from initial receipt of articles, through peer reviewing, to revisions and receipt of final drafts. In some way I am the “middleman” between our peer reviewers and the authors who publish in our journal. This has been a great responsibility to have, providing great experience and insight to the inner workings of academic journals. My experience working with the International Body Psychotherapy Journal will be very useful as I continue my training within the doctoral program at the University of Western Ontario in the fall. My ability writing articles is greatly enhanced by knowing what peer reviewers are looking for in publishable material and as I engage in peer reviewing in the future, I will have already been widely exposed to the peer review process.*

Joshua David Wright

*The International Body Psychotherapy Journal is a big undertaking and we have been very lucky with the enormous number of people who have contributed to its development so far.*

As birthdays pass, time marches on and we are constantly on the lookout for younger people to participate and pass the baton onto so if you read this letter and think this is



something for you contact us. In the meantime we continue with our obsession.

Jill van der Aa, Managing Editor  
[jill.vanderaa@eabp.org](mailto:jill.vanderaa@eabp.org)

## CALL FOR PAPERS

*The International Body Psychotherapy Journal*  
is Seeking Articles for its

**Special Issue Spring, 2015: Research**

Guest Editor: Jennifer Frank Tantia, PhD

**The International Body Psychotherapy Journal** is a peer-reviewed, biannual journal that supports, promotes and stimulates the exchange of ideas and research regarding body psychotherapy and all disciplines related to it.

**Research in Body Psychotherapy** is integral to the field's growth, development, and communication among related fields of psychology. As an emerging paradigm, theories from Body Psychotherapy must be explored and

challenged through qualitative and quantitative research in order to solidify its value within the field of psychotherapy.

**We are seeking research articles** from both professionals and students from the somatic psychotherapy field and adjacent fields for this special edition, to amplify the visibility of current studies in the field.

*Continued on page 91*

# Across the Pond



Jill van der Aa  
General Secretary/Vice President



European Association for Body Psychotherapy



Lidy Evertsen  
EABP President

Jennifer Tantia, PhD, once put a discussion on LinkedIn about ‘the elevator pitch’. This is what you say to someone in a lift when they ask you what you do and you want to explain it all before you get out on Floor 3. I say, “body psychotherapy,” and when I get a blank look I stumble through a couple of well-worn sentences and then the door opens and my lift companion gets out. “Oh you mean massage,” they might say as the door closes, so I am always searching to find ways to explain body psychotherapy in ever more simple words.

**This is one of the difficulties** we face at the moment, and we are all trying to describe exactly what it is we do and how it is different from body therapies or psychoanalysis. Thankfully many people are a little more erudite than me when writing about it.

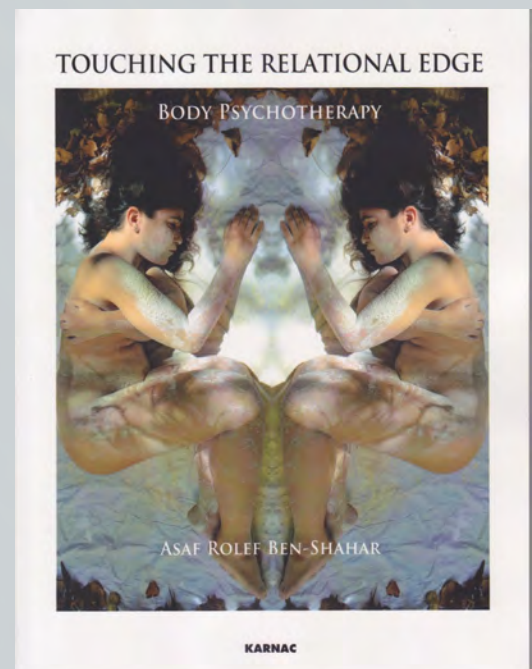
**Asaf Rolof Ben-Shahar** is one of the new generation of therapists who is willing to take risks, to play, and to experiment as is so clear in his writing. You pick this book up and don’t want to put it down! In *Touching the Relational Edge*, Asaf is quite explicit about the difference between all the different modalities:

“**Many types of** bodywork and somatic therapies maintain a holistic approach, aiming at integrating body-mind processes with their clients. However, as argued by the EABP

and USABP definition (<http://www.eabp.org/about.php>), there is a principle that is different between those methods and body psychotherapy: the techniques used may differ too, but more-so, the therapeutic positioning and the understanding of the therapeutic relationship differentiate the two ways of working with people. Many types of bodywork, like massage, physiotherapy, and others, aim at improving the client’s bodily state. While the psychological benefits of these methods cannot be denied, they are neither necessarily **a central axis of the work, nor are they part of the contracted relationship** as they are in the clinical practice of the body psychotherapist . . .” (p. xxvi).

**He has much more to say and**

brings himself and his clients onto the page and gives simple examples of exercises. You can order it through [Karnac Books](#).



**Several other authors** have books on body psychotherapy coming out this year. I write this in April and you are reading it in September. Look for Ulf Geuter's book if you speak German or you might see his keynote speech if you are at the EABP Lisbon Congress. He is specifically, "dealing with the significance of working with emotions and emotional processes in body psychotherapy."

**In 2006**, a book came out in German, a *Handbook of Body Psychotherapy*, (Schattauer 2006). Lucky for all the German psychotherapists! But being a foreign-language-illiterate New Zealander I, Jill, have been waiting on tenterhooks while this book has been undergoing translation into English/American which is close to New Zealandish! Eight years later and the book is undergoing a metamorphosis into *The Handbook of Body Psychotherapy and Somatic Psychology*. And it is not just a translation of the original! It is a brand-new, up-to-date edition with many new chapters and new authors. It is of a similar size, currently about 500,000 words, 94 chapters, and possibly 1,000 pages. The original editors, Gustl Marlock and Halko Weiss, have been joined by Courtenay Young and Michael Soth, and the great thing about this *Handbook* is that it contains articles from practitioners and researchers from many different sub-modalities of body psychotherapy/somatic psychology.

**I can hardly wait** until February when it will finally appear published by North Atlantic Books, Berkeley, CA, who have produced a number of books on body psychotherapy.

**Those of you who follow** the wonderful LinkedIn discussions know Courtenay Young!! For anyone who doesn't, Courtenay was the originator of this column and was the person who created a bridge between our two Associations and the

two continents. While serving on the EABP Board as General Secretary and then President, Courtenay was the instigator behind much of the structure of the EABP such as the EABP website, the Training Standards, and Membership Criteria, the Bibliography and the Science Committee. He is the publisher and editor of [Body Psychotherapy Publications](#) endorsed by **EABP** and recognized by **USABP**, under which he has edited three collections of articles, *The Historical Basis of Body Psychotherapy*, *About the Science of Body Psychotherapy*, and *About Relational Body Psychotherapy*. He is the editor of the [International Journal of Psychotherapy](#), and in the last two issues of the [International Body Psychotherapy Journal](#) (these are two different Journals), we have published a two-part article by Courtenay (and Gill Westland) entitled, *Shadows of Body Psychotherapy*. You can find it along with other wonderful articles and full issues of both the IBPJ and the USABP Journal, dating back to 2001 in the [IBPJ archive](#).

**Sometimes I look back** and think, *Courtenay created all of this single-handedly. Does he ever sleep?* Well, he does sleep, and there are many others in both the US and Europe who have contributed to creating our Associations and keeping them going. New psychotherapists are coming into our Associations and joining in this wonderful creative endeavor of bringing our work to a wider public.

**Jill has brought** some really exciting publications to our attention. They are worthwhile the attention of the wider world also.

**Our vision is directed** to that moment when we step into the elevator and the person next to us asks us what we do, and we say, "I



Courtenay Young

am a body psychotherapist (or somatic psychologist). We don't need to add the 'pitch'. In this vision, the person responds with, 'Ah, that's interesting, I know what it is'. Then he or she tells us about people [s]he knows who have experienced the effects of this kind of therapy before we get out at level 3.

**In order to get there** we, body psychotherapists, have to write more and more. We have to do research, write about our theories, and also about our clinical practice. Hopefully in a way that mirrors our profession—writing from our bodies and minds together.

**It occurs to me** that a greater part of professional literature in general seems to be written from minds in the first place. That leaves me, as a reader, somewhat tired and split. And every time I read a book or article that allows me to directly enter into my complete being, into my body and into my mind at the same time, I experience an understanding that makes me happy and enthusiastic.

**So, I like to invite us all**, when trying to find the elevator pitch for body psychotherapy, to let our bodies start to answer and let our minds find the right words.

# Join the Conversation

Communication is an essential part of all relationships, and the Internet affords opportunities to network with like-minded colleagues and participate in forums that challenge your thinking and ways of doing. Join the conversation and voice your thoughts on Facebook, Google, LinkedIn, ResearchGate, and more.

## Eating Disorders and the Internet

### The Hazards of Pro-Ana, Pro-Mia, and Pro-Ed websites

Online support groups have proliferated with blogs, social networking, chat rooms, websites, Instagram, Pinterest, and more offering men and women dealing with an eating disorder help and information, links to resources and a support community. While many of these sites are beneficial, other sites, disguised as elite and exclusive communities, actually promote eating disordered behaviors. Pro-Ana aka Pro-Anorexia, Pro-Mia aka Pro-Bulimia and Pro Ed aka Pro-Eating Disorders are terms used to describe these online communities. Visitors are motivated to join their elite and exclusive group with the lure of compassion, support, connection. Yet, these sites are dangerous and promote eating disordered behaviors. Borzekowski, Schenk, Wilson, and Peebles (2010) studied 180 sites (search terms included phrases such as Pro-Ana and thin and support). Of these sites, 83% contained suggestions to engage in eating disordered behaviors while a minority provided true support and real data on recovery.

These sites create unhealthy communities that glamorize and idolize images of emaciated and extremely thin people. They imply that food and weight are the enemy that must be avoided at all costs so the sites encourage and teach dangerous eating behaviors. Thinness is the ultimate goal and denial reigns when it comes to serious illnesses. Jett, LaPorte, and Wanchisn (2010), looked at the effects of exposure to these sites when healthy girls viewed them. They exposed healthy college women who had no history of an eating disorder to 1.5 hours of Pro-Eating Disorder sites. Data showed a decrease in caloric intake the week following the exposure; some study participants admitting they used techniques and tips they learned from the sites for up to three weeks after the exposure. Many noted having strong emotional reactions to the site content.

## Pro-Recovery

The new movement is to promote Pro-Recovery Websites such as Something Fishy, which has addressed eating disorder recovery since 1995, and the National Eating Disorders organization. Both of these websites offer incredible information, resources, and connections for support: <http://www.something-fishy.org/sfwed/prorecovery.php>  
<http://www.nationaleatingdisorders.org/recovery>

#### References:

Borzekowski, D.L.G., Schenk, S., Wilson, J. L., & Peebles, R. (2010). e-Ana and e-Mia: A content analysis of pro-eating disorder web sites. *American Journal of Public Health*. 100: 1526-1534.

Jett, S., LaPorte, D. J., & Wanchisn, J. (2010). Impact of exposure to pro-eating disorder websites on eating behaviour in college women. *European Eating Disorders Review*.

# Movement-Based Embodied Contemplative Practices: Definitions and Paradigms

By Laura Schmalzl, Mardi Crane-Godreau, and Peter Payne

Published April 14, 2014

doi:10.3389/fnhum.2014.00205

Hot off the press, a new, open-access article published in *Frontiers in Human Neuroscience* mentions Somatic Experiencing (SE) and cites Peter Levine. While SE was not central to this particular paper, the hope is that the perspective will help to broaden the appreciation of its use.

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Links to the full text can be found at:

<http://journal.frontiersin.org/Journal/10.3389/fnhum.2014.00205/full>

<http://www.readcube.com/articles/10.3389/fnhum.2014.00205>

## Abstract:

“Over the past decades, cognitive neuroscience has witnessed a shift from predominantly disembodied and computational views of the mind, to more embodied and situated views of the mind. These postulate that mental functions cannot be fully understood without reference to the physical body and the environment in which they are experienced. Within the field of contemplative science, the directing of attention to bodily sensations has so far mainly been studied in the context of seated meditation and mindfulness practices. However, the cultivation of interoceptive, proprioceptive and kinesthetic awareness is also said to lie at the core of many movement-based contemplative practices such as Yoga, Qigong, and Tai Chi. In addition, it likely plays a key role in the efficacy of modern somatic therapeutic techniques such as the Feldenkrais Method and the Alexander Technique. In the current paper we examine how these practices are grounded in the concepts of embodiment, movement and contemplation, as we look at them primarily through the lens of an enactive approach to cognition. Throughout, we point to a series of challenges that arise when Western scientists study practices that are based on a non-dualistic view of mind and body.”

Would you like to discuss with colleagues around the world your thoughts, findings or questions? The Somatic Perspectives on Psychotherapy group on LinkedIn is your virtual community, already shared by over 2,500 kindred spirits: <http://linkedin.somaticperspectives.com>

This group includes subscribers to SomaticPerspectives.com, members of the US Association for Body Psychotherapy (USABP), members of the European Association for Body Psychotherapy (EABP), as well as people who are simply interested in joining our conversations.

# Are you a Nutrivore?

An Interview with  
Mira Calton, CN and Jayson Calton, PhD



By Nancy Eichhorn, PhD

Picture a vibrant, vivacious 30-year-old woman in the prime of her career—she owns and runs a successful public relations firm in Manhattan specializing in high-end fashion, and film and restaurant promotion. She's flying high on life until she receives life altering news: in one earth-shattering, medical-moment her life is forewarned to change, drastically. Prepare for full time care, she's told, your bones are brittle beyond repair—advanced osteoporosis the culprit, traditional Western medicine unable to offer more than the soon-to-be invalid prognosis.

**Now, some women may respond** with a *poor me* mentality and succumb. Others may move fast and furious streaking forward grasping at life in complete denial of their diagnosis thus hastening their physical descent into fractures and splints. Our young heroine, Mira, however, moved in a methodical manner—a mission lay ahead. Keen on recovery, she researched options, treatments, and care-givers outside the traditional medical community. She traveled to Orlando, Florida for an appointment with Jayson Calton, PhD, a fellow of the American Association of Integrative Medicine, a Diplomat of the College of Clinical Nutrition, and a Board Certified Micronutrient Specialist (these among a long list of distinguished degrees, certifications, publications, and successful clinical work). He was noted for his nutritional work helping clients with obesity, diabetes, osteoporosis, cancer, celiac disease, depression, migraine headaches, high blood pressure, immune system disorders, and more. Mira met her match—medically as well as romantically. Together they mapped out the course of her skeletal decline and researched ways to both halt the progression and transform it to create a healing trajectory. Their experiences catapulted them into a lifetime career studying micronutrients—any vitamin or mineral that is essential in small amounts for the proper growth and metabolism of living organisms—and helping people achieve optimal health.

**“When Mira was first diagnosed** and made her way into my office, we looked at how to get the deficient minerals and vitamins she need (*calcium, magnesium, and vitamin K<sub>2</sub>*) into her body,” Jayson says of their meeting back in early 2000. Jayson understood the nature of micronutrients and their role in health and illness. He knew the delicate interplay between vitamins and minerals—increases in one results in decreased absorption of another—and that homeostatic balance resulted in optimal health. Mira’s osteoporosis (her reduced bone mass that lead to increased skeletal fragility and susceptibility to fractures) resulted from micronutrient deficiencies. The key to a cure was in micronutrient sufficiency (Agiratos & Samman, 1994; Allen, de Benoist, Dary, & Hurrell, 2006; Calton, 2010; Watts, 1988, 1990).

**“Micronutrient deficiency** is the most widespread and dangerous health concern of the 21<sup>st</sup> century, effecting nearly 100% of the people on this planet,” Jayson says. More than 2 billion people in the world suffer from micronutrient deficiencies, which are largely caused by dietary deficiencies of vitamins and minerals, even small amounts can result in detrimental effects (Allen et al., 2006).

### **Micronutrients: Their role in maintaining health and treating illness**

**Casimir Funk**, a polish biochemist, formulated the concept of vitamins (originally called ‘vital amines’) in 1912. He was inspired by the work of Christiaan Eijkman who was researching the disease known as beriberi. Eijkman had documented that people who ate brown rice were less susceptible to beriberi than people who only ate fully milled rice. Curious, Funk wanted to isolate the substance responsible. His work resulted in the discovery of vitamin B<sub>3</sub>—niacin. A forerunner in the field of nutritional science, Funk researched and wrote extensively about the etiology of deficiency diseases and their treatment (e. g., beriberi, scurvy, pellagra, and rickets). He discovered that many human diseases were caused by a lack of certain nutrients necessary for metabolism (that were readily available in some foods) and thus developed his theory on the interrelationships between vitamins and minerals. Micronutrient deficiency is scientifically linked to the most of the modern health conditions and diseases including a higher risk of being overweight, obesity, cardiovascular disease, cancer, diabetes, osteoporosis, and more (Allen, de Benoist, Dary, & Hurrell, 2006; Calton, 2010; Watts, 1988, 1990).



**Based on Funk’s work** as well as on decades of research that followed, the Calton’s predicated their research and work on what they call, ‘The Micronutrient Sufficiency Hypothesis of Health’: “If a condition or disease can be directly linked to a micronutrient deficiency, then it can be prevented and/or reversed through sustained sufficiency of the deficient micronutrient(s).”

**“It may seem simplistic,”** Mira says. “And it’s where we believe nutrition is going. It used to be that fat was bad, calories were bad, just get rid of them and you will be fixed. But now we see other cutting edge nutritionists focusing on micronutrients as well, even Dr. Oz and Dr. Hyman are focusing their work here. When we wrote our first book, *Naked Calories*, the fact that we want to use the word micronutrient scared away almost every publisher. We are trying to educate the public, we are leading the charge to get the word out. Our big goal is micronutrient awareness.”

### **Mira’s Turn Around**

**Jayson and Mira** discovered three crucial steps to reverse her osteoporosis and in turn to reverse micronutrient deficiency into micronutrient sufficiency for optimal health. Step one: eat foods that are rich in micronutrients (the FDA has identified 27 essential micronutrients). Step two: drive down micronutrient depletion from your diet and lifestyle habits. Step three: learn your ‘ABCs of supplementation’.

**Switching to** ‘micronutrient rich foods’ may sound simple enough until you ask, “What are micronutrient rich foods and where do you find them?” Responses may range from eat local, to eat organic and stay away from sugar. Adding to the confusion, there are a plethora of diets to follow including vegan, Mediterranean, vegetarian, low

carbohydrate, low fat, Paleo, Primal, low calorie, and gluten free. Regardless of the diet people follow, the Calton’s stress that it is not about the diet but about the micronutrients in the food and how the body absorbs them and uses them—micronutrient deficiency is a real concern.

**“A low calorie diet** means less food and fewer nutrients,” Jayson explains. “A vegan diet is 73% deficient in essential micronutrients such as B<sub>12</sub>, which is found in animal products (and results in low energy), and Omega 3 oils, which mostly come from fish. If you are eating soy, spinach, grains, and legumes every day you are potentially consuming high levels of oxalic acid, which depletes calcium and magnesium. The Paleo diet is the most popular right now. People think they are eating this ancestral diet so they must be getting all they need, but the diet is deficient in calcium and chromium. Low carbohydrate diets mean cutting out an entire class of foods. You are losing and reducing all the micronutrients found in those foods including B<sub>2</sub>, B<sub>9</sub>, calcium, magnesium, and iron. Gluten free diets are usually followed by those with celiac or who have gut issues to begin with, so they are already dealing with malabsorption. They also experience deficiencies in calcium, magnesium, vitamin D, iron, and B<sub>12</sub>. The vitamin B<sub>12</sub> helps keep the amino acid homocysteine at the right level, which may help decrease the risk of heart disease and is essential to red blood cell production (*red blood cells carry oxygen through the blood to the body tissue*).”

**Jayson published a study** in the *Journal of the International Society of Sports Nutrition* (2010) where he compared four popular diets for 27 micronutrients identified as essential by the FDA for daily intake levels. He compared: The Atkins for Life diet, The South Beach diet, the DASH diet, and The Best Life diet.

Every  
disease is  
directly  
linked to  
a nutrient  
deficiency

commonly attributed to Dr. Linus Pauling PhD, two time Nobel Prize winner.

### **Micronutrients**

#### **1. Vitamins**

**A. Water Soluble (C, niacin, thiamin, riboflavin, folate, B6, B12)**

**B. Fat Soluble (A, E, D, K)**

#### **2. Minerals**

**A. Major (iron, calcium, potassium, magnesium, phosphorous, sodium)**

**B. Minor (selenium, zinc, chromium, nickel)**



**His results were remarkable.** He demonstrated that:

the Atkins diet was 44% sufficient and provided 100% RDI for 12 of the 27 essential micronutrients analyzed

the South Beach diet was 22% sufficient and provided 100% RDI for 6 of the 27 micronutrients analyzed

the DASH diet was 52% sufficient and provided 100% RDI of 14 of the 27 micronutrients analyzed

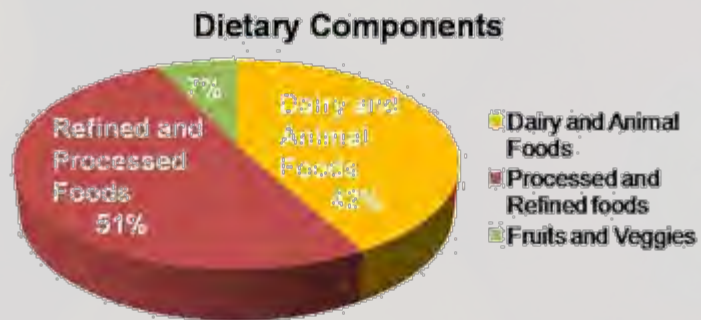
and the Best Life diet was 56% sufficient and provided 100% RDI for 15 of the 27 micronutrients analyzed.

Over all, his study found that “the typical dieter following one of these diet plans would be 56% deficient in obtaining RDI sufficiency, and they would be lacking in 15 of the 27 essential micronutrients” (Calton, 2010, p. 7).

“**Micronutrient sufficiency** needs to come first and then let your diet philosophy follow behind,” Jayson says.

**Micronutrient sufficiency** relies on food quality. Eating foods with genetically modified organisms (GMO) such as corn, soy, milk, sugar beets, cottonseed, alfalfa, canola oil, and aspartame may lead to toxic side effects; the genetic material (DNA) in these foods are altered in ways that are not naturally occurring. There is no common consensus on their safety: “Different GM organisms include different genes inserted in different ways. This means that individual GM foods and their safety should be assessed on a case-by-case basis and that it is not possible to make general statements on the safety of all GM foods” (Retrieved from <http://www.who.int/foodsafety/publications/biotech/20questions/en/>).

## The American Diet: Designed for Disease



Source: USDA, Agriculture, Fact Book 98, Chapter 1-A

**Furthermore**, the standard American diet is composed of “Naked Calories”, according to the Calton’s, meaning we eat foods that have been stripped of their micronutrients due to farming practices, processing, and manufacturing processes, and even ways of cooking (e. g., microwaves, deep frying). We need to make changes, they say, in what we eat and how we live in order to decrease micronutrient saboteurs.

“**We want to educate people** in the grocery store where they are face-to-face with food,” Mira says, explaining the motivation for their second book entitled, *Rich Food, Poor Food*. “Most people go grocery shopping looking for what’s on sale, which brand is cheaper, and what they have coupons for. We want to let them know what the words mean at the end of the list of ingredients and what they are doing to their health. There are a dozen everyday micronutrient-depletion-stealth-habits that deplete the micronutrients we have already have eaten. Things we do every day. We look at what’s in the foods we are eating like oxalic acid, tannins, stress in our lives, even exercise. It’s supposed to be healthy, but it subtracts from our daily micronutrient sufficiency. We need to drive down depletion. We look at

over-the-counter medications. I mean, if you’re living in LA, you’re not going to move, but we want people to be aware that air pollution depletes micronutrients, and you will require more antioxidants living there.”

### **The ABCs of Supplementation: The Science and the Art**

“**We are food first people**, and we are realists, we’ve done the research,” Jayson says. “You cannot get enough micronutrients on a day-to-day basis without supplementation.”

**Basically**, 50% of the US population pops a daily multi-vitamin; however, about 80% of the micronutrients in those pills are not absorbed. With this knowledge in mind, the Calton’s created a multivitamin powder, Nutreince, based on what they call the ABCs; absorption, beneficial qualities, competition and synergy. (for a complete discussion visit: [www.ABCsofsupplementation.com](http://www.ABCsofsupplementation.com)).

**A is for Absorption.** Most vitamins come as a coated pill or tablet, or in chewable or dissolvable form. Pills are difficult for the intestines to break down and absorb. Many pills add sugar to make them more

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palatable but sugar blocks the absorption of vitamin C, calcium, and magnesium. There are also many hidden binders, fillers, and flow agents in pills to make them easier for manufacturing. And, they are often coated with shellac or wax to keep the moisture out of the pill but this decreases its solubility in the body. Artificial colors are added, which have been linked to cancer and require warning labels in other countries, including Blue 1 and 2, Red 40 and Yellow 5 and 6. Many multivitamins also have BHA and BHT added, which are known to be carcinogenic.

**A Harris Interactive®** online study (2003) also found that 40% of American adults have difficulty swallowing pills and thus avoid taking them. Those with irritable bowel syndrome, hernias, and diverticulitis also have difficulty absorbing pill-form nutrients. It is better to drink your supplements, but there's concern in terms of storage and integrity of the nutrients. Just like milk needs to be in an opaque container to maintain its health qualities, micronutrients are depleted by temperature, light, and air.

**Buying vitamin infused** waters in clear plastic does not help. And it's

not just light that causes the breakdown, air does too. Each time you open the container air enters creating oxidation.

**"I was taking handfuls of pills** all day, before and after every meal," Mira says, recalling when she was first starting her healing process. "Some of them were horse pills, and they were gaging me. I was not about to take 10,000 pills a year for the rest of my life, so we created Nutreince (*a single serving, in powdered form, in foil, that, when added to water is highly absorbable*)."

**"It was born of necessity,"** Jayson says. "It's part of our story. It's who we are. We spent years researching it. We researched all the other multivitamins, and if one had met our guidelines we would have used it."

**B is for Beneficial quantities.** The amount of each micronutrient in your supplement as well as the form and grade that it comes in to achieve minimal sufficiency is important. There are high grade and low grade forms of each micronutrient manufactured. When your multivitamin says vitamin D—you may be getting D<sub>2</sub> or D<sub>3</sub>. "You may be paying for a Porsche but purchasing a Hugo," Jayson says.

Vitamin E comes in several forms. If there's a dl- before your vitamin E on the label that means it is the cheaper synthetic form. The Calton's stress that you want the natural source, which is better retained and biologically active. You want your E to have both tocopherols and tocotrienols for the full spectrum. Folate (aka vitamin B<sub>9</sub>), needs to be in the form of 5-methyltetrahydrofolate (5MTHF) for the best conversion. And vitamin K, which is important for blood clotting, is usually given as K<sub>1</sub> if even included at all. However, it's K<sub>2</sub> that aids bone mineralization and is not often in multivitamins.

**"Some studies** are saying women over the age of 50 should not take calcium supplements. The doctors are reading the studies that say calcium creates a build-up in the arteries, but if you have vitamin K<sub>2</sub> in the body, it will pull it out of the arteries and help it absorb into the bones. If more people were sufficient in K<sub>2</sub>, we would have fewer bone breaks. You don't want to stop taking calcium supplements—that's not the solution. After all, where would you get your calcium from? People think spinach. However, spinach has 280 mg in a 10-ounce package, but the naturally occurring oxalic acid in the spinach

**“You can’t just take one vitamin. It will backfire. Micronutrients are like a symphony— all the players are needed. You can’t have just one instrument to create a harmonious sound.”**

binds with it so only 28 mg is absorbed. It also binds to other important micronutrients in your food, too, like iron and magnesium.” Jayson says.

**Timing matters as well.** Not all vitamins and minerals are absorbed equally. Water soluble vitamins such as vitamin C and the B vitamins are absorbed and excreted via our urine about every 12 hours. Unless vitamin C is taken twice a day, you are not going to fully realize its benefits, the Caltons’ say. Fat soluble vitamins (A, D, E, and K) can be stored in the body and have limited absorption rates. The Caltons’ say that taking your multivitamin twice a day with the right combinations and amounts is essential for healthy body functioning.

**“Micronutrients** will chelate with different heavy metals and toxins,”

Jayson says. “There may be mercury in fish but if you have selenium, vitamin C, and vitamin E in your system they will draw the mercury out so it can’t stay in the body. This is a reason we should chose to eat fish that are selenium rich. Micronutrients are natural detoxifiers. Vitamin D increases the absorption of calcium, and magnesium, and if you are deficient in either of these vitamin D will work to increase lead” (*resulting in lead toxicity*) (Watts, 1990).

**“You can’t** just take one vitamin. It will backfire,” Mira says. “Micronutrients are like a symphony—all the players are needed. You can’t have just one instrument to create a harmonious sound. If you just take vitamin D, you get more issues. Vitamin D and Vitamin A are antagonists. You can cause night blindness if you reduce

the amount of vitamin A you take in. They all work in unison.”

**C is for Competition.** Mineral competition is the game changer, the Caltons’ say. “Micronutrient antagonists are the single most important reason multivitamins cannot deliver the benefits of the vitamin,” they say. They spent over six years mapping out all of the competitions that they could find proof for in peer reviewed literature. They wanted two separate authors to have found the same information. Forty-five competitors have been well established. The Caltons’ even got a US patent for their ‘anti-mineral competition’; it’s the first time a formulation patent was given for supplements, Jayson says, explaining that most patents are given for the delivery system for example: time release, capsule, tablet, coating.

**“We say** you can yell at two kids to keep quiet, but it will not happen unless you split them into separate rooms,” Mira says. But they reversed her osteoporosis, which is unheard of they say, by creating their unique multivitamin.

**It turns out** that the body is limited in its ability to absorb all the nutrients in a multivitamin all at once. They compete for receptor sites, and there can only be one winner. The Caltons’ explain that there are four times when competition occurs. First: a chemical competition occurs during manufacturing. For example, Zinc is insoluble with B9 in the same mix—when together, neither are absorbed. Second: a biochemical competition occurs after the vitamin is ingested, it may or may not be absorbed at the receptor site. Third: a physiological



“You can get healthy through many dietary pathways; there is no one right diet.”

competition occurs after the micronutrient has been absorbed—it can cause decreased utilization of other micronutrients. Fourth: a clinical competition takes place where its presence in the body masks the presence of other micronutrients. In fact, the supplement you are taking may be getting in its own way.

**For example**, a woman over the age of 50 is supposed to get 1200mg of calcium daily. But the body can only absorb up to 600 mg at a time. The quality of the calcium taken is important as well as not being leached from the bones or chelated in some way. If  $K_2$  is there, calcification will not take place. But, calcium is also antagonistic to zinc (it decreases the absorption of zinc creating a deficiency); vitamin D increases calcium absorption, which again, in turn, suppresses zinc absorption (Watts, 1998, 1990). Taking too much calcium, and/or taking it in conjunction with zinc will inhibit our zinc absorption.

**Some doctors may** address competition by having patients take mega doses of single vitamins. But these high doses interfere with the

utilization of other nutrients. Watts (1990) noted a hypothetical case: a patient with osteoporosis may be consuming 800 to 1,000 mg of calcium without appreciable effects. The doctor may up the dosage to twice even three times that and will see results, until the supplementation ends. The patient returns to the pretreatment state. If the competitors and depletors (vitamin E, vitamin A, potassium, and phytic and oxalic foods) were deleted as well as adding in synergists, (vitamin D, magnesium, copper) the patient would respond to 400 mg of calcium.

**S is for Synergy.** As Watt’s (1990) noted, and the Caltons’ explain, the opposite of competition is synergy. The Caltons’ looked at what micronutrients worked best together to increase absorption (Watts, 1990). They researched which micronutrients were best suited for one another. Just as competition takes place four times, they found synergy occurs four times. Chemical synergy occurs when some micronutrients form an advantageous complex; biochemical synergy occurs when they aid in the absorption of one another; physiological synergy occurs

when they aid the performance of the other in the body; and clinical synergy occurs when they are found to work together in observable and yet unexpected ways.

**“You have to use anti-competition and synergy,”** Jayson explains.

**“This is a huge paradigm shift—**to look at the way micronutrients in supplement form will have more benefits if we understand the competition,” Mira says.

### The Calton Project

**Along with** intense and in-depth research, the Caltons’ nutritional concepts were also derived from living with indigenous tribes for six years. Their honeymoon, actually, was spent traveling to 100 countries on 7 continents to observe the eating patterns of indigenous tribes and to learn about their nutritional philosophies and their impact on health.

**“There were so many different** tribal cultures, so many different styles of diet,” Jayson says. “You can get healthy through many dietary pathways; there is no one right diet. We noticed that the diet of healthy people fluctuates with the seasons. They are surrounded by micronutrient rich food; they are micronutrient sufficient at the core of nutritional health.

**“All sciences have laws,”** he continues. “There are chemical laws, physics has its laws, but nutrition doesn’t seem to have any laws. It’s like the Wild West. We want to create a law that states that micronutrient sufficiency is mandatory to establish optimal health. It is a universal truth that is applicable to all diet philosophies. The truth is, we have people who are sick and fat because of micronutrient deficiency.”



The Calton Project: Photo courtesy of Mira and Jayson Calton.

## Obesity

**According to Jayson**, the current contemporary theoretical perspective of obesity is that people are undisciplined, lazy, or are overeaters. It's time to consider it biochemically, he says

**“There are people** who have lost their weight. They look better, feel better. They are out buying new clothes. They achieved the look they wanted. You would think they should stay at that weight, with that accomplishment,” Jayson says. “But there's a voice in there saying eat those French friends, eat that ice cream, go to Dunkin Donuts. They break down and eat. It's not that they are lazy, it's that their body is overriding their brain. They are eating food because of micronutrient cravings, which goes away with micronutrient sufficiency. We've helped thousands of clients suffering from cravings go from no control of their cravings to no cravings. They become sufficient and now discipline and education are enough to maintain their weight loss.”

**“I used to eat gummy things** all day,” Mira says. “I went for Swedish Fish for quick energy, but in truth I was depleting the calcium from my bones. Now that I'm calcium sufficient, I don't crave sugar any more.”



**“People are confused,”** Jayson says. “They think it's just a habit, and they can change a habit. But they cannot change the actual cravings,

the signals their body sends. It's a physiological craving and you have to get rid of that. We are looking in the exact opposite direction. Low calorie diets, diets that restrict intake of food groups, such as gluten or fats, take away the foods you are getting micronutrients from. You are taking out the B vitamins that in turn help us get the minerals and vitamins out of the food derived them. We need to derive and utilize micronutrients. Many nutritional approaches today block our ability to do that.”

**They shared one last story** while we were talking that typified their presence in the field of micronutrients and optimal health. Mira explained that they still answer all of their emails and respond to the postings on their Facebook page and website. A 40-year-old woman contacted them. She was a triathlete, a vegan. She having some health problems. Her lab work showed a high level of calcium and a low level of vitamin D. She was reading their book, *Naked Calories*, and realized that she was eating foods high in oxalic acid, which was binding to the calcium and leaching it into her blood (*thus high calcium levels in the lab work*). She went to her doctor and demanded a DEXO scan. The scan diagnosed both osteoporosis and scoliosis. She had already lost two inches of height. Their research, in fact, saved her bone density, and their three-step process will be responsible for her healing.

**Mira Calton**, CN, FAAIM, DCCN, CMS, CPFC, BCIH is a Licensed Certified Nutritionist, a Fellow of the American Association of Integrative Medicine, a Diplomate of the College of Clinical Nutrition, a Certified Personal Fitness Chef and is Board Certified in Integrative Health. She holds a Diploma in Comprehensive Nutrition from Huntington College of Health Sciences, has completed the Yale University School of Medicine's OWCH (Online Weight Management Counseling for Healthcare Providers) program, and

currently sits on the American Board of Integrative Health. Mira's interest in nutrition came after having been diagnosed at the age of thirty with advanced osteoporosis. Working with her husband Dr. Jayson Calton to become micronutrient sufficient Mira reversed her condition, they now work together to inspire others to do the same.

**Jayson B. Calton**, PhD, FAAIM, DCCN, CMS, CISSN, BCIH, ROHP is a Fellow of the American Association of Integrative Medicine, a Diplomate of the College of Clinical Nutrition, and is Board Certified in Integrative Health and Sports Nutrition. He has worked with thousands of international clients over the last 20 years to improve their health through his unique nutritional and lifestyle therapies. Dr. Calton majored in Molecular and Microbiology (pre-med), at the Burnett Honors College, School of Biomedical Sciences and holds a Masters of Science degree and a Ph.D. in Nutrition. He has completed post-doctoral continuing medical education at Harvard Medical School, Cornell University, and Yale University School of Medicine, and sits on the American Board of Integrative Health (ABIH).

