

Identify & Challenge

Finding your recovery voice

Goals of this activity sheet:

Define what “eating disorder recovery” means to you.

Understand what an “ED Voice” is and what it might sound like.

Differentiate between “Your Voice” and the “ED Voice”.

Extra journal pages provided for additional reflection and thought recording.

Sometimes, when the disordered beliefs around food, body size, healthy living, and exercise have been internalized, it can be difficult to tell the difference between your voice (the recovery voice) and the eating disorder voice.

Disordered beliefs are often present way before the actual eating disorder or other disordered behavior.

Differentiating the "Recovery Voice" from the "Eating Disorder Voice" (or ED Voice) can be an important step in the recovery process. The eating disorder voice is often harsh, critical, and controlling, urging individuals to engage in harmful behaviors and perpetuating feelings of guilt and shame. In contrast, the recovery voice is compassionate, supportive, and nurturing, encouraging healthy choices and self-acceptance.

Define

Your Recovery

Being in recovery from an eating disorder involves a continuous process of healing and self-reflection aimed at overcoming disordered eating behaviors and thoughts. It encompasses both physical and psychological aspects, including establishing regular eating patterns, maintaining a healthy weight, and developing a positive body image.

Recovery also involves addressing underlying emotional and mental health issues, such as anxiety, depression, or trauma, that may contribute to the disorder.

What does your recovery look like?

(Use this space to reflect on what recovery means to you and how that translates to you day to day, relationships, etc.)

*Examples of what you might identify
as the Eating Disorder Voice*

1. “This has been your size forever, you need to loss weight to make this fit again.”
2. “You’re _____ for gaining weight/allowing your body to change.”
3. “You can’t go out to dinner with you’re friends, having them see you eat is embarrassing”.
4. “Choose the lowest calorie item on the menu”.
5. “Don’t eat breakfast/lunch/etc, you’re going to a eat a large meal out later, you need to save your calories.”
6. “I don’t care if I don’t feel well, I can’t gain weight”
7. “If I start gaining weight, I’ll never stop”.
8. “If I just lost 10 lbs, I’d feel comfortable in my body.”
9. “If I allow myself to eat, I’ll never be able to stop”.
10. “I already ruined today, I’m going to have whatever I want, and will ‘start over’ tomorrow”.
11. “I get so many compliments from people, people will be disappointed in me if my body changes.”
12. “If I just _____ (insert way to change body here), then I’d be happy.”
13. “I really enjoy cardio, even though I just feel really guilty and distressed if I don’t get to the gym.”
14. “I can’t deviate from my routine, I have to get up extra early to fit in this workout”
15. “I can’t meet up with friends/attend that event/relax after work, I have to workout
16. “I shouldn’t use oil in this recipe, I wonder if there is a lower calorie swap.”
17. “I can’t have desert again, I already cheated on my diet this week.”
18. “I went over my calories for the day, i can’t eat anymore”.

The Eating Disorder voice is rigid and inflexible. It is often fearful about losing or being out of control.

