

# EATING DISORDERS

## Today

SPRING 2005 • VOL. 3, NO. 2

A NEWSLETTER FOR RECOVERING INDIVIDUALS AND THEIR LOVED-ONES

### EATING DISORDERS 101

## Readiness for Change

Karen R. Koenig, LICSW, M.Ed.

Ending destructive eating can be facilitated by developing five behavioral traits that support change. They are:

- 1) A balanced ability to say yes and no to yourself.
- 2) A willingness to seek help as part of problem solving.
- 3) A belief that if others can reach a goal, you can too.
- 4) The capacity to look honestly at ego deficiencies.
- 5) The ability to bear the anticipation and reality of setbacks.

### 1. Saying Yes and No

If, in general, you have difficulty saying either yes or no to yourself, you're at a disadvantage in changing eating behaviors. If you habitually say no to yourself by denying hunger, depriving yourself of food, or postponing eating, you will need to learn to increase your comfort in responding affirmatively. By sitting with the intense initial anxiety of a positive response, you'll gradually find that saying yes to food can be as pleasurable, satisfying, and empowering as saying no.

On the other hand, if you have difficulty saying no to yourself, it's helpful to recognize that in the long run, saying no can be as gratifying

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## The Role of Shame in Eating Disorders

Jane Shure, LCSW, PhD

### What is Shame?

Shame is that feeling of being inherently flawed, damaged, and defective. It dampens spontaneity, drains life energy, and keeps us prisoners of self-doubt. Shame has many faces and shows up with different voices, but they all say that the person we present to the world is deficient, that we won't amount to much, and that we should keep ourselves hidden.

Feelings of shame live in the body and get stored there over time. Shame can evoke strong urges to shrink ourselves and disappear from sight in an attempt to avoid perceived interpersonal humiliation. It can produce agitation, suspiciousness, resentment, irritability, a tendency to blame others, and even terror. Shame leaves us wanting to flee rather than be present. It makes us want to block out emotions because we don't know how to soothe hurts or manage pain.

People often confuse shame with guilt, but there are important differences that distinguish them. Guilt focuses on an action that we have done or failed to do. With guilt, we feel bad about our behavior, while with shame, the feeling isn't that we have done something bad, but that we *are* bad.

Shame causes feelings to get converted into beliefs, and with time these beliefs

come to be thought of as truths. For instance, "I feel stupid" becomes "I am stupid;" "I don't feel loved" becomes "I'm not lovable;" "I'm unhappy in this situation" becomes "It's all my fault." Shame supports name-calling, accuses self-blame despite innocence, and holds us responsible for others' shortcomings. All these things create fertile ground for ongoing self-criticism.

Individuals who live with high degrees of shame tend to tell themselves: "I'm weak. I'm disgusting. I'm pitiful. I'm damaged. I'm inadequate. I deserve to be put in my place." They frequently assume that others view them in the same negative ways that they view themselves. They anticipate humiliation and disdain from others and feel undeserving of kindness and praise.

This high degree of shame can become so basic to a person's inner life that therapists often call this spiraling cycle of self-degradation as being "shame-based." While everyone encounters moments of shame, people who are shame-based get stuck in their shame. Others have the resilience to recover and reclaim feeling good about themselves, but those who are shame-based find such recovery difficult—at times it may seem nearly impossible.

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ISSN 1544-0303



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*Eating Disorders Today* is published quarterly by Gürze Books, PO Box 2238, Carlsbad CA 92018, 760/434-7533, fax 760/434-5476, [www.bulimia.com](http://www.bulimia.com), [gurze@aol.com](mailto:gurze@aol.com).

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## NUTRITION HOTLINE

By Diane Keddy, MS, RD

### Splenda Usage

#### *Q. Is the artificial sweetener Splenda safe?*

A. Most nutritionists and researchers believe that Splenda is safe. Of all the artificial sweeteners, Splenda (sucralose) is the closest to real sugar as it is made up of a sugar molecule with a chloride atom added to it, similar to salt (sodium chloride).