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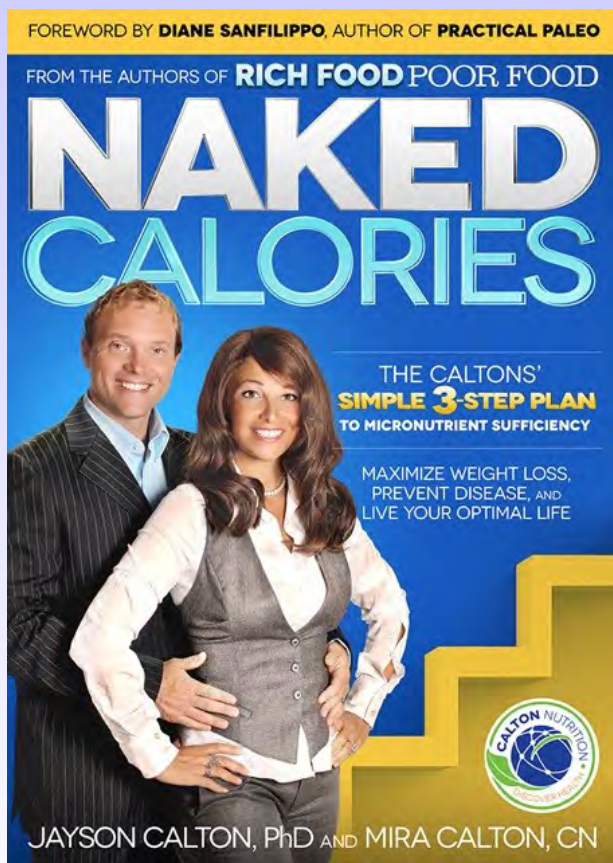
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# Naked Calories

## Rich Food Poor Food

Written by Jayson Calton, PhD, and Mira Calton, CN

Reviewed by Nancy Eichhorn, PhD

**When people face** life threatening and potentially debilitating diseases such as cancer and osteoporosis, when their health declines for reasons unknown (medical tests are inconclusive so doctors call it a syndrome), when their emotional well-being plummets as chronic pain and suffering lead toward traces of depression, they may look for a way out. The Caltons' wrote their books after Mira was diagnosed with advanced stage osteoporosis to share what they learned during their journey to heal her.

*Naked Calories* was written first to detail the three steps they discovered that created Mira's remarkable turnaround. There's a quiz provided to determine your micronutrient sufficiency levels because, "Statistics cited by the United States Department of Agricultural indicate the likelihood that you are deficient in one or more of the essential micronutrients" (Caltons', 2013, p.22). The quiz considers all aspects of our lives including nutrition,

activity, stress level, food shopping and preparation including cooking techniques. Fortunately there's no failing score, the outcome is awareness of how you may be depleting your micronutrients unknowingly and what you can start to do to change course and prevent or reverse disease.

**The book** includes information on basic nutrition, vitamin supplementation (the ABCs of supplementation) and how micronutrient depletion occurs. There are multiple causes of depletion such as prescription medications, toxic chemicals in foods, and antagonists and synergists that block and aid absorption. Furthermore, several popular diets (Atkins, South Beach, DASH, the Best Life Diet, Practical Paleo, and the Primal Blueprint) result in micronutrient deficient. The Caltons' did a comparison study and documented which micronutrients are deficient and how many calories you would have to eat to reach 100% RDI sufficiency; for example, to reach

100% RDI sufficiency with the Practical Paleo diet you would have to consume 17,000 calories! There is an in-depth discussion on obesity and sugar's role in fat formation. And the book ends with 'The hypothesis of health'. There are 17 pages of references (in really small font size) to support their data and claims. They did their homework before offering their insights to the general public.

**Rich Food, Poor Food** was written in response to people needing guidance when going to the grocery store (what are rich and poor foods). Thus, the Caltons' created their own GPS (grocery purchasing system) to guide their readers' one aisle at a time. This is a hands-on manual to guide readers as they move into a new frame of food awareness and consumption.

**Both books** are as flashy and engaging as their authors, as jam packed with energy and movement and color and style as their authors, as easy to be with and follow and

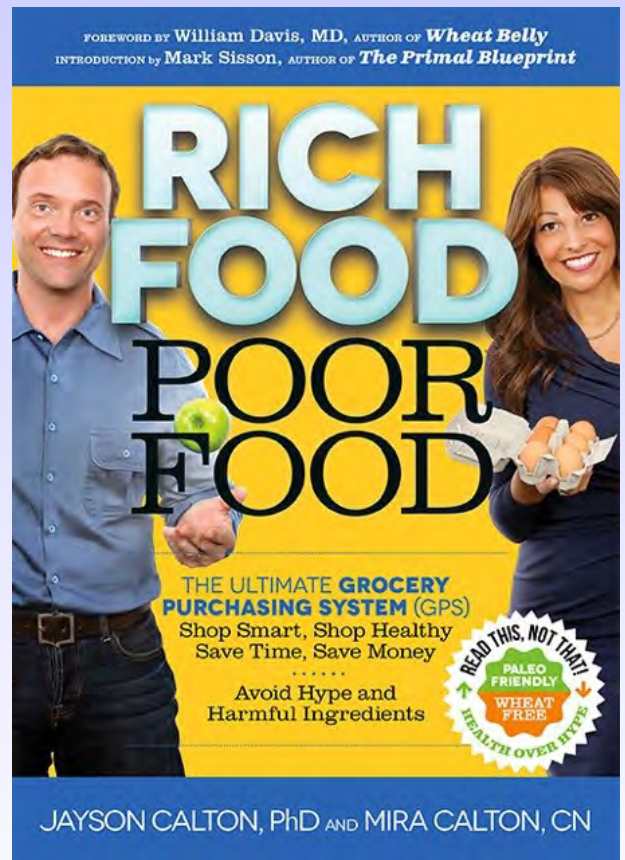
learn from as if you are hanging out with Mira and Jayson walking around grocery store aisles. The book covers are glossy and thick and substantial; the inside paper is glossy and smooth—these books were made to last.

**The quality of professionals** writing their support for the Caltons' is the first indicator that you are about to change the way you think and feel about food and micronutrients. New York Times bestseller Anna Louise Gettleman, PhD offers that "*Naked Calories deserves to become a classic on par with Dr. Weston Price's Nutrition and Physical Degeneration*" while Michael Holick M.D., PhD (director of the Vitamin D Skin and Bone Research Laboratory at Boston University) writes, "*Naked Calories is a D-lightful expose' that brings into focus the adage, 'You are what you eat.'*" Support for *Rich Food Poor Food* is just as robust: Jonny Bowden, PhD, CNS, author of *The 150 Healthiest Foods* and *The Great Cholesterol Myth* writes, "*Finally, a book that tells you what you really need to know to make healthy food choices in the real world. An outstanding addition to any library*" (Caltons', 2013, p. xiii).

**The layout in both books** invites readers to interact with the material via bold colors, stylistic fonts, color coding, and icons and symbols acting

as guide posts such as 'Good In, Bad out', 'Steer Here (green and inviting), Steer Clear' (red and orange indicating danger as if the words are on fire), 'Food for Thought', 'Checkout Checklist', and 'No Taste Like Home'. The format becomes routinized, known, making all this new data easily digestible. The information is accurate and immense yet written in a light and lively manner—there's humor in these books, they're playful despite the reality of the intense nature of the content and its impact on human health and wellbeing. The material is presented so that anyone can understand regardless of their background experience with nutrition—these are books for laypersons to bring home and learn from, these are books for practitioners to share with their patients (and perhaps learn from themselves).

**There are** checklists, shopping lists, charts, recipes. Labels are revealed with ingredients explained, defined. From milk and cheese to hot dogs and chicken, from condiments to baking necessities, the Caltons' share their insights into the micronutrient values of the very foods people consume—even Lays potato chips and their counterpart—healthier crisps—are exposed. They come forward with honest statements such as "don't waste your money", "The Fab 14", and "The Terrible 20" so readers know which fruits and vegetables they can purchase conventionally (cost less) and which they need to make sure are organic to reduce the risk of genetically modified organisms (GMO) and pesticide residue. They have multiple free resources on their website to



download such as a small cheat sheet of "The Fab 14" and "The Terrible 20" to bring along when you go shopping. The recipes are actually easy to follow with limited ingredients; in fact, their philosophy adheres to the belief that less is more—the fewer the ingredients, the closer to natural and pure the better.

**The Caltons' offer readers** a chance to revamp their diet and enter a new relationship with food that will have positive and lasting effects. I highly recommend these books for people looking to make dietary changes for lasting health.

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# Turning-The-Tables

An Interview with Helayne Waldman ED.D., M.S., CNE

By Nancy Eichhorn, PhD

**When her father was diagnosed with small-cell lung cancer in 1994, Helayne Waldman knew it was lethal. She researched ways to support his health and did the best she could considering she was a layperson, not a practicing nutritionist. A single mom at the time, Waldman worked as a trainer in field-readiness and marketing for a database firm. Her father died in four months, planting a seed that Waldman later nurtured into a healing profession for people living with and dying from cancer.**

**“It was quite traumatic,”** Waldman says. “It was devastating to me to lose my father and to watch what mainstream treatment did to him.”

**A few years later** a beloved aunt was diagnosed with cancer. Waldman researched again, looking for ways to support her aunt’s health using nutritional means rather than rely solely on traditional medicine, knowing the devastation chemotherapy and radiation create in the name of cancer treatment (the side effects often debilitating in themselves). Shortly thereafter, Waldman felt her focus transition from training to teaching, from marketing databases to promoting health and wellbeing. She had already entered a holistic nutrition program when she learned that a dear friend was diagnosed with a glioblastoma—an aggressive, fatal, brain tumor. Waldman knew at that point that nutrition was not just a passion but a

career, and that she needed to specialize in helping those with cancer. She did a ton more research and helped to extend her friend’s life for another year with nutrients and supplements. Together, these experiences enabled Waldman to come forward with a deep, profound passion for helping people through their cancer, before and after treatment. She knows nutrition, and she has an intimate caregiver insight—she’s seen what happens in people’s lives, she knows the nightmares and, in some cases, can make them less so.

## Client Care

**The first step** for Waldman is knowing where clients are in their stage of treatment—what has the client chosen to do? Some come in preparing to have surgery. Some may have chemotherapy and/or radiation slated for after surgery. Some come in post-surgery looking for support.

Meeting during this initial decision making process is actually a tricky time to connect.

**“I have so many** of my own biases against traditional treatment,—they don’t know what they’re in for—I do. Chemotherapy, radiation, the drugs they use are carcinogenic—they lead to secondary cancer. My heart hurts when I see women scared into something that may not be in their best interest, but it’s between them and their practitioners (*usually an oncologist or a breast surgeon*). It’s not my place to talk them out of what they and their doctor decide to do,” Waldman says.

**“I can educate them** about the basics of staying strong through surgery. I can build them up for surgery—make it easier to recover and detoxify from the anesthesia. After surgery I can help speed up recovery with whole foods and nutrients.



“There are many nutrients, herbs, supplements, and whole foods that can help women through their journey. My role on the team involves helping to mitigate the side effects of traditional treatments by keeping the body as strong as possible.”

**If they are going** for chemotherapy, I can help mitigate the immediate and long term side effects and help maintain blood counts—chemotherapy and radiation cause white and red blood cell counts to drop drastically. I can help maintain an appetite, quell nausea, support more energy, and manage the side effects of neuropathy (*chemotherapy damages nerve cells resulting in loss of sensitivity of touch, pain, burning, and tingling in the hands, fingers, feet and toes, muscle weakness and balance problems, and cramping in the hands and feet*).

**High doses of radiation** are used to kill cancer cells but it also damages healthy cells in the treatment area. Side effects are noted as itchy, peeling, blistering skin, fatigue, diarrhea, nausea and vomiting, and swelling, with later side effects ranging from joint pain and lymphedema to secondary cancer. Waldman knows which foods are radio protective and can protect the

non-target tissues that are getting hit. For example, mung beans contain vitexin (a naturally occurring flavone C-glycoside and lignan compound identified in various plant sources) and isovitexin that have been shown to induce apoptosis (a normal physiological process designed to eliminate DNA-damaged cells and unwanted cells; when halted it may result in uncontrolled cell growth and tumor formation) and suppress tumor growth. Mung bean anticancer effects have been demonstrated against hormone-related cancers (Yao, Cheng, Ren, 2011; Cheng, Shan, Ren, Chen, & Wang, 2008). And studies have also shown that eating some form of mung beans on a daily basis helps stop blood counts from dropping as much and wards off fatigue.

“**The real art comes** in knowing which food for which condition,” Waldman says. She mentions miso and black cumin seed to mitigate the effects of radiation damage and protect normal healthy tissue. Miso (fermented soy bean paste) has radioprotective effects, and it also contains the phytochemical genistein that cuts off blood flow to cancerous tumors (anti-angiogenesis); it basically suffocates the tumor (Watanabe, 2013; Ohara et al., 2001). There are topical gels and ointments derived from flowers such as calendula officinalis (common name marigold) that include lutein and beta-carotene. Calendula extracts have demonstrated anti-inflammatory properties as well as antibacterial, anti-parasitic, and anti-tumor properties (retrieved from [www.mskcc.org/cancer-care](http://www.mskcc.org/cancer-care)). Women can spread it on their breast to soothe radiation burns, Waldman says.

“**There are many nutrients,** herbs, supplements, and whole foods that can help women through their journey,” Waldman says. “My role on the team involves helping to mitigate the side effects of traditional treatments by keeping the body as strong as possible.

“**After treatment,** we try to make sure there is no recurrence. If they come in DCIS or stage 1, then the cancer has been caught early. If it’s a tiny lump, they may have a lumpectomy and nothing else. We can change the terrain in the body so that it is no longer hospitable to a cancer growing there. We need to look at the parameters of what is going into their body that made it hospitable to cancer cells and then work to alter that terrain.

### Changing the Terrain

**Waldman focuses** on toxins and ways clients can reorganize their lives to avoid many toxins. For starters? Personal care products such as makeup, shampoo, and lotions have phthalates and parabens in them that are endocrine disrupting chemicals. Antiperspirants have aluminum in them. It’s not hard to change to coconut oil, Waldman says, noting that it is a better moisturizer, a better emollient. She looks at what people can get out of their life that they have some control over. We have no control over many toxins she says, even organic foods are tainted with heavy metals.

**Waldman works** with clients to enhance the body’s ability to eliminate toxins. She can support the liver, explaining that if there is a big traffic jam in the system, the body



will not function well. For instance, if you are not having a bowel movement every day those toxins are being stored, primarily in fat (adipocytes). Fat cells, especially abdominal, issue distress signals sending local immune cells into action pumping out cytokines (immune system hormones) causing inflammation. “Inflammatory chemicals are like fertilizer for cancer,” Waldman says.

**Another example** Waldman offers involves sugar—it invites cancer back. When people eat foods loaded with sugar, the body compensates for the high levels of glucose with high levels of insulin. Insulin is a high level growth promoter for cancer as well as a potent inflammatory hormone. Waldman works with clients to get their insulin and glucose levels as low as possible so there are no excess inflammatory chemicals in the blood stream. “Those chemicals are welcoming to incipient cancer,” Waldman says.



**She also looks at** what nutrients her clients are getting from their diet and where they may be deficient. Nutrients that play a strong part in anti-cancer treatment include the following: vitamin A; vitamin D; vitamin C; the mineral zinc; selenium; magnesium; iodine; and trace minerals. All are potent protective nutrients. Her clients may not be getting enough from their diet because our food is processed, depleted, devitalized—they are grown in depleted soils, Waldman says. Chromium and vanadium, deficient in our soils, are our two main blood

sugar managing minerals (interacting with insulin). While vanadium has not been established as an essential micronutrient in our diet, biological effects such as insulin-mimetic action have been discovered and multiple biochemical and molecular actions have been implicated in its inhibitory effects on various tumor cells of human origin. In several animal cancer models, vanadium demonstrated protection against all stages of carcinogenesis: initiation, promotion, and progression. (Bishayee, Waghay, Patel, & Chatterjee, 2010). Monocropping doesn't help either—some minerals, such as potassium and phosphorous are put back in the soil with commercial fertilizers, but micro minerals are not; the soil becomes depleted. Our food is shipped long distances, microwaved, and boiled, which all deplete the nutrients we need.

**“I can take a look at a person’s diet** and see what they are eating that is helping to support health and what they are eating that depletes it.” Waldman says. “Processed food is health depleting food. A pure whole food diet is essential; it underlies everything. You can take all the supplements you want, but they will not make a difference if you are eating the standard American diet. You have to get the junk out. Most things out of the ground that are natural and whole are good. But if you are eating animal meats they have to be raised as they were meant to be raised: if it’s a cow, it needs to be eating grass; if it’s a chicken, it needs to be eating bugs. These animals were not designed to eat GMO corn and soybeans. What they eat, we wind up eating as well.”

**Tests can determine** vitamin D, zinc, iodine and magnesium levels. Then, Waldman can fill in the gaps. “It’s like a house being built, story by story,” she says. “The foundation is your diet, the second floor is your individual nutritional needs. Beyond



that are your unique metabolic needs. She looks at high blood sugar, insulin, inflammation. “We can use herbs and supplementation such as black cumin and turmeric—they are powerful anti-inflammatories. Bitter melon is another food – a member of the squash family often taken as a supplement – with profound glucose-lowering effects, and a documented ability to down regulate the Her2Neu protein associated with some particularly aggressive breast cancers. So the last story is to take what we know about herbs and spices that have pronounced anti-cancer activity and make sure they are front and center.”

**And, there are broccoli sprouts.**



Chemotherapy kills cancer cells but not the cancer stem cells. Broccoli sprouts will kill cancer stem cells. While Waldman cannot claim 100% stem cell death, research does show that broccoli sprouts do kill cancer stem cells, and they are a strategic addition to your diet. Dr. Paul Talalay, a researcher at John Hopkins School of Medicine, demonstrated that broccoli sprouts contained powerful phytonutrients known as sulforaphanes and glucosinolates, cancer fighting compounds that offer 20 to 50 times more cancer fighting

ability than from the mature adult broccoli plant (cooking broccoli or steaming for longer than 4 minutes destroys any cancer-fighting properties) (Retrieved from [www.jhu.edu/jhumag\\_0408web/talalay.html](http://www.jhu.edu/jhumag_0408web/talalay.html)).

**The skin from red apples** contains triterpenoids that either inhibit or kill cancer cells; they also help up-regulate maspin (a tumor suppressor gene), which has strong anti-proliferative effects on breast and prostate cancer cell growth, (Retrieved from [www.sciencedaily.com/releases/2007/06/070601181005.htm](http://www.sciencedaily.com/releases/2007/06/070601181005.htm)) while the skins from lemons can help prevent cancer cells from clumping together. There's strength in numbers, but cancer cells cannot form a colony because the citrus pectin gets in the way of clumping, which inhibits tumor formation, Waldman says.

**“We can come** from many different directions: vitamin A and vitamin D are differentiating agents. Cancer cells can be almost generic in nature—that is, they don't have the same cellular characteristics as the cells of the target organ. Pathologists grade cancer on how different a tumor's cells are it is from those in healthy tissue. If it is somewhat different, then it is a low grade tumor. If the cell is markedly different, if it is poorly differentiated, then that tumor is more difficult to treat. Vitamin A and vitamin D help from that perspective by coaxing the cells to move back to a state closer to a normal cell.

**“It's like the spokes** of a wheel with cancer at the center. We find every possible angle we can around that wheel to come in and make it harder for cancer to do its thing,” Waldman says.

**“If a tumor has grown** over 2 millimeters, it needs nourishment. It sends the word out signaling to recruit blood vessels to form a network around it to feed it. Thermography works brilliantly to

help detect these tumors because the tissue is more highly vascularized. Even if it is a tiny tumor, if it starts the process (known as angiogenesis) it will show up as a pattern of heat (excessive blood vessel activity). There are even natural substances to help block this process. Curcumin and sea cucumber extract are just a couple of them,” Waldman says.

**“Cancer cells are wily.** They secrete chemicals that camouflage them from the immune system. When you enhance the immunize system, natural killer cells go after the tumor and get a little better at detecting it. Other substances can be used to help unmask cancer cells so they become naked to the immune system; this is another avenue we can use to make these rogue cells view-able, detectable to the immune system.

**“The point I am getting at** is that there are so many different approaches that can be taken because we know what cancer cells do: we know they create a blood supply; we know they stick together; we know they make the blood thick—the viscosity helps them move. We know they secrete inflammatory chemicals. Fish oil decreases the viscosity of the blood. You can also use healthy fats and oils (fish oils, walnut, flax, coconut, avocado, and olive oil) to help modulate inflammation levels.”

### **Self-Care in Cancer Care**

**“Cancer survivors** tend to fall into the group of feeling victimized with a ‘poor me’ feeling that I completely understand. But, I want people to know they are so much more powerful than they think. The fact is, the only person who can save you is you. Even if you believe in conventional treatments, they only go so far. And after you are done with treatment, your doctors may simply say, ‘Okay, the cancer is gone, go have a nice life.’ There is such a need for women, in particular, to feel like

now is where I get to do my thing. I'm in charge. I'm empowered. I can make myself better, keep myself healthy. It's all about empowerment. If I can help women to understand the power that is in their hands, then I've done my job well,” Waldman says.

**The flip side of empowerment,** however, is responsibility. Waldman co-authored, *The Whole-Food Guide for Breast Cancer Survivors: A Nutritional Approach to Preventing Recurrence*, with Dr. Edward Bauman. They write that eating a lot of sugar and processed foods will contribute to cancer growth. Some women may feel blamed as if they are responsible for their cancer. It's not that you created the cancer, Waldman says, it's that you have to take responsibility for what damage you may have done to your body. There is fine line between blame and responsibility. And when you take control of your day to day habits, it becomes empowering. Neither Waldman nor anyone else can wave a magic wand and make your cancer go away but as human beings we have a will and can make dozens of small decisions every day on our own behalf. And that's powerful, she says.

**“I couldn't save** my father, my aunt Yetta, or my friend Kathleen. I wish I knew then what I know now. I could have made them more comfortable,” Waldman says. “But those losses did move me out of work that held little meaning for me. I feel now that I am serving. I have a mission, and maybe I'm supposed to be fulfilling it here. That is satisfying.”

You can find Helayne at [www.wholefoodguideforbreastcancer.com](http://www.wholefoodguideforbreastcancer.com) or on Facebook at Whole Food Guide for Breast Cancer. Interested clients may want to review her practice website at [www.turning-the-tables.com](http://www.turning-the-tables.com)

**Dr. Helayne Waldman, ED.D., M.S., CNE,** is a holistic health educator who specializes in providing nutritional *continued on the bottom of page 29*



**Written by Edward Bauman, MEd, PhD  
and Helayne Waldman, MS, EdD**

**Reviewed by Phillippe Kleefield**

**Dr. Edward Bauman and Dr. Helayne Waldman**, have written a book mainly addressed for women currently living with breast cancer; however, the book is also written for women who may want to protect themselves from developing the disease. In this book, *The Whole Food Guide For Breast Cancer Survivors*, the premises supporting the lifestyle recommendations involve a belief that nutritional and spiritual factors are key components of overall wellness, especially in preventing and surviving breast cancer. Based on these premises, a comprehensive overview of diet, avoidable exposures, and other factors are explored, including thorough explanations of and sample recipes to truly make this change stick.

**The first and second chapters** set up the book's theoretical foundation as to why diet and spiritual health are so important. These two chapters review traditional risk factors that have been established to play a role in the development of breast cancer, including various genetic factors, various hormonal factors, and confirmed environmental factors. The second chapter, the crux of the foundation that supports Waldman's argument, explores emerging risk factors in the development of breast cancer, including "The Standard American Diet"—a Western dietary pattern that consists of a high intake of red meat, sugar, trans fats, high-fructose corn syrup, artificial sweeteners, and refined grains (alcohol consumption in western countries), immune system deficiencies, a chronic inflammatory state in the body, iodine issues, and other similar risk factors. These two

chapters are important for understanding the science behind why a particular emphasis is being placed on diet.

**The rest of the book** is devoted to addressing specifics within the diet plan recommendation and other ways in which emerging risk factors might be avoided. Chapter three outlines the foundational diet plan, offering general guidelines including growing your own salad green and herbs, drinking plenty of filtered water, reading labels and avoiding foods with artificial ingredients, eating more vegetables, consuming breakfast before 10 AM which should include a serving of good quality protein, and other general recommendations. In addition, each nutrient that is recommended is explored in terms of what it is, what it does for the body, and why it is being recommended in a particular serving. In chapter four, the purpose is to understand how to limit your exposures to toxins. The chapter explores the role of personal care products in the exposure of toxins, the toxins in water, general sources of pesticides, and tips on minimizing these exposures. The fifth chapter is aimed at understanding the various nutritional deficiencies that exist, how to go about figuring out if you are suffering from any of them, and how to go about creating a balance. These chapters are useful in getting a specific idea of what diet to eat to factors.

**The next three chapters** address glucose and insulin control as it relates to weight, how to nourish and maintain your immune system, and minimize your breast cancer risk, and how to reduce chronic inflammation. In

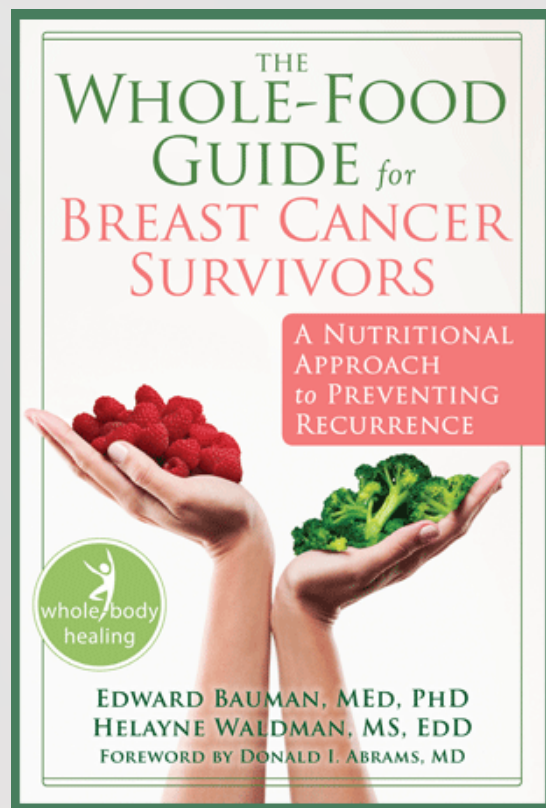
the sixth chapter, higher glucose and insulin levels are seen as negative, reasons are explored as to the relationship between insulin and glucose levels with cancer development, and lastly, different strategies are offered to minimize these levels. The seventh chapter addresses the immune system: the importance of maintaining a strong immune system; how a strong immune system can be maintained; and an overview of the specific nutrients that are related to a good immune function. The eighth chapter addresses chronic inflammation and is aimed at minimizing it by assessing your current inflammation levels and providing a thorough overview of how inflammation can be minimized in the body. These chapters are important supplements to the foundational diet and are thought of as important in understanding the development of breast cancer.

**The last two chapters** address issues of digestion, elimination, and detoxification of toxins, and the role of hormones in the body. Chapter nine is an examination of digestion including its importance in health and how it can be optimized, and an exploration of the liver and its

important role in health functioning. Chapter ten goes through a list of different hormones that may play a role in cancer and examines how these hormones can be balanced to maintain an optimal interplay in your body. These two chapters are important in that they serve as a further supplement to the foundational diet outlined.

**Edward Bauman and Helayne Waldman** have written a book that explores emerging risk factors related to the development of breast cancer and how these factors might be eliminated. Through a blend of practical schedules, scientific literature supporting the various recommendations, and straightforward language, *The Whole Food Guide for Breast Cancer Survivors* is a great read for anyone who is interested in making serious lifestyle changes.

**Phillipe Kleefeld** is currently a student at New York University where he is pursuing his Masters of Arts degree in General Psychology. He is interested in clinical psychology and would like to



pursue either a PhD or a PsyD degree. He enjoys reading, especially books that are psychologically oriented. Before attending this program, he worked in the field of social services as a Case Manager. Phillippe graduated from Vassar College in May of 2009 where academically he studied sociology and neuroscience, and was active in LGBTQ student events and programming.

*Waldman continued from page 27*

support for those with breast cancer. She received her doctorate from the certificate in holistic nutrition at Bauman University of San Francisco, her MS from the University of Albany, and her College of Holistic Nutrition. She's spent the past seven years teaching her clients, her students, and the general public about the importance of healthy eating, and recently completed (with Dr. Ed Bauman) the long awaited *Whole Food Guide for Breast Cancer Survivors*, a guide to living well before and after a cancer diagnosis. Dr. Waldman has taught for over 25 years (San Francisco State University, Mills College, St. Mary's College, Helsinki School of

Economics and Business Administration and at Bauman College). She is currently a faculty member at Hawthorn University. Dr. Waldman has written for several publications and online sites including a regular column for the Hills Newspaper Group, as well as the Examiner, Green Medicine Info, the Pink Paper and others, and has spoken and exhibited at conferences nationwide. She is currently a board member with the Annie Appleseed Organization, a member of the Survivorship Committee at Alta Bates-Summit Hospital, and a nutrition consultant to Bay Area Breast Surgeons.

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# Food for Thought: You Feel What You Eat



An interview with Merrily Kuhn, RN, PhD, ND, PhD

By Nancy Eichhorn, PhD

'Let food be thy medicine and medicine be thy food'.

Today's researchers and health care professionals are realizing the importance of Hippocrates' early pronouncement as they investigate associations between precursors and cures for what ails our population.

**Mood disorders** such as depression, anxiety, panic attacks, along with gastrointestinal related syndromes (irritable bowel syndrome, eating disorders), obesity, chronic pain, and concentration issues and related memory loss are on the table. Food—the quality of our diet and the feelings related to what we eat, when we eat, why we eat—and what happens with the ingested nutrients—the gut-brain-microbiota axis—are under microscopic exploration as researchers scan for new views on eating and its disorders. One focus is to create a continuum from healthy eating practices to disordered eating behaviors while researching the affects in the human body (McMartin, Willows, Colman, Ohinmaa, Storey, & Veugelers, 2013; Muele & Vogeles, 2013).

## **Mood and Food**

**Brain chemicals** such as neurotransmitters (e.g., dopamine, acetylcholine, and serotonin) influence what we think and feel and how we behave. Most people accept that fluctuations in blood sugar levels result in changes in mood and energy; but new research now shows that sugar-rich as well as fat-rich foods actually override the hormonal and neural signals responsible for

our feelings of satiation and satiety that lead to overeating. These food sources also stimulate our desire to eat and the types of food we prefer (Sclafani, 2013). And while it is well known that negative feelings trigger the desire to eat, research now shows that positive emotions also trigger unhealthy food intake (Evers, Adriaanse, de Ridder, & de Witt Huberts, 2013).

**Our daily dietary choices** can and do alter concentrations of neurotransmitters in our brain and blood (plasma), impacting their synthesis and release. A good example involves serotonin. Low levels of this neurotransmitter are associated with depression and anxiety. Although 90% is produced in our gut, its synthesis in the brain is bound by the availability of its precursor, tryptophan (a nonessential amino acid), which alters neural processing in mood regulating neurocircuits (Kroes, van Wingen, Wittwer, Mohajeri, Kloek, & Fernandez, 2014). Ingesting a carbohydrate-rich (and protein-poor diet) increases brain levels of tryptophan, which triggers an increase in serotonin production. Although the carbohydrates themselves do not contain tryptophan, the food intake triggers insulin secretion, which in turn “decreases plasma levels of large neutral

amino acids that would ordinarily compete with tryptophan for transport across the blood-brain barrier. Resulting brain changes in serotonin provide a plausible mechanism whereby diet affects behavior” (Spring, 1984). But reaching for a handful of crackers is not the answer. You need to consider homeostatic balance—low or high levels of neurotransmitters and/or hormones result in physiological and behavioral changes. For example, low levels of norepinephrine are associated with loss of interest, poor memory, depression, and ADHD, while high levels are associated with anxiety disorders, an increased sense of arousal, panic attacks, and appetite suppression. Dopamine causes a natural high while low levels lead to loss of energy. But balancing dopamine, serotonin, and norepinephrine is not enough according to Dr. Merrily Kuhn (a naturopathic physician with doctorates in physiology, naturopathic medicine, and holistic medicine). You also need to consider glutamate (AA) and acetylcholine (ACH) and how they interact with the other neurotransmitters.

**“Your clients come in** with foggy thinking, short term memory issues. They can’t concentrate; they’re depressed, anxious, hyperactive. They have ADHD, ADD, chronic pain, chronic sinusitis, seizures. This probably describes most of the patients we see,” Kuhn says. “Doctors order anti-depressants, which probably do not work because it is a gut issue. Most, if not all, of these complaints are caused by a leaky gut (*the gut wall is damaged so that toxins leak into the vascular system and travel to the brain*). A leaky gut causes a leaky brain. Leaky brain symptoms include: memory loss, foggy thinking, depression, anxiety, chronic pain, poor short-term memory, difficulty concentrating irritability, hyperactivity, achy all over feeling, ADHD, seizures, and chronic

sinusitis. It all comes down to the gut. You can throw drugs at the brain, but if the gut is not healthy, those drugs have little likelihood of being effective. A vast number of doctors still think leaky gut is still not an approved medical diagnosis. It’s difficult to test for, but now there’s one test (an Intestinal Permeability test) that can diagnose leaky gut. Until that was developed, it was diagnosed via symptomology. It’s easier for the doctor to say you’re depressed go see a therapist.”

**According to Kuhn**, health care professionals, including psychotherapists, need to take a “gut history”, which begins with asking questions such as, what do you eat, but also includes asking about clients’ stools. “Does it float? Sink? What letter of the alphabet does it represent? If it’s a period, you’re in trouble; if it’s an S-shaped stool, that’s great,” Kuhn says. “It needs to fill the bowl. If you constantly have a small stool, you have to wonder what’s happening to the food and toxins you are eating?”

“But, who’s going to talk about this?” Kuhn says.

“No one,” she replies. “But it’s important. Where are the food and toxins going?”

**An initial place to start**, Kuhn says, is to have clients keep a detailed food journal for three to four days noting everything eaten (when, what, and the amount), so you have a better handle on what’s going on. But if someone writes down she ate macaroni and cheese, you have to ask, was it homemade or Kraft? You want to look at what toxins they’re exposed to as well as genetically modified and hybrid foods. The most common foods and drinks associated with adverse reactions include: wheat, sugar, caffeine, dairy, artificial additives, and hydrogenated fats. Furthermore, adverse food reactions in the prenatal and postnatal

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being  
effective.



phases of development are now thought to be related to attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) (de Theije, Bavelaar, Lopes da Silva, Korte, Olivier, Garssen, & Kraneveld, 2013).

**Dietary supplements** are also important to track. Much information is available on the role vitamins and minerals play in our diet. Associations have been demonstrated between low levels of certain B vitamins and schizophrenia, between low levels of zinc with eating disorders, and between low levels of Omega 3 fatty acids with depression. Diets deficient in magnesium or high in glycemic load may lead to higher plasma C-reactive proteins (a marker of low grade inflammation), which is thought to facilitate the development of depression, while oxidative stress, which is thought to induce neuronal damage and modulates intracellular signaling, has been associated with bipolar disorder, depression, autism and schizophrenia (McMartin et al., 2013).

**“You need to ask** why they’re

taking these supplements. Did a friend tell them about it? Was it recommended by a health care professional? What brand are they taking and what dose? The average practitioner has no idea about good quality supplements,” Kuhn says. “They need to go to Consumerlab.com. Consumer lab tests the quality of supplements. If it’s a good quality great; if not, why waste your money? Some supplements are even lacking the ingredients listed on their label.”

**Furthermore,** supplements just don’t cut it if you continue to put all the toxins in your system. “Toxins do cross the brain barrier,” Kuhn says. “Neurotoxins cause inflammation in the brain, and if the brain is inflamed, all of its functions are going to be different—as a whole the brain is not thinking properly, not making hormones properly.”

**“It takes a lot of work** for practitioners, but it is worth it,” Kuhn says, adding that changes in diet have shown improvements in mood swings, anxiety, panic attacks, food cravings and addictions, depression,

irritable or aggressive feelings, concentration, memory difficulties, premenstrual syndrome, obsessive compulsive feelings, eating disorders, psychotic episodes, insomnia, fatigue, behavioral and learning disorders, and seasonal affective disorders.

**What’s at the heart of our gut? The microbiota-gut-brain axis**

**Our body is** constantly communicating with itself. For instance, we have constant bi-directional communication between the gut-brain axis and our central nervous system through neural, endocrine, and immunological pathways that influence brain function and behavior – they play a role in the regulation of anxiety, mood, cognition and pain (Cryan & Dinan, 2012; Louis & Flint, 2013; Stilling, Dinan, & Cryan, 2014).

