Are There Tools For Recovery?

FEATURING

Evidence-Based Treatment
Russell Marx, MD, NEDA Chief Science Officer

Recovery & the Mind-Body Connection
Maria Sorbara Mora, MS, RD

Gender Bias & Eating Disorders
Deborah Mitchison

Stress & Trauma in Eating Disorders
Timothy D. Brewerton, MD

Finding Compassion For Myself
Carré Otis
Hello Everyone,

Welcome once again to our Parent, Family and Friends Network (PFN) Magazine! We always enjoy this opportunity to share the wealth of information contained within these pages with you. With each issue we continue our commitment to bring you up-to-the-minute topics, research and conversation, in tandem with inspiring and insightful stories that provide a lifeline of hope. We are deeply invested in helping you, often times reaching across what sometimes might feel like a very long and lonely path, to be there for you. Please know that regardless of how alone you may feel at any given moment, you are not. NEDA is your beacon of hope, and the PFN helps shine a light of understanding and support to help you through your journey.

It is with the deepest of gratitude that we say goodbye to our fellow PFN Steering Committee member, Jane Cawley. In 2009, Jane joined the PFN, and she brought with her firsthand experience, knowledge and advocacy underscored by a desire to help others.

As co-chair for Maudsley Parents, Jane has been pro-active in educating and helping families understand a child with an eating disorder. Beyond her dedication in this arena, Jane has been an important voice in shaping this publication through the years. Her valuable input, from ideas to resources to providing content, continues to help others beyond measure. Thank you, Jane, for your most appreciated perspective and for all you do to enlighten and encourage others at a time when they need it most.

As you embrace your new opportunities at the United States Embassy in Kabul, we wish you happiness, success and experiences you will treasure throughout your lifetime!

Thank you,
Deborah

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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:

Medical Management
“I just wanted to let you know that the Medical Management webinar was FANTASTIC! I am a physician and take care of primarily eating disorders every day, and still learned interesting information!” — A Primary Care Physician

Eating Disorders in the Jewish Community
“I was very inspired by tonight’s webinar, especially as a Modern Orthodox Jewish woman… Thank you again for this fabulous and educational discussion.” — A Student

Gender Identity, Sexuality and Eating Disorders
“I thought your talk was very informative. Even after years of therapy I gained a lot of insight from your guests. Thank you for putting this out to the public.” — LGBT-Identified Individual in Recovery

Tools for Dads
“Don, thank you so much! So much of this touches on things familiar to me, but that I had not identified.” — A Dad
Dear Readers,

As we look ahead to the upcoming summer and fall, we are excited about the many opportunities to connect with you – both online and in person! We invite you to participate in the many PFN Webinar Series (www.nationaleatingdisorders.org/webinars) events scheduled, join the lively discussions on the NEDA Forums (www.nationaleatingdisorders.org/forum) and come meet us in Washington, D.C. for the NEDA Federal Lobby Day on October 10th and 2013 NEDA Conference, Of Monumental Importance: Directing the National Spotlight on Prevention, Treatment, Research & Policy, October 10-12th.

The NEDA Federal Lobby Day, which is co-sponsored by the Academy for Eating Disorders and International Association of Eating Disorders Professionals, is an exciting chance for all of us who care about eating disorders – treatment and health care professionals, educators, activists, families and individuals affected – to come together and make our voices heard in Congress. The NEDA Conference early bird registration deadline is just around the corner – June 30th – so be sure to sign up today at http://www.nedaconference.org/!

Echoing the gratitude expressed by Deborah Kreiger, PFN Chair, we are so appreciative of the many years Jane Cawley has spent with the PFN Steering Committee to lend her experience, expertise and time to continually improve the resources available to families. We wish her all the best in her current endeavors!

In this issue of Making Connections, we bring you an overview of evidence-based treatment and perspectives on adjunct therapies and tools that your fellow readers have found helpful in supporting their or their loved one’s recovery. As we plan for future issues, we hope to hear from you about the topics you would like us to cover or your own personal insights and perspectives. Just email us at pffnetwork@myneda.org!

Sincerely,
Susie Roman
Director of Programs

Editor’s Note | By Susie Roman, Director of Programs

In this issue:

- Letter from the PFN Chair
- What Readers Are Saying
- Editor’s Note
- Research Summary | Sex Differences in Health-Related Quality of Life Impairment Associated with Eating Disorder Features
- Evidence-Based Treatment
- Communicating Through Art
- Finding Reconnection and Empowerment Through Martial Arts
- Recovery and the Mind-Body Connection
- The Power of Words
- Horses Lend a Helping Hoof
- Stress and Trauma in Eating Disorders
- Healing Trauma: Finding Compassion for Myself
- Industry Insiders Highlight Wide Range of Reforms Needed in the Fashion and Modeling Industry
- Abercrombie & Fitch: Stop Making Teens Feel Worthless
- NEDA heads to Washington, D.C.!
- NEDAwareness Week 2013 Outcomes
- Paying It Forward
- Upcoming PFN Series Webinars
- NEDA Walk Volunteer Spotlight
- NEDA WALK 2013
- The Feeding Hope Fund
- Light Up the Night: Annual NEDA Dinner
- Book Review: The Eating Disorder Sourcebook
- Meet the NEDA Staff!
- Network Spotlight
Research Summary | Sex Differences in Health-Related Quality of Life Impairment Associated with Eating Disorder Features: A general population study

By Deborah Mitchison, PhD candidate in the School of Medicine, University of Western Sydney

The myth that eating disorders are a phenomenon experienced only by females seems to continue despite there being a growing body of evidence that men and boys also suffer from varying levels of disordered eating. A predominating female focus—which appears in portrayals of eating disorders in the media—but also in the design of public health campaigns and treatment interventions, undoubtedly feeds into the heightened stigma that is attached to males who have eating disorders. It could also explain why men do not often present for treatment of body image disorders, and why such disorders can go undetected in males. We recently published an article in the International Journal of Eating Disorders’ which we hope will contribute to the diminishment of this gender-bias in the discussion and treatment of eating disorders.

In our study, 3,034 adult men and women (15-94 yrs) from Australia were interviewed. They were asked a range of demographic and health-related questions. This included questions on “quality of life” (how individuals rate their health and the extent to which it impacts on their day-to-day functioning), a key indicator used in Medicine to assess the level of debilitation caused by health conditions. Participants also answered eating disorder related questions about whether they regularly binge eat, take really strict dietary regimes, or purge after eating (e.g., vomit or take laxatives) and how much importance they place on their body weight or shape in determining their self-worth. These findings clearly show that body image concerns and disordered eating are also problems experienced by males, and are not just the domain of women.

Apart from determining how common disordered eating is in males, another major aim of the study was to look at how disordered eating impacts upon the quality of life of men versus women. Our findings were that all eating disorder features were associated with impairment in mental and physical wellbeing, social functioning, and performance in important activities such as work or parenting. Further, we found very little difference in the extent of this impact between men and women. The few sex-based differences that were found, however, suggested that binge eating may have a greater impact on the mental wellbeing of men, while body weight and shape concerns may have a greater impact on the mental and physical wellbeing of women.

The take home message from these findings is that disordered eating is more common in males than may be popularly believed. In fact, although males may constitute a very small proportion of eating disorder treatment-seekers, they in fact may represent up to 40% of people in the community who experience body image and eating disturbances. Another important point is that men who do experience disordered eating and body image concerns are adversely affected by this—indeed as much as women are.

Steps that must be taken to improve the gender-bias that characterises the representation and treatment of eating disorders are to design more gender-neutral health campaigns and interventions, and to actively recruit males in future eating disorder related research.

Reference

Evidence-Based Treatment
By Russell Marx, MD, NEDA Chief Science Officer

There has been more focus recently on the need for evidence-based treatments for eating disorders. The New York Times featured an article on March 26, 2013 by Harriet Brown, “Shift in Mental Health Care Is Slow,” in which numerous eating disorder experts discussed why “surprisingly few patients” get these treatments. Evidence-based medicine involves the use of current best evidence in making treatment decisions for individual patients. There are several rating systems that organizations use to grade the strength of clinical evidence. One of the best known organizations that does this is the National Institute for Health and Care Excellence (NICE) in the United Kingdom.

