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Overcoming Disordered Eating

Information Pack A

Take Charge ... Initiate Change

Module 8

Dietary Rules

Introduction	2
Strict Dietary Rules	2
Dietary Restraint	4
Dietary Restriction	6
Normal Eating	8
Module Summary	10
About This Module	11

This is the eighth module of Information Pack A, which provides information about disordered eating and offers strategies to change the behaviours associated with your disordered eating and weight control habits. We suggest you read through all the modules of this Information Pack, in order, before embarking on change.

If you do think you might suffer from an eating disorder, it is important that you talk to your General Practitioner, as there are many physical complications that can arise from being at an unhealthily low weight or from losing weight very quickly, or from purging. We advise you to seek professional help with working on an eating disorder.

If you use any extreme weight control behaviours – even rarely – you should also see your General Practitioner for a full medical check-up, as your health might be compromised. Such extreme measures include:

- *extreme food restriction/fasting (and/or rapid weight loss)*
- *purgung (self-induced vomiting, misuse of laxatives or diuretics)*
- *extreme exercise*



Introduction

In this module we will return to the subject of disturbed eating habits and revisit the topic of strict dietary rules. We first introduced these rules in Module 3 when we discussed the maintaining mechanisms of eating disorders – what keeps them going. We mentioned them again in Module 6, in relation to binge eating as a response to physiological hunger. We will now examine dietary rules in detail and investigate how they maintain eating disorders. We will also outline the difference between dietary restraint and dietary restriction. We will discuss ‘normal eating’ and what that means.

Strict Dietary Rules

Following strict dietary rules is not the same as following a simple diet. In a normal diet, people try to limit their consumption of certain foods. For example, a person on a diet may say: “I will eat less chocolate”. They would not be overly concerned about eating a small piece of chocolate. This type of dieting involves following general guidelines. In contrast, a strict dietary rule involving high calorie foods might be: “I will not eat any chocolate at all”. Dietary rules do not allow for any small deviation or any occasional treats of chocolate. If a rule is not followed exactly, it is considered broken.

Types of Dietary Rules

As we mentioned in Module 3, dietary rules come in three main forms: rules about *when* to eat, *what* to eat, and *how much* to eat.

- I. Dietary rules about *when* to eat involve specifying the times and situations that food can be eaten.
Examples of these rules include:
 - “I will not eat until lunch” or “I will not eat after 7 pm”
 - “I will only eat breakfast and my evening meal”
 - “I will not eat in front of other people”

This type of rule was tackled by initiating regular eating in Module 5. We hope by now that you have loosened up this rule and are eating regularly. We know that regular eating is the foundation of overcoming ANY eating disorder, whether it be Anorexia Nervosa, Bulimia Nervosa, Binge Eating Disorder or any other form of disordered eating.

How are you doing with regular eating? Do you still have rules about *when* you allow yourself to eat? If so, how do you feel about these rules? In what ways do you feel they are helpful? Do they help you feel in control? What do you need to do to make your eating more regular? Please write your thoughts below.

In this module we will discuss loosening up the rules about ‘*what to eat*’ and ‘*how much to eat*’:

2. Dietary rules about *what* to eat usually involve a list of “forbidden” foods that are considered “bad”.
Examples of such rules include:
 - “I will not eat chocolate”
 - “I will not eat carbohydrates”
 - “I will not eat food when I don’t know what the ingredients are” (e.g., in restaurants)





Do you have rules about *what* you allow yourself to eat? What are some of these? How do you feel about these rules? In what ways do you feel they are helpful? Do they help you feel in control? What foods do you avoid? Please write your thoughts below.

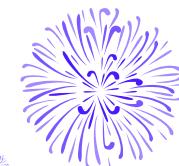
3. Dietary rules about *how much* to eat involve limiting the quantity of food eaten. Examples of such rules include:
- “I will eat less than 1000 calories a day”
 - “I will only eat three spoonfuls of food at each meal”
 - “If I am eating with others, I will eat less than anyone else eats”

Do you have rules about *how much* you allow yourself to eat? What are some of these? How do you feel about these rules? In what ways do you feel they are helpful? Do they help you feel in control? Please write your thoughts below.