Many consumers also find Splenda to be more desirable as it does not have an aftertaste and you can bake with it. However, because it is a relatively new product, I would use it in moderation until more research has been conducted.

### Foods for Osteoporosis

#### *Q. My doctor recently told me I have osteoporosis. Are there any foods I can eat to help this condition?*

A. There are many nutrients involved in building and maintaining strong bones. The two we hear about the most are calcium and vitamin D. It is also crucial to promote protein consumption and overall good nutrition.

Studies done on women with osteoporosis have shown dietary intake of vitamin D to be just as or more important than calcium intake. Foods high in vitamin D include milk, herring, salmon, tuna, and sardines. Good dietary sources of calcium include milk, cheese, yogurt, calcium fortified orange juice, calcium fortified soy milk, lactose free milk, calcium fortified tofu, and canned salmon and sardines.

Since many people with osteoporosis do not consume enough foods high in vitamin D or calcium, I usually recommend a multivitamin with 400 IU vitamin D and a calcium supplement with 500-1000 mg calcium with additional vitamin D added. Many studies have shown 600-800 IU vitamin D per day to be an optimal intake for women with osteoporosis. Other top foods for preventing and treating osteoporosis include:

- Meats and poultry (for protein, zinc, and phosphorous),
- Nuts, peanut butter, and seeds (for boron, magnesium, copper, and zinc)
- Citrus fruits, tomatoes, and strawberries (for vitamin C)
- Whole grains (for magnesium, zinc, and copper)
- Broccoli and green leafy vegetables (for vitamin K, vitamin C, and omega-3 fatty acids)
- Seafood (for protein, fluoride, copper, and omega-3 fatty acids)
- Teas (high in fluoride)
- Chocolate (high in magnesium).

### Is Sugar Addictive?

#### *Q. I have read several books that say sugar is addicting. I am a compulsive overeater. Should I avoid foods with sugar?*

A. The idea that sugar is addicting has been around for years. However, there is no research in humans that proves sugar is an addictive substance. When your body or mind is stressed, your adrenal glands produce more of the hormone cortisol, which can increase cravings for carbohydrate foods including sugar. Depression can also increase carbohydrate cravings.

I have found that those who work on stress management and receive treatment for depression significantly decrease carbohydrate and sugar cravings. In addition, eating frequently throughout the day and consuming balanced meals with a high fiber carbohydrate, a protein, and a fat will help prevent sugar cravings.

Lastly, legalizing all foods and practicing intuitive eating help reduce the consumption of high sugar foods. Avoiding high sugar foods tends to make the food more desirable and may result in bingeing later.



**Diane Keddy, MS, RD**, is a registered dietitian with a private practice in Newport Beach, CA.

# CAN YOU HELP?

## *I Have a Question...*

### Boosting and Fueling Metabolism

*Michelle May, MD*

#### Q What is metabolism?

In a nutshell, metabolism refers to the amount of fuel or energy that your body burns each day. Some people may complain about having a slow or sluggish metabolism or buy products that claim to “boost” metabolism. While images of treadmills may come to mind, you are using energy right now just sitting and reading.

The largest part of your metabolism, called basal metabolism, is the amount of fuel your body burns to support basic bodily functions. These vital functions include heartbeat, breathing, brain function, and numerous other important, but invisible, activities going on at all times. Even eating, digesting, and processing food contribute to your metabolism.

Every cell in your body is like an engine that burns fuel continuously in the process of doing its job. These tiny engines never shut off while you are alive. Even when you're sleeping, your body's cells are still actively working. It's just like a car; when the engine is running, it is burning fuel—even if it is just idling in the driveway.

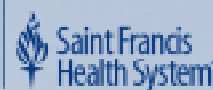
#### What does food have to do with it?