In the NICE system, an A grade is given when there is “at least one randomized controlled trial (RCT).” An RCT is the gold standard of clinical research because it allows for maximal statistical power with minimal selection and allocation bias. A B grade is given when there are “well-conducted clinical studies, but no RCT”. A C grade is given when there are no available good quality clinical studies and involves “clinical experience” of respected authorities. The clinical guidelines were originally developed in January 2004. An extensive seven year review of new material was completed in August of 2011, with a review recommendation that the guidelines did not require updating at that time. The next review is scheduled to be complete by January of 2014.

Specific areas looked at by NICE included anorexia nervosa (AN), bulimia nervosa (BN), and atypical disorders including binge eating disorder (BED).

For AN there are no A rated interventions and only one B rating: “Family interventions that directly address the eating disorder should be offered to children and adolescents”. For BN the only A grade is given to cognitive-behavioral therapy for BN (CBT-BN). B grades are given for evidence-based self-help, interpersonal psychotherapy, and antidepressant medication. For BED, an A grade is given to cognitive-behavior therapy for BED (CBT-BED). B grades are given for interpersonal psychotherapy for BED and modified dialectical behavior therapy (DBT) treatments, evidence-based self-help and antidepressant medication.

What are some of the advantages and limitations of evidence-based treatments? The primary advantage is that better clinical decisions can be made and better treatments developed when we know more about the actual effectiveness of different treatments. And, this knowledge can then be passed on to those seeking treatment, to ensure that consumers are educated about what to look for in a treatment provider/center. On the limitation side, RCT’s are expensive and time consuming and can exclude large groups of people such as those with co-morbid conditions. In addition, the number of known effective treatments are limited, especially in AN where there is not a single evidence-based treatment for adults. There is growing evidence for the efficacy of Family Behavioral Therapy (FBT), otherwise known as the Maudsley Method, to treat adolescents with AN.

The development of more effective treatments and more training of clinicians is obviously necessary for better outcomes. In response to this need, NEDA recently launched the Feeding Hope Fund for Clinical Research and Training (www.nationaleatingdisorders.org/feedinghopefund), which will allocate funds to qualified clinical researchers and experts working to advance evidence-based treatment and its dissemination.

For additional information about evidence-based treatment, visit the treatment section of the NEDA website (www.nationaleatingdisorders.org/treatment).

Disclaimer

The following section of articles on adjunct therapies and activities that your fellow readers have found helpful in the recovery process are not meant to be replacements for treatment by an eating disorders specialist practicing evidence-based treatment. They are meant to offer perspectives on additional tools that could be explored as a compliment to evidence-based care.

The authors of the articles in Making Connections are responsible for their respective content. Statements in the articles should not be construed as endorsement by the National Eating Disorders Association as treatment or other clinical advice.
We had arrived, anxious and optimistic, at the facility where my daughter, Taryn, was being treated for anorexia and bulimia. Family Week would be the first time we’d seen her since the severity of her eating disorder had taken her away from us. Her sister, father and I had high hopes that her stay at this reputable treatment center was going to heal her struggling psyche and rid her of this horrible disorder.

The purpose behind Family Week was multi-dimensional. First and foremost, it was to be a time of communicating with one another. We, the family, were here to visit with Taryn for the first time in six weeks, and see where she had been living, learning, and hopefully getting better. We were to participate in intensive therapy with her, to express to her what this disorder was doing to our lives, and to tell her how we felt about what it was doing to her. She was to show us some of the activities she’d been experiencing, and finally open up to us about some of her secrets.

It was a hectic and fast-paced schedule with never a dull moment. We participated in both traditional therapy with Taryn’s therapist, as well as many alternative forms of therapy. We went through family therapy sessions, group therapy with other families, role plays, equestrian therapy, spiritual services, inspirational talks and more. The group therapy sessions, led by the various therapists, and involving worksheets and thoughtful self-evaluation, were the featured highpoint of the week, guiding us all through dangerous waters and leading us to a climax on the last day. For our family, however, something equally, if not more powerful, was our session in art therapy.

As our family made its way to the art class, Taryn confided that this was one of her favorite therapies, which I found strange since she’d never shown an interest in art before. We entered the art studio with the two other families with whom we were sharing our time. Settling down at the art tables, we gazed around at the colorful room, with all the brightly-colored art supplies, personalized cubbies, and finished projects hanging everywhere. There was some nervous laughter, and lots of uncertain whispers professing a major lack of artistic talent.

The powerful part happened next. We went around the room, with each person explaining what their artwork meant to them, and why they chose to do what they did. There were tears, hugs, hands reaching out to touch other hands and families reaching out to other families. The emotional impact was profound and palpable. When Taryn described her all-black sculpture, a cowed figure trapped inside a curtained cubicle, open on top, I wept at the depth of both her symbolic meaning and her obvious agony.

We went on with our day and the rest of the week, but that hour in art therapy remains vivid in my memory. It was clearly a tool that had the power to unleash imprisoned feelings and fears that might otherwise be buried out of reach.
Taryn’s perspective

I can’t think of a time when I would have ever called myself “artistic.” I made art projects in elementary school, but never felt particularly excited about it, or even proud of the creations at completion. I chose other electives in school as soon as I had the chance and made jokes about my lack of artistic ability. I didn’t consider myself very good, and I was happy to accept that.

It had been years since I had created any type of art when I made my first collage. As my eating disorder developed, I found myself dealing with intense emotions I had never experienced before and often didn’t understand. I felt such a strong distaste and loathing for myself and my body and increasing depression and anxieties. My eating disorder was my primary coping mechanism, but I found myself turning to other outlets, other ways to turn my unbearable emotions into something tangible. Something I could work with and understand.

No one told me to start making the collages. It wasn’t until after my stay at the first treatment center when I started making them. My experiences there with art therapy were probably a driving force in my sudden interest in creativity. I bought a large piece of poster board and began cutting out pictures that resonated with me. I covered the poster board in those pictures and then began searching for words and headlines associated with my experience and the emotional pain I was feeling. Somehow seeing those images and words glued together made me feel a little better, at least temporarily. It made everything I was feeling easier to understand, these words were now something I could see, feel, and manipulate. It wasn’t buried deep inside anymore.

The collages were not my first experience with art therapy. While at the first treatment center, art therapy was a part of the regular routine, and we spent time weekly in an art studio creating specific projects designed to help us express the feelings every one of us had buried within ourselves. One project had us designing masks to represent our eating disorders, since part of having an eating disorder is putting up a mask to hide what is really going on inside. We also had the opportunity to create projects representing positive times in our lives, and we smiled while making clay figurines of ourselves and reliving happy times, which usually seemed so far away. Art therapy was something everyone looked forward to, artists and amateurs alike. It was less intense than many of our talk therapy sessions in some aspects, yet allowed us to express ourselves in ways we had never experienced before.

The Family Week art therapy session was probably the most intense and profound art therapy experience. Family Week was incredibly challenging as a whole; the tension was palpable for most families and patients alike. As a resident of the inpatient program, I spent weeks preparing for the talk therapy sessions during Family Week, filling out several worksheets and spending hours in individual therapy sessions. I knew there was a family art therapy session, but I had no idea what to expect, and, frankly, I was far too concerned with the looming talk therapy sessions for which I had been working so hard to prepare. There was no preparation for art therapy, and it was actually listed as the first activity on the agenda for the weekend. I felt almost relieved—I didn’t have to worry about art therapy the same way I had been obsessing over everything else.

I actually don’t think anyone expected much of art therapy. I sat at a long table with my parents and sister, and we were joined by two other families. The other families were part of our Family Week group, and we stayed together during all the therapy sessions throughout the weekend. While I did know the other two girls pretty well already, the thought of sharing this deeply personal week with two families of strangers made me extremely uncomfortable. It was difficult enough having to share everything with my own family, much less another family I had never met. I imagine everyone in the room felt the same way as we all smiled nervously and tried to make jokes.

