

Seven Health

A PRACTICAL SELF-ASSESSMENT FOR FULL RECOVERY

What is keeping you stuck in eating disorder recovery?

You may understand recovery well and still feel unable to move forward.

Chris Sandel

Nutritionist and eating disorder recovery coach

[Founder of Seven Health](#)

Important information: This resource is educational and is not a diagnosis or a substitute for medical or mental health care. If your eating has been very limited, purging is frequent, or you have concerning physical symptoms, seek support from an appropriately qualified professional.

Why recovery can remain stuck

Many people reach a point where they know an enormous amount about eating disorders. They understand energy deficit, fear foods, body image, compulsive exercise and the importance of regular eating. They may have read books, listened to podcasts, completed treatment or created several recovery plans. Yet daily life remains organised around food, movement, weight and control.

Knowledge matters, but recovery is built through repeated actions. You eat despite the thought that you have had enough. You rest while anxiety tells you to move. You allow someone else to cook. You experience a difficult emotion without restricting, bingeing, purging or checking your body. Each action gives your brain and body new evidence.

Getting stuck does not always mean that nothing has changed. You may be eating more than before, exercising less or avoiding fewer foods. These changes matter. But improvement is different from freedom. Quasi recovery can look much better from the outside while rules, fear, compensation and constant mental negotiation continue underneath.

Full recovery means that the eating disorder no longer organises your life. Food can take its proper place. Movement becomes a genuine choice. Difficult emotions remain part of being human, but they no longer automatically send you towards eating disorder behaviours. You have the energy and flexibility to build a life beyond managing food and your body.

How to use this assessment

Read each statement and tick the ones that feel true often enough to affect your recovery. Do not debate whether a statement is true every single time. Look for the overall pattern.

A section with several ticks may deserve attention. A statement that creates a strong urge to explain, minimise or defend a behaviour may also be important. This is not a score of how ill or recovered you are and there is no pass mark.

Choose the one or two sections that feel most relevant. Trying to analyse or change everything at once often creates overwhelm. The review page will help you identify the pattern that deserves your attention.

1 Your body and brain may still be underfed

Eating more than you once did does not necessarily mean that you are eating enough now. Ongoing underfeeding can keep food thoughts, anxiety, rigidity and physical symptoms alive. This can happen at all weights, not only when you are visibly underweight.

- ☐ I eat more than I did at my worst, but meals or snacks are still inconsistent.
- ☐ I wait for clear hunger before eating, even though my hunger cues may be weak, delayed or unpredictable.
- ☐ I reduce my food on quieter days, rest days or after eating more than usual.
- ☐ I rely heavily on low-energy, high-volume or very filling foods to help me feel full.
- ☐ I experience low energy, feeling cold, digestive problems, poor concentration, sleep disruption or persistent food thoughts, but still question whether I need more food.
- ☐ I want the anxiety, obsessive thoughts or body image distress to improve before I increase my intake further.

What may be happening

A depleted brain becomes more anxious, obsessive and threat focused. The story may be that you need more certainty, discipline or psychological work. Your physical state may be amplifying the very thoughts you are trying to solve. Calories are not the entirety of recovery, but adequate nutrition is the foundation on which the rest of the work depends.

What is one place where your current eating is less consistent or generous than recovery requires?

2 Your recovery may still have conditions

The eating disorder often agrees to recovery only if certain rules remain protected. Those exceptions can become the ceiling on how far recovery goes.

- ☐ I am willing to gain weight, but only up to a number or size that still feels acceptable.
- ☐ I challenge some foods, but certain foods, portions or combinations remain permanently off limits.
- ☐ I feel I have to reduce my intake when I rest, feel inactive or believe I have eaten too much.
- ☐ I can reduce exercise, but a complete break still feels impossible or unnecessary.
- ☐ I allow a food only when I genuinely crave it, can justify it or see someone else eating the same thing.
- ☐ I describe protected rules as health, preference or balance without honestly testing what happens when I break them.

What may be happening

Conditional recovery can produce meaningful improvement while keeping the eating disorder in charge of the boundaries. The protected behaviour often sounds reasonable because the eating disorder has had years of practice explaining it. The important question is not whether every choice is disordered. It is whether fear allows you to choose differently.

Which rule or behaviour would the eating disorder most like you to declare permanently off limits?

3 Avoidance and reassurance may be keeping fear alive

Avoidance reduces fear quickly, which makes it powerfully reinforcing. Unfortunately, the short term relief prevents your brain from learning that you can cope without the rule or behaviour.

- ☐ I delay food decisions because I want to feel certain that I am choosing correctly.
- ☐ I repeatedly check menus, labels, ingredients, portions or what other people plan to eat.
- ☐ I ask others whether my eating, body or recovery choices are acceptable, then need reassurance again later.
- ☐ I can complete a challenge only when the conditions feel controlled or another person makes the decision.
- ☐ After a difficult meal or rest day, I compensate, check my body, overanalyse what happened or seek reassurance to reduce the discomfort.
- ☐ I keep waiting to feel ready, motivated or less afraid before taking the next recovery step.

What may be happening

Relief can be mistaken for safety. Each time avoidance or reassurance removes the anxiety, the brain learns that the feared situation required protection. This is why insight alone rarely quiets fear. New learning happens when you experience the fear, choose a different action and allow the discomfort to change in its own time.

What do you usually do immediately before or after a challenge to make the fear feel more manageable?

4 Movement and rest may not yet be free choices

Enjoying exercise does not automatically mean that your relationship with it is free. The clearest information often appears when your body or circumstances call for rest.

