

MAKING CONNECTIONS

NATIONAL EATING DISORDERS ASSOCIATION



“Aha” Moments

Readers share insights on
the road to recovery

PLUS

How Common Are Eating Disorders in Pregnancy?

Abigail Easter, PhD

Calling All Dads: “There’s a Ball At the Castle”

Don Blackwell and Mike Polan

Raising Awareness on a Navel Base

Theresa Larson, DPT

Letter from the PFN Chair | BY Deborah Kreiger, Florida

Hello Everyone!

As I pull together my thoughts for this issue, I have taken the time to reflect upon my family's very personal journey with NEDA. What



began as a starting point for information and resources when our daughter was struggling has evolved into a lifetime commitment of learning, sharing, advocating for positive change and giving back to an organization and a community to whom we are most grateful.

The annual NEDA Conference, preceded by a most important opportunity to participate in the NEDA Federal Lobby

Day, is a unique opportunity to take strides in your journey, too. Lobbying on Capitol Hill will forever change how you view our legislative process. You may be only one voice, but **you are one**. And on this day your voice will be heard in tandem with others who share your passion to affect change for good. You will feel empowered and hopeful as your day wraps up and these feelings will catapult you into a conference that will continue to expand your knowledge; you will be supported, understood and nurtured, and I believe you will establish a network that you will continue to reach out to long after the conference has ended. How good you will feel cannot be overstated.... the people, the resources, the friendships and the ongoing lifeline of hope you will experience is invaluable.

In 2003, NEDA opened their arms wide to include parents and friends during their annual conference. Feeling a bit nervous and very alone, my daughter and I gathered our courage and flew to Chicago to take part in what was to be life-changing for us. I encourage you to thoughtfully consider being a part of both Lobby Day and the NEDA Conference...you will look back and be so thankful you did.

I look forward to welcoming you in Washington D.C.!

Deborah ■

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Editor's Note | BY Susie Roman, Director of Programs

Dear Readers,

We are getting more excited by the day for the first ever NEDA Federal Lobby Day on October 10th, which will kick off the 2013 NEDA Conference, October 10-12th in Washington, D.C. It is such a wonderful opportunity for all of us to build a stronger community of support and learning, and we hope to meet you there. We offer a NEDA Buddy program, Support and Recovery Roundtable Series, and plenty of networking opportunities to enhance a great educational experience with connection to others who share aspects of your journey.



Making Connections provides an opportunity to share the challenges you have faced, and what you have learned, with other families and loved ones of those struggling or pursuing recovery. In upcoming issues we will feature perspectives on the challenges and lessons learned in dating and long-term relationships, sources of hope and maintaining hope when it is difficult, strategies to use when fighting insurance denials, and of course book reviews, research summaries and more. Your submissions are what make this magazine the resource that it is for families affected by eating disorders. Please email us at pffnetwork@myneda.org if you are interested in contributing!

This issue of Making Connections, focusing on *Aha Moments*, was the result of a conversation among members of the PFN about the many different important moments that marked their families' journey to recovery. We hope that you find inspiration, insight and encouragement as you read the perspectives of parents, a boyfriend, those in recovery, a nutritionist and those raising awareness in the military.

Sincerely,
Susie Roman
Director of Programs ■

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Research Summary | Recognizing the Symptoms: How Common Are Eating Disorders in Pregnancy?

By Abigail Easter, PhD, Research Associate, University College London, United Kingdom



Pregnancy can be a crucial transitional phase in a woman's life, characterised by significant psychological and social adaptations. Physically, pregnancy is associated with substantial and rapid changes to a woman's body shape and size. For women with eating disorders, the bodily changes associated with pregnancy can give rise to unique challenges. Many women with eating disorders find it difficult to discuss their illness with healthcare professionals in antenatal settings, and therefore remain unknown and unsupported during pregnancy. A recent in-depth study of the experiences of six women who had anorexia nervosa during pregnancy revealed that pregnancy can be an unfamiliar experience, associated with feelings of social and emotional isolation and a lack of psychological support (Mason, Cooper and Turner, 2012).

Few studies have investigated the frequency with which eating disorders are present amongst women during pregnancy. In general, eating disorder symptoms are thought to decrease during pregnancy (Micali, Treasure, and Simonoff, 2007), but the risk of recurrence in the postnatal period is high.

In the March edition of the European Eating Disorder Review, we reported on a study of the prevalence of eating disorder symptoms amongst pregnant women in the UK. In this study, we aimed to investigate the proportion of women experiencing an eating disorder or related symptoms amongst those attending antenatal appointments in early pregnancy.

Women in their first trimester of pregnancy were asked to anonymously complete an eating disorder screening questionnaire, whilst waiting for their pregnancy ultrasound scan at Kings College Hospital, in central London. Over 700 women completed the questionnaire.

The results from this study indicated that eating disorders are relatively common



during early pregnancy, and a large proportion of women experienced associated symptoms, such as extreme weight and shape concerns and frequent episodes of binge eating. We found that 7.5% of the women asked had an eating disorder (e.g. Anorexia Nervosa, Bulimia Nervosa or Eating Disorder Not Otherwise Specified) during their first trimester of pregnancy, and almost a quarter of women (23.4%) experienced weight and shape concerns at a clinically significant level.

While the overall number of women who had an eating disorder in the first trimester of their pregnancy was lower than prior to pregnancy, the proportion of women with binge eating disorder (BED) increased. Little is known about the association between pregnancy and BED, however, previous research by Cynthia Bulik and her team in North Carolina suggests that pregnancy may be associated with a worsening of symptoms. More research on the topic of binge eating in pregnancy is clearly needed.

Pregnancy can pose several challenges to the accurate detection of eating disorders. Features of pregnancy such as weight gain, changes in appetite, nausea and vomiting can mask the presence of an eating disorder. Given the typical, but often temporary reduction in symptoms during pregnancy, eating disorders can remain hidden and go unsupported. These factors can make it particularly difficult for healthcare providers in antenatal settings to identify and offer support to women with eating disorders.

In this study, we highlight the need for increased recognition and awareness of eating disorders during pregnancy and the crucial need for further support for women experiencing an eating disorder during this critical phase of their life. Community projects aimed at supporting individuals with eating disorders during periods of significant life changes have been initiated. An example of one such initiative is the *Transitions Project* recently launched by B-eat (a UK based eating disorder charity). This project offers mentoring support to young people with eating disorders, helping them to adapt during time of great change (i.e., leaving school and starting university or work). Similarly, NEDA Navigators are volunteer mentors that have experience navigating the complex and overwhelming systems and emotions involved with the diagnosis and process of seeking help for an eating disorder. They provide informal, personal support through a difficult journey, and direct individuals and families to the professional help they need. Community support projects and programs like these may be beneficial to women transitioning through pregnancy and into early motherhood. ■

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IN FOCUS

My “Aha” Moment

A Moment of Courage

By Kirsten Haglund, NEDA Ambassador, Miss America 2008, New York City

Being a former Miss America comes with its fair share of benefits and shortcomings. One of the greatest blessings of being a public person, in my view, has been to advocate and raise awareness for a devastating and often “silent” disease that affects 30 million Americans — eating disorders. I chose this issue as my platform during my year as Miss America in 2008 and have been traveling, speaking, and writing for greater awareness and action on disordered eating ever since.



The reason I am committed to helping others find hope and healing is due to my own struggle and recovery from an eating disorder. Long before I ever entered a pageant (something I never dreamed I would do!), I was a ballet dancer and all-A student, whose goal was to be a professional ballerina. Making a long and complicated story very short, in pursuit of my dream, I started a diet that turned into a serious battle with anorexia at age 12. My parents, reluctant but determined, pushed me into an outpatient treatment program at age 15. Although in denial then, I am incredibly thankful now, for their action in the face of my belligerence. I fought my doctors, nutritionist and therapist for six months, until my *Aha moment* arrived with blunt force.

I was sneaking in exercise one day, when I almost fainted on the treadmill. It was the most out of control of my body, mind and heart I had ever experienced. Stopping immediately, I made my way to the floor, the physical expression of my mind seeing the depths to which I had sank. I realized that my treatment team was right — the eating disorder could kill me.

At 15 years old, I did not want to die. That passion I had funneled into ballet wasn't just a passion for the art form, it was a passion for life. I wanted to go, to do, to dream, to accomplish, to LIVE my life. I didn't want to die, a slave to perfection. That day, I turned around on the road. I started taking small, small steps toward recovery and fullness of life — toward freedom.

Almost ten years later, I am recovered and free from the eating disorder, and I fully credit my incredible treatment team in southeast Michigan, my family who believed in me, my friends who held me up, my God, who showed me grace. As an advocate now, I've also had an *Aha moment*. Honestly, small *Aha moments* come almost every time I speak to an audience of college students, or share with a friend who comes to me, divulging their own struggles whether with food, anxiety, depression or relationships. However, I'll relay the moment of most significant impact.

On the road to the Miss America competition, when I was Miss Michigan, all the contestants participated in the taping of a reality TV series that would air before the pageant. We were flown out to Los Angeles, lived in a house together for four weeks, sharing curling irons and bathrooms, participating in ridiculous competitions each week, suffering the humiliation of “eliminations.” It was not fun, to put it nicely, but certainly helped us to bond as contestants against the expectations of the production crew, inspiring each other to maintain our class in the face of Hollywood.

The “moment” came the day we were all being given makeovers. I personally believe a makeover begins with a transformation of heart, but of course,

television didn't see it that way. One of the camera crews was taping our down time, and caught a contestant, who was about to get her long, blond hair cut to a bob, refuse a plate of snacks. “I don't eat when I'm nervous!” she said. The director of the camera crew made a note of the comment saying, “That was a great sound bite.” I knew it was exactly the kind of stereotypical comment likely to make it on air, likely to be sensationalized — likely to ring in the ears of impressionable, young people watching the show.

I don't know what courage possessed me, but later, I pulled the director aside. I asked him not to let that comment make it into the final edit. I explained what my platform was, and briefly the reasons why their attitude toward painting us as superficial women made me so mad. He didn't give me a “yes” or “no,” regarding my complaint, but approached me at the end of the month of taping. He explained that what I had said made an impression on him — his wife had been a dancer, had battled an eating disorder, and he had a five year old daughter. He realized that he didn't want his own little girl growing up hearing negative messages about women's bodies, and their eating behaviors. He promised the line wouldn't end up on the show — and it didn't.

One small victory, perhaps, in a media saturated with less than positive messages. That day, however, I learned the power of one, small voice. That *Aha moment* showed me the power of connecting with other human beings, sharing stories, stepping out in courage to say “this will not be tolerated,” even when there is the risk of being misunderstood. That moment is what drives me today. The little daughter of the TV director, and every other young person who will grow up learning that they are worth more than what they look like. Instead, they are worthy because of their heart, their voice, and their passion to live. ■



IN FOCUS

My “Aha” Moment

(continued)

Learning On the Path to Recovery

By Lara and Howard Baker, NEDA Navigators, Florida

► Lara

AHA MOMENTS. It is amazing how many meanings one three letter word can have. The *Aha* can change simply based upon which letter you emphasize, the moment it occurs or where you are in recovery.

