

An anonymous¹ chronicle of Prolonged Exposure Therapy for PTSD after sexual assault, and its impact on eating disorder recovery

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¹ Feedback, questions, and requests to distribute can be emailed to kintsukuroi1970@gmail.com

Prologue

Deciding to undergo Prolonged Exposure (PE) Therapy can be frightening, and while it is the gold standard in treating post-traumatic stress disorder (PTSD) from sexual assault, its effectiveness in people with a comorbid eating disorder (ED) is unclear. Given that so many people with EDs have a history of trauma from sexual assault,² it is an important open question whether the best way to treat both conditions is simultaneously or sequentially. An excellent overview of this dilemma is presented by Professor Karen Mitchell (Boston University, School of Medicine) in her online lecture titled *When/How to treat PTSD during the ED treatment process*,³ with published studies supporting the need for more research.⁴

I have decided to chronicle the 10 weeks of PE therapy, to reflect on its impact on my PTSD symptoms and also my ED recovery progress, and to share this with others who may be reluctant to embark on this journey without more information about the process and its impacts on both conditions. I hope this case study will be a useful resource for researchers, healthcare professionals (therapists, psychologists, psychiatrists, dietitians, general practitioners), and survivors of trauma who may have developed an ED as a coping mechanism.

The following sections provide the background context for how my ED (anorexia nervosa) developed – following the dual contributing experiences in adolescence of ballet training and sexual assault – and then returned several decades later. My efforts to recover without therapy are outlined, along with the treatment pathways that eventually led to commencing PE therapy. The weekly treatment protocols – imaginal exposures, in-vivo exposures, and other homework tasks – are then described for each week of therapy, with reflections on how my PTSD symptoms and ED were both impacted. Finally, in the Epilogue, I discuss the key breakthroughs that PE therapy helped me achieve to finally commence true recovery from both conditions. It has been a difficult journey, but transformational, and I hope this chronicle will encourage others to take the first step.

Background

The foundations of my ED were laid down by a childhood spent training to be a ballet dancer, and the trauma of sexual assault when I was 16 years old, that ended my ballet aspirations. This background section summarises these experiences, and the attempts to recover from both PTSD and the ED prior to the commencement of PE Therapy.

² T. Brewerton, “Eating Disorders, Trauma, and Comorbidity: Focus on PTSD”, *Eating Disorders*, Vol. 15, pp. 285-304, 2007.

³ <https://www.youtube.com/watch?v=-GkmqEZg3bo>

⁴ K. S. Mitchell, S. Y. Wells, A. Mendes, and P. A. Resick, “Treatment Improves Symptoms Shared by PTSD and Disordered Eating”, *Journal of Traumatic Stress*, Vol. 25, No. 6, pp. 535-542, 2012.

Ballet experience

I started learning ballet when I was five years old, because my mother didn't want me to become fat, and told me as much. Unfortunately, the local ballet school she chose was a serious one, only interested in producing professional dancers, not recreational dancers. Over the next 11 years, ballet became my whole world. It is such a beautiful art form but can be brutal and punishing, both physically and emotionally. My teacher was exceptionally harsh and demanding, and would subject us to daily bullying, with physical and emotional abuse. I learned to be a perfectionist, conforming to exceptionally high standards that were dictated in an oppressive, intimidating, and fearful environment. It was also an environment that fostered inevitable body image issues and a poor relationship with food since our eating was required to be as self-disciplined as our physical training regime. We were subjected to weekly weigh-ins, stepping on the scales in front of classmates so our teacher could record weights in her notebook, while announcing how much weight she expected to be lost by next week. I was a constant disappointment to her since my weight seemed stubbornly stuck at a BMI around 16 (at the lower end of 'underweight'), and she wanted me to lose a few kilograms more. She expressed concern that I wasn't losing weight to my mother, who agreed to watch my diet to make sure I wasn't secretly eating more food than they agreed I needed. I felt starved at home, and if I had an opportunity to eat more at school or with my ballet friends then I would shamefully eat foods I didn't have permission to eat. I felt terribly guilty about this self-sabotage and failure to meet her expectations of my ballet body, but my hunger signals were strong at that age, trying to ensure I provided the fuel my body needed. From these experiences I have long viewed food as something shameful, to be withheld as punishment, and something that I am not permitted to enjoy.

By the time I was 16 years old I was dancing professionally part-time, while continuing my ballet training and teaching younger students as a trainee ballet teacher, in case I couldn't succeed in a career as a professional dancer. Simultaneously, I was a full-time high school student studying Year 11. Something had to give, since this was not sustainable, and it was soon time to make a decision about whether I chose a career in the ballet world or an academic pathway that would take me to university for a different career. The decision was made for me one traumatic evening in October 1987.

Trauma experience

Instead of going directly from high school to ballet school as I did every afternoon, that fateful day I decided first to go to my boyfriend's house to spend some time with him, without telling anyone where I was. My parents didn't know about my boyfriend – also a dancer – and wouldn't have approved of him. He had become involved with distributing amphetamines at the ballet school, and had a drug addiction himself that wasn't clear to me at that time, but years later was confirmed. Later that evening, we were alone in his bedroom when someone we knew as a drug dealer barged into the house, interrupting our intimacy, and started beating and kicking my boyfriend while demanding the money he was owed. His attention quickly turned to me as he unzipped his pants, and it was clear that my safety was at risk. I ran out of the house, and through the park across the street towards the tram stop. Midway through the park, he had caught up to me; I was raped, choked, and kicked in the hip, before being rescued by my boyfriend's housemate and a passer-by who was walking his dog in the park. The drug dealer left, and I was helped back to the house, where my boyfriend had locked himself in the bathroom and refused to come out. I never saw him again. Another housemate drove me to the hospital but didn't stay. As soon as

the nurse left the room to organise an x-ray for my injured hip, I left the hospital alone. I was shocked, not thinking clearly, and was panicked about getting the tram to the ballet school in time for my dad to collect me at 10pm as planned. Despite being a doctor, he didn't notice anything when I limped to his car and sat quietly in the back seat. My mum was asleep when we arrived home. The next morning, I explained my limping and cut to my lip as due to falling on the stairs at the ballet school. My dad asked if I wanted stitches in my lip and seemed relieved when I said no. It may have avoided the scar I still have if I'd agreed to medical treatment, but he was never enthusiastic about treating his children with painful procedures.

I never reported the assault to the police, never told my parents, and never sought medical or psychological support. I just distracted myself with studying for end of year exams. The ballet school asked me and my boyfriend not to return, since they didn't want a drug scandal. None of my ballet friends who had heard about what happened ever reached out to see if I was OK. I felt completely abandoned with no support. I spent the next summer holidays hiding away and distracting myself with daily mathematics practice exams in anticipation of my final year of high school. I became very good at mathematics, and somehow found it comforting: occupying my mind by solving problems, and feeling great satisfaction when I was rewarded with the right answer. I channelled my perfectionistic tendencies and need for distraction into completing high school with very high grades, helped by no longer needing to fit in 20 hours per week of ballet training. Twelve months later, I commenced mathematics studies at university.

Eating disorder experience

Early in my undergraduate studies, I realised my dissatisfaction with the few kilograms of weight I had gained since giving up ballet, hating how I had "let myself go" and become so undisciplined, and yearning for my "ballet body" again. I was struggling with my identity, since being a dancer had been such a large part of how I saw myself. I didn't identify much with the mostly male cohort of mathematics students at university and felt like I had lost my tribe. As much as I hated the weight gained during Year 12, I was too busy focusing on getting perfect grades to spend time fixing it. But once I started at university, I found the time to punish myself by restricting food and over-exercising to get back to my old pre-trauma ballet body. Anorexia quickly emerged once I lost a few kilograms, with obsessive thoughts pre-occupying my mind, driven by new goals and a rewarding sense of achievement. As the months proceeded and the kilograms kept dropping, my university friends expressed concern. They urged me to see a doctor, who diagnosed anorexia nervosa, naively prescribed a daily dose of peanut butter on toast, and suggested I return in a few months when I'd gained some weight. I never returned. I didn't feel safe being vulnerable enough to reveal my past trauma or ED thoughts to the doctor, or my friends, and ended up pushing away the opportunity for support. My family didn't seem to notice my weight loss, which I kept well hidden, and I rapidly descended to a 'severely underweight' BMI that would have made my old ballet teacher proud.

During those years I don't recall thinking too much about the sexual assault; only mathematics and counting calories and weight. I don't recall having too many nightmares either. But I certainly blamed myself for what happened, and the punishing ED persisted for a couple of years until I met the man who became my husband. He made me feel special and worthy of love. I slowly started to let go of my safety net of food rules that made me feel in control, and started eating like him. I spent the next few decades keeping busy to avoid thinking about the trauma: getting a PhD, becoming a Professor, a wife, a mother.

After the birth of my daughter, I was in the first trimester of a second pregnancy when I saw the drug dealer on my university campus at a distance. I panicked at the thought of him in my safe oasis and felt distressed recalling the attack. A week later I had a miscarriage, a few days after a doctor performed a clumsy and painful Pap-smear test. I don't know if this procedure may have accidentally caused the miscarriage, but I was quick to blame myself since I had lost my appetite and wasn't eating regularly. Several month later I was pregnant again, and I resolved to eat abundantly during the pregnancy. I put on more weight than in my first pregnancy and became used to larger servings and more energy dense foods. It was an eating pattern that persisted over the next decade, with caring for two young children while working full time as a mathematics professor ensuring I had no time for exercise either.

It wasn't until 2015 that I decided to return to a ballet studio for fitness reasons. It was a difficult decision, since I still felt such hurt and dislike of the ballet world. But I needed to do some exercise to shed the post-baby weight, now that my youngest child was 10 and I no longer had any valid excuse for how I had "let myself go". After about 12 months of a weekly lesson at an adult ballet school I was feeling much better physically, with a BMI around 23 (middle of 'healthy weight' range), and no dietary restrictions. I was enjoying feeling physically active and regaining strength. Of course, I was dissatisfied with how I was moving as a dancer, with new physical limitations and a heavier body clashing with my perfectionistic mindset, and making me hate glimpsing myself in the mirror. Nevertheless, it was good to be back in a ballet studio, and a weekly class felt like a valuable addition to my busy life.

In late 2016, I was having a conversation with my new ballet teacher about how grateful I was to have reconnected with ballet, having cut it out of my life for so long, when it had been such an integral part of my childhood and adolescence. The conversation took an unexpected direction, and I found myself confiding in her about the traumatic events that saw me give up ballet when I was 16. Later that night it felt like a dark curtain had descended upon me, and I sank into a deep depression that took years to lift. I couldn't stop thinking about that traumatic night: the attack, my boyfriend, the hurt of being abandoned, the relationship with my parents that meant I didn't seek their support. I was finally trying to process what happened nearly 30 years ago, and I couldn't make sense of it. I lost my appetite, started skipping meals, became vegetarian, and exercised excessively. Within 6 months it was clear to me that anorexia had returned, and I was in trouble. In mid-2017 I confided again in my ballet teacher friend about my anorexia, and she agreed to be an accountability buddy, checking in with me frequently over subsequent months and years. Despite this amazing support though, I just didn't seem able to get on top of the ED thoughts, hitting rock bottom by the end of 2018, with a BMI again around 16, and incessant suicidal thoughts.

