

Hard Feelings / Weird Times Podcast Transcript

Episode 3

May 26, 2020

Kate Hi and welcome to Weird Times, a podcast about mental health during COVID-19 brought to you by Hard Feelings.

I'm Kate Scowen, the founder of Hard Feelings and a social worker in private practice. In this podcast, we're going to talk about mental health and specifically about mental health during COVID times or what I've been simply referring to as weird times.

We want this podcast to be a space that builds community with compassion and care for what you're going through now. It's not meant to replace a therapy session, but we hope it can help you in other ways, providing information and insights and by sharing stories of how others are struggling and coping.

Today we're going to talk about eating disorders during COVID-19 specifically, we're going to talk about ways to support yourself and others.

Know that in this conversation there may be things that come up that you might find are triggering for you in conversation, talking about eating disorders and related behaviours. And we hope that you can make sure that you have the resources you need to stay and feel safe. And also know that at the end of the podcast we will be listing some resources that will be available to you to reach out to if you need further support.

Ary Maharaj is joining us today to chat a bit about coping with eating disorders during COVID-19. Ary is a registered psychotherapist qualifying member in the community of practice at Hard Feelings. He's also the outreach and education coordinator at the National Eating Disorder Information Centre (NEDIC) where he strives to take a preventative, proactive approach to helping people affected by food and weight concerns in hopes of buffering them from developing an eating disorder.

Hi Ary.

Ary Hi.

Kate So maybe we could start by just talking a little bit about how self-isolation and social distancing impacts someone who's struggling with challenges around food and body image and an eating disorder. What are the things that are you're most seeing through your or that you know most about in terms of, of how this is impacting people?

Ary One is food insecurity and it's a really interesting one because while the research on it is right now just correlational there's a link between food insecurity and binge eating in particular. And I think, I don't know if many may be surprised to hear this, but binge eating disorder as compared to bulimia nervosa and anorexia nervosa is actually

the most common diagnosis of an eating disorder in Canada. And folks who lack resources to regularly purchase enough food to meet their nutritional needs during this time, may be undergoing a lot of forced cycles of food restriction at the moment and that can often really increase risk for binge eating that way. When your body's like, Hey, give me food to survive and you aren't able to do that you're more likely to binge after through the biological effect of starvation. And so that economic strain that we're having during COVID totally intersects here with a mental health strain around binge-eating and it's, it's an interesting indication of like the social determinants of health, right? How we've heard stories of folks from families who suffer from food shortages and these folks are really struggling and sometimes they may develop a sense of shame around their appetite or guilt about eating something when they know that their family might not have a lot of food during this time or are extra surrounded by food because we're stocking up. And that's like one that comes straight off the bat.

Kate Are there communities specifically that are more deeply impacted by issues related to eating disorders?

Ary There is the societal stigma that it's like often a young like white female identified person's illness. And often like someone who's in a thinner body. And we have those images that even a lot of us in the eating disorder fields in the 1990's and 2000's and even maybe still now perpetuate sometimes, but while they disproportionately affect women and female identified folks rates of eating disorders are kind of similar ish across socioeconomic statuses and across race, but it's gender and sexual orientation. That's been the really alarming, I think social identity characteristic that often puts people larger at risk. And while we don't have a lot of Canadian data on this one recent study in 2018 from the Trevor Project in the United States showed that in a survey of LGBTQ plus youth in the US, 54% of respondents indicated that they had already been diagnosed with an eating disorder. Um and that's a wild number when you think about in general people know that - I think - eating disorders affect around a million Canadians. That's the population of Saskatchewan or the population of Ottawa, for my Ontarians. And that's, that's a lot people, there's a chance that it affects more than that. Cause that survey is from 2012 and the global prevalence of eating disorders is 7.8%, and that's a 3% number. So we're more likely higher than that. And when we think about who receives diagnoses, a lot of folks from underserved communities may get told that their eating disorder is something else. That it isn't this mental health condition that it's displaced anger or another way of coping and they maybe don't take it seriously and don't get help. So I think there are communities that sometimes we miss in our testing and assessment and that's a disservice that we're doing to them. But what the philosophy we take is that if it's a concern for you when you're contacting us than it's a concern for us and we can talk about it.