- ☐ I exercise despite poor sleep, illness, injury, exhaustion or advice to rest.
- ☐ If my planned exercise becomes impossible, I replace it with another workout, walking, pacing or extra movement.
- ☐ Missing exercise creates guilt, panic, irritability or a strong urge to reduce my food.
- ☐ I rearrange work, relationships, travel or family plans so that exercise can still happen.
- ☐ Rest feels acceptable only when I have earned it or can prove that it is unavoidable.
- ☐ I use the fact that exercise improves my mood or that I enjoy it as evidence that taking a break is unnecessary.

What may be happening

Exercise can contain genuine enjoyment and still function as a compulsion. Anxiety often falls after you exercise because you have obeyed the rule and avoided the feared outcome. That relief can make the behaviour feel helpful even while it keeps fear, depletion and rigidity alive.

What happens to your thoughts, food or other movement when planned exercise does not happen?

5 Body image distress may still be directing your behaviour

Feeling uncomfortable in your body is not proof that your body is wrong or that recovery has gone too far. Body image becomes especially powerful when it determines what you eat and how you live.

- ☐ A change in how my clothes fit can alter what I eat or whether I exercise that day.
- ☐ I repeatedly check mirrors, photos, the scales, clothing, body parts or how my body feels.
- ☐ I compare my body or food with other people and use the comparison to decide what I am allowed.
- ☐ I seek reassurance about my appearance, then find that the relief does not last.
- ☐ I postpone social events, intimacy, travel, clothing purchases or other parts of life until I feel better about my body.
- ☐ When body image worsens, I treat restriction, exercise or weight loss as the most logical solution.

What may be happening

Body image is an experience, not an objective measurement. It changes with anxiety, depletion, hormones, stress, clothing, comparison and attention. When you respond to distress by checking, avoiding or changing your food, the brain learns that the feeling signalled a real threat.

Which body image behaviour gives short term relief but keeps your attention fixed on your body?

6 The eating disorder may still be solving another problem

Eating disorder behaviours often do more than change food or weight. They can create certainty, numb emotion, express distress or provide a sense of identity and achievement.

- ☐ I restrict, binge, purge or exercise more when life feels overwhelming, uncertain or out of control.
- ☐ Thinking about food and my body distracts me from conflict, loneliness, grief, anger or difficult decisions.
- ☐ Rules and routines help me feel organised, productive, disciplined or safe.
- ☐ The eating disorder gives me a reason to avoid having needs, setting boundaries or disappointing other people.
- ☐ I fear that recovery will remove part of my identity or leave me unsure who I am.
- ☐ When I imagine giving up the behaviours, I worry that I will have no other way to cope.

What may be happening

A behaviour can be harmful and still serve a purpose. Understanding that purpose is not the same as approving of the behaviour. It helps explain why simply knowing that the eating disorder is damaging has not been enough to stop it.

What does the eating disorder help you avoid, control, communicate or temporarily change?

7

Your recovery may need more structure and support

Recovery is made through hundreds of ordinary decisions. Relying on motivation in each moment gives the eating disorder repeated opportunities to renegotiate the plan.

- ☐ I have a recovery plan, but change it frequently according to fear, fullness, body image or the events of the previous day.
- ☐ I make progress when I feel motivated, then retreat when recovery becomes repetitive or uncomfortable.
- ☐ Most people around me do not understand what I am changing or how to support me.
- ☐ I hide difficult days, food logs or eating disorder behaviours because I feel ashamed or fear disappointing someone.
- ☐ My support focuses on talking and insight, but there is little accountability for daily recovery actions.
- ☐ My life still contains so little connection, meaning or enjoyment that the eating disorder remains one of its main organising forces.

What may be happening

Recovery can feel deeply personal, but it is difficult to build in isolation. Structure reduces the number of decisions that fear can reopen. Honest support makes patterns visible and helps you continue when motivation disappears. A bigger life also gives recovery somewhere to lead.

Where would clearer structure, accountability or honest support make the greatest difference this week?

Review your pattern

Look back over your ticks and written responses. The aim is not to find the perfect explanation for your eating disorder. You are looking for the pattern that most clearly tells you where action is needed next.

The section that feels most relevant right now

The statement that created the strongest reaction or urge to explain

The short term relief or benefit this pattern provides

The longer term cost of continuing it

About Chris

Chris Sandel is a nutritionist and eating disorder recovery coach and the founder of [Seven Health](#). With more than 16 years' experience working with clients, Chris specialises in helping adults achieve full recovery from eating disorders and disordered eating.

His approach combines nutritional rehabilitation with psychological and behavioural tools, including Acceptance and Commitment Therapy and exposure work. He helps clients understand what is keeping the eating disorder alive and translate that understanding into meaningful change with food, movement, body image and the wider parts of life affected by the eating disorder.

Chris is also the host of [Real Health Radio](#) and shares regular content on [Instagram](#).

Where to go next

This assessment can show you where recovery may be stuck. Moving forward requires turning that understanding into repeated action while your thoughts and feelings are still catching up.

[My free eating disorder recovery mini course](#) walks you through the first five steps towards full recovery. It will help you understand what needs to change, respond differently to eating disorder thoughts and begin taking practical action with food, movement and difficult emotions.

If you already have the mini course, return to it with the pattern you identified here in mind. Ask yourself where you have understood the lesson intellectually but have not yet translated it into daily behaviour.

If you need personalised guidance, structure and accountability, I would love to help. You can find out more about [working with me here](#).

A final note

Being stuck does not mean that full recovery is unavailable to you. It means that something is still maintaining the eating disorder. That pattern can be understood, challenged and changed.

You do not need to feel completely ready. Choose the next action, expect discomfort and let repetition do its work.

Chris Sandel

seven-health.com