Embarking on eating disorder recovery

In 2019 things started to turn around when I confided in my daughter, then 16 years old, about my trauma and anorexia. I had tried to keep it a secret for so long, but she was asking probing questions. I decided that honesty was important for our relationship, and she was old enough now to know my history. She convinced me that I should stop calorie counting and weighing myself daily, and I didn't want to disappoint her. With her support I regained enough weight over 6 months to sit just below the 'healthy weight' threshold, with a BMI almost at 18.5. My period returned, and I knew I was out of danger. But there was something holding me back from going higher, and I couldn't figure out why I had such a strong fear. COVID-19 lockdown in 2020 saw me finally move a couple of kilograms into the healthy weight range. But I was scared that my weight would keep climbing higher, and was increasingly upset by some occasional

binging behaviours that made me worried that I had just swapped one ED for another. To put these in context, my “binges” were usually about 1000 calories comprising mostly plant-based unprocessed foods – like nuts, seeds, and dried fruit – taking my daily intake to around 2000 calories on such “binge” days. While this may not seem like an amount or type of food typically associated with binge eating, it was a large amount of food for me, eaten rapidly and shamefully, and with a sense of being out of control. For someone who had previously been very disciplined with eating, this felt new and frightening.

In late 2020 I contacted an ED support service desperate for advice about if my recovery seemed on track. I wasn’t sure if I was binge-eating or if it was “extreme hunger”, so common in anorexia recovery; and while I wasn’t tracking calories or weight as frequently, I was still very anxious about losing control. I told the telehealth nurse I had a trauma history but couldn’t bring myself to reveal the nature of the trauma. She suggested I see a doctor for referral to an ED psychologist and dietician and gave me confidence that they would help me get better. I searched online for doctors at my local clinic whose profile included an interest in mental health, and whose photo made me feel like I might be comfortable revealing such personal information. I couldn’t hold back the tears when I told my new doctor about my traumatic past, the nightmares that have affected my sleep for the last few years, and the frequent flashbacks. She was so kind and sympathetic, and assured me that I was finally on the path to getting some help. She was concerned about my poor sleep and obvious depression, and prescribed antidepressants. She searched for a psychologist who could help with trauma-informed anorexia recovery and completed the government paperwork for an ED Plan to provide subsidised psychologist and dietician consultations.

I joined the waiting list at a nearby ED clinic, and was told it would be several months until I could see a psychologist, but I could see a dietician immediately. A few days after I discussed my situation with the dietician, the clinic called to offer a telehealth appointment with an ED psychologist the following week. After a few months of psychology sessions, we had thoroughly explored the function my restrictive eating serves me, acknowledging the trauma, but not delving into any details to unpack it. The main outcome of these sessions was clarity about the thoughts and beliefs that keep me stuck with food restriction as a coping strategy. These are summarised in a mind-map I create as a homework exercise (see Figure 1). It was useful to think deeply about how my personality traits (such as perfectionism and a tendency towards ‘all or nothing’ binary thinking) have combined with formative experiences (at home with my parents, in the ballet studio, and the sexual assault) to create a series of thoughts and beliefs that make food restriction seem like a solution. Articulating how food restriction helps me feel better (in green), given my thoughts and beliefs (in blue), makes it clear that the cycle is likely to continue until those thoughts and beliefs are challenged: feeling that I was responsible for being attacked; that I am broken and mentally unwell; that I cannot feel proud of myself unless I am perfect with “virtuous” behaviour being tied to disciplined eating and weight control; and that I need to control and make sense of everything to feel safe.

Simultaneously I was having thought-provoking discussions with my dietician: challenging my habits and choices, encouraging curiosity about my thoughts and feelings; and understanding the impacts of food choices on my life. After several months of discussions, I was eventually able to see a more helpful perspective about what really matters. Rather than weighing myself and counting calories to know if I am OK (in control), she encouraged me to think less about numbers and more about how my food choices affect things like my sleep quality, mood, relationships, and overall happiness. These are the true indicators of whether I’m OK, rather than arbitrary numbers I choose to control to feel safe and convince myself I’m OK. Following these insights, I developed a new approach to daily tracking of what matters: the PRESENCE scorecard (see Figure 2) and promised (again) to stop stepping on the scale every morning.

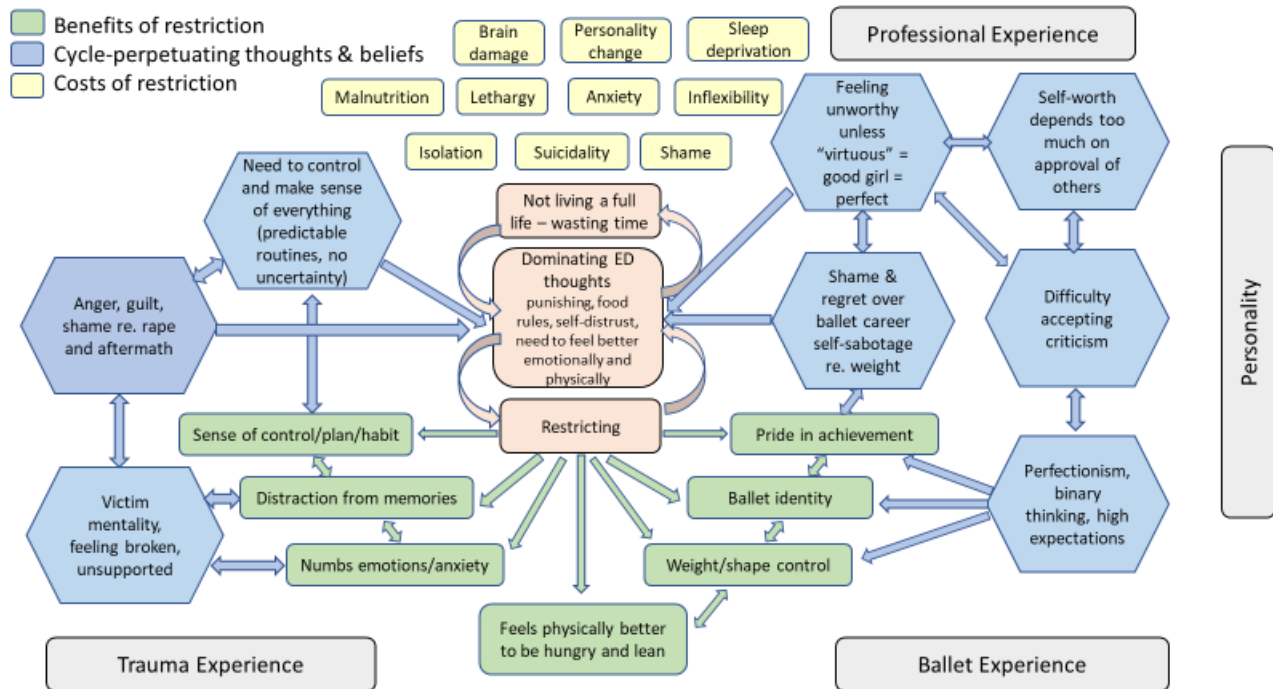


Figure 1: Mind-map of how restrictive eating perpetuates thoughts and beliefs that maintain disordered eating

PRESENCE Well-being Scorecard

Each day write down the acronym **PRESENCE** and take a few moments to reflect on these 8 key indicators of health and emotional well-being. Place a tick or cross under each letter based on the following criteria:

PRESENCE	✓	✗
P resence	Engaged in key moments, actively participating in life and social interactions	Intrusive thoughts, pre-occupations and obsessive ruminations that distract from engagement in key moments
R elationships	Harmonious and positive interactions, with open dialogue about feelings	Conflicts, damaging interactions, and failure to communicate feelings
E motions	Evenness of mood, acknowledging emotions as they arise, and exploring with curiosity	Mood instability, unwillingness to reflect on feelings and causes, suppression of emotions
S leep	At least 7 hours with minimal interruptions, waking refreshed	Insufficient sleep, prolonged periods awake with ruminating thoughts, or hunger
E xercise	Exercising joyfully, with sufficient energy	Exercising habitually even when tired; motivated by punishment or compensation for eating
N ourishment	Eating intuitively, listening to hunger, stopping when full; Eating enough to support good sleep; Food choices that provide balanced nourishment for body, mind, social life	Restricting calories and over-ruling hunger; Limiting diversity, choosing only "safe foods"; Skipping meals; Failing to prioritise refuelling the body
C onfidence	Feeling positive about self, including body image, achievements and value	Negative thoughts about self, poor body image, imposter syndrome, fear of judgement
E njoyment	Noticing mindfully, and actively pursuing, activities that bring joy	Absence of moments of joy, inability to think of how to bring more joy into day

Figure 2: PRESENCE Scorecard

It was very clear to me by February 2021 that I needed to stop restricting and eat more intuitively, but several months after constructing the mind-map, I was still struggling to make the required changes. I found myself debating with my dietician about whether 1200 calories was actually sufficient for my body with its slowed metabolism, and asking for her advice about how I could try to “hack” my body into allowing me to eat more, ramping up my metabolism while maintaining the same weight. I was still unwilling to put on any more weight, and she pointed out that I am asking the wrong question. The real question to answer is: Why am I scared to loosen control and put on any weight? It became obvious that I really needed to try to address the trauma underlying my emotional issues, especially since my sleep quality had been poor for so many years now due to frequent nightmares, and I was increasingly upset by frightening flashbacks during ballet class when reminded of my hip injury. It wasn’t just about my weight anymore, and it felt like my whole life was being derailed by my unresolved past. The antidepressants didn’t seem to be doing anything. It was time to address the trauma, and hope that the ED would disappear as a coping mechanism if the underlying issue was addressed.

Embarking on PTSD recovery

Around that time, my university advertised a call for volunteers in a research trial focused on PTSD treatments. I made an enquiry and, following an interview to assess my eligibility, I was offered a place in the control group to undergo 10 weeks of prolonged exposure therapy. It was not the group into which I was hoping to be randomly allocated, since it sounded frightening, and the experimental group was to be given a treatment protocol that sounded less confronting. But PE therapy was described as the “gold standard” in treating PTSD, and I accepted that to have the strongest chance of recovery it is better to be walking a well-worn treatment pathway that has proven effectiveness. The following sections describe the process – what happened each week in the 90-minute therapy session and the daily homework – and my reflections on how the PTSD treatment affected my ED along the way. These journal entries were documented each week and have not been edited with the benefit of any hindsight, to honestly represent my thoughts and feelings at each point of the journey, and how they evolved in response to the therapy.

