

NATIONAL EATING DISORDERS ASSOCIATION

MAKING CONNECTIONS



HOPE For Recovery

PLUS

Life Beyond Ed: Using Hope to Find Courage

Jenni Schaefer, NEDA Ambassador Chair

Where There Is Science, There Is Hope

Rina Ranalli

Online Screenings: Providing Help and Hope

Angela Neilans and Michelle Holmberg, MA

Research Summary: Males and Eating Disorders

Alison E. Field, ScD and Kendrin R. Sonneville, ScD

Letter from the PFN Chair | BY Deborah Kreiger, Florida

"Hope begins in the dark, the stubborn hope that if you just show up and try to do the right thing, the dawn will come. You wait and watch and work: You don't give up."

—Terrie M. Williams

Hello Friends,

HOPE is an extremely meaningful word to me for so many reasons. I am certain it is near the top of your list too, especially if you are a parent, sibling, other family member or friend of someone who is struggling or has struggled with an eating disorder. For me, hope was what got me up each morning and, day after day, helped me summon the strength to see it through. During the darkest times it felt like a fragile thread that we clung to, because that was what we had...the intangibles,



the faith, courage and somehow enough hope to face our fears, take that next step, put blinders on to the outside world and pummel through the darkness.

This being said, the above quote resonated with me. We were right there; we were very scared during the saddest days of our loved one's eating disorder, but we kept showing up, pushing through the darkness, seeking treatment and praying we were doing everything right for her. "You wait, you watch and work: You don't give up." This is HOPE.

This issue will inspire, support and encourage you. Allow the articles to touch you and know that the feelings and experiences you will read about

are very real and personal. Hope is a powerful word and one that I hold onto each and every day. May this issue leave you with feelings of encouragement and support that will help shine a light for you regardless of where you are along your personal journey; "Out of difficulties grow miracles" (Jean De La Breye're), and I ask you to believe that you will find yours.

As we embrace HOPE for ourselves let us also remember to share our commitment to creating awareness of eating disorders and offering support to others. With National Eating Disorders Awareness Week fast approaching, I ask you to get involved. Even if it seems like a small contribution, it matters. And, to someone, you might just be the one who offers them the HOPE they so desperately need.

Thank you,
Deborah ■

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

Dear Readers,

Many people who contact NEDA for direction to help and support tell us that maintaining hope can be challenging, but that it is a key component of the recovery process for the person struggling as well as those providing support. As the PFN Steering Committee talked about this topic, it became clear that there was so much to explore, in addition to sharing stories of hope. This issue of Making Connections looks at hope from many perspectives – where people find sources of hope, hope as a motivating factor in the recovery process, hope as a source of courage, cultural events signifying hope for



change, the role research plays in hope for better treatments, and more. When we asked our many friends on social media to tell us about the role of hope, either from family members or those who have struggled, the response was overwhelming. We are delighted to share the wisdom and insights of your fellow PFN members here.

With NEDAwareness Week upon us (February 23 – March 1, 2014) we can all contribute to instilling hope in our communities. Themed *I Had No Idea*, NEDAwareness Week offers the opportunity to talk about many misconceptions about eating disorders. We can all be a part of ensuring our fellow parents, siblings, partners/spouses, teachers, coaches, etc., are aware of the dangers of eating disorders, feel empowered to

express their concern if someone they know is struggling, and know where to turn for support and resources.

This February, we are excited about the many ways volunteers and activists across the country will be raising awareness. Your actions truly make a difference. Each year, when we all come together to do something in our own community, NEDA sees a sharp spike in people reaching out for help, support and resources through the NEDA Helpline, requests for a NEDA Navigator and visits to the NEDA website. Check out the NEDAwareness Week website, www.NEDAwareness.org, and find out about the many fun, easy ways for you to get involved.

Sincerely,
Susie ■

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Research Summary | Concerns with Physique and Eating Disorders Among Males and Subsequent Adverse Outcomes

By Alison E. Field, ScD and

Kendrin R. Sonnevile, ScD, RD, LDN, Massachusetts



Alison E. Field, ScD



Kendrin R. Sonnevile, ScD,
RD, LDN

Most eating disorder research has focused on females, but recently there has been a growing interest in eating disorders among males. Approximately 0.1-1% of adolescent and young adult women in the United States have anorexia nervosa (AN) and 1-3% have bulimia nervosa (BN). Binge eating disorder (BED) is believed to affect 2-4% of females in the United States, making it the most common eating disorder. The prevalence of eating disorders among males is not well known, but is assumed to be much lower.¹⁻³ However, the diagnostic criteria may not be as appropriate for males, thus the true rate of eating disorders among males may be higher than that observed in previous studies. Males are more likely to be concerned about *muscularity*, whereas, females tend to be overly concerned with thinness. At present, the diagnostic criteria include unhealthy behaviors to lose weight, such as self-induced vomiting, but do not include using unhealthy products, such as growth hormone or anabolic steroids, to increase muscle size and enhance body size.

The goal of our study published in the January 2014 issue of *JAMA Pediatrics* was to describe the full range of eating disorders among males and to identify whether these eating disorders were predictive of developing a range of adverse outcomes⁴. We followed more than 5500 males who were 12-18 years of age at baseline (1999) for up to 12 years. The males are part of the Growing Up Today Study, a prospective study of adolescents and young adults throughout the United States.

Because AN is very rare among males, we did not assess it in our study. Moreover, because full criteria BN and BED are relatively rare, we focused on disorders of at least subthreshold severity. We also assessed subthreshold purging disorder (frequent purging, but no binge eating). In addition to the recognized eating disorders, we also studied a range of shape concerns and behaviors to increase size and strength: high concerns with muscularity; high concerns with muscularity and using supplements, growth hormone, or anabolic steroids to achieve their desired physique; high concerns with thinness; and high concerns with both muscularity and thinness.

At baseline in 1999, less than 1% had partial or full BN, PD, or BED, but many more (8.5%) were either extremely concerned with their muscularity, concerned with their muscularity and using supplements and other products to improve their physique, or very concerned with both thinness and muscularity. Concerns with thinness remained relatively uncommon, but as the boys aged, the rates of concerns with muscularity increased. During the course of the study, approximately 9% of the boys reported high concerns with muscularity; 2% high concerns with muscularity and used supplements, growth hormone, or steroids to achieve their desired physique; 2.5% high concerns with thinness; 6% high concerns with both thinness and muscularity; 2.9% had partial or full criteria BED; but only 0.8% had partial or full criteria BN or PD.

Regardless of their age or weight status, males who were very concerned with thinness were more likely to become obese in the next 1-2 years. Whereas, it was males who were highly concerned with muscularity and using growth hormone, steroids, and other potentially unhealthy products to achieve their desired physique who were twice as likely to start binge drinking frequently and start using drugs. Males who were concerned

with muscularity and thinness were also more likely to start using drugs.

Results from our study show that the current diagnostic criteria (DSM-5) do not adequately capture the range of eating disorders in males. Although AN, BN, and PD are relatively rare among males, more than 15% of the males were extremely concerned with their weight and shape. The males who were extremely focused on wanting bigger or more toned and defined muscles and willing to use unhealthy means to achieve their desired physique are an important group who may go undetected. We consider this group, which included more than 7% of the 16-22 year old males in our study, to be the male equivalent of purging disorder. Our research shows that eating disorders are not necessarily rare among males, but that there may be large gender differences in presentations of eating disorders. Parents and clinicians need to think about a broader range of eating disorders than those listed in the DSM-5 when working with adolescent males. ■

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IN FOCUS

Hope

Life *Beyond* Ed: Using Hope to Find Courage A Q & A with Jenni Schaefer, NEDA Ambassador Chair, Texas

By Ellen Domingos, NEDA Community Outreach Specialist

Hope is a topic that we know Jenni Schaefer has been talking, writing and singing about for many years, touching so many people's lives along the way. We had a chance to catch up with her and ask a few questions. Here is what she had to say about how hope, and the role of hope, has changed in her life.



ELLEN: Jenni, you are celebrating recovery with a tenth anniversary edition of *Life Without Ed* coming out this month (in print, ebook, and audio!). Congratulations! What is the most important thing you have learned in the ten years since the book came out?

JENNI: Life *beyond* Ed is what it's all about. We recover from our eating disorders in order to recover our lives. And, along the way, we can achieve a complete freedom from Ed (aka "eating disorder"). When I wrote *Life Without Ed*, I didn't know that "fully recovered" was possible. I also didn't realize all of the beautiful gifts that would enter my life because I made the decision to heal. In the anniversary edition of the book, I wrote, "Thanks to recovery, my eating disorder has been among the best gifts in my life — albeit one that arrived in the absolute ugliest package." I never thought I'd say anything like that!

ELLEN: You do quite a bit of speaking on recovering from an eating disorder. What do you like to leave your audiences with when you share your story?

JENNI: My wish is that people will connect with the joy in my story and believe that a

full recovery is possible for them (and their loved ones). Of course, I want to leave audiences with educational information and recovery tools as well, but most of all, I want them to walk away with hope. It's a small, but powerful word.

ELLEN: We know you have been instrumental in helping so many people who are struggling with an eating disorder by sharing your story of recovery. Has there been an event or person that has stuck with you or helped you through the years?