After all the projects were completed, we took turns and each person described their work and what it meant. As I listened to each description, I felt like I had known these families for years. Our stories were connected, and we understood each other in a way that no one back home could. Everyone was feeling the same pain, dealing with the same onslaught of emotions. The awkwardness melted away as dads openly cried, and siblings were finally able to speak up and explain how the eating disorder had impacted them.

The projects were not simply about what is really going on inside. We also had the opportunity to create projects representing positive times in our lives, and we smiled while making clay figurines of ourselves and reliving happy times, which usually seemed so far away. Art therapy was something everyone looked forward to, artists and amateurs alike. It was less intense than many of our talk therapy sessions in some aspects, yet allowed us to express ourselves in ways we had never experienced before.

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Finding Reconnection and Empowerment Through Martial Arts

By Marcella Raimondo, PhD, MPH, California

find it a beautiful irony... when I was in my ten year battle with anorexia, in turmoil and pain, I deeply disconnected from myself by disconnecting from my body.

And, years later, after achieving medical stability through the recovery process, I continued my healing journey to move deeper in my recovery by using my body through martial arts to reconnect with myself.

My first experience with martial arts was at an open house at Hand to Hand Kajukenbo in 2000. I saw female martial artists perform with internal strength, demonstrating power and grace while not apologizing for the space they were taking. They mesmerized me. I wanted that badly for myself, so I immediately signed up.

The first time I punched into a bag, it was an overwhelming feeling of emotional discomfort – the discomfort of feeling my power. Like many of us, I was not in touch with any aspect of my power, and feeling it for the first time was terrifying. It took so much at that moment to not run out the door. Yet I made a decision to continue, giving my intuition a voice. My intuition reminded me of the strength that I had found during my recovery from anorexia. My intuition is my spiritual center that after years in recovery and without the ED voice present, now guides me in a positive way.

Through my teachers and experience, I learned that martial arts are incredibly self-reflective; the physical training is a tool to bring the mind, body and spirit together. You may ask, “Why martial arts? Why not a sport?” Martial arts provides me with a progressive journey where I dare go to engage my primal emotions and needs, usually confronting another person in close physical proximity. And yet, the confrontation is often just as much with myself. I am challenged to observe myself. Am I afraid or do I feel strong? Do I need to win or am I afraid of failure? How do I engage with others, and how do I feel afterwards?

Martial arts and other activities that allow one to be more connected with their bodies in a balanced way can serve as ongoing eating disorder healing once a person is no longer in a medically and psychologically compromised state. In my personal and professional experience, the most impactful aspect of healing is the empowerment process: intuition, voice and valuing one’s body. You learn to go into your spiritual center by grounding into your body. Through your training process, you are constantly getting information. You continue to move yourself out of isolation, a critical eating disorder component. You are in constant contact with others. This is so essential in recovery as you relearn to nourish yourself and relate to yourself through your body. The challenge for many of us is getting in touch with our power – particularly for women and girls who are often socialized to not know their power. Setting boundaries, using our voice, taking up space, confronting a situation – they are all tools we can learn to find a healthier way to be in control; not destructive eating disorder control. Being still and having our feelings guide us can be daunting, even foreign. For those suffering from eating disorders, it can be especially salient as these internal ways of being are often lost.

For me, the best illustration of this empowerment process is sparring. When I spar, I feel the energy exchange between my opponent and I. I set boundaries by expressing my needs—relaying how much contact I can take. I notice how I move in a match, what I initiate and how I respond. And I notice how my opponent also moves and responds to what I give. I have to be completely present in sparring and ready to embrace this exchange with my entire being.

While martial arts may not be for everyone, it can be a valuable practice for learning to value your body in a deep way, replacing aesthetics that often contribute to body image dissatisfaction. The constant contact in the martial arts world can allow for strength and connection to others, replacing isolation. Having these tools may help those struggling address conflicts and confusion by finding outlets. Training teaches us to express our conflicts and not internalize them. It is the internalization process that can lead to self-destructive behaviors like an eating disorder. You learn to integrate your whole self, not compartmentalize yourself thus disconnecting from your body.

Just last week, one of my teachers was asking me to move more from my center. I felt confused and frustrated. When I sank into myself and listened to my intuition, I felt my spiritual connection and strength. Although the journey of recovery is different for everyone, martial arts has given me a whole reconnection to my body and a tool for finding my power. And with this ongoing focus, the journey continues.

For more information about Marcella Raimondo and her clinical trainings addressing multicultural populations and eating disorders, go to www.marcellaedtrainings.com. For more information about Hand to Hand Kajukenbo Self Defense Center, go to http://handtohandkajukenbo.com/
Recovery and the Mind-Body Connection

Yoga as a tool for connection for individuals with eating disorders and body image issues

By Maria Sorbara Mora, MS, RD, PRYT, RYT, New York

In the treatment of eating disorders, disordered eating and body image issues, the path to recovery includes weight restoration, symptom management, nutrition counseling, psychotherapy and psychopharmacology if needed. These courses of action have proven to help individuals struggling to stabilize and achieve and maintain lasting recovery from their eating disorders. What I’ve noticed as an eating disorder specialist, however, is that for some individuals who undergo any level of treatment for their eating disorder there can still be a sense of disconnection in the recovered body, and although they have done ‘everything they’ve been told to do’ by their treatment providers, they may feel somewhat lost within themselves and the world. This observation was the very thing that begged me to wonder what could be added to our traditional treatment modality and what eventually led me to Phoenix Rising Yoga Therapy (PRYT), as an adjunct to my nutrition practice.

The practice of any form of yoga can be a beneficial tool for those seeking spiritual insight and a reconnection of the body and mind. I practice PRYT in particular, a modality that infuses all aspects of a human being (physical, mental, emotional and spiritual) into the essence of experience. Based on the work of Carl Rogers, it invites the individual to become mindful to whatever is happening in their bodies and to give this experience the highest level of authority. This allows for a more holistic view in any one moment and invites individuals to grasp a richer understanding of self.

On the physical level, noticing body sensations provides the individual struggling with food and body issues an opportunity to move into more concrete aspects of their body. Paying attention, for instance, to fatigue or an aching back takes emphasis off of how an individual may feel ABOUT their bodies and places it onto how their body actually feels. PRYT classes and individual sessions are done with eyes closed. This aspect offers an internal focus and gentle reminder to come back to the body and notice what’s happening on a physical level. Research has found that yoga practices that create a heightened sensitivity and responsiveness to body sensations are associated with less preoccupation with physical appearance, more positive views of the body, and a more healthy regulation of food intake in individuals with eating disorders.

From a mental aspect, witnessing one’s thoughts is one of the most important aspects of a yoga practice. Being able to observe the natural flow of the mind can be an essential practice for those struggling with eating and body image distortion thus practice tolerating stressful situations without letting the stressor take over or in other words, learn to ride the wave.

Spirituality involves an element of not knowing, uncertainty and open-mindedness, and these are aspects of the human condition that are uncomfortable for the individual with eating and body issues. Of all the wonderful benefits yoga provides, trusting is the aspect I feel is most catalytic for healing. The inner wisdom practices provide an individual with the opportunity for deep listening to the part of themselves that knows best. Threaded into each part of a class or individual session is the understanding that the individual has all they need within themselves to heal. Yes, we as providers and practitioners are here to witness, support and at times guide individuals, but, ultimately, what is needed to truly heal from an eating disorder is the ability to trust in themselves and trust in the process of life.

If patients are receptive, I refer them to a class that I know will support their goals. Matching patients to the right type of class is critical. Yoga classes and their instructors can vary widely in terms of emphasis on the physical versus the spiritual. Some yoga classes could reinforce the very self-destructive beliefs and cultural values that we are trying to extinguish... Above all, the goal is to send patients to classes that help them to promote balance, rather than imbalance, toward which they might naturally gravitate, and to break old, destructive tendencies.