Prolonged Exposure Therapy

Week 0 – Background of the trauma and goal setting

I met my therapist via Zoom, and was able to provide her with the big picture of the sexual assault, taking note of the parts of the story that I struggled to articulate, or felt reluctant to discuss in more detail. I know we will be returning to those in coming weeks, and I need to find a way to say them out loud.

She asked what my goals were in seeking treatment. I immediately identified the obvious goal of eliminating nightmares to improve sleep quality and being able to control response to flashbacks that make it hard to concentrate. I am also hoping that at the end of treatment I will feel so much more comfortable with my story that I will have less shame and feel less broken. The shame I feel is not just

about the sexual assault and its circumstances, but also about the fact that I am not yet “over it”, even after 33 years. Having an ED makes me feel broken, and I feel like there is a shameful secret side to me that people can never know about. I am not a proud survivor, since I feel too ashamed to be proud, and too broken to consider myself a survivor. A final goal is that the PTSD treatment will alleviate my ED issues, if they are a coping mechanism for dealing with the uncomfortable emotions I experience when triggered by memories of the trauma, and its lasting impacts on how I feel about myself.

I am concerned that my ED may get worse before it gets better though. I am trying to eat three times a day in preparation for the coming weeks when I expect (based on past experience) that I may lose my appetite when discussing the trauma, or if I turn to restriction to handle the shame and difficult emotions and try to feel better about myself. But I am finding this difficult, since it is just another rule to add to my existing eating rules, creating an impossible daily puzzle with no solution that satisfies all rules simultaneously. Clearly, I will need to relax some of the unhelpful rules to eat three meals per day as an important foundation for the weeks ahead. I know this in theory, but I am not sure if I can do it in practice.

We talked at the end of the session about self-care: the importance of maintaining my appointments with the dietician, staying open to communication with family about how I am feeling rather than shutting down, making time for relaxing activities. It was good to talk about it all, and I feel optimistic that, provided I can get through the challenging weeks ahead, I will finally be able to process and accept my story, and could start to see myself from a new perspective as a proud survivor. My therapist has given me much hope that I might also finally be able to rid myself of the ED and start living again.

Week 1 – Avoidance behaviours

We focused on the topic of avoidance behaviours, recognised as the key strategies that trauma survivors use to avoid the painful memories that end up prolonging the PTSD. My therapist asked me if there are places that I avoid, and I confirmed that the park where the sexual assault occurred is such a place. I avoid driving past it, taking the longer route if I am in the area. About 4 years ago I forced myself to visit the park, and felt so nauseated that I vomited there, just as I did 33 years ago during the assault. I expect next week she will suggest visiting the park as an in-vivo exposure, and I am OK with that idea. I can't think of any other possible in-vivo exposures that could be done, apart from the fact that I frequently have flashbacks when taking ballet classes, whenever my attention is drawn to my immobile left hip that was injured during the assault. I often feel anxious in my ballet class, worrying that I will have a flashback, and everyone will notice. This could also be a possible in-vivo exposure to discuss next week.

I learned a breathing technique during the session: inhale for 3, exhale for 3, hold for 4. I am expected to practice this for 10 minutes, 3 times per day. It is different from “box breathing” in yoga because there is no hold after the inhale, since the aim is to rid the body of oxygen to avoid any hyperventilation signals. I seem to have trouble with the hold for 4 counts which reminds me of not being able to breathe during the assault. I also notice that when my mind wanders, I am holding my breath after the inhale and forgetting to exhale. And when I am stressed, I notice that I tend to inhale for 1 and exhale for 1, which is a very different pattern. I believe it will be valuable to be able to control my breathing and send the right signals to my body that I am not in a stressed state, so I will definitely keep practising.

I had a couple of revelations this week following the therapy session. The first was that I noticed another avoidance behaviour. In the middle of the night I woke from a nightmare, and spent many hours thinking about painful memories, trying to recall things that were said, trying to think about why I feel ashamed, and if my actions that night really warrant this feeling. It all felt too overwhelming and I started to think about the day ahead, and how I could ensure I eat three times that day around various commitments. I started planning when and what I would eat, making sure it conformed with my many food rules. I noticed the immediate relief I felt to be thinking about this, and I didn't want to let go of those food thoughts and return to the previous traumatic memories. I can see why worrying about what I will eat so easily leads to obsessive thoughts and ruminations that provide numbing from painful alternative thoughts. When my mind is busy with work, or obsessing about how I am eating, I don't have time to let distressing thoughts in. This was such an interesting revelation, and I wonder whether at the end of treatment – when the memories are much less distressing, with less painful emotions attached to them – if I will no longer seek this distraction of obsessive thinking about food, weight, and eating.

I also realised while listening to an ED recovery podcast – talking about the ED self and the healthy self – that I believe I actually have three types of “self”, each generating thoughts that govern my behaviours:

1. Adult-sensible-self who wants to be healthy and recovered: Professor, mother, and friend;
2. Fascist-bullying-self (trained by my former ballet teacher and my mother) who punishes and values self-worth only by disciplined “good girl” behaviour (like weight control/food restriction);
3. 16-year-old self who is scared, ashamed, broken and easily bullied.

My adult-sensible-self doesn't listen to the fascist ED bully, but my 16-year-old self is very vulnerable to its harsh messages, desperate to feel better and less ashamed of herself. For many years I have heard the classic explanation of the conflict between the ED self and the healthy self, but it never really resonated with me. Why would my adult-sensible-self ever listen to an irrational bully encouraging me to stay in misery? It was only when I realised that it is not the ED bully in battle with my healthy self, rather the ED bully controlling my vulnerable and broken 16-year-old self, with my adult-sensible-self in the background like an absent parent, that it all made much more sense.

A major breakthrough resulted as soon as I realised this. On Saturday morning, after a sleepless night, I got up at 6:30am to eat a light breakfast prior to a yoga class at 8am and ballet classes from 10am-1pm. Normally I wouldn't eat anything until returning home at 2pm, for fear of feeling regret in ballet class and seeing an ideal opportunity for a very long overnight fast to burn extra fat. But this delay in eating creates difficulties eating three times a day each Saturday. I have been so determined to report back to my dietician next week that I am following her recommendation and now eating 3 meals every day, that I was having a sleepless night worrying about how I could achieve this with all of my existing food rules. My adult-sensible-self recognised that the dilemma only existed because of the rigid rules that the fascist-bully-self has imposed on my 16-year-old self, and so my adult-sensible-self went to the kitchen to have an early breakfast. I had so much more energy for yoga and ballet, with no regrets about eating breakfast, so this was a huge breakthrough for me this week. I feel a bit proud of myself for the first time in a long time. I was able to eat three meals per day, without tracking calories, every day this week.

Reflecting on the three different parts of myself, I can see that the ticks and crosses in my PRESENCE scorecard are really equivalent to recognising if it was my adult-sensible-self (✓) or the 16 year old + fascist bully duo (✗) that was making decisions. The goal is for my adult-sensible-self to take charge of all decisions affecting my health and wellbeing; the other two can recede and stop controlling my life.

Week 2 – In-vivo exposure and the distress scale

We discussed situations, places, and things I avoid because they are reminders of the trauma. All I could come up with was i) avoiding the park, and ii) the fear I feel each Monday night as I walk from my car to the ballet studio – usually running down the middle of the road for fear of walking on the footpath and too close to driveways and houses where someone could be hiding. I couldn't think of more, since I was convinced that most of my avoidance behaviour is keeping my mind constantly busy to avoid painful memories and thoughts, rather than avoiding places, situations or objects that are triggers. We settled on those two as this week's in-vivo exposures (just driving past the park rather than walking through it, and walking from my car to the ballet studio slowly and on the footpath). We discussed SUDS (Subjective Units of Distress Score), which I will measure before and after the exposures and identify the peak score during the exposures. The aim is to stay in the exposure long enough that the peak score halves. We established the SUDS hierarchy, which involved me describing an experience that corresponds to a zero score (listening to music), and maximum score of 100 (the attack), and various levels of distressing experience in between, as a reference scale for future comparisons for in-vivo and imaginal exposure distress levels.

On two consecutive nights I tackled the in-vivo exposures. I discovered that in both cases, the anticipation of the distress was just as bad as the actual distress, so that the pre-exposure SUDS scores felt about the same as the peak SUDS score. Neither exposure was as distressing as I thought it might be. I managed to walk along the footpath, breathing deeply and trying not to look over my shoulder constantly. At one point I saw a man sitting in his car, and I wanted to cross the street to avoid walking past his car, but I decided to continue on, and it was fine. When I drove past the park the following night, I decided to extend the exposure by parking my car on the side street where I had run into the park that night. I looked for the house, but it has been replaced with a new construction. I sat in my car and looked to the park in the direction of the path I took 33 years ago. I was surprised to find that I wasn't too distressed, just sad. I noticed that the park seemed smaller than I remembered it, and that there were obviously two paths I could have taken to get from the house to the tram stop on the other side of the park. If I'd taken the right path, I would have been quite close to the busy road, and perhaps nothing would have happened. But I chose to take the shorter path through the secluded interior of the park. I felt sad sitting in the car thinking about the fork in the path and that split-second decision to take the left path that changed everything. I felt a pull towards getting out of the car and walking down the path a bit, a curiosity to see if I could find the exact place where the attack happened, but at the same time I felt a fear of doing so, especially in the dark and cold by myself. I think it will be useful to come back another day with my husband. I don't know if I will feel more emotion later when I return, but I noticed that I felt quite emotionally numb this time, like my analytical brain was in charge, observing and assessing the scene.

During the week, no doubt helped by visiting the park, I thought of many more things that remind me of that traumatic night that I try to avoid: having my throat touched, my face covered, not being able to breathe; having my hands restrained; facial stubble; Middle Eastern looking men; sexual intimacy and being kissed; vomiting; conflict of any kind – actually there is quite a long list of trauma triggers I avoid.

Week 3 – Imaginal exposure

We reviewed the in-vivo exposures and SUDS scores, and my therapist confirmed that it is quite common for the anticipation to be just as stressful as the peak score. I also added more to her list of avoidances that I have thought of over the last week. Discussing these provided some new insights into how I feel about myself. I admitted to her that I feel very uncomfortable around Middle Eastern looking men, who remind me of the rapist. I hate the idea that I am generalising so badly and being prejudiced in my reaction to some men because of their appearance. It doesn't sit well with my values and I don't consider myself to be racist, but this reaction sometimes makes me question if I behave in accordance with my values. My therapist mentioned that a common source of internal conflict is when our behaviours create a cognitive dissonance with our core values, affecting our beliefs about ourselves, our self-worth, and often leads to self-loathing. There is a lot for me to consider there, since I feel like the night of the trauma saw me behave in ways that are inconsistent with my core values of honesty (lying to my parents), loyalty and selflessness (leaving my boyfriend when he was being bashed), tolerance (fearing people because of their ethnicity) and in the years since when I have declined opportunities to be a role model and advocate or speak out on behalf of other women due to my shame and secrecy about my own lived experience. My discomfort with my behaviour fuels self-hatred and shame, and has been hard to overcome.