Understanding

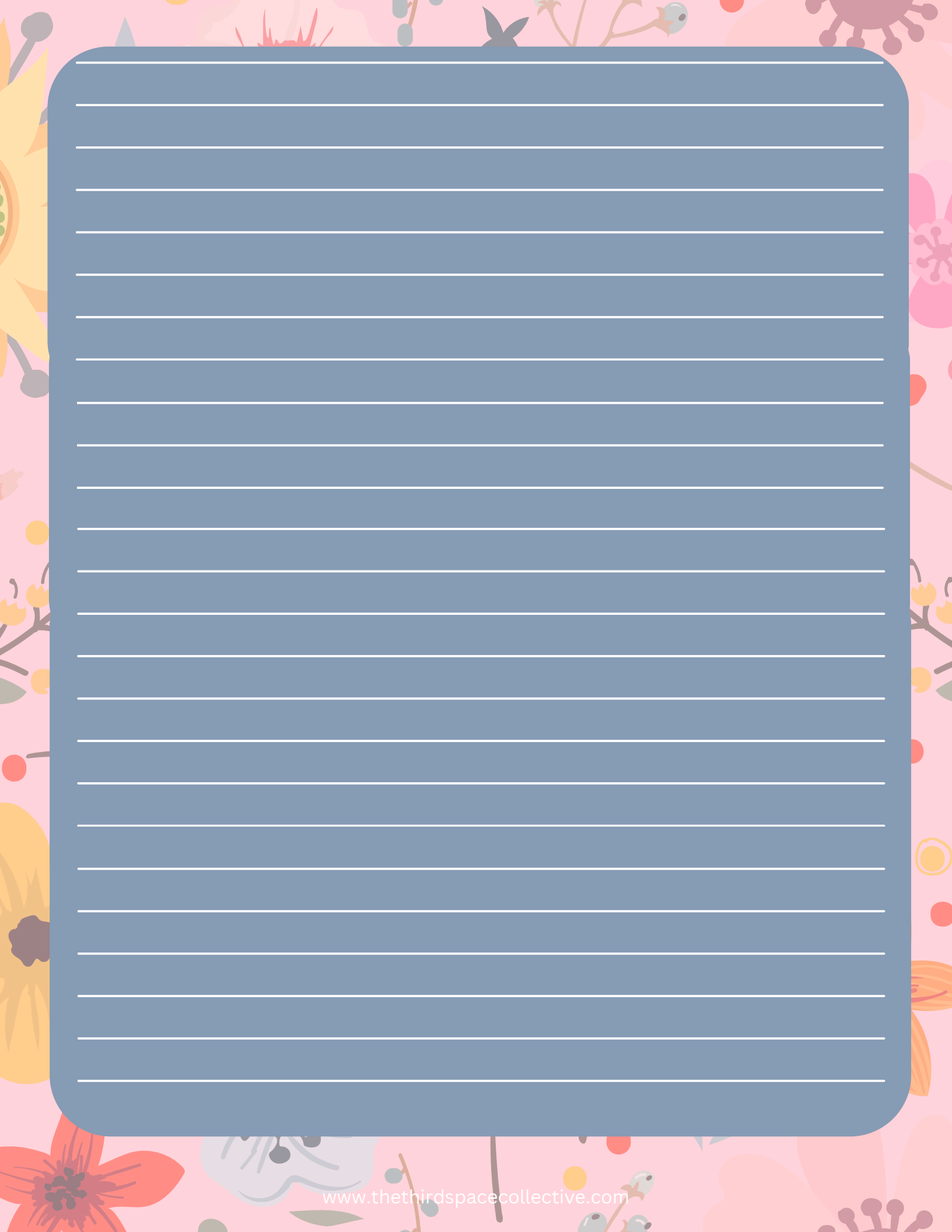
The "ED Voice"

The eating disorder voice is a form of negative self-talk, or a person's inner critic that is a part of the eating disorder. It refers to specific thoughts that are driven by, and can maintain, the eating disorder.

Recognizing these distinct inner dialogues helps individuals identify and challenge the destructive patterns of the eating disorder while embracing and strengthening the positive, affirming messages of recovery. This distinction can help empower you to reclaim your autonomy and foster a healthier relationship with food, bodies and movement.

What does the Eating Disorder Voice sound like?

Use this space to jot down of what the Eating Disorder (ED Voice) sounds like for you.



A large, dark blue rounded rectangle with white horizontal lines, intended for writing. It contains 25 evenly spaced horizontal lines.



A large, blue, rounded rectangular area with horizontal white lines, designed for writing or journaling. The background of the page is a light pink color with a floral pattern featuring various flowers and leaves in shades of yellow, orange, and red.

Please Use These Extra Journal Pages If YoOu'd Like to Reflect More

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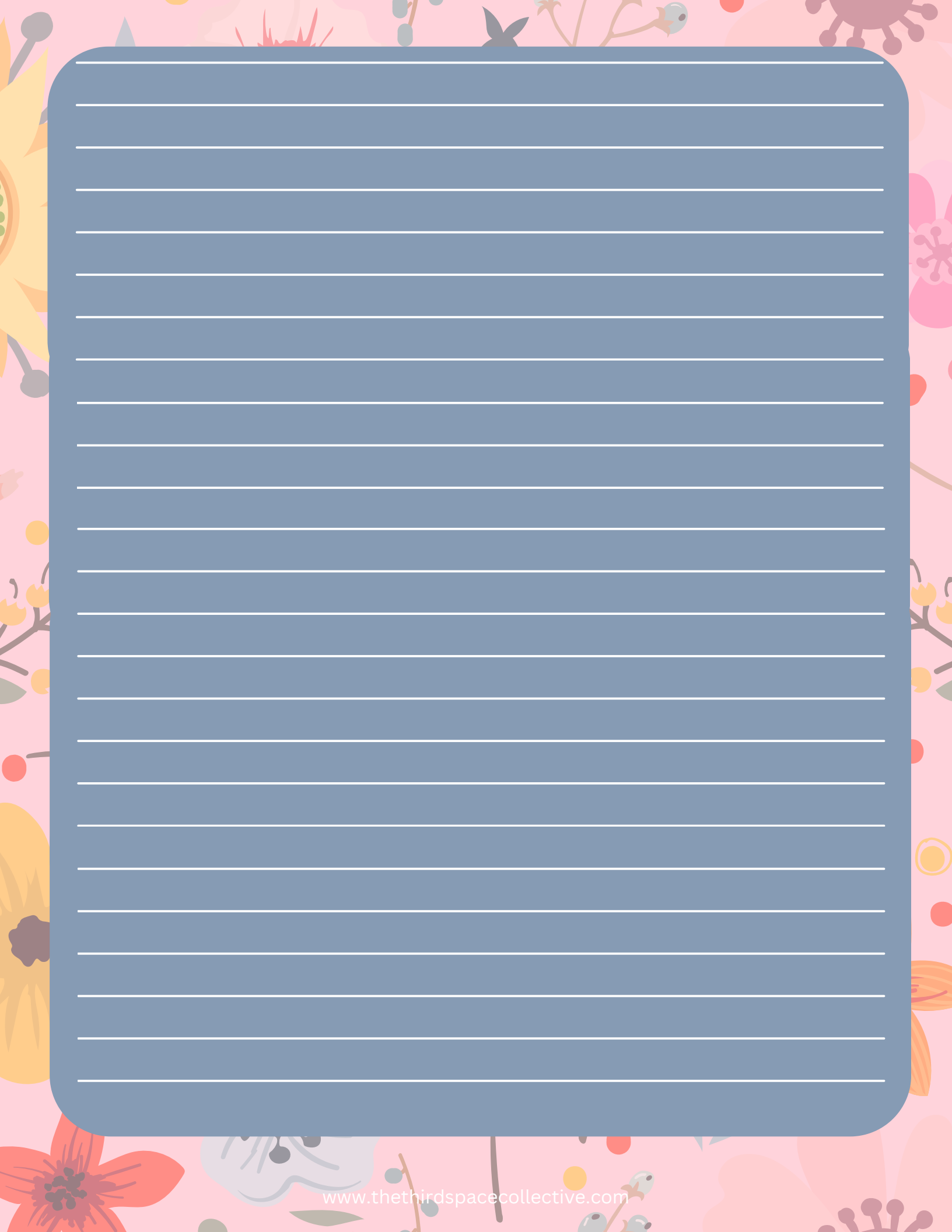
Differentiate