“One hundred trillion bacteria constitute the human gut microbiota with 1800 genera and up to 40,000 species of bacteria, which possess 100 times the number of genes in the human genome” (Forsythe &



Kunze, 2013, p. 33).

**The composition of our gut microbiota** is individualized, although we share some common bacteria. It influences our normal physiology and contributes to our diseases, from stress related disorders (depression, anxiety, IBS) to neurodevelopmental disorders (ASD), food regulation, behavior and mood. It impacts our immune, nervous and endocrine systems (Cryan & Dinan, 2012; Louise, & Flint, 2013; Stilling, Dinan & Cryan, 2014).

**According to Linus Pauling** (Nobel Prize winner in chemistry), the human brain is more sensitive than any other organ to nutritional deficiencies or imbalances.

Dysfunctions in any part of the microbiota-gut-brain communication system result in pathophysiological consequences. For example, “chronic stress alters gut microbiota composition; it disrupts the intestinal barrier making it leaky, which increases circulating levels of immunomodulates” (Cryan & Dinan, 2013, p. 704). Because alterations in our diet can result in marked shifts in our gut microbial populations and dietary changes influence behavior, modulation of our gut microbiota may offer a possible intervention for complex central nervous system disorders” (Cryan & Dinan, 2013; Forsythe & Kunze, 2013, p. 60).

### **Food for Healing: Is it really that simple?**

**It's true** that dietary changes trigger chemistry and physiological changes within the brain that alter our behaviors and emotions. But is it enough to know which foods increase and decrease the levels of the neurotransmitters, hormones,

vitamins, minerals, and essential amino acids responsible for these changes?

**Research has shown** that tyrosine increases the synthesis of dopamine and norepinephrine, and it has been proven effective in fighting stress, and improving mood and cognitive performance especially in sleep deprived people (Luckose, Pandey, & Radhakrishna, 2013). So do we simply have our clients avoid sugar, saturated fats, cholesterol, and refined foods that are known to decrease dopamine while eating more

**Do we seriously send out clients out with shopping lists that no longer represent the foods they like and want to eat but rather account for their effect on our physiology?**

protein, almonds, bananas, dairy, lima beans, and pumpkin and sesame seeds to increase their tyrosine?

**Depressed?** Buy foods high in Omega 3 fatty acids (fish, ground flaxseed, hemp, or avocado oils) **Stressed?** B vitamins aid our adrenal glands in producing adrenalin, which controls the fight or flight response and helps to create serotonin so eat leafy greens, seeds, fish, poultry, and meat. Magnesium is depleted when we're stressed so add green leafy vegetables and pumpkin seeds to the list.

**Do we seriously send out clients out with shopping lists that no longer represent the foods they like and want to eat but rather account for their effect on our physiology?**

### **What's Really in the Food We Eat**

**The probiotic *Lactobacillus* species** can strengthen the intestinal wall and prevent leaky gut. Clinical evidence supports the role of probiotic

interventions in reducing anxiety, decreasing stress responses, and improving mood in people with irritable bowel syndrome and chronic fatigue (Cryan & Dinan, 2013). Do we send our clients packing for yogurt?

**Sure, yogurt is a great source** for probiotics, but Dr. Kuhn says to make sure it is yogurt. “There should be 3 ingredients in your yogurt: milk and *Lactobacillus bulgaricus* and *Streptococcus thermophilus* to be true yogurt. Nancy's Organic Probiotic Greek Yogurts from

Eugene, Oregon have these two and five others probiotic bacteria (*L. acidophilus*, *L. Casei*, *L. rhamnosus*, and *B. bifidum*). You want as many probiotics as possible,” she says. She also recommends you always buy plain

yogurt, and stay away from fruited yogurts because of the sugars, flavorings, and colors that are added.

**“The bottom line** is our very poor, manufactured food supply,” Kuhn says. “We all eat the same ‘stuff’ from the grocery stores. All manufactures are feeding us the same food— 50 to 70% of our population are eating white, fast, processed foods. If you go to the store and buy processed bread, there's hair in it. *L-cysteine* (a non-essential amino acid) is a common ingredient in bread (*it's added to the dough to speed up processing, add texture, and improve shelf life*). Human hair is a cheap source (*hair is dissolved and L-cysteine is isolated through a chemical process*). They also add in potassium bromate, a known carcinogen, because it strengthens the dough and allows bread to be more airy (*it causes the formation of tiny, thin-walled bubbles as the bread rises*). There's also many chemical preservatives and stabilizers in processed foods.”

**“We need to encourage** our clients to eat foods that do not have MSG, high fructose corn syrup, saccharine, or sugar alcohols. And what about added colors, dyes, and flavors? You have to stop and think, what’s the manufacturer covering up? What’s being changed? All artificial colors, dyes, and flavors are made from petroleum—motor oil. Would you go out of your way to eat motor oil?” Kuhn says.

“Would you drink flame retardant?” she adds.

**Sodas and sports drinks**, such as Pepsi, Mountain Dew, and Gatorade, contain synthetic brominated vegetable oil (BVO) to keep the citrus flavoring from separating out. It’s banned as a food additive in Europe and Japan but not the U.S. It contains bromine, an element found in brominated flame retardants. It does build up in the body and has been associated with memory loss and skin and nerve problems. According to Kuhn, the makers of Gatorade made a public statement that they were thinking about reformulating their product.

**“Food is one of** the most important things to look at. If your diet is healthy, chances are you will be healthy. If your diet is not healthy, you will have issues. If you need to change, make a change for life,” Kuhn says.

**Yet it’s difficult** to convince people to make a total life change. Our clients have eaten the same way their entire life, but to address their mental, emotional, and physical health concerns, the gut must be considered. Kuhn recommends eating as much organic foods as possible (as much as you can afford). But make sure it’s labeled ‘100% organic’, she says, otherwise it may still contain pesticides, synthetic ingredients, and genetically modified/engineered foods. She also recommends

shopping the perimeter of the grocery store.

**“For the first month**, I just suggest they don’t shop in the middle of the store,” Kuhn says to ease clients into the change. “I say, don’t buy any food in a box or can and see how it goes. Since the 1950s cans are lined with BPA, a known carcinogen. The FDA is just thinking about doing something. Avoid any processed foods. Have clients make homemade



soup, freeze it in portions, so they can have it easily at hand. Most prepared cereals are a no! Make your own fresh oatmeal or experiment with some of the new grains (quinoa, farro). Wheat berries cook in 15 minutes and are great for your morning cereal. It is excellent to eat cold with fresh fruit.”

**“Eat more fresh fruits and vegetables.** Buy fresh, buy raw, and make it yourself. It takes time, but it’s healthier,” she says, then adds that it’s easy to say eat local when you live in California, but if you’re living in climates with arctic temperatures, if you don’t have access to gardens or greenhouses to grow your own food then you are dependent on our food supply. “We can only change,” she says, “if the health of our food supply changes, too.”

**Merrily A. Kuhn, PhD, ND, PhD, RN** has over 40 years of experience in the field of

education and critical care nursing. She is currently Education Director at Educational Services. She was certified as a medical-surgical nurse by the American Nurses Association for 20 years and was certified as a CCRN for 18 years. She has presented over 3200 continuing education programs across the country and in 2013 taught over 19,000 health care professionals around the county.

She has authored more than 60 journal articles and has served on the Editorial Board of *Critical Care Nurse*, authoring a monthly column - *CCRN Challenge*. She is the author of twelve books, including *Pharmacotherapeutics: A Nursing Process Approach*, 4<sup>th</sup> edition, *Manual of IV Drugs*, 2<sup>nd</sup> edition, *Manual of Critical Care Nursing*, *Complementary Therapies for the Health Care Provider*, *Herbal Therapy & Supplements*, *A Scientific & Traditional Approach*, 2<sup>nd</sup> edition, and *Lab reference pocket guide*.

Dr. Kuhn is a member of Sigma Theta Tau and is listed in *Who's Who in American Women*. She holds a B.S. from D'Youville College, a M.S. in education and counseling from Canisius College, a M.S.N. and Ph.D. (physiology) from the S.U.N.Y. at Buffalo, and an ND (Naturopathic Doctor) and PhD (Holistic Health) from Clayton College. Dr. Kuhn retired as a full professor from Lourdes University in Ohio. She continues to teach online at several colleges and universities around the country teaching pharmacology, Pathophysiology and Complementary Therapies.

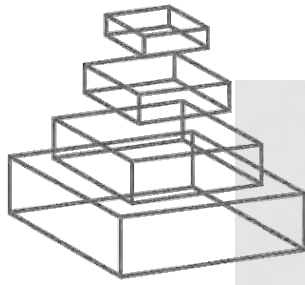
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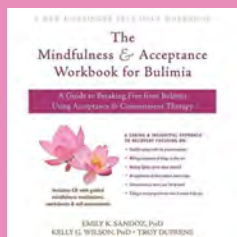
# frontiers

## New Open-Access Journal on Eating Behavior

*Frontiers in Eating Behavior* is an open-access journal, launched in February 2013. It covers diverse aspects of eating behavior and, accordingly, is listed under a number of Frontiers Field Journals: Frontiers in Psychology, Frontiers in Psychiatry, and Frontiers in Nutrition. The journal, therefore, welcomes submissions from basic

science on eating behavior as well as clinical studies, human as well as animal studies, and studies from psychological as well as physiological and nutritional perspectives. More than 100 scientists from around the world are already involved as associate and review editors. Frontiers is one of the largest open-access publishers and sets itself apart by

a strong IT focus, interactive peer review, and openness to numerous article types. *Frontiers in Eating Behavior* is indexed in PubMed Central, Scopus, Google Scholar, DOAJ, CrossRef, and PsycINFO. For more information, please visit [www.frontiersin.org/eating\\_behavior](http://www.frontiersin.org/eating_behavior).



### **The Mindfulness and Acceptance Workbook for Bulimia: A Guide to Breaking Free from Bulimia Using Acceptance and Commitment Therapy.**

Written by Emily Sandoz, Kelly Wilson, and Troy Dufrene

Reviewed by: Mona Zohny

*The Mindfulness and Acceptance Workbook for Bulimia* is a self-help work - book designed for clients suffering from bulimia. Emily Sandoz, Kelly Wilson, and Troy Dufrene focus on acceptance and commitment therapy (ACT). The goal of this book is to help people with bulimia learn to accept themselves in order to live meaningful lives. The authors emphasize two goals: valued living and psychological flexibility. Valued living is described as “patterns of action that put [one] in touch with [his or her] values [things one cares about and acts upon]” (p. 30). Psychological

flexibility, is “being fully aware of and open to [one’s] ongoing experiences as a fully conscious human being as [one] act [s] in a way that serves [his or her] values” (p. 31). All of the concepts explored and exercises provided are discussed in the context of these goals.

This book consists of three parts that are further divided into chapters. Part One defines bulimia and explores its three components: binge eating, compensatory behaviors, and body image. The authors clarify that ACT is not meant to directly solve any problems. This section also provides a self-assessment for clients to determine their personal values.

Part Two is about mindfulness. The authors discuss the importance of being in the present and maintaining full awareness. They offer a guided meditation to help clients notice and practice “being present” because mindfulness will prevent negative thoughts from lingering. The authors dedicate a section on the “self-as-context” that involves the reader discovering stories, or self-concepts, regarding his/her bulimia. Another guided meditation allows readers to ruminate on stories that have created a

“pull” or compelled them to engage in certain eating behaviors.

Learning to accept experiences is another important aspect of mindfulness. The authors use an interesting metaphor of an uninvited guest who shows up to one’s party to describe the presence of bulimia in one’s life. The idea is that ignoring this guest will only make him seem more annoying, giving him the upper hand. The authors suggest simply acknowledging and accepting this guest while carrying on with one’s party.

Part Three serves as a review of the book. The authors suggest taking a break from the book at this point. In the following chapters they discuss issues of relapse and seeking support. The book comes with a CD that contains audio tracks for the guided meditations provided in each section.

This workbook offers a counter-intuitive framework for dealing with bulimia. The authors’ warm, friendly and engaging tone helps to simplify complex concepts. Their goal is for readers to learn to live a more meaningful life by embracing their problem. The workbook then provides the tools necessary to reduce the behaviors associated with bulimia.



# A Voyage into the Gut

By Stephanie Pollock, MA, CHC, EPC, CYT

My journey into the gut began at a very young age. My grandmother and aunt silently suffered with Crohn's disease and ulcerative colitis my entire life. I was completely unaware of their digestive and bodily pain. My mother finally explained to me, when I was around the age of 13, why my grandmother was in the bathroom all morning on our family beach vacations and why my aunt's health had declined over the years. So I have known and feared the possibility of having digestive troubles.

**I was diagnosed** with Irritable Bowel Syndrome around the age of twenty. When the doctors told me that there was nothing I could do and to just stay away from fiber, I realized that this diagnosis of I.B.S. was, to be honest, BS. Thus began my journey into my bowels. If you had asked me at that point in my life to imagine what my digestive tract looked like all I saw was black. A large black balloon was all that existed in my gut. It was a mysterious place that I didn't understand. The only thing I knew was that I was angry and frustrated with my gut for failing to do the one thing I thought it was meant to do: digest. Yet, I have learned over the years that digestion is so much more than just how we digest our food.

**In our gut lies** a second brain called the Enteric Nervous System. Some research suggests that it can

operate separately from the brain in our head (Gershon, 1998; Mayer, 2011). So your head might be sending you messages saying one thing, while your gut is saying something entirely different. For example, your head might be yelling at you, "I want chocolate, I want sugar, and I want cake," while your gut is craving nutrient dense food (as opposed to simple carbohydrates) and high quality protein. I am not saying that one message is better or not to listen to over the other, but they both offer information that we can utilize and learn from each time we make choices on what to eat. Our food choices reflect our internal physical and emotional state.

**As a body psychotherapist** and nutritional counselor, I have worked with individuals dealing with digestive issues, eating disorders, body image issues, addiction, and

weight gain. I have observed patterns within my clients and their relationship with food, and I have found that most individuals have not been taught how to listen to the brain in their gut (myself included). It took me years to learn how to listen to my gut's messages and that I was digesting my emotions as well as my food on a daily basis. Most of us have heard the colloquialisms, "I have a knot in my stomach" or "I have butterflies in my stomach." We eat our emotions almost every day, at every meal. This is not a "bad" thing. There is no such thing as emotional eating because we are emotional beings and we eat, thus eating will always be an emotional experience.

**Our Enteric Nervous System** is exquisitely designed and when given the chance, it knows how to digest our food, as well as our past and present experiences. But pain,



biological need for the energy to function. Emotional hunger is felt as emptiness in the body yet one does not need food. Thus, no matter how much food one eats when feeling emotional hunger they will never feel filled, satiated, nourished. The wires get crossed when it comes to properly satisfying physical and emotional hunger very easily and at a young age. This is because, in my opinion, food is love. Food is one of the first forms of love we receive from a parental figure at the time of birth. Thus, for the rest of our lives food can be connected to love. When I began to understand this

suffering, and disappointment happen in life, and the body can put up strong protective walls. It was those protective walls that needed to come down for me to be able to get into my gut and release the pain held there. Growing up, I felt that I needed to firmly keep myself together lest someone try and get inside my emotional fortress that I thought was protecting me. Yet, in doing so I was trapped within myself and caused my body to stiffen and become armored. My anxiety about being emotionally invaded shut down my ability to digest (physically and emotionally). It felt contradictory at times that the way out of my digestive issues was to go into my body, to go into my digestive tract, and begin to listen.

**At first,** I had no idea what I was listening for from my guts. I had no idea what hunger or satiation felt like to my unique body; I ate by what time it was. If I felt emotional emptiness, I figured I was hungry because I had no idea there was a difference between physical and emotional hunger. I now define physical hunger as my body's

concept, I realized that every time I sat down to eat, I brought along every idea of love and nourishment I had ever received. Food is not just food, and a meal is not just a meal. It is possible to tap into the ignored feelings you might have been experiencing throughout a day just by noticing what you are eating at a meal and how you are eating it. Food and our relationship with food are metaphoric. Investigating our relationship with food can help us travel down the rabbit's hole into a slew of information about how our relationship with food is indicative to how we relate to everything else in life.

**As a teenager,** I was a fast eater. I did everything else in life quickly, too. I had a hard time feeling fulfilled by life and a difficult time feeling satisfied by food. I had to get to the point of exhaustion and tears to slow down. This continued into my undergraduate years. My gut had been waiting long enough to be heard. I did not feed it what it wanted both physically and emotionally. Emotionally my gut

wanted everything to slow down. It wanted to be held, to be appreciated, to lie on the ground and feel the earth beneath it and know that it was being supported. There was pain in my gut that went beyond the physical and when I finally did take the time to slow down the emotional release happened bit by bit. I gradually began to hear what it wanted to be fed. One day I spent until two o'clock in the afternoon committed to hear what my body wanted to eat. Did it want warm or cold? Smooth or chunky? Raw or cooked? It finally spoke. It was so randomly clear: baked asparagus. I laughed out loud. It was so simple, and I have no idea what nutrients or qualities were in asparagus that my body might have needed in that moment, but it was crystal clear: my gut wanted a vegetable; it wanted it baked; it wanted something wholesome and warm.

**It can be incredibly hard** to hear these messages when we are bombarded by external information telling us what to eat and what will feel nourishing. Commercials, fast food, diets, contradictory information can overwhelm us. I do not live in your body. I do not know what you need but you do, and I love and feel inspired by supporting others in learning how to hear these messages and trust them. Additionally, no matter what place we choose to eat from (our head telling us to eat sugar or our gut telling us to eat some vegetables), there is no "wrong" way to eat. Sugar cravings can be a sign of protein or mineral deficiencies or a sense that sweetness is lacking in one's life. But, no matter if you decide to eat that piece of chocolate cake or cook yourself a piece of chicken and some vegetables, either way, it will be useful information and a way to tap into your internal state.

**I have learned** that it is not just what I eat, but how I eat that contributes to a satisfying eating experience. If I eat a "healthy" salad every day for lunch,



Photo donated by Rebecca Fairchild at The Food Advice Centre  
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but I do not enjoy it, my guts will cramp, digestion will shut down, and I will not absorb all the nutrients from this supposed “healthy” salad. Have you ever been on vacation and decided to eat whatever you wanted in a relaxed manner and you actually lost weight? This has happened to me countless times, and I am always in awe of how feeling relaxed in our viscera and eating with pleasure and enjoyment can help our body to do what it naturally does and allow us to feel healthy and vibrant in our body.

**Lastly, I want to add** that there is no such thing as perfect digestion. When I feel uncomfortable in my gut, I have learned that I need to slow down and listen. Every ailment experienced in the body is the body’s way of communicating. Within every digestive complaint is a message waiting to be heard. Perhaps I am eating too fast, or eating things I know don’t sit well in my body, or I am trying to fill an emotional hunger with food. No matter what place I am eating from, I can view my digestive upset as information and not judge myself for doing something “wrong.” Our experience with food is a practice of compassion and self love.

**Here is an experiment** you can begin today: sit down with your meal without any distractions (no book, no phone, no computer, no talking, no television) and delve into the experience of eating. Smell your food before you take a bite. Notice your mouth salivate. Chew your first bite, notice the sensations happening in your body and the thoughts as well. Does a voice say hurry up and finish this meal as fast as possible? What is happening within and around you in this moment? What is your external environment like while eating this meal? Notice how the texture and the taste change with every bite. Pause between each bite. Set your fork or spoon down and notice what is happening in your body? Does your gut want more? Is your head saying eat more when your gut has had enough? When you reach the point of feeling full, observe what that feels like in your body. Do you sense any tingles, warmth, calm, clarity? Additionally, take a moment to notice what it feels like to give yourself nourishment. Every time you eat you are engaging in the same act that your parents did when you were born. Every time you eat you are committing to be here on earth, to keep yourself alive, and you are

giving yourself love on some conscious or unconscious level.

Be sure to read Stephanie’s related article, *The Enteric Nervous System and Body Psychotherapy: Cultivating a Relationship in the Gut Brain in the International Body Psychotherapy Journal*, Volume 13, Number 1, Spring 2014

Open access: <http://www.ibpj.org/>

**Stephanie Pollock MA, CHC, EPC, CYT** is a Certified Nutritional Counselor, Eating Psychologist, Certified Yoga Teacher, and has her Masters degree in Body Psychotherapy. She encourages every individual to be an active participant in their own healing; and to find nourishment that will work for you and only you. Stephanie stresses bio-individuality and works with her clients to foster intuitive eating. You can [e-mail her at ActiveTherapy@Live.com](mailto:ActiveTherapy@Live.com).

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# **Nine Steps to Calm the Anxious Mind Using Food and Nutrients**

**By Trudy Scott**

Many biochemical factors can contribute to anxiety and since we all have our own unique biochemistry it's a matter of figuring out each person's root cause/s. I use a comprehensive 9- step approach with my clients to help them overcome their anxiety, depression, emotional eating, and sugar cravings. It is, of course, customized to their unique biochemistry, and includes:

- Why and how to eat real whole traditional foods
- Why and how to quit sugar and how to control blood sugar swings
- Assessing for the bad-mood effects of caffeine
- Optimizing digestion if necessary
- Assessing for bad-mood effects of gluten and other food intolerances
- Balancing brain chemistry with individual amino acids (to end anxiety and panic attacks, improve mood, and stop sugar and carbohydrate cravings)
- Correcting correct social anxiety / pyroluria with zinc and vitamin B6
- Addressing other nutrients (such as low vitamin D) and hormones imbalances
- Education about simple lifestyle changes that include sleep, exercise, and yoga



## **Real Whole Traditional Foods are Associated with a Lower Risk of Anxiety (and other mood disorders)**

**There is a growing body** of evidence supporting the very powerful connection between food and mental health disorders such as anxiety and depression. An editorial in the *American Journal of Psychiatry* offered a powerful comment: “It is both compelling and daunting to consider that dietary intervention at an individual or population level could reduce rates of psychiatric disorders. There are exciting implications for clinical care, public health, and research” (Freeman 2010, 245).

**Dr. Felice Jacka** is an Australian researcher who is one of the leaders in the field of food and mental health. Her co-authored study published in the *The American Journal of Psychiatry* looked at both anxiety and depression among women and found a link between better diet quality and better mental health (Jacka, Pasco, Mykletun, Williams, Hodge et al., 2010). Among the participants, those who ate a whole foods diet of vegetables, fruit, fish, whole grains, and grass-fed lean red meat and lamb had a lower likelihood of both anxiety and depression. The researchers referred to this as a “traditional” diet. Those who ate a typical Western diet, replete with processed, refined, fried, and sugary foods, and beer were more likely to experience depression.

**A follow-up study** (Jacka, Pasco, Mykletun, Williams, Nicholson et al., 2010), paralleling the previous Australian study on diet, depression, and anxiety, found women who ate a quality, whole foods diet were less likely to have bipolar disorder.

**Dr. Jacka is also** the lead author in a *PLoS One* paper (Jacka, Kremer, Berk et al., 2011) that found that diet quality in adolescents was associated

with a lower risk of mental health issues. They found that “improvements in diet quality were mirrored by improvements in mental health over the follow-up period, while deteriorating diet quality was associated with poorer psychological functioning.” The author stated that this “study highlights the importance of diet in adolescence and its potential role in modifying mental health over the life course.” Another study (Jacka, Mykletun, Berk et al., 2011) looked at Norwegian adult men and women and found that “those with better quality diets were less likely to be depressed” and that a “higher intake of processed and unhealthy foods was associated with increased anxiety.”

**Canadian adults** with mood disorders had the following measured: intake of carbohydrates, fiber, total fat, linoleic acid, riboflavin, niacin, folate, vitamin B6, B12, pantothenic acid, calcium, phosphorus, potassium, iron, magnesium, and zinc. The authors found that “higher levels of nutrients equated to better mental health” (Davison & Kaplan, 2012).

**One of the study authors**, Dr. Kaplan, was quoted as saying: “Doctors should consider counseling their patients to eat unprocessed, natural, healthy foods and refer them to a nutrition professional if specialized dietary consultation is needed.” I am definitely in favor of this and would love to see all doctors and mental health professionals working as a team with nutrition professionals.

**In another Australian study** (Torres & Nowson, 2012), it was found that in “addition to the health benefits of a moderate-sodium Dietary Approaches to Stop Hypertension diet on blood pressure and bone health, this diet had a positive effect on improving mood in postmenopausal women.” This diet

included plenty of produce and also included lean red meat, which “was associated with a decrease in depression.” It should be noted that the meat was grass-fed red meat.

**With regard to red meat**, the best quality is grass-fed, and the Australian study mentioned at the beginning of this article (Jacka, Pasco, Mykletun, Williams, Hodge et al., 2010) found that including grass-fed red meat in the diet had mental health benefits. In fact, in an interview in January 2010, the lead researcher in that study, Dr. Jacka, stated, “We’ve traditionally thought of omega-3s as only coming from fatty fish, but actually good-quality red meat, that is naturally raised (*meaning grass-fed*) has very good levels of omega-3 fatty acids, whereas red meat that comes from feedlots tends to be higher in omega-6 fatty acids—a fatty acid profile that is far less healthy and may in fact be associated with more mental health problems” (Cassels, 2010). Via email correspondence, Dr. Jacka informed me that “consumption of beef and lamb was inversely associated with depression . . . Those eating less of this form of red meat were more likely to be depressed” and anxious.

**When the mainstream media** starts to publish articles like “Can What You Eat Affect Your Mental health?” (Washington Post, 2014) we know that people are starting to notice the research and the effects of food on our mood.

## **The Harmful Effects of Sugar and Preventing Blood Sugar Swings**

**Eating refined sugar** and other refined, processed carbohydrates, and resulting excessive fluctuations in blood sugar levels can contribute to anxiety. Addressing these factors often reduces and sometimes completely alleviates anxiety, nervousness, irritability, and feeling stressed and overwhelmed.

# Curious about Food, Mood, and Your Health?

Check out: 9 Great Questions Women Ask About Food, Mood & Their Health

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**Sugar (and alcohol)** may contribute to elevated levels of lactate in the blood, which can cause anxiety and panic attacks. Anxiety sufferers may be more sensitive to lactate (Maddock, Carter, & Gietzen, 1991).

**Refined sugars and sweeteners** are harmful because they contain no nutrients beyond carbohydrates for energy. During refining and processing, minerals such as chromium, manganese, zinc, and magnesium are stripped away. Your body, therefore, has to use its own reserves of these minerals, as well as B vitamins and calcium, to digest the sugar, resulting in depletion of all of these nutrients, many of which are important for preventing anxiety and depression.

## The Bad-Mood Effects of Caffeine

**Chronic, heavy use** of caffeine can cause or heighten anxiety and may lead to increased use of antianxiety medications (Clementz & Dailey, 1988). Like sugar, caffeine can lead to higher levels of lactate in your blood and make you more prone to anxiety and panic attacks. Also, people with panic disorder and social anxiety may be more sensitive to the anxiety-causing effects of caffeine (Lara, 2010).

## The Importance of Optimal Digestion

**Studies have found** that people with digestive complaints such as Irritable Bowel Syndrome, food allergies and sensitivities, small

intestinal bacterial overgrowth, and ulcerative colitis frequently suffer from anxiety and, to a lesser extent, depression (Addolorato et al., 2008).

**Addressing food allergies/intolerances**, adding enzymes, eating unprocessed foods and more raw foods, eating fermented foods like sauerkraut, and adding probiotic supplements can all help. Cooking at home, eating sitting down, and chewing the food slowly also makes a difference.

## The Bad-Mood Effects of Gluten

**I've seen so many clients** experience dramatic mood improvements when they avoid gluten, so I always recommend that my clients with anxiety and other mood problems go gluten free. Doing so may completely resolve symptoms of anxiety, especially among people who aren't benefiting from antianxiety medications (Potocki & Hozyasz, 2002). Clinical experience and specific studies support the connection between gluten and anxiety (Hallert et al., 2009; Pynnönen et al., 2004), social phobia (Addolorato et al., 2008), depression (Pynnönen et al., 2005), and even schizophrenia (Kalaydjian et al., 2006).

**Gluten sensitivity** can limit the availability of tryptophan and therefore lead to decreases in levels of serotonin (Pynnönen et al., 2005). Another possible mechanism is indirect effects of gastrointestinal damage due to eating problem foods, resulting in nutrient malabsorption

(Hallert et al., 2009).

**In a 2012 paper** in *Psychiatric Quarterly* (Jackson, Eaton et al., 2012) the authors state that: "gluten sensitivity remains undertreated and under recognized as a contributing factor to psychiatric and neurologic manifestations."

## Individual amino acids balance brain chemistry

**The targeted use** of individual amino acid supplements can balance brain chemistry to alleviate anxiety, fear, worry, panic attacks, and feeling stressed or overwhelmed. Supplementing with specific amino acids can also be helpful in addressing other problems that contribute to or exacerbate anxiety, such as sugar cravings and addictions. In addition, supplemental amino acids can help with depression and insomnia, which often co-occur with anxiety.

**The brain chemicals** or neurotransmitters that play a major role in anxiety are GABA (gamma-aminobutyric acid) and serotonin.

**Low levels of GABA** are associated with anxiety, agitation, stress, and poor sleep (Lydiard, 2003). If people have sufficient GABA, they will feel relaxed and stress free. They won't have anxiety or panic attacks, and they won't eat sugary foods (or other starchy foods) in an effort to calm down. Although there is much clinical evidence that taking supplemental GABA orally can help with anxiety, there are theories,

supported by a few studies, that GABA taken orally doesn't cross the blood-brain barrier and enter into the brain in amounts substantial enough to have a calming effect. However, I have seen such dramatic results with GABA, and with so many clients, that I am a firm believer in oral GABA.

**The neurotransmitter serotonin** is the brain's natural "happy, feel-good" chemical. If people have sufficient serotonin, they'll feel calm, easygoing, relaxed, positive, confident, and flexible. They won't have afternoon and evening carb cravings, and they will sleep well. While most research on serotonin and its precursors, tryptophan and 5-HTP (5-hydroxytryptophan), has focused on depression, there is evidence that low serotonin is involved in anxiety disorders (Birdsall, 1998). Serotonin levels also affect sleep, anger, PMS, carbohydrate cravings, addictive behaviors, and tolerance of heat and pain (Birdsall, 1998).

**Supplements of 5-HTP**, the intermediate between tryptophan and serotonin, increases serotonin levels and is effective for relieving anxiety (Birdsall, 1998). In particular, it can be helpful with panic attacks and generalized anxiety (Lake, 2007), and agoraphobia (Kahn et al., 1987). It is also effective for depression, binge eating, carbohydrate cravings, headaches, sleep problems, and fibromyalgia (Birdsall, 1998).

**Tryptophan**, which first converts to 5-HTP and then to serotonin, has benefits similar to those of 5-HTP (Lehnert & Wurtman, 1993; Ross, 2004). In one study (Zang, 1991), 58 percent of patients with generalized anxiety who took 3 grams of tryptophan daily experienced significantly less anxiety. A more recent study (Hudson, Hudson, & MacKenzie, 2007) suggests that a functional food rich in tryptophan, made primarily of pumpkin seeds, could be an effective treatment for

social anxiety. An hour after eating this functional food, subjects were less anxious when asked to speak in front of others.

### **Social Anxiety / Pyroluria can be addressed with Zinc and Vitamin B6**

**Low levels** of the mineral zinc and vitamin B<sub>6</sub> are frequently associated with a type of anxiety characterized by social anxiety, avoidance of crowds, a feeling of inner tension, and bouts of depression. People with this problem experience varying degrees of anxiety or fear, often starting in childhood, but they usually manage to cover it up. They tend to build their life around one person, become more of a loner over time, have difficulty handling stress or change, and have heightened anxiety symptoms when under more stress.

**This constellation** of symptoms is often the result of a genetic condition called *pyroluria*, also known as high mauve, pyrrole disorder, pyrroluria, pyrrolleuria, malvaria, and elevated kryptopyrroles. Supplementing with zinc and vitamin B<sub>6</sub> improves the many signs and symptoms of pyroluria (McGinnis et al., 2008a; 2008b; Mathews-Larson, 2001).

### **In Conclusion**

**The effects of** other nutrients (such as low vitamin D) and hormone imbalances must also be considered. Simple lifestyle changes that include sleep, exercise and yoga can have a great impact.

**A 2013 study** that looked at the effects of tryptophan supplementation and tryptophan-containing diets on fostering interpersonal trust (Colzato, 2013) sums it up beautifully: the "results support the materialist approach that 'you are what you eat'—the idea that the food one eats has a bearing on one's state of mind. Food may thus act as a cognitive

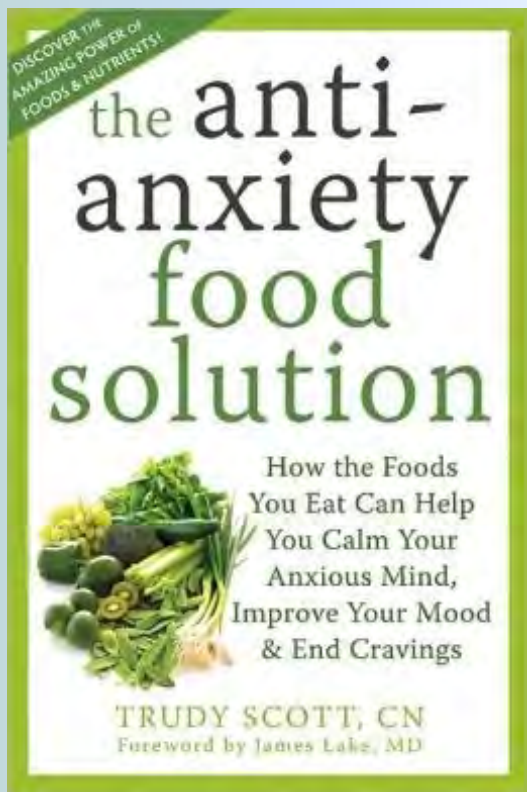
enhancer that modulates the way one thinks and perceives the physical and social world."

**Food Mood Expert Trudy Scott** is a certified nutritionist on a mission to educate and empower women worldwide about the healing powers of food in order to find natural solutions for their anxiety, depression, emotional eating and sugar cravings. Trudy works with clients one-on-one and in groups, serving as a catalyst in bringing about life enhancing mood transformations that start with eating real whole food and using some pretty amazing nutrients. Trudy is author of *The Antianxiety Food Solution: How the Foods You Eat Can Help You Calm Your Anxious Mind, Improve Your Mood & End Cravings* (New Harbinger, 2011). Trudy publishes an electronic newsletter entitled *Food, Mood and Gal Stuff*, available at [www.everywomanover29.com](http://www.everywomanover29.com) and [www.antianxietyfoodsolution.com](http://www.antianxietyfoodsolution.com)

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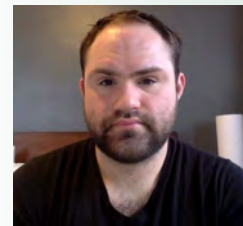


## The anti-anxiety food solution

Written by Trudy Scott



Reviewed by Phillippe Kleefield



If you are living in a developed country, especially one like the United States, thoughts about food, appearance, and the body can be daily worries that consume high amounts of much needed energy. Despite this reality, Trudy Scott, CN, has written a refreshing guide linking food with both mood and health, avoiding reference to concerns about appearance or the body, arguing that for people suffering from anxiety, mood issues, or physical issues (e.g., digestive disorders), changing what you eat may just be enough to alleviate these issues. In *The Anti-Anxiety Food Solution*, Scott presents a comprehensive solution for people experiencing negative mental and physical health symptoms, drawing on dietary changes, brain chemistry information, lifestyle changes, supplement information, and other information to effectively target and eliminate unwanted symptoms.

Scott doesn't just tell you about what your diet should consist of, she is good about demonstrating this through charts and tables, and her first chapter is the critical chapter that will allow you to figure out what might be wrong and how to go about fixing this. In "Figure Out Your Optimum AntiAnxiety Diet", Scott discusses four diets which she approves of, and she recommends that everyone start for two weeks with a combination of all the restrictions she mentions and to slowly start adding these restricted foods as a means of knowing whether you have a particular food sensitivity, such as gluten, dairy, grainy starches, grainy vegetables, grainy legumes. In discussing the four different diets, she does a thorough

job of addressing what can and cannot be eaten, making specific (as opposed to general) references to foods, ultimately leading to a concrete picture of what the diets will consist of. Although it is recommended to take two weeks to eat a diet with the highest level of restrictions, the four different diets, while all healthy, do range in their respective restrictions, allowing the reader some choice in choosing which diet they will subscribe to. Following these diets, according to Scott, should lead to a relief of negative physical and mental health symptoms.