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The Power of Words

By Jenifer Beaudean, Author and Business Professional, Connecticut

I t has been ten years since I walked through the door of the treatment center I attended to begin treatment for my bulimia. It was slow going. One day at a time, one hour at a time, one moment at a time, one breath at a time. That’s how I reassembled my life with the help and guidance of my treatment team. And, one of my greatest “learning moments” had to do with words. During a moment of crisis that pulled me back into the pattern of binging and purging, I had not asked for help from the people who loved me.

“Why aren’t you asking for help? Find your voice,” my therapist said emphatically.

“Finding my voice” and verbalizing what I was feeling became a new practice, a new discipline and a new action that I could take to stay in a safe, healthy place. I learned to identify what I was feeling and why. Then I would share it with someone who loved me. And, the words became powerful—the process of expressing them often rescued me from times of difficulty.

Not long after, I discovered that a piece of paper could receive my thoughts in a way that was different than having a conversation. The paper offered another place for my voice to go. A piece of paper doesn’t respond. It doesn’t judge. It doesn’t have feelings or get angry if you have a moment of weakness. So, I started to identify my feelings and began to jot them down on scraps of paper, in notebooks, on the back of a napkin. I was “finding my voice” now much of the time, owning the emotions that drove my eating disorder.

Ten years later, in recovery, the practice of writing is one of the techniques that keeps me in a safe place. What I found along the way was that my purging was an attempt to rid myself of emotion… I was trying to get rid of the feeling of fear, anxiety, emptiness, loneliness. So, the paper and pen became my friends. I sat in bed on many an evening writing the simple sentence, “I’m lonely.” Sometimes I’d write it again. And again. Then the writing would take on a life of its own and evolve into sentences about the day, my family, my journey. Writing became a way of both identifying what I felt and then channeling it to a safe place. I was learning to recognize my feelings and what drove them, while also finding a safe place to put them – on paper.

On days when I am filled with anxiety and depression, I take out my notebook and write words like, “Right now I just have to take the next breath.” I see the words staring back at me from the page, and it reassures me. I am safe. I am okay. I am not purging. In a sense, I am defining myself and my recovery with those words.

For me, the work to stay in recovery continues. But, I have found in the last ten years that it has gotten easier. A basket sits beside my writing desk in the kitchen. In it are all the notebooks of the last ten years, written during the journey of getting well and staying well. The basket holds the little food journal that I used when I went through treatment. It contains the notebook I took with me when, healthy and well, I was able to go to Africa. It holds the larger books with garden plans and decorating ideas, interspersed with the feelings and emotions of many past days. For me, the basket of journals represents the hard work of the last ten years. In a sense, it is a “victory lap.” It reminds me of all the scribbled words, all the “finding of my voice” time and time again that led me through treatment to fragile recovery to lasting recovery.

Find your voice. Then write the words—and perhaps the words will be powerful for you too.

Jenifer (Jenny) Beaudean is a business woman focused on marketing and communications. She currently resides in Connecticut. She is the author of Whatever the Cost: One Woman’s Battle to Find Peace with Her Body, available at Amazon.com.
Horses Lend a Helping Hoof
By Devon Combs, Certified Equine Gestalt Coach, Colorado

During her second hour at the ranch, Katie enters the arena where Archer, the horse, is roaming without a halter or lead rope. She cautiously walks towards the center, and she stands with her arms crossed. Archer is standing in the farthest corner of the arena, and he casually glances at Katie.

From the other side of the arena, Archer lowers his head and starts moving his lips and jaw in a chewing motion as Katie’s authentic feelings begin to emerge in her tears. Katie wipes her eyes.

Archer promptly turns his 1,200 pound body and walks right up to Katie’s frame. Archer lowers his head inches away from Katie’s chest, and he takes a deep sigh.

“What do you notice about Archer?” I inquire. “That he wants to be with me even when I’m crying,” Katie says in disbelief. She raises her arms around Archer’s neck and buries her face into his mane.

Katie’s emotions that have been locked away for years begin to emerge and be released. Archer stands as still as a statue, and his eyes are soft. Moments later, Katie unwraps her arms from around his neck. With her shoulders back and eyes forward, she steps toward Archer’s head and whispers, “Thank you.”

After she strokes his neck for a moment, I ask Katie to walk toward me, so we can debrief her experience. Archer immediately follows her as she heads toward the gate where I’m standing. “What will you take beyond the arena, Katie?” I ask. Her soft expression opens into a smile and she says, “That it’s ok to cry and show my emotions. I feel better.” As she plays with Archer’s forelock, I ask, “What do you notice in your body?” She takes a moment and puts her hand to her heart, “My heart feels full.”

Equine Coaching is an effective experiential process where the horse is an active partner in assisting the client in self-acceptance, emotional growth and developing positive life skills. This hands-on modality can be used as an adjunct to evidence-based treatment for eating disorders. As a lifelong horsewoman and Certified Equine Gestalt Coach specializing in eating disorders, I facilitate the interaction between a client and a horse. The Equine Gestalt Coaching Method™ is a specific Equine Coaching Certification program developed by Melissa Pearce, a core founder since 1989 of the horse-human healing movement. The experiential nature of the method involves the horse as an active partner with the coach in the client’s exploratory process. The integrative approach of the equine’s interaction combined with positive coaching, somatic awareness guidance and Gestalt methodology assists the client in examining their life with a focus on designing a positive future.

In an Equine Coaching session, the horse partners with the human facilitator to address the client’s struggles and stifled emotions that are blocking them from moving forward. Often, an eating disordered client will say they are fine when inside they feel depressed. A horse picks up on this incongruency and offers honest feedback through his reaction and body language.

The sheer size, power and grace of being with a horse commands that the client be in the present moment and allows clients to gain trust with the animal which in turns builds trust and confidence in themselves.1 This experiential process is effective in assisting a client to get out of living in his/her head and to connect with his/her body. Through the horse’s non-judgmental feedback and interaction with a client, he/she develops awareness about his/her body and what sensations and emotions are emerging as the process unfolds.

Instead of using eating disorder behaviors to get rid of the emotions, the client’s emotions are recognized, validated and then released. The client can then take this experience with the horse as a metaphor for dealing with difficult situations in their life.2 The integrated learning carries beyond the arena. Connecting with horses through Equine Coaching can be an effective adjunct activity to evidence-based treatment and an integral part of a person’s recovery from an eating disorder. For many struggling, horses can lend a helping hoof.

References:

Devon Combs is a certified Equine Gestalt Coach and CEO of Beyond the Arena, LLC. For more information, please visit www.beyondthearena.com, email devon@beyondthearena.com or call 303-547-0848.

...it has been suggested that Equine Therapy – a common form of animal-assisted therapy – may yield a variety of psychotherapeutic benefits... If one interprets the existing research broadly to apply to a variety of animals, mental illnesses, illness severities, and treatment settings, and if one listened to the positive reports from those who practice Equine Therapy with eating disorder patients as well as the patients’ own reports; then, it would appear that Equine Therapy is effective with eating disorders...
Stress and Trauma in Eating Disorders

By Timothy D. Brewerton, MD, DFAPA, FAED, DFAACPA, HEDS

Stress is an unavoidable part of life, but sometimes when stress becomes overwhelming and overpowers our coping mechanisms it causes distress, disease, and dysfunction. Generally, when stress reaches the point where it is causing damage or dysfunction psychologically and/or physically, then it becomes traumatic.

Traumatic experiences, especially those involving interpersonal violence, have been found to be significant risk factors for the development of a variety of psychiatric disorders, including eating disorders, particularly those characterized by bulimic symptoms, such as binge eating and purging. One of the most important mediators between having had traumatic or adverse experiences and the development of eating disorders and other related psychiatric problems is the presence of post-traumatic stress disorder (PTSD) or its symptoms, which include re-experiencing symptoms (e.g., flashbacks, nightmares, intrusive imagery), hyperarousal symptoms (e.g., anxiety, exaggerated startle, insomnia), and avoidance symptoms (e.g., numbing, forgetting, and evading trauma related material).