Our journey has been filled with so many *Aha moments*. The first, and one of the most significant was that *Aha moment of discovery*. I was sitting with our daughter, Dani, in the nutritionist’s office, and he was asking her to gain a pound a week for the next nine weeks. It was in this moment when she looked at him like he had asked her to swallow knives, that I knew we had a problem on our hands. It was this *Aha moment* that moved us into action. From that day on and for the next seven months, our actions included a multi-dimensional treatment team for Dani. It also included therapy for all of the members of our family.

After those initial seven months into Dani’s journey toward recovery, came another *Aha moment*; this one a moment of *departure*. The moment that signaled something needed to change. While our treatment team was great, Dani needed something more. We made the very difficult decision to send her to a treatment center in California (we live in Florida) for residential treatment. And, while it was one of the worst days of our lives, we knew she was going someplace safe and getting the help she needed. I would love to say that when she came home it was the end of our *Aha moments* and that things would be better, but there was still much work and healing to be done.

As Dani continued to work on her recovery, I continued to work on my role as her mom and to learn about the many

facets of eating disorders. This meant looking closely at our relationship. Dani and I have always been close, perhaps, at times, even too close. Recognizing that our relationship needed to shift led to the *Aha moment of detachment*. There were so many things to detach from. First, and foremost, I needed to detach from the eating disorder. I needed to understand that the person living in my house was an illness and not my amazing kid. I needed



to understand that when Dani engaged in eating disorder behaviors or was just plain mean, that was the eating disorder and not her trying to hurt me. Detachment meant breaking the co-dependence and allowing Dani to start problem solving on her own. It meant letting go and learning to let Dani become the person she was meant to be.

And then came the *Aha moment of diversity*. The one when we realized the treatment team we were working with needed something more, a tweak if you will. That was when we added a

new therapist to the team who worked with Dani on exposure therapy. When we interviewed the therapist, and she was explaining to us how we can change Dani’s pattern of thinking to include healthy reactions to anxiety driven situations, we went “Aha, that makes total sense.” This exposure therapy piece came at just the right time; when Dani was well into recovery and ready to say good-bye to her eating disorder.

Which leads me to the most recent, and by far, my personal favorite *Aha moment* — the one of *delight*. The one said with a sigh of relief (and some trepidation); the moment that is preparing us for Dani leaving for college.

Our journey with Dani’s eating disorder, while difficult, scary, sad, challenging and tiring, has also been one of learning, growth, change and hope. I am not saying the journey is over yet (that is up to Dani to do). I am saying that right now, we are in a place that shows us a future. We are so very proud of our daughter and her fight for life. We are proud of ourselves as well for latching on to those *Aha moments* and making something useful of them. Not that long ago, I would have never believed Dani would go to college. Today, with support, hard work and her treatment team beside her I am confident and

hopeful that like the mascot of her new school, the phoenix, she will continue her path to recovery and rise again.

► Howard

Although we are two people watching the same child struggle with an eating disorder (ED), some of our *Aha moments* are very different. As a man and a father, it was very difficult to watch my daughter, Dani, struggling with an eating disorder. One of my first *Aha moments* was understanding and accepting that I could not fix the problem by being the

➔ [continues on next page](#)

► Learning On the Path to Recovery *continued*

food police. I mistakenly believed if I just told her what to eat and when, I could make the eating disorder go away.

After Dani had been in outpatient therapy for seven months and all of us had participated in family therapy and made constant efforts to make changes, we were doing everything we could to keep Dani from going into residential treatment. It was another *Aha moment* for me when I realized that residential treatment was the best chance she had to get better. I felt a sense of shame in knowing she would go, almost like I had failed her. It was not easy to watch her go, but I knew this was a necessary step. While Dani was working on recovery, I too began to look at myself. I had to be open and willing to see how I could change in an effort to support her recovery. My *Aha moment* was understanding Dani's perception of our family unit, of learning how to "deliver a message" better, learn to hear what was being said to me and to validate the person saying it. My behavior was only one of many pieces of the puzzle and an extremely eye-opening experience. I believe this particular *Aha moment* has made me a better father, husband and person in general.

Once Dani was discharged from residential treatment and was back home in outpatient care, I was shocked to learn that her eating disorder was not a simple light switch that could just be turned off; this was just the beginning of the real work for her and our family. The residential facility was simply teaching her to cope and deal with the anxiety that she experienced in a way that was different than what her eating disorder taught her to do. This *Aha moment* was exhausting and frustrating to learn.

Our journey with Dani's eating disorder has been a long, bumpy road. When someone first told me to "put the seatbelt on because this will be a bumpy ride," I did not believe them. Now I understand the

path to recovery can feel like a rollercoaster filled with ups and downs. Often when things were going well, I would be on pins and needles, hoping this would last, and forever worried it would not.

But the greatest *Aha moment* came with accepting that Dani had to take responsibility and own her own behavior. I'm a dad, and the way I see it, it is my job to protect and care for my family. There will never be a day that I don't worry about Dani and her battle with ED. I know now I can't fix it, but I will always be there as her greatest supporter and cheerleader. I am proud of her fight, and I would not give up these *Aha moments* for anything. ■

Parent Toolkit

The NEDA Parent Toolkit is for anyone who wants to understand more about how to support a family member or friend affected by an eating disorder. You will find answers to your insurance questions; signs, symptoms and medical consequences; information about treatment and levels of care; and questions to ask when choosing a treatment provider. To view NEDA's Parent Toolkit visit: www.nationaleatingdisorders.org/toolkits

What Readers Are Saying

I read several of the articles in the June Connections already. The article "Communicating Through Art" was moving and truly shed light on how powerful art therapy can be in recovery. I have a picture my daughter painted during her early treatment days. It is a single small boat in the vastness of the ocean. It is simple, but it clearly depicts about how she felt... Please know that NEDA has helped continue our family's journey in healing. I also appreciated the article about evidenced based treatment. Dr. Marx has a great ability to communicate in a clear way for the lay person. — A Mom



Each issue we highlight additional opportunities to learn from other PFN members and eating disorder professionals through the PFN Webinar Series. Webinar attendees have found them to be helpful in many ways. Here are just a couple of comments from your fellow readers/listeners:

► *Eating Disorders in the DSM-5: Implications of Changes in the Diagnostics Categories and Criteria*

It was a great webinar. Dr. Walsh presented a lot of good information as an introduction to the DSM-5. Thanks for your work. — A Treatment Professional

► *An Eating Disorder By Any Other Name: How EDNOS, OSFED, and other Eating Syndromes Can Be Just as Severe as Anorexia, Bulimia and Binge Eating Disorder*

Thank you for having multiple perspectives on this subject! — A Webinar Attendee



IN FOCUS

My “Aha” Moment

(continued)

A Friday Phone Call

By Andy Hunter, 2012 Williamsburg, South Carolina NEDA Walk Coordinator, North Carolina

“Andy, you ready? Let’s make a stop at the store before practice.”

“Yeah, let me grab my bag, and we’ll go.”

I left the apartment, picked up one of my freshman teammates, Matt, and detoured to the store. We were running late — something that never happened—but as it turned out, I needed to be late this day. It was the start of a Friday afternoon that I would never forget.

As I sat in my car in the store parking lot with Matt, my phone began to chime. I grabbed it and looked down at texts from my girlfriend. The messages were nothing out of the ordinary, but a strange, eerie feeling came across me. It put a chill down my spine and told me something was not right. I responded and told her if she wanted to call, I was free at the moment. Instantly, my phone began ringing. I turned to Matt and said, “This might not be good.” I picked up to hysteria on the other end. My girlfriend had tried to purge and in the process overdosed on various medicines.

When she first told me she was struggling with bulimia, I had no idea a life was in danger. I had no clue how to help someone with an ED. I could not imagine that I would one day be calling 9-1-1 and hoping someone I cared for would live.

Six months later, I found myself browsing through a campus email looking at the Student Happenings, when I had my *Aha moment*. I saw a post for the 1st Annual Williamsburg NEDA Walk and did a double take. In disbelief, I scrolled back up and read the listing. Everything I knew or thought I knew about eating disorders had recently been turned upside down. I was now mentally engaged and emotionally attached to the entire subject,



and suddenly in this moment, it was at my doorstep again. Only this time, it was an opportunity to spread the very knowledge that had nearly cost me the life of a loved one to learn.

I responded and asked if this was just a promotion or a call for volunteers. The reply I received was nothing short of an essay. It was a gigantic email filled with passion and excitement. It was from our first walk coordinator, Emily. Devoted to the walk’s success, she assembled a team, and I happily joined. We set lofty fundraising and attendance goals and were constantly scheming up ways to make the event bigger and better.

As I became more entrenched in the ED community, it did not take long for me to discover how widespread the lack of eating disorders awareness truly is. There were people I knew — friends, family, teachers, administrators, even medical professionals — who could not separate myth from fact. It was a startling truth; however, I found myself surrounded by peers with stories of their own and volunteers who thought if we could

prevent this from happening to just one person, it would all be worth it.

The first year of the Williamsburg NEDA Walk went on to raise over \$20,000 and brought in 270 participants. Recently, I called Matt, now a senior, and told him no one had taken the reins for year three. I asked him if he was up for it and without hesitation, he gave a profound, “Yes.” Matt continued Emily’s bold vision and promise that it would not just be the 3rd Williamsburg NEDA Walk; it would be the 3rd Annual Williamsburg NEDA Walk. The amount of support we have seen in just our tiny Williamsburg is a testament to the character found in people across this country. It shows a desire felt by many to protect loved ones and to learn about this important cause.

NEDA Walks are about making our communities safer. My *Aha Moment* includes recognizing that I was reactive to my situation instead of proactive. Knowing the warning signs and understanding the seriousness of eating disorders is the key to being able to take action before it is too late. Being proactive saves lives. Arm yourself with that knowledge, so you never have to take a phone call like the one I did. ■



Nutrition and Eating Disorders: A Shared Journey

By Sondra Kronberg, MS, RD, CDN, CEDRD, New York

My perception of nutritional wellness, nutritionists and the role of nutrition in recovering from an eating disorder has been a progression,



a shared journey, and there have been many *Aha moments* along the way. Early in my practice, armed with scientific training and medical model concepts, I was geared up for providing patients with what I have come to call the “quick fix.” Having acquired the scientific answers about food, nutrition, health, weight and how the body works, I was now qualified to help others improve their nutritional status. Patients came to me seeking advice. I was naïve enough, and they were desperate enough to believe that merely knowing what their body needed would catalyze their transformation toward health. My job would be to 1. Assess their physiological status, 2. Determine their nutritional needs, 3. Calculate the correct percentage of macro-and micro nutrients to be included in the daily allotted calorie intake, 4. Produce a food plan that meets their nutrient and energy needs and 5. Provide a brief assist in getting started. I bore the burden of responsibility and, in line with my training, thought that was what I had to do. I had to take care of them.