We then reviewed and discussed the rationale again for imaginal exposure and the process: eyes closed, recounting the story in the present tense from a chosen starting point just before the traumatic events started, until the immediate danger was over; repeating from the beginning without stopping, each time trying to add more detail. We identified the starting point to be when I was in my boyfriend's house just before the drug dealer arrived, and the ending point to be when I was back in the house after returning from the park following the attack.

I told the story four times over 18 minutes while it was audio-recorded. Initially I skipped many painful details and kept it quite factual about what happened in sequence. It felt more clinical than emotional. However, by the third retelling of the story I was in tears and didn't want to say it all again. In the fourth retelling I started to feel stronger emotional responses, and started to use an angrier voice when repeating things that the drug dealer had said to me before and during the assault. It was very upsetting and distressing having to keep repeating the story again from the beginning, but I can see that more details and emotions emerged each time. My therapist asked some questions in the debrief afterwards that helped me realise some additional details that I will be able to add into next week's retelling of the story.

My daily homework this week (and every week) is listening with eyes closed to the recording without stopping. We also set some new in-vivo homework tasks, including walking through the park with my husband, and long hugs with my son, who is now at a height that his shoulder and bicep presses against my throat, and I instinctively push away and try to change the position. I know there is no danger, and so it will be a good exercise to get used to a small amount of pressure on my throat and breathe through it.

During the week, hugs with my wonderfully empathetic son were good, and I handled the gentle pressure on my throat without much distress. The visit to the park at night, with my husband walking a few metres behind me, was also better than expected. Again, I felt strangely emotionally detached. I shed a few tears, and felt anxious and nauseated, but mostly I felt quite analytical while observing things. I noticed that the place where the attack happened was closer to the busy road than I remembered, not very secluded at all. The rocks that used to line the edge of the flower bed are now gone, and there are lamps that line the

paths through the park that I don't think were there 33 years ago. I stood there for about 10 minutes, staring at the flower bed where it happened, looking around at different angles, and trying to reconcile the layout of the scene with my memories. On the drive home I had lots of memories and felt sad but was not as upset as I expected to be. I really do feel quite emotionally disconnected still from the trauma, with layers of protection to crack through in the weeks ahead, which feels quite overwhelming and frightening.

Listening to the recording was difficult but hearing the very short description, coupled with visiting the park, helped me recall some additional details that I overlooked and will add when I retell the story next week. Many of the details are not too significant, but there was one very important detail I have long forgotten about. In ballet class this week, the day after visiting the park, I was noticing my usual back pain, and then it suddenly occurred to me that my lower back was exactly where the rocks on the edge of the flower bed had been aligned during the rape. All these years I have only remembered the injuries to my lip when my face hit a rock, and my hip from being kicked after the rape, but I had completely forgotten about the excruciating pain during the rape from my lower back grinding into the jagged rocks on the edge of the flower bed beneath me. It was very distressing to suddenly realise this in ballet class. Without visiting the park and seeing the flower bed, and immediately noticing the missing rocks, I don't think I would have remembered this detail. I don't know what to do with this information, but it now makes me feel differently about my back pain, recognising it as direct trauma, rather than indirect compensation from adjusting to the hip immobility. I am not sure if I should get an x-ray or MRI to confirm the damage, and whether that would be helpful or not. It made it even more triggering than usual to be in a ballet class though, executing movements that exacerbate the back pain while trying not to have flashbacks. While it is tempting not to continue with ballet while I am feeling such distress, I think that could be considered an avoidance behaviour, so I will continue and hope the distress weakens over time.

Week 4 – Imaginal exposure with more detail

We reviewed the week's in-vivo exposures and my reflections on the process: particularly how I wouldn't have remembered lots of the new details without visiting the park and seeing the edge of the flower bed with the missing rocks. I shared with my therapist some of the many new details I have remembered in recent days, some trivial and some more significant. We started the imaginal exposure, and she warned that this week she would interrupt more often to ask questions to make sure I was truly engaged in the story, in addition to asking about my SUDS scores. I told the story twice in 40 minutes before we stopped recording, including all the extra details I remembered during the last week. She asked a few times how I was feeling, what I was thinking, or how a sensation felt in my body. It helped me focus on putting myself in the story, instead of just telling it like I was watching a movie. It was emotionally draining, and I was relieved to only have to tell the story twice. My SUDS score reached 80, and I was crying a lot as all the horrible details were revealed. Afterwards we discussed how I was feeling but I couldn't find many words. I was just feeling exhausted and drained. We discussed some of the things I mentioned when telling the story, like being worried about what my parents would think if I was found dead in the park, and the nature of my relationship with them. We had very little time left at the end for me to feel better before the session was over, and I had an online work meeting unavoidably scheduled straight after the session. My therapist helped with a grounding exercise of breathing and body scanning before we finished. We decided another week of the same in-vivo exposures would be sensible, rather than adding more at this

stage, and I was relieved. I resolved to ensure that I don't have work meetings straight after therapy sessions, since it is so draining, and I just need some time alone to recover.

This week I visited the park by myself, during the day. Some people were having a picnic very close to the spot where I was attacked, and so I didn't linger there. Instead, I walked around the park, following all the paths. I walked for about 30 minutes, visiting an outdoor art exhibition, the greenhouse, and using the outdoor gym equipment for a few minutes. It's quite a nice park if I'm objective about it, and the vibe was very different on a gloriously sunny Saturday afternoon.

This week I have started to notice my eating behaviour changing, and it is causing some additional distress. In previous years, whenever it has been too painful to think about the trauma, I have consoled myself by distraction in the form of eating rules, and a numbing from starvation that helps me avoid feeling emotions, and feel better about myself because of my self-discipline. But during this treatment, I have recognised that this strategy could do a lot of harm in 10 weeks. I cannot afford to undo all the hard work of the last two years in regaining some weight and improving my eating patterns. Consequently, I have tried to keep eating three times per day, even when not hungry or upset. Concerningly now though, I seem to have started "comfort eating", mindlessly consuming large quantities of food (about 1000 calories) and noticing that I feel better temporarily when I do this after being emotionally upset. This is not a style of eating that I feel comfortable with, and as I start to allow my emotions to stay with me, rather than pushing them away with restrictive eating distractions, I am worried that this "binge eating" will become a new coping strategy. It is very tempting to counter a binge by restricting in the days following, but I know the binge-restrict cycle will only persist if I engage in any restriction behaviours. It feels as if by loosening the restriction on my emotions, I am also loosening the restriction on my eating, seeing food as comfort rather than a source of punishment. But in both cases – emotions and eating – it feels like I'm on the edge of a waterfall, and it feels uncomfortably out of control.

Week 5 – Imaginal exposure and feelings of shame and self-blame

We reviewed the week's homework and reflections on how I have been feeling when listening to the recordings. I am starting to feel a lot more emotionally connected this week. I told the story again during the session, just once, in 30 minutes. It was upsetting still, and I tried to add in how beliefs that I formed about myself came from thoughts I was having during the event. After the recording was stopped, we discussed some of those beliefs, particularly the ones connected to my feelings of shame and guilt about the possibility that some of my actions may have caused the attack. My therapist tried to point out where some of my beliefs were not a logical consequence of what had happened: that I didn't invite what happened just because I was being intimate with my boyfriend when the drug dealer intruded, and that I took many actions that communicated to him that I didn't want what happened next. I can see objectively that this is true, but I still seem to struggle to let go of feeling bad about myself and my behaviours. She asked me to listen in this week's recording for moments where I say things about my beliefs or interpret consequences of my actions in a way that others might not agree with, and to see if I can discover a more compassionate version of the story that might help me feel more kindness towards myself.

When listening to the recording this week I noticed a distinct lack of compassion when I thought about how I ran out of the room when my boyfriend was being beaten and kicked, as well as when thinking

about how intimacy with my boyfriend could have conveyed the wrong message to the drug dealer about my sexual behaviours. However, a conversation with my 16-year-old son this week has helped me take some steps towards feeling more compassionate about the role I played in what happened to me, and accept that I was really just a teenager who was not responsible for the actions of a man who was intent on harming me. My son confided in me about some of his sexual experimentations with his girlfriend, and I felt very comfortable with the idea that this is perfectly normal at their age. Certainly nothing to be judged or feel ashamed about, and I was pleased that he felt comfortable confiding in me. It made me realise that my similar behaviours at the same age were also perfectly normal and nothing to feel ashamed about, and not deserving of what happened next when my boyfriend and I were interrupted by an intruder in what we thought was our safe and private space. Sometimes a “self-parenting” perspective can help shift your perception, imagining if it was your own child in trouble and whether you would blame them.

This more compassionate perspective has also helped me to be more understanding of my unusual eating behaviours last week. I can now accept that “comfort eating” is also perfectly normal and what I needed at the time, given I was home alone and feeling upset with no-one around to provide support. I recognise that what was actually happening last week was that I was not eating enough in the days before a “binge” due to loss of appetite while upset, then I found myself hungry and upset one night with a little bit of compassion after listening to my recording. I kept thinking about a small detail – the fact that my Mickey Mouse watch broke during the attack which reminded me that I really was so young – and then, starting to feel that the attack was so unfair, I started to comfort eat. This helped at first, but it wasn’t long before my ED bully voice started to overrule and tell me that I had gone too far now. Instead of just stopping, my binary thinking kept me eating with an argument that if I keep eating I might eventually vomit, and reverse the damage caused by my lack of discipline, and then I’ll make sure I don’t eat anything tomorrow. I can now see that the “binge” that ensued was an understandable consequence of i) not eating enough in previous days, ii) feeling very uncomfortable with the idea that food can provide comfort, and iii) allowing my ED bully voice to take over and end the compassion that my adult-sensible-self was trying to offer. Following this realisation, I returned to 3 meals per day for the rest of the week, with no binges.

My emotions have been coming out in other surprising ways this week, besides in the kitchen. During a yoga class I started crying while doing the following foot stomping exercise:

Stand on the left leg, eyes closed, arms by the side, and slowly start stomping the right foot, Increase the heaviness with each stomp until you are releasing any anger and built up frustrations; Repeat stomping with the left foot.

The exercise lasted about 5 minutes, and by the end I had a steady flow of tears streaming down my face. I was surprised by the power of this simple exercise to reveal some anger deep inside me that I never usually express. I cannot recall the exact words the yoga teacher was saying as we were doing the exercise, but it was something about feminine energy, grounding into the floor, releasing any fear, sadness, and anger. Combined with the physicality of the movement, these words built up a wave of emotion that overflowed and left me sobbing and feeling quite shocked. I can recognise that as I start to feel a bit more compassion for myself while listening to my recordings, with the realisation that I was not to blame, I am starting to feel angry about what happened to me. I am scared by these feelings, since I am not used to expressing anger, being a people-pleaser who never shows people when I am upset. I don’t know what to do with these emotions, and who I will become if I start feeling such anger.