In addition to making dietary changes, Scott is quite strict about sugar, caffeine, alcohol, and nicotine. In the second chapter, sugar is linked to issues maintaining healthy blood sugar levels, which is then linked to anxiety and mood issues, the recommendation being that sugar should be avoided, especially artificial sweeteners. In the third chapter, coffee, alcohol, and nicotine are also explored in reference to anxiety and mood, with the recommendation being that these different substances should be avoided. As these recommendations might be too restrictive for people, Scott does stress using moderation if complete avoidance cannot be obtained.

The subsequent chapters discuss a range of topics from food sensitivities to amino acids. In the fourth chapter, the book stresses the importance of eliminating any foods that one might be sensitive to and offers a controlled way by which to assess this. The fourth chapter walks through a more detailed list of the sensitivities mentioned in the

earlier chapters, explaining the symptoms that might be associated with a sensitivity and explaining how they might impact anxiety and mood. This chapter is more focused on explaining the sensitivities whereas the earlier chapters were more focused on general diets that should be adopted. The fifth chapter examines digestion, how digestion functions, how it can be improved overall through changing eating habits, correcting for low stomach acids or pancreatic enzymes, eating fiber and drinking water, and balancing bacterial parasites or candida overgrowth. The sixth chapter is what is the most unique and interesting about this book as it explores a link between brain chemistry and amino acids, suggesting that amino acid supplementation can alter brain chemistry to improve mood, anxiety, and digestion. Addressing a means by which to supplement one of the diets delineated in the second chapter, or realistically, for those who may not stay faithful to any of the diets, Scott explores how various amino acid supplements have been linked to common neurotransmitters that are integral in regulating digestion, anxiety, and mood, and how particular amino acid supplements might be used to treat these issues.

One of the several amino acids explored is GABA, both a neurotransmitter and an amino acid. GABA's role in the body has been linked with regulating anxiety, agitation, stress, and sleep. The idea is that if you have enough GABA, you will feel relaxed and rested and thus will not have cravings to eat certain unhealthy foods. Specifically, someone may have low levels of GABA because not enough is able to cross the blood brain barrier. GABA supplements are introduced and discussed as a means of regulating possible low levels. The chapter does this as well for serotonin (a neurotransmitter), catecholamines

(small amino acids that are derivatives of tyrosine), and endorphins (inhibitory neurotransmitters), and overall, is specific about how to introduce these amino acids into a diet.

Chapters seven and eight discuss a condition called Pyroluria, as well as zinc, vitamin B6, hormone imbalances, medications, other nutrients, and lifestyle changes. Pyroluria is a condition that involves a faulty synthesis of heme that results in elevated levels of kryptopyrroles and HPL, which bind to zinc and vitamin B6 to eliminate them from the body in great amounts. This resulting nutritional deficiency can result in several issues and can be counterbalanced through zinc supplements, vitamin B6 supplements, and through taking certain fatty acids. Chapter eight explores other basic vitamins and supplements like: B vitamins, iron, vitamin C, magnesium, calcium, vitamin D, omega 3's and Omega 6's, theanine and lactium. Hormonal imbalances are also addressed, such as adrenal dysfunction, thyroid dysfunction, and sex hormone imbalances. There is an overview of different toxins to avoid are provided, and an overview of how to pay attention to side effects when taking particular medications, and an overview of different lifestyle modifications and changes that need to be made in order to feel your best and minimize mental and physical health issues.

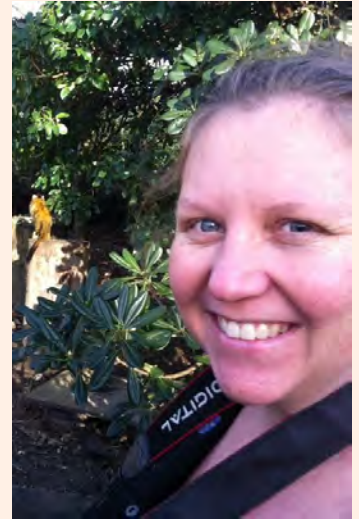
*The AntiAnxiety Food Solution* is a comprehensive guide that helps in dealing with anxiety, mood issues and negative physical symptoms using an alternative to traditional medication. Written for anyone suffering with moderate to severe negative symptoms, Trudy Scott's book is a handy and thorough antidote.

Trudy Scott explores how various amino acid supplements have been linked to common neurotransmitters that are integral in regulating digestion, anxiety, and mood, and how particular amino acid supplements might be used to treat these issues.

**Phillipe Kleefeld** is currently a student at New York University where he is pursuing his Masters of Arts degree in General Psychology. He is interested in clinical psychology and would like to pursue either a PhD or a PsyD degree. He enjoys reading, especially books that are psychologically oriented. Before attending this program, he worked in the field of social services as a Case Manager. Phillipe graduated from Vassar College in May of 2009 where academically he studied sociology and neuroscience, and was active in LGBTQ student events and programming.

# Exploring Binge Eating Disorder Through the Body

By Debbie Cotton MA, BHSc, ND



*“I am simultaneously having a relationship with two men at the same time, the first is named Ben, and the second Jerry.”* Bridget Jones Diary, by Helen Fielding

**I spend a good part of my life talking about food, cooking food, eating food, researching food behaviour, and teaching people about food. The more I engage with it, the more of an enigma it becomes to me. As humans, our relationship with food is one of intense complexity. Food is a physical need we all have for survival – so much so we have complex homeostatic mechanisms that hi-jack our thinking processes to make finding it a top priority. Aside from the physical need, food can also act as a conduit for expression of our personal, social, spiritual, and emotional selves. Food is an object that we have a relationship with; through it, we can express a wide array of ourselves, sometimes consciously but more often than not sub-consciously. These expressions of self are clearly brought to the fore in therapy with people suffering with eating disorders.**

**In the latest edition** of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), Binge Eating Disorder (BED) has emerged as a new diagnosis in its own right, taken away from the Eating Disorders not Otherwise Specified category (EDNOS) diagnosis within the Feeding and Eating Disorders section (American Psychiatric Association, 2013). BED is characterised by recurrent episodes of binge eating in which the person consumes in a short period of time “an amount of food that is definitely larger than what most people would eat under the same circumstances” coupled with a “lack of sense of

control over the binge” (APA, 2013, p.350). Patients with BED do not undertake purging techniques as in bulimia nervosa, but the binge is followed with marked distress. Overweight and obesity is a common side effect of BED, but it can also occur in normative weight patients. The triggers for binge eating are often shown to be interpersonal difficulties and negative affect (American Psychiatric Association, 2013). Even though BED is a new diagnostic category, it is a process that can often appear in clients as a coping technique during a course of therapy, regardless of diagnosis. The presence of bingeing in a person’s life

is a complex expression of one’s self-regulation capacities and may contain a multitude of psychological meanings. In my work I have explored many different theories of binge eating in a framework of relational body psychotherapy.

**I will explore** these theories of binge eating and how they can be useful when working in a relational body psychotherapy approach with clients experiencing bingeing. Due to the fact that I work relationally, I also hold in mind that as therapists we, too, need to examine our own relationship with food and our bodies; the nature of the inter-



find that particular food again and again so that we can consume enough calories to stay alive. Have you ever wondered why every time you turn onto the street where your favourite coffee shop is you begin to think about the amazing brownie they make before you even remember the shop is nearby? You can thank dopamine and your brain for remembering the previous good experience before you have even noticed where you are.

**Some types of foods** give more of a dopamine release than others. Carbohydrate laden foods that release high amounts of simple sugars such as sucrose enable us to release higher amounts of dopamine than other food stuffs. Unfortunately, we can't trick this pathway with other things that taste sweet, it's only sucrose or glucose with the calories they contain that do this job; hence, artificial sweeteners don't hit the same 'oh that tastes good' spot. One thing that is remarkable about sugar consumption is that in opposition to other food stuffs, the more we consume sugar, the more sustained the dopamine release in the brain is. Combine it with salt and fat and we get an even more pronounced impact. The activation of these dopamine pathways sets up an addictive quality to these food types as it uses the same reward system (to a lesser amount) as serious drugs of addiction (Davis, 2013). Coupled with dopamine release, glucose helps to facilitate the amino acid tryptophan across the blood brain barrier. Tryptophan is the pre-cursor to serotonin, so more in the brain helps to stabilise a depressive mood. This mood lift is only short lived; the neurotransmitters quickly fade and the blood glucose will drop making us look for another hit of sweet, sugary goodness. Reaching for that second piece of cake is wrapped up in your neurotransmitters and glucose levels telling you it is a good thing to

do. Therefore, the foods of choice for binging are often refined sugary foods sometimes coupled with fat and salt that increase the feel good neurotransmitter release. I have had clients who have tried to binge on salads and have reported that it just wasn't satisfying or didn't help as much for emotional regulation.

**In this physiological capacity,** binging becomes a self-medicating action against low mood and overwhelming feelings. It becomes a useful, albeit destructive, tool for someone who has no other tools to self-regulate emotional distress, low mood, or anxiety. Co-morbidity studies have shown that people with BED often have other psychiatric diagnoses such as anxiety, depression, substance use disorders, and post-traumatic stress disorder (PTSD) (Grilo, White, Barnes, & Masheb, 2012, 2013).

**From a clinical point of view** this gives us quite important information to conceptualise our client's process of binge eating behaviour. Being aware that it is a physiological self-regulation technique means that firstly, we must help our clients to identify what they are medicating against, whether it is negative affect or another condition such as depression or trauma. Secondly, I personally find that a good dose of psycho-education around these processes helps to reduce some of the shame that surrounds the behaviour, opening a window of opportunity to start engaging and looking at it in a more gentle way. I find if clients understand it is a valid way of raising their neurotransmitters, it gives them hope that there may be other ways of learning how to self-regulate and that looking at the story underneath may bring real hope for change. I also find that understanding these physiological processes puts it into perspective—it is not because someone has 'poor willpower' that he can't stop his binging cycles.

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## Food as an Expression of Our Early Attachment Relationships

**Food and nourishment** are intimately wrapped up with our earliest relational experiences with our care givers. Food is never delivered to babies in a way that is devoid of relationship. Mamma (or other primary caregivers) is synonymous with food and also with love, comfort, warmth, safety, and meeting of other needs. If early beginnings were not so safe, food may become associated with terror, overwhelming feelings, and confusion of trying to regulate the mother's feelings in hopes of connection. Both psychoanalytic and object relations theory have complex theories to examine eating behaviours and these early patterns. I prefer attachment theory as a way of understanding the impact of these formative years on later adult behaviour. Attachment theory states that babies will seek and try to maintain a close proximity to care-givers and that their experience of this relationship will become internalised as an internal working model, which they apply to other significant relationships in later life (Wallin, 2007). The not-so-nice experiments by Harry Harlow on rhesus monkeys showed how comfort, attachment, and security were more important than milk alone with baby monkeys choosing a nice, warm, soft mother rather than a cold one that only provided food (Harlow, 1958). From this we can begin to understand that food is not our primary drive—comfort and safety are.

**Clinical research** has shown that patients diagnosed with bulimia nervosa have been found to have a higher incidence of insecure attachment styles (Tetzlaff & Hilbert,

2014). If we extrapolate this into clinical practice it gives a few important points that can be incorporated into the psychotherapeutic relationship. The role of the therapist, no matter what orientation, in the beginning stages of therapy with a BED client, should focus on containment, creating safe boundaries, and fostering a secure attachment for the work to occur within. A strong-yet-nurturing container will eventually allow for the attachment anxiety to be expressed within the therapeutic dyad. This can then be challenged and worked with. In my experience, clients with BED often have a high need for a strong-yet-nurturing relationship that meets their oral needs before they are willing to really challenge their eating behaviours. There is a shadow side of this relational approach though. Breaks in the therapeutic relationship with the therapist may also become a trigger for binge eating episodes.



This may occur if the therapist becomes ill, or has to cancel appointments, or go on holiday. It may also manifest if clients feel 'missed' by the therapist, they may increase bingeing behaviour instead of expressing their negative affect directly. This doesn't mean these occurrences need to be avoided; in

fact, these occurrences generally are the best opportunities for illumination and healing to happen if they are caught and discussed. I often take a long holiday, and periodically I go to another country where contact is very limited with my clients. In many cases, these prolonged breaks are both a trigger for my BED clients, as well as a helpful catalyst for change when I return as it becomes a here-and-now relational opportunity to work through issues of abandonment, misattunement, and attachment anxiety.

## Dissociation, Body Awareness, and Binge-Eating

Dissociation occurs within the binge cycle (McShane & Zirke, 2008). There are a few theories around

supporting this finding. The first theory is that bingeing provides a psychological defense mechanism to bring about dissociation to escape from the awareness of threatening stimuli and emotions. The second theory is that bingeing occurs because the person already possesses dissociative tendencies, culminating in a skewed awareness of self-image and body sensations so that he is more likely to exhibit lack of self-control and awareness around food intake (Fuller-Tyszkiewicz & Mussap, 2008). In a study that looked at the personality traits of persons experiencing bingeing, the results found that many BED sufferers in the cohort possessed an inadequate ability to recognise emotional states and body sensations coupled with excessive feelings of inadequacy, worthlessness, and insecurity due to their body size (Izydorczyk, 2013).

**The thing I find** most interesting in these theories and findings is the concept of the lack of awareness of body sensations and the resultant

dissociation. It is in this arena that I believe body psychotherapy is an invaluable tool for helping clients with BED to become more robust and comfortable with their body image, feelings, and sensations. This can be achieved by paying attention to one's bodily self and helping to introduce techniques to increase tolerance around one's body sensations. These techniques can vary dependant on the training of the therapist and the needs of the client but they may include:

-the use of trauma –based techniques that utilise body scanning and body sensing such as the work of Peter Levine, Babette Rothschild, Pat Ogden, or similar (Levine, 2010; Ogden, Minton, & Pain, 2006; Rothschild, 2009)

- the use of movement techniques within the therapy, such as the work of dance movement therapy, authentic movement or similar (Pallaro, 1999)

-the use of mindfulness based techniques for eating awareness (Kristeller, Wolever, & Sheets, 2013; Smith, Shelley, Leahigh, & Vanleit, 2008)

- the use of physical touch or massage (Field et al., 1998)

**The use of these body** orientated techniques may arise the question, should we touch clients with BED, especially in light of the possibility of trauma being correlated with the disorder? My answer to that would be dependent on each case and each client. Personally, I find touch an empowering way for client and

therapist to engage in precise dialogue around: safety, felt-sense, skin boundaries, and feelings of invasion or disgust, as well as feelings of pleasure in the body. If I do use touch with BED clients, I make sure I come from a place of 'being-with' my client and enable them to lead the interactions instead of an expert stance of 'doing-to'. I find if touch interactions are framed as an experiment, with safety discussed explicitly in the here-and-now, it can become a beautiful conduit for expanding the client's window of tolerance to his body sensations.

#### **Putting it All Together: A Case Vignette**

**Wanda** is a 43-year-old woman who came to me for feelings of depression that she had been medicated for. Her relationship with her mother was tricky. Her mum had always needed most of the emotional care and attention, which resulted in her father suppressing Wanda's feelings as to not destabilise her mother. She became extremely good at chronically caring for others, including her husband, children, and friends, often to the detriment of herself. Wanda was extremely obese and this impacted her health quite severely. During our initial consultation, she mentioned that she sometimes binged on sugary foods and alcohol, but most of the time she engaged with a weight-watchers program to try and (unsuccessfully) control her weight. Wanda described her depression mainly as a wish to feel numb, and she loved taking the anti-depressant medication as it made her fingers feel numb after she took it. My experience of Wanda when I

first met her was of little girl trapped within a large women's body. I always had the pull with Wanda to want to 'feed her' either with words or with gentleness, often to the point where I felt almost ashamed for it, so I decided with my supervisor to take a slow and gentle approach.

#### **In our first stage of therapy**

Wanda and I concentrated on creating a safe and secure relationship. Her attachment insecurity was high. She protected herself from this fear by never missing a session, coming consistently early, and doing everything to be a 'good girl' to please me. Once she trusted enough that I would be present every week for her, we started to unpack her anxiety around the attachment with her mother and all of the negative affect such as sadness, anger, and hate that she buried to make sure she maintained that necessary relationship. The more we unpacked the relationship with her mother and father, Wanda gradually became able to tolerate her negative affect. I soon went on a short holiday, and Wanda was able for the first time to become angry with me for not being around for her when a drama had happened in her life. After her new experience of seeing that she could be angry with me and that our relationship did not crumble, and that I didn't overwhelm her with upset, she became even more able to tolerate her feelings of anger and sadness.

**Not long after** this incident, Wanda decided with her GP to trial coming off her anti-depressant medication. In this stage of our therapy, she became much more open about how she felt about her weight and her eating



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patterns. With the medication gone, she no longer felt physically or emotionally numb; she began to notice more of her binges and how they were a tool to help her to numb herself. It was at this point that we discussed the physiology of bingeing, and how it can be used as a tool of self-medication. Concurrently, I also gave into my feeding urges with Wanda, and I consciously acted it out by giving her a self-help book called, *When Food is Love* (Roth, 1991), which details a person's struggle with binge eating. The combination of me extending myself to her and her own personal resonance with the woman's story started Wanda on a new stage of discovery in which binge-eating and her relationship with food became her focus. Wanda became mindful around when she binged, what food she binged on, and what feelings may have triggered her. In therapy, we looked at the cognitive aspect of the trigger leading to a binge to help her decipher what feelings she was trying to move away from, and we also explored the physical quality of the bingeing:

What did it feel like in her body?

What was it like to engage with certain textures, smells, and tastes?

**Wanda began to** pay even more attention to food and to how it felt in her body. She started to become excited about food in more positive ways— not just her binges. I gently lead Wanda to become more body aware at this stage. We explored her sensations in her body, and what it was like for her to be fat. Being overweight myself at the time, we were both able to explore her own feelings around what it was to be fat, and also her projections of how she perceived me in my body and my fatness. This called me to be both gentle and kind to my own body in relation to her, so we entered an intersubjective dance of exploring 'fatness' and practicing self-kindness. Her binges slowly

decreased until they almost disappeared, and it was at this point we entered another stage of therapy.

**Through her mindfulness** around eating and her explorations of fatness, Wanda discovered even more so how much hatred she had turned inwards toward herself. Wanda began to practice being more assertive in her relationships, ours included. She also embarked on a journey of self-care and re-building her internal mother. As our relationship had become a secure base for her, she began to explore outside of therapy other things that made her feel good such as movement, touch, drawing, exercise, and cooking healthy food. Every time she felt the need to binge, she either drew upon the feelings of security she had gotten from our sessions, or she employed one of her new self-care techniques. She realised her mother was one of her biggest triggers for binge eating, so she became pro-active in taking care of herself around her. Around this stage of our therapy, Wanda was accepted for weight loss surgery.

**This became the focus** of our therapy sessions for the next few months. She wanted to make a decision based on what was loving for her and her health and not be drawn in by the voice in her head that equated skinniness with love. Once she felt that she was at a point where she was making the right choice, for the right reasons, Wanda accepted the surgery offer. But, she told the surgeons she was going to do it 'her way' by making sure she ate things that were nourishing for her body, and that she was not going to get caught in calorie counting diets or excessive weighing. Instead, she was going to continue her practice of being mindful of what her body needed. Wanda's surgery went remarkably smoothly. Six months out of it she feels healthier than she ever has in her life. Her risks of cardiovascular disease and diabetes have

disappeared. She has also lost over 100 pounds in the process.

Wanda no longer using bingeing as a self-regulation tool. She is much more able to tolerate strong

emotions, and her interpersonal relationships with her family have flourished. Wanda has now left therapy with me, but she feels much more confident that she can feed herself in loving ways in the world.

### **In Conclusion: Feeling Your Next Mouthful of Food**

**In this consumerist world** of fast food, I hope that even if you choose not to work with binge eating clients in your practice that you at least take a moment the next time you put some food in your mouth to really taste, feel, savour, and enjoy the complete bodily experience that food can be and that you use this sensual experience of ways of making food choices that are loving for you. As they say in Italy, 'buon appetito'.

#### **Debbie Cotton MA, BHSc, ND**

Debbie works both as a relational body psychotherapist and a naturopath in London, UK. In her capacity as a relational body psychotherapist, Debbie employs her knowledge of physiology, touch, movement, and the mind-body connection into her work, taking a holistic and relational stance with all of her clients. As a naturopath Debbie has both a scientific and eclectic interest in nutrition and herbs and how they impact our mental and physical health. She frequently lectures, writes training material, clinically supervises students both in nutritional and herbal medicine, and organises CPD in relational body psychotherapy. If she isn't working, you will probably find her foraging or cooking up some strange concoctions in the kitchen to trial on an unsuspecting victim. Be careful if you come to her house for dinner, you never quite know what manner of things you might be served.

*References on page 110*



# Reclaiming Yourself from Binge Eating: A Step-By-Step Guide to Healing

An Interview with Leora Fulvio, MFT

By Nancy Eichhorn, PhD

"It started with bread."

That simple sentence begins an in-depth, complex look at binge eating disorder—its etiology and its treatment. Leora Fulvio, MFT offers an extensive mind-body-spirit guidebook that utilizes mindfulness and self-acceptance to help readers witness their own dysfunctional relationships with food and come to a healthier place of self-love and healing on every level.

**Fulvio openly discusses** her younger self, her foray into self-denial, her will to replace hunger with wine and diets, with exercise and starvation, with self-control and discipline, all the while losing out to hunger and self-loathing. Obsessing about food and her body prevented her from living her life, she says. And from this place of craving and self-sabotage, Fulvio realized that she was “losing the battle between a healthy mind and body and a horrible eating disorder—sick body and sick mind” (p. 3).

**“I have been working with women and food** and body image issues since 1999,” Fulvio says. “I was a hypnotherapist working with women dealing with overeating issues, and I realized that it was more than a bad habit. I had my own eating issues, but I hadn’t gone into depth with my own recovery. It became a parallel process as I worked through my own issues and with these women. I felt I needed to go a lot deeper in my own process and with my own therapy in graduate school to become a licensed therapist, which is what I did.”

**Working with women** experiencing “hard core eating disorders” (binge eating, bulimia, anorexia), Fulvio began a blog in 2007. Her intention stemmed from her work with clients and from her experience with online sites supposedly offering help to women with binge eating disorder yet were in truth “preying on people” (e.g., the diet industry, liposuction, laser fat removal). Fulvio heard women saying, “I’m sitting here completely alone, and I’m starting to binge, and I can’t stop, I feel totally powerless against food, and then after I binge, I just hate myself, and I want to die. Can someone help me?” So she started an advice blog to let people know they were not alone, that there are others out there dealing with binge eating disorder.

**“Therapy is expensive** and not everyone can afford it; yet, they need to find help,” says Fulvio. “I was getting lots of questions on the blog so I started my Question and answer Fridays. All the while, I was writing things down on the side. I wanted to put all the questions and all the

information together in one succinct place; the idea of a book took on a life of its own. At first it was going to be *7 Steps to Binge Eating Treatment*—based on all those 7 step books out here. But as I was writing the steps, I realized there were way more than 7 steps. It's a complicated disorder. So I thought I would just include everything here (*there are 34 steps in the book*). I wrote with the 12-step model philosophy in mind—take what you need and leave the rest behind.

**“I wrote every day,** and before I started writing, I said a little prayer. It helped my Ego, my inner critic, that judge who was saying, ‘Who are you to be an authority? How are you an authority on this subject?’ I decided, well I’m not an authority, but I am empathetic, and I want to help other people, and that’s all you have to do. I asked the Universe to write through me. I felt that if I could be a vessel for the information, then that’s all I had to do, just be open and write. If I could do that, then maybe I could leave my ego behind and let the voice come through me. This endeavor wasn’t about me or my ego, this was all about helping people. That is how I go about working with my clients in individual sessions and that is the way I chose to work on the book. My intention was to be open, aware, allow myself to follow direction, almost like following a trail of breadcrumbs left for me. I did my best to be open in my writing and sharing.

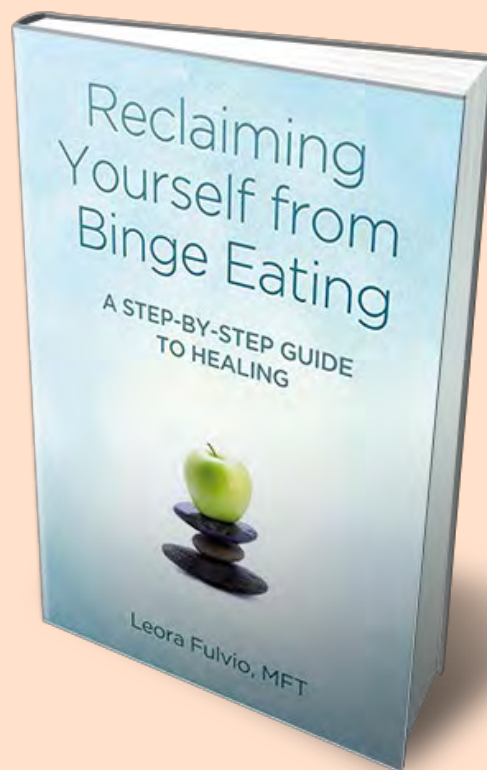
**“It was difficult to write about** my own experience. Here I am the therapist, I’m supposed to be a blank slate, and it’s all about the client, but as a writer that’s not going to fly. People are not going to identify with the book if they feel talked down to rather than felt with. As a writer, there has to be some transparency in order for people to feel heard and seen. I wanted my readers to feel as if I was there in the room with them,

that I was going to hold their hand and say, ‘Look I’ve been there; I know it’s painful and I know it’s hard, but we can do this together, we can recover...’ That was my intention.”

**The book is divided into** two sections. The first helps readers understand binge eating disorder while the second offers steps—action steps and internal steps—to change actual eating behaviors as well as internalized thoughts and feelings associated with food and with the self. One of the first steps is to give up dieting. Fulvio suggests trying it for one day, then a week. “Dieting is something people cling to as a support, as a self-object really,” Fulvio says.

**Another step deals with** the inner critic— identifying the critic that is telling you that something is wrong with you, that you need to change. This voice says things like ‘you are bad if you binge eat’ creating a vicious cycle. Here’s this voice telling you that because you binge eat you’re bad and you believe it. And then self-hatred comes. To cope with this emotional onslaught, you binge again. Fulvio suggests you approach the concept of judgment and criticism by looking at how you judge and criticize others, first. She also helps readers establish healthy boundaries.

**“Life is a lot easier with** boundaries,” she says. “When you recover from an eating disorder, you go from either having rigid boundaries or no boundaries. I teach people how to have loving, helpful, adult boundaries and then how to teach these boundaries to their inner self, their inner child.



**“People will resonate** with different techniques, different ways into their healing and recovery. I saw a need for this book because I have read a lot, I don’t want to say I’ve read every book out there on binge eating, but I have read a lot of them. There is so much work out there,” Fulvio says. She reflects on writers such as Geneen Roth (author of *When Food is Love*) and Christopher Fairburn (author of *Overcoming Binge Eating*). “I wanted to interweave their work and offer tangible steps you can take and make happen. I felt the cognitive behavioral stuff was a little dry in my own recovery; yet, I resonated with the tangible need for some assignments to try to put it all together.”

**Fulvio explained** that there is a misperception that women with binge eating disorder are all overweight. The majority of the people she works with are at a normal weight, she says. “I’ve even had people down right skinny with binge eating disorder.

They are not worried about their weight, they are worried because they are out of control with food.

**“I remember working** with one client who was extremely thin and thinking, oh sure, you think you have binge eating disorder, but you're actually closer to the anorexia side of things, and so you call eating one or two cookies a binge. But that was not right. This woman was sitting down at night and eating one or two boxes of Girl Scout cookies after a normal sized dinner. She felt absolutely powerless. She was spending money that she did not have on binge foods. And, although it isn't always about weight, it often is, so it's not unusual for a binge eater to binge for one, two, three days, then starve themselves the other three or four to compensate—their form of purging is restriction. A lot of my clients who suffer with binge eating have similar personality structures—they are high functioning, successful women who eat normally in front of friends and family then go home and binge alone.

**“Eating disorders** are very complicated,” Fulvio continues. “Treatment is rough. You can't expect one thing to work with all clients. When I was in my behaviors, a very close friend of mine was dealing with bulimia. We talked openly with one another. She said, ‘How can you eat something and just sit with it? I don't get it.’ And I said, ‘Well, how can you make yourself throw up?’ Back then, in my head, if you were making yourself throw up, you were really, really sick, what I was doing wasn't so bad.”

### **Alcohol and Binge Eating Disorder**

**Fulvio is clear that** if you are dealing with alcoholism you need to



work with that issue before addressing the binge eating. For starters, she offers that your brain is not clear and you are not thinking straight. And, if you need to drink two, three glass of wine every night, you just won't be present with yourself to do the steps. “You need a lot of support to heal from alcoholism,” Fulvio says. “Even if you take a year or two to look at your own drinking, you have to do that first. On the spectrum of things, compulsive drinking and binge drinking are more serious. You have to deal with that first because your life is in danger in the immediate. You have to take care of one coping mechanism at a time. If you stop binge eating, you might start drinking more to compensate. You might say, ‘Okay I'm not going to eat for a week, I'll drink instead to relax and it will keep me from eating.’ I say, ‘Let's help you to stop that first. You need to clean up your brain, be clear eyed and clear thinking to come at your eating issue from a place of strength.’”

**“You want to recover from a** place of strength,” Fulvio says. “We have our eating disorder in a void, a vacuum, we are alone with it. We recover with other people. When you shine a light on a monster, it's not a monster anymore. My intention in writing this book is to help people recover but also for them to use the book with other people—their therapist, a 12-Step mentor, a friend, a support group—to take them out of the isolation.

**“And, my intention is** for a lot of people to find hope,” she says. “Even if they just can't do it the first time they pick up the book they can always try it again, it will always be there for them. Success in recovery is all about timing, readiness and willingness. I want people reading this book to know that wherever they are is okay, even if they are in a place of wanting to give up, even if they do decide to stop actively recovering. You can't undo the work that you've already done, your past recovery is always there for you. It grows and comes back in subtle ways. I want people to know that if they can just hold onto hope recovery will always be possible.”

**Leora Fulvio, MFT,** is a licensed psychotherapist, hypnotherapist, and author. She has been treating women with food issues since 1999. She studied creative writing at Bard College and completed her MA in counseling psychology at the California Institute for Integral Studies. She is currently a full time mom (6-month-old and 2-year-old sons).



Sasha Dmochowski

# Reclaiming Yourself from Binge Eating: A Step-by-Step Guide to Healing

Written by Leora Fulvio, MFT

Reviewed by Sasha Dmochowski, MA

**Recovery from an eating disorder** is a complex process that requires guidance and support. In her introduction to *Reclaiming Yourself from Binge Eating: A Step-by-Step Guide to Healing*, author Leora Fulvio reveals her own history of self-destructive eating behavior and her inspiration to help those who struggle with binge eating. With a do-it-yourself approach, this book provides practical steps that may help individuals to stop binge eating, increase their emotional awareness, and understand why they binge eat. Exercises and suggested meditations are included throughout the book to supplement the text. It should be noted that this book is not intended to substitute for the care of a licensed health professional.

**Full disclosure** of having a history of an eating disorder is a calculated risk. Fulvio does this artfully and shares her personal narrative with great aplomb. As a reader, it is easier to trust the advice of people who have walked the recovery path that their book implements. Organized into two sections, the first part of the guide offers an in-depth view of the defining characteristics of binge eating, the criteria that comprise the disorder (i.e. “How do I know if I am a binge eater?”), and an explanatory model for both its etiology and

maintaining factors. The approach is grounded in empirical science but meant to be accessible. Before moving into this educational material, Fulvio begins by suggesting to her readers that they will want to develop a practice of mindfulness. Clinicians of differing theoretical backgrounds who may recommend this manual to clients will find common ground with some of the meditative and thought restructuring methods she includes here. Fulvio discusses the differences between ‘disordered eating’ and ‘eating disorder’ and also examines what we might consider a healthy body, at any size. The material covered includes physiological, social, and psychological factors that contribute to maladaptive eating, and identifies the cycles (e.g., binge-restrict vs. non-compensatory binge) that may come about through these influences. While some of the titles listed for ‘binge personality types’ may seem overly simplistic at first glance, Fulvio makes a good attempt to identify and describe common personality profiles that an individual might assume as a binge eater.

**Section One** might be adequate on its own as an educational tool for individuals who just want to know more about what it means to binge

eat. The second section of the book is where a reader assumes a less passive, more instrumental approach. This section organizes skill building into a series of steps that are designed to be addressed one at a time, and repeated if necessary. The 34 steps should be digested gradually; each chapter might take a week or several and are to be accompanied with a journal and writing utensil in hand. Acknowledging that a journey of recovery must be deeply individual in order to be maximally effective, readers learn how to self-motivate and to more efficiently identify and manage urges and triggers. Fulvio may garner some criticism for her strongly anti-diet stance. She defines dieting as “the deliberate act of restricting food in order to achieve weight loss,” and feels that as a behavior, dieting can be just as harmful as binge eating. She recommends throwing away the bathroom scale, and she gives detailed instruction on how to learn to eat intuitively. As the steps progress, readers learn how to prevent maladaptive behaviors surrounding emotions that link with food, to better navigate through relations with family and friends, and how to handle potential relapse. Self-monitoring exercises and lists of alternate or replacement behaviors, as

*Continued on page 109*



## Body Wise

By Kamalamani

# Consuming Passions

“To lose confidence in one’s body is to lose confidence in oneself.”

Simone de Beauvoir (2010, 355).

“I’m learning how to taste everything.”

Laurie Halse Anderson (2014, 276)

I've puzzled over the psychology of food, body image, female identity, and sexuality since I was little. I grew up with a beautiful mother and grandmother who were absorbed by fashion and being attractive. The language around food consisted of 'being good' versus 'being naughty'. As a girl, I found fashion and food pretty boring; I was a tomboy, roaming the countryside and trotting around on borrowed horses, enjoying freedom and wildness. Freshly-groomed horse was my favourite smell, rather than Chanel No. 5. Fashion-conscious wise, I was a bitter disappointment to my elegant female folk.

These days I am repeatedly saddened by the self-hatred and self-harming of so many of my female clients, and a few of the male ones. I'm sickened by the suffering of teenage girls



and the rising numbers of boys who are starving themselves, some to death, whilst millions of other humans in the world are dying of malnutrition, against a backdrop of rising obesity. The politics of food and confusion around eating, consumption, and nourishment have never been more bewildering in a world full of beings hungry for love and connection.

**In writing this article,** I find it impossible to talk about the psychology of food without touching on the themes of body image, gender, and identity, and notice the old echoes of fear and shame that go with this territory. I know I'm not alone in this; in fact, I'm in good company. I haven't met many women who grew up with a healthy, balanced attitude to food, eating, and their bodies. I've met a few women who reached womanhood largely unscathed but sadly they're in the minority.

**Since my girlhood,** I've been familiar with the latest fad diets. I witnessed my Mum's valiant efforts with the: Mayo diet; F plan; and Hip and Thigh diet, to name but a few. I became a child-expert in food-as-the-currency-of-love through day-to-day culinary interactions with my grandmother. Woe betide anyone who didn't clear their plates and come back for seconds. Food was not only the currency of love but sadly a powerful bartering tool in the love-hate relationship between my mother and grandmother, who traded quite ferociously.

**Then puberty happened.** I realised, with some shock and resistance that my body was changing, and I, too, was expected to join the world of women. I wasn't ready to swap my wellington boots for heels and handbags so I didn't. But, I did realise I was severely ill-prepared for understanding the unspoken

**This messy thinking** and armored defense was compounded by a routine visit to my local doctor. He confirmed what I already feared in my belly: I was 'socially unacceptable' – I was a stone and a half overweight. In fact, his full verdict was that: *"it's socially unacceptable for a teenage girl to be overweight."*

**He didn't ask me** about eating habits, or exercise, or nutrition. Instead he lectured me about social unacceptability. I failed to check out what his judgment would have been had I been a teenage boy.

What was also emerging for me at that point was a genuine interest in nutrition and the workings of the body. Studying biology, and later for an exam in nutrition and cookery, I was fascinated by nutrition and health. I also realised that I was a good cook, which remains a creative, relaxing outlet. I was amazed by the workings of the body. I loved the intricate diagram-drawing of biology classes and have memories of crazy experiments, in particular, boiling a peanut in a test tube to find out its calorific value. Not long

afterward, I decided to become vegetarian and became increasingly interested in the ethics of food and eating.

**It has taken me** the best part of three decades to unlearn some of my distorted behaviour around food and eating and to notice how I used food



Sketches drawn and donated by Kamalamani

assumptions and expectations of what it means to be a woman and how muddled that was in my head: a rich cocktail of food, nourishment, body image, love, and nascent sexuality. My embodied defense was the layer of retained puppy fat between me and the world keeping others, particularly the opposite sex, at bay.

in ways other than for nutrition. I picked up much more about body image, the ideal weight, and 'good' and 'bad' foods, rather than nutrition and how to eat: eat when you're hungry and stop when you're belly starts to tell you it's full. Eat what you're body wants to eat, rather than what your head is craving or what's on the adverts. Eat a balanced diet and don't snack between meals. Eat because you're hungry, rather than because you're sad and alone. The rules are quite simple in theory but so much harder in practice if you've grown up in an environment of confusion.

