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## *Intuitive Eating in the Treatment of Eating Disorders: The Journey of Attunement*

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Patients with eating disorders are virtually the polar opposite of Intuitive Eaters. Intuitive Eaters possess three core characteristics, the ability to (Tylka, 2006):

- Eat for Physical Rather than Emotional Reasons.
- Rely on Internal Hunger and Satiety Cues.
- Unconditional Permission to Eat.

Growing research indicates that Intuitive Eaters eat a diversity of foods, are optimistic, have better self-esteem, and healthier body weights without internalizing the thin ideal (Tribole, 2009).

What is the best way to facilitate the attunement needed to become an Intuitive Eater? This article describes when and how to implement Intuitive Eating for patients recovering from an eating disorder.

### **Nutrition Rehabilitation Phase I: Intuitive Eating is Contra-Indicated**

*"Broken Satiety Meter."* When an individual is in the throes of an eating disorder, she is not capable of accurately hearing biological cues of hunger and fullness. In this situation, I tell my patients, their "satiety meter" is broken, a

consequence of complex interactions of mind-body biology and malnutrition. Chronic malnutrition results in compensatory slowing of digestion in which patients experience early and prolonged fullness.

Additionally, it is hard for binge eaters to recognize "gentle fullness," when painful binge cycles prevail. For the bulimic patient, the sensation of fullness is often distorted by the cessation of purging behaviors (such as vomiting or laxatives), which can cause temporary bloating. Amplifying the problem is the neuro-chemical cascade triggered by stress

and anxiety about eating issues which, in turn, may blunt hunger and cause nausea.

**Nutrition Rehabilitation.** In the beginning of treatment, nutrition rehabilitation usually requires some sort of eating plan (often under the direction of a nutrition therapist). This is similar to when a cast is needed to support the healing of a broken arm. The cast provides structure and support, but it is not lifelong, nor the destination in recovery. The cast is used until the bone is strong enough on its own. Similarly, a meal plan serves as structure and support, until there is biological restoration. For a low-weight patient, this includes weight restoration.

**Nourishment as Self-Care.** The body has been through nutritional trauma and needs consistent nourishment with adequate calories. In this phase, nutrition rehabilitation is a form of necessary self-care, regardless of the absence of hunger or the presence of early fullness. This proscriptive eating phase is somewhat mechanical because, in this early stage, a patient’s willingness alone is usually not enough to assure adequate intake.

**Boundaries: The Role of the Schedule of Eating**

Creating a schedule of eating (*with the patient*) helps contain “eating anxiety” by establishing a predictable expectation of when to eat. Eating regularly helps foster body rhythms, which include hormonal patterns that help the body gear up for digestion.

In an outpatient setting, I like to establish a built-in flexibility of 30 minutes for each agreed upon eating time. For example, if the patient agrees to eat lunch at 12:00, then eating between 11:30 and 12:30 is acceptable. But if that 30 minutes of flex-time is up, the patient needs to stop-and-drop (the other tasks at hand) and feed her body. This is an important concept, because it helps the patient establish her self-care (nourishment) as a non-negotiable priority. For example, she might need to tell her friends she must eat first, before shopping (rather than visa versa). This often requires learning and practicing assertiveness skills.

During this phase, gentle hunger cues begin to emerge. Keep in mind that the occurrence of regular hunger cues varies and is determined by many factors including:

- Duration of eating disorder.
- Severity of malnutrition.
- Intensity of anxiety and fear about eating.
- Motivation for Recovery.
- Medications (which can distort hunger and satiety cues).

**Phase 2: Identifying, Normalizing and Responding to Satiety Cues**

It is vital that satiety cues are normalized before further exploring Intuitive Eating. The challenge lies beyond “hearing” the range of physical hunger and fullness cues. Patients need to learn how to respond

appropriately to these cues when they arise. This also means developing the ability to distinguish between physical and emotional cues.

As a person’s hunger and fullness cues resurface, it’s not unusual for fears and distorted beliefs to arise in-tandem. For example, some patients distort and mislabel the sensation of fullness as “proof” of overeating. Consequently, they may fear any fullness and label it as “bad” or “wrong.” Or, some patients might believe that achieving fullness means eating just until the hunger goes away, but not a single bite more.