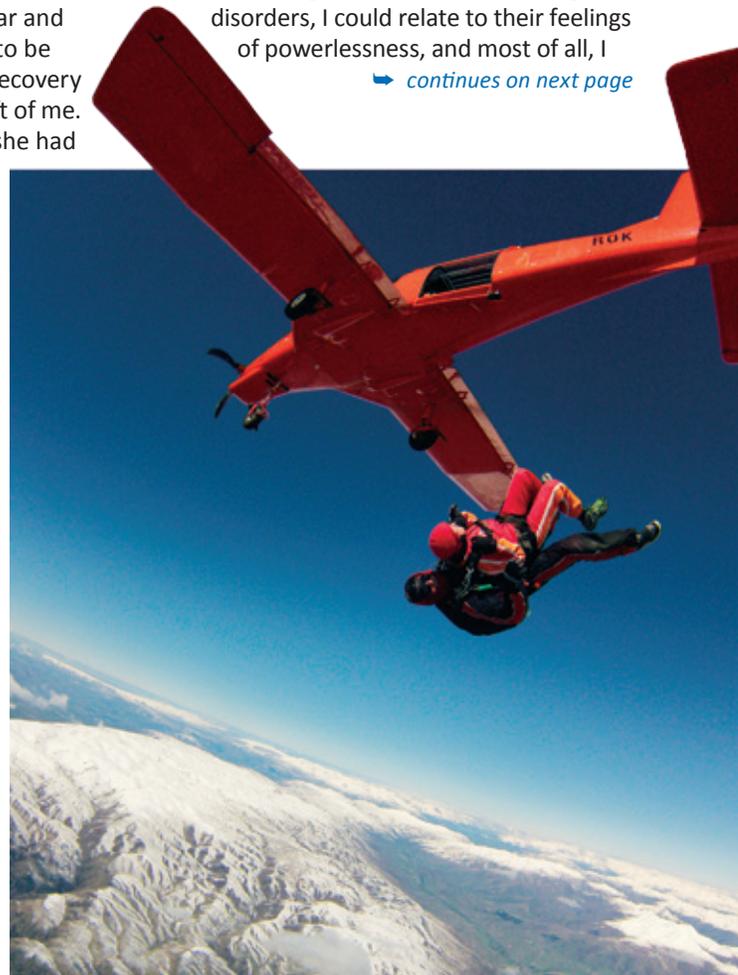
JENNI: As I was playing guitar and singing my song, "It's Okay to be Happy," a young woman in recovery began dancing just to the left of me. Earlier in my presentation, she had shared about her dream of dancing, so I had invited her to join me on stage. Even though she had never heard my song previously, she connected with the music and beautifully danced. I love seeing people take risks like this. Eating disorder recovery means taking risks. The cool thing is that this ability to take risks strengthens us—builds up our courage in other areas of life. When I see people like that young woman take a risk, it reminds me of the strength inside of myself. Recently, on my honeymoon in New Zealand, I took a big risk that I had been terrified of for a long time. Just check out the photo!

Without my eating disorder recovery experience, I never would have been able to take that leap of faith.

ELLEN: Were there unexpected sources of hope in the beginning of your treatment, when you were first opening up about your struggles? Where did you find sources of hope in your own journey?

JENNI: In early recovery, I actually found much hope in people recovering from alcoholism and drug addiction. Even though they didn't have eating disorders, I could relate to their feelings of powerlessness, and most of all, I

➔ [continues on next page](#)



► **Life Beyond Ed – A Q & A** *continued*

connected with their strength and hope. Throughout my journey, I found hope in other people, including, of course, those who had recovered from eating disorders. I also found much hope in brief moments of freedom from Ed. I cherished these moments and did my best to harness the hope from them when I fell down. I got knocked to the ground a lot in my recovery, but hope always picked me back up. Sometimes, it took awhile for me to stand, but I eventually did — each and every time. And that’s exactly how I jumped out of that plane as well. On my first attempt to jump, I didn’t, but went down with the pilot instead (yes, inside the plane!). My newlywed husband, Eric, did, in fact, jump in an attempt to encourage me, and he landed safely on the ground—and much more quickly than my bumpy plane ride down. If he could do it, so could I. Five days later, I went up in a plane again and jumped. Eric gave me hope. It’s all about hope.

ELLEN: Hope can be elusive for families and friends, as well as those struggling themselves, especially when facing ambivalence about getting/wanting help, setbacks in recovery or relapses. What advice do you have for those who are trying to maintain hope? Did you find that you had to actively seek out sources of hope?

JENNI: I definitely had to actively seek out sources of hope. If you are struggling right now and your supply of hope is running low, borrow some from me or someone else. A NEDA Navigator can connect you with much-needed encouragement and inspiration. There is plenty of hope to go around. Later on in your recovery, my guess is that you will have some extra hope to loan to someone else!

ELLEN: Now in a place of full recovery, and as a role model to many, how has the role of hope changed in your life?

JENNI: When it comes to the topic of eating disorders, I try to help others maintain hope. These days, I still seek out hope related to other aspects of life. For instance, for years, I looked to other people for hope in the dating arena. Similar to my eating disorder recovery experience, I found myself, at times, thinking that I was the only person in the world who couldn’t do it. (I can’t recover; I can’t find a life partner.) Well, I am grateful to say that I was wrong on both accounts. Hope pulled me through.

ELLEN: Are there developments, advances or changes in the field and overall culture that give you hope on a broader scale – for the many individuals and families currently dealing with an eating disorder or those who may be vulnerable?

JENNI: In the past ten years, I have seen countless advances in research, treatment, and prevention. NEDA has contributed to many of these advances, so thank you. Lately, I have noticed that technological advances are truly supporting people (and their loved ones) in recovery. As one example, when I wrote *Life Without Ed*, phones were simply used to make calls! These days, a phone can be so much more — providing both recovery tools as well as a variety of ways to connect with support. Technology has changed so much that I actually included brief notes related to this topic in the anniversary edition of the book. I love how NEDA has taken advantage of the tech world, including the Click to Chat option of the Helpline — for people to connect online with a trained volunteer. ■

Chair of the Ambassadors Council of the National Eating Disorders Association, Jenni Schaefer is an internationally known speaker, accomplished singer/songwriter, and bestselling author. Her books include Life Without Ed; Goodbye Ed, Hello Me; and her latest with Harvard Medical School, Almost Anorexic: Is My (or My Loved One’s) Relationship with Food a Problem? Jenni lives with her newlywed husband in Austin, Texas, where they can often be found exploring the outdoors. For more information: JenniSchaefer.com.

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, 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.*

Redeeming Life: Hope Through Peer-Support on a College Campus

By Annie Stewart, Oregon

On one February day in the hospital, I made the choice to recover from my eating disorder (ED). I had a tiny glimmer of hope inside of me that I could recover. Logically, I didn't think it was possible to live a life free of ED. Yet, I took a leap of faith and chose to believe that freedom could one day be possible for me, even if I couldn't see in that moment how. What gave me this hope to recover? People, relationships and solidarity. I have had (and continue to have) people walking beside me on my journey towards health, healing and wholeness. They have lifted me up when I fall; and their love, support and encouragement has given me strength and courage to recover. In them, I have found a safe place; a place where road trips and music, movies and laughter replace isolation and depression. A place where I feel loved and validated and appreciated for who I am. A place where they did not see me as the 'sick one,' but as someone with wonderful characteristics and a beautiful life to lead—FREE of ED.



The process of starting a support group on my campus almost feels like a blur now. I remember the moment I decided to start a group; I was nervous and scared, however, I believed that the people I needed to support me would cross my path. I made flyers, announcing the creation of Redeeming Life at George Fox University.



Since launching, there has been a constant theme I have seen in Redeeming Life's first semester: *hope*. The girls (yes, there are only girls who attend the meeting thus far...although in advertising I have made it clear this is for ANYONE struggling) have told me how encouraging and inspiring it is to know that they are not alone.

Redeeming Life is not just about meeting every other week and sharing about how the week has been. Yes, Redeeming Life's highest priority is offering a place to talk about their struggles, but this does not end when the clock strikes eight o'clock. This support group is about journeying with those who are struggling, through the highs and lows of recovery. As a community, we all support one another to live free of eating disorders. It is wonderful to know that participants have others to talk to when they are having ED thoughts, or when they have good news

such as finding a therapist they connect with. I feel so blessed that I was there to give a hug when one young woman discussed victoriously finishing a meal and another when she called her mom, talking openly for the first time about her eating disorder. I have seen life in these young women; I have seen hope and light in their eyes. Yes, there is still struggle; recovery is indeed a journey. I am honored and privileged to walk with these women on their pathway to healing and freedom.

Redeeming Life is also about providing hope to the campus. I have had many people tell me how much it is needed on campus. One of the editors of the school newspaper wrote an article about the group. And, there are already people who have crossed my path who want to assist in planning for 2014 NEDA Awareness Week, including several Resident Advisors. It is amazing to now look back and remember that in the beginning I was nervous and scared, but felt a hope that providing support for eating disorder recovery could make a difference. Slowly, but surely, my vision of community, relationships and solidarity is becoming a reality.

Nelson Mandela said that freedom is not merely to cast off one's own chains, but to live in a way that enhances the freedom of others. I have been set free from my own chains, and so I want to instill in others the hope that they too can also be set free. The more we talk about the challenges and successes in pursuing recovery, or in supporting a friend or family member, the stronger hope can be for everyone affected. ■

One thing that gave me the motivation to recover was the desire to use my experience and struggles to help others. And, something was ignited in me last spring when I read the NEDA Collegiate Survey Project. I knew I had to do something more to reach those who were struggling. As a women's studies minor, I've been inspired through learning about how change started to happen when like-minded individuals started talking about their experiences. It was through talking about common experiences where individuals realized they were not alone. I believe this same truth can be applied to speaking about recovery. Talking about our struggles with one another allows ED's power to diminish. Of course talking about recovery with others can have its challenges and triggering moments. Yet, I have learned the beauty in sharing stories, giving a listening ear, a word of encouragement, offering a hand to hold and a heart to understand.

