

Integrative Medicine, Eating Disorders and a Physician's Journey:

An Interview with Carolyn Coker Ross, MD, MPH

Interview by Matt Laughlin



Dr. Carolyn Coker Ross is a nationally known author, speaker and expert in the field of eating disorders and integrative medicine. She completed medical school at the University of Michigan, did a residency in preventive medicine at Loma Linda University and completed a two-year fellowship at Dr. Andrew Weil's Center for Integrative Medicine. She was the chief of the eating disorders program at Sierra Tucson and currently is a consultant for treatment centers in eating disorders and integrative medicine. Her most recent book is *Healing Body, Mind and Spirit: an Integrative Medicine Approach to the treatment of Eating Disorders*. Her next book *The Overcoming Binge Eating Disorder and Compulsive Overeating Workbook* is due to be published in late 2009. Dr. Ross has also developed a line of supplements as a result of her research, designed to support the recovery of patients with eating disorders and obesity. She is currently in an integrative medicine private practice in Denver and Boulder, CO, specializing in treating eating disorders and obesity.

UH (Unified Health): One of the most rewarding aspects of preparing to interview guest clinicians is the opportunity to read your work and, at a distance, catch a glimpse of the unfolding of your personal/professional life. Before we dive into the specifics of your expertise in the field of eating disorders and integrative medicine, it would be great to hear more about some of the significant influences in your life that shaped your approach to medicine. In your first book, *Miracles in Healing*, I was especially struck by your honesty and openness about your own experience recovering from a chronic illness. Looking back on that time in your life, what were some of the most significant influences that are present in your work as a physician today?

CCR (Carolyn Coker Ross, MD, MPH): Back then I was using some alternative therapies in my women's centers in San Diego. I was always relatively open to alternative medicine; however, I never really saw it as something that had a direct impact on how I practiced. It was the experience of my own illness that was really pivotal in terms of how I approach my work now.

I had a very severe viral illness that just never went away and I had extreme fatigue, pain, recurrent fevers, all that stuff. Western medical doctors could not help me and so I turned to alternative therapies. Basically, that experience really shifted my whole perspective on healing as being integral to the whole person. My illness affected my emotions, my body and my spirit. Today, my approach to working with patients is to address their illness on multiple levels, rather than just focusing on the physical ailment.

The other significant thing that happened during that period of my life is that I was very blessed to meet people who had had miraculous healings from a variety of life-threatening illnesses.

It was amazing. They were coming out of the wood work.

UH I recall reading in your book, *Miracles and Healing*, how synchronistic and numerous these meetings were.

CCR Yes. These were people who had everything from brain tumors and cancer to serious forms of arthritis. When they would share their stories, I heard them talk about a set of characteristics that became for me the key to answering a very important question – what does it take for people to heal? Listening to their experiences, I picked up that they all shared five or six different traits which answered this question.

UH Reading your work it seemed in that period of your life you were stepping into an acknowledgment of the miraculous; that despite the fact that such things may not necessarily be explicable by science, they are still useful clinically. An aspect of your work I appreciated was this notion that one can simultaneously value science and logic, but also useful approaches that may not be explicable.

CCR It's interesting that you picked up on that because I think that was one of the most significant challenges in this change in my approach as a physician. I really believed in the scientific paradigm and was always one to base my practice on what the science said. Yet, from the beginning of my career, I had always noticed that some things just could not be explained within that paradigm. Probably three years into my practice, I had a patient who I still remember very clearly to this day. She came in with severe abdominal pain. I did the full medical workup on her and I dreaded having to tell her the results suggested there was nothing wrong, because I knew that she was suffering. I

remember sitting with her and just saying, all the tests are fine, but tell me, what is going on in your life? And she actually said the words, "I just can't stomach my marriage," and a bell went off within me. Here is something I can't explain based on the test results; yet, she was having severe abdominal pain and it was because of this. That stayed in the back of my mind and I didn't know what to do with it.

Later, when I started to see these miracles it was yet another thing that could not be explained. I remember going on the computer and the internet looking for articles (Laughter), just trying to find an explanation. It finally came to me that I could not explain, nor could science, all that happens in people's lives.

UH Another observation you make in your work, which doesn't appear to be completely explicable by science alone, is that to grow inwardly, emotionally and spiritually, is also to become more physically immune to illnesses. Can you speak to that?