Week 6 – Imaginal exposure and feelings of anger and sadness

We reviewed the homework of the last week, and I told my therapist about the fact that my mind had started wandering in the last couple of days when listening to the recording. I am not sure if this is because I was avoiding being engaged in the story, or because I am truly getting sick of listening to it since I know what I am about to say before I hear it. We noted that my peak SUDS scores were starting to drop in the last few days, but it is possible that I am feeling less distressed when listening to the recording since I am allowing my mind to wander. I agreed to keep a watchful eye on my concentration while listening to the recording this week and to try to take note of the moments when my attention moves to other thoughts. These could be parts of the story that are becoming “cold” for me as I get desensitised to thinking about it, or they could still be too painful to listen to and engage with emotionally.

I told her about my experience with the stomping exercise at yoga, and she thought it would be a good homework exercise to do the exercise daily this week, since I have a recording of the live stream of that particular yoga class. We discussed the fact that I am starting to feel anger that I have previously suppressed for so long, or only directed towards myself, and that my fears about where this will lead should not hold me back from continuing to try to explore the parts of the story that trigger the most anger. We will see whether the stomping exercise this week will alleviate some of this built up anger.

I told her that I was wondering if we really needed to keep going with the imaginal exposure this week, since I am feeling more desensitised to the story, and am starting to blame myself less, and finally feel some anger. I was feeling like I can't be bothered telling the story anymore, and that my progress in recent weeks has been good. I suggested that maybe we can wrap it up early, before the 10 weeks. She reminded me of the value of the full process, and that we need to keep going as planned. I think she didn't believe that I am desensitised yet, and that my brain is just resisting being upset, wanting to quit as most people do at this stage of PE therapy. It turns out she was right.

We began the imaginal exposure from the same starting point as previous weeks, but this week I couldn't bring myself to start telling the story. It wasn't just that I couldn't be bothered, but I actually couldn't make myself to do it. It felt like such a long and upsetting road I had to start walking down, and I really struggled to open my mouth to utter the first words. The first 5 minutes of the 45-minute recording this week are silent apart from the sounds of my crying, and every few minutes saying “I can't say it again”, finally apologizing and asking if we can start the recording again. My therapist wanted me to keep going with a single recording, and to notice this discomfort each day when listening to the recording. I told the story, stopping for long periods at several points as I struggled to force myself to continue. I was much more upset this week, as I was really trying to say what happened from a more empathetic perspective of a 16-year-old girl who was in the wrong place at the wrong time. There were parts of the story that made me feel angry (like when he asked me if I was enjoying being raped), and I recalled some new information (a discussion between the people who helped me back to the house about whether someone should drive me to the hospital or call an ambulance). By the end of the imaginal exposure I felt devastated and drained, and really couldn't talk any more. I couldn't answer her question about how I was feeling. In the last few minutes, she asked about what I would do for the rest of the day for self-care. All I could think of was going to bed and crying, which is what I did for the next two hours. This was a difficult session, much more upsetting than the previous ones, and I can now see that I was wrong 90 minutes earlier when I thought that I didn't need to tell the story again.

It was a difficult week listening to the 45-minute recording every day, made worse by the sadness of losing a colleague at work who collapsed and died while on a cycling trip. I felt very fragile every day and struggled to hold back tears at work most days. I didn't feel like going to ballet and switched a few of my planned yoga classes for yin-yoga, which felt less strenuous and afforded me some quiet time on the yoga mat without needing to pay attention to the sequence. I didn't manage to get to the park for the in-vivo exposure as planned either. I had many thoughts this week about whether I need to take some leave from work, and whether I need to tell my boss and close colleagues about the difficult month ahead. I am just not sure if things are about to start getting better, or if this feeling of being emotionally overwhelmed is going to continue until the end of the treatment. I am also getting increasingly concerned that the 10-week trial will end, and I will be left feeling like this, worse than when I started.

Week 7 – Imaginal “hot spot” exposure

This week's session started as usual by reviewing homework, and I expressed my concerns about what will happen at the end of the 10 weeks if I am not feeling better. My therapist assured me that since I have been diligent in doing my homework and showing up, they will not leave me feeling like this. An extra week or two might be possible, and ongoing support will be recommended if needed.

We then began the imaginal exposure and focused on a “hot spot” rather than telling the whole story from the usual start and end points. She asked me to identify the most painful part of the story that causes the most distress, but I really find all of it so horrific that it was difficult to identify the most distressing part. So she selected a starting point for the hot spot that commenced at the moment of the attack in the park. It was difficult to just start talking from that point without the previous events to set the scene and get me in the moment. Previously when I have started telling the story it has been just before anything bad happened, when I was alone with my boyfriend, and it is easier to start talking about less distressing things. It still took about 45 minutes to tell the “hot spot” portion of the story, and it was upsetting as usual, leaving me feeling completely drained at the end. I also found it difficult to verbally express the same level of anger I have been feeling during the week while listening to last week's recording. I have noticed that some of the anger is being expressed physically by shaking and jiggling my legs while lying on the floor listening to the recording and crying. But sitting still at my desk during the weekly Zoom therapy session, tethered to the laptop via the wired microphone/headphone cable, makes me feel less free to move and less able to express my emotions physically. I might try next week to see if I can move a little to express and release more anger while telling the story. I think I still feel quite inhibited doing this with someone else watching, since I seem to be uncomfortable expressing anger.

For homework this week, in addition to the usual visit to the park, I have agreed to write a letter I will never send to my ex-boyfriend, expressing how it felt being abandoned by him. I am not sure how useful this will be, because I think most of my current anger is actually directed towards the drug dealer. I have started in recent weeks to see my boyfriend's behaviour as disappointing and hurtful, but an understandable consequence of being a scared 18-year-old with a drug problem.

That evening after the session I wrote two letters: to my ex-boyfriend and the drug dealer. It felt cathartic to write down my feelings, and to take some time to try to find exactly the right words that express my deepest emotions. I actually slept quite well that night, and woke the next morning feeling less flat than

in previous weeks. I also noticed that listening to the recording this week was a bit less distressing, and I felt less need to jig and shake my legs while listening. I refined the letters over a few days, re-reading them, adding extra things. I also recorded myself reading them aloud, allowing myself to use a voice that expresses my anger, but knowing that I would probably not be able to do that if anyone was listening.

This week I have also been trying to understand why I was so quick to blame myself for what happened, and have held onto this belief for so long. It is clearly illogical, and as a mathematician I am usually such a logical thinker. A conversation with my daughter helped as usual. She asked when I think my people-pleasing began, and I told her that my childhood involved constantly trying to keep my mother happy so that she didn't lash out and punish me and my brother with violence. The threat of being whacked with our dad's shoe was constant. Any time she thought we had misbehaved during the day, she would wait until just before dinner, then demand that we lay face down on the bed while she repeatedly pounded into our buttocks with one of dad's shoes. If we moved, then she sometimes accidentally hit our backs or legs. Her rages were a regular feature of my childhood, and I grew up believing that this kind of punishment was what happened when I had done something wrong, even if I couldn't always figure out what I had done. My brother used to argue and challenge her, suggesting that her punishment didn't fit his crime. But I never questioned her, and assumed that I must have done something bad, resolving to try to be perfect from tomorrow. It's not surprising that such ingrained beliefs may have made me quick to assume that when someone is violent towards me, it is because I did something wrong and deserve to be punished. It has taken me until now to accept that I didn't do anything wrong when I was raped, and that sometimes people are violent because of their own problems, independent of my behaviour.

Listening back to the recording this week was progressively less distressing, especially compared to previous weeks, with less tears, and less need to move my body to release anger. I found myself able to just listen quietly and without motion, with my mind wandering occasionally onto other thoughts. In fact, I repeatedly drifted off to sleep one night during several of the many long pauses in the recording and jolted back awake when my voice resumed the story. I don't think it is possible to fall asleep when distressed. The SUDS scores are falling!

Week 8 – Imaginal “hot spot” exposure and feeling like a burden

I read the two letters to my therapist and noticed that it was less distressing than a week ago when I wrote them. It felt good to articulate something close to how I feel about what happened. We talked about my tendency to be a people pleaser, to blame myself by default when someone is angry with me, and the fact that I don't like inconveniencing people or feeling like a burden. This latter aspect of my personality only became apparent when I told this week's hot spot part of the story: from when I returned to the house after the attack until we left for the hospital. I had forgotten that one of my ex-boyfriend's housemates, who drove me to the hospital after the attack, made me feel like I was hugely inconveniencing her. My anxiety about burdening her was so strong that I told her she didn't need to worry about taking me, that I would be OK. I was also worried that everyone would be angry with me for getting injured and requiring the police or doctors to get involved. I really was willing to overlook my own medical needs out of fear that I was burdening and angering everyone else, which is clearly a personality flaw. I have seen this tendency arise in my response to many situations since, even in the present day, and it would be good to figure out why I am so reluctant to burden or inconvenience people when I have a genuine need for help.

She set a homework task this week of asking someone for help with something and observing my response, exploring if it made me feel uncomfortable and like I am a burden. She also asked me to reflect each day on things that made me feel shame, and how I react to that feeling. Other in-vivo tasks, such as visiting the park, are not possible this week due to a new COVID-19 lockdown period commencing.

This week there has been much shame to review, as my eating has become so effortless in recent weeks that I have started over-eating (at least compared to how I prefer to eat) more regularly. My appetite has been noticeably greater, and so I have been trying to respond by eating as much as I feel I need. But just as I noticed a few weeks ago, there comes a point where the ED bully voice tells me I have gone too far now, distrusting my hunger signals, and labelling it greedy bingeing. I become so ashamed with how much I have eaten that I keep eating more until I've had enough, with binary thinking telling me I've already ruined the perfect eating day so I may as well eat as much as I want. My fears that I have just swapped anorexia for binge-eating disorder were strong this week when I found myself "over-eating" around 2000 calories per day for four days in a row, seemingly unable to control myself anymore, and failing to implement a planned "lighter eating day" the following day. I have been eating almost twice as much as I usually like to eat in terms of calories, and the choices have also been less healthy, with more processed foods like muesli bars and chocolate. I understand that my body is urging me to eat like a normal person, and that 2000 calories per day is not unreasonable, but I am feeling disappointed that my self-discipline seems insufficient to over-ride biological drivers anymore, and am worried about loss of control.