NEDA's Helpline is available to direct you to support group options in your area, whether you are a family member, friend or pursuing recovery. Call us at 800-931-2237 or search online: www.nationaleatingdisorders.org/support-groups-research-studies





**IN
FOCUS**

Hope

A “Picture” Of Hope

By Don Blackwell, PFN Steering Committee, Florida

As I thought about this issue of hope, it led me to thinking about resiliency and the surprising places people find their motivation when life’s circumstances make it feel hopeless. I was reminded of someone who had put this into perspective for me: Mabinty Bangura. Shortly after her father had been killed by rebel soldiers in the midst of a civil war that ripped apart her homeland, a small West African nation (i.e., Sierra Leone), Mabinty’s mother died from Lassa fever. As if that weren’t enough for one lifetime, three year old Mabinty was then taken to a local orphanage where she was beaten and scorned by staff members.

And then one day, in the midst of her suffering, Mabinty happened upon a magazine with a picture of a woman dancing on point on the cover. It’s best to let Mabinty pick up the story from here: “I kept the picture with me every day until I got adopted. It kept me going and believing and looking forward to something. [Before I found the picture], I thought I was worth nothing and [that] nothing [good was] going to happen [to me]. The person in the photograph symbolized hope for me. It was something I hadn’t felt for such a long time.” Mabinty and her best friend were adopted in 1999 by Elaine and Charles DePrince. The rest is history or, more accurately, the still unfolding story of Mabinty Bangura



n/k/a Michaela DePrince, the youngest member of the highly acclaimed Dance Theatre of Harlem.

For me (and Michaela), in the context of this exploration of hope for families and their loved ones battling an eating disorder, what’s important in her story is that photograph: finding a source of hope to hold on to. In the eating disorders field, the function of pictures is often discussed in terms of the potential negative uses, such as “thinspiration” among those who are currently struggling, but I believe there’s an important message here, especially for families and friends: Pictures that remind us of, or symbolize, the rewards of recovery, can provide hope and help sustain us (and our loved ones) through the journey. Pictures of simpler, healthier times in our loved one’s life — times of innocence, unfiltered joy and endless

possibilities – like the one shown here! Pictures of our loved ones with us, with friends or on their own engaged in activities they are (or once were) passionate about, that reveal the truth about them and that show how much they are loved. Or for some, maybe it is a picture of what we want for ourselves and family in the future – healthy relationships, pursuit of dreams and balance. In short, pictures that keep our loved ones connected (or enable them to re-connect) with their pre-eating disorder self and contradict the lies and distortions that their eating disorder would have them believe about themselves. Pictures that remind us, as supporters, that many of the changes in our loved one’s communication style and behaviors are part of the struggle, but do not define who they are.

Once found, it can be helpful to keep those pictures in the forefront of our (and our loved one’s) minds through the treatment and recovery process. They remind us and our loved one of what the “goal line” looks like — what life once “looked like” and what it can and, I believe, one day will, look like again. The truth is: Some will sprint the entire length of the field to get to that goal line (or get back to it as the case may be). Others will walk, while some may stop and start several times along the way. Many will encounter obstacles that will cause them to stumble and fall down. Still others will seemingly take two giant steps backwards for every small step they take forward. Some may crawl the entire way. But, it doesn’t matter how you (or they) get there or how long it takes. The pictures are there to reinforce what’s important, namely that you and your loved one not lose hope along the way and not give up until you reach it. Because, in my mind, getting to the “goal line” is within our grasp with help, support and hope! ■

What Readers Are Saying

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, Body Image and Pregnancy**

Great webinar! There were so many aspects of pregnancy and eating disorders of which I was unaware. I am a master’s student in dietetics and my passion is eating disorders and nutrition. Several nutritional issues were brought up and I’m excited to dig into Pubmed and read more in depth about them. Thank you so much!! — A Student

► **Eating Disorders in African American Communities**

Great information presented in an easy to understand way. I appreciated having the speakers with personal stories included; it helped connect the information in a real way. — A Listener

Exciting Changes to the Media Landscape: NYC Promotes Positive Body Image With Its New “I’m a Girl” Campaign | BY Claire Mysko, Proud2Bme.org Manager, New York

“I’m Beautiful the Way I Am.” That’s the message at the center of a public education campaign launched by the city of New York. The **#ImAGirl campaign** (www.nyc.gov/html/girls/html/campaign/campaign.shtml) features NYC girls — not professional models — in a PSA (www.nyc.gov/html/girls/html/gallery/psa.shtml) as well as print ads that will appear on subways, buses and kiosks throughout the city. Under the direction of then deputy press secretary, Samantha Levine, (<http://leanin.org/news-inspiration/nyc-girls-project/>) the ads aim to increase girls’ self-esteem and promote positive body image. The campaign also includes a corresponding NYC Girls’ Project program. I was invited to participate in a focus group of girl advocates as the campaign concept was being developed, and I am excited that Proud2Bme is now an official resource of the campaign (www.nyc.gov/html/girls/html/resources/resources.shtml).

It gives me hope to see a city government taking self-esteem and body image issues among young girls seriously, and dedicating resources to public education. I ♥ NY, and I ♥ this campaign. Here are five reasons why:

1. It’s about encouraging girls to think about beauty in terms of their talents, strengths and inner qualities.
2. It targets girls ages 7-12, providing them with positive messages and teaching them media literacy skills at a time when they are vulnerable to the cultural onslaught of “not good enough” and “not pretty enough” toxicity.
3. It’s a highly visible ad campaign starring girls of all sizes and ethnicities — a rare and much-needed addition to the media landscape.
4. It’s body positive and anti-shaming. From the campaign website: “[T]he way to promote a healthy weight is through exercise and healthy eating, not by making kids feel bad about their bodies — and certainly not by encouraging them to aspire toward an unattainable, or unhealthy, ‘ideal.’”
5. It was created in partnership with a range of other organizations (SPARK Summit, Girls Inc., The Lower East Girls Club, among others) that have a



solid track record of encouraging girls’ confidence and inspiring them to be leaders.

It is meaningful when a major city acknowledges that poor body image and low self-esteem are serious public health issues. This is a first — and I hope it paves the way for others. ■

Claire Mysko is the Manager of Proud2Bme (<http://proud2bme.org/home>) and author of *You’re Amazing! A No-Pressure Guide to Being Your Best Self and Does This Pregnancy Make Me Look Fat? The Essential Guide to Loving Your Body Before and After Baby*. Follow her on Twitter @clairemysko.

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! ■



Where There Is Science, There Is Hope: A Mom's Perspective

By Rina Ranalli, Illinois

When my daughter was first diagnosed with an eating disorder, I was overwhelmed by waves of shock, fear, and panic. Guilt and shame soon followed, ebbing away at my once solid faith in my own parenting and any semblance of a normal life for my not yet 13 year old daughter.



And then suddenly, once the pity was played out and the initial tears dried, I woke up. Like a slap in the face, I understood that my daughter was in trouble. Serious trouble. And I was her parent. It was my duty to protect her, to keep her safe. The danger she was facing was fierce and her illness (which I finally understood it to be) was a rallying cry, not a death sentence. I understood that knowledge was power and so, in order to help her, it was my job to learn everything possible about the disease. I needed to learn what treatment looked like, what treatment options were best suited to her and what information was available in terms of long-term consequences and results.

Anorexia nervosa had never been part of my vocabulary. I thought it was about traumatic childhoods, heartless mothers, and uncaring families and about as far removed from our own family life as possible.

In other words, I knew NOTHING about the reality of eating disorders. Nothing about the causes and, more importantly, nothing about treatment. Though I was fortunate to have a pediatrician who was able to diagnose an ED, the diagnosis did not come with an instruction manual. We lived in a large urban city, and I assumed, naively, that it would not be difficult to

find treatment options. Referrals were scarce, however, and informed suggestions even fewer. I turned to family, friends, and school resources for any information. Although all were sympathetic, again the results were few.

While my daughter began seeing a therapist and nutritionist, my husband and I spent countless hours scanning the internet, reading articles, and digesting book after book on eating disorders and adolescents. We stumbled onto the term "Family Based Treatment" in a magazine article by Harriet Brown and discovered, to our amazement, that it was an evidence-based treatment for eating disorders with a track record of success, words rarely mentioned alongside anorexia. And astoundingly, one of our country's leading research centers, along with one of the pioneers in the field of eating disorders, Dr. Daniel LeGrange, was located in our own backyard.

Six months later, my daughter finally began outpatient treatment at the University of Chicago Hospitals Center for Eating Disorders. Within three months, she was weight restored. Three months later, she completed her last session. Five years later, my daughter is a healthy, happy college freshman, living a life free of anorexia. My daughter's recovery, like the diagnosis, did not come with a road map, and she is fully aware that there may be bumps ahead. But, with solid evidence-based treatment and years of recovery behind her, she is ready to meet them full on.

Although my daughter is unique, her story of diagnosis, treatment, and recovery with FBT is not. It is the vital result of ongoing scientific research—the clinical trial after clinical trial necessary to build a deeper understanding of eating

disorders. The roadblocks to scientific research into eating disorders can be overwhelming, but as parents we must, like advocates for other illnesses, use our voice and our dollars to demand quality research, wherever that research may lead. It is our offer of hope to current and future sufferers. There are scientists and institutions around the country ready to meet our challenges. It is time to give them the tools to complete the tasks at hand. ■



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



National Eating Disorders Association

“We Don’t Do That Here:” Advocating for Improved Treatment of Co-Occurring Disorders

BY Tamie Gangloff, MA, Pennsylvania

I am a survivor and a thriver of many things. I have recovered from alcoholism, an eating disorder, post-traumatic stress disorder, trauma, self-harm and physical, verbal and sexual abuse. Today, I have been sober for over 16 years and recovered from my eating disorder for over a decade. I no longer do anything to harm myself or to keep from feeling my emotions. I can breathe, eat pizza and cake, do yoga, take walks, sleep, and enjoy time with family and friends. I am grateful to have been able to return to school to get a Masters degree in clinical psychology and now work with clients who struggle with eating disorders and addiction. It is truly a blessing to be able to walk with others through their struggles offering them hope and help in obtaining freedom from the bondage of their eating disorder and alcoholism.