In much the same way as substances of abuse are used to self-medicate, binge eating and purging appear to be behaviors that facilitate 1) decreasing the hyperarousal or anxiety associated with trauma as well as 2) the numbing, avoidance and even forgetting of traumatic experiences. In this way these behaviors are reinforcing and hence perpetuated. As a result, traumatic experiences and their destructive effects are not effectively processed and continue to cause problems. PTSD tends to be a chronic condition, especially when not adequately addressed and treated.

Of course, not everyone experiences stress, trauma or adverse events equally; some people are much more sensitive or vulnerable, and this is determined by a combination of biological, psychological and social factors, such as being predisposed to anxiety and/or depression and/or having inherited the personality traits of high harm avoidance and/or impulsivity. Available evidence suggests that eating disorder patients may be particularly sensitive or vulnerable to stress and its consequences. It is well established that individuals with anorexia nervosa (AN) and/or bulimia nervosa (BN) more often than not have a primary anxiety disorder, i.e., an anxiety disorder that begins prior to the onset of their eating disorder. In addition, more recent research indicates that individuals with eating disorders are more likely to perceive threat or hostile intent from others, exhibit high levels of anxiety sensitivity characterized by fear or loss of control, are often over concerned with consequences, and have exaggerated inhibition and anticipatory anxiety, high punishment sensitivity, and impaired flexibility to changing circumstances. Thus, what may seem to be of little or no consequence to one person can be very traumatic to another, particularly to one with, or predisposed to, an eating disorder.

A related issue is coping ability or style, which can play an important role in whether or not stressful experiences become traumatic or not. Individuals with an avoidant coping style will not fare as well as those with an active, problem solving style. Avoidant coping and emotional coping styles increase the chances of developing an eating disorder, whereas task or active coping do not. Avoidant coping is associated with introjective (self-punishing) thoughts and beliefs, which can be self-defeating and contribute to a poor prognosis, while active coping style is associated with a better prognostic outcome.

These findings may have important implications for assessment and treatment of an individual with an ED. Identifying all comorbid or coexisting psychiatric disorders as well as identifying major stressful or traumatic events in the individual’s life are essential to fully understanding possible predisposing, precipitating and/or perpetuating factors in the course of the individual’s struggle with an eating disorder. Clinical experience and some research suggest that trauma and subsequent PTSD or partial PTSD predict a worse prognosis. In conclusion, the trauma and resultant PTSD or its symptoms must be satisfactorily processed and abated in order to facilitate full recovery from the eating disorder and its associated comorbidity.

References:
Brewerton TD: The Intersections of Trauma and Eating Disorders: Broadening Our Understanding for Supporting a Loved One and Improving Treatment. Presented at the Annual Meeting of the National Eating Disorder Association (NEDA), St. Petersburg, FL, October 11-13, 2012.

Timothy D. Brewerton, MD, DFAPA, FAED, DFAACPA, HEDS, is the Executive Medical Director, The Hearth Center for Healing, Columbia, SC, and Clinical Professor of Psychiatry and Behavioral Sciences, Medical University of South Carolina.
I wanted to stay small. I didn't want sage. Instead, I felt betrayed by my body. I was part of an important rite of pas to celebrate and that my changing body that becoming a woman was something no strong female role model telling me unanswered questions. I, however, had down a runway. Like many young girls I was paid to pose for pictures or walk with food and body started long before to realize that the roots of my struggles the industry for my eating disorder, I've come while it is easy to blame the modeling industry for my eating disorder, I’ve come to realize that the roots of my struggles with food and body started long before I was paid to pose for pictures or walk down a runway. Like many young girls when I was nearing puberty, I had many unanswered questions. I, however, had no strong female role model telling me that becoming a woman was something to celebrate and that my changing body was part of an important rite of passage. Instead, I felt betrayed by my body. I wanted to stay small. I didn’t want breasts or curves. I wanted to look like a boy, and I was terrified of having a body that would get attention from boys or that would indicate I was growing up.

I was filled with shame about my body and feared the mysteries of womanhood. Controlling food intake became a way of managing this overwhelming experience. I decided that if I ate less, I could somehow postpone not only bodily changes, but perhaps I could avoid some greater unknown. In this way, restricting food was, for me, about avoiding becoming a woman altogether.

Despite my attempts to become invisible, I wasn’t able to control my body’s natural growth, and eventually, I began to receive the type of attention from men I had so feared. I wasn’t ready for the looks, the comments, the new kind of scrutiny that felt so aggressive and intrusive. To me, just one lingering glance from a man felt like a violation. I hadn’t been prepared for any of it. There had been no empowering and honest conversation about the focus my female body would receive, about what sex meant, about how I could assert personal boundaries and about how I could say “no.” I assumed that I had to be “sexy” and the messages I received from males, from peers and from media seemed to support this assumption. I was yearning to feel loved, to be validated, and so I unconsciously decided that being wanted by men was one way to receive the attention I was longing for.

Eventually, my diet-mentality took over and years of struggling with various eating disorders followed. Unfortunately, I chose to work in an industry which seemed to celebrate my ever-shrinking body and therefore support my denial about the severity of the problem. The fact that my career success was in many ways dependent on an unhealthy obsession with my body, my image, and an exploitation of my sexuality only reinforced the deeper sense of fear and shame I had carried since I was a young girl.

Two decades later, in therapy, I began to realize that two triggers for disordered eating were sex and sexuality. I began to see how trauma in my past—profound violations of my body including molestation and rape—had led me to feel dissociated from my body, as if it was no longer my own. My disordered eating behaviors, even my disordered thoughts about food, exercise and body, were all ways of avoiding the pain associated with not only these serious assaults and boundary violations, but also a hatred for my own femininity and sexuality. Rather...

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**Healing Trauma: Finding Compassion for Myself**

By Carré Otis, NEDA Ambassador, Wife, Mother, Author, Activist, California

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

**The NEDA Navigators are here to support you!**

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

The range of experience among the Navigators is diverse, and when you request to be connected with a Navigator, we can match you with someone who has been through a similar set of challenges and can share their experiences in a helpful, responsible way. You can request to speak with someone who’s dealt with co-occurring conditions such as depression, substance abuse or self-harm; shares an aspect of your identity such as ethnicity, gender, religion or sexual orientation; or has the same relationship to the person struggling, such as a fellow dad, mom, partner/spouse, sibling or friend.

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

* Navigators are not mental health professionals or treatment providers. They are PFN volunteers who have been through an eating disorder themselves or with a loved one and are now in strong recovery. Navigators are trained to help you identify resources, treatment options and be a source of support in your journey.
The National Eating Disorders Association (NEDA) and The Model Alliance (MA), http://modelliance.org/, a non-profit dedicated to improving working conditions in the American fashion industry, co-hosted, Inside The Modeling Industry: A Conversation About Health & Beauty In Fashion; a panel event held at Pace University in honor of 2013 NEDAwareness Week. MA founder, Sara Ziff, moderated the panel discussion which featured models Crystal Renn, Katharine Schuette and Amy Lemons, modeling agent Chris Gay, eating disorder specialist and NEDA Board member, Dr. Evelyn Attia and Ashley Mears, a former model and assistant professor of sociology.

Topics discussed during the two hour event included the models’ personal stories of poor body image and struggles of maintaining an unrealistic weight in order to work; the shrinking sample size and current size zero standard within the industry; and the controversial partnership between the Council of Fashion Designers of America (CFDA) and Organic Avenue promoting juice cleanses to models during Fashion Week.

A central theme that ran throughout the panel discussion was the critical need for more diverse representation within the industry. Industry standards for extreme thinness, and the lack of labor protections for the often very young models exacerbate the problem of models turning to disordered eating behaviors to meet expectations and continue working in the industry. In turn, the images consumers are constantly exposed to via advertising, fashion magazines, etc., create unrealistic standards of beauty which can contribute to body dissatisfaction, drive for thinness and dieting – all of which are among the best known risk factors for the onset of an eating disorder. While the modeling industry has been often criticized for a lack of body diversity, Ziff also pointed out the low levels of participation in the 2013 New York Fashion Week by models of color. According to Jezebel, fashion week models were 82.7% white, with 13 companies failing to feature even one model of color (http://jezebel.com/5985110/new-york-fashion-weeks-models-are-getting-whiter).