All-or-Nothing Thinking

Strict dietary rules are harmful. A major problem with strict dietary rules is their ‘all-or-nothing’, or ‘black-and-white’ nature. This means that something can only be one of two things: right or wrong, black or white, broken or unbroken. For example, the dietary rule about chocolate mentioned earlier denies you permission to eat even a small amount of this treat. You can eat none. If you do eat one piece of chocolate, all-or-nothing thinking begins to set in. Even though the dietary consequences of one piece of chocolate are very small, your mind blows this situation out of proportion. You feel you have completely broken your rule. Once you feel this, it is easy to think, “Now that I have broken the rule, I may as well keep eating”, or “I’ve blown it, I might as well eat the lot!” This is an important quality of strict dietary rules that leads to binge eating.

Do you recognise black-and-white/all-or-nothing thinking in the way you think about your dietary rules? Have you ever broken one of your dietary rules a little bit, only to feel that you may as well keep eating since the rule was already broken? Has this led to binge eating? Please write your thoughts below.





Broken Rules

Rules are made to be broken. The second major problem with strict dietary rules is the inevitability that they will be broken and this will have emotional consequences. People who follow strict dietary rules are usually very unhappy with their shape or weight. This dissatisfaction can be very upsetting, and influence their evaluation of their own self worth. As a result, people often place an almost magical significance on their strict dietary rules. Have you experienced this feeling? If so, you will be distressed when you inevitably break them. Breaking dietary rules might make you feel angry with yourself, or make you think negatively about your self-worth. It may also make you feel like a failure. Breaking your dietary rules may also make you “feel fat”, or “ugly”, or “out of control” of your own body. These negative emotional reactions are unpleasant in themselves. However, your negative mood and/or your feelings of low self-esteem will make you more vulnerable to binge eating and purging behaviours.

Do you feel that if only you could follow your dietary rules, everything would change for the better? Do you experience an emotional reaction when you break your dietary rules? What has been your experience with breaking your dietary rules? Does this emotional reaction lead you to binge or purge? Please write your thoughts below.

We will now explore two types of dietary behaviour that exemplify strict dietary rules: dietary restraint and dietary restriction. These are related to Rules 2 and 3, concerning dietary rules about *what* and *how much* to eat; they usually involve a limit on the number of calories or the amount of food allowed per day, or the types of food “allowed”.

Dietary Restraint

Dietary restraint involves the *attempt* to restrict food intake, and the *attempt* to avoid certain foods. You may try to follow strict dietary rules, especially the rule of *what* to eat. This rule involves avoiding foods that you consider “forbidden”, such as chocolate, potato chips or bread. You might start the day determined that none of these foods would enter your mouth. Believing you will follow this rule might give you a sense of control over your eating and your body. Because feeling this control is a welcome sensation, you may feel that strict dietary rules are therefore an empowering way to deal with your weight or shape concerns. However, this is where the trouble begins.

Dietary restraint – or plain dieting - is often employed as a weight control method. You may engage in dietary restraint, believing it to be a solution to your unhappiness with your weight or shape. You may think it logical that telling yourself to eat fewer calories will lead to weight loss. However, dietary restraint is *not* an effective weight control method. As we will explore now, *dietary restraint is a problem, not the solution to your problems*.

You may ask how it is that dietary restraint does not lead to weight loss. After all, it does sound logical that you would lose weight if you told yourself to eat less overall, and fewer high-calorie foods. However, telling yourself to eat less and to avoid certain foods usually has no relationship to the amount and kind of food that you actually eat. This is because of the response from both your body and your mind to food deprivation.





Emotional Deprivation

By attempting to avoid certain foods and trying to limit your food intake, you increase your preoccupation with food. If you start the day with the rule that you cannot eat chocolate, you might well find yourself constantly thinking about this food. Your eye would be drawn to chocolate advertisements on bus stops or billboards and you might watch enviously as other people ate chocolate. You may even imagine the taste of chocolate in your mouth. The pressure of this preoccupation with chocolate and hunger from dietary restraint might lead you to eat it. But instead of eating a normal amount of chocolate, you may eat a large amount of chocolate.

After being obsessed with chocolate all day, you would find it hard to stop eating it once you started. Or you might say to yourself: "I WON'T eat chocolate", but then start eating some other food, such as bread rolls...and then eating more and more, without being able to stop. In this way, attempting to avoid certain foods actually leads to eating more of them – or other foods - than you would have done without the strict dietary rule. This is how dietary restraint does not lead to sustained weight loss.