The summer before I started my graduate degree in psychology, I volunteered at an eating disorder treatment center. I found that many clients there were also struggling with substance abuse and/or alcoholism. I asked the treatment team if I could help the clients have an in house twelve-step meeting for this and was shocked by their response, “We don’t deal with that here.” I was completely baffled. How could they not deal with it? Those men and women were in treatment learning about their eating disorder, re-feeding their bodies and learning how to live their lives without their eating disorders. However, since their substance abuse was not being addressed, it was lurking around the corner and waiting for the opportunity to pounce. As is often said, this is like whack-a-mole. One disorder goes down and the other pops up!

The research, regarding the connection between eating disorders and addiction, is still in its early stages. There are many speculations and hypotheses. Research shows that up to 35 percent of individuals with substance abuse problems have an eating disorder. Up to 50 percent of those with eating disorders have a

problem with drug or alcohol abuse. Shared underlying factors include: low self-esteem, depression, family history, impulsivity, high levels of stress and genetic predisposition (*Addiction Treatment Magazine*, 2010).

“In both disorders, it is common for patients to have a family history of drug and alcohol abuse, to experience cravings for particular foods or substances, and to be unable to control food or psychoactive substance intake. Other similarities include cognitive dysfunction, use of food of substances to relieve negative affect, secretiveness about the problem behavior and social isolation. In addition, patients with eating or substance related disorders tend to maintain the problem behavior despite adverse consequences and deny the presence and severity of the disorder. They also frequently experience accompanying depression” (Varner, 1995).

Due to the high rates of relapse and mortality with both disorders, it is imperative that clients have proper treatment and a treatment team that is knowledgeable and able to treat the entire person, not just one disorder. I feel that it is a grave error on the part of treating professionals to not have the resources available for clients that struggle with multiple disorders and addictions. Treatment is not one size fits all.

I have hope that someday my treatment utopia will exist where all treatment centers will be equipped to deal with addiction, eating disorders and the underlying mental health issues. Since this is unrealistic at this time, I believe all treatment centers, whether they are treating posttraumatic stress disorder, eating disorders, addiction or depression can incorporate proper training to assess for all disorders, and have resources, training available, and work collaboratively with those qualified to treat a co-occurring disorder if it cannot be managed by the treating center’s current staff. An eating disorder treatment center staff should have training on drug and alcohol addiction, how to properly assess for it and what treatment interventions are indicated. In a drug and alcohol treatment facility, staff should also be trained

to assess for eating disorders and know how to ensure a patient is also receiving evidence-based interventions for it.

Since we are not yet in my world of treatment utopia, as individuals struggling, family and friends, we can often feel helpless and hopeless. Educating yourself about eating disorders and the disease of addiction is crucial in cultivating empowerment and hope. Advocate for your loved one to be given the help they need for both the addiction and eating disorder when in treatment. And be sure to take care of yourself. You can get your own support through family support groups, Al-Anon, Nar-Anon or your own individual counseling. NEDA’s helpline (800-931-2237) can provide you with a listing of support groups for families and friends.

There is hope. Many have recovered from an eating disorder and addiction. This requires ongoing therapy and support; you or your loved one can fully recover too. I am grateful to the professionals, friends and family that offered me hope and have supported me through my recovery. I have had effective, caring and understanding therapists, medical doctors, psychiatrists and treatment facilities. It is because of these professionals that I have been able to fully recover from my alcoholism, eating disorder and post-traumatic stress disorder.

I have hope that one day my treatment utopia, where the majority of treatment centers are equipped to deal with addiction, eating disorders and the underlying mental health issues, will be a reality. Let’s continue this discussion and learn how we can create education for treating professionals in all settings to ensure that proper care and referrals are available and to put a stop to these devastating illnesses! ■

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Hope Is In the One Step You Do Today That Gets You to the Next One

BY Andrea Rojas, RMHCI, MS, Florida

Recently, I created an eating disorders and positive body image website in Spanish to build a resource for, and offer help to, those struggling in the Spanish speaking community. I believe strongly in the power of community for helping us each take those small steps every day to get to where we want to be. As a person now in recovery, I had the amazing opportunity to become a NEDA navigator, offering hope and support to individuals and loved ones still dealing with an eating disorder. To have hope, be listened to and not feel alone, can be so important during the recovery process. I found the most hope when connecting with others through education and advocacy work. I started by getting involved with organizations like COPE (Community Outreach for the Prevention of Eating Disorders); EDNCF (Eating Disorders Network of Central Florida), where I helped organize the first NEDA walk in Orlando, Florida; ANAD (Anorexia Nervosa and Associated Disorders), where I led support groups; and NEDA's Federal Lobby Day and conference. Now, I am a Clinical Mental Health Counselor and continue to love helping others with what they are going through, to guide and be there for them.

But why do I talk about all the things I've done? Connections. There is hope in connecting, sharing, listening and being inspired by others to make a change, but most of all in believing in yourself or loved one, and in the gift of recovery. Our actions can be the thing that gives hope and makes a difference in someone's life.



Isn't that beautiful? To have a sense of belonging, believing that we are capable of making and creating great things that people can benefit from is the hope at the end of the tunnel.

The reality is, during the recovery process you can't always see so much, sometimes it gets blurry, and that's ok. That is part of the process. The important thing is to live now, doing the things you love, being with the people who care.

Recovery is not black or white, it doesn't happen in one day. It is not at all about starting on Mondays, or a New Year's resolution — the change is right now. The hope is in the one step you, or your loved one, can do today to get, eventually, to the next one. Even if these are small steps, you will get there, while talking

and sharing with others, educating yourself about the disorder and knowing that YOU ARE NOT ALONE. Getting to know what your talents are and using them to teach others, makes your voice heard and offers hope to those who may need it. Don't be afraid, it's all about the little steps that make a big difference.

If you are supporting someone through the recovery process, take time to celebrate the small steps forward; to acknowledge how much courage and strength it takes, every day. For me, recovery has been about learning to live, one step at a time. ■

Andrea Rojas' article is also available in Spanish! To read in Spanish, visit <https://www.nationaleatingdisorders.org/la-esperanza-est%C3%A1-en-el-paso-que-das-hoy-que-te-lleva-al-siguiente>

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.

STAR Program Update: Exciting Legislative News in Pennsylvania!

State Representative Steve Santarsiero announced January 15th that he has introduced legislation that would require schools to provide parents of children in grades 5-12 with information about eating disorders: <http://neda.nationaleatingdisorders.org/site/R?i=cEdHagJtwONjiTwCrYaEg>.

"People, especially children, who struggle with eating disorders, need to seek, or be provided with, professional help. The earlier a person with an eating disorder seeks treatment, the greater the likelihood of physical and emotional recovery," said Santarsiero.

The legislation (H.B.1959) would also create guidelines for local school boards that want to develop an eating-disorder screening program. A special thanks to NEDA's STAR Program advocates, led by Emily Rosenberg, who have been working hard to make this happen.

It is crucial that Pennsylvania residents make their voices heard by contacting their representative and expressing support for the bill. Residents can use this easy form: http://neda.nationaleatingdisorders.org/site/R?i=yb7Mtl_2eW08TMQEmgaoWA to send a letter to their district representative. ■



**IN
FOCUS**

Hope

Navigating Cultural Barriers: Finding Hope Through My Support System

BY Shelly Chiang

2013 NEDA Conference Family Panel, NEDA Navigator, Virginia

When I was struggling with an eating disorder, hope came from the unexpected willingness of those around me to learn about my eating disorder and be a part of my journey to recovery. I share my story to encourage those who have friends they are concerned about to not keep quiet, but say something. And, for those who are family members, to remember not to underestimate the impact of your willingness to learn about eating disorders. For those afraid their families won't understand or support them, I write my story to encourage you to ask for help, because they just might surprise you.



realize I was becoming a woman, so I tried to control it by not eating. Unfortunately, as a person who was susceptible, it turned into an eating disorder.

My friends were concerned. I didn't share what was going on with them, but I became very unhappy, and that's not who I was. My friends knew that. One of my friends mentioned the term eating disorder. What's that? I didn't know what the difference was from a diet. My friends eventually took this issue to the school. I felt betrayed at first, but I really have to thank them for recognizing this serious issue and saving my life. It was brave of them to express this concern, and they became my biggest supporters during my recovery.

All of this was completely foreign to my family because they had never heard of anyone choosing not to eat. Where they came from it was hard to have a full plate, let alone a meal. Not eating was utterly preposterous to them. My parents didn't know this was even happening because of their crazy work schedules. On several occasions we never ate together.

My parents went to the same Chinese doctor for years and felt comfortable with him because he spoke their language. He also spoke English very well and eventually became a huge part of my support system during my recovery. I felt comfortable talking to him, and he always listened with a comforting ear. I would say he went beyond what a regular family doctor does. I was lucky to have that kind of support.

When they brought me to him, he didn't know what an eating disorder was either, although he was trying his very best to understand my situation. He took several physical tests and knew I was not well. At one point, he told me I was dying. I was shocked. I didn't know how dangerous this had become. I felt very weak, but

couldn't comprehend the reflection in the mirror. Distorted body image is a symptom of anorexia nervosa. I didn't mean to put my life in danger.