My homework task was therefore easily achieved this week, noticing all the shame around how I was eating. In addition, in my distressed state about this change in my eating pattern, I asked my family to support me, and indeed felt like I was inconveniencing them. My request to them was that this week we don't purchase some of the special treat foods, like chocolate, that I often include in the weekly shop. I purchase these for their enjoyment, but since I have started to treat myself too liberally to these unhealthy foods, I wanted them gone from the house and not replenished. I needed to feel that my family were OK with this decision, and were willing to support me in this way, so that I could feel again like I am in control of my eating. Of course, I shouldn't need to remove tempting foods from the house in order to feel in control and eat the way I would like to eat, but this week I have felt desperate to put a stop to any bingeing, especially since we are in a 7-day lockdown to get a new COVID outbreak under control. My family had no objections, and my kids agreed to help by asking after dinner what I would do to bring some joy into my evening, rather than leaving me alone to try to find some short-lived joy in the kitchen. I am disappointed in myself that my ED thoughts are still lingering, since I really had started to feel like I was eating so much more effortlessly and without over-analysing everything. But I can't accept any kind of bingeing or out of control eating, and I have felt a strong need to bring back some control. My kids have urged me not to resort to my previous strategies of food tracking and weighing myself daily, and to continue to eat to my growing appetite, but they can see that my "binges" are causing me distress.

After a few days of eating regular healthy meals and avoiding the special treat foods that seem to trigger a binge, I started to feel a lot more in control of my eating. So far I haven't wanted to eat less healthy foods, but I recognise that as soon as I start craving them, I should permit myself to have them in moderation so I am not restricting, and hope that they don't trigger a binge. I'm ashamed to acknowledge that I am still pre-occupied with concerns about how I am eating, still struggling to understand my hunger signals, and still confused about whether I am really hungry or just being greedy when I eat more than I think I should need. I am not sure why these thoughts have come back, when I was finding eating more effortless and relaxed. I had similar thoughts four weeks ago but managed to dismiss them when I

convinced myself that comfort eating was what I needed at that time, and I probably hadn't been eating enough in the days prior to a binge. But this time it is harder to dismiss the shame, because the binges have been on consecutive days, and clearly being hungry is not an excuse this time. Or is it "extreme hunger" with my body fighting back? Regardless of the cause, the frequency of such episodes has freaked me out and made me realise that I'm not yet comfortable with loosening the reins of control on my eating.

I was discussing with my daughter how ashamed I feel about bingeing. She asked me if I feel ashamed about the bingeing or the binary thinking that leads me to eat more and then call it a binge? It is an excellent question, and a reminder that my eating doesn't need to be "perfect" every day. I could definitely be more flexible in defining my eating goals to prioritise self-care over adherence to rigid rules. I still struggle to trust my body's hunger signals, to accept that I could really need that much food. I end up concluding that I am being greedy and undisciplined if I eat 2000 calories in one day. But it's possible that I need it.

My other homework exercise, to ask someone for help and notice if I felt like a burden, was also achieved this week when I reminded my ballet teacher friend that she had offered some weeks ago to email a dance physiotherapist she knows to introduce my background and the nature of my hip and back injury, prior to my appointment. She knows that it will be distressing for me to have to explain the nature of the injury incurred during the attack, and she offered to give the physiotherapist the background, just like she often does for other ballet students she refers to their service. Since my appointment is scheduled for next week, I emailed to remind her of her kind offer, and asked if she could please send the email by the end of this week to ensure the physiotherapist has read it before my appointment. It was an apologetic email, telling her not to worry if she didn't have time, and that I would understand if she is too busy to help. I felt very uncomfortable asking for this help, even though she had volunteered to do it. I had to keep reminding myself that she wants to help when she can, and that she has sent emails to the physiotherapist to explain the nature of injuries for other students she has referred there before. Nevertheless, I hesitated to send the email, and felt like a burden right up until I received her kind and positive reply.

Week 9 – Self-compassion

This week's session was a bit different, in the sense that we didn't do any imaginal exposure at all, since my therapist had agreed to extend the therapy by an extra week or two if I felt I needed more time. We started discussing the homework from last week, particularly the things that made me feel shame, and my tendency to resolve to do the opposite action to avoid feeling shame (e.g. if I feel shame because I over-ate, then I resolve to under-eat the next day so I can end the feelings of shame). This is quite binary thinking again, and she encouraged me to think of alternative ways to deal with feelings of shame.

I shared with her my mind-map (Figure 1) developed several months ago while I was in ED therapy. She asked me to think about what has changed since then, and which of the thoughts/beliefs are now dissolving and breaking the cycles that have kept me stuck in restrictive eating patterns. It was good to see that some of them are dissolving, such as the guilt and shame about the rape that has made me previously feel like punishing myself through restriction and self-disciplined eating. I feel like the need to control everything has also reduced, with many of my well-established routines already changed, and a much more flexible approach to eating than relying on rigid rules to ensure everything is predictable. I still have a tendency to want to treat my body like a mathematical equation, with full understanding of how the inputs (calories and exercise) affect predictable outcomes (weight), but I am much more willing to

vary the inputs these days and be more curious about what will happen. I have definitely had a big shift in recent months about how I define “virtuous” eating, which used to involve restricting to ensure minimal fat and calories but, thanks to my dietician and doctor, is now much more focused on ensuring I have sufficient protein and iron so my blood test results improve, and ensuring I have enough calories that I can sleep well. There are other thoughts and beliefs that are fading too as I consolidate my belief that restriction is the problem, not the solution.

My therapist set this week’s homework task to revisit this mind-map and replace ED thoughts at the centre with compassionate thoughts. She asked me to consider what would then happen to the harmful thoughts and beliefs that perpetuate the cycle and keep me stuck, and how this would help create a roadmap for recovery. I didn’t have a good understanding of the task, and this made me feel uncomfortable, since I was worried that I wouldn’t be able to do this homework well if I don’t understand what is being asked of me. But she encouraged me to recognise this discomfort as part of my perfectionism, and just to have a go and see what I make of the task. I went for a long walk following the therapy session, and by the time I returned home, I could see how more compassionate thoughts would completely dissolve the harmful thoughts and beliefs that keep me stuck. The result is the modified mind-map in Figure 3, which I think makes a lot of sense as a roadmap forward for me.

The compassionate thoughts at the centre – *I am enough, and worthy of love and happiness* – only become genuine with acceptance of some guiding principles of self-compassion (shown in yellow). These principles permit a series of compassionate thoughts (shown in green, with the corresponding principle number labelled) to replace previously punishing thoughts. The outcomes of such self-compassion include eating for self-care, accepting my body for what it can do rather than for its weight, and taking more pride in my life achievements and my personal strength as a survivor, rather than only feeling proud of myself if I am self-disciplined in my eating, as I was trained from a young age to prioritise. Self-compassion also enables understanding and forgiveness, and permission to seek help and support from others without feeling like a burden. All of these self-compassionate thoughts make it very difficult to maintain the harmful thoughts and beliefs that have been so well perpetuated by the punishing ED thoughts and behaviours, and we can imagine them dissolving without any support.

This new focus on compassion has certainly helped with sensible eating this week, with no restriction or bingeing. Combined with a long walk each day, taking advantage of the 2 hours per day we are permitted to leave home for exercise while in lockdown, I am feeling physically good. I have even started to contemplate the idea that I could reintroduce some fish into my diet, which has been vegetarian for the last 4 years, since this would certainly make protein targets much easier to reach. Twice this week I tried a mouthful of my family’s meal – something I would have had no interest in and would have refused to do even a month ago – just to see if I liked the taste of their fish. It was OK, and I don’t know yet if I will continue to explore non-vegetarian options, but I feel like it is good progress that I am willing to try. I acknowledge that my reasons for being vegetarian are less about environmental or animal welfare concerns, and more about beliefs that animal products are too unhealthy. I will admit that I find a vegetarian diet to be a socially acceptable form of dietary restriction that excuses me from eating what my family is eating, and enables me to make my own meals that I feel safe and comfortable eating. It feels like the natural next step though to challenge my fear of adding non-vegetarian foods back into my diet, and see if I still prefer a plant-based diet.

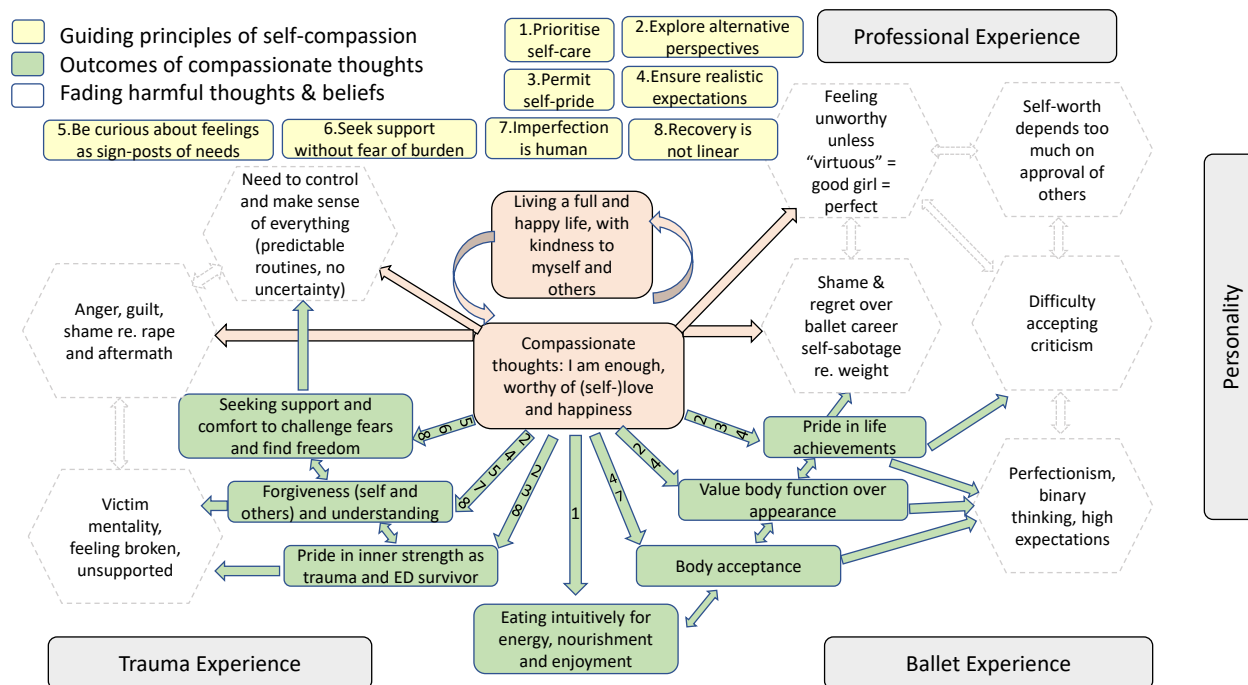


Figure 3: Updated mind-map with compassionate thoughts at the centre

Another good development this week was an appointment with a dance physiotherapist, who believes she can help alleviate the pain in my lower back. Knowing the physical injuries I sustained during the attack, and the ballet movements where I notice pain and clicking in my back, she hypothesised that I have a very tight psoas muscle, which causes clicking and discomfort as it snaps over the sacroiliac joint. The psoas muscle is connected to the old reptilian brain, and contracts during “fight or flight” fearful situations. When the psoas muscle eventually relaxes, it signals to the body and mind that the danger has passed, and that is usually when an emotional response is felt. But if the psoas muscle remains in a contracted state, the body doesn’t receive signals that the threat has passed, and the emotions are not released. My yoga teachers have often said that the hips are believed to store trauma, but it never made sense to me, since hips don’t have a memory. But when the physiotherapist explained that it is not the hips, but the psoas muscle that passes through the hips, and that trauma can cause contraction which can remain long after the traumatic event, then it finally made sense. She spent some time releasing the psoas muscle by digging deep into the hip region, which was painful, but certainly seemed to immediately provide more mobility and less clicking when moving my left leg. She will explore possible long-term injury to my lower back from the rocks later, once the impacts of releasing the tight psoas muscle are observed. I was so pleased to finally hold some hope that the legacy of the attack on my physical health might finally diminish, at the same time that I am working so hard to reduce its legacy on my mental health.