Kate Yeah, it's so complicated, right? It's so layered. Interesting what you were talking about around the, the shame about appetite. And I think, you know, from, from my experiences around eating disorders, that's, that's a big issue.

Ary Eating disorder behaviors are often a way of coping with difficult emotions and like our hard feelings, quote unquote. And people don't know often how to handle them any

differently. So the eating disorder behavior sometimes just comes up cause that's what makes sense at the time. And I'm really mindful too of maybe folks who are quarantining or in isolation with other folks and other folks may also be heightened with their stress, like family members or loved ones. And sometimes we don't take that out in a productive way. Sometimes we take that out on other people and that just heightens your stress a little bit more and make someone maybe a little bit more likely to turn to an eating disorder behavior if that's what they're a little bit more predisposed to. So these are really like self-defeating cycles sometimes. And I think it can feel really exhausting.

Kate And interestingly, you know, really coping mechanisms in a way, but coping mechanisms that actually end up hurting us and, and driving that sort of shame spiral harder.

Ary And I think I like the way that a lot of dialectical behavioral therapists often think about it in the sense that like, that's a coping mechanism that made sense in that time for that person often. And what a lot of the key is for someone who's looking to get help, which I think we'll probably talk about later, is recognizing like, when that coping mechanism make sense and when it doesn't, and what other harm is that coping mechanism causing? And can we learn and through skill-wise or talking to support people or through other ways to replace that coping mechanism with something that's a little bit more useful and a little bit more beneficial, that makes you feel better ultimately.

Kate And talking about, you know, our, our own struggles with eating disorders. Oftentimes too, as we said, we're now in isolation with family members or roommates who we may start to notice some behaviors that are worrisome. I, for example, live with a person who struggles with an eating disorder. She knows, she gave me permission to say that. And it's an ongoing conversation in our house. You know, it's sort of, Oh, this is a bad ED (eating disorder) day, or I'm struggling today. This is, so I get a lot of signals. We have a lot of communication around it and it's something that's openly discussed in our house. And I think in some ways that's unique, maybe because I'm a therapist or maybe not. But in a lot of households, especially if you're not living with family, but maybe you're living with roommates - or actually maybe sometimes it's easier to talk to a roommate than your family about it. And it, and it's hard too because sometimes it's someone we care about, but we're not actually living with them but we're noticing it far away. Right? It's complicated for people who are concerned to be able to bring it up in a safe way. So that kind of gets us into what can you do, because I know in a lot of ways eating disorders can be suggestive, right? What would the conversation look like? How, how could we have a conversation with someone without being you know, implying that we think someone has an eating disorder for fear of that actually diving them in deeper? Or is that just an assumption I have? Maybe that wouldn't happen. You know, what are the gentle, empathetic ways that we can ask questions and have conversations with people about this?

Ary I think it's really mindful that you're thinking about it in this way too, because I think it's almost similar to like self-harm and suicide in a way where like we're scared of potentially bringing up that because we don't want to, we don't want to put the thought in their head. But as we've seen in self harm and suicide research bringing it up is actually

a good thing. It shows the seriousness of it and as long as you're bringing it up and you're taking it seriously, you rather than like using the word eating disorder as like a slur or just a way to put someone else down that's not what to do, but I'm bringing it up seriously is, isn't a bad thing. I think usually what I like to start people thinking with is first that like prevention really does start with them. Um and being a good support human really does, like there's something each and every one of us can do to be a better human being, to get a better sense of resources when you're feeling kind of nervous or awry and to really help your loved ones maybe like get on the path around next steps.