Everything about this was a surprise to my parents. They were confused about why I didn't go to them earlier. I was scared that I might get grounded or that my parents would be disappointed, but instead they showed concern and sadness. I was striving for perfection—perfection in school, sports, and what I looked like. My disorder was really about control. I just wanted my family to be proud of me so I strived for that ideal image. This was the turning point of my recovery—recognizing why I did this in the first place. My parents were never ones to criticize my body, but they heard those comments from relatives. As these were common comments they themselves heard growing up, they didn't realize how it affected me. Hearing that I was dying, they were determined to educate themselves about eating disorders. They looked for books in their own language, but found none. They asked their friends and family about eating disorders, but they didn't know what it was or how to help. My parents know English, so they picked up a few books from the library to educate themselves. I didn't think my family was going to understand, but they became my biggest supporters through my recovery. In a culture where we have to show poise, we let that go and expressed our feelings. This actually brought my family closer. My parents were already proud of me and never wanted me to go to extremes for perfection.

I was very lucky to have this support from my friends, family and doctors. Most importantly, it gave me hope that I could recover. Knowing how everyone was willing to help me, motivated me to get better. Luckily, there is so much information out there; it can help breakdown communication barriers for strong support throughout the recovery process. Education and the support I received are the reasons why I'm alive. It was my saving grace and offered me the hope I needed to move forward toward recovery. So, when you are facing the many challenges of figuring out what to do as your family or friend is struggling, remember that learning, communicating and lending your support will go a long way. ■

Growing up as an American in an Asian household was always a challenge for me. I was surrounded by very small framed women who often talked about body image. I had always felt the pressure of fitting into this ideal image. I was very small when I was younger, but my body started to change during my adolescence, and people noticed. My relatives are very curt when they have something to say. And, although to others outside my culture they may sound rude, they don't mean any harm. Commenting on bodies and many of the things I heard growing up are common phrases to hear in their country; it was almost normal. However, growing up in the US and hearing those words was something similar to what a bully would say to me. As a child I didn't realize this gap in our perceptions, and my feelings were hurt. It's very seldom that we show our emotions, particularly negative ones. In most Asian cultures, showing weakness is a form of defeat. I thought the only way to overcome this problem was to do something about it on my own. With my body changing at 13 years old, I didn't

Hope for Change: The Federal Trade Commission Holds False Weight Loss Product Advertisers Accountable for Fraud

\$34 Million to be Refunded to Misled Consumers

While much attention on the role of hope in the eating disorders field is focused on hope in the recovery process, we wanted to take a moment to highlight changes in the cultural landscape that give us hope for a less toxic environment — for those vulnerable to an eating disorder as well as those trying to recover. In January, NEDA applauded a move by the Federal Trade Commission (FTC) deeming marketing claims by companies selling popular dietary supplements, food additives and skin creams as “unfounded promises.”

The decision came with the FTC charging Sensa Products, L’Occitane, HCG Diet Direct and LeanSpa with fraud, ordering the companies to collectively pay \$34

million in settlement funds which will be refunded to consumers who bought products with the promise of miraculous weight loss.

Commented Lynn Greffe, president and CEO of NEDA, “For years, the eating disorders field has been sounding the alarm on fad dieting. The damage to public health runs deeper than corporate profitability. Not only do 95% of all dieters regain their lost weight within five years, dieting causes many to use unhealthy weight control behaviors. For those genetically predisposed, this can lead to a life-threatening eating disorder. We are ecstatic to see the FTC hold these companies accountable for their false science and deceptive advertising.”

Jessica Rich, director of the FTC Bureau of Consumer Protection, said in a statement, “Resolutions to lose weight are easy to make but hard to keep. And the chances of being successful just by sprinkling something on your food, rubbing cream on your thighs or using a supplement are slim to none. The science just isn’t there.”

In 2014, consumers are expected to spend about \$66 billion on diet soft drinks, health club memberships, dietary supplements and other products aimed at weight loss, according to Marketdata Enterprises. It is time that the public be made aware of the dangers of weight loss products and that the corporations who sell and market them be held accountable. ■

Diet Pills: Ineffective Fads or a Gateway Drug for Eating Disorders?

By Andrea Fleming, NEDA Navigator, Minnesota

The above article puts the spotlight on a hopeful change in our marketing landscape: the Federal Trade Commission charged four prominent weight loss companies for deceptively marketing their products to consumers. Some of the charges against the makers of these creams, pills, and food additives include failing to reveal that spokespersons were paid for their endorsements, as well as promising results that were not supported by scientific evidence.



I was one of these individuals. Back in the early 2000’s, I fell prey to such advertisements, which promised fast, safe weight loss with little to no side effects. Unfortunately, I began taking pills with Ephedra, a drug which has since been banned by the FDA in 2004. As a high school student, I was using my babysitting and allowance money to buy these supplements with the hopes that I could finally lose weight and feel accepted by my peers. As I began taking more and more of these “miracle” supplements, I also began changing my behavior – increasing my exercise and restricting my diet. Popping pills on the school bus and at band practice, drinking “miracle shakes” before bed, I was convinced that these drugs gave me the energy and motivation to lose weight. As someone who had always been a black and white thinker, I went into this new “diet” with all of my energy, which eventually led to isolation from friends and keeping secrets from my parents. Even though my heart was always racing, I was shaky, and found it difficult to concentrate, I continued to buy these products.

I eventually stopped taking these pills, but not before the damage had been done, and I learned behaviors that

propelled me into an eating disorder for many more years. To be clear, it wasn’t actually the products themselves that worked in my weight loss – rather it was the deceptive marketing that said I was unacceptable as I was and that change was possible which fueled me into much more dangerous behaviors.

I am convinced that I am not the only one whose eating disorder either began or was perpetuated by these supplements. In fact, I have met many men and women through my experiences in eating disorder treatment who shared similar backgrounds. I am grateful that the FTC is looking at these companies so seriously, as their messages are harmful for so many individuals. By holding these companies more accountable for their advertisements, it is my hope that many of the products with the most outrageous claims will cease to exist. ■

Check out “Empty Promises in a Bottle” by Jeaninne Milne at: <https://www.nationaleatingdisorders.org/empty-promises-bottle> to read more about the impacts of false advertising.

A call to action has been made for media companies to screen advertisements that appear “too good to be true” and refuse to accept and support these false claims.

So what if you were one of the millions of people who bought into the weight loss industry and these ineffective products? For many, this could be simply an expensive mistake – but for the many individuals prone to or suffering from eating disorders, the use of these drugs could be much more costly.



Reflections on Hope: Wisdom from Our Readers

The Parent, Family and Friends Network (PFN) Steering Committee, in an effort to shed light on the complexity of the role hope plays in the eating disorder recovery process (for families, friends and those struggling), asked the NEDA online community to share their thoughts. The response was overwhelming! You had a lot to say about hope, so we've included the themes that emerged here, and you can check out many more of the quotes we received through the link at the bottom of this section.

Family, Friends and Community Support

"Recovery is possible, even when you don't believe in yourself... just a little hope goes a long way! I will forever be thankful for the people in my life that made me see, and feel hope, because they gave me my life back, and gave my little girl her mom back!"
— Sarah

It's really crucial to just be there for the person suffering. When I was in a really dark place and had just started recovering, I found support through friends I had met through the recovery community [online] and through my family.

— Natalie

Hope is hard to find and my search still continues to this day. What has made day-to-day challenges a little easier are my children's faces and the encouragement and unconditional love from my husband and my friends.

— Tammy

I got support from my family and friends and I wanted to get my life back. I had already struggled with my eating disorder through my teenage years and I did not want to struggle any longer.

— Olga

I found hope in the faces of my two beautiful boys every day. It reminded me that there is so much to live for. I want to be around and able to experience joy for every milestone.

— Elizabeth

The most effective thing for me has been other people modeling love and hope even when I couldn't feel it myself. There have been a handful of friends and treatment providers who have accepted me unconditionally and loved me enough to tell me that I am worth it.

— Charlotte

I found hope when I found NEDA. I found hope, inspiration and a sense of there is help and support for individuals, families and loved ones who are impacted by eating disorders. NEDA is Hope.

— Ellen

Stories of Hope: Knowing You Aren't Alone

I read stories or blogs of people who have recovered. I get support from the other women I was in treatment with.

— Melissa

When I was battling my eating disorder head on I found an immense amount of hope through the stories of others. Girls I met in treatment were an absolute blessing. Just knowing that I wasn't alone was huge.

— Elena

I found hope by reading other people's recovery stories. I wanted to know that I was not alone in this struggle that felt so isolating, and that a life of love and laughter was still possible. Once I knew that, I was able to ignore the voice in my head that said recovery was unattainable, and hope quickly followed.

— Cydney

It Gets Better: Hope in the Small Things

I find hope through the daily struggles that I beat throughout my recovery, day by day. ...it is the good days in recovery that keep me going and give me so much hope for a better, happy life.

— Sammie

Life with an eating disorder has taught me that hope roars the loudest in the quietest of moments. When I began treatment, I found snippets of hope in what looked like small things: in completing a meal 100%, in going one day, one week, one month without using a specific symptom, in hearing a story of success from someone who is struggling with the same illness... Hope did not come in a showy way, but it appeared in the most beautifully surprising ways.

— Adrienne

Treatment and Education

I have always found hope through my therapist.

— Nancy

I prayed every day, but my daughter's doctor was the one who gave me hope that my daughter would get better.