The majority of people who show up at my office do so because they don't feel good about themselves. Many of my clients have been deeply affected by our culture's intense focus on unrealistic standards of beauty. In an effort to cope, they often hold onto the belief that losing weight, wearing a smaller size or restricting their food intake will either make them feel better about themselves, give them a sense of control or make them eligible for a better life. They are people of all shapes, sizes, ages and gender seeking help for a variety of eating disorders including anorexia, bulimia and binge eating under the guise of nutritional counseling perhaps because this feels safer and more acceptable. The eating-disordered patients I see – a mix of housewives, ballerinas, athletes, grandfathers, wrestlers, teenagers and models

– cross all socioeconomic boundaries. In their search for how to fill their internal void and find answers on their relationship with food, these patients seek external expertise. Most have long ago lost connection to their own inner knowledge, wisdom and life force.

This exhausting struggle with food, weight and body image often stems from a sense of worthlessness. It is an all-consuming attempt to feel better about themselves, numb their pain, cope with feelings or gain a sense of control. This eating disordered symptomatology which I was initially so eager to fix and change is not only a clever adaptation for survival, but is a crucial means, often the only means, of communication. As destructive as it may seem to the outside world, the eating disorder can be a mechanism of self-care and a measure of security for the person who is struggling. A profound *Aha moment* came when I realized working to create positive and longstanding change was no “quick fix.”

I have had many other *Aha moments* that have impacted my work. I have discovered that working with people, their food choices, eating behaviors, preferences, weight or aspirations is complex and multidimensional. It involves so much more than choosing an apple over a pear or setting up a theoretical eating plan. I have learned that food has meaning. There are foods that have sentimental value, those that are rewards, and others that are used or taken away as punishment. There are foods that are exciting and others that are comforting. I found that there are food-related behaviors and rituals that bring pleasure and some that bring pain. I have become aware of foods as part of customs and family traditions. Many food choices emanate from our ethnic, religious, philosophical and personal beliefs. There are food choices that have both sensual and sexual links. There are also food aversions and phobias. Often a person's identity, worth or purpose is attached to his or her food choices. My early training did not prepare me for the psychodynamics I would encounter. My “quick fix” mentality was ineffective and, in many cases, detrimental.

I see my role and the role of nutritional therapy differently now. I have learned, and now teach, that there is so much more to the process of food choice and food behaviors than information, science and plans.

I now approach nutrition and disordered eating as an aggregate of physiological, emotional and behavioral factors. The physiological component is determined by biochemical factors, such as nutrient deficiencies, blood sugar fluctuations, metabolism and genetics. The emotional component includes the ways in which one turns to or away from food to cope with intolerable thoughts or feelings, such as depression and anxiety. The behavioral components such as bingeing, purging, starving and over exercising are patterns which evolve over time and have become routine ways of managing situations. All three of these areas need to be addressed to facilitate changes in eating behaviors and nutritional status.

Another huge *Aha* transformation is that I no longer bear the sole burden of responsibility. I view the treatment as a shared journey, a collaborative effort. Eating disorders are serious, life threatening illnesses that are often accompanied by anxiety disorders, depression, substance abuse issues and other co-occurring conditions. The treatment requires a team of specialists, who have an awareness of the depth and magnitude of eating disorders including the biological, psychological, environmental and genetic factors that may cause the illness. Patients are the experts on themselves, their behaviors and thoughts. The nutritionist is the expert on physiology, nutrition information, eating thoughts and behaviors. The therapist is the expert on the emotions and underlying dynamics that support the eating disorder. Other professionals, including physicians and pharmacologists are involved, usually with less frequency. Responsibility and answers lie within the patient, and the team is a guide. It is a partnership. That is a huge *Aha!*

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► Nutrition and Eating Disorders *continued*

Nutrition, the physical nurturance of the body, mind and spirit, is a reflection of personal growth. How one nourishes one's self with food mirrors how one feels and cares about one's self. Nutrition therapy helps our patients observe and understand how variations in their carbohydrates, protein, fat and caloric intake impacts their physical and emotional well-being. Patients learn to recognize and meet their physical needs. Nutritional therapy includes the development of skills for identifying, satisfying and distinguishing emotional and physical hunger. It also provides tools for prioritizing time, money and energy so patients are able to meet their own needs as opposed to the needs of others.

Nutritional therapy is a medium for challenging distorted beliefs about food and later recognizing where similar beliefs have been operating in other areas of the patient's life. It is a forum to challenge old thoughts, behaviors and patterns in a safe and supportive place. Calculated challenges are agreed upon to broaden the comfort zone. Gradual risks to change the variety, content, calories, social settings and timing are negotiated and the consequences explored. Taking risks with food paves the way for taking parallel risks in life.

Crucial to one's ability to change and successfully meet these challenges is the development of positive self-talk and affirming dialogues. Replacing the dysfunctional inner food dialogues and the unspoken message of the eating disorder with a strong and healthy new voice is an important goal of the treatment.

Years of working with eating disorders and many *Aha moments* have changed the face of my work, the relationships I share and the roles that I embrace. At this point in my journey, my awareness of the connection between the mind and body is ever present when I listen to the language of food. I listen more carefully to what patients are truly saying through their food choices. The idea that people could change their eating behaviors with only nutritional knowledge and a brief assist seems unrealistic now. The evolution of my nutritional beliefs and practice has deepened over time. I have transformed as a nutritionist the way I am hopeful my patients will transform through observation, awareness, support, risk and discovery.

The goal of treatment is to move the patient from a place of worthlessness, where food choices are aimed at fixing oneself, to a place of self-loving and

self-acceptance, where food choices are based on caring about oneself. Nutritional wellness is a lifelong process of listening to one's needs. In my practice this is a shared journey of self-care, self-discovery and self-fulfillment – both mine and my patients'. I have furthered my training, sought support, took some risks and made many discoveries. My patients have learned to challenge their fears and take back their lives. Our work still requires a large amount of education, information and knowledge, but I know now that it is the delivery of this knowledge, and the relationship which develops around this delivery, that fosters the healing, not the "quick fix." ■

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Sondra Kronberg, MS, RD, CDN, CEDRD is the Founder and Nutritional Director of Eating Disorder Treatment Collaborative and F.E.E.D. Intensive Outpatient Programs. Author of *ED Learning Teaching Handout Series Manual*, Sondra speaks nationally on the prevention and treatment of eating disorders and is a consultant to the Monte Nido Treatment Centers of NY.

The View From the Top of the Mountain

By Emily Hemendinger, University of Pittsburgh MSW/MPH candidate, Pennsylvania

There I was, watching the sunrise on top of Mt. Sinai in Egypt, when I had my revelation. My classmates and I had just climbed from St. Catherine's Monastery up to the famed Mt. Sinai summit. As we huddled together for warmth, I began to think about a year before, January 2008, when I was in the hospital being treated for anorexia nervosa. My thought then brought me to the realization that only a year stood between me being controlled by my eating disorder and being able to climb a mountain, much less travel to Egypt. As the sun began to rise, it dawned on me that I was here not because of my



eating disorder, but because I was free from it. All the years I had spent believing that my anorexia would make me happy melted away. Anorexia could never make me happy. My eyes seemed to be opened for the first time, and I could see all the opportunities available to me because I was healthy. The years of therapy and treatment that I once thought were pointless and unhelpful, finally made sense. It was as if I needed to be at that altitude to finally grasp the concept that my eating disorder need not control me.

Recovery from an eating disorder is not just about one big revelation or *Aha moment*. My experience on Mt. Sinai was a culmination from years of pain, treatment, therapy and small accomplishments. Even after my trip to

Egypt, I continued to have less dramatic, but equally meaningful moments where I realized that there was a whole world outside of the eating disorder that I could now explore. My life after Mt. Sinai began to be filled with instances of body satisfaction. These brief episodes lengthened into days where I was happy with my body and myself. I was amazed by the things I could now do; things I never could have done when I was active in my disease. I rediscovered my passion for travelling and went on to study abroad in Madagascar, South Africa, and most recently Cuba. I was able to shop for bathing suits and jeans for the first time in years. Free from feeling self-conscious, I stopped wearing sweatpants and loose clothing and began to wear form-fitting clothes. I consider these to

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► **The View From the Top of the Mountain** *continued*

be progressive accomplishments which have brought me to where I am today: complete body satisfaction. It was not easy, but it was a battle worth fighting.

While I was in the midst of my eating disorder, I wasn't able to help myself, much less assist others who were struggling with their own issues. Recovery has enabled me to see that I must first work on my own progress before I can reach out to others. Since then, supporting others suffering from eating disorders has become a passion of mine. On a professional and personal level, I am now able to positively impact individuals living with eating disorders and other mental illnesses. Currently, I am attending the University of Pittsburgh earning a dual Master's degree in Social Work and Public Health. I hope and plan for a future in aiding others through counseling and prevention and awareness efforts.

Those *Aha moments* are the gifts of many ordinary days in treatment. The therapy and support I received helped me reach a solid place in my recovery. The years I spent regaining my health were far from easy and there have been constant

reminders of my vulnerability to relapse along the way. It was during these times when I discovered that I could rescue myself with another, simple *Aha moment*. I asked myself this question: "Was it worth it to go backwards?" I realized that I had come so far and accomplished too



much to let my eating disorder back into my life. I decided I would not allow my eating disorder to assume control and take everything I had achieved away from me. I was able to draw upon my years of intense treatment, therapy and support to gain strength in resisting the urge to revert back to my disease.

If someone told me eight years ago that I

would accomplish everything I have over the past five years, I would have never believed them. To this day I am still in awe of my journey, from the depths of despair to the height of my progress. I owe a tremendous amount of gratitude to my parents, sister and therapist for their love, support and guidance. They have helped me push through to believe in myself, visualize my strengths and realize my passion for wanting to live an extraordinary life.

My hike up Mt. Sinai and my road to recovery are very comparable. Both proved to be extremely challenging, and I struggled many times along both paths. Both journeys were painful, mentally and physically. There were times on both roads where I felt hopeless and worn out, and that I might not make it. In both cases, I had encouragement from those closest to me: family, therapist, friends and classmates. Both climbs required me to reach deep down inside myself to find my inner strength. Through all of the struggle and pain, I made it to the top. I can see where I am going, and where I have been. And, standing at the top of both of these mountains, I am able to see how wonderful life can truly be. ■

Need personalized guidance for yourself, or in support of a loved one affected by an eating disorder?

The NEDA Navigators are here to support you!

NEDA Navigators* are individuals who have experience, either personally or in support of a loved one, navigating the overwhelming systems and emotions involved with seeking treatment for an eating disorder. Volunteers, trained by NEDA staff and program Clinical Advisors, Douglas Bunnell, PhD and Ilene Fishman, LCSW, ACSW, are available to: Help you find treatment referrals, local support groups, and resources tailored to your needs; be a listening ear through your or your loved ones' journey; provide encouragement through a difficult time; and share their own story responsibly to offer hope for recovery.

The range of experience among the Navigators is diverse, and when you request to be connected with a Navigator, we can match you with someone who has been through a similar set of challenges and can share their experiences in a helpful,

responsible way. You can request to speak with someone who's dealt with co-occurring conditions such as depression, substance abuse or self-harm; shares an aspect of your identity such as ethnicity, gender, religion or sexual orientation; or has the same relationship to the person struggling, such as a fellow dad, mom, partner/spouse, sibling or friend.