Your Voice From the ED Voice

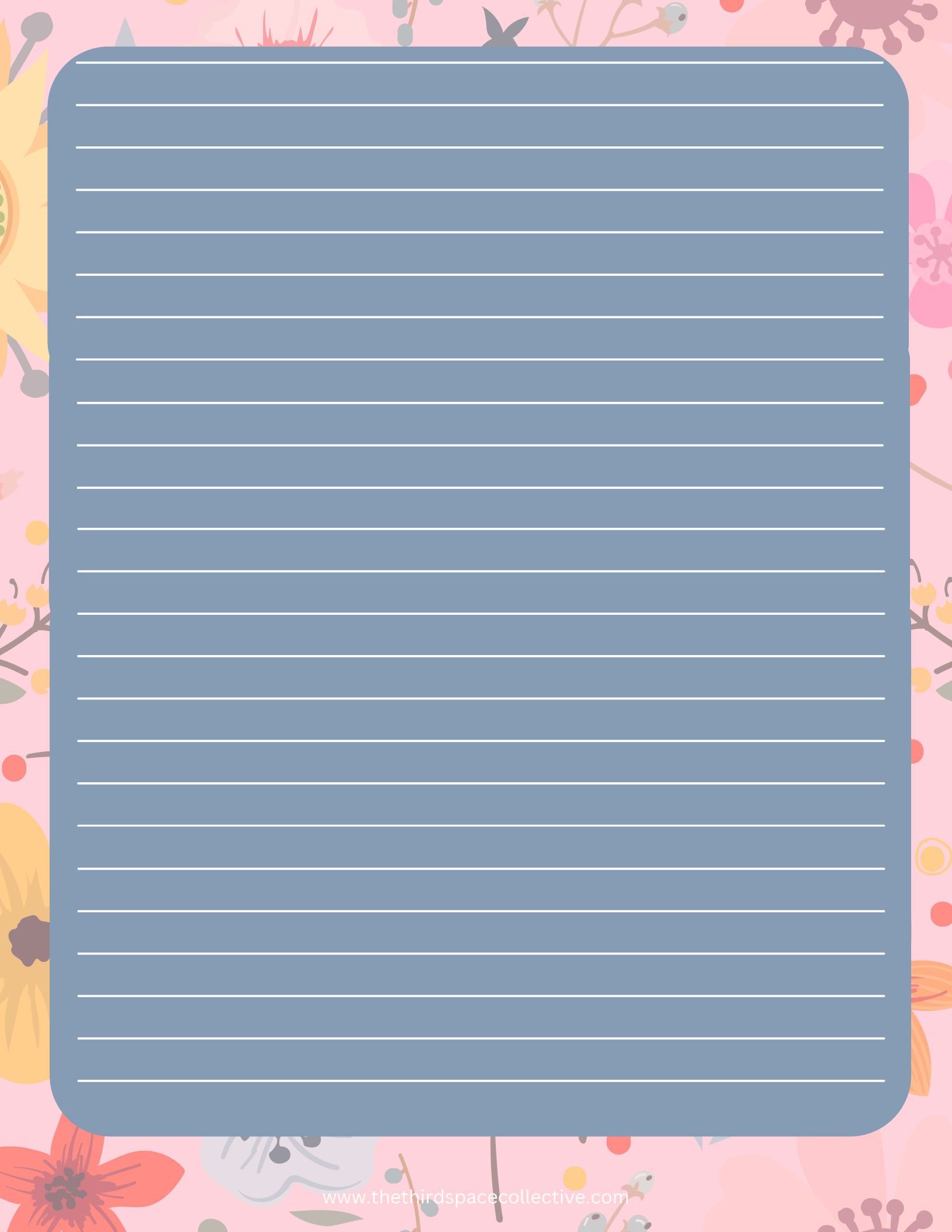
Sometimes it can feel challenging to pick apart “our voice” from the “ED voice”. What the ED voice tells us can feel very true, motivating, or congruent. Understanding what is important to us vs what is important to the ED can be a helpful place to start.