To your body, food is the fuel that keeps this process running smoothly. Your cells must have an energy supply to perform their required tasks. Without an adequate amount of fuel, your cells cannot function properly, resulting in unfavorable consequences. Think about your car again. If it runs out of gasoline, it will putter and stop. However, in order to stay alive, your body's cells cannot all just shut off. When your cells are low on fuel from food, your body will turn to its “reserve tanks” to utilize other energy sources. Initially, it will use up carbohydrate that has been stored as glycogen in your muscles and liver. When that is gone, it will begin to break down certain tissues to use for its energy supply, specifically, fat and muscle.

#### What happens in an ongoing food shortage?

In a state of semi-starvation, your body must pick and choose which cells to continue supporting and which ones to drop. A priority list is developed, and the cells that provide vital activities take top priority. When your food supply remains low, your cells must also become more efficient. They attempt to perform their jobs without burning as many calories and adapt to the lower energy intake by expending less energy. If this fuel efficiency happened in your car, you'd be thrilled, but when it happens in your body, you will burn 20–36 percent fewer calories per day.

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## The Symptoms. *Always Similar.*

## The Reasons. *Rarely the Same.*

You wonder if anyone could ever understand the complexity of feelings you have regarding eating and your body. The terror you feel with any weight gain or sense of fullness. The exhilaration and safety you can feel with weight loss and exercise. The fear and shame of losing control and binge eating. The frantic use of purging to protect or punish yourself for the calories you have eaten.

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# Peer Support Groups: Building Resilience Against Disordered Eating

Gail McVey, PhD, C.Psych

It is well-known that individuals who are aware of and have internalized media messages regarding thinness and muscularity are prone to dieting and other weight control (or body change) behaviors. Evidence that children are influenced by these messages has been demonstrated by two recent Canadian studies. The studies revealed that 30 percent of girls and 24.5 percent of boys aged 10–14 years reported that they were dieting to lose weight, *despite* being within a healthy weight range.

Restrictive food intake and dieting (particularly unsupervised) by children is concerning because their growth necessitates increased amounts of nutrients. Dieting to lose weight can also set the stage for more serious eating problems and can trigger the onset of weight gain given that it is often followed by bouts of overeating or loss of control bingeing.

## A High Risk Stage

The attitudes and activities of peers influence children and young adults. Some children experience direct pressures from their peers to diet or engage in unhealthy weight-control methods, while others imitate risky behaviors in an attempt to fit in. This desire for peer acceptance occurs in and around the same time that children are dealing with natural increases in weight and body fat associated with puberty.

Stress is common in this age group and many situations can trigger it. Examples of normative stressors include physical changes associated with puberty, a transition to middle school, increased academic pressures, and the onset of dating. Children who experience multiple stressors in the course of a year are prone to engage in more serious weight control behaviors than their peers who experience only one. For this reason, the

early adolescent transition is a high-risk period for the development of body image concerns or disordered eating.

## Peer Groups Demonstrate How to Cope

One way to help children navigate through this transition is to create a positive group setting as a way of demonstrating how to cope with stress and peer pressure. These groups can teach life skills, including media literacy training (e.g., critically analyzing unrealistic beauty and thinness messages), assertive communi-