Have you ever experienced this situation? Do you follow certain rules about what not to eat, then feel deprived and become preoccupied with "forbidden" foods? Do you eventually end up eating these foods anyway? Or other foods? Take a moment to consider your experiences with dietary restraint and write your thoughts below.

Physiological Deprivation

The example with chocolate above was just considering one type of food. Usually people who engage in dietary restraint try to eat as little as possible of any food, and to avoid certain foods or food groups (such as carbohydrates) altogether. Do you engage in this form of dietary restraint? When you do, your body becomes hungry, even if you are not aware of that hunger. Eventually you reach the point where your body cannot ignore this hunger. Whilst you may be determined to restrict your food intake, hunger and preoccupation with food will usually lead to one thing: binge eating. Once you start eating after periods of hunger, it is hard to stop. Although you may not have been aware of the link between hunger and binge eating, you will probably have experienced this often.

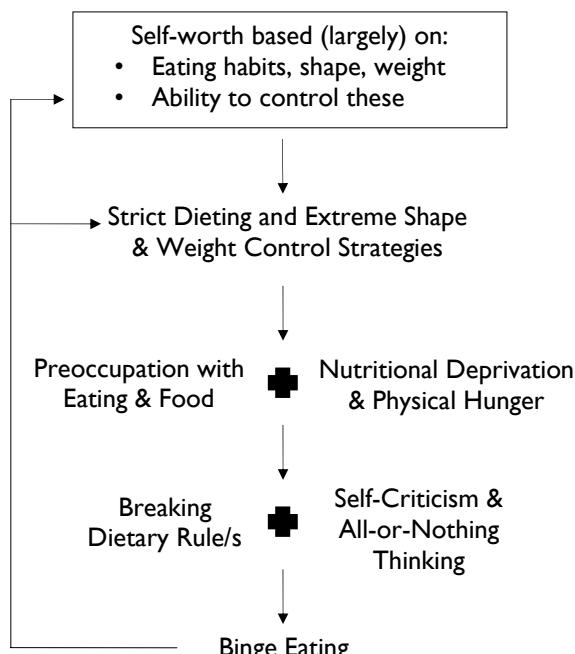
Have you ever limited your food intake all day, only to come home in the afternoon to start binge eating, especially "forbidden" foods? Jot down some thoughts about this.



As we discussed above, the black-and-white/all-or-nothing nature of dietary rules leads people to feel that once they break rules at all, they may as well keep eating (especially if they know they will vomit later). This encourages binge eating. Furthermore, breaking dietary rules leads to negative emotional reactions that encourage binge eating.

After a binge, you become determined to follow your dietary rules once more. This may be due to a desire to punish your body for overeating, a desire to lose weight, or to cope with feelings of low self-worth. However, this is the worst thing that you can do. *The more you engage in dietary restraint, the more you will binge.* You may become more determined after each binge, but it is a vicious cycle. Have you ever begun dietary restraint after a binge, thinking, “This time it will work”? If you have experienced a large number of restraint and binge eating cycles, ask yourself why the cycle would change the next time? The only way to break the cycle is to stop engaging in dietary restraint.

Does all this sound familiar? It should. In Module 3, we mapped out the vicious cycle of food deprivation and binge eating. Let’s take another look at this map, as it may make more sense to you now:



Dietary Restriction

Dietary restriction is similar to dietary restraint. They both involve the desire to restrict food intake. However, people who engage in dietary restriction *actually* restrict the amount of food they eat, often quite severely. They are applying a self-imposed, strict rule of *how much* to eat.

Physiological Deprivation

Just like dietary restraint, dietary restriction is not an effective way to address concerns about weight or shape. As we’ve mentioned, when you consume less by strict dieting, your body has an automatic reaction: it wants you to eat. When you severely restrict your food intake, you place your body in an environment of scarcity. Your body has certain nutritional needs. Because your body needs food, having insufficient food causes it to react in a way that will increase its chances of receiving food. This reaction is physiological. When your body is restricted of food, the first step it will take is to create hunger signals. Everybody has



experienced a rumbling stomach when it has been too long between meals. However, it is likely that when you felt these stomach pains, you dismissed and denied them.

