

Embracing Relapse: For College Students, Consider it a Gift

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The transition from high school to college can be an awesome experience. In addition to establishing independence from parents, students need to learn how to negotiate the norms of new social groups, set healthy boundaries, and make decisions about finances, academics and career planning. Other more personal decisions include whether to engage in sex or substance use. Faced with these kinds of decisions, many of which have serious consequences, students can easily become overwhelmed.

In my 20 years of working with college students, I've observed how the decision to engage in substance use far too often results in poor outcomes. For example, early in my career, I worked with Bill, a young man who had a difficult time connecting with a core group of friends. To reduce anxiety and feel less awkward, he began drinking. He later told me that he sometimes engaged in bingeing and purging. And what we quickly discovered was that when the frequency of bingeing and purging decreased, his drinking increased, and vice versa. Bill was confused and frustrated, and I felt powerless to help him break the cycle. However, a thorough history made it clear that Bill had been struggling with bulimia for several years. He hadn't told anyone because he was embarrassed that he couldn't stop doing these things he thought only women did. Relapsing when he did enabled Bill to learn that he did have a true medical concern that could be treated. We worked together until he graduated and by that time, his behaviors had remitted.

Whether students develop eating disordered behaviors before or during college, relapsing can have an insidious and sometimes deadly impact. When students relapse, they often become highly self-critical, expressing feelings of anger, shame, hypocrisy and frustration. For instance, I am currently working with Jessica, a very bright, charismatic young woman who took some time off from school to seek treatment for severe anorexia. She returned healthier and more vibrant than she had been in over a year and continued to thrive academically and socially. In addition, she became an ambassador, educating others about the disorder and spreading messages of hope. Still, she finds some days are more difficult than others. What's most frustrating for Jessica is the development of a new disordered eating behavior – bingeing. When she bingeing, she feels like she "should be" restricting instead. She likens the conflicting experience to an "identity crisis." Jessica explained that restricting would be more consistent with her previously diagnosed eating disorder (anorexia). In contrast,

she believes bingeing is more characteristic of someone with bulimia or binge eating disorder. I helped Jessica understand that while people with anorexia frequently experience stable remissions over time, that migrations to other eating disorder behaviors may also be likely to occur. But, whether restricting or bingeing, the behaviors are contrary to her message of hope, which leaves her feeling like a hypocrite. Sometimes we both feel stuck.

Many students grappling with relapse talk about feeling like failures while trying out their new independence in an unsupervised environment. I help students understand that regressions to symptomatic behaviors aren't necessarily proof of failed recovery, that this part of the healing process doesn't negate the hard work that preceded it. I try to help them understand there is opportunity in crisis. In Jessica's case, her role as a campus ambassador includes blogging, making well-attended campus presentations and supporting other events, including me writing this article. When she sees the impact of her efforts—the opportunity to bring awareness about the seriousness of eating disorders to others—it becomes a gift for herself and many others. This opportunity strengthens her resolve for recovery all the more. For college students, in many cases, relapse can and probably should be embraced as a gift.

I remember working with one middle-aged student, Charyce. She was married, with children and had struggled with binge eating for many years. She expressed concern about her inability to maintain long-term success in the Food Anonymous (FA) program. Though she lost weight and had some remissions in FA, she was constantly thinking about food (i.e., "When can I eat?" "I can't eat there, because I can't weigh or measure my portions..."), or touching food (e.g., shopping for it, chopping it up, storing it). Unhappy with her size and appearance, Charyce's goals were weight loss and weight management, which she had hoped to achieve through FA. She explained her understanding was that FA believes food addiction can be managed, in part,

by abstaining from addictive foods. Although there was never condemnation for relapses, there was no real processing of what led to them. And while support of the fellowship was comforting, she didn't feel that her disordered eating behaviors were being addressed adequately.

During many of our discussions, Charyce began to realize that job-related issues are what led to her relapses. For example, decisions were often made that affected her in which she had no input. Sometimes, projects on which she had invested much time and effort were transferred to other colleagues. Sometimes members of her team would be reassigned elsewhere. These things made her very uncomfortable, angry and anxious. To feel better, she would seek out new binge foods. If the ingredients were 'clean,' she gave herself permission to eat large portions. Dining out also gave her permission to overeat. She binged when feeling happy. Wonderful news at work gave her permission to binge. A positive performance evaluation or a well-received presentation gave her justification. And, while she felt badly about relapsing, still, she was relieved about being able to recognize the circumstances during which she was most likely to binge. And I was relieved for her, because she was better able to avoid relapses if she could anticipate when they might occur.

During relapses and when other negative events occurred, I encouraged Charyce to practice self-compassion. Specifically, I helped her learn to use positive self-talk, and to not be judgmental or self-critical because of shortcomings or mistakes, or events over which she had no control. Ultimately, she began treating herself with more kindness, using softer tones, and reacting less harshly to negative events. I also encouraged her to maintain her practice of regular self-care, such as connecting with her sister-support circle, working with her nutritionist, journaling, going to the gym, and taking short breaks while working.

Sometimes after brief remissions, students take a break from counseling, often returning when symptoms do. Others return when facing eating disorder related illnesses, some of which are quite serious. One student, Sarah, whom I had seen regularly before her relapse, was diagnosed with a gastrointestinal illness that her physician said was related to her eating disorder. She had stopped counseling until she became quite scared because her relapse

exacerbated her condition, causing her great physical discomfort. When she returned, she took great care to follow all plans until she got better.

Regardless of what resources are provided, for various reasons some students find it too difficult to work on their recovery skills while in college. When they relapse, I wonder what I might have missed. I'm not new at this. I'm a frequent presenter at eating disorder conferences, and a regular conference attendee. I consult with colleagues on difficult cases in accordance with the ethical guidelines of my profession's governing organizations. I participate in webinars and other learning opportunities. I am culturally sensitive. I make referrals. Yet, I still ask myself, "What could or should I have done differently?" Finally, after a thorough review of case notes shows that I've done all that I know how to do, I regroup and prepare to share what I know with the next student.

For college students, their resolve for recovery is often rooted in what's at stake. Relapsing sometimes means trading in the independence of being responsible for one's self, as they return home to parental rules and regulations. Learning to identify triggers, anticipating circumstances in which relapse is likely, and making plans for working on recovery skills will enable students to regain their independence. Embrace relapse. Much can be learned from the experience. Consider it a gift.

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