The panel concluded by offering potential solutions to some of the complex problems within the fashion industry. Ziff focused on enforcing existing child labor and contract laws while Renn suggested a new standard of a size eight sample size, in turn giving designers more freedom. Mears added that legislation and consumers boycotting brands that set unrealistic beauty standards is the pathway to change. All panelists agreed the industry standards are unrealistic and more discussion is needed to understand such complex issues.

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!

Healing Trauma continued from page 13

For many years, I feared true intimacy, and the thought of being authentically open and vulnerable with another had me heading for the hills, once again on the verge of relapse. Fortunately, with dedication and a great support network, I was able to continually make recovery the priority. This meant focusing on rebuilding a foundation [of self-love] that had never been rock solid to begin with. I had to find compassion for the young girl who believed that controlling her body would make her safer in the world, who believed that the sexual assaults may have somehow been her fault, who believed that her sexuality was something she had to use rather than celebrate. As I began to internalize this compassion, I began to honor my body in a profound new way, and it was then that true recovery was possible.

Today, I am free from eating disorders. It took a great deal of courage, dedication and a willingness to ask for help. I’ve made it my mission to educate not only my two daughters, but women in general about the importance of practicing compassion, love and respect for themselves and their bodies. While the road to recovery hasn’t been easy, I’m grateful to have transformed what once felt like an insurmountable obstacle into a bigger life purpose.
As an activist, fighting for an issue, you always have visions of grandeur. You imagine tens of thousands rallying behind you to say, “YES, WE WILL STAND BEHIND YOU IN YOUR FIGHT!” You imagine national news outlets blowing up your phone asking you to comment on your mission. You imagine being featured in some of the biggest newspapers in the world and writing for major publications…and then you laugh and say, “That will never happen, but if I can just touch one person, then my mission will be a success.”

So, when I first heard of the comments that Abercrombie & Fitch CEO, Mike Jeffries, made about young people’s worth being dependent on the size of their waist and their outward “beauty,” I knew that I needed to do something and share the story of my battle to find my inward beauty and my overall self-worth.

And, imagine my surprise, as I sit here today staring at a Change.org petition I created (http://Change.org), boycotting Abercrombie & Fitch, that has received more than 68,000 signatures, or how I felt when I was receiving phone calls from The LA Times and Good Morning America, not to mention just about every other major news entity in the country. Imagine how I felt when I realized that I had started a movement.

I am of the personal belief that everyone has a story to share and that your story has the potential to help write someone else’s and even change the world. It’s the mantra I live by.

I have been sharing part of my story for a long time. I have focused mostly on narratives of anti-bullying and LGBT youth issues. So, when I shared a part of my story that had previously been unpublished, my battle with anorexia with the world, it was a major decision for me. Throughout a majority of my life, I battled through severe depression as a result of brutal bullying. I felt completely alone. I spiraled into a dark place of self-hatred, isolation, and suicidal thoughts. I decided I was going to take my life and nearly succeeded. Now that I have survived, I realize how important life is. I have dedicated my life to inspiring others, and I will change the world.

Young people are so impressionable and rhetoric like that of Mike Jeffries’ is incredibly harmful to them. When I began my petition against Abercrombie & Fitch, I had no idea what it would become. I had no idea that it would inspire a movement. I had no idea that I would receive tens of thousands of personal emails from people sharing their stories and thanking me for sharing mine. I had no idea the people I would meet, the difference it would make, and the way it would change my life forever. But, what I really had no idea of... although it’s what I worked tirelessly for... is that it would WORK!

On Tuesday May 21, I had the opportunity to sit down with Abercrombie & Fitch senior staff members as well as NEDA President and CEO Lynn Grefe; Dr. Michael Levine and Dr. Sarah Murnen (experts in the field of eating disorders and body image); Darryl Roberts and Cali Linstrom. Our goal was to come together in solidarity to discuss how we can improve the company’s lack of diversity in their clothing and branding.

I used my story to appeal to Abercrombie to change their ways. The conversation was long and broad. I personally and passionately disclosed the intimate details of my struggles with anorexia, bullying, and depression, but more than that I also reasoned with them from a business standpoint. The changes we discussed ventured far beyond simply expanding their sizing. We delved into important topics like the hypersexualization of youth through their ad campaigns and of the existence of the size zero (What is a size zero? Zero means nothing. Are we truly telling people to aspire to be nothing? ...And then double zero? Extra nothing?)

I was able to deliver the 2000 double sided pages of my petition into the hands of Abercrombie executives. That petition represents over 68,000 names, 68,000 faces, 68,000 VOICES that have demanded to be heard. Never have I been so proud to be me because I know that my voice matters. Our voices matter. When people come together to fight for something they believe in; change does come! We are proof of that.

I left Abercrombie with a challenge. Redefine what is “cool.” As it stands their brand is not synonymous with being cool. In fact, all it truly represents is discrimination. I did not do that to Abercrombie, my petition did not do that to Abercrombie, the global news coverage did not do that to Abercrombie. Abercrombie did that to themselves! Now they have an opportunity to correct their wrongs and not only change their brand, but change the game. And, we are there to help. It’s so important that they show young people that their clothing should accentuate their beauty on the inside and reinforce what I have been saying all along: It’s not about the size of your waist, but the size of your HEART and the length of your ambition.

The staff members present seemed truly moved by the stories we presented to them and eager to make strong and

continues on page 19
This October, the annual NEDA Conference will be held in Washington, D.C. For the first time ever, NEDA will also hold a federal lobby day, co-sponsored by the Academy for Eating Disorders and the International Association of Eating Disorder Professionals (Lobby Day Partners to be announced soon). This is an exciting and critical opportunity for the eating disorders community to band together, taking our message to members of Congress.

Policy makers rely on constituents to keep them informed and voice concerns about issues of importance in the community; this is our chance to educate legislators about eating disorders, and to ask for support in seeking solutions to the problem. No experience is necessary—only passion, a commitment to helping those suffering, and a desire to eliminate severe, persistent eating disorders. NEDA will coordinate all of the details, arrange all attendees into teams, and schedule lobby appointments. A full training will be provided in the morning.

We hope you can join us. Lobbying is fun and empowering! Past NEDA advocates have described their experience as, “truly moving and amazing.” Others have said, “We were very energized and motivated afterwards,” and yet another commented, “Meeting with legislators can be very powerful and completely changes your relationship to the disease.”

The NEDA Federal Lobby Day event will be held Thursday, October 10th, and is free. Training will be held at the Hyatt Regency Washington on Capitol Hill from 8:30 am to 10:30 am, and lobby appointments will be from 11 am to 4 pm. For more information, or to register, visit the NEDA website, under events.

NEDA heads to Washington, D.C.!
By Taryn O’Brien, STAR Program Manager

The NEDA Conference is a unique opportunity for those who are supporting a loved one struggling or are personally affected to come together with treatment providers, researchers, educators, dieticians and activists to learn from one another. Here are a few of the ways in which the NEDA Conference has been a valuable experience for your fellow PFN members:

“A profoundly uplifting, informative, and affirming experience. To see, to hear and to be seen and heard filled my near-empty well. I cannot wait until next year!” — Activist

“It was so helpful to be in a mix of experts that specialize in eating disorders, individuals who have suffered personally and/or individuals that have had a family member suffer. It was nice to be in a ‘safe’ place where we could all draw on each other’s knowledge and get some insight.” — A Parent

“I LOVED the general sessions. They were interesting, informative, relevant and challenging. I found a new level of confidence, understanding and motivation in my recovery, advocacy and life in general!” — Individual in Recovery

“I was amazed at how approachable people were. Mealtime conversations just got better and better. The NEDA buddy program was brilliant—helped break the ice for us newbies.” — A Researcher

“It was all new to me and I thought it was fabulous. I was blown away by all the experts attending and grateful for their willingness to share information. All experts and professionals were approachable and willing to talk.” — Individual Personally Affected

Register now! Visit the NEDA Conference website at www.nedaconference.org to check out the conference agenda and register. Scholarships will be awarded as long as funds are available. The online application is available on the NEDA Conference website. We look forward to seeing you there!
Per my Wednesday routine, I snuggled into the living room couch, warm cup of tea in hand, waiting for our weekly community meeting to begin. I was in treatment after silently suffering for nearly 15 years; I was finally getting help for my eating disorder.