Recovery Values

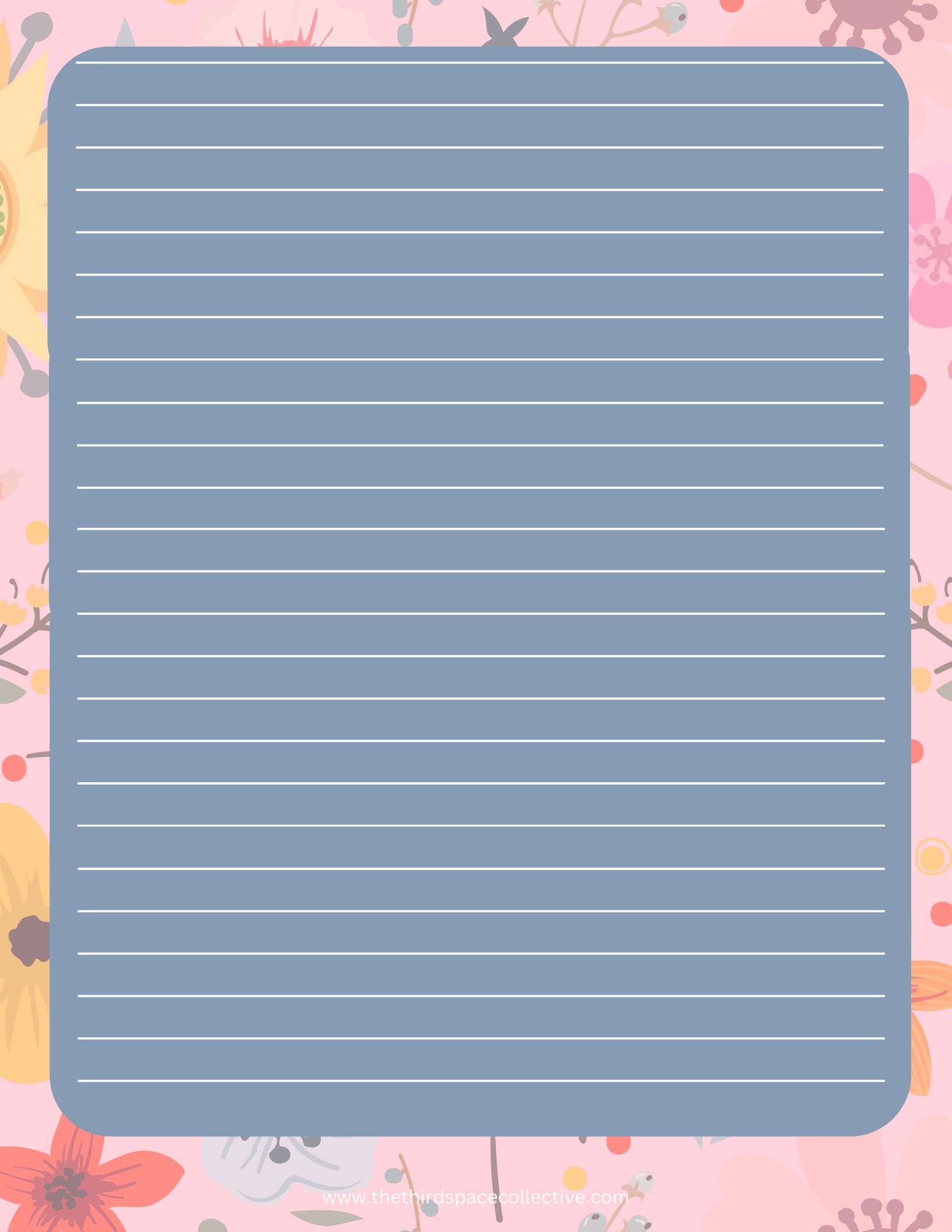
ED Values



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A large, dark blue rounded rectangle with white horizontal lines, intended for writing.