CCR Sure. The thing I learned about my experience of being ill is that illness is a call for us to look at things in our lives that are not working. And I don't buy into this notion that if you hold in your anger it is your fault if you get sick. There is that whole discussion around breast cancer, for instance, which claims breast cancer patients are just angry and couldn't express their anger, and therefore it is their fault they have the disease or their anger caused it. That being said, I did begin to see illness as an opportunity. If you were to take advantage of the opportunity you would need to really look beyond the physical manifestation of the imbalance and really look at your life as a whole because illness doesn't exist in a vacuum.

Getting to your question, you're asking if one were to be mentally and emotionally stronger would that strengthen the body in a way that would make one more immune. To a certain degree I think that is possible. I was just at an addictions medicine conference recently, and it was the first time in my entire 25 plus years of medicine I heard someone at such an event talk about the pliability of our DNA. In other words, you could have a gene that predisposes you to cancer, or in this case, to addictions. Yet, we're seeing that gene may or may not ever be expressed, depending on other influences. Even though genetics is "hard science" we're now starting to see that there are many other factors that influence our DNA, something which is the core building block of who we are. That seems like a good example of how emotional, mental or spiritual growth can influence physical wellbeing.

UH In the acknowledgments of your second book on eating disorders, *Healing Body, Mind and Spirit*, you cited the death of one of your sons as the inspiration behind your work today and your commitment to the fields of mental health and integrative medicine specifically. Would you speak to that?

CCR If you're a parent you understand each of your children has a special kind of hook into you. My middle son, Noah, was always a very spiritual child; much of my spiritual learning actually came through him and his death was no exception to that. Having a child who was diagnosed with major depression when he was 18 and suffered tremendously for the next 10-11 years until his death has been very influential in my work as a physician. There is such a huge stigma when you look at the public's feelings about mental illness. I saw him struggle with that stigma of being a person diagnosed

with depression and how that affected him.

At the core of it all, I feel the quintessential thing that changes your spiritual practice and life is that feeling of helplessness. Here I was a doctor; I had all this knowledge and I had even gone through my own spiritual growth and transformation, and at every turn the message I got was: there is nothing I can do.

People would assume that because I was into alternative medicine I didn't encourage him to take medication. That is absolutely not true. I encouraged him to do everything he could do to get better. And there were so many things that he tried in order to change his life, and it just didn't work. About two years before his death he had a psychotic break; I think at that point he knew on some level it was the beginning of the end and he left home. I wasn't in contact with him for two years and it was terrifying.

In the middle of that time I had another one of these miraculous experiences, which had an indirect but powerful influence on my practice. I found out that he was in Los Angeles through some various means that I had been trying, so I decided to join my ex-husband and look for him. In LA – I mean, come on, who did I think I was? (Laughter)

About two weeks before I made the trip I had a series of dreams about it. In each of these dreams I would be looking for him but would find him by happenstance. In each of the dreams I kept getting the message – you have to be aware, you have to keep looking, you are going to find him by accident.

We went out and we looked all around the areas we thought he might be; homeless shelters, parks and places where homeless people stayed. We talked to hundreds of people living on the streets who had their own problems, but I found they were so kind. They would also say things such as, if only my mother or father were looking for me, if only someone cared about me that much. We spent the whole weekend looking for him; a lot of people had seen him, which was interesting. He was quite a dramatic looking guy, very handsome, about six foot two and just a very attractive person. We had exhausted our search when one man suggested we go to this bus station. Our last hope, we went to this station, and just as I turned away in frustration from a conversation my ex-husband was having with someone, a bus pulled up and he stepped off.

The good news is we found him. I was able to hug him and tell him how much I loved him and I tried to get him to come home; he wouldn't and that was the last time I saw him alive. I had to do the toughest thing I ever did as a mother and leave my son, knowing how very ill he was.

I can say one thing I know for sure is that he's still here. This is something I may have heard before in church or in an ashram; but despite that conceptual knowledge, I still wasn't sure about the presence of the spirit after death. I've had personal experiences of his presence. This is something I have drawn upon in my practice, for people who have lost a loved one, to reassure them that the person is still with them. That's very powerful for me.

UH To go from a conceptual belief that the spirit carries on to the certainty about that. That certainty comes through in your voice.