**Understanding eating seems** to be a lifelong voyage and interest. Last year, recovering from a debilitating virus, I completely lost my appetite. I didn't want to eat and felt sick. I listened to my body, and my body told me what to eat. Mouthful by mouthful, I started eating again. Although, I have found my taste for caffeine and sugar have dropped away. In that phase, I realised, perhaps for the first time, that I could eat *exactly what I wanted* to eat. How embarrassingly obvious, yet it hadn't been at all obvious to me until that moment, despite the work I've done. This powerful realisation was helped by the care of my partner who would nip to the shops to buy whatever my body wanted. I was spoilt and nurtured like never before.

**These days** I'm happy to inhabit a middle-aged body. I'm happy to care more about what I put into my body and how much sleep I get rather than burning energy worrying endlessly about how I mightn't measure up to someone else's image of female beauty. This middle-aged body has a few battle scars, but we're no longer at war. I love it more than I ever have before, and I love the fact that me and my body's storehouse of experiences are able to support others in getting into deeper relationship with their own embodied experience in healing wounds. And I'm on good terms with

my Mum; she does her thing, and I do mine (and she's a great proof reader. Hi Mum!)

**Where food comes from** matters to me more than ever before. I don't want to eat food that costs the earth, even though I do, at times, indulge with the odd exotic fruit. I love growing our own vegetables and fruit, seeing directly the link between seed, plant, harvest, compost, and relishing the taste, texture, and nutritional value of something freshly picked or dug up, with earth still clinging to its roots. I feel so appreciative that I have fresh food to eat and see more clearly the overused phrase that we are what we eat. I'm more aware of the 'hungry gap' during the productive year which once upon a time would have caused hunger and suffering to our ancestors and still causes suffering to fellow human beings living in poverty.

**Learning how to eat** and learning how to feel safe and nourished are vital for a healthy human life; yet, it feels like many of our societies are disordered in our individual and collective approach to food and nourishment. This reminds me of what's known as the 'hungry ghost' realm from the image of the Tibetan Wheel of Life. Hungry ghosts are creatures with huge, distended, empty bellies. They are said to be constantly hungry because their thin necks don't allow food to pass to their stomach. Food turns to fire and ash in their mouths. They keep seeking food and nourishment.

**This desperate image** reminds me of the current predicaments of Western societies. We are constantly craving and never seem happy or contented with our lot. Capitalist habits of consumption compound this 'hungry ghost' pattern of addicted, compulsive behaviour. When the Buddha met a hungry ghost he is said to have offered it food and drink that was truly satisfying. This food and drink also symbolizes inner

nourishment, taking the place of the inner emptiness of the 'hungry ghost'. But I am also aware of a growing body of people who want to live consciously, to live as simply, wisely, and as lovingly as they can in these uncertain times and not consuming the earth.

### The Metta Sutta

If you know your own good  
and know where peace dwells  
then this is the task:

Lead a simple and a frugal life  
uncorrupted, capable and just;  
be mild, speak soft, eradicate conceit,  
keep appetites and senses calm.

Be discreet and unassuming;  
do not seek rewards.  
Do not have to be ashamed  
in the presence of the wise.

May everything that lives be well!  
Weak or strong, large or small,  
seen or unseen, here or elsewhere,  
present or to come, in heights or  
depths,  
may all be well.

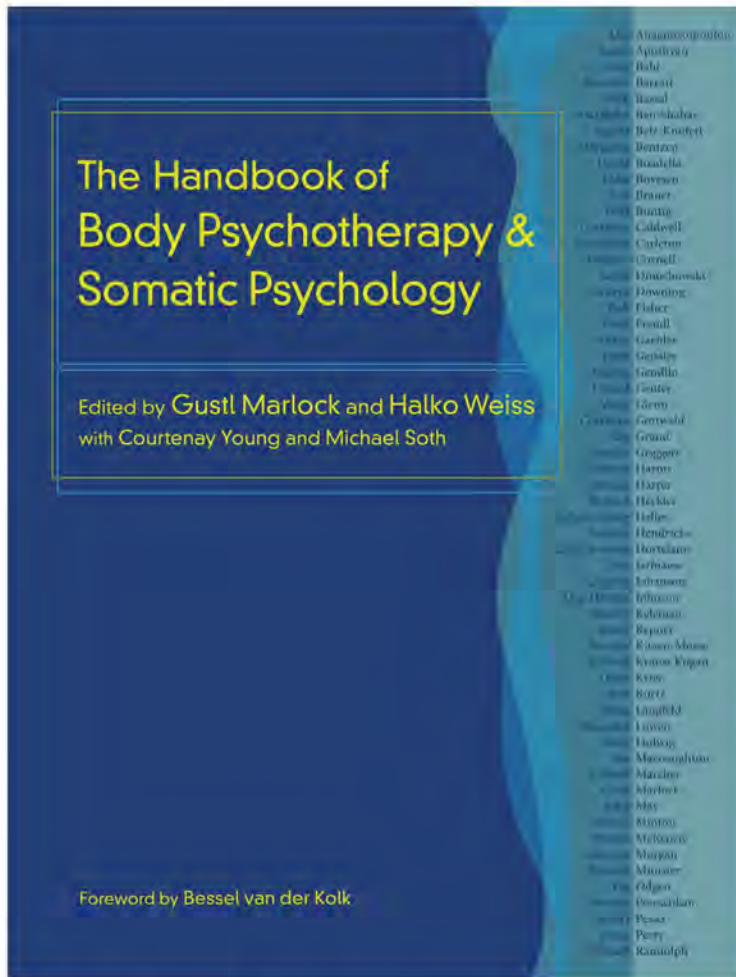
Have that mind for all the world -  
get rid of lies and pride -  
a mother's mind for her baby,  
her love, but now unbounded

Secure this mind of love,  
no enemies, no obstructions  
wherever or however you may be!

It is sublime, this,  
it escapes birth and death,  
losing lust and delusion  
and living in the truth!

**Kamalmani** is an embodied-relational therapist, supervisor, facilitator and writer living and working in Bristol, UK. She has been a practicing Buddhist since her early 20s and loves seeing how age-old teachings and practices are relevant to contemporary life. She works at the interface of body psychotherapy, ecopsychology and

*Continued on page 109*



## Handbook of Body Psychotherapy and Somatic Psychology

Gustl Marlock and Halko Weiss with Courtenay Young and Michael Soth

GUSTL MARLOCK has nearly 30 years of experience as a psychotherapist; he is the director of a German training program in Unitive/Integrative Body Psychotherapy and a lecturer and supervisor for psychodynamic psychotherapy at the Wiesbaden Academy for Psychotherapy. HALKO WEISS, PHD, is a clinical psychologist and lecturer for the University of Marburg and for the Bavarian Chamber of Psychotherapists. He is a cofounder of the Hakomi Institute in Boulder, Colorado. COURTENAY YOUNG was resident psychotherapist for 17 years at the Findhorn Foundation, an international spiritual community in Scotland. He was both president and general secretary of the European Association of Body Psychotherapy (EABP) for many years, and has been the lead writer on The EAP Project to Establish the Professional Competencies of a European Psychotherapist ([www.psychotherapy-competency.eu](http://www.psychotherapy-competency.eu)). MICHAEL SOTH is an integral-relational Body Psychotherapist, trainer and supervisor (UKCP), with more than 20 years' experience of practicing and teaching from an integrative perspective. He was Training Director at the Chiron Centre for Body Psychotherapy from 1992 to 2010.

**Written for practicing therapists as well as those in training, *The Handbook of Body Psychotherapy and Somatic Psychology* is the definitive book on this emerging major branch of psychotherapy.**

Psychologists and therapists are increasingly incorporating somatic or body-oriented therapies into their practice, making mind-body connections that enable them to provide better care for their clients. From EMDR to mindfulness techniques, Body Psychotherapy stresses the centrality of the body to overcoming psychological distress, trauma, and mental illness. *The Handbook of Body Psychotherapy and Somatic Psychology* compiles nearly 100 cutting-edge essays and studies that provide a comprehensive overview of this fast-growing field. Designed as a standard text for somatic psychology courses, this book will be indispensable for students of clinical and counseling psychology, somatic psychology, and various forms of body-based therapy (including dance and movement therapies). It is also an essential reference work for most practicing psychotherapists, regardless of their therapeutic orientation.

978-1-58394-841-5

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North Atlantic Books  
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# Somatic Wisdom and the Polyvagal Theory in Eating Disorders

By Inge Sengelmann, LCSW, SEP, RYT

A 52-year-old female with a 36-year history of anorexia nervosa was referred to me for Somatic Experiencing® after failing to progress following ten years of traditional treatment. The client and her former therapist described the client as ‘stuck’ in all areas in her life: unable to fully restore her weight, successfully maintain any job or relationship, or complete desired activities such as remodeling her home. Her past traumas included disruptions to early attachment, having been raised by a dismissive and invalidating mother in rural Cuba, which was compounded by the physiological trauma of severe starvation from age sixteen, a traumatic head injury with a coma at age twenty-eight after a cycling fall, and a high-impact fall from a telephone pole in her mid-thirties when she worked for the local phone company. She presented with somatization of unwanted emotional experience, which manifested as recurring migraines, abdominal pain, and slowed cognitive and verbal processing. She had no language to describe emotional experience other than the physical symptoms. Bodily she engaged in bracing responses—stiffening and extending her arms and legs with the mildest amount of activation—and she avoided all eye contact. Behaviorally, she restricted entire foods and food groups, drank

three two-liter bottles of diet coke per day instead of water, and engaged in excessive daily long-distance cycling.

**Gradually**, through the use of Somatic Experiencing (SE) practices, the bracing responses completed and began to lessen. We ‘nurtured’ her ventral vagal social engagement system by using imaginal exposure to eye contact with her beloved cat (no human contact felt as safe), which universally elicited a wide smile and softening of her entire body. We also used vocalization and singing, one of her stifled passions, as a way to ‘awaken’ her dorsal vagal complex and release the vagal break at a pace that she could tolerate. In a few months, she began to mobilize and socialize. She began to notice hunger cues and to recognize that she could not ride for endless miles without nutrition and hydration. She eliminated the use of soda and began drinking water. She reduced her cycling treks and incorporated more walking. She remodeled her home and traveled out-of-state to pursue vocational training. She obtained and has maintained a part-time job, and she began dating for the first time since she was twenty-eight.

**She has since been able** to participate in a Dialectical Behavior Therapy skills training group to learn

to identify, label, and process emotions, acquire skills for interpersonal effectiveness at work and in relationships, as well as expand her nutritional palate, which is still challenging due to her fear of weight gain. Through mindfulness and body awareness she is now able to give voice to her emotions, and the headaches and stomach pain have all but disappeared. The results seem miraculous to the skillful professionals who previously treated her with every tool in their arsenal except somatic awareness and processing. In this client’s case, adding Somatic Experiencing® as a precursor and preparation for DBT has made a significant impact on the quality of her life and her potential for a more meaningful recovery.

## Why Somatic Approaches?

**The etiology of eating disorders** is largely unknown. They are multi-faceted and multi-dimensional in origin, presentation, and response to treatment. Current (largely cognitive-behavioral) treatments are limited in scope and outcome. Anorexia is considered to be one of the deadliest mental health disorders – with nearly 20 percent of people suffering from anorexia dying prematurely from complications related to their eating disorder, including suicide and heart problems (Arcelus et al., 2011). More

than 27 studies reveal that only 45% of all bulimics experience full recovery after years of treatment (Steinhausen & Weber, 2009).

**Studies of brain functioning** in individuals with anorexia and bulimia also have shown impairments in the functioning of the insula and the anterior cingulate gyrus (Kaye, 2008), areas responsible for interoceptive awareness, the integration of sensory information and emotions, the regulation of aggressive impulses, as well as behavioral motivation and coordination of motor impulses (Damasio, 2000; Fogel, 2009; LeDeux, 2002). The insula is also responsible for assigning reward value to foods, a function disrupted in persons with anorexia who respond differently to taste stimuli (Kaye, 2008). Furthermore, these same areas of the brain are largely responsible for the perception of the body-in-space and when impaired lead to symptoms of body dysmorphia, at worst, or body dissatisfaction, at best (Saxena & Feusner, 2006).

**This article explores** the adjunctive use of somatic approaches to restore the nervous system's capacity for autonomic regulation, thereby eliminating the need for symptoms believed to serve that function. Eating disorders are characterized by deficits in the self-regulation of food intake, emotion, cognition, and behaviors. The body is the battlefield for the uncontrolled emotions, and motions of incomplete survival responses—the autonomic nervous system is

either stuck in a dorsal vagal freeze or sympathetic over-activation (fight or flight). The war manifests as self-destructive behaviors that are, paradoxically, conditioned attempts to maintain the body's autonomic homeostasis for the purpose of survival. Dissociation from bodily experience, leading to a chronic disregard of the body's needs, also is a hallmark of these disorders regardless of where they fall on the spectrum – starvation and emaciation in anorexia, binge-purge cycles in bulimia, or binge eating and obesity in the other extreme. Therefore, therapies such as Somatic Experiencing® could be critical in restoring body awareness and autonomic regulation.

### **Eating Disorders and Trauma**

**A review of the literature** indicates that individuals with eating disorders are more likely than others to have a history of trauma and, conversely, those with trauma are more likely to report disordered eating patterns – making trauma a risk factor for eating disorders. Any history of trauma is correlated with increased levels of impulsivity and dissociation, both of which increase symptom severity, longer length of illness, and poor prognosis (Briere, 2007; Everill et al., 1995; Lockwood et al., 2004; Mantero & Crippa, 2002). These rates may be higher when using a broader definition of trauma that includes any event that taxes the person's organismic capacity to protect their integrity or is perceived as life threatening. These may have

been pre- and/or peri-natal events, or chronic patterns of threat such as abuse, neglect, and invalidation. Early histories of persons with eating disorders include injuries to the attachment system, without which the neural pathways that mediate affect regulation cannot develop (Chassler, 1997; O'Kearney, 1996; Schore, 2000, 2002). Because their pathways between limbic and cortical areas of the brain are undeveloped, they live in a constant flux of dysregulation that includes a dorsal vagal survival response that makes persons 'numb' to most stimuli coming from the gut to the brain, e.g., hunger and fullness signals (Porges, 2010).

**Living in a world** where hunger is in constant conflict with the 'thin ideal' and where being 'fat' in a 'thin world' oppresses young men and women every day, can be 'traumatic' in the sense that it keeps a person in a physiologically-stressed state of constant hyper-vigilance. Wanting to restrict food intake and 'failing' leads people to feel 'betrayed' by their own bodies. When bodily responses fail to measure up to these impossible standards, eating disorders brew.

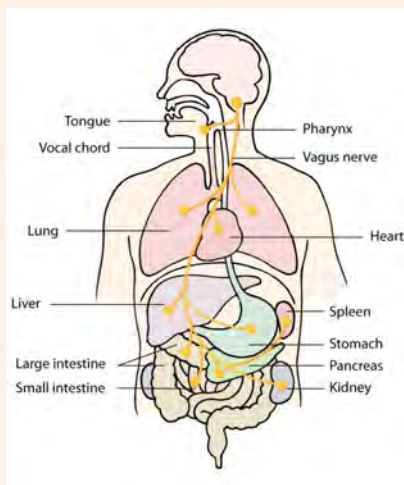
### **Case Study: Bulimia**

**In bulimia**, food serves to soothe sympathetic over-activation but because satiety responses have been interrupted a binge occurs, leading to a purging discharge that serves to expel uncomfortable sensations from the body. Once purged, the person experiences the numbness characteristic of a dorsal vagal



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response. Because there is evidence of a destabilization of the vago-vagal feedback loop in bulimics (Faris, 2006, 2009), relapse is common and beyond the locus of control of the sufferer once the binge-purge cycle becomes ‘hard-wired’. This requires a titration of the nutritional re-education phase within the client’s window of tolerance to try feared foods and tolerate fullness.

**In my experience**, my bulimic patients have the highest states of hyper-arousal and require significant assistance to develop somatic grounding, orienting, and settling skills before they can be helped to discharge the activation they experience, which is usually expelled through excessive exercise, vomiting or laxatives until other skills are developed.

**A 22-year-old** was continuing to have intense urges to purge and self-harm through cutting after almost one year in residential treatment and was afraid to leave treatment. She was frightened to address the childhood sexual abuse trauma that led to her symptoms. Learning that she could process her trauma response somatically, without verbally having to tell the story, increased her willingness to see me. I asked her to “walk-and-talk” outdoors in order to increase orientation to safety in the here-and-now and movement to decrease the sense of immobilization by fear. While walking, I asked her

whether the trauma memories consisted of thoughts, sensations, or images. She replied images, stating that one predominant image caused her the highest distress. She was instructed to “freeze” the image and place it at a distance of her choice, granting her the power that she lacked during the initial event. This allowed her to begin to tap into the body sensations associated with the experience and safely discharge them, while also helping her differentiate (or uncouple) the stress of life-threatening fear from the stress of a final exam; this allowed her to tolerate returning to school. Next, we addressed the impulses to self-injure, which she described as serving a function to orient to the source of the threat (“at least I know where the pain is”), as well as to provide numbing, which she described as “floating in a pool of warm water.” She was “prescribed” to float in her pool daily with mindfulness to experience the soothing effects. Finally, she was asked to use expressive art to “yell” the “NO!” she was unable to voice. Together, these and other sensorimotor interventions allowed her to quickly feel that she could ‘move on’, discharge from treatment, and return to college.

### Case Study: Binge Eating Disorder

**Overweight/obese compulsive** overeaters and binge eaters, on the other hand, display similar shutdown or disconnection from internal states as anorexics. Anorexics become significantly aroused by the feeling of food in the stomach, while overeaters are triggered by the sense of emptiness and hunger – even if at a more subconscious or autonomic body level. These groups require help in increasing awareness of arousal states through skills in tracking bodily sensations mindfully so these arousal states can be safely discharged and not induce either starving/dieting or overeating behaviors.

**A 56-year-old widowed woman** with a long history of binge eating and struggles with weight management described her experience as one of core emptiness and desperate loneliness. Her longing for connection and to “fill the void” led her to nightly binges that filled her up physically (which she recognized only when extremely full) but not emotionally. Every episode increased her despair. Additionally, she described feeling invisible to the world around her when she was growing up and needing to generate greater body mass and “take up a bigger space” in order to “be seen.” Sadly, because of social discomfort with largeness, she had become a target of bullying to those who would shame her for her size and of greater invisibility to those who would just look away to avoid their discomfort. Gradually, through mindfulness training to increase interoception, and body movements to engage a sense of core strength and embodiment, she began to notice and become aware of the fact that “the emptiness is not so empty.” Her ‘authentic self’ began to fill her, and she felt less need to binge and greater satiety when eating foods that pleased her.

### Summary

**The use of mindfulness** and somatic practices that increase body awareness, assist in the regulation of autonomic hyper-arousal or hypo-arousal, and discharge the ‘undigested’ survival energies of trauma, is quickly gaining relevance in the treatment of eating disorders. Yoga, the expressive arts and psychodrama, movement and dance therapies, and integrative mind-body psychotherapies such as Somatic Experiencing® (Levine, 1997, 2010) are increasingly available at treatment centers. These approaches increase interoceptive and proprioceptive awareness through the use of sensory-motor tracking skills that strengthen the insula, the anterior cingulate gyrus, and the connections between

and cortical areas (Holzel et al., 2010).

**Regardless of the eating disorder** presentation, somatic awareness to deepen therapeutic interactions, provide access to disconnected emotions and sensations, and nurture a sense of ‘safe’ embodiment becomes crucial to healing. Overcoupled and undercoupled aspects of the person’s experience (affects, sensations, images, behaviors, and meanings) can be gradually integrated to restore a person’s sense of wellbeing and resilience. This includes the internal hunger, fullness, and satiety cues necessary to establish long-term recovery and end the dieting, starvation, binge eating, and purging cycles.

**To summarize**, because eating behaviors have been equated with stress at a sub-cortical, mid-brain level, it makes sense to incorporate practices that take patients ‘beyond talk’, especially when the reasoning, cortical brain is off-line due to starvation or malnutrition. Since the body is the battleground of the emotions, therapists and their clients might benefit from understanding the language the body is speaking.

**Inge Sengelmann** LCSW, SEP is a licensed clinical social worker, Somatic Experiencing® Practitioner (SEP), and yoga teacher focusing her practice on the treatment of eating disorders and trauma. At The Counseling Group in Miami, she is a founding member of an intensively-trained Dialectical Behavior Therapy (DBT) consultation team and the DBT outpatient treatment program for eating disorders. Inge is in the process of completing the ParaYoga Master Training curriculum with her teacher, Yogarupa Rod Stryker, and has been initiated into the Himalayan Tantric lineage of Sri Vidya. Tranta’s main focus is accelerating transformation using ancient wisdom practices tailored to each person’s specific needs. Weaving ancient and modern wisdom, Inge integrates the latest developments in the field of affective neuroscience with mindfulness and yoga practices to inform her work with clients. She has been active in the Miami Chapter of iaedp (International Association of Eating Disorder Professionals) and teaches workshops for practitioners as well as clients. She has presented locally, nationally and internationally on the topic of eating disorders, somatic psychotherapy, and integrative mind-body-spirit healing. For more information about Inge visit [www.IngeSengelmann.com](http://www.IngeSengelmann.com)

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# EATING DISORDERS

The Journal of  
Treatment & Prevention

Volume 20 • Number 2  
March–April 2012

 Routledge  
Taylor & Francis Group

*Eating Disorders* is contemporary and wide ranging and takes a fundamentally practical, humanistic, compassionate view of clients and their presenting problems. You’ll find a multidisciplinary perspective that considers the essential cultural, social, familial, and personal elements that not only foster eating-related problems but also furnish clues that facilitate the most effective possible therapies and treatment approaches.

A distinguished international editorial board ensures that *Eating Disorders* will continuously reflect the variety of current theories and treatment approaches in the eating disorders arena. From anorexia nervosa to bingeing to yo-yo dieting, editors and contributors explore eating disorders from a number of exciting, sometimes unexpected, and always thought-provoking angles.



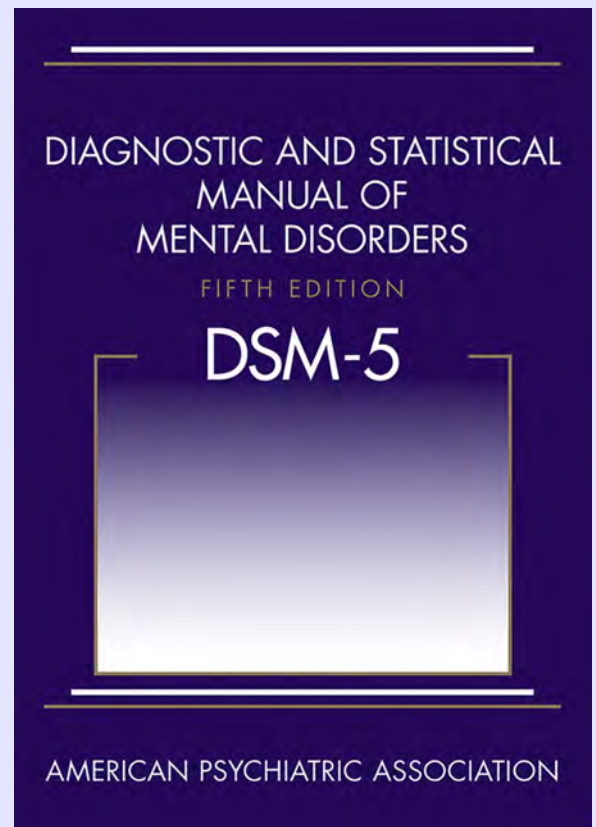
## Sensory Feeding and Eating Disorders

By Rodolfo Garcia Otero, MA

According to the DSM-5, Feeding and Eating Disorders appears as a spectrum category. Clinically we assist clients presenting with more than one specific disorder. Besides transitioning between anorexia nervosa, bulimia nervosa, and binge eating, clients often experience anxiety, mood, attention, and sleep disorders. This situation represents a real challenge for diagnosis and treatment. Looking to increase the efficacy of my intervention, I started tracking co-morbidity traits and noted that every client I worked with, regardless of diagnosis, also presented with high levels of anxiety and low levels of self-esteem, as scored on anxiety scale tests provided by EMDR and on self – esteem questions during the intake, and clients’ statements during their treatments.

**Based on my findings**, I developed Multilevel Tone Calibration—Symptom and Trauma Management (MTC-STM), as a body psychotherapy and sensory psychology tool founded on Theosophical practice. I can use each component alone (MTC and STM) or together depending on the context. Theosophy proposes that human beings are comprised of many bodies vibrating at their own spectrum speed and substance amplitude. Each spectrum has a body following the structure pattern of the next subtler body. Theosophy states that the sensorial and

emotional worlds are connected through the etheric one (cognitive). Some techniques are based on traditional Chinese medicine. Some on current techniques including the following: Thought Field Therapy (TFT) / Emotional Freedom Technique (EFT); Emotional Energetic Reactivation Technique (TREE); reflexology, and cranial sacral therapy (CST), which are based on balancing the somatic body with the emotional one through meridian (somatic – cognitive) stimulation.





**I incorporated five body oriented techniques** within my intervention tool including the following:

**Somatic Experiencing, Trauma Healing (SE™):** developed by Dr. Peter Levine, this perspective is based on the regulation of the autonomic functions and of consciousness (self-regulation). Regulation inspired calibration. Regulation is about the balance between the sympathetic and parasympathetic autonomic subsystems. Calibration is about the constrictive force, tone/relaxation, of the organs and glands regulated by activation – deactivation signals of the ANS. Activation signal is constrictive, and deactivation signal is relaxing.

**Calatonia:** developed by Dr. Pethő Sándor, this perspective specializes in gentle or subtle touch to stimulate epicritic sensory circuits. This stimulation provides relaxation to the global autonomic functioning. General sensory pathways ascend from the spinal cord to the thalamus and cerebral cortex. These pathways are grouped into two categories based on the type of information conveyed: epicritic, which is concerned with discriminative tactile and kinesthetic proprioceptive senses; and protopathic, which transmits pain, temperature, and itch. The protopathic may be an early warning indicator of external aggression and is in charge of the most primitive and diffused sensibility. Calatonia oriented me in adding protopathic stimulation to fully stimulate clients in order to achieve a healthy state of being.

**EMDR (Eye Movement Desensitization Reprocessing):** developed by Dr. Francine Shapiro, this perspective is based on balancing the activity between both brain hemispheres. Each one has its own characteristics, complementing the other half. Traumas and signs are related to inter hemispheric non-integration issues. MTC acquired

bilateral exercises from this perspective.

**BMSA (Brief Multi-Sensory Activation):** developed by Dr. Joaquin Andrade (Uruguay), Dr. Maarten Aalberse (France) and Dr. Christine Sutherland (Australia), this perspective is a neuro-physiological technique designed to use sensory stimulation to interrupt conditioned brain patterns. It suggests that emotional centers of the brain can be accessed by senses, equilibrium, and orientation. Flooding the amygdala through sensory stimulation produces desensitization.

**Havening Technique:** developed by Dr. Ronald A. Ruden, this perspective also stimulates epicritic neuron circuits. While the client is describing a traumatic event, the therapist uses gentle touch to manage any resultant traumatic affective charge.

**Combining these tools** with MTC, I have been able to strengthen clients' self-esteem as well as their autonomic activity (tone/ relaxation of the constrictive force of organs and glands), will power and control. Self – esteem is the appropriate term to address attachment issues. But for my perspective, 'basic trust' (Erikson, 1950)<sup>1</sup> is the appropriate term to find a somatic sensation (categorized as solidity, firmness, and strength) as a reference for emotional strength (trust). By providing clients with firm sensory stimulation throughout treatment, they improve their autonomic activity and basic trust, meanwhile reducing their anxiety level. Daily behavioral changes reported by my clients made this observation quite evident. For this reason, I believe that anxiety is the expression of unbalanced tone (mainly lack of strength). From a multilevel perspective (theosophical), somatic tone is strength, cognitive tone is attention, emotional tone is basic trust and sentimental tone is dignity. For this reason, all levels can be strengthened at the same time

through simple somatic – cognitive exercises. I am also convinced that as basic trust (self-esteem) increases, anxiety decreases, sharing an inverse proportionality. While basic trust improves, will power, initiative, and limit setting become stronger. Being stronger allows clients to better control their thoughts, humor, anxiety, and their frustration tolerance is enhanced.

**From Somatic Experiencing®** I learned that the first goal for a healing process is grounding and the second is awareness. From tone calibration perspective, grounding means connecting with solidity; awareness means focusing attention to certain stimulation to let it get into the brain for later processing in the amygdala during the sleeping stage to generate tone and relaxation tension for organs and glands. If attention is not present, the stimuli do not access the brain, provoking lack of material to develop somatic tone for proper autonomic functioning. Combining these two concepts with my experience with the autistic population I worked with during my 18 month intensive practical training program at the Devereux Kenner Center, I developed Grounding Awareness Exercises. I was taught that Autism is defined as sensory integration issues. Through trainings and professional observations I arrived at the idea of calibrating the autonomic functioning through the senses. Through daily firm sensory – cognitive stimulation exercises (i. e., spending 5 minutes being aware of solid surfaces: floor, wall, or table, while being in contact with them) performed at home, clients enhanced their global condition. Calatonia and Havening Techniques stimulate epicritic neuron circuits through subtle or gentle touch, so MTC starts by stimulating protopathic neuron circuits through solid touch then finishes with the epicritic ones. Epicritic circuits signal the sense of relaxation to the ANS distinguishing the different kinds of stimuli. Protopathic neuron circuits provide

tone, taking the body as a whole in terms of solidity/strength and resistance (positive and negative tone respectively). Positive tone provides strength, and negative holds it through time. If levels of trust are low, clients cannot relax—they perceive relaxation as a threat. To be able to relax, clients must trust that nothing will happen if they withdraw their controlling attitude. Once clients are able to trust, they are ready to relax. Looking for the antecedence of panic attack episodes, I realized that a sudden disconnection with the controlling behavior was the trigger. Clients feel that the attack comes from out of nowhere; obviously, as their controlling awareness vanishes for a while, they are unable to recognize the antecedence. By providing firm stimulation, clients are able to relax deeper, and the effects of relaxing methods become more effective without causing disintegration threats (Winnicott, 1960).<sup>2</sup>

**Clinical experience** has shown me that in cases of firm integration deficit, clients reinforce their negative tone (unpleasant sensations) in order to simulate the positive tension or tone (strength). Clients wrongfully address lack of firm integration by tensing muscles (mostly upper back, neck, shoulders as well as through bruxism—grinding their teeth), holding large amounts of suffering, increasing controlling behavior, and/or increasing thought rigidity. The more strength they need, the more painful tension is generated to compensate for the dysfunction. This is the source I found for masochism. Meanwhile, positive tone (strength) is low; pain is a need to keep the “sick homeostasis”. The emotional negative tensions most used are self-pity, guilt, and anger. To avoid disintegration threats and overcompensating behaviors, I propose firm stimulation without pain in order to accurately feed the brain in charge of providing tone/relaxation to organs and glands. Once

positive tone is integrated, clients cease with their compulsive suffering behaviors for becoming useless. As this calibration has immediate effects, clients need to be counseled in how to adapt to the new healthy condition. This new condition brings initiative, will power, and planning. Clients feel that they want to recover the wasted time while being inhibited. As clients change, their relationships are affected. Some of the relationships become distant, while new ones start to build. It takes fewer sessions to alleviate pain than to guide clients toward the better outcome possibilities (evolution). Regarding the DSM-5 Feeding and Eating Disorders diagnosis, MTC’s application is highly useful for the above mentioned reasons. Dr. Joaquín Andrade suggested that many eating disorders may be considered part of the Obsessive Compulsive Disorder (OCD) spectrum. This is an important distinction because of all the mental health tools I know, MTC is the best with this spectrum. Overeating is not considered a disorder in DSM-5; they now recognize binge eating disorders as well as feeding disorders including pica rumination and avoidant/restrictive food intake disorder. The DSM-5 defines a binge as a sudden compulsion rather than a persistent behavior. For people dealing with an overweight condition, Claudia Quiroz, LMHC, MA, founder and director at Centro ATC Mental Health Services, developed a Weight Loss Program called Hipnoslim Plus<sup>3</sup>, based on hypnosis (implanting through a hypnotic state a virtual gastric band) and sensory psychology oriented techniques (MTC, EFT, and Aromatherapy). After four years of MTC practice, she realized that it was the main tool to strengthen clients’ will power, attention, and confidence prior to the virtual implant. MTC exercises became the pre-hypnotic-implant requirement for initiating the program along with the medical exam. During the weight loss process, clients often go through periods without results (plateau

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periods); they usually feel upset and discouraged. They also feel like this when occasionally falling back into temptation. Clinical experience has demonstrated that clients who practiced MTC easily overcame these obstacles and were able to complete the program.

**Over the last 50 years**, technology and comfort-seeking behaviors have seriously impacted our sensory needs. Technology is narrowing our daily somatic experiencing by replacing somatic interactions with virtual ones. Poor sensory stimulation provokes tone deficit for self – regulation. Touch screen technology is the most harmful stimulation for reducing touch spectrum to a single mode. The screen can only produce one sensation; there is no difference in temperature, texture, or solid/ subtle states. The amygdala is in charge of integrating sensations to the ANS through sensory digestion. Daily sensory input is classified during the sleeping/dreaming process in order to provide different levels of constriction and relaxation to the ANS functioning. Comfort-seeking behaviors are also withdrawing firm sensations from daily living:

- Shoes are making our steps softer, blocking the firm sensations on our feet
- Water’s temperature is almost always the same (shower and fridge)
- Daily somatic activity has been reduced to the minimum through Internet and delivery
- Many meetings are being replaced by video conferences
- Pictures, letters, agreements, books, music, films, etc. are becoming digital
- Parents spend less time on child rearing

- Children are more exposed to digital activity rather than somatic activity

**Lack of certain kinds of stimuli** provokes autonomic malfunctioning. Awareness is also being affected by the new lifestyle; thoughts are being digitally disconnected from somatic sensations. Sensory awareness integration becomes insufficient for proper autonomic functioning. Sensory Feeding and Eating Disorders refers to poor sensory awareness activity. I consider these as signs of sensory malnutrition. Sensory Feeding and Eating Disorders is the proposed diagnosis for present and coming generations. By providing the missing somatic stimulation, clients’ autonomic responses reach healthy status. Sports, dancing, and other somatic activities are recommended ways to prevent sensory disorders.

**The best sensory diet** should include epicritic and protopathic neuron circuit stimulation. For appropriate stimulation of the epicritic circuits, any sense is recommended for being able to bodily understand subtleness. But for protopathic ones, sense of touch is recommended over the others for being able to bodily understand solidity and firmness. Pain is a sensory threshold that indicates a limit of tolerance. I strongly recommend obeying this limit. Healthy strength must be developed through repetition of painless stimulation. Healthy resistance is the one component that was able to switch its development from suffering to repeating. Awareness is the key ingredient for this diet:

Being aware of the somatic sensations while taking a shower

Being aware of every smelling change

Being aware of solid stimulation using floor, walls, and tables

Being aware of the movements and body sensations

Being aware of the sensation while drinking and eating

Spending more time with real people rather than with virtual friends

Spending more time being aware rather than being automatic

## **We do not just eat food; we also eat the world though the awareness of our senses.**

For more details, visit [www.mtcpsy.com](http://www.mtcpsy.com)

**Rodolfo Garcia Otero** is a licensed psychologist at Buenos Aires, Argentina. He has been involved in Theosophical practice since 1988. His intention to find the intersection between science and Theosophy, made him develop the Theosophical - Scientific Paradigm (TSP). To strengthen the scientific area, after getting his degree, he has been researching body psychotherapy and sensory psychology perspectives. His latest development was Multilevel Tone Calibration (MTC), Symptom and Trauma Management, a powerful mental health tool.

### **End Notes:**

<sup>1</sup> Erik Erikson: “Childhood and Society”, 1950. “The eight stages of psychosocial development” Stage 1 - Basic trust vs. mistrust.

<sup>2</sup> D. W. Winnicott: “Ego integration in child development”, 1960 “Ego”, 2 - Integration, 4 - Unintegration and disintegration

<sup>3</sup> [www.hipnoslimplus.com](http://www.hipnoslimplus.com) “Hipnoslim” offers natural and permanent weight loss through the virtual gastric band and MTC. “Plus” offers resolution for anxiety, mood, sleep, and attention disorders as a positive side effect of the program.