Email us at pffnetwork@myneda.org and we'll get you connected. For more information about the NEDA Navigators, visit the Navigators homepage at www.myneda.org. ■

* Navigators are not mental health professionals or treatment providers. They are PFN volunteers who have been through an eating disorder themselves or with a loved one and are now in strong recovery. Navigators are trained to help you identify resources, treatment options and be a source of support in your journey.



**IN
FOCUS**

My “Aha” Moment (continued)

Raising Eating Disorders Awareness on a Naval Base | BY Theresa Larson, DPT, US Marine Corps Veteran, California

On February 7, 2013, I had the opportunity to speak with a number of amazing panelists at the Norfolk Virginia Naval Station on the serious topic of eating disorders in the military. The turnout was tremendous, the participation was excellent, and the question and answer session at the end was meaningful for all who attended. Not really knowing what to expect or what kind of response we would get from a room full of primarily enlisted Naval seamen/women and a few officers, I could not have felt more supported and blessed to be in Norfolk that day. This was the first time I would share my story with military members, and I was thankful for the opportunity.

Being honored to speak after Dr. Kim Dennis of Timberline Knolls, I knew the audience was well-educated about bulimia nervosa and other eating disorders as well. Initially, a raise of hands on how many people in the audience knew someone with an eating disorder, who were also in the military, showed that roughly one-third of our audience members had a colleague affected. I think this was an *Aha moment* not only for myself, but for the military and everyone in the room, as it became very clear just how serious a problem eating disorders in the military are.

I spoke about my invisible battle with bulimia nervosa while serving as an engineer officer in the United States Marine Corps. While I was the only Marine Corp personnel in the room that day, I believe my story profoundly resonated with some audience members, who were clearly relating to some degree. Mission accomplished in my book! The mission of my talk was not to explain in detail what my job entailed as a Marine, but rather to paint a picture of a young woman (myself) who joined the officer corps in the Marines to make a difference.

I simply wanted to be the best! Coming

from a single parent home, raised by my father, and having two amazing and very protective older brothers, I was in the mindset to set the standards as high as possible for women in the service. I performed at the top of my game, so everyone thought, almost all the time. This peak performance was stifled while I was in Fallujah, Iraq serving as an escort for female insurgents and convoy commander for missions such as land mine clearing and the formation of forward operating bases. I was quietly suffering with bulimia nervosa, and I had to call for help ASAP.



I am just one of many in the military who has needed access to professional help for an eating disorder. The picture was beautifully painted by all the speakers highlighting how someone who is potentially very driven to high achievement and performance may be vulnerable to developing this illness. Panelists discussed how the military will support someone suffering with alcoholism, post-traumatic stress and depression, and how an eating disorder is often accompanied by one or more of the above conditions. However, because eating disorders require treatment by a trained clinician, it is critical that the military provide access to care specific to

eating disorders, separate from sending those struggling to a PTSD specialist or an Alcoholics Anonymous group when appropriate. It is also extremely important that service members feel safe to let their command know they are suffering, as they do with any of the above disorders, without fear of being kicked out of the service. If alcoholism, PTSD, and depression can be accepted in the service, then eating disorders must be accepted and treated as well. Early intervention and treatments are key in giving the person struggling the best chance of a full recovery. Service members need to have access to support groups and one-on-one counseling sessions that employ evidence-based methodology, specific to handling the illness.

The *Aha moment* and success of the eating disorders awareness seminar was that all in attendance took this issue seriously, acknowledging a need for action. With service members, officers, enlisted flight surgeons and civilians recognizing my story and thanking me for sharing it, I was delighted to see they now better understood the severity of eating disorders and the need for support for those affected in the service. It was a compelling day for me personally, and sharing my experience with fellow service members ignited a desire in me to continue reaching out and making a difference — thanks to Lieutenant Gregory and Chief Stiles and the support of those who made the seminar possible.

I am honored and thankful for my service as a Marine Corps officer. I met some of the most amazing people and personally pushed myself to make a difference as a strong, humble leader of Marines. Suffering from bulimia nervosa for 90 percent of my military career caused trauma to my mind and spirit. However, my intense love for the Marines and dedication to my country fueled a fear of being dismissed from something I had worked years for and made me second guess speaking up and getting the adequate help I needed.

I am hopeful that the military is now having its own *Aha moment* as it moves forward, addressing the needs of those who do suffer with eating disorders in the service because it could be anyone, from a high-performing officer to a quiet young new private. ■

Advances in Eating Disorders Awareness in the Military

By Molly Greendeer, Mass Communication Specialist 3rd Class, Naval Station Norfolk Public Affairs, Virginia

Naval Station Norfolk (NSN) hosted an eating disorders awareness seminar February 7 at the base auditorium. February is National Eating Disorder Awareness Month, and Naval Station leaders took the opportunity to focus on the subject, bring awareness to sailors and discuss resources for treatment. According to the United States Army Research Institute of Environmental Medicine, 10% of the military population is suffering from eating disorders as opposed to the nationwide general population where the prevalence is only between 3-4%. Awareness among leaders and resources for treatment must be a priority.

With the growing prevalence, Command Master Chief David Carter, command master chief of NSN, said there is no better time to train our Sailors and leadership on the dangers of eating disorders.

"It is important for all levels of leadership to know about eating disorders and be able to recognize some of the symptoms," said Carter. "Only through proper training, can we get our shipmates the help they need to deal with the disorder and get them on track to a healthy life and Navy career."

Boatswain's Mate 1st Class David Pendly who attended the seminar, said that he is all too aware of the pressure meeting physical fitness standards put on his Sailors and himself.

"The pressure is on for those of us who have struggled with weight problems our whole lives," said Pendly. "We have to do what we have to do to meet the Navy's standards or we're out (of the Navy)."

Guest speakers included Dr. Kim Dennis, a board-certified psychiatrist who specializes in eating disorder treatment at Timberline Knolls Residential Treatment Center and Dr. Theresa Larson, a doctor of physical therapy and a former Marine Corps Engineer Officer who shared her own story about her struggle with an eating disorder and her recovery path.

Larson explained she did not initially get the help she sought. After pressing the issue, she was medically evacuated from Iraq to get the help she needed back in the states. She participated in a 12-week outpatient program where she learned about her disorder and how to treat it.

"Although I miss the Marine Corps, I know I made the right decision to seek treatment and take care of myself," she said.

Dennis said that the stigma associated with all mental disorders, not just eating disorders, along with fear of medical boards and separation from the military

are deterring factors for members to come forward for help with what could be a life threatening situation.

"This is not an end all," said Dennis. "Those diagnosed and treated go back to living full productive lives."

It is up to the leadership to educate themselves on signs and symptoms," said U.S. Navy Lieutenant Pamela Gregory, a guest speaker and dietician with Navy Medical Center Portsmouth (NMCP), "Knowing what to look for may save someone's life." ■

February is National Eating Disorders Awareness Month

Between 1998 and 2006 the number of diagnosed eating disorders in the military more than doubled. Come to the Eating Disorders Awareness Seminar to learn more of this condition which is affecting so many of our military men and women alike.

Eating Disorders Awareness Seminar
Thursday, February 7th @ 1300
C-9 Base Theater
Naval Station Norfolk

National Eating Disorders Association
www.nationaleatingdisorders.org
 Toll-free National Helpline:
 1-800-931-2237



This Side of the Table

By Sarah Bentley, Brooklyn, NY

In February of 2013, I had the opportunity to speak to a group of college students as part of a four person panel during National Eating Disorders Awareness Week. The three other panelists participating were professionals, all with experience treating individuals with eating disorders. I was the panelist offering my personal insight and story of recovering from an eating disorder. If someone would have told me two years ago that I would be sitting on this panel, representing anorexics with strong recovery, I would not have believed them. To say the least, I was very grateful to be there that night.

The first question asked to the panel was, "What was the worst case you ever treated, or how bad did you get?"

There was a long pause, as we all started looking at each other to see who would lean into their microphone and take the first stab at an answer. It seemed that none of us had anticipated this as the first question of the evening, asking for examples of extreme behavior. Each professional took turns answering, and each used the moment to educate the audience that *any* experience with an eating disorder should be considered serious, as eating disorders are potentially life-threatening illnesses that can seriously affect a person's physical and emotional health.

I felt sad in this moment. Here I was, on This Side Of The Table, feeling derailed by this question. As if suddenly, people would not take my experience seriously if I couldn't show I had been "that bad." Finally, I answered, with hope that I would not alienate the person who asked the question, and with a sense that this was an important moment for me in my own recovery, as well as an illustration as to the importance of having these conversations about eating disorders.

It was that very question, I said, or the spirit behind it, that kept me sick for so long. In our culture and in our media, we are so used to hearing and seeing the extremes of everything that we have made an art form of one-upmanship. Even with subjects as tragic as mental

and physical illness. Sadly, eating disorders, and in particular anorexia, thrive on this line of extreme thinking and comparing. It might be the only mental illness where those who have it often partially don't feel *good enough* or *qualified* to have it.

In my case when I was struggling, I couldn't actually see or acknowledge that I was indeed ill. So many of us, including myself, have been encouraged by our culture and dieting industry to take all necessary measures to be thin, under the guise that thinner automatically equals healthier or more attractive. And, often I was receiving praise for the very eating behaviors that were contributing to keeping me ill. Sure, I couldn't stop losing weight, even though I wanted to stop losing weight and was just trying to get a little more insurance for when I was going to start eating normally (which didn't seem to ever happen). Yes, I had to stand at the same place at the kitchen sink to quickly eat my weighed-and-measured breakfast. Ok, I'd stopped being able to sleep through the night for fear that I'd miss morning exercise, and my digestive system seemed to have stopped working. BUT, I wasn't growing those downy-like hairs all over me that I read about in high school, and I was still holding down a corporate management job, quite well in fact, and I was almost 40...I couldn't possibly have an eating disorder because I wasn't a teenager. I didn't restrict all the time! And no one was really saying anything to me. Surely they would say something if I was really in trouble....

Turns out, I was really in trouble.

I finally sought out a nutritionist to try to fix the problems I was having with my body. After meeting with the dietician, the diagnosis was clear, "You have a severe case of anorexia nervosa, and you need to go to treatment." She seemed so professional and so with it, how could she also be nuts? Yet everything she said turned out to be true: I had osteoporosis. My EKG levels were "like an Olympic marathon runner," according to my very surprised doctor. I couldn't eat. Well, I could eat, but I couldn't eat meal after meal after meal...like she wanted me to.

Two years later, after taking a leave from my job for six months of intensive treatment, where I had to be assured over and over again that I did in fact have anorexia nervosa, here I sat on this panel. The question that night, I realized, was the reason I was there. I finally got a chance to say to that voice, I am a recovering anorexic. And, if any of you hear anything at all that sounds like your story, no matter if you feel you do not "qualify" to have an eating disorder, do not compare yourself to anyone else. If you know deep down inside that your relationship with food is affecting your life in a negative way, you deserve to get help. Or if you are concerned about a loved one and think they may be in trouble, say something. You or your loved one deserve recovery. Help is available. Recovery is possible. ■

Information & Referral
HELPLINE
800.931.2237

Don't Settle For Barely Recovered

By Jennifer J. Thomas, PhD, Massachusetts and Jenni Schaefer, NEDA Ambassador Chair, Texas

When Jenni Schaefer was in recovery from her eating disorder and restoring her weight, she cringed when well-meaning friends and relatives said, “We’re so glad you’re feeling better!” Although she was incredibly grateful for their support, she wished they wouldn’t use her body weight as a barometer for how she was doing.