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Identifying

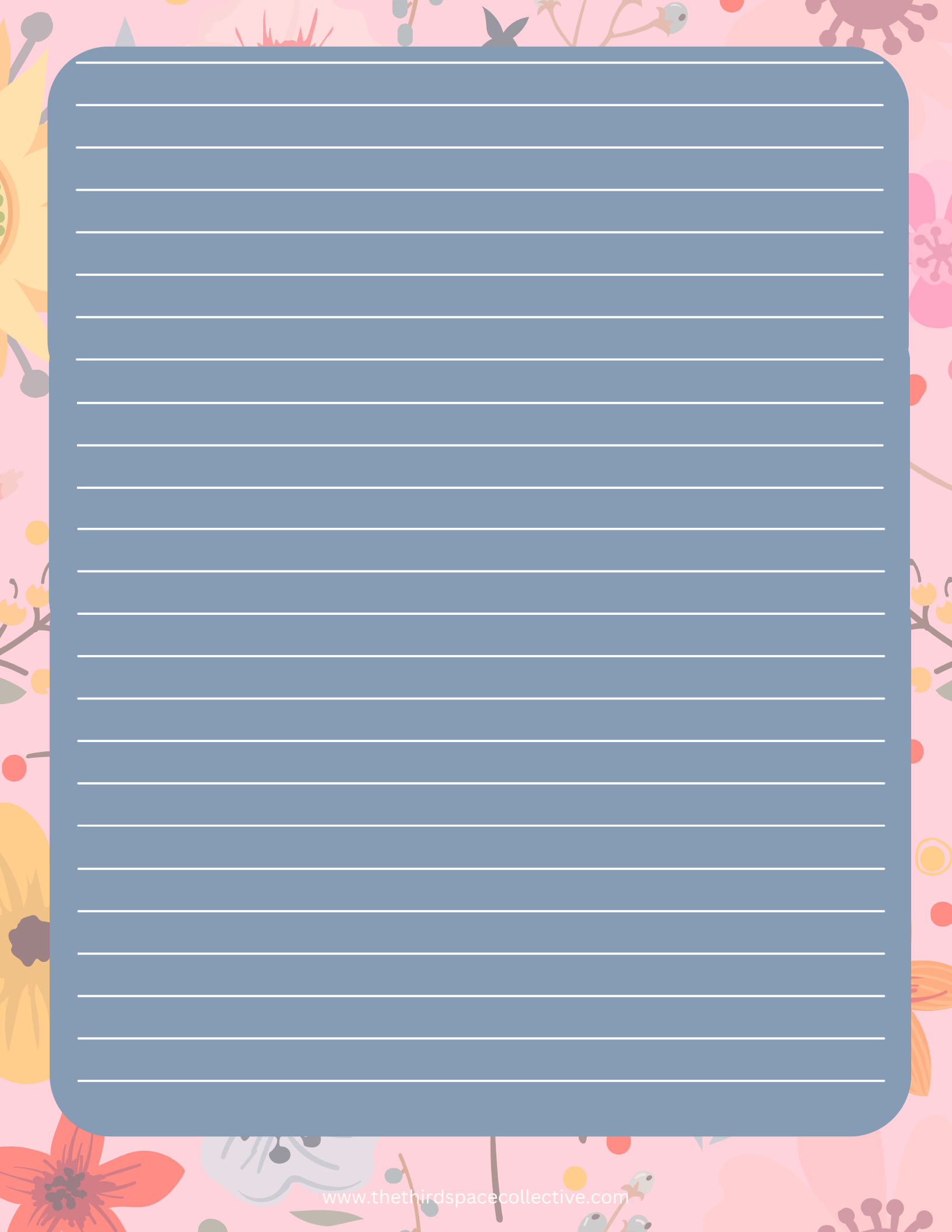
What the ED Voice is afraid of

Eating Disorders are often based in fear. it can be helpful to identify what the ED voice is afraid of. After that, you can work on developing an understanding of what might be beneath that fear.