CCR I am certain. There were just so many experiences after his death that confirmed that – dreaming about him, feeling his presence, hearing his voice – and I don't

think it's just that I'm crazy. (Laughter) The other part for me is I no longer have any fear of death; I also have little to no fear of living. For me, it was like, okay; you've done the worst you can do, life – so, bring it! (Laughter)

UH (Laughter) Another example of something inexplicable yet knowable.

CCR Sure, and when patients, or even close friends hear me talk about it, they feel that knowing. I think it goes a long way in reassuring people. There is just so much fear around death. The other thing that has become a real mission for me is remembering that I really had no one to help me. I made an inner commitment that I would do as much as I could to help parents or others going through this, because mental illness gets shortchanged in today's culture. The work I'm doing now includes addressing this stigma around mental illness, and also anything I can do to help people get through some of the systems and help them find what they need to get better.

UH After your two-year fellowship in Dr. Andrew Weil's Integrative Medicine program at the University of Arizona, you went on to pioneer an integrative approach to eating disorders at a well-known inpatient hospital, Sierra Tucson. What were some of the lessons learned in that time with regard to what works and doesn't seem to work in the application of integrative medicine for eating disorders?

CCR What I noticed when I started the job there was that there were several issues not being addressed. I felt strongly that integrative medicine could address these, and if it didn't, it would do no harm. So when I arrived I took a look at what was lacking in the clinical practice; one thing I found lacking was recognition of the importance of nutrition in the treatment of eating disorders – which sounds stupid. You think, well anyone would know that. But I am referring to nutrition on a functional level, which is often referred to as functional medicine. A recognition that there are missing nutrients in people who don't eat well, and when those nutrients are missing or diminished this affects mood, digestion, energy, sleep, etc.

So I developed a nutraceutical program that addressed mood issues, sleep disturbances, missing nutrients and digestive issues. Around that I built a program that included psychotherapy and family therapy, the use of medications as needed, and so on. But I also brought in a number of alternative therapies, such as acupuncture, chiropractic, shiatsu, zero balancing, reiki and many others. Even though those were available to all of the patients, I actually prescribed them for my patients, so the majority of my patients experienced most, if not all of those modalities.

I then collected and reviewed their patient comments about these therapies, and the patient comments were amazing. There were comments like – I couldn't cry in group or with my therapist, but when I had reiki I just wept and left a lot of baggage on the table. Another might be that they were able to eat without having the discomfort of bloating and gas. Then we started to hear from people who worked with our patients once they finished at Sierra Tucson, and they were saying, wow, your patients are so much farther along in their recovery and why is that?

We later did an evaluation study and looked at what we were doing differently. It was really amazing to me to see how

an integrative approach impacted people on all these levels.

UH Among all those cornerstones of your integrative approach, I understand you published an article discussing the nutrition protocol and what was observed. Would you say more about that?

CCR Sure. The nutraceutical approach was designed to address three core issues: what is missing nutritionally; how to address mood issues; and symptoms such as insomnia, sleep disturbances and digestive problems. We applied this protocol and then did a retrospective study where we looked at a group of patients who were on the protocol compared to a group of people from the year before I started who did not have this protocol. The study was published in the peer-reviewed journal *Explore*. The results showed a very dramatic decrease in problems with sleep, including prescription medication use for sleep – which is huge for working with addictions, as sleep medications are addictive and have a lot of side effects and a lot of risk. We also observed the digestive complaints reduced to almost zero.

The nurses and the therapists particularly appreciated the integrative team approach. The nurses found relief from having the eating disorder patients constantly needing various things for their symptoms. And the therapists said they were able to do more work in therapy with our patients without the distractions of not sleeping and digestive complaints.

UH It rippled everywhere.

CCR It really did.