— Maria

➡ [continues on next page](#)

► Reflections on Hope *continued*

Amazing Doctors and clinicians who “got it” or understood, had a clue. I also found information that helped me understand and learn about current research and initiatives.
— Ellen

I had little recovery and lots of denial until about 15 months ago when I met a friend who sent me a book on *The Secret Language of Eating Disorders*. After reading this book, I experienced many moments of clarity that broke my denial and identified the main issue behind my ED. Reading this book was like reading my life story...and gave me hope!
— Cindy

Following Passions

I found hope in my passions. When I am engaged in the things I love, I find my need for my eating disorder was greatly decreased.
— Jana

While struggling with anorexia I found hope in my goals, in things I wanted to accomplish. And, that is what gave me the strength to do a little more, and be a little more every day. Whatever your dream is, hold onto it – it will help you get through the worst of storms.
— Katie

Hope through the Arts and Creativity

During my four month intensive therapy program, I would have to drive 60 minutes to and 60 minutes from the clinic each day. I found hope during the drives by listening to the music of 30 Seconds to Mars. They gave me the fire to fight!
— Jamie

I have found hope through yoga. When I am on my mat, I know that everything really is going to be alright. I know that I can do anything...and I plan on doing a lot.
— Britt

I found hope through my creative outlet. Receiving feedback and pursuing my craft provided me with a reason to live and fight through my mental and physical struggles.
— Anthony

Music by Demi Lovato who was openly recovering from eating disorders. Listening to her speeches on recovery taught me to find my hope again...she initiated the power in me to stop myself. I listened to her words. And I took action. We all have that strength in us to change the situation; we just need to be reminded of it.
— Flore

Helping Others

Through nursing (I’ve been a registered nurse 10 years now) I have been able to see the struggles every human has and have persevered when all hope seems to be gone. My patients give me hope that I can overcome an eating disorder by witnessing their strengths.
— Kelli

For the Future

I found hope through knowing that others have come through eating disorders. I also found hope in knowing that I have a beautiful daughter who needs to have her mother around and in good health.
— Sarah



A big motivation for me was knowing that I couldn’t go back to school (I am a college student) unless I was healthy. Every time I was ready to give up or engage in behaviors I reminded myself of this.
— Kelsey

One of the biggest things for me was believing I could change and picturing a future without ED.
— Kathryn

Perseverance in Learning to Love One’s Self

You have to believe in yourself and never give up on yourself...there is always hope. And one of the greatest shows of strength is recognizing that it’s ok to surrender and let others help.
— Meghan

I had to get comfortable with loving myself, and reminding myself that I am worth living a healthy, happy life. When I stopped placing people who looked a certain way on a pedestal, I was able to find the beauty in everyone, of every age, color, gender, and body type.
— Marilee

To read more Reflections on Hope: Wisdom from Our Readers, visit <https://www.nationaleatingdisorders.org/reflections-hope-wisdom-our-readers>

STORIES OF HOPE

The path to recovery is different for everyone, and each person’s experience with an eating disorder is uniquely impacted by their many identities, including race or ethnicity, age, ability, religion, gender and sexuality. We invite you to read these diverse **Stories of Hope** [www.nationaleatingdisorders.org/stories-of-hope] to gain inspiration and insights from those who have been through the difficult journey to recovery. The many stories here remind us that full recovery is possible, and there is help and support available to those struggling with an eating disorder. ■

It's National Eating Disorders Awareness Week

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Center for Eating Disorders at Sheppard Pratt | Eating Recovery Center
McCallum Place | The Restrow Center | Timberline Knolls

Cambridge Eating Disorder Center | Center for Change | Columbus Park Collaborative
CRC Health Group | Fairwinds Treatment Center | Laureate Eating Disorders Program
Glenn Ryan Centers | Renowned Centers for Eating Disorders | Rutgers
University Medical Center of Princeton at Plainsboro | Venetia Collaborative

NATIONAL EATING DISORDERS AWARENESS WEEK

is just around the corner, and there are so many ways for everyone — family members, friends, educators, health professionals, bloggers, and more — to get involved. The goal of National Eating Disorders Awareness Week is to promote public and media attention to the seriousness of eating disorders and improve education about the biological underpinnings, environmental triggers, warning signs and how to help those struggling. Education and direction to resources can lead to earlier detection, intervention, and help-seeking, ultimately improving likelihood of full recovery. During this time of national attention to the issue of eating disorders, we see a great spike in

I HAD NO IDEA

NATIONAL EATING DISORDERS AWARENESS WEEK FEB. 23 - MAR. 1

GET IN THE **KNOW**: NEDAwareness.org

people reaching out to NEDA for help, support and information.

This year's theme, **I Had No Idea**, highlights the need to address eating disorder misconceptions — as many

individuals, families, and communities are not aware of the often devastating mental and physical consequences — and highlights available resources for treatment and support. By doing just one thing to educate your community about the seriousness of eating disorders and the resources available, you *are* making a difference. We hope you will join us again this year. Check out www.NEDAwareness.org for many fun activity ideas, planning guides, shareable infographics, to join the social media campaign and more! ■

Online Eating Disorder Screenings: Providing Help and Hope

By Angela Neilans and Michelle Holmberg, MA, Massachusetts

In the last decade, technology has rapidly become a fixture in the lives of millions. For better or worse, many Americans rely on various technological tools every day. Smart phones, apps, tablets, and laptops help us learn, keep in touch, and even improve our health.

A growing number of organizations are making use of this hi-tech trend by providing online programs to help individuals better manage their own behavioral and mental health. Eating disorders including anorexia nervosa, bulimia, and binge eating disorder, are prevalent, life-threatening, and undertreated illnesses. Assessing the situation — often through online technology — can be an important first step in receiving treatment and providing hope to those suffering.

The act of taking a screening is a hopeful one in and of itself. Many individuals may go months or years unsure of how their thoughts or actions may signify an eating disorder. By engaging with an online screening program or other technological applications, the individual is acknowledging that they may not be in full control of their actions and emotions.

The national nonprofit, Screening for Mental Health, Inc., is proud to partner again with the National Eating Disorder Association to offer anonymous online screenings for eating disorders at www.MyBodyScreening.org. The screenings are informational, not diagnostic but they do tell the participant if they have symptoms characteristic of an eating disorder. Following the screening, individuals are provided with pertinent treatment and support resources, directing them toward potentially life-saving and life-changing information. In the last year alone, NEDA has seen over 50,000 completed screenings for eating disorders. Demographics tell us what we already know, which is that these issues do not discriminate based on race/ethnicity, gender identity, or partnership status. Related to the hope we already mentioned, there were over 21,000 responses to the voluntary follow-up question “do you plan to seek further evaluation?” with almost 60 percent reporting they do.

Online, interactive programs serve as a non-threatening, anonymous method for individuals to explore their symptoms and concerns. According to a study published in 2013 from the University of California-Davis, patients who use an interactive computer program about depression before a doctor visit are significantly more likely to ask for information about the mood disorder and receive treatment. These technologies eliminate common hurdles including stigma or ignorance of these issues. With online tools, it is possible to reach certain individuals who may not otherwise seek help.

The online screenings are particularly relevant to this year’s theme for National Eating Disorders Awareness Week, *I Had No Idea*. Screenings are able to clarify and correct misconceptions while helping individuals realize the serious nature of eating disorders.

While the screenings and other technological tools should not be used as a substitute for professional help, the tools can serve as an important first step toward the access and coordination of eating disorder treatment, especially for underserved populations or those living in remote areas. Individuals can easily access web-based interventions, screenings, and motivational apps while in the comfort of their own home. These technological developments not only increase the number

of people with access to mental health care but are also likely to increase the possibility that these engaged individuals will continue treatment.

Experience also tells us that individuals engaging with these tools and programs may not be the ones who need the help. Family members, friends and coworkers may all recognize the signs and symptoms of an eating disorder in someone else and are not sure where to turn. Are these behaviors normal? Are these statements I am hearing appropriate or potentially harmful? Wishing to first see if their suspicions are correct many people may take an anonymous screening with someone else in mind. What they learn, educational materials they are able to print, and importantly, the contact information for someone or an organization that can help, such as the confidential NEDA Helpline may all be passed along to someone who needs it. Educating one person may mean help for another.

As technological advances continue at an exponential rate, health-focused tech tools will continue to play an important role in eating disorder treatment. Only through knowledge and participation can communities root out these often hidden afflictions. National Eating Disorders Awareness Week is a vital part of that process. ■

Host a Screening Event!

If you are interested in hosting an eating disorders screening event, check out this [planning guide \(www.nationaleatingdisorders.org/online-eating-disorder-screening\)](http://www.nationaleatingdisorders.org/online-eating-disorder-screening) to help make your event a success.



Beyond Good Intentions: Art and Transformation

By Cathy Plourde, Maine



ARTS FOCUS

Art enables us to find ourselves and lose ourselves at the same time.

— Thomas Merton, *No Man is an Island*.

And now, I'm just trying to change the world, one sequin at a time.

— Lady Gaga

Art is power. It can be therapy. Social work.

Education. Beauty. The making and the delivery of art can also be appropriative, oppressive, triggering and even an assault. What's the line between therapeutic or therapy? What is representation, and what is appropriation? What is inspiring, and what is oppressive?



It's not so much the answers to these questions, but rather the asking of the questions that matters, and enough courage to hear the answers, even if it's not what we wanted to hear. Why? Because good intentions are not good enough.

When I ask college students what "theatre and social change" makes them think of, many positive words get listed on the flipchart. But they also serve up "boring," "didactic," "preachy," "shock-udrama," and "bad theatre," among other unflattering, and unfortunately too often, accurate assessments. They're right, of course, and I counter that theatre for social change doesn't need to be bad theatre; in fact it might have to be really good in order to be engaging, dynamic, funny, moving and also meet the challenge of carrying a message. Art in any form has the potential to inform, uplift and most importantly, activate.