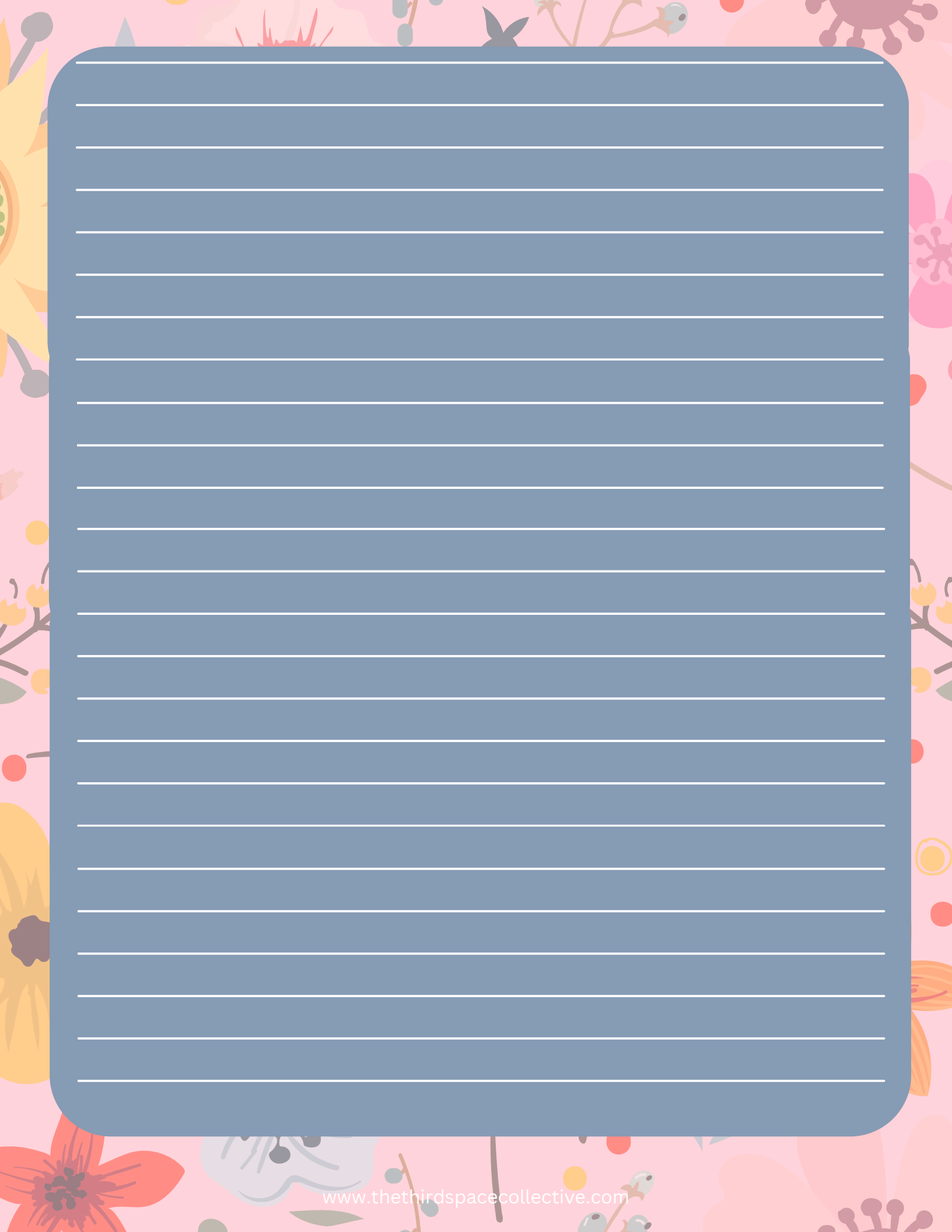
For example, the ED Voice might fear weight gain, but what might be beyond that is fear of judgement from others and the use of the body as a tool to try and control others perception of you.