When you are supporting a loved one with an eating disorder, it’s easy to forget that, while the number on the scale yields information about possible medical complications, it provides little indication of how the individual is feeling inside.

In fact, in psychologist Jennifer Thomas’s clinical experience, patients who narrowly miss the weight criterion for anorexia nervosa (i.e., those whose body mass indices fall in the “normal” range), sometimes feel even worse about themselves than those who are officially underweight. Indeed, Sarah hits the nail on the head when she describes in *This Side of the Table* those with anorexia often not feeling “qualified to have it.”

It implies that, unlike other mental health problems such as alcohol abuse or depression, anorexia nervosa carries with it a certain cachet. We believe this pseudo-prestige stems in part from the exclusivity of the diagnostic criteria listed in the *Diagnostic Statistical Manual of Mental Disorders (DSM)*, which healthcare professionals use to diagnose psychiatric illnesses. Although the hallmark symptom of anorexia nervosa is low body weight, the majority of individuals who struggle with eating disorders—just like people in the general population—are normal weight or overweight. And according to Dr. Thomas’s research, individuals with subthreshold eating disorders typically have problems with eating pathology, comorbid conditions, and physical health that are just as severe as those with anorexia nervosa.

While only 1 in 200 adults will struggle with full-blown anorexia nervosa, at least 1 in 20 (including 1 in 10 teen girls) will exhibit key symptoms of one or more of the officially recognized *DSM* eating

disorders — anorexia nervosa, bulimia nervosa, and binge eating disorder. Sadly, most never address the issue because they don’t fully meet the relatively narrow diagnostic criteria. These individuals, suffering immensely, often feel their struggle is invalidated when they are diagnosed with a subclinical illness described with a perplexing acronym like EDNOS (which stands for Eating Disorder Not Otherwise Specified, in *DSM-IV*) or OSFED (which stands for Other Specified Feeding and Eating Disorder, in the recently published *DSM-5*). Others who struggle are dismissed completely—they don’t even get an acronym, but suffer silently in the ill-defined limbo of “disordered eating.”

It’s essential to provide hope, help, and validation to those who restrict, binge, purge, or battle poor body image, at whatever number on the scale. Because recent research suggests that anorexic behaviors exist on a continuum with normal, we agree with Sarah when she says: “do not compare yourself with anyone else. If you know deep down inside that your relationship with food is affecting your life in a negative way, you deserve to get help.”

Some questions used to help you determine if you (or your loved one) might be experiencing symptoms consistent with an eating disorder and could benefit from an assessment by an eating disorder specialist may include:

- Are you underweight or does your weight frequently shift due to repeated attempts to drop pounds?
- Do you regularly restrict your food intake by amount or variety?
- Do you eat large amounts of food while feeling out of control?
- Do you try to “make up for” calories consumed (e.g., vomiting, laxatives, diuretics, exercise, fasting)?
- Does negative body image interfere with living your life to the fullest?

The more “yes” responses someone provides, the more likely it is that his or her relationship with food is problematic. But please know that freedom is possible. You (or your loved one) can take steps to make peace with food—whether

you struggle with anorexia nervosa or a subclinical variation. As we say in the book we co-authored together, *Almost Anorexic: Is My or My Loved One’s Relationship with Food a Problem?* “Don’t settle for barely recovered.” ■

Jennifer J. Thomas, Ph.D., is an



assistant professor of psychology in the Department of Psychiatry at Harvard Medical School and co-director of the Eating Disorders Clinical and Research Program

at Massachusetts General Hospital. She is coauthor of *Almost Anorexic*. Visit JenniferJThomasPhD.com. Connect with her at [Twitter.com/DrJennyThomas](https://twitter.com/DrJennyThomas).

Jenni Schaefer is a singer/songwriter,



speaker, and author of *Life Without Ed and Goodbye Ed, Hello Me*. Chair of the Ambassadors Council of the National Eating Disorders Association, she is also coauthor of *Almost Anorexic*.

Visit JenniSchaefer.com. Connect with her at [Twitter.com/JenniSchaefer](https://twitter.com/JenniSchaefer) and [Facebook.com/LifeWithoutEd](https://facebook.com/LifeWithoutEd).

Real Mannequins for Real People

By Rebecka Silvekroon, Founder of SwedishMannequins.com, Sweden

Two and a half years ago, I was out shopping on my own one Saturday. I entered one of the bigger department stores in the middle of the city, and headed for the underwear section. Suddenly, I stopped. It wasn't the clothes on the mannequin in front of me that made me stop. This mannequin didn't look like most mannequins do. She had a stomach that reminded me of my own, and thighs that looked real and strong. I was so happy to see that! I grabbed my mobile phone, took a photo and posted it to my personal blog.



The first week after the photo went viral was an unusual week for me, with interviews on TV, for radio and in papers. And, I thought I'd seize those fifteen seconds of media attention to do something useful. So, I created the website www.swedishmannequins.com, where I hope to keep the discussion about this important topic going. If you have a story of your own addressing positive body image and self-acceptance, I encourage you to share it!

And, why is this important? Unfortunately, the fashion industry often portrays an unrealistic body and beauty ideal—on catwalks, in magazines and billboards. Every day and almost everywhere, we are subject to the ideal that you must look a certain way to be beautiful. When you walk into a mall, what do you see when you look at the store windows? Most likely, you will see mannequins showing off the newest trend. They are supposed to show you how that piece of clothing actually looks on you. But, if there are only very thin mannequins with specific beauty ideals, how will that make you feel?

A childhood friend of mine struggled with anorexia and bulimia for many years. There is no way of explaining why, as eating disorders have complex contributing factors that include biological, social, and psychological elements. But, I do believe that we are affected by this unrealistic image we encounter in the media and in our public spaces, more than we want to admit. I recently read a study that



reported that at age thirteen, 53% of American girls are “unhappy with their bodies.” And, that it grows to 78% by the time girls reach seventeen.

I hope that my photo of the Swedish mannequin—that has been liked and discussed by so many people—will catch the attention of retailers and other companies in the fashion industry. If enough people ask for a change perhaps they might consider using a wider range of mannequins in their stores. Perhaps they will celebrate diversity in body size rather than a “standard” type of mannequin that promotes an extreme in body size and beauty. Let's change that! Many companies use these mannequins because they believe that consumers will be more likely to buy their clothes. My experience shows that consumers want diverse, realistic displays.

Beauty and body acceptance should not be defined by a limited set of criteria. Real people come in all sizes and shapes, so why shouldn't mannequins? ■



At that point, I only received two positive comments on my blog about the mannequin. But, in mid-March of this year, something happened. Somehow my photo ended up spreading throughout social media. The Facebook page “Women's Rights News” first shared the photo, and after just a couple of days, it had received more than fifty thousand likes. Others followed, and the image started to appear rapidly across the globe. In a matter of days, it had been liked more than one million times!

Today, the photo has been shared in news articles and magazines around the world. But, most importantly, it has been discussed and liked by so many people. I have read comment after comment from women and men who applaud the size of the mannequin and wish that more retailers would use a more diverse range of dolls.

Become a Media Watchdog!

The Media Watchdog program empowers consumers to advocate for positive media messages. This means recognizing and celebrating advertisements that send healthy body image messages, as well as taking the time to express our concerns about advertisements that send negative body image messages or promote unrealistic ideals.

When we act together, we have a stronger voice to hold advertisers and entertainment media accountable for the impacts of their media messages. Visit the Media Watchdog homepage to alert NEDA about a praise-worthy or protest-worthy advertisement/media message, download how-to instructions on deconstructing an advertisement, check for current Media Watchdog Action Alerts and more information on becoming a media activist! ■

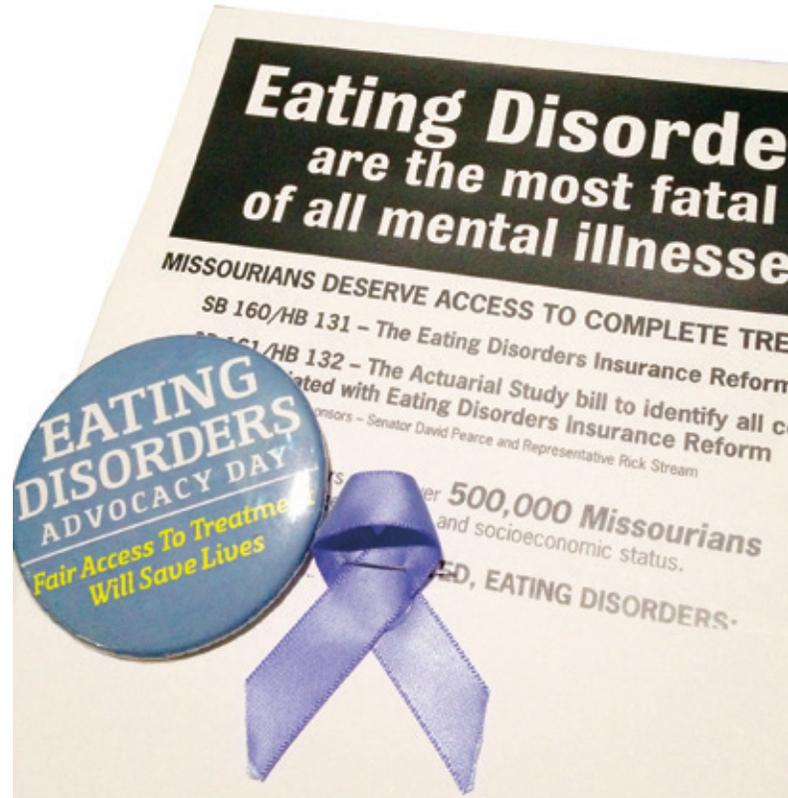
STAR Program Victory in Missouri!

The Missouri state legislature has authorized an actuarial study on the costs of eating disorder insurance reform. Senate Bill 161, sponsored by Missouri Senator David Pearce, passed with bi-partisan support and was signed on July 8th, 2013 by Governor Jay Nixon.

The actuarial study, set to be completed by the end of 2013, will assess the cost of insurance coverage for the treatment of eating disorders in the state of Missouri. This study is a crucial step in the pursuit of insurance reform, as the analysis is required before a coverage mandate can be implemented. Missouri is paving the way for other states to implement similar initiatives. Appropriate insurance coverage for eating disorders can save countless lives.

Passionate advocates from the National Eating Disorders Association's (NEDA) Solutions Through Advocacy and Reform (STAR) Program and NEDA Network member, the Missouri Eating Disorders Association, fought for the bill's passage. NEDA's STAR Program fights for legislative change that would improve the prevention and treatment of eating disorders.

Commented Taryn O'Brien, NEDA's STAR Program Manager, "NEDA thanks our STAR Program advocates in Missouri for their dedication to fighting eating disorders. Through their hard



work over the years, the team has made a large and lasting impact in the state. We look forward to future policy work to build on this monumental victory."

