**When is recovery not recovery?**

This is a comment, written on a public blog, by a woman who "recovered" in her teens and then relapsed in mid-life and realized she never was recovered. She has also had a daughter with anorexia. She's pretty upset about harm reduction being sold as recovery - this is a place some caregivers call "purgatory" and too many times it is where recovery stops.

“What needs to change is the definition of ‘recovery’. At present, we are seeing a vast number of people who are still practising some form of restriction – whether it be calorie reduction via intake, or ‘burning off’ calories by various forms of movement, while describing themselves – or being described by health practitioners – as ‘recovered’, because they have achieved an arbitrarily determined weight and body size and are no longer visibly starving or emaciated. However, weight restoration to a ‘safer’ BMI and weight does NOT equal full recovery.

One cannot be recovered from a restrictive eating disorder (the types of which are many and varied) while still practising restriction. There are many markers of active restrictive eating disorders being overlooked, while body size and shape are erroneously viewed as being primary indicators of a recovered state.

People, male and female, are limping from one R.E.D modality to another, but because they are no longer skeletal and immediately in danger of dying, being ticked off the list as being in a recovered state. Relapse states are inordinately high across the spectrum of R.E.Ds, and it is common to see someone cycling up and down from a dangerously low weight to a more stable, preferred and socially acceptable weight (as determined by an outside entity – often a therapist with no nutritional or dietetic qualifications), NEVER becoming free of restrictive behaviours and thought patterns, yet being described as “recovered”. Instagram, tumblr and facebook are flooded with posts and images of those who see themselves as recovered, while they are clearly still actively restricting.

Thin white privilege is very attractive to those who have had it all their lives, and very hard to give up in order to move through to full remission. And so the claim of being “recovered” is defended fiercely by those who are choosing to actively restrict so as to stay in a socially preferred physical state, and these are the ones we usually see going head to head with others, arguing that ‘their’ form of recovery is superior. The irrationality that is so often on display in these interchanges is in itself a poignant reminder that with restriction comes cognitive compromise – the physical brain that has had its myelin levels decimated by restriction is not capable of rational, reasoned and calm discussion about emotive subjects.

You might compare such infighting to conflicts between different groups of alcohol and drug dependents who claim to be recovered, while still using alcohol, while also arguing that their chosen ways of recovery are superior. There is no recovery from alcohol dependency, or drug dependency, while the very elements of addiction are still in play. The physical dependency needs to be interrupted; and the emotional and psychological processes that facilitate the abuse need to be eradicated, and the brain to be retrained in non addictive patterns. Recovery in those settings only happens when complete abstinence is applied and maintained. Anything less than this, drinking less, using softer drugs, stopping binging so often, is STILL active addiction, altho a form of “harm reduction.”

We need to see a distinction being made between “harm reduction” (which is what is in place when someone increases their calories, reduces exercise, and gains a limited amount of weight, and yet still restricts their intake so as to suppress further weight gain), and “full recovery to remission” which is marked by a complete cessation of restrictive behaviours, and a concomitant cognitive rewiring by means of sustained psychotherapeutic practise so that restriction is no longer the default response to distress or anxiety. This will also include the person being aware of the role getting into a calorie deficit plays in driving further restriction and movement so as to deepen that deficit, and being competent in strategies involving eating and resting that enable them to correct the deficit.

There is no need to assign a moral superiority to either pursuing harm reduction or full recovery. But it is necessary to see the difference between the two, and to be cognisant of the state in which we find ourselves.

One of the reasons that many who are not restriction free, but who have been told that they have “recovered” from an R.E.D have a perpetual struggle with restriction, poor body image, exercise addiction, as well as frequent relapses is that no one has helped them to understand that they have been practising not remission, but harm reduction, and that their continued existence in an active ED state makes them vulnerable to repeated relapse and prolonged psychological problems. People who have been told that they are recovered often have no idea that their R.E.D is still rampant, and driving every aspect of their lives, while also shortening their lifespan.

Let’s call it what it is.

Harm reduction does not equal recovery. Nor is it possible to reach remission from an R.E.D while you are practising remission.  
You either ARE restriction free, or you are not. Again, no judgment. Rather a clarification of what remission means from a clinical and scientific point of view.

If we think of remission from cancer, what are we referring to? Are we saying that someone can simultaneously have an active cancer, while also being in remission? Of course not. Remission is only achieved after a certain period of being cancer FREE. And so it is with an R.E.D; remission can only be achieved if we are also restriction free.

Harm reduction is a start. It saves lives. But it also leaves people in a state of miserable limbo, only a few steps up from full starving emaciation, because we are still beset by the untreated and rampant anxiety that underlies the disorder – and usually because we believe it is more important to control our weight than to drive the restriction out completely. Transpose that into a situation where we are being treated for cancer – we choose not to pursue a remitted state because we don’t like the idea of how our body may look or function after (or during) the treatment.

Again – no judgment. We are creature of free choice after all. But for goodness sake (and also for the lives that this disorder ruins and ends every day), can we please get clarity on this matter.  
Please join the movement to call active restriction what it is, instead of erroneously describing it as recovery.”