ED Voice's Fear

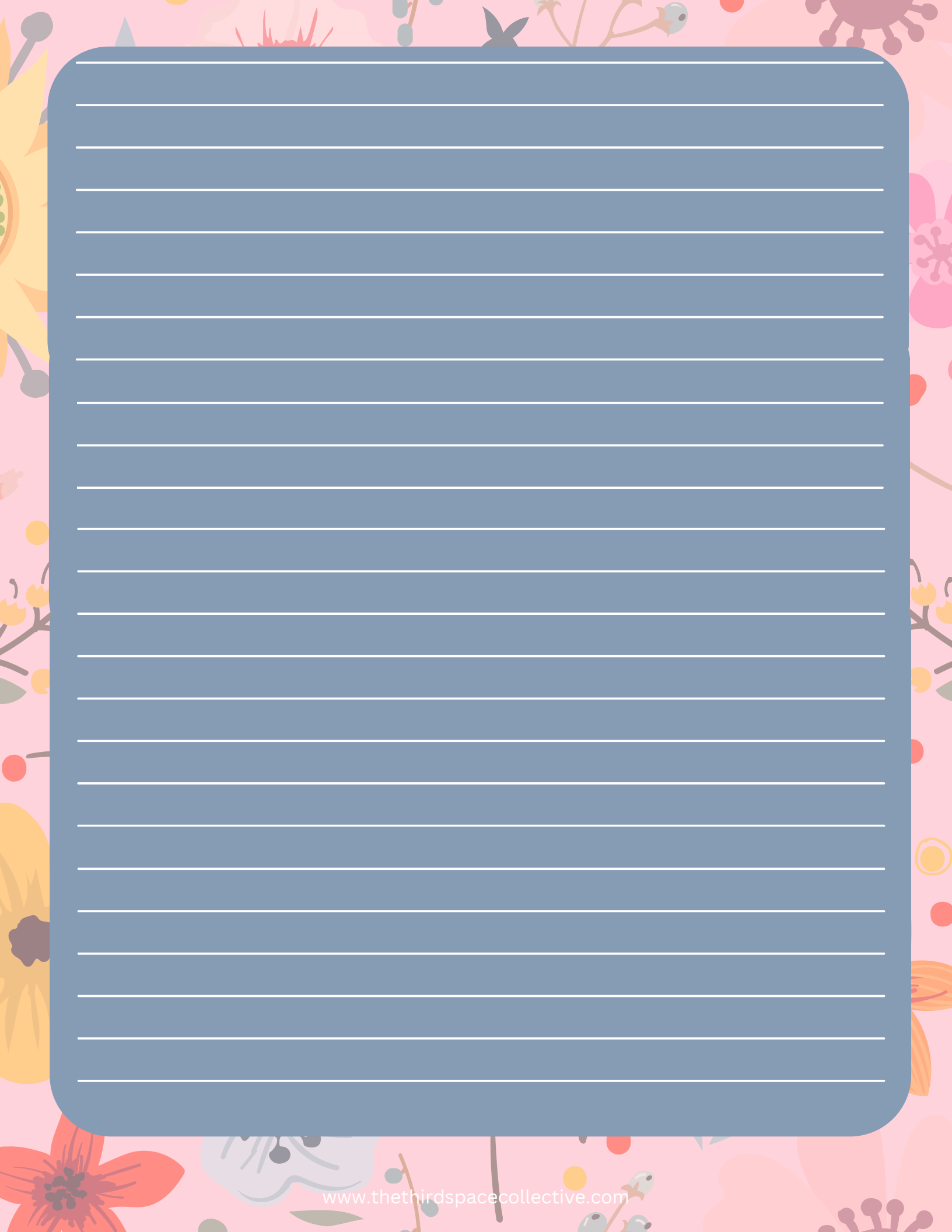
What's Underneath



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A large, rounded rectangular area with a dark blue background and white horizontal lines, resembling a writing template or a page from a notebook. The lines are evenly spaced and extend across the width of the area.

Anorexia Nervosa

Physical Symptoms:

Weight Loss, Fatigue, Dizziness or Fainting, Cold Intolerance, Hair Loss, Amenorrhea, Slowed heart rate, Low blood pressure, Loss of bone density, Dehydration, Gastrointestinal Issues

Psychological Symptoms:

1. Intense Fear of Gaining Weight: An overwhelming dread of becoming fat.
2. Distorted Body Image: Seeing oneself as overweight despite being underweight.
3. Obsessive-Compulsive Behaviors: Excessive concern with food, calories, and dieting.
4. Perfectionism: Setting unrealistically high standards and being overly critical of oneself.
5. Depression and Anxiety: Feelings of sadness, hopelessness, and nervousness.
6. Social Withdrawal: Avoiding social situations, especially those involving food.

Behavioral Symptoms:

1. Restriction of Food Intake: Eating very small amounts or refusing to eat altogether.
2. Ritualistic Eating Habits: Cutting food into tiny pieces, eating very slowly, or hiding food.
3. Excessive Exercise: Compulsively working out to burn calories, often despite injury or fatigue.
4. Preoccupation with Food: Constantly thinking about food, recipes, or cooking for others without eating themselves.
5. Avoidance of Meals: Skipping meals or making excuses to avoid eating.
6. Wearing Baggy Clothes: Dressing in layers to hide weight loss or stay warm due to low body fat.
7. Frequent Checking in the Mirror: Obsessively examining perceived body flaws.
8. Denial of Hunger: Claiming not to be hungry despite obvious signs of hunger.

Bulimia Nervosa

Physical Symptoms:

Fluctuating Weight, Electrolyte Imbalance, Gastrointestinal Problems, Swollen Salivary Glands, Dental Issues, Dehydration, Calluses or Scars on hands, Menstrual Irregularities, Chronic Fatigue, Sore Throat

Psychological Symptoms:

1. Preoccupation with Body Weight and Shape: Constant concern about appearance and weight.
2. Fear of Weight Gain: Intense dread of gaining weight.
3. Distorted Body Image: Seeing oneself as overweight despite normal or fluctuating weight.
4. Depression and Anxiety: Feelings of sadness, hopelessness, and nervousness.
5. Low Self-Esteem: Poor self-worth often tied to body image and weight.
6. Guilt and Shame: Feeling guilty or ashamed after bingeing and purging episodes.
7. Mood Swings: Frequent changes in mood and emotional state.