In this particular week’s meeting, a staff therapist explained NEDAwareness Week and told us of local events: “...there is an art show, a lecture on body image, a scale smashing...”

My ears perked up. “Scale smashing?”

After the meeting, other patients explained the concept of scale smashing to me. Some even said they had smashed scales with their therapists. I immediately wanted to ask my therapist if we could smash a scale together. The thought of destroying something that controlled my life for so long was something I could not pass up. But, I was discharged shortly thereafter and never got to scale smash.

When I left, I knew there was nothing I could ever give nor say to repay the people who had guided me from the darkness of my disorder into the light of recovery. There is only one way to say thank you for such an extraordinary gift and that was to pay it forward. I had no idea how I would accomplish this mission, but I made a silent vow as I drove away that one day—I would pay it forward.
your heart be open and vulnerable to those around you. Do not be afraid to let others in because you never know who will walk into your life and, ultimately, change it for the better. I stand before you today solid in recovery because of these extraordinary people next to me. I can never repay them for the life they have helped me achieve, so I am paying it forward. Living with an eating disorder is a dark and lonely world, but there is hope. With hard work and trust in your team, recovery is possible. I am living proof of it."

Through SmashTALK and our signature scale-smashing event, Southern Smash shed light on this potentially deadly mental illness. People everywhere want to talk about this silent epidemic plaguing our country. They are hungry for answers and looking for hope. So, that is what Southern Smash will continue to do — tour the country, raising awareness and starting the conversation a smash at a time. My eating disorder muted my voice for years. Now, my voice is strong. I am strong. I’m a smasher on a mission: paying it forward and raising awareness a SMASH at a time.

Southern Smash is a proud member of the Rocketkidz Foundation, a 501(c)(3) non-profit. For more information visit www.southernsmash.org

Information & Referral
HELPLINE
800.931.2237
Upcoming PFN Series Webinars

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

Tuesday, June 25, 2013, 6 to 7:30 PM EST

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

Recently Archived Webinars

Eating Disorders in the DSM-5: Implications of Changes in the Diagnostic Categories and Criteria

This free online webinar led by DSM-5 committee members, Dr. B. Timothy Walsh, Dr. Evelyn Attia and Dr. Steven Wonderlich, will help families and individuals affected by eating disorders understand the changes in the fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published in May 2013. Topics in this webinar discussion include:

- Changes to naming of specific eating disorders
- Changes to specific diagnostic criteria including the new recognition of binge eating disorder, criteria for anorexia nervosa and bulimia nervosa
- Changes to the EDNOS category
- Implications of these categorical and criteria changes on treatment and insurance issues


Binge Eating Disorder

This free online webinar led by Dr. Denise E. Wilfley, Professor of Psychiatry, Medicine, Pediatrics, and Psychology, and Director of the Weight Management and Eating Disorders Research Lab at Washington University School of Medicine, offers the most up-to-date information on Binge Eating Disorder (BED). Dr. Wilfley discusses contributing factors to onset; the latest research including prevalence of co-occurring conditions and demographics affected; signs and symptoms; health consequences and complications; and barriers to care. The conversation includes a discussion of evidence-based treatment options, the recovery process for BED and helpful resources. All are welcome! Recorded live on February 28, 2013 [www3.gotomeeting.com/register/600660878]

Abercrombie & Fitch  continued from page 15

concrete changes. Shortly after the meeting they had this to say:

“We look forward to continuing this dialogue and taking concrete steps to demonstrate our commitment to anti-bullying in addition to our ongoing support of diversity and inclusion,” Abercrombie said in a statement. “We want to reiterate that we sincerely regret and apologize for any offense caused by comments we have made in the past which are contrary to these values.” —A&F Spokesperson

I am thrilled to see Abercrombie finally issue what I believe to be a heartfelt apology, and I am cautiously optimistic that our hard work has paid off. Abercrombie made a clear commitment, and I am determined to ensure that they see it through. I am excited to continue open dialogue with Abercrombie & Fitch and work towards creating a nation and world of young people who are proud to be themselves and embrace all the things that make them beautiful.

I am so glad to have been introduced to NEDA and Proud2BMe.org, and although my struggle with an eating disorder is a story I never imagined I would be sharing – especially on a national platform – I am so glad that I am, if it has touched just one person, has shown just one person that they are beautiful, has brought to light the effect words can have on young people. If I have made a difference in just one person’s life, then that is worth more than anything in the world. The struggle to show everyone in this world that they are so worth it continues, and I will continue with it. ■

Benjamin O’Keefe is an 18 year old professional film and stage actor and author of “Our Stories: A Voice For the Voiceless,” coming out soon. To learn more, please visit www.benjaminokeefe.com.
NEDAWalk
Save a life.

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

**Upcoming 2013 NEDA Walks:**

- **San Francisco, CA NEDA Walk**  
  (Golden Gate Park, San Francisco, CA)  
  Saturday, June 8, 2013

- **Cranston, RI NEDA Walk**  
  (Garden City Center, Cranston, RI)  
  Sunday, June 9, 2013

- **Kansas City, MO NEDA Walk**  
  (Berkley Riverfront Park, Kansas City, MO)  
  Saturday, June 15, 2013

- **Cleveland, OH NEDA Walk**  
  (Cleveland Metroparks Zoo, Cleveland, OH)  
  Sunday, June 23, 2013

- **Oconomowoc, WI NEDA Walk**  
  (Fowler Lake Park, Oconomowoc, WI)  
  Saturday, July 13, 2013

- **Anchorage, AK NEDA Walk**  
  (Kincaid Park, Anchorage, AK)  
  Saturday, July 20, 2013

- **Colorado Springs, CO NEDA Walk**  
  (Austin Bluffs Open Space, Colorado Springs, CO)  
  Saturday, July 27, 2013

- **Allentown, PA NEDA Walk**  
  (Lehigh Parkway at the Iron Bridge, Allentown, PA)  
  Saturday, July 27, 2013

- **Syracuse, NY NEDA Walk**  
  (Longbranch Park, Syracuse, NY)  
  Saturday, August 24, 2013

- **Knoxville, TN NEDA Walk**  
  (World’s Fair Park, Knoxville, TN)  
  Saturday, August 24, 2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Kevin Kearney is a CFO and is married with two children. After his 14 year old daughter was diagnosed with Anorexia in December 2012, he volunteered to be the Coordinator of the first Stamford, CT NEDA Walk in April 2013. He managed this walk not only to honor his beautiful daughter during her recovery, but also to raise funds for educating the public on the prevalence of eating disorders. We are grateful to Kevin and his family for joining us and invite your interest in exploring the coordination of a NEDA walk in your community!
The Feeding Hope Fund

NEDA is delighted to share that over $100,000 dollars has been raised to date, towards an overall goal of $500,000 for the newly created Feeding Hope Fund, an initiative that answers the need for clinical research and training.

The Feeding Hope Fund is a restricted* fund designated for the distinct purpose of 1) providing grants to qualified clinical researchers who have been selected through NEDA’s competitive application process, and 2) qualified clinical experts providing creative submissions for advancing the training and dissemination of evidence based treatments to fellow clinicians.

Lynn Grefe, CEO of NEDA, commented on this new program, by stating “When it comes to eating disorders, the Feeding Hope Fund is making the best use of today for tomorrow’s challenges.” At all levels of giving, benefits will include research updates and invitations to events, NEDA’s annual report on research grant updates and listing on the Feeding Hope Fund section of NEDA’s website.