UH In your work, you contextualize the process of working through the layers of recovery from eating disorders in what seems to be a unique and practical way. Would you summarize that approach for the reader? I especially wanted to also ask you to explain the healing process you observe unfold, which you described as moving “down the cascade of behaviors, emotions, bodily sensations and core beliefs” into the deepest level of the “deeper urges of the soul” and then back out again

CCR Well, as I mentioned, by this time I had the understanding that illness could be a portal through which we could learn more about ourselves. In terms of bringing that to bear with eating disorder patients, what I found is that there really are levels in recovery. The first level, what I call the superficial level, gets most of the attention, where we focus most of our therapies. That level includes the eating disorder behaviors, the use of drugs or alcohol, depression, anxiety – all of those observable things. But when we just treat this level alone we see that patients relapse over and over. I found that underneath the superficial level is what I call the emotional soup; this is where you cannot control your emotions – your emotions control you – and those emotions drive behaviors. In this work, we all have an understanding that eating disorders are related to emotional issues and so on. The emotional level is very important to connect up to the behaviors.

Under the emotional level is what I call the sensate level, or the level of body sensations. Most eating disorder patients don't have any sense of their bodies. If you ask them, what does it feel like in your body when you're angry? They'll say, well you know I feel bad and I just can't stand this person!

And if you ask, well what does that feel like in your body, they'll say, well, I just can't believe.... and so on. Sometimes it will take four or five questions to get them to really pause and check in with their body.

That really is a powerful place to become reconnected with. If you can connect to those body sensations you can also connect to the absolute perfection of our physiology, in which we are always getting cues from the body with regard to what we feel, whether we're in danger, whether we're hungry, etc. Without that there is a whole chunk missing in terms of your information system. It's like trying to work with a computer where the motherboard is cut in half.

UH What is it like for patients to reconnect in that way?

CCR When people are able to connect to that it's like a wake-up call. I remember one of my patients saying, yeah, now that I look back I see I was just a head on legs, because I lived in my head and I had no connection with my body.

Beyond the sensate level is the level of beliefs, which stand in the way of someone getting what they really want in life. These beliefs usually come from experiences when we're younger, whether intense and traumatic or just experiences that made us fear for our wellbeing or survival. As a child what we do is we drop anchor into the safe harbor of our beliefs. That safe harbor may be "If I stay thin then I will be loved." So, that could be the source of an eating disorder. Or, "If I am able to please everybody then I won't get hurt." They find that safe harbor, whatever works for them as a child. But as they grow up, that doesn't work anymore. In the recovery process, what we have to do is teach them to pull up that old anchor and find a new safe harbor that is anchored in adulthood. Because if you're an adult and you have your anchor back in childhood then you're constantly going back and forth; we all meet people like that, who are very immature – they're childlike in their relationships and immature in their actions.

The last level is the biggest anchor of all, which is taking them into these deeper urges of their soul or their true self. The self that exhibits the behaviors of eating disorders is really a false self that developed as a result of all these layers. If they can hook back into life or anchor into the deeper urges of

their soul, then they start to have something to live for beyond the next day, beyond the next score, or beyond simply wondering how I can get through the day without eating, etc.

As patients go through this process of recovery they may find themselves suddenly thinking or saying, well I always wanted to be a nurse but I don't know why I never went to nursing school; I am going to do that! Or, you know, wow, I really wanted to focus on my children and become a better mother. Those are the things that you begin to see which tell you they are on the road to recovery. And in terms of these layers of healing you see the whole thing flips. Now these anchors that they have in the deepest urges of their soul begin to run the show, and the beliefs that they form come out of that, and the emotions and the sensations are driven by this renewed passion for life and their behaviors transform.

UH As a psychotherapist, I very much appreciated how you contextualize recovery as a journey, and not merely the alleviation of symptoms. You wrote of a case that seems to reflect something that occurs very often, where an individual presumes the absence of a formerly destructive behavior implies that they have healed completely or wrapped up their recovery. You spoke to it when you wrote, "This journey should not end when the siren call is less insistent, but rather become part of the fabric of a life well lived in search of wellness of body, mind and spirit." Again, this notion of the process seems essential.

CCR Just as you mentioned, as clinicians we all see the person who wants to get to recovery. I can't tell you how many times a patient or family member has said to me, well I know there is no time limit, but can you tell me how long we're going to have to deal with this – like, what's the time limit? (Laughter)

UH When can we wrap this up? (Laughter)

CCR Of course, whenever I get asked this question it reveals a lot to me. Our culture is very goal-oriented. But in these situations, that really handicaps us. In my own experience, even in the grief process of grieving my son, there



were so many different levels on which I had to address my own issues, over and over again. Just when I thought, okay I am moving forward, something else would come up. That is just the way it seems to go with major life challenges, whether divorce or the loss of loved ones or a major illness.