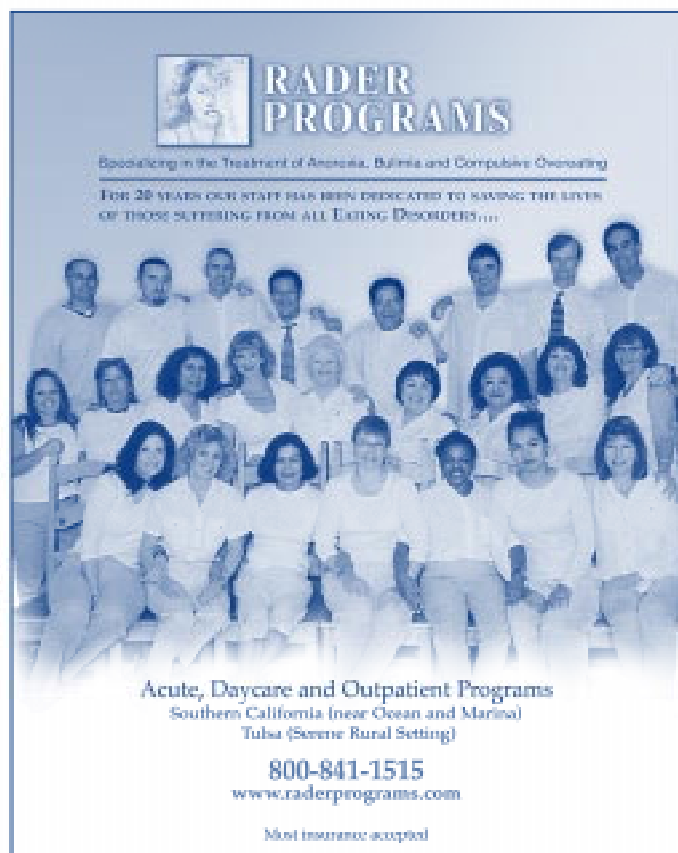
cation styles, ways to build positive relationships, and self-esteem enhancement skills.

McVey and colleagues developed a peer support group model, entitled Girl Talk, which was carried out within the school setting. This 12-session once-a-week program provided an experience that left the majority of girls feeling better about themselves and their bodies. During the peer group sessions, the Every BODY Is A Somebody curriculum was implemented, including topics such as positive relationships, stress management, media influences, and body size acceptance. The Girl Talk peer groups were facilitated by local public health staff trained within their communities.

## Becoming Assertive

Focus group sessions conducted with the Girl Talk participants revealed that most participants had obtained effective ways to deal with peer pressures to diet, and that they could apply those skills outside of the group. Additional research shows that this peer group model reduces silence in females. In other words, participants reported improvements in their ability to communicate more openly and assertively. Rather than keep feelings or opinions to themselves for fear that it might cause peer alienation, most girls felt more confident to express themselves. This prevention effect has the added benefit of boosting resilience against other risky behaviors such as sexual behaviors, smoking, substance use, and unhealthy relationships.

This program follows a recent trend in body image prevention. Namely, that implementing strategies for overall health and wellness can alter some of the predisposing risk factors related to disordered eating. This approach contrasts the traditional method of teaching adolescents the defining characteristics, behaviors, and dangers associated with disordered eating, which can lead some youth to glamorize those unhealthy behaviors.



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There is also a growing need to investigate whether this peer support group model can also help boys cope with media and peer pressures. Evidence points to male youth also being troubled by their body size. Many adolescent males think they are too small or too fat, leading some to engage in unhealthy muscle gaining or weight loss.

### Beyond the Classroom

There is also a need for prevention efforts to extend beyond the classroom. This speaks to the importance of examining the school ethos and its role in the development or maintenance of students' unhealthy attitudes and behaviors.

Examples of school-wide initiatives include 1) sensitizing teachers, parents, and other school personnel about the influential role they play, 2) providing support to students about normal puberty changes, 3) implementing and acting on zero tolerance policies concerning weight-based teasing and discrimination, 4) providing opportunities for healthy eating and active living for all children, regardless of size or shape.

Pondering questions about your own body image is also important. Ask yourself: Am I dissatisfied with my body shape and do I talk about this? Am I a person who goes on diets? Do I think overweight people are out of control? These attitudes, whether expressed by parents, teachers or other school personnel, have a major effect on children.

Given the positive influence of the peer support group experience on feelings of assertiveness and self-esteem, participants are prepared to negotiate with peers and stand up to media messages. A positive peer group experience, such as Girl Talk, sets the stage for empowerment both in the classroom and out in the world.

■

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## Betwixt and Be'Tween: Puberty and Body Image

*Shelly Russell-Mayhew, PhD, C.Psych*

During puberty, many "tweens" feel out of control with the changes. At this stage, they are neither children nor teenagers and keeping up with the transition can be a challenge. This is not surprising given that more developmental changes occur during puberty than in any other life stage, other than the beginnings of life. And puberty starts earlier now than ever before.