And the first step I think is something that your listeners, if you're listening right now, are already doing, which is becoming informed. NEDIC, the organization that I work for is an information centre. So we believe in the power of information and becoming informed as a way to create change. And while we have a wide collection of resources, you can go on the site to read yourself or you can chat with us on the helpline to get something more tailored to your context. I really want people to know that like 35% of our helpline contacts are actually from friends and loved ones just like you. So don't feel like you're taking services away if this exact conversation is something that you think you're struggling with or it's really hard for you. The first kind of step after becoming informed is to really check your own beliefs and attitudes and biases around food, weight and shape. Because chances are if you have accidentally or unintentionally been a judgmental person around food, weight and shape, chances are your loved one might not feel as comfortable reaching out to you about it because if you think about it, like why would you reach out to someone who you feel may judge you? And some good signs around like whether thinking about whether you are judgmental or not is like have you attached moral words like good and bad to a certain kind of body or a certain kind of food. It's something that happens to everyone. We are surrounded in a media culture and a Hollywood culture especially that does this all the time. But for those who were affected what they don't want is you to have an opinion on food and weight because everyone has an opinion about food and weight and they're often not shy to let this information known despite how wrong it might be.

Kate Yeah, no, that does make a lot of sense. And I think that we all, you know, carry biases and that I think that self-reflective piece is really important. And I know, again, as I, you know, said earlier that I, I live with someone with an eating disorder and I am trying to always think about it and always think about my biases and, and trying to be that good support person and have conversations in empathetic ways that are really grounded in questions not, this is what I'm noticing, right? Cause that comes with bias and why am I even noticing that? And more from engaging them in a conversation about their perspective and where they're at and seeing how they're doing.

Ary Really using those I statements like, I'm worried about you and you're not really seeming like yourself, like what's going on lately? Or like I want you to know that I'm here and I care. And like I, I see that potentially something might be up and like I'm here to talk if you want to whether that's a Zoom call or a phone call or letters like virtual communication, especially for those of you who are not with your loved one in person can also be a really powerful way to communicate with someone. Cause there's so

much reflection. You're like thinking about the words when you're typing it or putting it down on paper. And sometimes that can even be helpful rather than when you're in the moment with someone, it's really easy to like lose control of what you were trying to say and you can get lost with the emotion sometimes.

Kate Yeah. And there is a lot of emotion, right? Cause I think also there's a lot of fear for people around eating disorders. It has the highest mortality rate of any mental health issue.

Ary Outside of opioid addiction. If we want to count - we do count opioid addiction within the mental health sphere. So anorexia specifically is the second highest mortality rate, but yeah, very deadly.

Kate Right? And I think there's fear in that for folks. And I so I think that that's part of it too.

So really reflecting on our own biases really staying away from any kind of commentary or a conversation around food intake or food or bodies or you know, as you said, any moral judgment around what's good or bad. And really just consistently being there through the ups and downs. Cause there are lots of ups and downs with any mental health issue. It's, it's no different than if you're being a safe person for someone struggling with anxiety or depression or any other physical health condition, chronic illness. It's about being consistently there and knowing that you're, that you can be that person for them.

Ary Right, right. Eating disorders really aren't that different from any mental health condition while they have their unique idiosyncrasies and the behaviors. And I think a lot of fear around them, similar to like self-harm, kinds of mental health challenges. Ultimately like the stuff that a support person has to do really isn't all that different. There's maybe a little bit unique ways like we talked about here around food and bodies that maybe people can be aware of, but ultimately being a safe person is being a safe person.

Kate Yeah. We could all strive to be safe, safe people for our loved ones and then also safe people for ourselves. So we, you know moving into, you know, we've talked a lot about what it is to support somebody who we love or is in our life that we're noticing some changes or may have a declared eating disorder or challenges, struggles around food and body image. What if that person is us? So how can we be a safe person for ourselves in these times? How can we take care of ourselves if, if we're struggling right now, how do we identify our triggers, shift away from them? In these very weird, complex times.