This denial of your body may have given you a sense of control or power over your body, and made you feel proud of your food restriction. The more you avoided food, the stronger these feelings of hunger would have become. However, you may have continued to resist these urges, possibly feeling that hunger was a form of punishment your body deserved for being a shape or weight that made you unhappy, or a sign that you were ‘succeeding’ in restricting food.

It is also possible that, after some period of disordered eating, your body adjusted somewhat and your hunger cues diminished so that you felt no sense of hunger. Either way, this is not healthy for your body.

Have you ignored physical hunger for the purpose of dietary restriction? How did this make you feel? Did you feel proud that you could ignore this feeling, and “sacrifice” food for your goal? Please write your thoughts below.

Preoccupation with Food

If the physical signs of hunger are ignored, the body increases its efforts to make you eat. Another step it takes is to increase your thoughts about food. If you engage in dietary restriction, you will undoubtedly have experienced this preoccupation with food. You may have thought about food in your car to and from work, while you were trying to concentrate on studying, or while you were watching television. You may have found it difficult to concentrate on conversations because of incessant thoughts about food. You may have found yourself imagining elaborate ways to prepare food, whilst eating none of it. All of these thoughts are your body’s way of encouraging you to eat the food it needs.



Have you experienced this extreme preoccupation with food due to dietary restriction? How does it influence your life? Please write your thoughts below.

Some people who engage in dietary restriction are able to limit their food intake for a very long period of time. This can lead to extreme weight loss, but is extremely unhealthy for the human body. Ultimately, it can even lead to death. (See Modules 1 and 3 for further discussions about starvation.) However, for other people who engage in dietary restriction, extreme hunger and preoccupation with food leads to binge eating. You may think: “This won’t happen to me”, but more than 60% of people with Anorexia Nervosa end up binge eating. This becomes a vicious cycle in exactly the same way as dietary restraint. When you start eating after you’ve been restricting food intake for a period of time, it is hard to stop. Your body is starving, and wants to eat all the food it can find. This is a natural reaction to physiological hunger. The only way to stop this reaction is to stop restricting food intake and begin to eat regularly.

Normal Eating

Remember, our goal is to help you develop a pattern of eating that is healthy and balanced, without rigid rules. Such a pattern would enable you to sustain a steady weight range that you find acceptable – and for you to be able to do this for the rest of your life. In other words, we want to help you eat “normally”. So, what do we mean by “normal” eating?

Normal eating is being able to eat when you’re hungry and continue eating until you are satisfied. It is being able to choose food you like, and eat it and truly get enough of it, and not just stop eating because you think you should..

Normal eating is being able to use some moderate restraint in your food selection to get the right foods, but not being so restrictive that you miss out on pleasurable foods.

Normal eating is giving yourself permission to eat something because you’re happy, sad or bored, or just because it feels good.

Normal eating is three meals a day, or can be choosing to munch along. It’s leaving some cookies on the plate because you know you can have some again tomorrow, or it’s eating more now because they taste so wonderful when they’re fresh.

Normal eating is overeating at times, feeling stuffed and uncomfortable. It is also undereating at times, and wishing you had more.

Normal eating is trusting your body to make up for your lapses in eating.

Normal eating takes up some of your time and attention, but it keeps its place as only one important area of your life.

In short, normal eating is flexible. It varies in response to your emotions, your schedule, your hunger, and your proximity to food.

Healthy Eating

It may be helpful for you to think of the foods you eat as part of your daily snacks and meals as ‘everyday foods’. These include foods with the **nutrients** we need in our daily diet, which we obtain from protein (fish, meat, cheese, tofu, eggs), carbohydrates (bread, pasta, rice, cereal), fats (olive oil, avocado, nuts, olives), and fruit and vegetables. You may find it helpful to refer to our nutrition handouts on our web site, www.cci.health.wa.gov.au, especially “Normal Healthy Eating”, which gives you recommended daily serves of all the food groups.

It is helpful to consider ‘energy-dense’ foods as ‘occasional foods’ rather than ‘bad foods’, that we can eat regularly but not as often. These include fast food, chips, ice-cream, cake, and doughnuts. These can be included from time to time in a healthy eating plan (e.g., you might have a scoop of ice-cream instead of your afternoon snack). There should be no foods that you actively avoid because you think they are ‘bad’ foods – just use the principle of moderation. Some foods are to be enjoyed everyday and other foods are to be enjoyed occasionally.