In my own experience with illness and loss, if you look at the experience as a process in a journey rather than a destination you can really reap the benefits that it offers you. I often see people shut down that opportunity as quickly as they can because it is painful. Many of my patients spend their whole life not expressing emotions; to have to go through anger and grief is painful.

I don't think of recovery as linear, I see people swinging back and forth in it. What you commonly see is as soon as they feel like they're doing well, then they don't want to look at anything ugly or feel any pain. This is especially so if you have an avoidant personality type. The illness and its call to action is what forces us to make needed changes. But as soon as you're a little bit better you want to move on and say I don't need to go there again.

What I found in my personal experience is that when you do avoid it the universe just finds a bigger challenge to open you back up again. (Laughter) Why not just stay in the process and realize that you have to constantly be opening yourself back up to opportunities to heal?

UH What are some of the more overlooked or misunderstood aspects of working with eating disorders which might be valuable for clinicians to know?

CCR That's a really good question. The first one that comes to mind is that food is medicine and something to pay close attention to in to eating disorders as we discussed. Western medicine has a penchant for reductionism. Everyone has to have a specific diagnosis and a matching medication to treat it. I tend to agree more with traditional systems of healing that see illness as an imbalance and one that manifests in very individualized ways. For example, depression is not one diagnosis in Chinese medicine, its many different diagnoses.

In other words, you can learn a lot about how to work with patients if you see them as having more in common than necessarily being so distinct. Other than that I would say that while I am not the most experienced in the world on this topic, I can say I don't see a lot of people talking about these various levels in the recovery process. And probably the number one thing that I see missing in a lot of eating disorders or addictions work is helping people find their hook into life. Without that they don't end up living very long.

UH This being their anchor or the spiritual level you described?

CCR Yes; whatever anchors them in a way to keep them on the planet. We have to recognize that some people are naturally that way. Take myself, for instance. I am naturally that way with some exceptions. My son's death was probably one of the only times in my life that I thought, well maybe I don't want to be here. But all throughout life I have always had a hook into life. I'm sure in your work as a therapist, Matt, you probably see a lot of patients who don't have anything like that.

UH That's true. And it actually reminds me of our feature interview in our last issue with Michael Bernard Beckwith, in which he described the value of "catching a vision for one's life."

CCR Yes. What is it that makes you want to stay here? And working with patients with severe trauma, it really does take them off course from a meaningful or inspiring vision. A key part of our work in helping patients heal is helping them find their path again. I like the way Michael Beckwith said it – catching a vision for your life. Or, find your new safe harbor, your bliss, the urges of the soul – I think it's all the same.

UH Before we wrap up, I wanted to ask you about your new book coming out soon.

CCR Yes, I have a new book coming out called *The Overcoming Binge Eating Disorder and Compulsive Overeating Workbook*, which is being published by New Harbinger and will be out in June of 2009. I am really proud of this book because it speaks to this "war on obesity" a phrase to which I take exception. The book takes this struggle of obesity to a different level, looking at the whole person rather than just their weight.

UH What else is on the horizon?

CCR Could I reveal the deeper urge of my soul which hasn't yet been fulfilled?

UH What a perfect question – please do. (Laughter)

CCR (Laughter) There is one thing that I have tried on a number of occasions which I haven't been able to do yet; I would love to have a television program that is all about the many, many roads to healing. I want to study miracles, because it is my feeling that those things I learned and discussed in my *Miracles and Healing* book are teachable. If we can teach people the characteristics or conditions that are associated with miraculous healings, more people might be able to learn to heal from illnesses. There doesn't seem to be anything in the mainstream media that really explores the different levels on which healing occurs, the characteristics of people that heal, and all the many ways that we have at our disposal to heal.

UH That's a beautiful vision! You have a warm and approachable presence, not to mention a great deal of expertise and experience – I can see that happening.

CCR I can see it, too! I have had a number of visions and dreams about it but haven't yet quite figured out how to do it. That is the big one – the thing I want to accomplish before I join my son on the other side. (Laughter)

UH I really appreciate your sincerity and how your own life experience really reflects the way you work with people – this understanding that life is a journey and to remain open to what lies ahead. Thanks for taking the time to interview with us!

CCR Thank you, I really enjoyed it.