Said Annie Seal, NEDA STAR Program Advocate and President of the Missouri Eating Disorders Association, "For those of us who have been personally affected by this terrible disease, we believe that complete, quality treatment is more cost-effective than limited, inadequate treatment. We are confident that similar to other state's actuarial studies, the Missouri study will show costs to provide complete treatment are negligible. Many thanks to our bill sponsor, Senator David Pearce, our House bill sponsor, Representative Rick Stream and everyone in Missouri who worked so hard to make this happen." ■



Solutions Through Advocacy & Reform (STAR) Program

NEDA established the STAR Program to legislatively advocate for awareness, education, early intervention and prevention programs, funding for research, and improved access to treatment of eating disorders by speaking with legislators, mobilizing members, and forging alliances with other groups who share our vision. STAR is driven by passionate volunteers. You don't need experience to make a difference.

Contact star@myneda.org for more information. ■

Transforming My Struggle into a Tool for Successful Advocacy

BY Claire Brady, NEDA Navigator, Missouri

Last fall I decided to make a career switch away from advertising and towards medicine. Throughout my own treatment for anorexia nervosa, I became increasingly interested in health, psychology, and the interconnectedness of the parts of the body. I started a blog to share my experiences and promote awareness of eating disorders. Finally, I realized I couldn't see myself being happy in business, so I quit my job and am now a post-baccalaureate premedical student.



My mother is a pediatrician who specializes in adolescent medicine and eating disorders. She is an incredible source of knowledge for me, keeping me updated on the latest research and particularly the immense struggle for insurance coverage that she deals with on a daily basis. I've attended eating disorder conferences with her and attribute much of my involvement to her guidance. I was already volunteering through NEDA as a

Navigator when my mom told me about the Missouri Lobby Day.

Lobby day was cancelled due to a big snowstorm, and my mom wasn't able to attend on the rescheduled date. Thus, I ended up making the drive from St. Louis to Jefferson City by myself that morning having no idea what to expect. I walked into the rotunda with a nervous smile.

What I received that day was more than I could have ever hoped for. I was part of a group of people just as passionate, if not more, than me about helping those struggling with eating disorders get the insurance coverage they deserve. I was brought to tears hearing stories of deaths far too young, and moved by Miss America 2008, Kirsten Haglund's reflections on her own struggle.

I was lucky enough to have the means to pay for my treatment, but I was placed in a lobbying group with a young woman still in and out of treatment centers because she can't afford care long enough to make a full recovery.

That morning a group of us—a psychiatrist, a marketing director at a St. Louis treatment center, that young woman and I—walked around the Missouri State Capitol building pulling our senators and congressmen out of session to speak to them. And, they listened.

It was encouraging. They listened and asked questions about our experiences and what it takes to truly recover from an eating disorder. We gave them statistics that hit home, like how their very own sons and daughters could be affected. We told them this disease wasn't a choice.

One of the most thrilling parts of Lobby Day was having SB161 pass in the Senate while we were watching. Only two senators voted against the bill, and it was the first step of many towards adding eating disorders coverage to Missouri insurance plans. It gave us hope that what we were doing would actually work.

Earlier this month, I woke up to an email from NEDA telling me that SB161 was signed into law by Governor Jay Nixon and the actuarial study would begin. My eyes lit up, and my heart beamed. We did it!

Within hours my mom had forwarded me the same email, just in case I hadn't heard the news. I told my roommate and shared the email on my Facebook page, excited about the progress our state was making and the thousands this progress could save.

As I continue my journey towards medical school and ultimately becoming a physician, I'm more inspired than ever to advocate for better eating disorders care and removing the stigma surrounding mental illness. And, hopefully by the time I'm a physician, insurance will cover a full treatment for people just like me. People that were diminished by an eating disorder and wanted nothing more—*deserved* nothing more—than to have their health and vibrancy back. ■



Miss America 2008, Kirsten Haglund, speaking at the Missouri Lobby Day

Fighting for Recovery in the Face of Health Insurance Denials of Care

By Anonymous*



INSURANCE

Fighting for recovery from an eating disorder is not for the faint of heart. Recovery takes courage, self-compassion, dedication, endurance, relentless hard work, a sincere willingness to challenge cognitive distortions and passion. I agree with the common sentiment that the journey to recovery is not to be underestimated. Unfortunately, this journey is often complicated and rendered infeasible by a lack of financial resources. Due to the current state of legislation governing health insurance providers, these financial impediments to recovery are often compounded by insurance companies' questionably legal, yet clearly unethical, denials of care for eating disorder treatment. Every day, some health insurance companies shirk their responsibilities to their customers and deny critical care under the auspices of a lack of "medical necessity."

My fight to recover from bulimia was rendered all the more difficult because I had to fight my insurance company's denials of care. While hospitalized and hooked up to an IV, my insurance company flouted the recommendations of my doctors and deemed my care not "medically necessary." I had to leave treatment prematurely because of insurance denials. Because I did not get the care I needed and deserved, I had to go back to treatment again and again. Once back in treatment, the inevitable insurance denials began to accrue—this time, however, when the denial letters reached a critical mass, I decided, with the support of my husband, that I would no longer submit to the heartless whims of my insurance company. Instead, I took them to court and prevailed.

As a lawyer, I never expected that I would need to hire my own attorney to represent me in a case against my insurance provider. I never thought a large corporation would victimize someone like me—I never thought I would have to fight for what seemed so obviously just. Over two years after the filing of the lawsuit and

having my grueling deposition taken, I can breathe and enjoy my progress in recovery without being constantly distracted and traumatized by mounting treatment and legal debts. Despite my legal victory, I view the fight as far from over.

There are a number of actions that the eating disorder community can take on this critical front: (1) Encourage your legislators to make changes to the ERISA statute such that claimants who sue insurance companies are able to recover



more than the mere cost of treatment (as the law currently stands, only government employees and a few other uniquely situated claimants are entitled to recover damages above and beyond the cost of treatment—thus, there exists no incentive for insurance providers to approve treatment early in the game because they cannot ultimately be held liable for more than they would have had to pay for in the first place); (2) create a legal advocacy fund that would cover the court costs eating disorder plaintiffs incur while fighting an insurance company denial; (3) continue expanding an online "know your health coverage rights" reference document whereby those who are denied care will know what steps to take in order to challenge an insurance company denial; and (4) create an online portal to match clients with lawyers who are experts in insurance company

denials of eating disorder treatment. The National Eating Disorders Association has partnered with family members and professionals from across the United States who have experience fighting insurance companies to develop strategies for people looking for help. NEDA is a welcome resource for navigating and understanding insurance issues such as working to obtain coverage, securing eating disorder treatment, managing an appeals process and more. Please visit the NEDA Insurance Issues page: www.nationaleatingdisorders.org/insurance-resources, or call the NEDA Helpline for referrals and more information.

I was fortunate to be a lawyer with the resources to fight a legal battle against my insurance company. Others are not as fortunate – it is my sincere hope that through legal advocacy and bravery, the eating disorder community will be able to stand up to major health insurance corporations and be treated with the dignity, compassion and equality that we deserve. ■

** The author of this article chose to remain anonymous in order to honor the terms of a legal non-disclosure agreement with her health insurance provider.*

2013 Annual NEDA Conference

A conference for individuals, families and professionals who care about eating disorders.



Of Monumental Importance Directing the National Spotlight on Prevention, Treatment, Research & Policy

Washington D.C. | October 10-12, 2013
Hyatt Regency Washington on Capitol Hill

THE 2013 ANNUAL NEDA CONFERENCE, *Of Monumental Importance: Directing the National Spotlight on Prevention, Treatment, Research & Policy*, brings together professionals, researchers, educators, people in recovery and their families to connect and learn from one another. It's an ideal opportunity to come meet others, share stories and foster connections in a warm, welcoming environment. And you won't want to miss the opportunity to join us for the NEDA Federal Lobby Day on October 10th, co-sponsored by the Academy for Eating Disorders and International Association of Eating Disorders Professionals! Visit NEDAConference.org to see the full agenda and register today!

As an African American recovering from an eating disorder, I realize becoming an activist within my own community is just as important as my personal recovery. In 2012, knowing there are many in my community (family members, friends, colleagues, etc.) who are suffering in silence, I founded FAAED – The Foundation for African Americans with Eating Disorders and plan to launch a blog – The Forum for African Americans with Eating Disorders this year. My mission is to increase awareness and understanding of eating disorders in the African American community and to provide a forum for open discussions about eating disorders in our community. Attending the conference will help me foster connections with people in recovery and their families and learn from professionals, researchers and educators who are working on both local and national levels.

— Gwen Vann, NEDA Conference 2013 Family Panelist

I first attended the NEDA Conference in 2009 and had the opportunity to hear Stephanie Covington-Armstrong share her inspiring story; allowing me to start my own journey to recovery & healing. Three years later, I found myself sharing my own recovery story at the NEDA Conference Family Panel. I look forward to returning this year and being surrounded by people who believe that recovery is possible.

— Anahi Ortega, NEDA Conference 2012 Family Panelist

Attending NEDA's Annual Conference reminds us all that we are not alone, whether you are a family member, someone struggling or a professional. Help is out there and stories of recovery are strong and inspiring. I am delighted to be able to share my own story of recovery and my perspective as a transgender man and professional in the field.

— Ryan K. Sallans, MA, President/CEO of Ryan Sallans, Inc. and Scout Publishing, LLC.

I'm looking forward to sharing my story at this conference because I want other partners and spouses to know that they are not alone. Furthermore, I'm thankful for the opportunity to draw attention to the challenges that members of the LGBTQ community who struggle with eating disorders and their partners face.

— Emily Farquarson, NEDA Conference 2013 Family Panelist

Calling All Dads – “There’s A Ball At The Castle”

BY Don Blackwell, Florida and Mike Polan, New York, PFN Steering Committee

When the editors of *Making Connections* approached us a few weeks ago and asked if we would be willing to write an article inviting fellow dads to join us at NEDA’s 2013 Annual Conference in Washington, D.C., we jumped at the opportunity for several reasons. First, because both of our daughters spent several years battling eating disorders, we know intimately the unique challenges that dads face in the treatment and recovery process. We know the sense of skepticism that often accompanies the initial diagnosis, the seeming irrationality of it all and the corresponding beliefs that can arise out of skepticism (i.e., that “it’s just a phase” our loved one is going through, that our loved one is just “doing this” to garner our attention or affection, that they almost certainly will “grow out of it” or, worse yet, that the disease is a “choice” our loved one has misguidedly made—a choice that they can just as easily “unmake” and return to “normal”) – none of which, of course, could be further from the truth.

We also understand the fear that sets in, as dads begin to more fully appreciate the seriousness of these insidious diseases and the level of care and parental involvement required to treat them. As importantly, we know the overriding desire that all dads, ourselves included, have to want to fix things and the sometimes overwhelming sense of helplessness that can set in when, despite our best efforts, our loved one continues to struggle. Finally, we know the toll such illnesses can take on a family and on relationships with spouses, not to mention a dad’s psyche, as inevitably we begin questioning our adequacy as fathers, while struggling to balance the everyday demands of work.