If you go out for lunch in a restaurant, you may find yourself eating more than usual and later having only a small afternoon snack. That’s fine, but don’t skip meals and snacks if you’ve had other larger meals. Just choose something smaller than usual and carry on with the same routine.



Remember, *healthy eating* is the goal. It is characterised by individuality, flexibility and food variety. It is reasonably regular and predictable. It responds most of the time to awareness of hunger, pleasure and satiety. It is an enjoyable part of a person's nutritional, social and cultural life. It involves a balance of knowledge and intuition. It includes a healthy emotional relationship with food. It is not morally connected to an intrinsic good/bad value of food, the person or her/his body, but reflects respect of body and self.

Less healthy eating relies on fixed, rigid rules for food choices, counting calories or excessive pre-planning of eating. It is dominated by factors such as calorie and nutrition knowledge, to the exclusion of body appetite signs. It can include anxiety, guilt, fear, secrecy, preoccupation or power struggles. It is characterised by dieting behaviours and relies on willpower. It prioritises short-term goals over long-term health and can lead to poor physical health. It can provoke a starvation response in the body, leading to rebound overeating or binge eating.

We realise that 'normal eating' or healthy eating may seem like a daunting task, but we encourage you to take small steps towards that goal. Join us in the next module to look at ways at overcoming any rigid rules that may be preventing you from achieving "normal" and healthy eating habits.



Module Summary

- Strict dietary rules are not the same as dietary guidelines.
- There are three types of dietary rules: rules about *when* to eat, *what* to eat and *how much* to eat.
- Dietary rules are dichotomous (black-and-white) and have an emotional consequence when broken. These aspects of dietary rules are harmful and encourage binge eating.
- Dietary restraint involves the attempt to restrict food intake and to avoid certain foods that are considered “bad”.
- Dietary restraint leads to emotional and physiological deprivation, which eventually leads to binge eating.
- Dietary restriction involves actual restriction of food intake.
- Dietary restriction leads to severe physiological deprivation and preoccupation with food, which can also lead to binge eating. It may also result in starvation, which has harmful consequences.
- Normal eating involves eating that is flexible and varied. Further information on healthy eating habits can be found in the nutrition handouts on our web site, www.cci.health.com.au

What I Have Learned in this Module

Think about what you have learned in this module and any useful bits of information, tips or strategies that you want to remember. Write them down below so you can refer to them later.

Think about how you might use the information you have just learned. Write down some ways in which you could make use of this information.

Coming Up...

In Module 9 (Addressing Dietary Rules) we'll look at ways to overcome strict dietary behaviours.



About This Module

CONTRIBUTORS

Dr. Anthea Fursland (Ph.D.¹)
 Principal Clinical Psychologist
 Centre for Clinical Interventions

Dr. Sue Byrne (Ph.D.¹, D.Phil.²)
 Specialist Clinical Psychologist
 University of Western Australia and
 Centre for Clinical Interventions

Kate Fleming (B.Sc⁵, Grad Dip Nutr & Diet APD⁶)
 Dietician Nutritionist
 Advance Health Care
 The Hollywood Clinic

Paula Nathan (M.Psych.³)
 Director, Centre for Clinical Interventions
 Adjunct Senior Lecturer, School of Psychiatry and
 Clinical Neuroscience, University of Western Australia

Dr. Louella Lim (D.Psych.)⁴
 Clinical Psychologist
 Centre for Clinical Interventions

¹ Doctor of Philosophy (Clinical Psychology)
³ Master of Psychology (Clinical Psychology)
⁵ Bachelor of Science

² Doctor of Philosophy (Clinical Psychology)
⁴ Doctor of Psychology (Clinical)
⁶ Graduate Diploma (Nutrition and Dietetics)

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BACKGROUND AND REFERENCES

The concepts and strategies in this module have been developed from evidence-based psychological treatment of eating disorders, primarily Cognitive Behaviour Therapy (CBT). This can be found in the following:

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- Fairburn, C. G., Cooper, Z., & Shafran, R. (2003) Cognitive behaviour therapy for eating disorders: a “transdiagnostic” theory and treatment. *Behaviour Research and Therapy* 41, pp 509-528

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- Ellyn Satter (1999) *Secrets of Feeding a Healthy Family*. Kelcy Press.

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