Week 10 – Imaginal “hot spot”, getting colder

I was pleased to be able to tell my therapist that I was feeling much better lately, sleeping around 5-6 hours per night consistently, and without nightmares. I told her how good it was to begin physiotherapy for my physical injuries, and that I have generally been feeling much less depressed and more optimistic and hopeful. We reviewed my updated mind-map with its compassionate thought focus, and discussed which of the harmful thoughts and beliefs are already fading. We also talked about where there is still more work to be done for me to make such compassionate thoughts feel genuine, rather than merely being what I know I should be thinking.

Being week 10, I thought we might be doing the imaginal exposure of the whole story one final time, but several weeks ago she had offered to extend the therapy by a week or two if I felt that I needed it. So we decided that we would have a week 11, and week 10 would be another hot spot imaginal exposure. The most distressing part of the story is still the attack in the park, and so I told that part of the story again. Unlike previous weeks, I didn't find it very distressing, despite being quite engaged in it. I only shed a few tears, and my therapist commented later that my voice was quite different this week.

Besides the obvious desensitisation from hearing the story so many times, I believe my reduced distress is also due to: i) the cathartic experience of writing the letters to my ex-boyfriend and the attacker a few weeks ago, ii) feeling more compassionate towards myself, iii) believing that it was not my fault, and iv) accepting that if someone treats you badly it doesn't mean that you deserve it, nor does it say anything about your worth as a person, but it says a lot about them.

We had an interesting discussion afterwards about the confusion I felt during the attack and ever since: about what it all meant, what his motivation was, what message I was intended to receive. He was violent and showed no regard for human life when he was raping, choking, kicking me, and spitting on me; but then there were confusing moments where he tried to kiss me, which I see as an act of affection and inconsistent with a rapist's violent actions. It was so confusing, and I didn't know how to interpret what he was thinking, and therefore what he would do next, which terrified me. But in the imaginal exposure I had recalled something he said as I was begging him not to rape me and telling him I was a virgin. He said “Why are you saving yourself for him? Do you ballet girls think you're too good for me?” I told my therapist that a previous encounter with him had involved me and some of my ballet friends rejecting his sleazy advances. She asked about my interpretation of his comment since it was the first time that I had mentioned my previous interactions with him. We explored the idea that he had felt rejected and possibly wasn't used to women in his culture having the freedom to decline a sexual advance. I suddenly realised why I felt so confused about his actions: he seems to have had two different messages that were being delivered during the attack. The first was the obvious one, that he wanted my boyfriend to know that he was serious about wanting his money and will hurt people. It was a demonstration of power and physical violence, and I was treated as a vehicle to communicate a message to my boyfriend. Just before he left the park after kicking me, he verbally reinforced the message by saying, “Tell him I want my money by the time that bruise heals.” But there was probably a second message that I now believe he was delivering to me. He wanted me to know that I do not have the power to reject him, and he will have me if he wants me. His brutal violence and disregard for my life, interspersed with incongruous attempts to kiss me like it was a romantic encounter, never made any sense until now when I see these contradictory actions

stemming from two different messages, intended for two different people. Somehow feeling less confused helps with the processing of it all.

We set the homework for this week to visit the park one final time and write two more letters I will never send: to my mother, and to myself. The letter to my mother was easy to write. After decades of biting my tongue and bottled up feelings, it flowed quickly and was cathartic to release. She is too old, and too deluded about what a great mother she was, for me to be bothered sharing my thoughts with her now. She missed out on having a close relationship with me, and I have made sure not to repeat history with my own children. The letter to myself was much more challenging to write though, and I struggled with it for several days. Part of the difficulty was recognising that I am transitioning to more compassionate thoughts about myself, but I am not there yet, and it was hard to write something that felt genuine but forward facing. Eventually I found the focus of the message that I believe I need to hear at this point:

Life is short and precious.

You have not been living a full life, and you deserve more.

People who care about you deserve more.

You have been spending too much time in the past, missing the present, and jeopardising the future.

It is time to stop, and start living again.

Everyone is waiting for you. What are you waiting for?

I know you have been treated badly, and have worn that as evidence that you must have deserved it: that you are not the "good girl" you have been desperately trying all your life to be.

I know you keep trying to be better, striving to be perfect, keeping everyone happy, seeking approval that you are enough.

You are enough already, and always were.

I know you have been scared into believing that the world is not safe, that people cannot be trusted.

I know you want to control everything, to make everything certain and safe.

And in a desperate attempt to feel like everything is under your control, you take responsibility for everything.

You blame yourself if things go wrong, and resolve to make sure no mistake will ever happen twice.

Always trying to be better, never asking for help, a one-woman show.

But not everything is in your control.

Not everything is your fault.

Sometimes things happen that you have no way of predicting or controlling.

Life is not a mathematical model with deterministic inputs and outputs.

Life is stochastic, and messy, and that uncertainty is an uncomfortable truth.

You will never be in complete control of everything, especially when others are involved.

You might think you can control yourself: your beliefs, thoughts and actions.

But control vanishes as rapidly as rational thought in the face of mental illness.

You might think you can control your body.

If you know yourself well enough, you can learn the model, with bounded confidence intervals.

Your body as a deterministic system, with you having complete control.

A comforting thought in a frightening and uncertain world.

But a dangerous thought when the aim of control switches from safety to harm.

With blame comes punishment.

With an obsession to control comes a paradoxical loss of control.

The control turns against you as its punishing objective turns to self-destruction.

And it won't stop until you change the objective, to be more benevolent and kind.

*Control to protect and feel safe.
Then trust that you don't need to control everything to be ok.
Release the control, release that psoas muscle.
The "fight, flight or freeze" danger has gone.
Release the fear, the emotion, and relax into the present.
Become free to start living again.*

*You know blame and punishment are no longer required.
That inner monologue no longer stands up to scrutiny. It never really did.
You can blame yourself for what happened, but you do know that it wasn't your fault.
You can feel stupid for falling in love with the wrong person, but were too naïve at 16 to see his flaws.
You can feel guilty and ashamed about your behaviour, but you know teenagers will always test boundaries as they try to grow.
You can feel disloyal and selfish when you ran to protect yourself, but you knew you were in danger.
You can feel angry with yourself for not fighting back more, but you know you had no power or strength compared to him.
You can feel ridiculous for struggling with an eating disorder, but you have insight now about how this has helped you cope, and have the strength to overcome it.
You can feel broken and ashamed that you have struggled to overcome past trauma, but you are stronger than you think, and are a survivor.*

*You can choose to hate yourself for all your perceived flaws and shameful behaviours.
But you also know that long-held perspective is on shaky ground, with too many logical flaws to continue accepting.
You can let all that go now, and can choose to stop punishing yourself.
It's not changing the past, and is only harming your present and future.*

*It is time to forgive yourself.
You are a decent person, and you know it.
Admitting that doesn't make you arrogant.
You are kind, intelligent, considerate, empathetic, with genuine integrity.
You are a good mother who has ensured her children feel safe, loved and supported.
You are not perfect, but do not need to be.
You have achieved a lot. You have survived a lot.
Be proud.
You are a lifelong learner, and your journey continues.
Stay curious and keep growing.*

Immediately after writing this, I cooked dinner for my family: pan-seared fish fillets with pesto sauce and caramelised onion, with potato and pumpkin roasted in olive oil, rosemary and rock salt. Instead of serving myself tofu with the roast vegetables as planned, I decided there was no reason not to try the fish. It was really good, and I enjoyed sharing the meal with my family. That serve of fish had more grams of protein than I usually eat in an entire day. Given my low protein levels in my blood tests, choosing to eat it felt like self-care. Just 3 months ago my doctor was suggesting I reintroduce some animal products into my diet, and I was unwilling to consider that as an option, preferring to struggle with protein powders.

It's moments like this that make me realise that I really am recovering. It is one thing to place compassionate thoughts on a mind-map, and to write a letter to myself encouraging compassion, but these are just words – the right answer that a "good girl" in therapy should say, but may not quite believe. But when the compassionate thoughts turn into actions that feel right, then you know you are taking long-overdue steps towards genuine recovery, and it feels amazing.

Week 11 – Imaginal exposure one final time

In our final session I read my therapist the two letters. She cried when I read the letter to myself out loud – especially when I added as a postscript the decision that followed to eat the fish with my family – and I felt deeply understood. It's not about a piece of fish, but the symbolism of that moment as evidence that I am willing to take actions based on compassionate thoughts such as self-care, elevating them from mere words to the impetus for behavioural change. We then began the imaginal exposure – the full story, one final time – with no need to record it, because my daily homework has ended! It was still surprisingly difficult to begin the story, but once I got started it was easier to say than previous weeks. Most noticeably, there were less tears, and I didn't feel as drained at the end of it. I could continue to engage in discussion with her in a way that I have previously found too difficult at the end of the imaginal exposure.

We discussed how this final imaginal exposure was so different from the first one in week 3, when I was very reluctant to discuss details, many of which I didn't even recall at that time. The perspective of the story back then was quite focused on my actions that I found shameful, and I conveyed that I felt responsible for what happened. Huge gaps were missing in the sequence of events, and I clearly was in a hurry to get to the end. Over several weeks more details were added, helped by the in-vivo exposure visits to the park to trigger more memories. The perspective slowly shifted from guilt and shame, to realising that it wasn't my fault, to feeling anger when acknowledging how unfair it was, and then finally some kind of acceptance. This final telling of the story reflected this acceptance: that something horrific and grossly unfair happened to me a long time ago, but I survived it, didn't let it destroy me, and I'm OK.