# 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

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

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  
*Continued on bottom of page 73*



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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

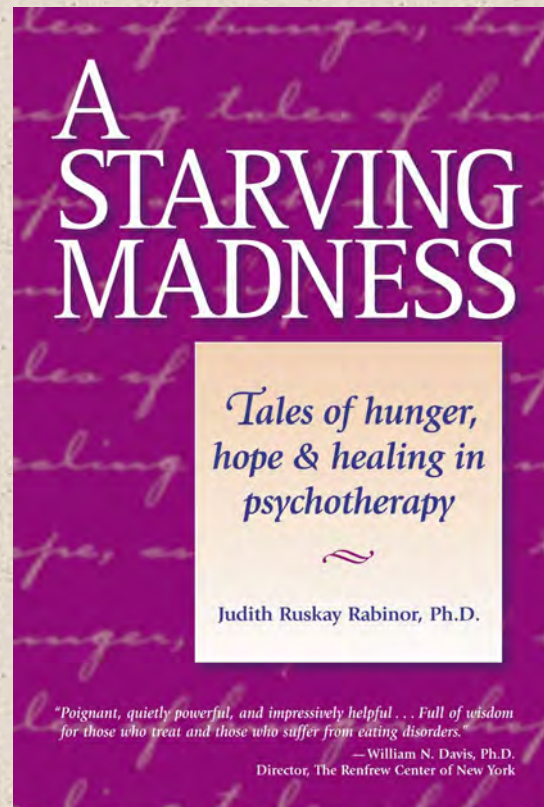
**Judith Ruskay Rabinor** is a clinical psychologist, author, consultant and professor. She has conducted lectures, workshops and seminars worldwide. She received her PhD from Fordham University in 1978, after which she began to develop a specialty in eating disorders. She is the founder and director 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



*Ikram continued from page 72*

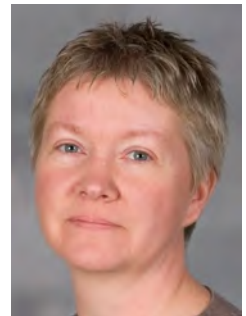
although a gradual process, with motivation and guidance they can heal.

**Samah Ikram** is an undergraduate student at Mills College in Oakland, California. She is pursuing a psychology major with a minor in government. Samah strongly believes in psychotherapy and self-expression through visual arts. She is especially interested in the link between early childhood trauma and eating disorders. She is currently a visiting student at Columbia University. Her expected year of graduation is Fall 2015, after which she intends to attend graduate school.

## Institute for Embodiment Studies



The Institute for Embodiment Studies is a non-profit educational organization dedicated to advancing interdisciplinary scholarship in the field of embodiment studies. Through education, research, and community engagement, the Institute provides an international forum for academics, practitioners, and community leaders to share knowledge about the role of the body in human experience. Founded by Dr. Rae Johnson.



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*Rabinor continued from pg. 70*

her that makes it so helpful? And they said, ‘She has confidence in us.’”

**We have all the theories**, all the treatment approaches, all the tools to share with our patients, and the reality is, it’s more about faith and belief. “I believe in possibilities,” Rabinor says. “Anyone can change if they are willing to do the work. Yet some people cannot take in love and support and connection from other people. They are too traumatized and too afraid of being disappointed, betrayed. A brownie will never betray you, it will always be there.” So Rabinor knows that it’s her job to be there, to be present with her

patients, for her patients, and together they can hopefully rewire their neurological pathways to change a pan reaction to a reflective response. Together they can heal the wounds underlying the eating disorder and change the behavioral part which will in effect change the thinking part and result in a holistic transformation and healing.

**Judith Ruskay Rabinor, PhD** is a clinical psychologist, author, consultant and psychotherapist with offices in New York City and Lido Beach, Long Island. She has more than three decades of experience working with individuals, couples, groups and families. Judy is frequently a keynote speaker and workshop presenter at national and international conferences, professional associations, retreat centers, universities

and schools, including Harvard Medical School of Continuing Education, The Esalen Institute, National Association of Social Work meetings, The Renfrew Center Foundation Conference, The International Association of Eating Disorders Professionals, The New York City Board of Education and numerous university campuses including Princeton University and Barnard College. In addition to a private practice, she runs clinical case focused supervision and consultation groups for therapists and other mental health practitioners.

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# Dare to Be You!

By Isabelle Tierney, MA, LMFT

"To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment." Emerson

*Some time in the past . . .*

*I'm in the middle of a hot yoga class, bending, sweating, pushing my body, struggling to not pass out from the heat and my fight-or-flight breath. I feel awkward, big and not flexible enough. I feel like a loser.*

*I look around hoping to find someone who might sympathize with my pain. No such luck. All I see is a bevy of young, beautiful bodies who hold an amazing mix of strength, flexibility, and, most enviously of all, thinness.*

**In this moment**, I truly wish I had a different body, a body like "theirs". I want to effortlessly open my legs into the splits, fly up into handstand, and sink into a perfect Warrior II. I want to be thin, flexible, and buff like these yogis because I assume that they must be leading perfectly enlightened and connected lives.

**And while I know** that this body of mine will probably never be able to attain that kind of "perfection", I do not care. **I will do whatever it takes** to push my body into these poses, into

these perfect lives. Because being me is not good enough. Being me means I have this imperfect body. Being me means I struggle with an eating disorder. Being me means I will always believe that I'm a f\*\*k-up no matter how hard I try to be better.

## **The Art of Comparison**

**Over time**, I learn the art of **comparison** to try to move toward "perfection". I leave my body and look *outside* of myself to learn how to become thin-enough, which means

good-enough, which means loveable-enough. How much does "she" eat? How long can "she" hold that side-angle pose? How often does "she" exercise? What is "she" wearing today?

**And then** I try to do *the exact same thing*. Even if I'm so hungry and tired that my body wants to pass out. Even if every muscle is screaming for mercy. Even if my clothes look ridiculous on me. It doesn't matter. I'm moving farther away from my not good-enough self and coming closer to the woman I want to be.

## The Art of Not-Listening

I also learn the art of **not listening to myself**. After all, if who you are is crap, why would you waste a precious minute focused on your body and your inner world? I don't listen to my body's needs. I don't listen to my needs. I also don't listen to the voice of my intuition, because there is no way that she could be trustworthy. And though I can see that I am a shell of my former self, I prefer to be an empty shell to the shameful, yucky, authentic me.

## The Art of Non-Acceptance

**Finally, I learn** the art of **radical non-acceptance**. Day in and day out, I practice rejecting every single body part, thought, and emotion. If and when the fleeting possibility of liking something about myself arises -maybe because someone complimented me-, I make sure to stomp on it until nothing is left.



Isabelle and her daughter, Sam, practicing the art of non-comparison

**After all**, the only way out of my unworthiness is through full obliteration. No kindness or compassion allowed.

*Some time now . . .*

*My hot yoga class has just started, and the teacher is already pushing us towards a fast, difficult series of poses. My body is not ready for this. It's just waking up, having spent all day sitting with clients. I slow myself down. I stop following the class' pace and follow my own instead. Hello muscles! Hello bones! Hello heart! I love you! How are you in this moment? I'm here to connect with you and to see if you want to take a journey with me to move, flow, strengthen, and awaken together. Are you with me? Do you trust me? I promise to stay in full contact with you and trust YOUR rhythms and needs over anyone else's. My body relaxes and opens like a flower, emitting a wave of love and pleasure that almost takes my breath away. We are ready.*

**I am so deeply grateful** to be sharing this part of my journey with you. It took many years for me to realize that trying to be somebody else was exhausting, futile, and actually created the exact thing I was trying to get away from: feeling of unworthiness, disconnection, and pain!

**It took the same** amount of years to realize that trying to form my body into a shape that had nothing to do with me was fruitless as well. It only made me hate, abuse, and reject my body more. There was so much suffering.

## The Art of Non-Comparison/Curiosity

**In these last** few years, I've learned the art of **non-comparison**. This art doesn't just extend to not comparing myself to others, which kills all joy and all love. This art also extends to not comparing myself to me and my body, to who I was yesterday or 10 years ago, to who I think I should be tomorrow, or 10 years from now.

**When I compare** myself, I miss the extraordinary that is happening *right now*, which will never happen again in this exact same way.



Isabelle and her daughter, Sam, practicing radical acceptance.

**Because it's hard to fully accept one's self. And it's hard to fully accept one's body.**

**I am selfish**, impatient, dorky, and narcissistic. AND I am wise and brilliant and funny and deeply connected to the spiritual world. My toes are insanely crooked. My spine is curved. My boobs are droopy. AND my face sags. My body has survived almost 30 years of an eating disorder and can still do yoga and dance and make love and eat whatever foods I give it. THAT IS ONE AMAZING HUMAN BEING.

**When I practice** the art of non-comparison, or said differently, the art of **absolute curiosity**, I get to know and explore the brilliant creativity of Creation that lives in me and in my body. I become like a baby who first notices her hands and her feet. Have you seen how *fascinated* she is with her *toes*?!

**This makes me** want to ask: Who is my body? MY body, not my 20-year-old body, not yours, not the supermodel's or the movie star's. I also become passionately curious about who I am. Not Oprah, or Mother Theresa, or my neighbor. Me. In this moment. Now.

### The Art of Active Listening

**In these last** few years, I've also learned the art of **active listening**. This has required me to come back into my body after years of abandonment. You see, there is no way for me to practice listening to my body or myself if I am not *there*, if my consciousness has been looking outside of itself for guidance about who to be.

**This has not** been easy. There was a perfectly good reason I left my body! I had done a brilliant job leaving the old traumas, the pain, the shame, the hate, and the rejection behind. And while my cells lovingly and patiently

held them for me, I now had to find the courage to feel them again, and even possibly love them for the first time.

**What I didn't know** was that coming back into my body and practicing listening also meant that I discovered my body's brilliance, my intuition, the crazy-ass deep, infinite love that lives at the very core of me.

**I love the words** "active listening." Like absolute curiosity, active listening requires engagement, presence, a focusing on what is happening now, and now, and now. There is no way for me to know when I will be hungry, what I will want to eat tonight, whether I will want to do yoga, rest, or go to the gym tomorrow. It is not possible for me to know when I will die, what next year will bring, or what the world will look like in 20 years. My only job is to listen to what is happening in this moment and take loving action if necessary. No more. No less.

### The Art of Radical Acceptance

**My last** and hardest practice in the last few years has been that of **radical acceptance**. This practice could only occur after I stopped comparing myself to others and listened to my truth instead.

**Are you sick and tired** of covering yourself up with masks and defenses, of wrestling your body into a size and shape that has little to do with who it longs to be? Are you ready to trust that being yourself is the only way to be truly free?

**I declare my commitment** to being exactly who I am, the sacred, the messy, and everything in between. I'm not promising it will be easy. I still sometimes would rather to hide in a corner than accept my body or myself as is. This re-owning process is scarier than anything I've ever done. And more exciting and astounding as well.

**But if I don't do it, who will?** And if you don't do it, what will your default life look like? Are you with me?

**Isabelle Tierney, M.A., LMFT** is coach, author, speaker, and therapist with an international following. She is passionate about teaching us to "Dare to Be Real! The Sacred and Messy Art of Being Human" through her podcast, her writing and her practice. She is also an expert on eating disorders and other painful habits and addictions. She is a published writer and national presenter. Most of all, she loves being a fully embodied human.



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# Freedom

An Interview with Diane Israel, PhD

By Nancy Eichhorn, PhD



“I had become the ultimate athletic machine. My life was about trophies, performance, what others thought. I externally identified my self-worth. I had abandoned myself.”

**Diane Israel** was a world-class triathlete. She trained for the Olympics under the adage, “no pain, no gain.” She pushed, hard. She ran on shin splints, tendon strains, torn ligaments. Her motivation to excel fueled in part by her need to achieve and her need to fit in, to find her place, her acceptance, her value in this world. Everything became about winning until it ended.

“**I was 28 years old** when I got sick (*chronic fatigue syndrome*),” says Israel, a psychotherapist in private practice in Boulder, CO, a professor of transpersonal psychology at Naropa University, and producer of the award winning feature length documentary, *Beauty Mark*. “I discovered I could no longer abandon my body. I could no longer live this lie. I had to begin to honor the feminine, the ruler of the body and embodiment. If we try to become machines, if we deny our bodies and kill of our feminine, we become sick.

My illness was a loud wake-up call to stop abandoning my feminine. To stop avoiding my emotions and myself.”

**Israel shares her story**, not to stay mired in the past but to move forward and help others challenged with addictions, be it exercise, food, alcohol, relationships, sex, shopping, and so on, come into their own place of wholeness and self-acceptance. She explains that her constant movement, a form of exercise bulimia, was an unconscious adaptation to turn off the intense overwhelm she felt. “I felt like a weirdo, left out, odd. I didn't fit in anywhere. I was afraid and anxious about life. I ended up turning my focus inward on what I would or wouldn't eat to control and punish myself,” Israel says, all the while training beyond healthy physical boundaries, beyond the meager nutrients she ingested that rarely met her body's needs.

## Highly Sensitive People

**Eating disorders** are a brilliant life saving device. Food is a self-soother, a distraction, a means to cope with unmanageable situations, feelings, experiences. Looking at her own behavioral choices and those of her clients over the last 30 years, Israel found a common theme with clients who struggle with eating disorders—they are born into this world highly tuned in. They are highly sensitive people born into families without language, tools, or comfort around emotions.

**Citing the work** of Ane Axford, LMFT, Israel explains that people with addictive behaviors often share the same neural trait related to a more sensitive nervous system that affects our lives. Highly sensitive people (HSP), a term coined by Dr. Elaine Aron, author of *The Highly Sensitive Person*, are genetically predisposed with nervous systems that pick up

vibrations, sensations, and stimulation more readily than other people. Their sensory processing system (SPS) is more attuned and processes bodily experiences more deeply. Their SPS is sensitive to sensory and emotional stimulation and overstimulation. According to Axford's website, 20% of the population are HSP; they tend to develop autoimmune disorders such as celiac disease and chronic fatigue syndrome, anxiety diseases, and struggle with addictions (food, alcohol, relationships). HSPs often develop gifts that benefit others based on sensitivity; for example, highly developed empathy, compassion, and intuition.

**Axford offers** an online video to teach people about HSP. Israel gives Axford's manifesto to clients to, in turn, pass on to their friends, family, colleagues to see if they can handle them in the truth of their inner light. The work is about reframing the internalized message from "You're too sensitive," to "I'm sensitive, too". It's a shift from "what's wrong with me", to "I belong as a highly sensitive person, and I work in a totally different way that's just as important" (retrieved from <http://sensitiveandthriving.com>).

**"I help people** move through their obsession with food (it could be drugs, alcohol, sex, washing hands, shopping) to support them in the enormity of what they are feeling and

support them in handling them. I coach them in being able to be with all that they are," Israel says.

## Embodiment

**Part of Israel's work** involves awareness, helping clients sense their sensations, sitting with the bodily experiences, sitting with acceptance not judgment. This process is often labeled embodiment, being embodied or mindful.

**Israel says** "embodiment is learning to be with ourselves even if all our sensitivity buttons are pushed. We can stay with our self and embrace our own experience. Embodiment is not stagnate. It is active, flowing. It changes every moment. You have to go with it. Embodiment is an intimate rapport with your life pulse. I feel that it's hard to be an authentic human being in this culture. Most people don't know how to do it; it takes getting off the doing wheel."

**"When we learn** how to deal with our emotions it's like being in the ocean riding waves."

**Israel started working** with Karla McLaren and a tool McLaren created called the Language of Emotion Cards. They were designed to help people increase their emotional awareness and their empathic skills. There are twenty-four cards, seventeen offer insight into different

emotions including hate, anger, shame, envy, sadness, and suicidal ideation. The remaining seven cards teach empathic mindfulness skills supporting emotional and empathic awareness. "Each card has questions about what triggers the emotion, question to ask yourself when the emotion arises which aid reflective explorations, such as 'what's about this emotion is beneficial?' 'what gifts does this emotion bring?' 'what needs protection?' There are no wrong or bad emotions, all have value and offer information. For example, anger reveals there's a boundary issue being triggered. A suicidal urge often means something is dying to change, something needs to be transformed, reborn. I use these cards daily with clients. I work with the cards because we are not taught how to deal with our feelings our emotions in this culture. The source/root of addiction is not being able to embody the enormity of what we feel; instead when we feel shame, envy, etc. we drink, binge eat and throw up," Israel says.

**"McLaren talks** about the beauty of our raw emotions like fear, jealousy, and anger," Israel adds. "They are actually a beautiful experience before we layer on our story. We need to be aware and learn to feel our raw emotions. Be able to say to ourselves, 'Oh this is just some heat, it will give me energy, the impulse to do something.' Be with the raw beauty of the raw emotion.



I now view my anxiety as my aliveness. It's this intense energy. My anxiety is there a lot. Last year my teacher, Bruce Tift, told me 'be with it and so what' Getting ready for it is the opposite of expecting it, counting on it, getting rid of it. And if it's not there, it's a reprieve."

### Happiness versus Freedom

**"We can't do it alone,"** Israel says. "I don't want my clients to come in and talk only about their stories. I do my best to meet people where they are. I don't spend a lot of time in the energy on the story. The state of the brain—our reptilian brain will do what it does, it will go to fear, negative emotion, etc. I trust the instinctual process. I see humanity as extraordinary human beings.

**"I'm not into happiness, I'm into freedom"** she continues. "Happiness is a temporary emotion. Freedom is what we talk about when we talk about embodiment—learning to be with everything. If you are feeling depressed or anxious, you are not happy. But, if all emotions are real and you can be with them, then we can experience freedom. The ability to hold the enormity of our emotions is where freedom is, and happiness often comes with freedom.

Ultimately, to experience freedom of being, I have to honor my needs. Then live it, embody it, practice it."

### The Fruitional Model

**"With the help and support** of my teacher, I practice the Fruitional model in my work. I'm not a Buddhist yet Buddhist principles make so much sense to me. The Fruitional model reflects the wholeness of the human being, and I work with clients to restore their remembering of their wholeness. I ignite and shine a light on the complexity of our humanness, our behaviors, our stories. In the Western model of medicine, we need to be fixed. In truth, we have nothing to get rid of, nothing is thrown out. Life is

workable no matter how messy. Every neurosis we have is brilliant—I wouldn't be here if I hadn't found my M.O. (*modus operandi*) to cope. As we age, we have an opportunity to heal our defense mechanisms we created as young children when we didn't have the skills to deal with our emotional enormity."

**"I see women** in their 40s and 50s with eating disorders that don't serve them anymore. When you are 50

**"I'm not into happiness, I'm into freedom. Happiness is a temporary emotion. Freedom is what we talk about when we talk about embodiment—learning to be with everything. If you are feeling depressed or anxious, you are not happy. But, if all emotions are real and you can be with them, then we can be free to experience freedom. The ability to hold the enormity of our emotions, is where freedom is, and happiness often comes with freedom."**

years old, we have an opportunity to heal the patterns we developed to survive. Bringing awareness to your eating disorder is a tremendous and beneficial healing component. The first 30 years, I was not aware why I was starving myself; developing awareness was a component of my healing process."

### Four Themes

**There are four themes** Israel also addresses with clients to support their health and wellness (family, community, service, and identity). Diane also appreciates Maslow's hierarchy of basic needs: food, shelter, sleep, comfort, family and community. She supports clients to work on sleep patterns, how to find their own rhythm of what works around food, how to notice what's happening in their environment, and if things are distorted how to maintain a sane state of mind.

**According to Israel,** we all need a healthy family, a tribe to belong to where we are accepted in the fullness

of our being, be it our biological family or one we create. Finding a therapist who has lived through an eating disorder (or addiction), who knows it intimately is one part of the family support; it's crucial to know that you are not alone.

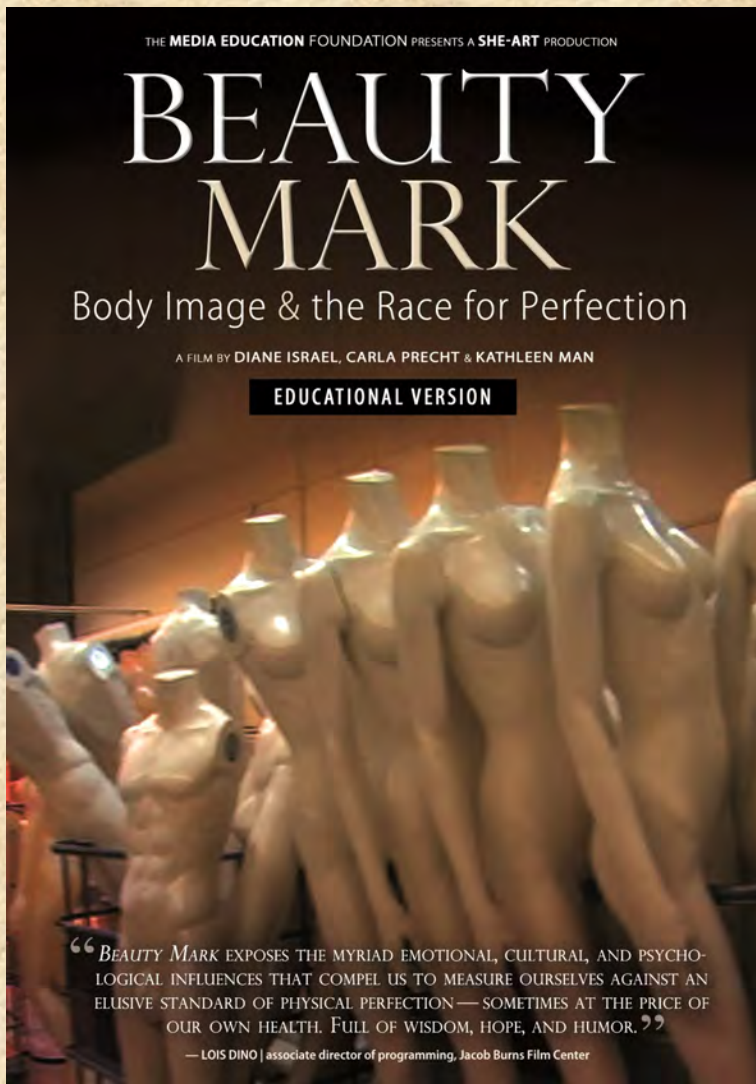
**"I've lived it,"** Israel says. "It takes one to know one. I can look my clients in the eye, and they know I really get it. I have no regrets. Our experiences make us extraordinary

people. I get through my addiction with passion, compassion, and loving kindness. I let my clients know that they are not flawed. That their addiction is part of their journey in healing."

**Service is huge** as well, Israel says, knowing that we have a purpose, something to give of ourselves to others. But to offer our best, we have to value ourselves, know we count. Israel offers the idea of 'self-ing' because the word selfish has negative connotations. "It's healthy to be selfish through 'self-ing and that's the idea of intimate rapport with our self," Israel says. "And within 'self-ing' there comes a sense of identity: Who am I? I have to live a life that allows time for meditation, healthy eating, being in nature. These are requirements for me. I can get away without them for a short bit, but my life doesn't feel as vibrant," Israel says. "I live for nature, stillness, and the gift of being in a body."

*Continued on page 110*





# Beauty Mark

A Film by Diane Israel, Carla Precht, and Kathleen Man

Reviewed by Nancy Eichhorn. PhD

Diane Israel has a story to tell. Deep. Intense. Revealing. Personal. Powerful.

Woven within her experiences with anorexia and exercise bulimia are tales of abandonment, distorted thinking, depression, chronic fatigue, disfigurement, anabolic addiction, fear, rape, sibling rivalry, inadequacy, insanity, family pressures, and self-hatred. These are not all Diane's storylines, however. In this masterful documentary, Diane and her co-producers, Carla Precht and Kathleen Man, weave in other peoples' stories as they document Diane's childhood immersion into exercise abuse and starvation, her physical breakdown as her body simply stopped and left her bedridden for months, and her transformation as she sought a new definition of beauty.



Diane Israel. Photo courtesy Media Education Foundation

Diane stopped eating at age 12 as her obsession to run and win increased. When she was 8 years old and her brother, Rob, was 6, their father timed them while running. Seems Diane lost, which really “pissed her off”. She trained hard and was soon a winner. She burned-out on running and became an award winning triathlete. She might have been a worldclass athlete, but she didn’t nourish her body—she says she “trashed” her body, which ended her career. She explains her need to control her exercise and her food was her sanity, her way of coping with a childhood comprised of confusion and contradiction. At home, extreme polarities were the norm.

At age 28, love catapulted Diane headlong into fasciation and obsession as she felt internalized stirrings of femininity, sensuality, and sexuality. From this place of growth, she was determined to share her life helping women faced with similar struggles with body images. In her forties she went to New York determined to produce an educational film to encourage awareness and conversation—to get men and women dialoguing about their own self-abuse and start on a healing path. There is no definitive finish line, Diane says in respect to healing and her own sense of being done. It’s a process, an evolution, and the finish line is the gift of life.

The film (51 minute viewing time) is divided into chapters, each related to a segment of Diane’s recovery. It

begins with *Racing Her Heart Out*—the story of how Diane became an athlete and how she stopped eating and eventually landed in bed with chronic fatigue. Next they develop the concepts within *Distorted Mindset* and *Mayhem* dealing with family

fractures, and eating and exercise disorders. Searching for Beauty, Re-imagining Beauty, and finally, *Going Home* round out the film’s contents.

There are free materials on The Media Education Foundation © website ([www.mediaed.org](http://www.mediaed.org)) including a study guide by Jason Young to assist teachers/coaches, group facilitators, and therapists—anyone in an educational setting support a learning experience. The guide includes key points made in the film, questions to guide discussions, and extension projects. It was created to help viewers “slow down and deepen their thinking about the specific issues” addressed in the film. They also structured the guide so users have the option of “focusing in depth on one section of the video at a time” and “stay close to the video’s main line of argument as it unfolds.”

Diane shares her life in intimate detail. There are family videos, news clippings, interviews with her cousins and her former partner. And she allows other people to share their experiences as well.

Cindi Andrews and her son, Zach, were severely burned in a fire that almost killed them. Cindi shares that before the fire she had it all—the perfect life—but she felt empty inside. Her experience after the fire taught her that material possessions and external beauty do not create happiness.

Dave Scott, a six time Ironman, shares his view of Diane while she was racing, and he shares his story about his decline into exercise bulimia and insufficient nutritional care. Rick Jones talks about his move from being a skinny runt kid to a ripped world class body builder with the aid of steroids and his recovery from anabolic addiction.

Diane shares personal stories as well as professional conversations with influential therapists and authors in the field including: Jane Body, Naomi Wolf, Eve Ensler, Paul Campos, and Ellen Hart Peña. All add their take on beauty—what defines it, who defines it, and how we live with it. There’s even an interview with a mannequin manufacturer who discusses his



Rick Jones during his prime body builder phase. Photo courtesy of MEF



Courtesy Media Education Foundation

damage and eventually placed in a home, was present. Diane interviews her parents, and a poignant moment occurs when Diane asks her mother about beauty and she replies that it comes from the inside and outside of a person—it takes both, she says.

The film is well done and worth watching whether for the personal viewing experience or to preview for use with clients, students, community members and so forth.

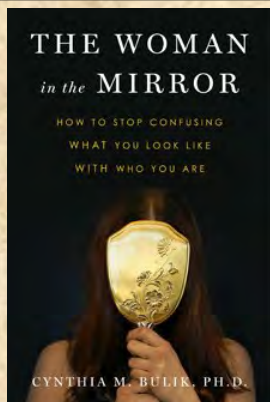


mission to create models with more realistic figures.

The ending of the movie offers an unexpected twist that brings an emotional zing to the chapter entitled, *Going Home*. Diane goes to her mother's house in New York for a family gathering—her parents divorced some time ago but her father stays connected, especially since her mother's stroke. Her younger brother comes with his new baby and wife, and Diane's older brother, who was born with brain



Sexualized beauty. Photo courtesy The Media Education Foundation



**The Woman in the Mirror: How to Stop Confusing What You Look Like With Who You Are.**

always win. Girls are taught to stay quiet which influences their adult sense of low self and body esteem

**Dr. Bulik's goal** in writing *The Woman in the Mirror: How to Stop Confusing What You Look Like With Who You Are* is to teach women how to separate self-esteem from body-esteem. Self-esteem is how we feel about ourselves as a whole; body esteem, a small part of self-esteem, is how we feel about our physical appearance. Many women feel discouraged, put down, and silenced, but instead of changing who they are and being heard, they change how they look.

**The book is divided** into two parts. The first part talks about how women are taught to feel about themselves from “elementary school to the nursing home”, and the second part

gives exercises and tools to readers to challenge what they have been taught and to learn how to chip away the little voice in their head that never stops criticizing. Dr. Bulik includes case studies and examples to help readers understand that almost every woman in the world experiences the same things her readers do.

**Every chapter begins** with a quote for readers to find inspiration from or sympathy with. “I am a woman, hear me roar,” from Helen Reddy's song, *I am Woman*, is one quote that is used to introduce a chapter.

**This book is clear** and easy-to-follow. Dr Bulik combined her experiences of being a woman, a psychologist, and a mother in such a way that all her knowledge can be used to help improve the self-esteem and body esteem of all women.

Written by Cynthia Bulik

Reviewed by: Nataliya Rubinchik

**Many women** spend their lives fighting against what they see in the mirror and are rarely satisfied. Young girls are often taught that they are the weaker gender and that boys should

**PROFESSIONAL DEVELOPMENT WORKSHOP - PDW**  
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**IIBA - INTERNATIONAL INSTITUTE FOR BIOENERGETIC ANALYSIS**



## Preverbal Issues: Energetic and Relational Aspects

**IIBA Faculty: Scott Baum, USA; Vita Heinrich-Clauer, Europe; Rebeca Berger, SA; Susan Kanor, USA**

Psychotherapeutic work with people who have suffered chronic relational trauma early in life requires an understanding of the effects of that early experience in all aspects of life. This PDW will concentrate on the understanding of the somatopsychic structures that develop under these conditions as well as on the particular demands on the Bioenergetic therapist working with people in states of fragmentation, primitive defenses, disturbed attachment and relationship dynamics that result from this early experience.

People whose character structure developed in great distress, before language carries meaning, can benefit greatly from a Bioenergetic approach that permits the therapist to work directly and systematically with sensation, movement and expression. At the same time, the therapeutic relationship brings significant challenges to the therapist as chaotic, undifferentiated feeling states and emotional constellations are brought into the therapy, related to the client structure and dynamics.

The PDW curriculum will focus on the principles, techniques and quality of contact that offers the optimum therapeutic experience for the client with early developmental trauma.

Please direct all inquiries to Pilar Llobregat at  
[iiba.spain@bioenergeticanalysis.com](mailto:iiba.spain@bioenergeticanalysis.com).



***Eating Mindfully: How to End Mindless Eating and Enjoy a Balanced Relationship with Food.***

Written by Susan Albers, PsyD

Reviewed by: Mona Zohny

**In Buddhism**, mindfulness is one of the factors of enlightenment. Recently, positive psychologists have begun to explore this concept in the context of physical and mental health. Albers's second edition of *Eating Mindfully* is structured the same as the first and builds on information previously provided. The book's purpose, however, goes beyond helping people with eating disorders—it contains dozens of tips to address mindless eating habits by increasing mindful thinking and mindful behaviors.

**Mindfulness** is described as being present and aware from moment to moment. Eating mindfully involves being aware of the taste and texture of food, the physical process of eating, the physical sensations of hunger and fullness, and the emotions involved. The book starts off by answering common questions about mindful eating. Albers also provides a summary of the five types of mindless eaters: the occasional mindless eater (new to the second edition), the chronic mindless dieter, the mindless overeater, and the mindless chaotic eater. She provides

a list of attributes for each category that allows readers to figure out what type of mindless eater they are. Albers believes that everyone is guilty of mindless eating at some point, and she emphasizes that progress is more significant than perfection. It is more important to control the present moment than it is to focus on the past or future. In a time when many people have busy, fast-paced lives, often eating meals while they work, this book reminds us of the importance of slowing down and using our senses to actually enjoy meals.

**The rest of the book** is divided into five parts. The first part is about the mindfulness of the mind. This involves being present and aware of all five senses when one eats. Albers points out that doing so will allow one to feel more pleasure while eating and be able to stay in control. She also discusses the idea of letting go of food restrictions and categorizing foods as being good or bad.

**The second part** is about the mindfulness of the body. This means paying attention to the signs of hunger in order to distinguish between emotional and physical hunger. It also involves paying attention to one's physical motions while eating. The author explores self-acceptance of one's past, present, and future bodies. Albers recommends meditation and breathing exercises to train oneself to remain in the moment. She also explores the idea of fine tuning one's taste buds.

**The third part** discusses the mindfulness of the feelings. This involves figuring out the emotional triggers that cause mindless eating as well as dealing with negative feelings regarding one's weight. It also encourages readers to think about how relationships can affect their eating habits and even provides tips

on how to eat mindfully around others, especially during the holidays. The fourth part is about the mindfulness of the thoughts. Albers discusses the dangers of "mindless thinking" that includes overgeneralizing an outcome, overstating things or ignoring significant information (p. 202). She recommends planning meals in order to avoid emotional eating. Albers also explores the idea of the "inner food critic" and how to silence the voice that shouts judgmental remarks at you about your food choices (p. 219).

**The fifth part** is new to this edition and serves as a review. It consists of a detailed checklist with all of the tips for mindful eating that Albers covers throughout the book. The author also provides several different scenarios emotional eaters can find themselves in and ways to handle the situation mindfully.

**Every chapter** of this book provides readers with exercises called skill builders that keep them engaged. Some of these skill builders require the reader to keep a food diary. Others simply require a mental task. Albers recommends reading the whole book before starting these exercises. She provides many different types of skill builders so there is something for everybody.

***Eating Mindfully: How to End Mindless Eating and Enjoy a Balanced Relationship with Food*** is a comprehensive and engaging guide to eating mindfully. It can be used by almost anyone who wants to learn how to be more present and aware in their eating habits and daily lives in general. This book focuses on the readers and their experiences, while Albers also provides relatable examples from her own clients. The skill builders provided allow the reader to apply the concepts discussed to their lives.



## Body Awareness as Key to Detecting Predators and Advancing Eating Disorder Recovery

By Joanna Poppink, MFT

“In order to effectively avoid and respond to predation, animals must first identify the presence of a potential predator.”

**A healthy and aware woman notices** threatening and dangerous signals from people or within environments. Her stomach lurches in disgust or her throat muscles gag slightly at an unsavory invitation. If she is offered gifts or praise from a stranger, she becomes suspicious if she feels the hairs on the back of her neck rise. When asked to support a project with her energy and money but with no reciprocity, she is likely to feel a slight chill down her spine and pass. Walking down a city street and seeing a dark alley, she is likely to feel a sudden sick feeling in her gut and cross the street. If her car makes a strange sound, her body tenses. She will have a mechanic look at the engine.

**In more than 30 years** of working with women with eating disorders, I see a common physical thread. My patients dull their awareness of body warning signals and experience them as eating disorder triggers. In the past decade I've been using a predatory/prey model as a guide to help my patients and I identify self-protective information that comes from the body as both wisdom and a vital aspect of eating disorder recovery work.

**A new eating disorder patient** in my practice often arrives with a current or past stalker in her life. It is not uncommon for her to have at least one or more exploiters in her personal life or at her job who drain her physical, emotional, and financial resources with little or no benefit to her. She may be angry or resentful, but often she is docile or proud in her acceptance of this treatment. She believes she is noble, generous, and kind as she helps and supports her exploiter.

**This belief** only makes her more vulnerable to the exploitation.

**Like all biological organisms,** her body registers negative influences preying on her well-being. However, she remains mentally unaware because her eating disorder is in place to maintain a separation between body and mind. She believes that her trembling, muscular readiness to bolt, chest tightness, headache, and pounding heart are symptoms of her fear of psychotherapy and life without her eating disorder.

**These first meetings** are critical. I rely on my own body awareness and mindfulness practices to keep me centered and present. I need to be with her as she is.

**At the same time,** I've learned that before me sits a woman who, if she stays in psychotherapy, is about to take a surprising journey that will both obliterate her mental oblivion and show her not only the life she is actually living but also that various actions she can take will greatly improve her life. I see her courage.

**In my experience,** women with eating disorders are highly intelligent and creative. Once they erode or breach the barrier between mind and body, they can use their bodily responses as information to guide them in self-protective actions. They can shed their eating disorders like outgrown shells.

**It's a paradox** that a woman with an eating disorder can obsess about the size, weight, and shape of her body,

exercise and eat, and yet remain oblivious to many physical experiences. My challenge is to introduce body awareness exercises knowing that, initially, my patients may resist because being aware of themselves in the present moment is exactly the experiential state they strive to avoid.

**Body awareness exercises** such as body scans, mindfulness practices, breathing exercises, and meditative walking are pathways to help them awaken to their own genuine experience. They resist because even approaching consciousness of the present moment brings up a sense of imminent catastrophe.