### What's Happening to My Body?

It can help tremendously to know about and understand these changes before they occur. It is also vital to recognize that no two people are exactly alike and, therefore, puberty comes at different rates and times for everyone.

For girls, it can start as early as 9 or as late as 16. There is an average increase in height of 10 inches and a corresponding weight gain averaging 40–50 pounds. Menstruation begins and the body shape changes with development of breasts and hips. For boys, puberty can start as early as 10 or as late as 18. There is an average increase in height of 12 inches and a corresponding average weight gain of 50–60 pounds. Body shape changes include an increase in muscle mass and development of broader shoulders.

For both boys and girls, weight gain consists of fat, muscle, bone, and organs. It is important to recognize that weight gain often happens before height. This can be referred to as a "weight spurt" just as people label "growth spurt" for increases in height.

In females, the increase in fat plays a vital role in menstruation. Menarche, or the first menstrual cycle, is closely related to achieving a healthy body weight. In terms of body composition, fat is fundamental to both trigger and maintain menstruation. Girls especially should realize that these growth and weight spurts are necessary and normal for their development.

### Who Am I?

At this time, the desire for acceptance of others leads to comparisons and judgments about what is "normal." Adolescent girls often feel pressure to be smaller and take up less space in the world, while boys feel they must gain muscle mass and take up more space. It is not uncommon for body image to become an issue since all of these changes are a lot to manage.

Since elementary school is where children develop their individual identities, the classroom is an important place for body image education. In some schools, discussion of body image is nonexistent or limited to academic teaching from physical education or health teachers. While this approach provides basic facts, it does not allow children to express their thoughts, concerns, and fears about the transition.

Involving students in discussions about puberty helps them feel prepared for the changes in their bodies. A comprehensive initiative launched in Alberta, Canada, addresses these issues by providing interactive activities, lesson plans, videos, and games. This hands-on approach guides teachers and parents to deliver the message that there are many different body types and that all of them are beautiful and healthy. Key areas addressed in the interactive kits are puberty changes, bullying or discrimination based on appearance, healthy behaviors and self-acceptance, and media awareness and influences on body image.

For example, the Grade 4–6 kit includes many objects that can spark a discussion about critical issues for tweens:

- A **remote control** can lead to a conversation about the influence of targeted advertisements such as commercials during cartoons.
- Tweens who are preoccupied with body changes may have obsessive thoughts about their bodies and trouble with self-expression. To discuss feelings or changing moods, a **teddy bear** can encourage walls to come down.

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# Break the Cycle of Mindless Eating

Marlee Lynn Lemoncelli, RD, LDN

Creating a positive relationship with food and normalizing eating patterns are of equal importance in treating an eating disorder. While therapists use many different interventions, combinations of these treatment methods can have a powerful impact. Two key approaches are mindfulness and Cognitive Behavioral Therapy (CBT).

## Mindfulness

The skill of mindfulness can be traced back to the ancient Buddhist philosophy of meditation. The goal is to create a heightened awareness of one's behaviors, thoughts, and emotions without any judgment. Mindful eating is not about being obsessed with food selections or meticulously counting calories. Instead, it is becoming aware of mind and body signals every time you eat. When you eat mindfully, you can begin to observe the different emotions, thoughts, and body cues that influence how you eat.

As you become more aware of these influencing factors, you can work to change them (Albers, 2003).

People who suffer from eating disorders tend to disconnect themselves from food and their bodies. When this connection is destroyed, the relationship with food is affected. Mindfulness techniques can be used to combat these negative eating patterns, such as choosing foods for nutritional value, equating self-worth with who you are (not what you eat), keeping watch for all-or-nothing thinking, and using food for hunger—and not as a coping mechanism.

## Thought & Behavior Techniques


The cognitive treatment model proposes that negative, dysfunctional thoughts are at the core of all psychological disturbances. For many, these thoughts arise from past experiences. In treatment, the therapist's role is to help uncover these negative thoughts and

guide the client in a disruption process. Clients are then taught how to use cognitive techniques on their own to live a healthier, balanced life.