NEDA anticipates that after the submission and review process, decisions will be made in the Fall of 2013. We are determined that The Feeding Hope Fund will result in supporting our overall mission, helping those with eating disorders gain a path towards recovery and cure. * More than 90% of all gifts will go directly to research and training grant opportunities.

Light Up the Night: Annual NEDA Dinner

The National Eating Disorders Association deeply thanks our devoted supporters, who made Light Up the Night, NEDA’s Annual Dinner 2013, a great success! More than 350 contributors gathered on Wednesday, April 17th, at One Chase Manhattan Plaza in New York City to honor Brian R. Steinwurtzel with NEDA’s 2013 Corporate Leadership Award and Susan Fales-Hill with NEDA’s 2013 Inspiration Award.

Event chair, Deborah Q. Belfatto, led the night’s festivities which included appearances by WABC-TV meteorologist, Lee Goldberg, and NEDA’s Junior Board Treasurer, Christopher Skarinka. Special thanks goes to Frank Bisignano and Ric Clark, our dinner chairs, as well as Ed Howard, who helped with a lively and fun auction. The event results exceeded last year, benefiting NEDA and the thousands of individuals and families who rely on NEDA for continued education and awareness efforts, advocacy and support. Please consider joining us next year!!

NEDA WALK 2013 continued

**Summerville, SC NEDA Walk**
(Pathways in Azalea Park, Summerville, SC)
Saturday, October 5, 2013

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

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

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

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

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

written by Carolyn Costin, MA, MED, MFCC

Published by McGraw Hill (2007)

REVIEW SUBMITTED BY Steven C. Teague, Esq., NEDA Helpline Volunteer, New York

In my profession, I all too often encounter subject matter that my education never addressed. I then actively search for—and always dream of finding—what inevitably turns out to be a non-existent text: a concise, yet comprehensive primer, providing me a basic understanding of the subject matter and a great bibliography for building further expertise. For the loved ones of eating disorder sufferers seeking a similar text, but under greater stress, Carolyn Costin has written a dream text.

In a relatively concise 300 pages, The Eating Disorder Sourcebook (“The Sourcebook”) provides eating disorder novices the information necessary to educate themselves and support those who struggle on their paths to recovery. The Sourcebook moves seamlessly from a brief history of modern eating disorders to a detailed description of the symptoms and warning signs for the most common eating (and related) disorders—anorexia nervosa, bulimia nervosa, binge eating disorder, and activity disorder. In a chapter cleverly entitled “Genes or Jeans,” The Sourcebook addresses whether genetics and/or environmental factors cause eating disorders. Costin devotes the majority of The Sourcebook, however, to discussing the treatment of eating disorders: describing the different components of treatment (e.g. medical care, psychological care, nutritional maintenance); comparing the levels of care available for treating differing severities of symptoms (e.g. inpatient vs. residential vs. outpatient vs. support groups); detailing the varieties of psychological care available (e.g. individual therapy, group therapy, etc.); defining the different therapies used in psychological care (e.g. psychodynamic therapy, cognitive-behavioral therapy, dialectical behavioral therapy, etc.); listing and explaining the different medical tests needed for any given symptoms (e.g. vital signs, weight, laboratory tests, etc.); and describing the types of medications used to treat eating disorders and related mental impairments (e.g. anti-depressants, mood stabilizers, etc.). Costin even provides questions to ask in assessing whether a sufferer is or will be receiving the best treatment available for her symptoms. Additionally, Costin provides loved ones with strategies for engaging with those ill in an empathetic, yet firm manner. Finally, The Sourcebook concludes with a succinct, but excellent discussion on preventing eating disorders by empowering women and men against our beauty-obsessed culture. A more comprehensive primer will be difficult to find.

Moreover, The Sourcebook often reads as smoothly as a novel—Costin from time to time providing relevant cultural vignettes or personal anecdotes to break the monotony of the main text. And, if a reader needs more information on a particular topic covered in The Sourcebook, Costin provides those references directly in the text itself (i.e., no frustrating endnotes!)

What makes this book uniquely profound, however, is that Costin’s extensive personal experience—in both struggling with and treating eating disorders—comes across on every page. A loved one of an eating disorder sufferer will finish this book considerably more hopeful than when she started if only because the author herself was capable of such a strong recovery. Though I write this review as a resource primarily for loved ones of eating disorder sufferers, I can say that as a result of reading this book (part of an extensive training process), I feel confident in my ability to inform and help NEDA Helpline callers. Best of all, I can finally say that I found my dream book on at least one relevant topic in my life.
The NEDA Network is a collaboration between NEDA and other like-minded organizations dedicated to our cause. Together, we provide a unified voice of strength, advocacy and support in the fight against eating disorders.

Manna Fund, Inc is a 501(c)(3) non-profit organization dedicated to providing funds for residential and inpatient eating disorder treatment for individuals who cannot afford it, because they lack or have inadequate insurance coverage. Manna Fund grants scholarships to recipients by providing direct payment to partnering eating disorder treatment facilities. Manna has been in existence since 2006, and through the generosity of our donors, has been able to place 12 individuals in treatment, spending approximately $33,000 per person for an average of 90 days per individual.

Manna Fund also strives for uniqueness in its endeavors, and is currently creating an interactive website, “Talk It Out!” for those who struggle with eating disorders, their loved ones, and provides an easier, integrated platform to find treatment providers across the nation. Manna is hosting its 5th annual Manna Fund Golf Classic on October 7, 2013, and would like to announce its inaugural Be the Model® Campaign, sponsored by Bloomingdale’s.

Meet the NEDA Staff!
Stephanie Dawber, Helpline Supervisor

Stephanie Dawber has been with NEDA since February 2012, shortly after the organization moved from Seattle to New York. Prior to becoming a full time staff member in August, she served as a NEDA Helpline Volunteer.

Stephanie is the Helpline Supervisor, and previously served as the Volunteer Coordinator, overseeing each department’s volunteers and interns which has expanded to over 70 dedicated individuals. Since her employment, she has helped coordinate moderator volunteers for the new NEDA Forums as well as attended the Annual NEDA Conference last October, managing the responsibilities of the conference volunteers. In her current position as the Helpline Supervisor, Stephanie trains all new volunteers and interns. She provides tailored one-on-one volunteer support to ensure that the NEDA Helpline offers quality of service to those who call for assistance in finding the resources and referrals they need.

Stephanie is passionate about spreading awareness and helping those affected find the necessary support and care. She is in recovery from an eating disorder herself and uses her past experience and present knowledge to inform others about the reality of having an eating disorder and instill that recovery is possible.

Having spent two years at a United States Military Academy, Stephanie recently used her experiences in the military to help collaborate on one of the first eating disorders awareness seminars ever held on Norfolk Naval Base last February.

Stephanie earned her Masters Degree in Clinical Psychology from Adelphi University and looks forward to continuing to educate others about eating disorders with a focus on the military community.
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.

Call for Submissions: “A-Ha” Moments

On the road to recovery from an eating disorder, there are many wonderful moments of insight and clarity along the way- or “A-ha” moments! This could be moments of feeling like you have entered into a strong place in your recovery, realizing an aspect of your support system was critical— as either a family member or someone who struggled— or reflecting on what made you or a loved one decide to commit to recovery. The PFN wants to hear from you! Do you, as an individual in recovery, a family member of a loved one struggling or treatment professional, have an A-ha moment that you would like to share with our readers? Email us at pffnetwork@nationaleatingdisorders.org.

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

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 and Remuda Ranch
SILVER: Rogers Memorial Hospital
STEEL: Center for Eating Disorders at Sheppard Pratt, Eating Recovery Center, McCallum Place, The Renfrew Center, Timberline Knolls
BRONZE: Cambridge Eating Disorder Center, Center for Change, CRC Health Group, Fairwinds Treatment Center, Oliver-Pyatt Centers, Pine Grove Women’s Center, Tapestry, University Medical Center of Princeton at Plainsboro, Veritas Collaborative