**I've learned** to respect how precarious and vulnerable my patient feels when I introduce body awareness practices. In *Healing Your Hungry Heart*, I describe how to do these practices. But in the clinical setting the practices are introduced informally, almost casually as part of our conversation.

**For example**, Susan, suffering from Binge Eating Disorder, complained of loneliness because her caring husband spent much of the year out of town as he attempted to sell their business so they could retire together in style.

**When I asked her** to describe what was happening in her body, she didn't understand my question. I did a brief body scan with her, starting at the top of her head where I was certain she felt no stress. As we moved through to her jaw, neck, and shoulders, she described the rigidity I could see but which she was unaware of before the scan.

**As I invited her** to watch her breath. We moved to her chest and diaphragm. She burst into angry tears. *"I'm alone, so lonely. I built the business with him and now I'm shut out. No one tells me anything. I'm so tired of waiting for him."*  
**She was shocked at herself.** Over

time, she did more exercises and learned to tolerate her sensations rather than eat bags of candy in bed at night alone. Her conversations with her husband, now based on the reality of times, dates, places, and money must have been threatening to him. They disrupted the predator/prey balance that relied on the prey's lack of awareness and emotional rationalizations.

**He stayed away longer** but still called with loving words daily. Eventually he came home and abruptly told her of his current affair with a woman he planned to live with immediately. He confessed to a long history of extra marital affairs, and his desire to kill her after he made her leave the business. She was horrified and grief stricken at the sudden collapse of her fantasy and the emergence of who this man was.

**Body awareness** helped her reveal the reality of her life and exposed her predator. She was an intelligent and creative woman. Despite her anguish, she drastically limited her eating disorder behaviors. She legally separated from husband, took care of herself financially, and started a new life elsewhere. While she suffered emotionally, the revelations of her reality freed her body from the stress of suppressing her awareness of the exploitation. She had more energy available to care for herself.

**Recovery** is more complex than detecting predators and moving into realistic self-care mode, but predator detection is essential for the entire recovery path to unfold. Susan is on her way.

**Melinda, suffering from bulimia**, lived with her husband of 19 years. He criticized her for being overweight and said he could not kiss her or make love to her because he found her body disgusting. She had a high power, high income job and paid for almost all the home expenses including house, car, and vacations. She said he had a gifted mind but was

so miserable because of her weight that he couldn't rally his potential and earn more money.

**She had trouble** identifying physical sensations during a body scan. Attending to her breath, however, had the effect of making her more aware of her environment. She trusted her husband, but our conversations brought up behavior I wondered about and questioned. He spent many hours on the computer in his private studio. When she asked why, he told her to *"take her big fat nose out of his business."* In the past his response would have sent her into a silent place of shame and despair. This time, while she staggered under the familiar assault, her mind stayed clear.

**She told me** she felt guilty but went into his computer when he was away. She discovered pornography and e-mail correspondence between him and sexual partners. She was heartbroken, confused, and angry. Over the next few weeks she went through drawers of documents and tapes and discovered that he gambled, had huge debts, paid for sex with overweight women, and despite what he had told her, didn't have a job at all.

**Body scans** became a regular part of her daily routine as she processed the reality of the life she was living. As she relied less on bingeing and purging to mask her situation and more on reading her body sensations, she was no longer blind to how she was being used.

**Once she was willing** to detect her predator, she extricated herself from him and was more mindful in other relationships. Happily, she discovered that she was sexually desirable while she built a new life for herself.

**I describe breathing mindfulness** exercises in *Healing Your Hungry Heart* to people I don't personally treat. In my practice, I tailor these

exercises to the individual. My hope is that readers tailor the exercises to fit their own situations.

**I invite my patients** to come ten minutes early to their appointment, find an appealing place in the garden and watch a plant of their choice. I tell them to pay attention to color, shape, movement, and any insect or animal life that may enter the picture and while doing this to watch their breath and be attentive to body sensations.

**For patients who live** at the beach, I suggest they sit on their balcony in the morning and watch the ocean. I invite them to be aware of sensations in their body as they observe the rolling waves, paying particular attention to exactly where a wave breaks.

**For patients** who “have no time” for mindfulness practices, I suggest they walk for ten minutes paying attention to their body, emotions, and thoughts. I ask them to be curious and make a distinction, if they can,



between a physical sensation, a feeling, or a thought.

**Body exercises** help women tolerate their feelings without escaping into their eating disorder. They learn that they can experience body sensations, have emotions, and think at the same time. This is vital for detecting a predator and taking wise self-

protective action. Each aspect of their awareness carries information. When they have full access to all three aspects and respect them, they can coordinate information about their situation and make wise choices about how to respond.

**This way of living** gives women solid evidence that their reality-based decisions are far more powerful and protective than self-destructive eating disorder behavior. They begin to live in a way that continually reinforces recovery.

**The ongoing challenge** for many of my patients is learning the difference between reality and fantasy. The body knows the difference. Whenever a patient is in doubt about her perceptions, whenever she is being self-critical or feeling shamed or worthless, she can check in with her body to see if she is ignoring danger signals. If she ignores them, she opens herself to a predator in her life.

**The predator targets** her as prey

because he recognizes her vulnerability. The strength of her reliance and belief in the predator's lies is based on her own developmental deficits and how much she needs his promises and declarations to sustain a sense of what she understands as wellbeing. Addressing these developmental

deficits is an ongoing part of her recovery psychotherapy.

**Humans are still prey** to other humans in this dangerous world. But when the eating disordered woman surrenders her eating destructive behavior to increasing awareness of reality she can detect predators and find effective ways to elude them. She is no longer a victim. She can come out of hiding, use her resources for herself, and flourish. Her body becomes her friend as she allows her normal, genuine, biological responses to help guide her through her days.

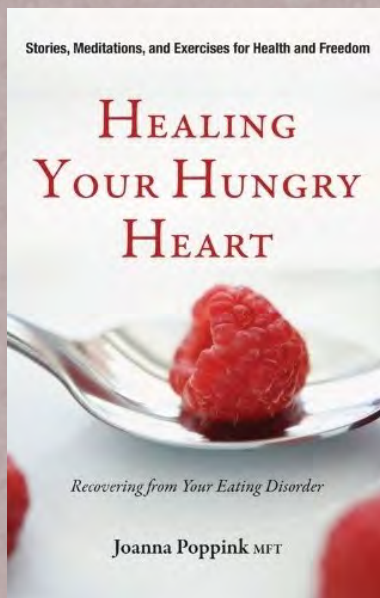
**Joanna Poppink** is a private practice licensed psychotherapist in Los Angeles, California since 1980 and author of *Healing Your Hungry Heart: Recovering from Your Eating Disorder*. She supports creative and healthy development in all phases of a woman's life, honoring her authentic mental, emotional, and spiritual yearnings as she moves from living with an eating disorder into freedom and health. In her book, *Healing Your Hungry Heart*, she gives frank descriptions of secret, emotional, and personal, challenges when living with an eating disorder and how to use them as opportunities for healing. Using stories from her personal struggles with bulimia along with stories from a wide range of women she has known, Joanna offers hope, inspiration, and specific healing practices. She writes to adult women in their 30s, 40s, 50s and beyond. Her website, <http://www.eatingdisorderrecovery.com>, is a vast and free resource where visitors are invited to comment, ask questions and participate in ongoing recovery forums. Email: [joanna@poppink.com](mailto:joanna@poppink.com)

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*Continued on the bottom of page 108*





## Healing Your Hungry Heart

Written by Joanna Poppink, MFT

Reviewed by Nancy Eichhorn, PhD

**As a child**, my family’s discussions often centered on the value of thin versus fat; my father even cited research studies to substantiate that thin rats outlived fat rats. Thus, the logical decision to stay the course, be it Weight Watchers, Atkins, Slimfast, the grapefruit diet, whatever trendy diet was in vogue at the time to achieve the almighty status of thin. Weight and the subsequent attachment to body image were critical factors in my life, not for health reasons but for beauty and self-worth. Thin people were in, fat people were out. Yet, binge eating was a way of life in my family. I learned that food soothed, silenced, sequestered my emotional overwhelm then sentenced my feelings to the inner darkness of my belly. I didn’t have the skills to cope with life. Over the years, my weight came and went.

**I started reading self-help books** in my mid-twenties, about the same time I weighed 90 pounds or so on a 5’ 5” skeletal frame. I recall my father getting rather furious one day while we were canoeing—he sat behind me counting my ribs as they protruded from my emaciated back. Starvation transitioned to binging and purging, to a 30 year relationship with disordered eating behaviors. I remember falling in love with Geneen Roth, Natalie Goldberg, and Anne Lamott; their first person approach to addiction and healing called to me. Yet, as always, nothing moved me to lasting change. Band-Aids. Stop gaps to address deeper concerns fueling the war with my body and the disconnect from my being, the grief and sorrow surrounding my soul and her desire to leave this life in any way, shape, or form.

**Reading Joanna’s book, *Healing Your Hungry Heart***, I felt a resonance with both the beginnings of my dysfunctional eating behaviors and the path I followed toward a healthier relationship with my body and with my self—the core consciousness I consider ‘me’ rather than the muscle, fascia, fluid, and boney frame that houses my energetic being.

**For starters**, Joanna shares her life with bulimia. She openly writes about her move into this destructive place of being and her struggle to transition away from its grasp into a loving place of self-acceptance. Her story is familiar in many ways, not the precise details, but the undermining feelings that collapse our faulty, if at all present, self-coping strategies to deal with what life brings our way. When it comes to therapists claiming to be eating disorder specialists, I believe it takes one to know one. Joanna knows. And her journey, within the pages of her book, offers a gentle step-by-step guide with strategies and skills to replace what was never nurtured, to teach

what was never instructed, to support what was never validated and loved.

**She offers many strategies** that are common place in eating disorder treatments—journaling, joining groups to avoid isolation, creating daily rituals, and repeating affirmations to stimulate cognitive and behavioral change. What sets this book apart from other self-help books for me is her engagement with the body and specific strategies to approach a relationship with what for most folks living with an eating disorder represents the battle ground, the war zone, the heart of the intensity and destruction. Joanna offers descriptions of what you may feel in your body such as, “a slight nervous sensation just below your shoulders in your upper arms, a leaden feeling in your abdomen, a prickling behind your forehead and a slight throbbing behind your eyes, a quivering in your upper thighs”—all these sensations, she says, can send you to food (p. 95). She teaches readers how to do body scans and builds a platform for mindfulness practices with

daily reflections and breath work—there’s time and practice to befriend your body and discover pleasurable body sensations, which are also blocked when so called negative feelings are shunned. One exercise asks you to be present to your feelings in the moment and as you pay attention to what you are experiencing, she asks, “What part of your experience is thinking? What part of your experience is emotion? What part of your experience is physical?” (p. 129).

### **Two exercises stood out for me.**

The first is entitled, P.A.M.: Pause a Minute to stop overeating. When you find yourself in the process of overeating—at a meal, sitting at your computer, watching television, she recommends you pause, take a deep breath, and close your eyes. Pay attention to your breath. Don’t change it. Simply watch it. “Feel the oxygen enter your lungs and nourish your body. Tell yourself there is plenty of food in the world. You can have more at your next meal. Imagine your next meal. Commit to what time you will eat a nourishing meal again. Tell yourself you will be kind to yourself during the time between meals, and you will give yourself a good next meal” (retrieved from <http://eatingdisorderrecovery.com/>).

**According to Joanna**, “As you practice P.A.M. on a regular basis you develop the ability to break your overeating pattern. You learn to trust that you can bear your feelings. You earn your trust by supplying yourself with nourishing and tasty meals on a regular basis. When you trust that you will care for yourself and tend to your needs, you don’t need to overeat because you want to ward off deprivation. You know that you will provide yourself with enough. Do you trust yourself to give yourself the nourishment you need? How can you develop even more trust in yourself?” (retrieved from <http://eatingdisorderrecovery.com/>).

**She writes that to heal** “you create the opportunity and conditions for your heart and soul, your body and mind, to heal and grow beyond your present limitations” (p. 164). Every exercise in the book is designed to help you be more reflective, to see your inner worth through self-honesty and explore your own true

### **P. A. M. : Pause a Minute**

When you find yourself in the process of overeating—at a meal, sitting at your computer, watching television, pause, take a deep breath, and close your eyes. Pay attention to your breath. Don’t change it. Simply watch it. Feel the oxygen enter your lungs and nourish your body. Tell yourself there is plenty of food in the world. You can have more at your next meal. Commit to what time you will eat a nourishing meal again. Tell yourself you will be to yourself during the time between meals, and you will give yourself a good next meal.

nature as you offer yourself compassion and appreciation for our imperfections as we live in an imperfect world. “Living a life without an eating disorder means living at a deeper level where you perceive more in the world, in other people, and in yourself” (pg. 203).

**The second exercise** that spoke to me is what she calls, “jibing”, a sailing term used when the boom shifts fast and hard from side to side of the boat forcing the boat to suddenly change direction. The idea is to shake things up, to “startle your mind, emotions, and body in a simple non-threatening way to learn how to focus on being present” (p.105). As your mind, body and spirit become more flexible, Joanna says we will become more confident in new situations, more resilient, creative,

and mature in order to “deal with what reality brings to you. You stay conscious. You stay present. You gather your resources and expand them to cope well and live” (p. 154).

**There is a wealth of information** as well in the appendices: affirmations; journal prompts; facts about eating disorders and treatment options; additional exercises and activities; recommended reading/CD/DVD list including fiction, spiritual, fairy tales and legends, human development, consciousness, memoir, and poetry; websites for support and study.

**I know there are** a slew of self-help books on store shelves, Amazon, Kindle, and more, and we all need to find what works best for us. There’s a resonance and when you find the right guide, you give it a try. *Healing Your Hungry Heart* resonated with me, and I highly recommend it for people living with eating challenges as well as for psychotherapists and health care workers (doctors, nurses, nutritionists, dieticians and so forth) who support patients struggling with disordered eating behaviors. Joanna’s website: <http://eatingdisorderrecovery.com/> offers excerpts of the book and exercises. You will also find blogs, forums, articles, and contact information.

**Recovery is fluid**, flexible, infinite, and learning new mindfulness practices is always a welcome addition to my current skill set. I’m jibing more these days and laughing at my attempts to do things from a different perspective, loving myself as I falter and as I succeed. I read the book in two sittings, actually, taking notes for the review and for myself, noting pages to return to for further reflection and to share with those who come to my door looking for acceptance and support. I truly appreciated Joanna’s candor and her willingness to be present on the pages of her book and in her work with people living with eating and body image challenges.

*IBPJ continued from page 9*

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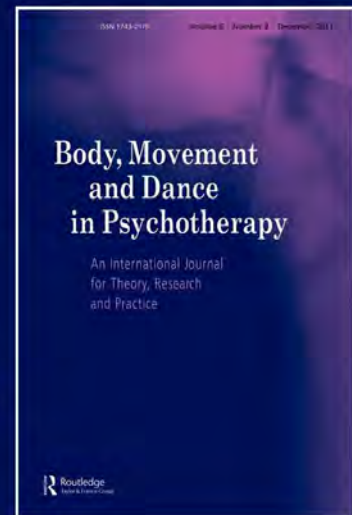
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## International Connections

By Asaf Rolef Ben-Shahar

### Eating Disordered Relationships

Pondering on the eating disordered therapeutic dyad – enactments, ruptures, and repair

#### As long as mum is unhappy

“I would rather be miserable than give my mum the pleasure of seeing me healthy and happy.”

This horrifying sentence, which Tanya uttered with a mixture of pride and disgust, illustrates this article’s suggestion – that eating disorders should not only be seen as an individual condition but instead also as a systemic - familial disorder.

Tanya’s relationship with her body, with eating, and with food cannot in my mind be separated from her relationship with her mother: a relationship of use and misuse, characterised by role reversal and enmeshed digestion. This is a world where it is unclear who is digesting what and for whom, a world where the girl could not individuate since the mother needed her connected, and where dyadic regulation was harnessed from an early age to manage and monitor the mother’s narcissistic anxiety. The child’s body and the child’s suffering gave the mother meaning – something to worry about, therefore something to exist for, as her own existence was never validated. You suffer, therefore I am.

In this article I suggest that many who suffer from eating disorders think through their bodies by somaticizing and that this early form of somatisation is a result of early disturbances of dyadic regulation with the attachment figure (most commonly the mother). To simplify this claim – the disordered body is the mother-daughter dyad and not the daughter (or identified patient) herself.

Elaborating on this hypothesis and clinically exemplifying it, I suggest that since eating disorders have a dyadic component that takes place in a relational constellation between a person and her or his attachment figure, psychotherapy is a fertile ground for enacting such eating-disordered relationships, enactments which mostly occur somatically. In short: relationships (therapeutic ones included) could manifest disordered-eating patterns.

#### Speaking in feeling

Psychoanalyst Diane Barth (1998) describes how some clients “speak in feelings” and not in words. These clients are not incapable of articulating their experience in words, if requested or called to do so (by an attachment figure, for example, or a therapist), but it is not their main way of processing some specific emotions. Barth argues that many clients with eating disorders tend to “speak in feelings,” and that this way of speech characterises both normative and pathological processes. The disordered eating is therefore seen by Barth as somatic communication. The feeling-speech is in par with what Wilma Bucci (1998, 2011) refers to as subsymbolic processes: organised, nonverbal, bodily organisations of language that manifest through gestures, tones, postures, muscle tension, and more. While this sounds revolutionary outside body psychotherapy, it is both well-known and frequently conversed with amidst our body psychotherapy community – we speak in bodies to bodies who speak with us.

Such clients may be highly intelligent and well able to communicate their feelings through symbolic means but in so doing something will be lost in translation. In differentiating between organised and chaotic crying, body psychotherapist Liron Lipkies (2012) suggested that, “There are moments where words do not serve us well, and the language of the body is the most appropriate one to use” (p. 53). It was only after my own Jungian analyst was willing to roll his chair towards me and hold my hands in his that therapy could begin for me. I was no longer requested to translate my experiences into a foreign language: his body and mine could speak directly; and he spoke Body with me when the therapeutic material was Body in me, and we spoke English when the therapeutic material was English.

Many bulimic and anorectic clients speak in feelings, and their bodies speak with us directly without linguistic buffering. At the same time, most of these clients are highly attuned to their typically narcissistic and symbiotic mother (Bachar, 2001; Dmochowski, Rolef Ben-Shahar, & Carleton, 2014), or to their therapist. Thus, if they perceive that the therapist needs them to, those clients would provide their therapist with the necessary verbal engagement, all the while compromising a deeper nonverbal engagement. For those clients, “words do not adequately capture or convey emotion or symbolize experience. Actions, rather than words, often speak of an affective world that otherwise remains uncommunicated and unconsolidated” (Brisman, 1998, p. 708).

Instead of focusing on interpretation, Barth (1998) emphasises here-and-now engagement and attention to action. In discussing Barth's attempts to work affectively and nonverbally with these clients, Judith Brisman (1998) writes: “The process is

effective because it allows the therapist to resonate with the embodied experience of other as it emerges in a nonthreatening milieu, it is likely that the empathic mirroring of experience offered at such moments is a critical factor in allowing words to be used symbolically” (p.309).

I have similarly written of this type of communication when discussing the theory of mind (bodymind) in body psychotherapy:

*As body psychotherapists, we endeavour to initially speak with somatic processes in their own language, rather than forcing these into symbolic cognitive terminology, since such a transition incurs a loss of a qualitatively meaningful aspect of the conversation, one that belongs in the bodily realm (Rolef Ben-Shahar, 2014, p.88).*

So far this is great news for body psychotherapists. We are trained to work nonverbally, the absence of symbolic communication doesn't necessarily induce anxiety in us; we can speak with bodies directly. One of the deserving contributions of body psychotherapy to the larger milieu of therapy concerns clinical work with subsymbolic processes, working with our bodies and speaking with our bodies to the body of the person who is with us.

My teacher, Silke Ziehl (2005), has beautifully written about this skill: “I can touch in such a way that each finger has eyes and ears as I make contact with the other person. When I touch in this manner, I am more likely to be receptive to who the other person is, and what they want, and what they are saying with their body at the moment. From this somatic dialogue, we get to know each other more deeply.”

Indeed, many psychotherapists and psychoanalysts understand today that there is a gap between contemporary

“There are moments where words do not serve us well, and the language of the body is the most appropriate one to use.”

Liron Lipkies (2012)

analytic thinking and conceptualisation and its translation into action. Contemporary analytic practice is sometimes found wanting in skills and methods when attempting to address affective, somatic and otherwise subsymbolic or unsymbolised processes (Ramberg, 2006; Stern, D. B., 2010; Stern, D. N., 2002, 2004). Body psychotherapy can assist therapists from other fields in acquiring such skills. Below is an illustrated example from a training situation:

### **Whose digestive system is it anyway**

I like to think we have two types of bodies, one that is ours—bounded within our skin— and another within which we share, a body that comes to be fully realised only in connection. When we occupy one (individual body), we yearn for the other (shared body); when we share in a body, we crave our individuation; and when we are able to hold the tension between both, an intersubjective body comes to life. I have spoken of these two bodies extensively (Rolef Ben-

organisation, resulting in “uniquely intertwined, somatopsychic personality organization – one that I call a ‘perseverant’ personality” (p.708).

This is closely related to what I have previously (2014) called the dyadic-body. The attachment system (parent-child) begins as a dyad; a shared sense of belonging and sharing-in-being is, in my opinion, parallel and not hierarchically secondary to the individuated self. It means that you and I (or mother and baby) create and form the *usness*, and that at the same

**I like to think we have two types of bodies, one that is ours—bounded within our skin— and another within which we share, a body that comes to be fully realised only in connection.**

Rita is a trainee body psychotherapist. She is also a very experienced Yoga therapist and teacher. Rita sits with Avner, who speaks of his mutual desire for and anxiety of relationships. Rita listens attentively, and they speak. At some stage Avner becomes physically agitated, and as they speak he points at his stomach and chest with distress. Rita, without stopping the verbal exchange, gestures towards her own body, as if asking Avner to clarify something and indeed, he does. Now she knows, and Rita contorts her face, her somatic empathy is visible, and exhales with a sigh. She gestures and Avner lies down. Throughout this conversation, the verbal and nonverbal are concurrent. These are both organised. Avner and Rita speak perfect Hebrew *and* perfect Body.

But when the main spoken language is Body, transference dynamics also speak bodily. And when the client brings patterns of eating disorders, this may challenge the therapeutic relationship and introduce elements of disordered-eating into it.

Shahar, 2013a, 2013b, 2013c, 2014).

In her endeavour to understand the aetiology of eating disorders, psychoanalyst Alitta Kullman (2007) attempted to characterise the theory of mind of bulimic clients. She believed that most bulimic clients resolved to end their symptomatic behaviour daily. They want to cease this behaviour. Time and again, they vow to stop binging and purging, only ‘something happens’ and they lose their resolve, falling into the slippery slope of cyclical binging and purging. Similar to Barth (1998) and Brisman (1998), Kullman proposes that bulimic sufferers tend to think with their bodies and their turning to food is first and foremost to help with this thinking.

Kullman (2007) emphasises the cyclical nature of bulimia, hypothesising that the aetiology of these cycles may be found in the nursing infant sensing lack of psychic contact with his or her feeding attachment figure. This pre-attachment failure is, according to Kullman, at the heart of the bulimic

time this *usness* creates, forms, and shapes us both. Inasmuch as we are bodies, we first share in our bodies, this is the somatic aspect of intersubjectivity. As attachment theory argues (Ainsworth & Bowlby, 1991; Bowlby, 1988; Bretherton, 1992), we require a sufficiently stable attachment figure (or dyadic self) for our individual self to emerge safe and regulated.

When failure to attune occurs during a fragmented or oral developmental stage, the infant might not develop sufficient self-regulatory capacities but instead manifest compensatory regulation strategies (what Winnicott (1960) might call the false self). The body would nonetheless not fully form as separate but continuously dialogue, as we could have seen from Tanya's statement in the beginning of this article, with the other, unfulfilled, half. Seeking to digest feelings, thoughts, and decisions cannot be attained on her or his own.

If these patterns of relating to self and others are indeed primarily somatic, then how do these attachment

organisations manifest in the therapeutic relationship?

The next section will conclude this article with a clinical example, demonstrating the tides of rupture and repair in an eating disordered relationship dynamics. Please read it with kind eyes, this is an exposing piece for me. It took place about six years ago.

### Nothing but the truth

Two weeks after commencing therapy with Billie, I accidentally saw her while doing some shopping with my daughter. Without thinking, I picked my daughter up in my hands and ran. I ran and ran and ran and hoped that Billie did not see me. I hoped she did not see me, I really did. I did not stop to think what would have been so horrible if she did. We hid in a toyshop for fifteen minutes. I bought my daughter an overpriced toy she did not need. Ten minutes into our next session Billie mentions this in passing: "I think I saw you on the weekend, in a shop". I shake my head: "I don't think I was there on the weekend." She looks at me with disbelief. I ask myself, *why am I doing this?* but it's too late. "I am pretty sure I saw you," Billie tries again.

Billie is bulimic, trying to understand what's happening to her, hoping to stop these tormenting cycles of binging and purging. Her breath smells acidic, and she is beautiful, clever, and funny. I could have easily fallen in love with her (and two years later I would). I bring us back talking about her eating, and Billie obliges. She goes into the graphic details: frozen bread-crusts, half a cheesecake, frozen chicken wings, a loaf of bread. A loaf of bread, and I feel her dread; frozen chicken wings, and my relief is palpable. I feel much better now, thank you.

I wish to share with you some of what is taking place in my mind while Billy is talking: *ok, this is long*

*term work, poor girl. Can I help her? I think I can. Frozen chicken-wings? This is really disgusting! But I don't like this hour very much, it's too late for me. I wouldn't want to see her regularly at this time. Maybe I can check with Billie if she is willing to move to an early morning slot. But we have just started and surely, creating so much instability to begin with is not good for her. I stop thinking when Billie is looking at me. "Are you ok?" she asks.*

I am shocked by my lack of presence with Billie and feel shame and fear. I want to tell her that I am usually a better therapist, that I can be empathic and present, and that she deserves more, that she deserves my full attention. However, I find myself nodding and saying, "I'm ok." Yet again, I evade Billie's question by turning the attention back to her, and she is kind enough to have an anxiety attack. I am called to attend. Now she fully has my attention. "What's going on Billie, what's happening?" Billie is crying. "I don't know," she keeps saying. "I don't know."

At home I realise that what was happening was me, and us. It wasn't her that was going on, it was us. I used her pain to manipulate her away from our relationship and away from me and my shitty behaviour. I barely hold back from calling her all week. And then we meet. And I admit seeing her with my daughter and running and hiding, and admit my lack of presence during the session. I apologise for lying. "Why did you do that?" she asks. "Truthfully, I don't know. But I felt shitty enough about it to lie to you." And Billie smiles, "I feel like that all the time."

Billie talks about her mother, and I realise how her description rings true to my feelings since we started working together. I notice how tempting it is for me to blame her for the projective identification. I can actually feel the seduction of using

her, again.

And, of course, Billie was used, and she too, used others, all her life, and her mother was the first but sadly not the last in a long chain of uses and misuses and abuses. It is so easy to use her. It was so easy for me. And I could use her in a way that felt therapeutic and loving, caring and containing.

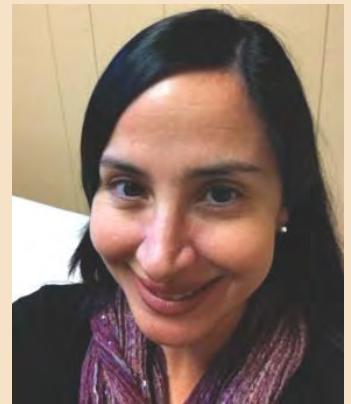
Two years later Billie debates about a new job offer. "I am not sure I can trust you to listen to me well," she says, "you are so important to me that I would read every facial expression and interpret any comment you may make and it would influence my decision." Her words are like a knife to my heart. "I think you are right there, Billie, you too are important to me, and I would probably have feelings about your decision and you would then notice them. Perhaps you should wait a little before sharing this with me." Billie sighs. "But then I will remain alone with my decision." I nod. "Yes you will, but at least you will have you. And you can share this with me next week." And Billie does, and our binges and purges reduce as hers ease as well, and our lies are admitted quicker as our love unfolds. And our different, individuated bodies ache as they yearn for the symbiotic connection we once knew but we learn something new. We learn how to remain separated while connecting, and how to remain connected when we part.

*I hope that we can share some interests and dialogue, and I welcome your feedback, comments, questions and challenges. You can email me at [asaf@imt.co.il](mailto:asaf@imt.co.il)*

**Asaf Rolef Ben-Shahar PhD**, has been a psychotherapist, writer, and trainer since 1997. As a psychotherapist, he works as a relational body-psychotherapy, integrating trancework and Reichian body-psychotherapy within a relational framework. He enjoys writing and has *Continued on page 108*

## Research in Review: A Brief Look at Current Studies in the Literature

By Dawn Bhat, MA, MS, NCC



*Research from the fields of contemporary medicine and mental health is increasingly validating the mind-body continuum, the heart of somatic studies. Drawing from clinical and basic science, phenomenological and case studies, and literature reviews, this column is dedicated to sharing research from multiple perspectives that may potentially impact the field of body psychotherapy.*

### Managing Mood with Food

**Gardner, M. P., Wansink, B., Kim, J., & Park, S.-B. (2014). Better moods for better eating?: How mood influences food choice. *Journal of Consumer Psychology*. doi:10.1016/j.jcps.2014.01.002**

The present study examined the influence mood has on food preferences. Positive mood supported the importance of long-term goals such as health and led to greater preference for healthy foods over indulgent foods. Whereas, negative mood supported the importance of immediate, concrete goals such as mood management and led to greater preference for indulgent foods over healthy foods.

### The Body and Eating Patterns in Women

**Allen, J., Gervais, S. J., & Smith, J. L. (2013). Sit big to eat big: The interaction of body posture and body concern on restrained eating. *Psychology of Women Quarterly*, 37(3), 325–336**

Expanded and constricted posture moderates body image and contributes to food intake in women. Feminine stereotypes suggest women be small, restrict movements, speak softly, and limit food intake. The present study examined whether women with expanded and constricted postures moderated the relation between body image and restricted eating. As predicted, women sitting in expansive postures restrained their eating less compared to women in constrictive postures. As such, postural constriction strengthened the link between body image and restricted eating.

**Dawn Bhat, MA, MS, NCC**, holds graduate degrees in General Psychology and Clinical Mental Health Counseling and is a Nationally Certified Counselor. She has experience in neuropsychology and has training in somatic modalities, including Somatic Experiencing and Focusing. Dawn receives clinical supervision from and is a psychotherapy researcher under the guidance of Jacqueline A. Carleton, Ph.D. of the USABP. Feel free to reach Dawn: dawn.bhat@gmail.com.



## Eating Psychology: The Role of Nature and Nurture

Racine, S. E., Keel, P. K., Burt, S. A., Sisk, C. L., Neale, M., Boker, S., & Klump, K. L. (2013). Exploring the relationship between negative urgency and dysregulated eating: Etiologic associations and the role of negative affect. *Journal of Abnormal Psychology, 122*(2), 433.

Negative urgency is the tendency to engage in rash action in response to negative affect, which contributes to individual differences and personality traits involved in the psychology of eating. The present study examined the genetic and environment associations with dysregulated eating (binge eating, emotional eating, etc.) and established the relationship between negative urgency and negative affect. In a sample of 222 same-sex female twin pairs from the Michigan State University Twin Registry, genetic factors accounted for the phenotypic association found between negative urgency and dysregulated eating (62-77%). Negative affect and negative urgency covaried significantly and was controlled for in the previous analyses. On the other hand, non-shared environmental factors accounted for the rest of the association (23-38%). Interestingly, the non-shared environmental factors were unrelated to negative affect. The authors conclude that emotionally based actions (i.e., negative urgency) coupled with negative affect increased genetic risk associated with dysregulated eating. As such, this study showed that mood and genetic factors play roles in the psychology of eating.



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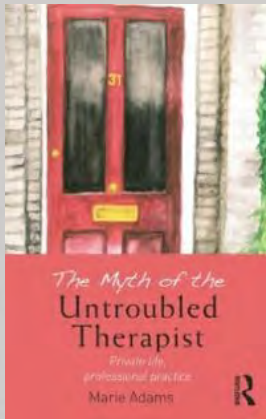
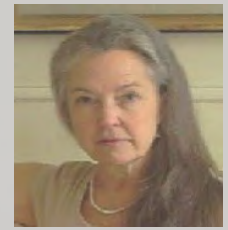
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# Resources

Jacqueline A. Carleton, PhD and the USABP Interns



## **The Myth of the Untroubled Therapist: Private Life, Professional Practice**

By Marie Adams. 2014

Reviewed by Phillippe Kleefeld, New York University

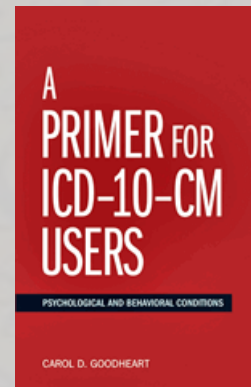
*The Myth of The Untroubled Therapist: Private Lives, Professional Practice*, written by Marie Adams, is a frank, warm, and refreshing read for any clinician working in the field of mental health. Through the qualitative study of 40 clinicians throughout The United Kingdom and Canada, Marie Adams seeks to engage in “consciousness raising”, creating a space in which clinicians can come to feel more at ease in knowing that many professionals in the field face personal issues that can come to affect their work. Analyzing the data from her various interviews, Adams has found that most of the clinicians she interviewed had personal motivations for entering the field, arguing that these motivations exist as both a boon and a disadvantage, allowing for these therapists to at times feel a greater sense of empathy toward patients, while at other times fostering sharp disavowals or negative counter-transferences. Adams also explores a list of different issues that arose in her sample of clinicians since they’ve become licensed such as depression, anxiety, death in the family, burn-out, shame, and narcissistic ideations of wanting to feel successful with a patient. Adams seeks to

create a space for clinicians in which they can feel safe to acknowledge their own personal issues that may affect their work, urging each and every clinician to allow themselves to feel vulnerable, counter their shame, feel less impervious to the demand to feel perfect and unscathed, and to reach out to other professionals in their communities.

Her first and last chapters are what I find to be the most central in understanding a broad overview of the various themes that she explores in the lives of her sample. Although one of her shortest chapters, the first chapter acknowledges the importance of personal motivations in the lives of the therapists she studied, arguing that these therapists should feel compelled to be aware, present with and critical of these personal motivations as they engage with their patients. Stressing the need to not feel above patients, she instead wants clinicians to deconstruct and reflect on their own behaviors, reactions, and experiences in the therapeutic process. Serving as a sort of discussion and culmination of her study, the last chapter explores each prior issue in further depth and advocates not only for the importance of supervision for clinicians but that they develop an individualized strategy to mitigate issues that could come up in therapy with patients.

Adams’ book explores the needs and issues clinicians face in working with patients through a therapeutic process. It is at times ironic to read how unwilling clinicians can be to take care of their own health and admit their own faults when they are tasked with the arduously rigorous responsibility of making other people better. Adams does seem to make the assumption that no therapist has successfully found a strategy to maintain a strict boundary between their personal and professional life, paying very little attention to those therapists in her sample that don’t feel particularly influenced by the personal in their work with patients, dismissing these clinicians as not having a full understanding of their motivations and behaviors. I think that a

source of further inquiry might involve clinicians who have found a means of separating themselves from their therapy work. However, Adams might conclude that this really isn’t possible. Overall, Adams has written a well-reasoned and compelling book arguing that therapists should feel more empowered to consider their own needs in addition to those of their patients.



## **A Primer for ICD-10-CM Users: Psychological and Behavioral Conditions**

By Carol Goodheart. 2014

Reviewed by: Joshua D. Wright, Hunter College of the City University of New York

Carol D. Goodheart had two purposes for writing *A Primer for ICD-10 Users: Psychological and Behavioral Conditions*: to inform mental health professionals of the necessary information to use the World Health Organization’s International Classification of Diseases, and to “pave the way for the successful adoption and use of ICD-11” (p. 3). The guide strives to bridge the gap between mental health diagnoses in the United States and abroad, especially given globalization and the need to adopt a system that “can be adapted across a wide range of cultures” (p.4).

This book begins with an overview of the ICD system and points out that ICD codes

are required by HIPAA standards, and thus even for those who currently use the DSM, these diagnoses are translated into ICD codes for billing and reimbursement purposes. This chapter provides the necessary background information for those who do not understand the ICD and provides a framework for why transitioning to the ICD system is practical for psychologists in the United States.