We also seemed like a logical choice because over the past several months, we’ve had the privilege of speaking to groups of eating disorder sufferers, treatment professionals and parents at various webinars and seminars across the country. At each stop along the way, we have shared our beliefs that: (1) a dad’s unconditional love and support are critically important to a child’s

healthy development and image of self; (2) although we may not always be the best at communicating our feelings, dads care deeply about their children and have since the day they were born; (3) most dads are thirsting for an even closer relationship with and a better understanding of their children; (4) while the level of vulnerability and emotional intimacy required to connect fathers and their children, particularly daughters, in ways that meet their “dad needs” may not be intuitive to some men (i.e., it may not always come naturally to a dad), with proper education, guidance and encouragement dads not only are fully capable, but desirous of achieving that level of closeness; (5) the rewards associated with being more vulnerable and with a heightened sense of father/child awareness and emotional intimacy are well worth the effort it takes to get there; (6) where disordered eating behaviors are concerned, a dad’s willingness to participate in his child’s recovery on a more visible and intimate level may be the most important gift he can ever give his loved one, his family and, ultimately, himself; and (7) healthy recovery from an eating disorder should involve the entire family – including dads.

Most importantly, however, we embraced the editors’ offer because it gives us a chance to encourage dads to utilize the opportunity their attendance at the conference affords to send critically important messages to their loved ones, namely that:

- You appreciate the seriousness and complexity of your child’s struggle;
- You are fully invested in the process and prepared to do what is necessary to support their recovery efforts;
- You understand the need to be “fully present” in their lives, particularly at this difficult time;
- You are willing to make sacrifices in your own life and busy schedule solely for their benefit;
- Your love of and support for them is unconditional, free of any sense of “disappointment” and non-judgmental;
- You recognize the need to better understand the intricacies of the



Don Blackwell



Mike Polan

disease process and are committed to educating yourself;

- You want to learn the skills and techniques necessary to constructively support them in all aspects of their recovery; and
- You acknowledge the need for and value of support from others, who either are going through or already have successfully navigated these diseases.

The bottom line. We believe that all dads stand to benefit from what this year’s annual NEDA Conference has to offer: the opportunity to avail ourselves of the finest treatment professionals in the industry in better educating ourselves as to the complexities of eating disorders; the chance to learn how we can better support our loved one in their struggle to overcome their illness; and the invitation to be part of a group committed to raising awareness of the life-threatening nature of these diseases. Finally, but no less importantly, *the conference is invaluable because it offers dads, who, understandably, may feel isolated or overwhelmed (or both) the chance to share their experiences and derive much needed support from other dads (and parents in general), who understand their struggle.*

For all of these reasons (and more), Mike and I strongly encourage every dad to join us in attending this year’s annual NEDA Conference. You (and, as importantly, your loved one) will be glad you did! ■

Family Package Registration

Full Conference	\$410.00
Friday Only	\$205.00
Saturday Only	\$205.00

BlackStar Film Festival: Baby Steps

BY Stacey Sargeant, Filmmaker, Actress, New York City



ARTS FOCUS

"I saw you coming down the stairs earlier and I thought you were absolutely beautiful. I would've never thought you were going through all this or felt this way about yourself."

This was the first comment made in the Q&A period after my short documentary film, *Though I'm Not Perfect*, and Lisa Cortés & Shola Lynch's film, *Imagine A Future*, screened at the 2nd Annual BlackStar Film Festival in Philadelphia. This comment illustrated one of the points NEDA Community Outreach Specialist, Ellen Domingos, and I were hoping to communicate: people often believe eating disorders are about looks or are a choice, but in reality they are complex illnesses that develop for many different reasons. For too long, eating disorders have been known as only a young white girl's illness. This is a myth. Eating disorders do not discriminate. While more research is needed in this area, we do know that the prevalence of eating disorders is similar among Non-Hispanic Whites, Hispanics, African-Americans, and Asians in the United States, with the exception that anorexia nervosa is more common among Non-Hispanic Whites. Another common misconception is that someone suffering with an eating disorder can be identified based on their weight—this simply is not the case. I share my documentary in the hopes of starting conversations that challenge many of these stereotypes, and encourage people who are struggling to reach out for help.



Following my first ballet instructor's recommendation, I started dieting at the ripe age of nine years old, with hopes that I would be accepted into the children's company of the school I attended. Though I lost weight, that day never came due to other issues at play I was unaware of; issues that had to do with the hue of my skin.

Devastation set in. I gave up my dream and without worrying or even being aware of the consequences of

developing binge eating disorder, I literally swallowed my feelings with all the foods I wasn't allowed to eat before, until my dream lured me back in. I found out about a training program that was created to give Black people the opportunity to train and perform classical ballet. I auditioned and was put in a beginner ballet class. After having been on pointe for almost two years at my previous school, how was this possible? When my mom and I inquired, we found out that my acceptance into the class level I belonged in, the advanced intermediate class in the pre-professional program, was contingent upon me losing weight. I was up for the challenge because I'd done it before. I endured the humiliation of going to a ballet class that was beneath my level for a year and a half, until my appearance was acceptable to those I believed held the key to my dream. Even after being promoted, disparaging comments were made to me, in front of my classmates about my weight. The underlying message being that I was still too big to be a ballerina, regardless of my dance abilities.

After realizing I would probably never attain my dream of being a ballerina, I became attracted to acting. When I made this known to some of my ballet teachers, I was met with discouraging responses because they believed I didn't have the "ideal" body type to be in *any* aspect of the performing arts. This only fueled my determination to pursue my new dream of being an actor.

My journey is the subject matter of my short film, *Though I'm Not Perfect*. As I sat in the audience while it screened at the BlackStar Film Festival, Ellen supported me in sharing my story, as I confronted my fears of how my film would be received. I made this film with my dad's digital camera, purchased a MacBook Pro and taught myself how to edit in iMovie. Now I was screening this film in a festival deemed by Ebony Magazine as the, "Black Sundance;" you can understand my insecurity. However, after hearing many audible responses from viewers, I knew they were on the ride.

Viewing my film, I was overcome with the type of emotion that comes when one reflects on all the obstacles they've overcome in life, the type of emotions that, had I not gotten under control by taking deep breaths, would have turned me into a blubbering mess. While I know my therapist would say this is a good thing to be in touch with, this was not



the time or the place...I had to speak on a panel in a few minutes! I mean, there I was, a professional award-winning actress who has been in countless musicals and straight plays, been on television shows such as *Law & Order: SVU*, *Glee*, and *Gossip Girl*, and just worked with Chris Rock on his latest untitled film. There I was sitting next to Ellen Domingos of the National Eating Disorders Association, with a mission that goes beyond me...a mission to generate awareness and discussion about eating disorders in the Black community. I could not ignore how I have turned the lemons in my life into lemonade, and not just for myself.

I must say, after having stayed two more days in Philadelphia for the remainder of the festival, our mission was accomplished. Countless people stopped me on the street and at other festival events to share very personal stories. So much so, that I was late or missed events altogether to simply listen. I learned that my willingness to share my story gives people the courage to release the shame, even if only for a moment, and share their stories because they know in speaking with me, they are not alone. I learned that many artists are not even aware of

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► **Baby Steps** *continued*

their own conditioning...how the beliefs they have about their bodies and food are not their own. I learned that NEDA and I have a lot of work to do in the Black community, but just as my individual recovery started with baby steps and is

a process, bringing about awareness of eating disorders in the Black community so that people can seek help and support will not happen overnight...but at least a dialogue has begun. ■

For more info on **Stacey Sargeant** please visit www.staceysargeant.com and to learn more about her film visit www.thoughimnotperfect.com.

WHY WE NEED THE NEDA FEEDING HOPE FUND



The American Academy of Pediatrics states*: "The incidence and prevalence of eating disorders in children and adolescents has increased significantly in recent decades, making it essential for pediatricians to consider these disorders in appropriate clinical settings."

What is the Feeding Hope Fund?

The Feeding Hope Fund will raise restricted funds designated for the distinct purpose of providing grants to:

- qualified clinical researchers who have been selected through our very competitive application process
- qualified clinical experts providing creative submissions for advancing the training and dissemination of evidence based treatments to fellow clinicians

What will my investment do?

Your investment will address several key strategic goals of the Feeding Hope Fund. It will support and encourage clinical research in the field, it will provide models of dissemination and training and it will inspire others to step forward, so that treatments are improved and a cure is within our reach.

"...because they have the highest mortality rates of all mental disorders, further research to better understand eating disorders is critical.."

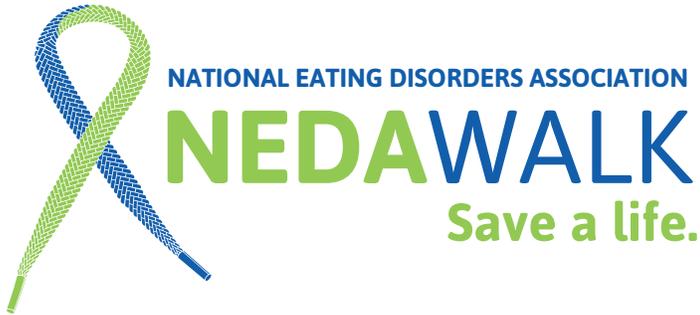
Research is our best hope for effective prevention and even better treatments in the future."

—Thomas Insel, M.D., Director, National Institute of Mental Health



National Eating Disorders Association

* Clinical Report — Identification and Management of Eating Disorders in Children and Adolescents by David Rosen — Official Journal of the American Academy of Pediatrics



NEDA Walks bring communities together to increase eating disorders awareness and raise funds for NEDA in a fun way. They not only work to support the mission of NEDA, but also work to bring awareness and education to the local communities in which they take place. NEDA Walks that are coordinated by NEDA Network Members return a majority of the funds back to the local community, and 2013 will be the first year of the NEDA Walks scholarship program, which sends local Walk Coordinators to the NEDA Conference free of charge. Help NEDA support individuals and families affected by eating disorders in local communities around the country by registering for a walk near you! ■

NEDA Walk Volunteer Spotlight

Suzi Heim is the coordinator of the first Kansas City, Missouri NEDA Walk which took place in June 2013 and raised over \$28,000. When her 21 year old daughter, Emily, took her own life, after an exhaustive eight year struggle with an eating disorder (ED), Suzi knew she had to get involved. She manages this walk in an effort to prevent another family from experiencing a similar loss. Suzi wants to raise awareness and make resources available for those individuals and families who are in need of help. She strives to continue Emily's battle against ED in hopes of making a difference for others. We are so grateful to Suzi for her work and are inspired by her strength and courage. ■



Upcoming 2013/2014 NEDA Walks:

Greater Cincinnati, OH NEDA Walk
(Dearborn Trails, Lawrenceburg, IN)
Saturday, September 7, 2013

Madison, WI NEDA Walk
(Madison, WI)
Saturday, September 7, 2013

Indianapolis, IN NEDA Walk
(Military Park, White River State Park, Indianapolis, IN)
Saturday, September 7, 2013