In this stage it is helpful to explore the

**How Intuitive Eating Principles Apply to Eating Disorders**

Core Principle	Anorexia Nervosa	Bulimia Nervosa/ Binge Eating Disorder
Reject the Diet Mentality	Restricting is a core issue and can be deadly.	Restricting does not work and triggers primal hunger, which can lead to binge eating.
Honor Your Hunger	Weight Restoration is essential. The mind can not function and think properly. You are likely caught in an obsessional cycle of thinking and worrying about food, and have difficulty making a decision. Your body and brain need calories to function. Your nutrition therapist will work with you to create a way of eating that feels safe to you.	Eat regularly—this means 3 meals and 2 to 3 snacks. Eating regularly will help you get in touch with gentle hunger, rather than the extremes that often occur with chaotic eating. Ultimately, you will trust your own hunger signals even if they deviate slightly from this plan.
Make Peace with Food	Taking risks, add new foods, when ready. Do this gradually, take baby steps.	Take risks, try “fear” foods, when ready and not vulnerable. Vulnerable includes over-hungry, overstressed, or experiencing some other feeling state.
Challenge the Food Police	Challenge the thoughts and beliefs about food. Take the morality and judgment out of eating.	Challenge the thoughts and beliefs about food. Take the morality and judgment out of eating.
Feel Your Fullness	You can’t rely on your fullness signals during the beginning phases of recovery as your body likely feels prematurely full due to slower digestion.	A transition away from experiencing the extreme fullness that is experienced with binge eating. Once regular eating is established, gentle fullness will begin to resonate. Note: if you are withdrawing purging, especially from laxatives, you may temporarily feel bloated which will distort the feeling of fullness.
Discover the Satisfaction Factor	Frequently, there are fears or resistance to experiencing the pleasure from eating (as well as other pleasures of life).	If satisfying foods and eating experiences are included regularly, there will be less impetus to binge.
Cope with Emotions without Using Food	You may often feel emotionally shut down. Food restriction, food rituals and obsessional thinking are the coping tools of life. With re-nourishment, you will be more prepared to deal with feelings that emerge.	Binge eating, purging, excessive exercise are used as coping mechanisms. You can begin to take a time out from these behaviors to start experiencing and dealing with feelings.
Respect Your Body	Heal the body image distortion.	Respect the here and now body.
Exercise	You will likely need to stop exercising. Learn to remove the rigidity of nutrition—where there is a strict adherence to “nutritional principles”, regardless of their source.	Over-exercising can be a purging behavior. Moderate exercise can help manage stress and anxiety.
Honor Your Health	Recognize that the body needs: Essential fat Carbohydrates Energy Variety of Foods	Learn to remove the rigidity of nutrition. There is a strict belief as to what constitutes healthy eating, and if this belief is violated, purging consequences can ensue (if bulimic). Recognize that the body needs: Essential fat Carbohydrates Energy Variety of Foods

\*from Tribole, E. & Resch, E. Intuitive Eating, 2nd ed (2003). New York: St. Martin’s Press.

patient's understanding and beliefs around hunger and fullness. What is the expectation around satiety cues? What might "normal" cues feel like? What did these cues feel like before the eating disorder developed? What fears arise for the patient about the idea of responding appropriately to hunger and fullness cues? It is also important to emphasize that there is no single "correct" way to experience these biological cues.

*Dealing with "False-Labeling" of Body Cue Experiences.* In general, there is a three-step process to normalizing satiety cues:

1. Develop ability to identify physical cue.
2. Normalize the physical cue—confront the distortion (or fear) about the physical cue.
3. Respond appropriately to cue.

Every eating experience is an opportunity to learn about the body. For example, if for some reason the patient did not eat enough food at a meal—did she get hungrier sooner? (Usually, yes). Did she think about food more often? (Usually, yes).

Or, if she ate beyond comfortable fullness, did she feel satisfied and sustained for a longer period of time? (Usually, yes). Were there fewer thoughts about food? (Usually, yes).