Ary And I think that acknowledging the times is probably where I would start and making sure that we know that it makes sense during this period of uncertainty and instability that you've been relying more on your eating disorder thoughts and behaviors because especially as you manage your activities around food and exercise it makes sense that those thoughts and behaviors are coming up cause that's what, you know, that's what your brain knows and that's how you've coped. And first and foremost, it doesn't mean that you're failing or that you're worse because those things are coming

back a little bit more right now. The pandemic is kind of like a big whole trauma response that can be happening for you right now. And that's something that's okay. And while it may not be ideal, I think I was looking at a CMHA survey before I came on today and they were saying how only 13% of those that they surveyed in Ontario of people with mental health conditions have indicated that they're actively reaching out for support during this time.

And I think for folks with eating disorders, given how isolating it is and given maybe how weird online support could be, especially cause a lot of people are doing that via video and it can be jarring to see yourself sometimes on video if your body is something that you're concerned about. Please know that there's really good research and evidence on doing online stuff with folks for eating disorders. And while many service providers are learning this for the first time, there are eating disorder informed providers that are available to help. And the primary reason why NEDIC exists is to have a free helpline and a free chatline for, for you to reach out to, to connect you to these care providers.

In terms of some really practical things, one real underrated thing that I think I've heard happen a lot recently especially is seeing what you can do to help others. And often it can provide a sense of purpose and it can be something to do with others in your life. And that social benefit is really empowering when you're like supporting elderly members of your neighborhood by like writing them a letter or reaching out to loved ones with a drawing or an email and engaging in whatever your normal kind of self-care strategies are because it's probably a little bit harder right now and that community care, so people in your support network, whether it's scheduling, some like zoom dates or like virtual lunches or talking to your support network directly about meal planning because maybe that's something that's coming up. And we talked about food insecurity at the beginning and planning in advance and writing down things in advance can help lessen some of that anxiety. And if other people know, they can help encourage you to stick to those plans.

And we don't have to necessarily think about like safe foods, challenging foods, but you know which ones are safe for you and which ones may be challenging but manageable. And sticking to those and knowing when challenging ones are gonna come up. Making sure to involve support humans around you during that time, whether that's a virtual appointment with your therapist or dietician or a Skype or a FaceTime with a loved one. Cause maybe that'll help distract you to get you through that meal. It can be really hard, but I really want people struggling to know that. When there was a study in Barcelona of eating disorder patients during the pandemic and Spain was one of the first countries hit with COVID and 56% of people reported being more heightened - and while that's a lot, that's a majority of humans - I'm also struck by the fact that that means 44% of people reported they were doing okay. And it speaks to the resilience of humans across time - that we do have skills and strengths to work with. And that a step backwards doesn't mean we're falling down the stairs.

Kate Yeah, that's a, that's so important. I think that we often, you know, when things come up we get a feel a little lost and it's hard to actually connect with our resilience and tap into that. So those are, you know, really interesting strategies for someone who's

struggling with an eating disorder or challenges around food and, and body image. I love the idea of sort of turning the spotlight outwards instead of inwards. Sort of like looking around and how do we engage in supporting other people that kind of pulls that self-focus off that can be so distressing. And then reaching out and connecting with people who can really be part of our safe person teams. Maybe it's one person, maybe it's multiple people, but who can really help us with our strategize with our strategies to sort of implement them and sustain them.

Cause that's, this is all good in, you know, right now. These are really important strategies and things to know. And I, I'm thinking too about folks who are really noticing maybe for the first time you know, in themselves behaviors or concerns around how they're using food, restricting or bingeing to cope right now. And then it's sort of a flag for them. Like, Whoa, what's, what's this, what's going on? And it may be really early days for them in the process of actually figuring out, okay, this is, this is a challenge. So, so say someone's in that space where they're really starting to notice within themselves some concerns as we look at, you know, COVID right now, this is where we're at; we don't know how long this is going to go on for. And these are good strategies in the moment, but what are some strategies, longer term that people can consider moving forward if there's, if they're starting to notice new things in themselves that are concerning. And also again, struggling with heightened behaviors and thoughts around their eating disorders. How do we look beyond COVID in terms of coping and strategies?