Behavioral Symptoms:

1. Binge Eating: Consuming large amounts of food in a short period, often in secret.
2. Purging: Engaging in behaviors such as self-induced vomiting, misuse of laxatives, diuretics, or enemas to prevent weight gain.
3. Excessive Exercise: Compulsively exercising to burn off consumed calories.
4. Frequent Use of the Bathroom: Especially after meals, to purge.
5. Secretive Behavior: Hiding food, eating in secret, or lying about eating habits.
6. Ritualistic Eating Patterns: Unusual eating rituals or rules, such as only eating certain foods or at specific times.
7. Social Withdrawal: Avoiding social situations, particularly those involving food.

Binge Eating Disorder

Physical Symptoms:

Weight Gain, Fluctuating Weight, Gastrointestinal Distress, Fatigue, Sleep Problems, Health Issues Related to Obesity

Psychological Symptoms:

1. Distress or Guilt After Bingeing: Feeling ashamed, depressed, or guilty after eating large quantities of food.
2. Anxiety and Depression: Higher levels of anxiety and depression, often related to body image and eating habits.
3. Low Self-Esteem: Poor self-worth, often tied to body image and eating behaviors.
4. Emotional Numbness: Using food to cope with or numb emotions, leading to a cycle of emotional eating.
5. Preoccupation with Food/Food Noise: Constant thoughts about food, eating, and body weight.

Behavioral Symptoms:

1. Eating Large Amounts of Food Quickly: Consuming much more food than normal in a short period, often in secret.
2. Eating When Not Hungry: Binge eating despite not feeling physically hungry.
3. Eating Alone: Due to embarrassment about the quantity of food consumed.
4. Hoarding Food: Stashing food in various places to eat in private later.
5. Inability to Stop Eating: Feeling out of control and unable to stop eating during a binge.
6. Frequent Dieting Without Weight Loss: Engaging in repeated dieting attempts without significant or sustained weight loss.

Orthorexia

Psychological Symptoms:

1. Obsessive Focus on Food Quality: Preoccupation with the healthiness, quality, and purity of food.
2. Anxiety About Eating: Excessive worry about food choices and fear of eating anything perceived as unhealthy.
3. Perfectionism: Unrealistically high standards for diet and a sense of moral superiority about eating habits.
4. Guilt and Shame: Intense feelings of guilt or shame when deviating from self-imposed dietary rules.
5. Rigid Thinking: Black-and-white thinking regarding food, categorizing foods as entirely good or bad.

Behavioral Symptoms:

1. Restrictive Eating Patterns: Eliminating entire food groups or excessively limiting food choices based on perceived health benefits.
2. Time-Consuming Meal Planning: Spending an inordinate amount of time planning, purchasing, and preparing meals.
3. Avoidance of Social Situations: Skipping social events to avoid eating foods not deemed healthy or pure.
4. Food Rituals: Developing strict rituals around eating, such as specific times or methods of food preparation.
5. Compulsive Checking of Ingredients: Constantly reading labels and scrutinizing ingredients to ensure compliance with dietary rules.
6. Impact on Daily Life: The obsession with healthy eating begins to interfere with daily functioning, relationships, and overall quality of life.
7. Self-Isolation: Withdrawing from friends and family due to dietary restrictions and related anxieties.

Body Dysmorphia

Psychological Symptoms:

1. Obsessive Focus on Appearance: Constantly thinking about perceived flaws for many hours each day.
2. Distorted Body Image: Strong belief that a specific part of the body is abnormal or deformed.
3. Anxiety and Depression: High levels of anxiety and depression related to body image concerns.
4. Low Self-Esteem: Poor self-worth tied to appearance.
5. Emotional Distress: Significant distress and discomfort about appearance, leading to severe emotional pain.

Behavioral Symptoms:

1. Compulsive Behaviors: Repeated behaviors such as mirror checking, excessive grooming, skin picking, or reassurance seeking.
2. Camouflaging: Attempting to hide perceived flaws with makeup, clothing, or body positioning.
3. Comparing Appearance: Frequently comparing appearance with that of others.
4. Avoidance of Social Situations: Avoiding social interactions or public places to prevent others from seeing the perceived defect.
5. Seeking Surgery or Medical Procedures: Repeatedly seeking cosmetic procedures to fix perceived flaws, often without satisfaction.
6. Excessive Exercise: Over-exercising to improve or alter the perceived defect.
7. Dietary Changes: Extreme dieting or eating patterns aimed at changing appearance.
8. Seeking Reassurance: Constantly asking others for validation or feedback on appearance.
9. Changing Clothes Frequently: Repeatedly changing outfits to find something that conceals the perceived defect.

Cognitive Symptoms:

1. Overemphasis on Perceived Flaws: Disproportionate focus on minor or imagined flaws.
2. Negative Self-Perception: Viewing oneself in an excessively negative light.
3. Belief Others Notice the Flaw: Strong belief that others are noticing and judging the perceived defect.
4. Impaired Concentration: Difficulty focusing on tasks due to preoccupation with appearance.