Bowling Green, KY NEDA Walk
(Bowling Green RiverWalk, Bowling Green, KY)
Saturday, September 14, 2013

Minneapolis, MN (Twin Cities) NEDA Walk
(Mall of America, Minneapolis, MN)
Sunday, September 15, 2013

Elkins Park, PA NEDA Walk
(Ogontz Park, Elkins Park, PA)
Saturday, September 21, 2013

Pittsburgh, PA NEDA Walk
(Schenley Park, Pittsburgh, PA)
Saturday, September 21, 2013

Orem, UT NEDA Walk
(Mt. Timpanogos Park, Orem, UT)
Saturday, September 21, 2013

Belle Mead (Central NJ) NEDA Walk
(Montgomery Park, Belle Mead, NJ)
Sunday, September 22, 2013

Chicago, IL NEDA Walk
(Lincoln Park, Chicago, IL)
Sunday, September 22, 2013

St. Louis, MO NEDA Walk
(Tower Grove Park, St. Louis, MO)
Saturday, September 28, 2013

Baltimore, MD NEDA Walk
(Corner of West Chesapeake & Washington Avenue, Towson, Maryland)
Sunday, September 29, 2013

Boone, NC NEDA Walk
(Appalachian State University, Boone, NC)
Saturday, October 5, 2013

Champaign-Urbana, IL NEDA Walk
(University of Illinois Main Quad, Champaign-Urbana, IL)
Saturday, October 5, 2013

Summerville, SC NEDA Walk
(Paths in Azaela Park, Summerville, SC)
Saturday, October 5, 2013

New York City NEDA Walk
(Foley Square, New York, NY)
Sunday, October 6, 2013

Denver, CO NEDA Walk
(City Park, Denver, CO)
Saturday, October 12, 2013

Terre Haute, IN NEDA Walk
(Indiana State University, Terre Haute, IN)
Saturday, October 19, 2013

Westchester, PA NEDA Walk
(Farrell Stadium- West Chester University)
Saturday, October 19, 2013

Asheville, NC NEDA Walk
(Carrier Park, Asheville, NC)
Saturday, November 2, 2013

Austin, TX NEDA Walk
(The Triangle, Austin, TX)
Saturday, November 9, 2013

Rockland County, NY NEDA Walk
(Rockland Lake State Park Valley Cottage)
Sunday, November 17, 2013

San Diego, CA NEDA Walk
(Mission Bay in De Anza Cove)
Saturday, February 22, 2014

Savannah, GA NEDA Walk
(Daffin Park, Savannah, GA)
Saturday, February 22, 2014

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Upcoming PFN Series Webinars

Eating Disorders 101 for the Spanish Speaking Community (conducted in Spanish)

Thursday, September 26th, 2013, 1 to 2:30 PM EST

Recently Archived Webinars

Eating Disorders in Type 1 Diabetes

Type 1 diabetes is one of the most common chronic diseases of childhood. Its management focuses on the relationship between blood sugar, insulin, and food. This may contribute to why individuals with type 1 diabetes have close to 2.5 times the risk of developing an eating disorder than those without diabetes. Many individuals with eating disorders and diabetes restrict medically necessary insulin doses as a powerful and dangerous calorie purge unique to diabetes. Insulin restriction is associated with an earlier onset of diabetes complications such as eye, kidney, and nerve damage as well as an increased risk of mortality. This free online webinar focuses on the complex combination of eating disorders and diabetes. Dr. Ann Goebel-Fabbri, psychologist at Joslin Diabetes Center and Assistant Professor of Psychiatry at Harvard Medical School, has published research on this topic and was involved in creating consensus treatment guidelines for this dual diagnosis. She presents a review of what is known about the problem with a focus on treatment strategies and common challenges. Asha Brown has had type 1 diabetes since the age of five years old and is recovered from an eating disorder. She is the Founder of "We Are Diabetes," a non-profit organization devoted to providing support for type 1 diabetics who struggle with an eating disorder. Asha provides her personal story and insight on recovering from diabulimia. *Recorded live on Wednesday, July 24, 2013*

An Eating Disorder By Any Other Name: How EDNOS, OSFED, and other Eating Syndromes Can Be Just as Severe as Anorexia, Bulimia Nervosa and Binge Eating Disorder

While 1 in 200 U.S. adults have experienced full-blown anorexia nervosa, at least 1 in 20 (1 in 10 teen girls) have exhibited some of the key symptoms. Many silently endure the effects of anorexia, bulimia, and binge eating disorder, but most never address the issue because they don't fully meet the diagnostic criteria. These individuals, suffering immensely, often feel invalidated when they are labeled with an acronym like EDNOS (DSM-IV) or FEDNEC (DSM-V). Jennifer Thomas, a clinical psychologist whose research focuses on subthreshold eating disorders, and Jenni Schaefer, an author who is recovered from an eating disorder herself, combine the latest research and clinical wisdom with inspiring recovery stories, including family member, Nancy Quetti. This webinar will provide practical guidance on how to support those who struggle with subclinical eating disorders, which are just as impairing, dangerous, and deserving of help as their officially recognized counterparts. *Recorded live on Tuesday, June 25th, 2013*

To register for an upcoming webinar, or view a recorded webinar, visit www.nationaleatingdisorders.org/webinars

► NEDA WALK 2013/2014 *continued*

Orlando, FL NEDA Walk

(Lake Eola, Orlando, FL)
Saturday, March 1, 2014

Biloxi, MS NEDA Walk

(Tradition Mississippi, Biloxi, MS)
Saturday, March 22, 2014

Philadelphia, PA NEDA Walk

(Philadelphia Zoo, Philadelphia, PA)
Sunday, June 1, 2014

Loss Support Network

The Loss Support Network offers those who have lost a loved one to an eating disorder a way to connect with others by:

1. Volunteering to support those new to a loss
2. Requesting support from a volunteer in the network
3. Connecting with fellow volunteers.

If you have lost a loved one and would like to become a Loss Support Network volunteer or would like to request connection with a volunteer, visit the Parent, Family & Friends Network on NEDA's website (www.nationaleatingdisorders.org/loss-support-network).



Network Spotlight



T.H.E. Center (for Disordered Eating) OF WESTERN NORTH CAROLINA

The NEDA Network is a collaboration between NEDA and other like-minded organizations dedicated to our cause. Together, we provide a unified voice of strength, advocacy and support in the fight against eating disorders.

T.H.E. (Treatment, Healing, and Education) Center for Disordered Eating is a 501(c)(3) organization dedicated to mobilizing support and resources for individuals and families affected by disordered eating in Western North Carolina. T.H.E. Center accomplishes its mission by providing free support groups for men and women in recovery and for families and loved ones; supporting

local schools in delivering Healthy Bodies and Full Of Ourselves prevention programs; educating the community about eating disorders through a lending library, community outreach, annual conference, and events; and mobilizing a network of medical and behavioral healthcare professionals to increase the availability of treatment resources for persons affected by eating disorders. Based in Asheville, N.C. and established in 2004, T.H.E. Center for Disordered Eating annually serves 367 participants through support groups, 324 attendees at workshops and events, and approximately 155 calls come through THE Center's helpline.

T.H.E. Center is hosting its 5th Annual Voices of Hope: A Conversation about Eating Disorders event on September 26, 2013, and would like to announce the addition of a twice monthly teen support group facilitated by licensed therapists and a family led support group starting in October.

Other developments this Fall include participating as a partner in the NEDA Federal Lobby Day in Washington, D.C., co-hosting with Timberline Knolls a complimentary (3 hour continuing education) seminar on eating disorders and Dialectical Behavior Therapy on November 1st, and kicking off our 1st Annual Asheville NEDA Walk on November 2, 2013. All events can be found at www.THECenterNC.org.



Staff Spotlight

Meet the NEDA Staff!

Claire Mysko, MA

Proud2BeMe Project Consultant

Claire Mysko has worked as a project consultant to NEDA since 2011, when she came on board to oversee Proud2Bme (proud2bme.org), the organization's youth outreach program. Proud2Bme is an online community that promotes body confidence and eating disorder recovery—goals that have been central to Claire's career in the worlds of eating disorder prevention, body image education and youth advocacy.



alternative to dangerous pro-ana and "thinspo" content. Above all, she loves connecting with young people who want to share their stories and take action to inspire personal and social change.

Claire's work with NEDA has been a reunion of sorts: she served as the director of the American Anorexia Bulimia Association (AABA), an organization that merged with several others to form what is now NEDA. This was back in the day when treatment referrals were read to callers from a three-ring binder and launching AABA's first real website was a major milestone. Since that time, Claire has headed up online content and community for SmartGirl and Girls Inc., among other organizations. Her book for girls, *You're Amazing! A No-Pressure Guide to Being*

Proud2Bme is a dream project for Claire. Her day-to-day tasks range from editing articles and creating campaigns to speaking with reporters about the importance of providing a positive



Your Best Self, was named to the Amelia Bloomer List, a project of the American Library Association that recognizes outstanding feminist books for young readers. She is also the co-author of *Does This Pregnancy Make Me Look Fat?* *The Essential Guide to Loving Your Body Before and After Baby*.

Claire lives in Brooklyn and has a three-year-old daughter who wants to be a fire-fighting princess chef when she grows up. ■

Thanks for reaching out!



How can we help?

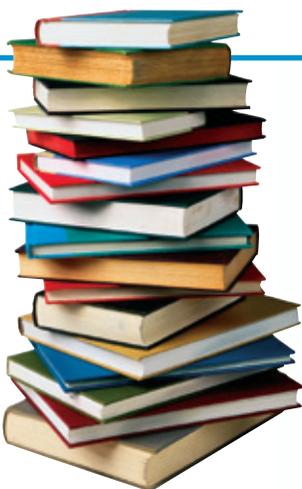
The Helpline is often an initial step to help for those suffering from an eating disorder and those who support them. Helpline volunteers have extensive training to prepare them for their role providing support to find resources, information, treatment and support group referrals. The Click to Chat option is another way to speak with a live, trained Helpline volunteer, should you prefer instant messaging the Helpline instead of speaking to a volunteer over the phone.

Call our toll-free, confidential Helpline, Monday-Thursday from 9:00am – 9:00pm and Friday from 9:00am – 5:00pm (EST):

CHAT WITH THE HELPLINE

Feel more comfortable chatting online with a Helpline volunteer?

[CLICK TO CHAT](#)



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Have you read a book recently that offered you insights, tools or helpful information? Write a review for the newsletter!

All you have to do is submit a 1-page article to pffnetwork@myneda.org that includes:

- Your name and contact information
- Title of book, author, publisher and copyright date
- A brief summary of the content of the book
- What you gained from the book: Hope, tools for recovery, strategies for self-care, encouragement, educational information, etc.

NEDA reserves the right to edit book review submissions prior to publication. If your review is edited, you will be provided the updated version for your approval prior to publication.

National Eating Disorders Association

165 W. 46th Street, Suite 402
New York, NY 10036



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National Eating Disorders Association

165 W. 46th Street, Suite 402
New York, NY 10036

PHONE: 212.575.6200 FAX: 212.575.1650

HELPLINE: 800-931-2237

info@nationaleatingdisorders.org

www.NationalEatingDisorders.org

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