Ary Yeah. And yeah, I think it's really important that you're bringing up the first timers because I think on the helpline especially, we've seen a fair amount of first timers noticing for the first time for a variety of reasons. Like for some, this is like the first time that they actually have like an extended pause in their life in some ways. For others it's an extremely, very stressful time and they're noticing the ways in which they're coping. And I think the fact that that person is aware of it and they've labeled that as like, Oh, well that's not very good. That's a really powerful thing in and of itself. And the will to change and the motivation and the priority to change is something that's really important.

In terms of like the longer-term strategies. I think the first one that comes to mind is something that's I think applicable across the board is trying to keep some structure to your day. Like little things like getting up at regular times and getting dressed. Like noticing when those early warning signs are coming up and starting to log and pattern like, Oh, like this is when this seems to happen. That kind of insight and reflection can be really powerful, especially longer term. Thinking about like what you need to actually manage your mental health. So thinking of organizing regular catch ups with loved ones, regardless of how you're feeling. For example, like maybe Friday night you're always gonna like group call with someone or you're going to go online and play a game or something like that. Those are all really wonderful stuff, regardless of how you're feeling to just have in your calendar cause it will prevent that extra isolation. If it's there, it's going to be really easy for you to try to like run away from that and put that away. But that social support is the biggest predictor of resilience. And if that's hard for you, if you don't think you have loved ones. I'm really proud of the Canadian eating disorder community because I think we've come together in a short period of time to try to put

online spaces together and NEDIC as an information hub and a resource hub for this has a lot listed on our COVID FAQ. There are some safe online spaces that are often free in terms of peer support or group therapy, group support that could be helpful for someone.

And I think the last thing I'll mention here is to really get through the wave. The pandemic can feel like a really long wave and often we have to sit with and tolerate that distress. And sometimes it's the first time we're kind of experiencing it. And if you did absolutely nothing, the wave would pass in time because nothing lasts forever. But we can sometimes speed up the process or reduce the intensity of that distress or how long it lasts. So sometimes that's through creating certain action plans. And if you just think about it as maybe right now you're a three out of 10 and that's where your distress is and maybe you can get through that by phoning a friend or writing in a journal or taking a bath or doing some coloring, but when that distress up to a seven out of 10, those like normal self-care techniques might not be working and you might need to do something completely different like calling the helpline or chatting with us online or contacting a close family member to let them know that you're struggling or a safe person in your life. Um you just even having that awareness, if this is your first time or if this is a recurring thing for you of what your three out of 10 feels like and what that seven out of 10 feels like are going to be invaluable assets for you as you move forward to try to have support and action plans in for all levels of that distress to help you feel more in control of your life.

Kate Yeah, and I think, you know, the, again going back to the idea that eating disorders are isolating and we're living in self isolation, so it's kind of like a double, double, double layer. And that building you know, yourself as a safe person for other people and also for yourself and being able to really build your empathy and self-compassion to help you sit with a friend who needs to ride the wave or you yourself are able to sit with yourself and be your companion through that.

So thanks so much, Ary. We really appreciate you being here.

Ary Thank you. It was so lovely to be on.

Kate Thanks for listening today. If you want to learn more about Ary's work at NEDIC, you can check out their website at nedic.ca. On the site there's an online chat feature where you can speak to a support worker to receive in the moment help, learn about connecting yourself or a loved one to care and receive insight on different informational resources that are available. You can also call their toll free helpline at 1 866-633-4220.

To learn more about Hard Feelings, you can find us at hardfeelings.org or on Instagram and Facebook @[hardfeelingsto](https://www.facebook.com/hardfeelingsto).

If you or someone you know is in crisis, check the resource list on our website for some places you can connect with in Toronto, or reach out to your local distress centre or helpline.

We hope you will send us your questions to include in future episodes. Let us know what you're struggling with and how we might be of support to you. We're in this together and we're here to help. You can reach me at kate@hardfeelings.org

Weird Times is produced and edited by Arij Elmi.

It was recorded at the Dark Studio Sound Company in Toronto.

The featured music is Greylock by Blue Dot Sessions.

Please note that this podcast is meant strictly for informational purposes and is not a substitute for mental health care from a regulated health professional.

Stay tuned, stay well and stay safe.