Signifiers like "bad" and "good" get us all into trouble, if for no other reason than they are personal and subjective.

Artists or individuals who make art but might not consider themselves to be artists are free to create whatever they want, and the creative process has the

the Thin Line

Breaking the silence on eating disorders.

power to transform the creator as well as those who share in the process or product. Research in art therapy reinforces what we intrinsically understand, art's ability to expedite healing and growth. The intended effect may not be the result, however, and when art is being made for activism, there is a level of accountability for the artist in both the process and the product.

I want the world to be more just. In no particular order, I want eating disorders, rape, health care injustices, corruption, racism, homophobia and environmental pillage—I could go on—to stop, and I think art can be instrumental in making change. As an educator, activist and an artist who uses theatre for change, I am thinking through a list of questions specific to the intended audience:

What do I want an audience to be able to do when they've finished seeing my play? What can the play itself do to support individuals in creating change, as well as a community? How can performance marshal the strengths and resources of stakeholders and potential allies?

Early on I received a gift from a teenager. She was present for a workshop performance of the first draft of *The Thin Line*, a one-woman play on coping with eating disorders. The audience was invited to respond, and she said "So what. We know this about our friends. What we don't know is what to do about it." I had captured the angst; I made people cry in the audience. But, really, I had missed a tremendous opportunity to make change.

That first draft and workshop of *The Thin Line* was in 1998. I took some time away from the script before hiring an actor to begin touring in early 2000. In rewriting the play and in designing the accompanying education and activism program (which included many of the fabulous NEDA handouts), my goal was to appeal to friends, family, and supporters of those who are in trouble and help them step up, break the silence, and take action. I identified elements integral in making a change: the play became an opportunity to introduce people to know the existing tools, resources, programs and practitioners that were in their community. The program was structured to highlight these things and to include them in the process of the event of the play and in the community's follow-up.

The years since 2000 have brought forward stories of all kinds on the power of performance: a boy who randomly met an Add Verb board member a few years after seeing the show, said, "Add Verb? *The Thin Line*? I hadn't even known I could get an eating disorder!" Another young man who had seen the play six years prior — when he was a sophomore in high school — said that some time afterwards he had a girlfriend who he realized had an eating disorder, and the play helped him know that he could do something. A girl announced backstage just before the actress went on that she had seen the play last year, realized she needed help, actually got help and was doing better now, but also recognized her sister was struggling, and so she intervened. This girl said they were both okay now and were closer than ever. A mother who recognized one of our actresses on the street in NYC said that play was when they got their daughter into treatment. Another mother approached me after the play and said, "How did you know all that is in my head?"

So, with feedback like that echoing in my ears, it's been somewhere between an obligation and a labor of love to continue

➔ [continues on next page](#)

► **Beyond Good Intentions** *continued*

presenting the play around the country, requiring constant fundraising, grant proposals, marketing efforts, and training professional actors. I had no hard quantifiable data, only anecdotal evidence such as these stories, and as the playwright, this led me to explore this further.

Usually audience members fill out feedback forms, but that was mostly feel-good information that wasn't controlled or validated in any way and was only reflecting a self-reported response sometime shortly after the play. Often site-coordinators told us they had a number of students come forward for support shortly after the production. But there was nothing to provide an answer to the real question: Does *The Thin Line* make a difference in the time after the performance? What kind of change is made, and for how long does it last? To what extent, if any, could the play do harm?

To answer these questions, I've been working with a research team from the University of New England which has been investigating what the long-term effects of the intervention — the play and program — are on high school students.

With funding for 3 of a 5-year study, we partnered with four Maine high schools. Cohort 1 was comprised of 9th graders who received a pre-survey prior to seeing the play, and were followed up a few weeks later with the same survey. The next year, when this first group was in 10th grade, we resurveyed the students and invited a small focus group to discuss their thoughts on the eating disorders, their resources, and the play; additionally, we introduced Cohort 2 to the program, and subsequently Cohort 3 a year later. Each year we've repeated the process of pre and post surveys for 9th grade, and follow-up surveys and focus groups in 10th than 11th grades.

At this time we are preparing the data from these first three years for the schools, and will invite them to participate in a fourth year of the study: the data looks good, happily, and the team will write the study findings for peer-reviewed journal submissions late 2013 and 2014. But, the general sense is that things we wanted to see increase — more knowledge, recognition of the seriousness of the matter, and likelihood to take an action either for oneself or on behalf of another— have done so. The students have

recommendations for how schools and adults can be of better support, and have spoken honestly about what gets in the way of helping someone; they also offer insight on why it is critical to show up for a friend.

Applied arts can set us free — free from inertia, equipped to speak up when a friend needs help, but can't ask for it and ready to take an appropriate action — which might simply be to listen. As individuals, art can free us from our wounds and our past, and can even expedite the healing process, perhaps transforming victimhood into strength. Our experience makes us experts, that is, experts in our own experience. Good intentions are a given, and with some care for those whose stories we are telling—even it is our own—we can change the world and leave our audiences stronger than before. ■

Cathy Plourde is the founder of Add Verb Productions, which is now a program at the University of New England. Her plays have traveled the US, and into Australia, and she's presented on her work and theatre for social change and health promotion nationally and internationally.
plourde.cathy@gmail.com

Upcoming: PFN Webinars Series

Neurobiology & Disordered Eating: How our brains guide our forks

Tuesday, February 25th, 2014, 12 to 1:30 PM EST

Recently Archived Webinars

Writing Through Stress and Shame: Taking Our Power Back

Recorded live on Thursday, February 6, 2014, 3 to 4:30 PM EST

Eating Disorders in the LGBTQ Community

Recorded live on Tuesday, February 11th, 2014, 3:30 to 5 PM EST

Eating Disorders At and Beyond Midlife

Recorded live on Thursday, February 20th, 2013, 1 to 2:30 PM EST

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

NEDA and Wurzweiler School of Social Work Partner to Educate Others on Eating Disorders

By Tova Ross



EDUCATION

When Pearl Mattenson and her parents, David and Bea Tendler, walked into the headquarters of the National Eating Disorders Association (NEDA) in Manhattan, they were looking for a way to honor the memory of their beloved sister and daughter, Karyn Tendler, who lost her battle with anorexia at age 46 three years ago.

“My younger sister Karyn was vivacious, funny, smart and beautiful, but in the early 1970’s, none of us understood that she was a ticking time bomb,” explains Mattenson. “For thirty years, she was in and out of hospitals and treatment centers. Her struggle with anorexia became the defining battle of her life.”

Mattenson continues, “Karyn dreamed of educating young women about her situation and helping them avoid her fate. She wanted her struggle to count, and after her death, her wishes led us to NEDA.”

Lynn Grefe, NEDA’s chief executive officer since 2003, worked with Karyn’s family to find a way to put more than \$75,000 she left to good use, and as a tribute to make her struggle count for something greater. The Karyn Tendler NEDA Conference Fund, which makes attendance at NEDA’s annual conference possible for a family member or other individual affected by eating disorders, was created soon after.

Joan Katz, a longtime board member of Yeshiva University’s Wurzweiler School of Social Work, knew the Tendler family and of Karyn’s struggle with anorexia. Katz connected Mattenson and Grefe with Dr. Carmen Hendricks, the Dorothy and David Schachne Dean of Wurzweiler. Dean Hendricks has long been interested in offering more programming related to eating disorders, as well as a specific track in Wurzweiler’s curriculum for students interested in specializing in the field.

With Mattenson’s approval, NEDA used some of the money in the Karyn Tendler NEDA Conference Fund to co-sponsor, with Wurzweiler, an educational public seminar for professionals to enhance awareness, empathy and expertise in how they treat patients with eating disorders.

The event, which took place in April 2013 at the YU Museum, was held in Karyn Tendler’s memory.

“The first Wurzweiler and NEDA collaboration was a wonderful success,” says Dr. Hendricks. “Participants learned about the range of eating disorders, their etiology, environmental and parental impacts, and treatment approaches. The panel presentations were highly informative, and there were plenty of questions from the audience that panel experts answered.”

Dr. Cynthia M. Bulik, a professor of eating disorders at the University of North Carolina School of Medicine, gave the keynote address. A panel discussion followed, organized and moderated by Ilene Fishman, LCSW, a founder of NEDA, and included experts like Dr. Margo Maine, a clinical psychologist specializing in eating disorders; Dr. Douglas Bunnell, Chief Clinical Officer of the Monte Nido East Eating Disorders Program; and Sondra Kronberg, MS, RD, founder and nutritional director of the Eating Disorder Treatment Collaborative and F.E.E.D. Mattenson gave closing remarks.

As follow-up to the successful event and furthering her commitment to expanding education in eating disorders, Wurzweiler is offering, this fall, its first elective in the treatment of eating disorders taught by Fishman. Furthermore, a joint alumni event with YU’s Ferkauf Graduate School of Psychology, which will focus on treating eating disorders, is being planned for May 2014.

“Now that there is a well-established collaborative relationship in place between Wurzweiler and NEDA,” says Dean Hendricks, “I am confident our relationship will lead to additional social research and community interventions, and to training more social workers to help those with eating disorders across North America, as Wurzweiler has an international student body and, as a result, the potential to make a great impact in many different communities.”

A generous portion of The Karyn Tendler Scholarship Fund will also go toward

funding the education of a promising student who wishes to specialize in the field of eating disorders. Temimah Zucker was recently selected to receive the inaugural scholarship assistance.