### Phase 3: Indicators of Readiness for Intuitive Eating

While many patients would like to jump into Intuitive Eating, it is best to look for readiness indicators before proceeding. Is the patient able to:

- Recognize that the eating disorder is about something deeper—weight and eating are symptoms?
- Tolerate risk? As a person begins to heal both physically and psychologically, she is able to take and tolerate risks with eating.
- Tolerate being uncomfortable? Trying new eating experiences can be temporarily uncomfortable.
- Recognize (and manage) needs and feelings? If an individual is not able to identify her needs or cope with feelings, she may continue to use eating disorder behaviors such as restricting food, over-exercise, or binge eating as coping strategies.
- Value Self-Care? Is she willing to feed herself in the absence of hunger,

which may arise from ordinary life stressors?

- Recognize vulnerability—such as being too hungry, too tired, too stressed and so forth?

*Intuitive Eating Trial.* In the beginning, it is best to explore a one or two-day Intuitive Eating trial to determine if the patient is truly ready to eat on the basis of her biological cues. During this time, it is helpful to explore these issues:

- Were you able to honor hunger/fullness cues in a timely manner?
- How did you respond to hunger cues?
- How did you respond to fullness cues?
- Was there a part of you that was thinking it was an opportunity for you to eat less? And, more importantly, did you act on that thought?
- If you were scared about an upcoming event (such as eating dinner at a restaurant), did you compensate by eating less?

During this trial, a patient might discover that she doesn't feel ready, and she may opt to continue on her existing meal plan. It's important to emphasize that this is not failure. Rather, it usually reflects a patient's desire to protect her recovery. It is important to move at an emotionally comfortable pace (assuming she is eating adequate calories). Moreover, it is still possible to move forward with other Intuitive Eating principles within this framework—such as working on permission to eat any food. Patients often express feeling safer trying new food challenges within the framework of an eating plan.

There is no right or wrong way to proceed.

The challenge is to create more eating experiences that build self-trust. What does the patient need in order to feel safe? What types of foods and meals feel satisfying and sustaining? What types of foods would provide more social connectivity? For example, would the ability to eat pizza without anxiety allow more social interaction with her friends?

*Exploring Unconditional Permission to Eat.* The ability to eat any food is an important component of recovery and Intuitive Eating. Eating becomes emotionally neutral—without moral dilemma or shame—where the patient understands that one food, one meal, or one day of eating does not make or break health or weight. When guilt is removed from eating, it is easier to be attuned to the needs and experiences of the body.

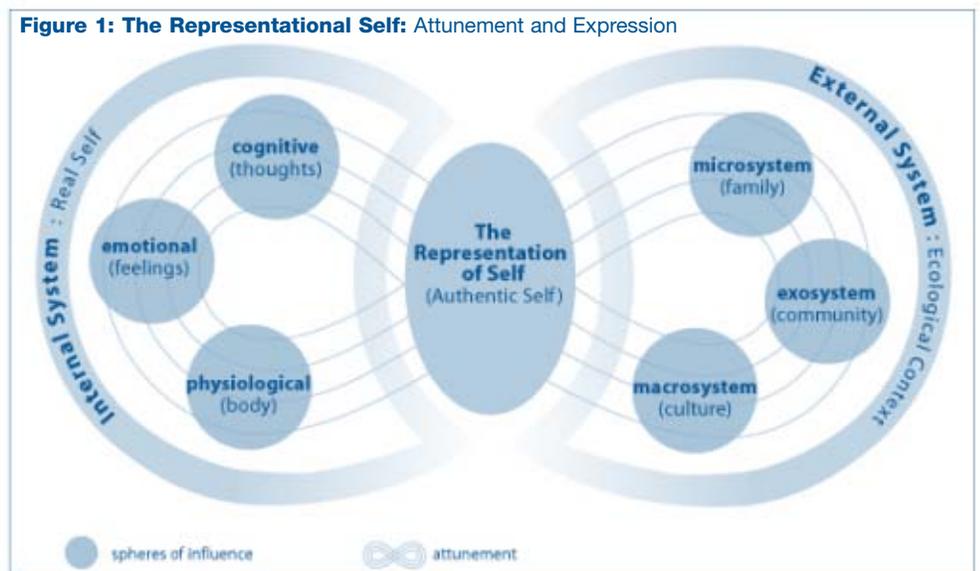
Furthermore, habituation studies show that the more a person is exposed to a food, eating becomes less distressful (Epstein, 2009).