Part of acceptance, for me it seems, is being able to let something go because I understand it now – resolving that uncomfortable feeling of confusion. It's the same driver at play when I persist with solving a mathematics problem and can't let it go until I've found the solution. It can keep me awake at night, and in the morning I've usually found the answer and can move on. Back in high school, I had a favourite pink pencil that I reserved for when I had found the answer, and I would take great satisfaction in drawing a pink box around the answer to ensure the teacher didn't miss it. I feel like this PTSD treatment has finally helped me solve the puzzle of my trauma and my reactions to it. The solution required i) being willing to remember details of the trauma, to figure out what happened and why, and develop an explanation beyond the easy "it was your fault"; ii) being willing to think honestly and deeply about my beliefs, thoughts, emotions, behaviours, to try to understand why I have been stuck; and iii) being willing to challenge my thoughts, and try a more compassionate perspective, in order to see a roadmap forward. This solution is far too complex to encircle neatly in a pink box, but writing this document somehow feels like writing out a fully worked solution to the puzzle. I can finally sleep at night knowing that there is nothing significant I need to try to understand, and nightmares no longer invade my subconscious mind while I sleep, trying to make sense of it all.

We also discussed other changes that I've noticed over the last few months, including my eating behaviours: the fact that I am no longer trying to solve the daily puzzle of what to eat that perfectly satisfies an impossible set of food rules, and that my eating is a lot more intuitive now. I am also feeling generally less anxious and depressed. She shared a graph that reports the scores for my weekly pre-therapy questionnaire – surveying anxiety, depression and PTSD symptoms – with a downward trend in each metric over the 11 weeks. We discussed what support I will have moving forward following treatment, and then we were done.

I thanked her for what has been a truly transformational process. The PTSD therapist seems to be on a very short leash at first, with a well-refined script defining the treatment protocol; but considerable creativity is needed as the weeks advance to decide what issues to address, and to design valuable homework exercises that will achieve the necessary breakthroughs. Her insights were critical, and I don't think treatment would have been as successful had I just been telling the story repeatedly without her ideas for thought-provoking discussions and homework exercises.

"Keep eating the fish," she said as we ended our last online session. I am confident that I will.

Epilogue

At the start of PE therapy, my goals were:

- to sleep better with no nightmares;
- to concentrate better without flashbacks;
- to stop feeling so ashamed of myself for still being "broken", and start feeling like a proud survivor;
- to rid myself of the ED thoughts, behaviours, and need for self-punishment.

Just under 3 months later, I am confident that these goals are realistic, and so much has already improved: the nightmares and flashbacks are far less frequent; I'm regularly getting about 5-6 hours of consecutive sleep per night (compared to 2-3 hours before treatment); I'm eating quite effortlessly and without much anxiety; and my weight is healthy and stable with a BMI around 19. I genuinely have more self-compassion, less shame, and feel quite proud of myself – not just for surviving the trauma, and overcoming anorexia, but also for working so hard and persisting through PE therapy.

My doctor recently asked for my opinion about the answer to the open question posed in the Prologue: Do I conclude that it is better to treat PTSD and an ED simultaneously or sequentially, and in which order? Based on my 'sample size of one' I will offer the non-scholarly and personal opinion that PE therapy can be an effective treatment not just for PTSD, but also simultaneously for an ED, assuming the cause of the self-worth and self-punishment issues underlying the ED stem from beliefs created by the trauma.

Of course, the ED needs to be under enough control, with weight restoration at a level that would not be dangerous if revisiting the trauma caused more weight loss. In my case, despite ED thoughts still being present, my weight was stable with a BMI around 19 when PE therapy commenced, and I ensured that I was mostly eating three times per day throughout, as a sturdy foundation upon which to withstand any potential decline in appetite, eating and weight. I don't believe that PE therapy would have been as effective, or even safe, two years earlier when I was at my lowest weight and my diminished brain functioning was affecting my ability for clarity of thought. Consequently, I believe that some basic steps towards ED recovery must commence first, to establish weight stability and sufficient nutrient intake to support adequate brain functioning. But we all know that ED thoughts can persist long after weight restoration is achieved, especially when the underlying cause hasn't been addressed.

Treating PTSD via PE therapy is more than just tackling fears via exposures. ED sufferers are unlikely to recover only by reliving traumatic experiences and learning to overcome fears. Challenging harmful thoughts and beliefs, especially those that lead to a need to feel in control of everything and self-punish

through eating behaviours, can help enormously in creating the freedom needed to let go of self-hatred and accept a more compassionate perspective. Of course, PE therapy doesn't necessarily include the challenging of thoughts and beliefs as part of the protocol, but a good therapist can recognise the opportunity to do so through the discussions in each session and via homework tasks. Other forms of therapy, such as Cognitive Behavioural Therapy or Acceptance Commitment Therapy, can offer this same opportunity. However, if severe trauma underpins some of those thoughts and beliefs, I concur with the research² that shows it is only when the trauma is thoroughly recalled and processed – as painful a process as that is – that some of those thoughts and beliefs become elucidated and can be explored with the significance they require. PE therapy is an intense and time-consuming process, and I note that there are alternatives, such as Eye Movement Desensitisation and Reprocessing (EMDR), that some researchers consider to be a fast track for processing traumatic memories.⁵

I will attribute PE therapy to helping me achieve a series of mindset shifts that were needed to finally release me from too many years of disordered eating and punishing self-hatred. I believe the top 10 mindset shifts that have made the most difference are those listed below. The first three were explored with my psychologist and dietician prior to PE therapy, but didn't become a genuine part of my mindset, or converted into actions, until a memory-informed compassionate perspective became possible as an outcome of PE therapy:

1. Understanding what restriction gives me, and takes from me, and recognising the thoughts and beliefs that create cycles that keep me restricting (Figure 1);
2. Realising that food restriction is not the solution to feeling in control – it only leads to feeling out of control when the body fights back. The body is in control, not the mind. Learn to listen to the body, and feel safe by trusting it knows what it needs;
3. Realising that numbers, like calories and weight, don't tell me if I'm OK – there are many more important indicators that I am better served to monitor (Table 1);
4. Recognising that obsessing over the daily puzzle of how to eat to satisfy my food rules is an avoidance behaviour – a distraction from more distressing thoughts and feelings;
5. Processing the trauma – visiting the location and retelling the story – to remember details that changed my perspective about my blame and shame;
6. Challenging the logic of my beliefs against evidence to the contrary;
7. Exploring a self-parenting perspective to achieve self-forgiveness and replace punishing thoughts with self-compassionate thoughts once beliefs are challenged;
8. Recognising that just because someone treats me badly doesn't mean it was what I deserved – their actions say more about them than me;
9. Becoming so used to talking about the trauma that it becomes easier to confide in others and benefit from their support;
10. Choosing to loosen control and start living with more freedom, taking action to honour that intention, and noticing it is OK.

⁵ B. A. Rothbaum, M. C. Astin and F. Marsteller, "Prolonged Exposure Versus Eye Movement Desensitization and Reprocessing (EMDR) for PTSD Rape Victims", *Journal of Traumatic Stress*, Vol. 18, No. 6, pp. 607–616, 2005.

Everyone is different, and just because these realisations helped me, doesn't mean they are a roadmap for others. I don't wish to give the impression that PE therapy is a magic bullet for trauma-based ED recovery. It has certainly helped to silence my ED bully voice, since the need for self-punishment has gone; but some ED thoughts still linger, especially when I am challenging my need to control everything by trying to trust my body to eat intuitively without rigid rules. However, these are only passing thoughts – getting weaker every day – and I no longer allow them to influence my decisions. Self-care is now the priority.

With those caveats stated, I hope that by sharing my story this document provides a case study of outcomes that become possible by tackling underlying trauma, and offers hope for sufferers and their support teams that PE therapy can have positive effects on ED recovery, in addition to PTSD recovery.

Finally, I'd like to share some imagery that has helped me find greater acceptance of my journey, while offering a new perspective on how I can view myself as no longer broken, but a proud survivor. Several years ago, I saw a ballet performance called 'Aurum', choreographed by Alice Topp for the Australian Ballet. It drew inspiration from the Japanese technique of repairing broken or fractured ceramic pieces with a lacquer dusted with gold. This art of 'golden repair', known as *kintsukuroi*, honours the history of the artefact, regarding it as something requiring restoration and to be admired for its beauty and history, as opposed to being discarded as broken. The ballet 'Aurum' is a celebration of the uniqueness of human bodies, with their injuries, broken pieces and imperfections. I cried when I watched the performance and wasn't sure why at the time. I found it deeply moving and knew that its focus on being broken resonated with me. I just wasn't ready then to listen to its inspiring and uplifting message. I am now.



Inspired by the concept of golden repair, the anonymous email address for correspondence about this chronicle is: kintsukuroi1970@gmail.com

Acknowledgements

I am indebted to several health professionals who have been my support team over the last 6 months, enabling me to commence true recovery after too many years of failed attempts on my own. They have encouraged me to share my story, and I hope it helps some of their other clients. I am grateful to the telehealth nurse at my local ED organization for setting me on the right path and convincing me that I shouldn't continue to think that I wasn't unwell enough to seek help. Her recommendation to find a caring doctor, who could organise a Mental Health Care Plan or ED Plan for government-subsidised treatment, was the first step in this journey. I was so lucky to find the most wonderful doctor who is incredibly empathetic and kind, and immediately made me feel like she was committed to helping me recover. My ED psychologist and dietician both contributed such valuable insights, and I am grateful to them both for their insights and the many hours of helpful conversations that helped me reach the point where I could even consider something as intense as PE therapy. I am especially thankful to have been able to continue regular dietician consultations during PE therapy to keep my eating behaviours on-track and accountable during some very challenging weeks. Finally, I am so relieved to have found a brilliant physiotherapist who immediately diagnosed a tight psoas muscle from the trauma to my hip, and other issues with my back that are correctable. I finally feel that the path to physical recovery from the trauma has begun, alongside emotional recovery. This team of health professionals has provided amazing support and helped me maintain hope of a better future throughout the process.

I cannot express enough thanks to my PE therapist for her patience, commitment, creativity, and constant encouragement. Listening to the horrible details of my story each week must not have been enjoyable, but I truly hope she feels rewarded when seeing the transformation that she helped to achieve. The work of the research team is so important, and I am grateful to them for accepting me into their trial. I will await their research findings with great interest.

Seeking professional help for recovery can be an expensive process, and I am very grateful that the 11 weeks of PE therapy cost me nothing as a research trial volunteer. Other medical expenses over the last 6 months have cost around \$5000 (AUD), with almost half being refunded by government subsidies. I am thankful to live in a country with a commitment to affordable healthcare, but recognise that even this cost is beyond the reach of many people who need help; and unfortunately so many sufferers live in countries where high quality support is completely unaffordable.

I owe an immense debt of gratitude to my ballet teacher friend for her unwavering support over the last five years. In times when I have felt so alone, it has been comforting to know that there is someone who truly understands and is only a phone call or text message away. Her kindness and generosity helped get me through some very dark times when I felt like I couldn't confide in anyone else.

Finally, I am incredibly grateful to my husband and children for waiting so patiently for me to return. It took me far too long to let them into my head, and for that I am truly sorry. I wanted to protect my children from having to worry about their mother, and from exposing them to such ugliness in the world. But their empathy has been amazing, and their understanding and support has helped more than I could ever have anticipated. I am so thrilled that they have noticed my transformation over recent months and are celebrating having their wife and mother back.

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