“My decision to attend Wurzweiler came when I first heard about the NEDA and Wurzweiler conference last May,” explains Zucker. “In my history of being involved in the eating disorder field, I have interned with NEDA and the organization’s relationship with Wurzweiler proved it was the right school for me.”

Zucker, who formerly struggled with and recovered from anorexia, has already volunteered and interned with various organizations that treat and help patients with eating disorders, and has written op-eds and spoken publicly in high schools and on college campuses to increase awareness. In conjunction with her studies at Wurzweiler, she is currently starting her first year of field placement at the Eating Disorder Treatment of New York (EDTNY) a partial hospitalization program. EDTNY is a unique day treatment and intensive outpatient program located on the Upper West Side of New York. EDTNY treats adolescents and adults who are transitioning from residential care needing a higher level of treatment than strict outpatient programs can offer.

“I am so grateful to the Tendler family and Wurzweiler for awarding me The Karyn Tendler Scholarship. It solidifies the fact that Wurzweiler is just as committed as I am to address this important issue, and I know I will receive a top-notch education that will serve me well in my goal of helping those who struggle with eating disorders.”

Wurzweiler hopes that Zucker represents the first of a cohort of students who will receive in-depth education in treating eating disorders and focus their field placements on working in relevant hospitals and agencies.

“In New York, there are fortunately many eating disorders programs and therapists and doctors who specialize in the field, but other parts of the country

➔ [continues on page 23](#)

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 was the first year of the NEDA Walks scholarship program, which sends Walk Coordinators and local families 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! ■



NATIONAL EATING DISORDERS ASSOCIATION
NEDAWALK
 Save a life.

Upcoming 2014 NEDA Walks:

Memphis, TN NEDA Walk

(Rhodes College and Overton Park)
 Saturday, February 22, 2014

San Diego, CA NEDA Walk

(Mission Bay in De Anza Cove)
 Saturday, February 22, 2014

4th Annual MentorCONNECT Virtual NEDA Walk

(www.nedawalk.org/virtualwalk2014)
 Monday, February 3–Saturday, March 1

Athens, GA NEDA Walk

(University of Georgia Health Center)
 Saturday, March 1, 2014

Columbia, SC NEDA Walk

(The Carolina Children's Home)
 Saturday, March 1, 2014

Fairfax, VA NEDA Walk

(George Mason University)
 Saturday, March 1, 2014

Reno, NV NEDA Walk

(Gateway Plaza–University of Nevada, Reno)
 Saturday, March 1, 2014

Los Angeles, CA NEDA Walk

(Crescent Bay Park)
 Saturday, March 8, 2014

Valdosta, GA NEDA Walk

(Valdosta State University)
 Saturday, March 8, 2014

Phoenix, AZ NEDA Walk

(Phoenix Zoo)
 Saturday, March 15, 2014

Biloxi, MS NEDA Walk

(Tradition Mississippi)
 Saturday, March 22, 2014

Charlottesville, VA NEDA Walk

(University of Virginia–Nameless Field)
 Saturday, March 22, 2014

Gainesville, FL NEDA Walk

(University of Florida–O'Connell Center)
 Saturday, March 22, 2014

Nashville, TN NEDA Walk

(Centennial Park Bandshell)
 Saturday, March 22, 2014

Ann Arbor, MI NEDA Walk

(Nichols Arboretum)
 Saturday, March 29, 2014

Oklahoma City, OK NEDA Walk

(Bluff Creek Park)
 Sunday, March 30, 2014

Boston, MA NEDA Walk

(Newton North High School)
 Sunday, April 6, 2014

Tampa, FL NEDA Walk

(Al Lopez Park)
 Sunday, April 6, 2014

Abilene, TX NEDA Walk

(Grover Nelson Park)
 Saturday, April 12, 2014

Waco, TX NEDA Walk

(Baylor University–Fountain Mall)
 Saturday, April 12, 2014

Columbus, OH NEDA Walk

(Fred Beekman Park)
 Sunday, April 13, 2014

Columbia, MO NEDA Walk

(Stephens Lake Park)
 Saturday, April 19, 2014

Miami, Florida NEDA Walk

(Peacock Park in Coconut Grove)
 Sunday, April 27, 2014

Washington, DC NEDA Walk

(National Mall)
 Sunday April 27, 2014

Las Vegas, NV NEDA Walk

(Faith Lutheran Middle School & High School)
 Saturday, May 3, 2014

Savannah, GA NEDA Walk

(Daffin Park)
 Saturday, May 3, 2014

Syracuse, NY NEDA Walk

(Long Branch Park)
 Saturday, May 3, 2014

Redding, CA NEDA Walk

(Sundial Bridge)
 Saturday, May 31, 2014

Philadelphia, PA NEDA Walk

(Philadelphia Zoo)
 Sunday, June 1, 2014

Kansas City, MO NEDA Walk

(Berkeley Riverfront Park)
 Saturday, June 14, 2014

New York City NEDA Walk

(Foley Square)
 Sunday, October 5, 2014



Network Spotlight



About the NEDA Network

The NEDA Network is a collaboration between NEDA and other like-minded organizations dedicated to our cause. Organizations maintain their own names and identities, but they become a part of the NEDA family. Network members offer

local support year round with many also hosting local events during 2014 NEDAawareness Week. Together, we provide a strong, unified voice of advocacy and support in the fight against eating disorders.

Austin Foundation for Eating Disorders (AFED), Texas
 Be You at Be Me, Inc., Virginia
 Community Outreach for the Prevention of Eating Disorders (COPE), Florida
 Eating Disorders Coalition of Tennessee
 The Eating Disorder Foundation, Colorado
 Eating Disorders Information Network (EDIN), Georgia
 Eating Disorder Network of Central Florida
 Eating Disorder Network (EDN) of Maryland
 Eating Disorders Resource Center (EDRC), California
 The Elisa Project, Texas
 Helping Other People Eat (H.O.P.E.), Florida
 The Manna Scholarship Fund, Georgia
 Maudsley Parents

MCR Foundation, Tennessee
 Michigan Eating Disorders Alliance
 Missouri Eating Disorders Association (Formerly The Dahlia Partnership)
 Multi-Service Eating Disorders Association, Inc. (MEDA), Massachusetts
 Mentor Connect
 Oklahoma Eating Disorders Association (OEDA)
 Ophelia's Place, New York
 Project Heal
 Sharing Education About Eating Disorders in Siouxland (SEEDS)
 T.H.E. Center for Disordered Eating, North Carolina
 Tri-Cities Eating Disorder Resource Team, Indiana ■



Staff Spotlight

Meet the NEDA Staff!

Judy Renner

NEDA Office Manager

Judy is a native Floridian. She moved to New York City from Miami, in May of 2011 to plan and execute the relocation of the NEDA headquarters and key personnel from Seattle, WA to New York City. Once the move had taken place and everything was settled down, she

decided to stay in NYC and accepted the position of NEDA Office Manager.

Judy is enjoying NYC, especially Broadway and all of its plays. She really appreciates the hour long commute into the city as it gives her plenty of time to read books, one of her favorite things to do. She also

loves collecting new recipes to try out on her family. Although she is missing watching the Dolphins play football, she has become a fan of the New York Giants — she also likes watching the Yankees play! New York City is one of her favorite cities, and she is enjoying life at NEDA in the Big Apple! ■

► NEDA and Wurzweiler Partner to Educate *continued from page 21*

are not so lucky and have fewer, if any, resources for dealing with these disorders,” explains Grefe. “If Wurzweiler can help put more therapists on the ground that specialize in eating disorder treatment, it would be a huge thing. I am so proud of NEDA and Wurzweiler’s partnership and very grateful to the Tandler family for making it all happen.”

Says Mattenson, “Through all her struggles, Karyn always lived with an open heart and an open hand. In this way, her memory will be preserved.” ■

LOSS SUPPORT NETWORK

Volunteers in the NEDA Loss Support Network know the unique type of grief experienced by those who have lost a loved one to an eating disorder, and they are available to help support those who have lost someone. If you would like to become a volunteer to support others or request support from a Loss Support Network member visit www.myneda.org/loss-support-network

Join the NEDA Forums!

Connect with fellow siblings, parents, partners/spouses, friends and others pursuing recovery. Whether you are personally affected by an eating disorder or supporting someone who is, the NEDA forums are designed to be a safe and welcoming space to discuss issues related to eating disorders, disordered eating and body image. Check out the community guidelines and join the conversation at www.myneda.org/forum.



***Making Connections** offers a place for our members to share their personal experiences and insights to support others. While we value these contributions, please note that the views, beliefs and perspectives expressed do not necessarily represent those of the organization.*

Share Your Thoughts

If you have an idea for an article, a question you'd like us to research, or would simply like to share your story — we'd love to have you participate! Email us at pffnetwork@myneda.org. Be sure to include your full name, email address, and daytime phone numbers so we can contact you.

***Making Connections* is by parents, family, and friends for parents, family, and friends!**



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www.NationalEatingDisorders.org

Thank you to our generous Sustaining Sponsors for helping to make our programs and services possible.

- PLATINUM:** Rader Programs
- GOLD:** Eating Disorder Center of Denver, Eating Recovery Center, Remuda Ranch
- SILVER:** Rogers Memorial Hospital
- STEEL:** Center for Eating Disorders at Sheppard Pratt, McCallum Place, The Renfrew Center, Timberline Knolls
- BRONZE:** Center for Change, Columbus Park Collaborative, CRC Health Group, Fairwinds Treatment Center, Laureate Eating Disorders Program, Oliver-Pyatt Centers, Rosewood Centers for Eating Disorders, Tapestry, University Medical Center of Princeton at Plainsboro, Veritas Collaborative