A promising study from the University of Notre Dame applied the Intuitive Eating principles to 30 women with diagnosed binge eating disorder (Smitham, 2008). After eight, 90-minute, weekly sessions, binge episodes decreased significantly—80% of the women no longer met the diagnostic criteria for the disorder.

### The Model: Integrating Intuitive Eating for Eating Disorder Recovery

Cook-Cottone (2006) developed the Attunement Representation Model to conceptualize the integration needed for an individual's recovery from an eating disorder. This integration also aligns with

Figure 1: The Representational Self: Attunement and Expression



Intuitive Eating. This model defines attunement as the dynamic integration of a person's inner and external worlds. A person with an eating disorder is skewed or mis-attuned toward the expectations of others (such as cultural expectations of thinness). See figure 1.

*Internal System.* Ultimately, Intuitive Eating is an individual's attunement with food, mind and body. The Intuitive Eating principles fall primarily within the internal system of the attunement model, which consists of a person's thoughts, feelings, and physiology (biological sensations of the body).

### Thoughts

Principle 1. Reject the Dieting Mentality

Principle 3. Make Peace with Food

Principle 4. Challenge the Food Police

Principle 8. Respect Your Body

### Feelings

Principle 7. Honor Your Feelings without Food

### Physiology (Body)

Principle 2. Honor Your Hunger

Principle 5. Respect Your Fullness

Principle 6. Discover Satisfaction

Principle 9. Exercise—

Feel the Difference

Principle 10. Honor Your Health with Gentle Nutrition

*The External System* consists of family, communities, and culture. These external influences include food traditions, cultural beauty standards and public health guidelines.

The last two principles of Intuitive Eating pertaining to exercise and nutrition, are components of both the inner and external systems and are excellent examples of the dynamic integration needed to achieve authentic health.

For example, a person can integrate exercise recommendations for health while being attuned to the experience of her body. This type of physical activity is also called "mindful exercise" (Calogero & Pedrotty, 2007) where exercise:

- Is used to rejuvenate the body, not exhaust or deplete it.

- Enhances the mind–body connection and coordination, and does not confuse or dysregulate it.
- Alleviates mental and physical stress, not contribute to and exacerbate stress.
- Provides genuine enjoyment and pleasure, not to provide pain and be punitive.

The pursuit of exercise is about feeling good, not about calories-burned or used as a penance for eating.

Similarly, health can be honored with gentle nutrition. For example, a family may desire to eat locally-grown foods with a low carbon footprint. If a person is truly inner-attuned, she can integrate this value without resorting to an eating disorder behavior or mind-set.

A person recovered from an eating disorder can eat within this dietary framework, while paying attention to hunger, fullness, satisfaction and so forth. If, however, a person enters this realm too soon, there is a risk for the new mindset to be embraced as another rigid set of rules, fueling old eating disorder thinking and behavior. Timing and readiness are the keys.

Ultimately, when a person recovers from an eating disorder, she trusts her inner body wisdom. She is at peace with her mind and body, and finally, enjoys the pleasures of eating without guilt or moral decree.

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## A Word from the Editor

Clinicians in our field are challenged to integrate what is known with what is new, and we hope these articles help on both fronts. The Winter 2010 issue of *Perspectives* includes both novel and familiar topics. The articles on the phobic model, substance abuse, and intuitive eating provide new perspectives on these familiar areas of our work. The articles on Emotion Acceptance Behavior Therapy and Motivational Interviewing introduce us to novel efforts for addressing eating disorder psychopathology. The final article is a unique and subjective description of how mindfulness might be used to improve our treatment options. We hope these articles stir some thought. Please send your ideas and comments to [dbunnell@renfrewcenter.com](mailto:dbunnell@renfrewcenter.com)

Doug Bunnell, PhD  
Editor ■

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