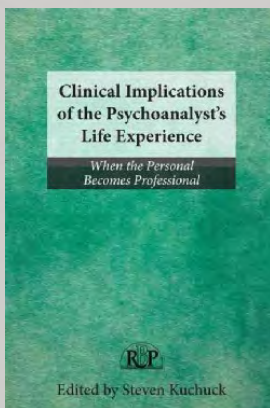
Chapter 3 begins to explain in detail why adoption of the ICD-10-CM is necessary, notably that it will provide better health monitoring and classification via a “wider range of diagnostic scope and content” (p. 21). According to the primer, the new ICD-10-CM is easy to use because it consists of ten categories of diagnoses for mental health that are easy to navigate. Multiple examples are provided utilizing the value structure of the codes that help make clear the codes’ structure, and a number of resources for easily converting DSM codes into ICD-10-CM codes are provided on page 25. Many coding incompatibilities are noted between ICD-10 and ICD-10-CM due to differences in diagnosis categories between the ICD-10 and the DSM. An example being F41.2 (mixed anxiety and depression disorder), which is included in the ICD-10 but omitted in the ICD-10-CM, making the codes skip at times. Goodheart notes “remember the basic rule: Use an ICD-10-CM code if you are billing a third-party payer” else the claim will be rejected (p. 35).

Goodheart claims that “the greatest benefits of ICD-10-CM accrue mainly to those who aggregate and analyze large amounts of health data”, rather than practicing clinicians (p. 40). This will primarily improve cross comparison of morbidity and mortality statistics, quite useful for public health. As a note to epidemiologists and health researchers, GEM’s (General Equivalence Maps) are noted as way to convert from ICD-9-CM to ICD-10-CM or vice versa for continuity purposes. Goodheart’s major complaint as to ICD-10-CM’s failure to drastically improve practice is that the ICD-10 is already 20 years old and that the main struggle in practice is the accuracy of codes, not necessarily the need for more codes, which is the main difference between ICD-10-CM and ICD-9-CM. Further problems of clinical

utility, reliability, and validity are discussed.

Before ending with the full ICD-10-CM code list for mental disorders, Goodheart gives a brief preview of ICD-11. The primer provides an introduction to ICD with reasons for why its use should be considered, explains differences between ICD-9-CM and ICD-10-CM, and previews the ICD-11. The most useful component of this book is the appendix, consisting of the list of codes for the ICD-10-CM. Another very important part of this book is the listed resources for converting codes on page 25.

I am not sure that this guide will “pave the way for the use of ICD-11”, but it does give an overview of the use of ICD-10-CM assuming a previous knowledge of ICD in general. Without some previous knowledge of ICD, this primer likely will not provide sufficient information for converting it to practice.



**Clinical Implications of the Psychoanalyst's Life Experience: When the Personal Becomes Professional.**

Edited by Steven Kuchuck, 2014

Reviewed by Phillippe Kleefeld, New York University

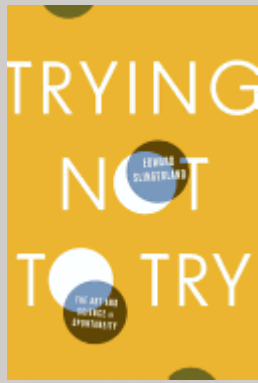
Steven Kuchuck has compiled and edited essays written by several professionals working in the field of mental health in hopes of addressing a dearth of academic writing that provides a space for clinicians to express their personal stories. Dividing *Clinical Implications of the Psychoanalyst's Life Experience* into two parts, the book starts by addressing early life experiences compelling

clinicians to enter the field of mental health and culminates with essays addressing later life events within clinicians’ lives as examined through a psychoanalytic lens. This book is clearly written for professionals but could also be useful for graduate students training to work in the field of mental health. Although the different essays cover a wide range of topics, they’re brought together by what reads as the different authors using their essays as a respite, a means by which to simply express themselves. The usefulness of this book is more theoretical than practical, an enjoyable and interesting read into the personal lives of different clinicians.

The theme of the first part of the book appears to reflect on clinicians’ personal experiences that influenced their current practice. What is most striking about these different essays is their ability to create a sense of engagement with each author, due to the honest, personable and fair style in which they are written. Reading these essays you sense that you are “getting” these divergent clinicians—you understand where they are coming from and also experience some of what the authors are writing about.

The essays in the second part of the book read as more mature; yet, they continue to preserve an honest and self-reflective style in their approaches to their respective subject matter. Addressing less inchoately formative experiences, these essays focus on issues that clinicians dealt with in their personal lives in their more adult years. While these different essays focus on very personal issues, they continue to weave the professional dimensions in.

Overall, *Clinical Implications of The Psychoanalyst's Life Experience* is an engaging read of interest to professionals who are looking to step out of their own figurative shoes and see where their colleagues are coming from. Kuchuck aimed to create an academic space devoted to the lived experiences of clinicians and I think that through this compilation of essays he was successful in accomplishing this.



**Trying Not To Try: The Art and Science of Spontaneity.**

By Edward Slingerland. 2014

Reviewed by Phillipe Kleefeld, New York University

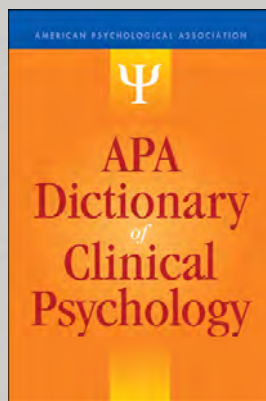
Edward Slingerland has written both an interesting and informative book that explores the notion of spontaneity and addresses how one can achieve it. Spontaneity is usually thought of as acting in an undetermined way or making a decision in the moment; however, Slingerland offers a more nuanced definition, positing that spontaneity is more like a “state of flow” in which someone isn’t necessarily thinking “how to” but is in fact “doing”. Furthermore, spontaneity, although usually thought of as describing someone who might be impulsive or unplanned, is conceptualized by Slingerland as requiring practice, effort, and mastery. This notion of spontaneity has historical precedent that is deeply rooted and highly theorized in Chinese culture, effectively called *Wu-Wei*, non-action (or non-doing). Slingerland ventures into discussing *Wu-Wei* through various chapters, advocating this as a lifestyle that can lead to success, productivity, and happiness.

The next chapters of *Trying Not To Try* complement the first two chapters in providing a good account of how someone might go about making changes that will allow them to achieve *Wu-Wei*. These practical sections of the book are thorough, unique, highly engaging, and allow someone to learn how to put these behaviors into practice in their lives.

Whereas most of the book is focused on exploring ancient conceptualizations of spontaneity, or *Wu-Wei*, Slingerland does do a good job of interweaving more westernized scientific literature and research into the different chapters. These additions are compelling as they complement the more Eastern approaches with tangible, experimental evidence, something that many readers of this book will likely perceive as soothing and

calming. This research is balanced and provides a modern perspective.

*Trying Not To Try* is a unique, interesting and informative read. It explores the notion of spontaneity as something that requires practice, patience, and skill. Framing spontaneity as something ideal and extremely positive is highly novel in light of Western ideologies that stress routine, organization, planning ahead, and “being on top of it”. Through exploring ancient Chinese conceptualizations, Slingerland examines spontaneity, or *Wu-Wei*, in the context of practical lifestyle changes that can lead someone to achieve a state of “flow”.



**APA Dictionary of Clinical Psychology.**

Edited by Gary R. VandenBos. 2013

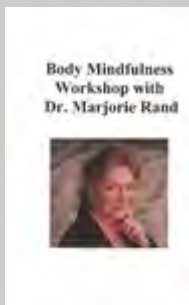
Reviewed by: Dorothy Luczak, Columbia University

The *APA Dictionary of Clinical Psychology* is another step forward in the attempt to define the numerous topics within psychology. In fact, this is the fourth edition since its inception in 2006. Although this edition is not as expansive as the first, it caters to a specific audience whereas the original was a compilation of and aims to assist those working in the field.

What makes the *APA Dictionary of Clinical Psychology* different from previous editions is that the entries were chosen for their relation to clinical practices, such as assessment, evaluation, diagnosis, prevention, treatment, etc. The hope was to “prove a convenient and highly focused alternative for women and men at the very heart of the psychological enterprise.” However, this dictionary is not exclusively for clinicians; it is also recommended for “students - especially those in training as clinicians” and “consultants to professionals in such fields as medicine, law, social work and consumer relations.”

As a resource, the *APA Dictionary of Clinical Psychology* is a well organized and accessible tool. The definitions are concise and most are not longer than a few sentences. There are two appendixes that separate the content into biographical entries and psychotherapeutic entries. The biographical entries contain rudimentary information about important figures in the field, such as Freud, Pavlov, and Jung. The psychotherapeutic entries contain many different types of therapies, trainings, and analyses.

While this dictionary is clearly a well-written and organized resource, I would recommend any interested party to wait before purchasing. The preface mentions a second edition coming out later in 2014, and it would be beneficial to examine the differences between the two editions. For those more technologically savvy the APA offers this edition in a digital format.



**Body Mindfulness Workshop with Dr. Marjorie Rand [DVD].**

Created by Marjorie Rand. 2013

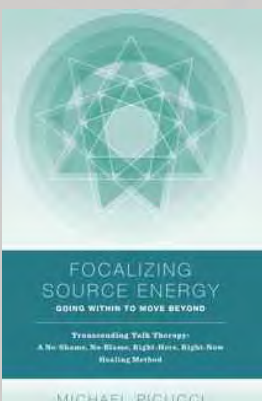
Reviewed by: Chiroshri Bhattacharjee, Stony Brook University

Body Mindfulness is a technique that incorporates an Eastern approach to body alignment in order for the energy to move around the body while regulating the nervous system. Dr. Marjorie Rand, a well-known somatic psychotherapist, demonstrates an interactive workshop that can serve as a comprehensive guide for beginners interested in practicing Body Mindfulness. The workshop is organized in four parts. Each part focuses on different body parts and demonstrates different techniques. In the first part of the workshop, Dr. Rand delineates the symptoms and the negative effects of anxiety. Later, she proceeds to explain the ways to tackle anxiety, stress, and other panic disorders. The first technique she shares is body alignment. This ensures that there are no blocks in the body and the energy can easily flow down to the feet. According to Dr. Rand

body alignment is a crucial step to body mindfulness because it allows the energy to flow through the body thus regulating the nervous system.

In the second part of the workshop, Dr. Rand demonstrates a breathing technique with a focus on pressure points. In the third part, she proceeds to demonstrate the chest exercise technique and the abdominal breathing technique to ensure proper neural network and a smooth flow of energy. The workshop ends with part four comprised of discussions and feedbacks from the participants. During the course of the workshop, Dr. Rand explains the vitality and the benefits of Body Mindfulness. She also encourages continuing the techniques on a regular basis for improvement in both physical and mental health. The workshop is easy to follow, introduces the participants to the ideas of Body Mindfulness, and allows them to go through some of the preliminary steps and techniques.

Body Mindfulness is relevant for people of all ages from children to the elderly. Dr. Rand encourages people to follow the routine as a family or as couples. According to Dr. Rand, this would have a significant positive impact on the relationship and family. The DVD is designed for beginners with no prior knowledge.



**Focalizing  
Source Energy:  
Going Within  
to Move  
Beyond**

By Michael  
Picucci. 2012

Reviewed by:  
Rachel Vitale,  
New York  
University

Flip past the beautiful color explosion of bold orange and cooling blues on the cover, and dive into an intense interaction between client and therapist. Michael Picucci offers four moving pieces, each broken into two parts: one part written from the perspective of the client, and the other written from the perspective of the therapist. This powerful introduction not only prepares the reader for what's to come next, but it allows for an

understanding of why one would pick up this book to begin with. It sets a sort of let-me-take-care-of-you tone. Or even a, let-me-help-you-help-yourself type essence. Are you feeling lost, insecure, unsure? Do you feel a disconnection between yourself and others, maybe even between your mind and body? This book is meant to lift you up and place you down right where you want to be. That much is clear just from reading the introduction.

These client-therapist sessions highlight the concept of trust in oneself and trust in others, which is also a key theme throughout the book. Understanding the importance of trust will bring readers closer to an understanding of source energy. Following the introduction is a chapter devoted entirely to source energy. For those who are not familiar with this concept, the book provides a detailed explanation covering everything from what it means to how to embody this force. Whether you're a twenty-one year old college student who's never heard the term source energy or a middle-aged therapist who's been practicing for years, this book tries to speak to you in whatever way you need in that given moment.

The remainder of the book analyzes source energy in even more detail, going into what blocks source energy, along with how to awaken this energy. The book is concluded by a note from the author, which is my personal favorite part. It's not simply what words the author chooses to leave his readers with, but more so the pure honesty that you can hear behind each page. This is an honest concept written by an honest therapist crafted into an honest book. And honestly, it's good.



**What is PTSD? 3 Steps to Healing  
Trauma**

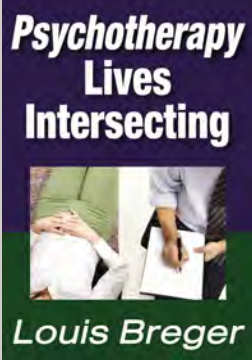
By Anna Baranowsky and Teresa Lauer.  
2012.

Reviewed by: Rachel Vitale, NYU

Dr. Anna Baranowsky and Teresa Lauer, LMHC have come together to write a self-help manual that both educates one on what exactly Post-Traumatic Stress Disorder is, and how to go about treating oneself. The most important feature of this book is the explanation of PTSD. PTSD is a disorder often heard in reference to the men and women who have served their countries in the armed forces. It is often publicized on the news and other forms of media. The detailed description of this disorder that the book provides is better informed than any information a news broadcast can bring. The authors use soft, nurturing language throughout the book to make their readers feel calm, almost at ease. It's almost as if to say, "Don't worry, we know. Everything will be ok."

The main idea presented in this book is that there are three essential steps to healing the trauma inflicted on oneself by PTSD. The first step is to find comfort. The authors explain that by finding a stable support system, it will be that much easier for an individual to gain self-confidence and overcome trauma. The second step is to remember the trauma. This step appears to be the most difficult of the three, but through Baranowsky and Lauer's kind, encouraging words, readers will feel as if they are being taken by the hand through an unforgettable journey. Being able to remember one's trauma means that one is ready and able to face it. It is only then that an individual can move on to the third and final step of overcoming trauma.

The third step is, as the authors phrase it, "begin to live again!" Once an individual is able to find a team of support in which comfort is most felt, the trauma can be faced head on, and in turn, the person can begin to finally live life again to the fullest. Never have I read a book that made battling a disorder feel so uplifting.



**Psychotherapy:  
Lives  
Intersecting**

By Louis  
Breger. 2012.

Reviewed by  
Phillipe  
Kleefield, New  
York University

Psychotherapy and psychoanalysis are words that can conjure mixed feelings about the usefulness of their processes, whether they are worth the expensive undertaking, and other similar introspective thoughts, all of which lead to the central question: are psychotherapy and psychoanalysis really for me? Whether psychoanalysis is a good choice is the central question that I believe has prompted and informed Louis Breger to write his book, *Psychotherapy: Lives Intersecting*. This book involves an exploration through the lens of those patients that he has treated in the past, including what is unique in his psychotherapeutic analysis, what “worked” for his patients, and for whom his therapy was not an ideal fit. Breger orients his book toward patients that might be considering psychotherapy, in addition to other psychotherapeutic clinicians, as a means of juxtaposing his less orthodox, more relational form of psychotherapy in contrast to more traditional psychoanalysis as advocated by theorists such as Sigmund Freud. Through the long-term follow up of his patients, Breger offers an insightful and honest analysis of what his more successful patients found important about his therapeutic style (he also addresses the responses of those that didn’t find him particularly useful), allowing for readers to carve their own path in coming to a conclusion about whether psychotherapy and psychoanalysis might be a useful journey.

The final chapters of Breger’s book are what I find to be the most important in his book. These chapters illustrate what it is that Breger’s psychotherapy entails and subsequently what specifically works about his form of psychotherapy. In addition to the positives of his work, there is also an account of what some didn’t find useful. Breger believes that the following characteristics are what makes

his form of therapy effective: stressing not to push patients to analyze the transference but instead come to their own conclusions in their own time; being a personal and open therapist; fostering a relationship with patients such that this relationship cures prior unhealthy experiences; acknowledging mistakes; disclosing of personal information as long as it benefits the patient; having a sense of humor; allowing for and cultivating patients to undergo other forms of therapy while in psychotherapy; advocating for co-construction of insight and interpretation; and having flexible fees.

*Psychotherapy: Lives Intersecting* advocates for a less orthodox model of psychotherapy and psychoanalysis in which the therapist doesn’t simply serve as a projection onto which a patient can place his own thoughts and feelings but can also interact in a more active way. Breger does a good job of delineating what made his style of therapy particularly effective; however, the reader should come to the decision by himself or herself of which therapeutic style would be most useful.



**Stop Eating Your  
Heart Out**

By Meryl Hershey  
Beck. 2011.

Reviewed by:  
Mona Zohny,  
Hunter College

In *Stop Eating Your Heart Out*, Meryl Hershey Beck offers readers a 21-day program that will help “release [them] from [their] emotional dependence on food” (xix). This self-help book is a valuable resource for both sufferers of eating disorders, such as binge eating disorder (BED) and compulsive overeating (COD), or people that want to change their unhealthy relationship with food. Beck is a self-proclaimed “(recovered) food junkie” (xvi). She says that “food was the glue that kept [her] together” (xvi). She has also been treating patients with BED and CO for over 20 years. Her experiences enabled her to create a practical plan encompassing all of the beneficial techniques she has

discovered throughout the years. This book contains an array of tools for dealing with emotional eating that includes journaling, meditation, creative visualization, energy techniques, and conscious living.

In the first chapter, Beck tells the story of her struggles with food. For years she was a closet eater and yo-yo dieter. She recalls the inception of her eating habits during her childhood and provides insight as to why she began over eating to fill the emptiness inside her. This awareness was something she had developed through her recovery. Chapter’s Two through Eight cover three days of the plan so that the book progresses chronologically. Chapter Two is about becoming self-honest. Readers can take a mini-assessment to see if they have emotional eating problems. The assignments for the first three days involve writing your eating history, which involves reflecting on the past to see when and how the emotional eating began; keeping a food mood diary (for all 21 days of the program), which includes writing down all food eaten along with your mood at the time and the relevant circumstances; and keeping a journal since the focus of this book is the emotional aspects of overeating. The remaining chapters discuss finding support, spirituality, energy techniques, going within (oneself), personal housecleaning, conscious living, and a review, respectively. Beck approaches the issue of emotional eating from every angle.

Throughout the book, she touches upon the influence Alcoholic Anonymous groups have had on support groups for eating problems, since emotional eating can be considered a food addiction. These 12-step programs have influenced the program that Beck has developed in this book. She uses some of the same activities including a simplified version of a moral inventory assignment used in AA groups, which involves taking a look at “character traits that have outlived their usefulness” in order to free oneself from them (p. 141).

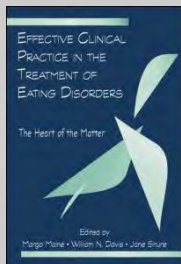
Another interesting concept that Beck learned about during a 12-step program is the idea of one’s Inner Child. The Inner Child is a “metaphor for the precious child we all were who often had unexpressed feelings and unmet needs” (p. 115). The assignments



surrounding this concept involve developing and using a Nurturing Parent/Healthy Adult part of oneself to create a dialogue with the Inner Child through which healing can occur.

Beck explores the idea of energy techniques such as Emotional Freedom Techniques (EFT) and Rapidly Integrated Transformation Technique (RITT), which she developed with Robert Trainor Masci. These techniques involve tapping on certain pressure points and repeating a phrase. EFT usually involves one feeling while RITT encompasses many feelings at once. The goal is to neutralize negative emotions by affecting the flow of energy in the body. These techniques are used for patients with anxiety, depression, and eating disorders. The assignment provided in this book is designed to help emotional eaters curb their cravings. However, Beck encourages the use of these techniques whenever any negative emotions begin to surface and integrates them into other parts of the recovery process, like with the Inner Child work, since one's Inner Child can bring up painful memories from the past.

Beck's *Stop Eating Your Heart Out* is an easy to read book that serves as a practical tool for emotional eaters. This book does not focus on food. Instead, it dives into the feelings and thoughts associated with eating that influence negative behaviors like overeating. While the author used the concept that it takes 21 days to break a habit, she encourages readers to spend up to a week on a single assignment and to revisit assignments if necessary. The personal anecdotes of Beck's experiences with emotional eating instill hope in the reader and make him or her feel like s/he is not alone in his or her suffering.



**Effective Clinical Practice in the Treatment of Eating Disorders: The Heart of the Matter.**

Edited by Margo Maine, William Davis, and Jane Shure. 2009

Reviewed by Phillipe Kleefeld, New York University

Margo Maine, William N. Davis, and Jane Shure, collective editors of *Effective Clinical Practice In The Treatment of Eating Disorders: The Heart Of The Matter*, seek to create an alternate framework for clinicians that counters the traditional “Medical-Model” paradigm in the treatment of women with eating disorders. Their framework takes as its central assumption that women require specialized therapeutic ideological constructs for effective treatment—“a Feminist Frame”—that emphasizes relationships as fundamentally critical to the well being of women. Emphasizing connection, empathy, and “being present” in the therapeutic process in firm opposition to traditional clinical pedagogies of individuation, distance, and separation, Maine, Davis, and Shure have compiled practical articles by seasoned clinicians highlighting the qualitative component of eating disorders, and as such, effectively delineate not only the therapeutic theoretical framework they envision but also how it can be realized.

The articles are clustered into three sections to best orient the clinician. In *Effective Clinical Practices: Approaches*, the theoretical crux of the book, four articles address the framework for how clinicians should think about and assess their female patients with eating disorders. Each article begins with a background for the respective therapeutic suggestion as evidenced by literature, followed by a clear description of what it entails, proceeded by a qualitative anecdote demonstrating this “in action”. For example, in “Beyond The Medical Model: A Feminist Frame for Eating Disorders”, Margo Maine explores “a Feminist Frame” as a construct in more detail, highlighting its emphasis on allowing women “to feel gotten”, its fostering of openness, its minimization of the power differential between clinician and patient, its emphasis on mutual growth within the therapeutic process, and how it should be realized. In “Wholeness and Holiness: A Psychospiritual Perspective”, Steven Emmett equates the experience of eating disorders to the pious, devotional and obsessive form that religion can take and suggests mobilizing these qualities in therapy in such a way that patients can become more spiritual and reengage their

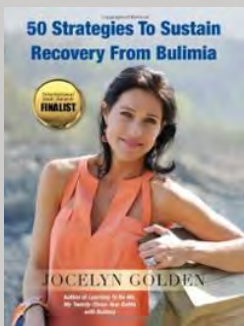
spirit away from the escapism that eating disorders engender. In “Individual Psychotherapy for Anorexia Nervosa and Bulimia: Making a Difference”, William N. Davis outlines the two forms that eating disorders take – the diet as the distraction and the diet as all-consuming—and discusses how a clinician can engage patients through therapy such that the attachment to the eating disorder is replaced by one with the therapist and one outside themselves. In “Developing Body Trust: A Body-Positive Approach to Treating Eating Disorders”, Deb Burgard sees the adversarial relationship that women develop to their bodies as influenced by culture and social norms as something that can be fixed. Burgard advocates for women to “listen to their bodies” and understand that their bodies can regulate themselves and make up for any “mistakes” that may be perceived.

The book's second section, *Effective Clinical Practices: Methods*, offers articles addressing different therapeutic processes and the respective issues that might arise such that clinicians might be able to implement lessons from the larger “Feminist Frame” framework outlined in the first section of the book. Authors in this second section address countertransference in psychotherapy, family therapy, treating adolescents with eating disorders, and other practical topics that ultimately come to serve as reference guidebooks for clinicians to utilize in their practices, or at the very least reaffirm what they have already been doing. Each article is organized by clinical subdivisions that thoroughly outline the clinical concept at work in the therapeutic process that is outlined. Overall, this methods section serves as a comprehensive and thorough resource for practicing clinicians.

The last section of this book, *Effective Clinical Practices: Special Themes*, is devoted to discussing more specific psychological underpinnings that exist as issues that clinicians working with individuals with eating disorders may encounter in treatment. While these issues may be more specialized, each article is still keenly practical and thoroughly all encompassing. The articles address diverse topics, including the role of shame and compassion in the development of eating disorders, the

development of negative countertransference during the treatment of eating disorders, and the role that forgiveness can play in the recovery from eating disorders. Each authors' article is well developed and engaging from its inception until its culmination.

Maine, Davis, and Shure have successfully put together an informal handbook for the treatment of eating disorders in women. Although the book is made up of articles written by different clinicians, each chapter consists of an article that continues to fall under the larger "Feminist Frame" umbrella, creating a refreshingly succinct read without losing the framework's cohesiveness and clarity. While it is understandable that there is no mention of diagnostic criteria for the different eating disorder subtypes (as the book is written for clinicians that presumably have an understanding of what constitutes an eating disorder), the changing scope of eating disorders through time should warrant clear definitions. Moreover, the book's characterization of women, while it may not be intended to be rigid, can come across as somewhat stereotypical, catering to an American gender binary in which men are seen as stolid and independent, and women as emotional and relational. However, on the whole, this book reaches a good balance of theory and practice, making for a good and informative read for clinicians working with women struggling to overcome eating disorders.



**50 Strategies to Sustain Recovery From Bulimia**

By Jocelyn Golden. 2011.

Reviewed by: Mona Zohny, Hunter College

In Jocelyn Golden's empowering book, 50 Strategies to Sustain Recovery From Bulimia, she outlines many tactics that can be used by a recovering bulimic patient when "the therapist's door closes...or when the support group breaks up for the evening" (p. 7). The strategies discussed revolve around changing one's negative thoughts to positive thoughts.

Each section covers different aspects of self-doubt or self-loathing. The common negative statements that might run through a patient's head are addressed and then countered with positive self-affirmations. This book serves as a useful tool for patients who are in the process of recovering from bulimia. It is meant to be a "complement to formal treatment programs" (p. 8). The strategies in this book are ones that Golden has developed and used herself in recovering from a 25-year battle with her eating disorder. This book is divided into seven sections that are then divided into chapters. The first part of the book is about learning to love and accept one's self unconditionally. The exercises in this section involve writing personalized self-affirmations and making promises to be kinder to one's self. This unconditional self-love enables patients to realize that they deserve to get better and are capable of it. The second part is about learning more about bulimia and understanding that this destructive disease cannot solve any problems. Educating one's self is important in realizing there are many factors involved and thus alleviating self-blame.

The third part is about taking control of one's recovery and realizing that it must be a conscious decision. Golden touches upon different ways that can help one heal such as religion/spirituality and therapy. She offers an alternative cycle to the typical binge-purge cycle that involves taking control of one's emotions and dealing with the anxiety that normally leads to binge eating specifically by regulating one's breathing. However, Golden suggests that each patient creates an alternative cycle that works to counter his/her own typical binge-purge cycle and suggests that this be done with a therapist. The fourth part is about interactions with people and how to change judgmental behavior towards others and one's self. The idea is that looking at these interactions will help the patient discover the toxic people, places and things that trigger his/her bulimia in order to remove them from his/her environment. Part Five refocuses on one's mindset, addressing issues like one's relationship with food, dealing with anger, learning to be grateful, silencing the "bulimic voice" (p. 175) and ensuring that one has all the tools of recovery s/he needs. Part Six addresses concerns about the future and

how to deal with larger issues that can cause anxiety, such as finding one's greater purpose in life. Part Seven serves as a general review of the book, allowing patients to see how their mentality has changed before and after using these strategies to sustain recovery. Golden also provides a list of fifty things she used to believe were true and fifty affirmations to counter them, side by side.

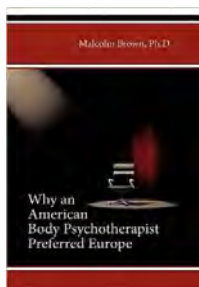
Each chapter starts off by addressing a particular issue that a bulimic typically deals with. Golden acknowledges these problems and discusses where they stem from. She then explains what can be done to change the negative thoughts that lead to this issue and why it is necessary to change them. Exercises are then provided at the end of the chapter for the reader to complete. For instance, Golden discusses the idea that everyone deserves to be happy despite the fact that many bulimics do not feel that they deserve it. She points out that bulimics use the incessant binge-purge cycle as a way to achieve happiness (which was based on weight and body image), and yet, it only seems to cause harm. She encourages the reader to repeat affirmations such as "I deserve to be happy" over and over again (p. 38). While she admits that the self-affirmations may seem "ridiculous and fake" at first, she insists that it is important to repeat them until they become truth (p. 17). She discusses her path to recovery in great detail throughout the book, explaining that these affirmations slowly changed her self-loathing to ambivalence then self-like, and finally self-love. The exercises provided at the end of each chapter really make this book unique. Some exercises involve repeating statements given out loud, while others instruct the patient to write a list of statements, which can actually be done right in the book, using the space provided. These thought provoking exercises supplement the text, serving to reinforce the strategies discussed and ensuring that the patient has mastered them before moving on. They keep the reader actively involved in his/her own recovery.

*50 Strategies to Sustain Recovery from Bulimia* is easy to read and to relate to, as the author has suffered from bulimia for a quarter of a century, and so she

*Continued on the bottom of page 108*

## Seven books written by Malcolm Brown, PhD, are now available on Kindle

Malcolm Brown, PhD, is now offering three autobiographical books as a series of three volumes, including:



Part I:  
Volume I: Why an American Body Psychotherapist Preferred Europe.

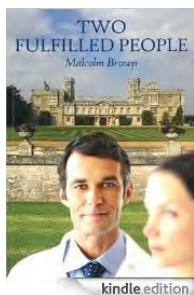
Volume II: Primordial Regression and Fulfilling Sex.

Volume III: Europe's Moderation Versus America's Extremes.

Part II: European Versus American Women.

Part III: My Man to Man Relationships to Other Professionals.

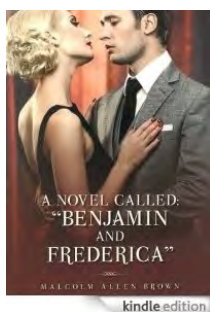
He is also offering four of his novels including:



### TWO FULFILLED PEOPLE

A history of two young Americans who meet and fall in love. She gives up her plans to enter a Catholic sisterhood so they can marry and become a close working team in London, where he attends medical school and she works as a supervising nurse. Together they create and build a systematic treatment program for shell-shocked members of the British Armed Forces and settle permanently

in England on an abandoned English estate with an arrangement to treat shell-shocked members of the American Armed Forces as well as members of the British Armed Forces. They remain bonded and avowed monogamists until death.



### BENJAMIN AND FREDERICA

They meet at a student cafeteria at University College, University of London after eating there alone for over a year. After a year of conversation they discover each other's musical talents, fall in love, and later marry. During a holiday trip to India, Frederica goes into a malaria coma.

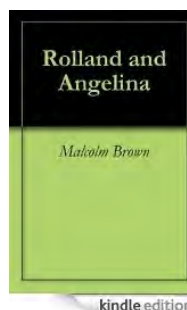
Benjamin and Frederica's mother, who have felt alienated from each other for years, are forced to sit beside each other next to Frederica's hospital bed for over seven weeks and learn who the other one is. After Frederica emerges from her coma a united and happily contactful family slowly emerges.



### CARLA

A young woman who wishes to become a psychotherapist in A young woman, who wishes to become a psychotherapist in private practice, must first teach in a Swiss country school before she can afford to attend the University of Zurich to obtain her

two degrees in psychology. After successfully establishing a private practice in the Swiss city of Luzern, she is determined to do something original and remarkable for the benefit of Swiss practitioners of psychotherapy. She finds a wealthy entrepreneur who gives her the money to found, build, and administer The Swiss International Training Center for Psychotherapy. The son of the entrepreneur, John, falls in love with her after the death of his first wife. He gradually convinces her, through the integrity of his behavior, that he really loves her even though she has believed that she would remain single her whole life. They marry and have children and bond heavily through marijuana and hash driven lovemaking for the rest of their lives.



### ROLLAND AND ANGELINA

Ronald is an American student living in Spain and working on his Ph.D. in Psychology from the University of London, Birkbeck College. He gives a concert singing folk songs and love ballads to his own guitar accompaniment at the American Embassy in Madrid. One of the members of the audience is Angelina. She is the Duchess of Cordoba and her uncle is

the Count of Malaga and a psychiatrist in private practice in Madrid who has befriended Rolland. Angelina tells her uncle, Julian, she thinks she is falling in love with Rolland because of the beauty and power of his singing, and she wishes to be introduced to Rolland the next evening. Julian conveys the message to Rolland, and he agrees. However, during the night, Rolland has an attack of anxiety because Julian says that Angelina is one of the most beautiful women in the world. This is too threatening for Rolland, and he cancels his meeting with her. His fear of women forces him to take the next airplane to San Francisco in order to avoid meeting Angelina altogether. Seven years pass and Rolland meets Angelina after her star performance as the feminine lead in the Zarzuela light opera given at the Zarzuela Theatre in Madrid. He is so charmed by her singing and her beauty of appearance that he goes back stage after the opera is over and invites her to dine out with him. They both fall deeply in love with each other during their meal after she reveals to him that she is the Duchess of Cordoba, and they agree to take a hotel room together directly afterwards. They marry and have children and she later becomes the toast of the Metropolitan Opera Company of New York City, Rolland's home.

Rolef Ben-Shahar continued from pg. 95

written dozens of professional papers on psychotherapy, body-psychotherapy, hypnosis, and their integration. He is an international board member for *Body-Psychotherapy Publications* and an associate editor for *Body, Dance and Movement in Psychotherapy*. His book, *Touching the Relational Edge: Body Psychotherapy*, was published by Karnac in 2014. His PhD dissertation (*Surrender to Flow*), focused on the moments of surrender in three different fields: relational psychoanalysis, body-psychotherapy and hypnosis, and these three form the axes of his theoretical and clinical curiosity.

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speaks from experience. In this way, it can certainly instill hope in patients who are struggling with their recovery and help to empower them. The book is organized in a way that truly follows the

thought process of a recovering bulimic and intervenes at every step to help instill a solution at the root of the problem (negative thoughts). The exercises provided in the book allow the

patient to take realistic steps towards maintaining their recovery.

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well as detailed attention to thought restructuring seem to be some of the most helpful chapters in this section. Several appendices include extensive further resources and readings for those interested.

**Binge eating disorder** is a recent addition to the recognized eating disorder diagnostic categories and as a result few authors to date have directly addressed the mechanisms behind this specific issue. Fulvio makes an important contribution to the literature concerning recovery from binge eating disorder by

helping to provide resources that have previously not been available. This book's defining strength comes from its focus on healing the cognitive and emotional components underlying the maladaptive use of sustenance as a coping mechanism. If an individual is ready to address their problematic eating patterns and wishes to make some lasting and healthful changes, this manual appears to be a very good place to begin.

**Sasha Dmochowski, MA** is currently pursuing a PhD in Clinical Psychology in Drew Anderson's Weight and Eating Disorders Laboratory at the University at

Albany, SUNY. At the New York State Psychiatric Institute (NYSPI), she was a research coordinator for a comparative therapy study of individuals whose primary diagnosis is Post-Traumatic Stress Disorder (PTSD), with outcome data from interpersonal, exposure and relaxation therapy. She also helped to conduct research at NYU School of Medicine's BODYlab (Brain, Obesity & Diabetes) in a study that investigates the impact of obesity, insulin resistance, and Type 2 Diabetes on brain and cognition in both teens and adults. A former professional ballerina with Boston Ballet and American Ballet Theatre, she received her BA in Psychology from Columbia University and an MA in General Psychology from New York University.

*Kamalmani continued from p. 58*

ecodharma, drawing upon her experiences of being a development worker in sub-Saharan Africa, a lecturer in International Development at the University of Bristol, her current meditation practice and being a child lost and found in nature. Her first book, *Meditating with Character*, published in 2012, explores engaging with meditation

through the lens of post-Reichian character positions. She is a steering group member of the UK-based Psychotherapists and Counselors for Social Responsibility (PCSR) and editor of its in-house journal, 'Transformations'. She co-facilitates Wild Therapy workshops with Nick Totton and meditation workshops based on her book. [www.kamalmani.co.uk](http://www.kamalmani.co.uk)

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**"I assist people** in understanding the importance of being versus doing all the time. Stillness is our ally. Let's learn how to meet ourselves with sprinkles of kindness and compassion, it softens things."

**Diane Israel, PhD** was a successful professional triathlete and runner for 15 years. She was the 1984 Colorado mountain running champion and a world-class racer whose achievements included winning the bronze medal at the Maccabiah Games in

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# INTERNATIONAL BODY PSYCHOTHERAPY JOURNAL

THE ART AND SCIENCE OF SOMATIC PRAXIS  
INCORPORATING US ASSOCIATION FOR BODY PSYCHOTHERAPY JOURNAL

volume thirteen • number one • spring 2014

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Dyana Reisen, MA, CT

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#### The Role of Mindfulness

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### The Enteric Nervous System and Body Psychotherapy: Cultivating a Relationship with the Gut Brain

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