Behavioral therapy is partially based on social learning theory, which states that we learn every behavior that we engage in, and therefore, can unlearn them. According to behavioral theory, every behavior is somehow rewarded. This treatment method focuses on not only identifying the rewards, but also on understanding the triggers of specific behaviors.

## Cognitive Behavioral Therapy

Cognitive Behavioral Therapy (CBT) is a treatment aimed at challenging and correcting negative, ineffective, and self-sabotaging thoughts and behaviors. CBT is one of the most empirically researched treatment modules for individuals suffering from eating disorders. This technique can be helpful in changing dysfunctional attitudes about body shape



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and weight, as well as unhealthy perceptions that arise from food and eating. It can also be helpful in breaking the cycle of mindless eating, in incorporating healthy eating habits, and developing positive coping skills for dealing with emotional distress.

### Combining Techniques

The literature on mindfulness and CBT demonstrates the individual effectiveness of each treatment method. However, combining the two can allow the person with an eating disorder to become even more mindful of their self-perceptions and beliefs. Simultaneously using these skills can disrupt dysfunctional thoughts and radically change perceptions, contributing to a healthier relationship with food and a normalized pattern of eating.

Three suggestions for combining mindfulness and CBT skills:

**1. Identify** the foods or energy nutrients, such as fat, carbohydrates, and protein believed to be “bad.” List the specific negative thoughts that result in judgments made about the food or nutrient. Become aware of how harsh judgments result in negative thoughts and feelings about the self.

**2. Brainstorm** the positive attributes of particular foods or energy nutrients (e.g., fat keeps hair and skin soft and healthy). At the next meal, let go of the negative thoughts entering the mind while being aware of the other qualities of the food, such as taste, smell, texture, necessary nutrients, and other items from the positive attribute list.

**3. Notice** the patterns of disordered eating. For example: I eat. → I feel guilty and shameful of what I ate. → I make myself throw up. → I feel guilty and shameful of my purging behavior. → I punish myself by restricting food. → I ignore feelings of hunger. → I get tired of starving myself so I binge. → I feel guilty and shameful of my bingeing behavior. → The cycle continues.

A few tips for interrupting this cycle:

- As you eat, be mindful of both the hunger and your thoughts.
- Be present with difficult emotions. Observe how their intensity decreases over time as you allow your self to acknowledge them.
- Make a list of positive self-statements you can refer to throughout the cycle.
- Be compassionate. Know that these thought patterns won't stop overnight, but by attempting these tips, be mindful that change has begun.

### Reference

Albers, S., *Eating Mindfully*. Oakland, CA: New Harbinger, 2003.

**Marlee Lemoncelli, RD, LDN**, is a registered dietitian and licensed nutritionist, as well as a counseling intern specializing in the treatment of eating disorders. She is completing her Master's degree in Community Counseling at the University of Scranton in Pennsylvania.

## ED Deaths Linked to Suicide and Alcoholism

The mortality rate from anorexia nervosa is the highest of any mental illness, but the cause of death is not always starvation. A study in the *Archives of General Psychiatry* looks at the contributions to death from alcoholism and suicide.

The initial investigation began between 1987 and 1991 when David Herzog, M.D., and colleagues recruited 136 anorexia nervosa patients and 110 bulimia nervosa patients at the Massachusetts General Hospital Eating Disorders Unit and other Boston eating disorder programs. Most were seeking outpatient care and received some form of treatment.

A study in 1998 followed the fates of the subjects through interviews, medical records, death certificates, and autopsy reports. The study revealed that by the end of that year, 11 subjects had died—10 who had been diagnosed with anorexia and one with bulimia. Of the 10 anorexic patients who died, the direct cause of death in four instances was suicide.

Investigations found that the suicide rate was 60 times higher than would be found in a similar age and gender population. Duration of the anorexia played a part; the longer a patient had been ill, the higher the suicide risk.

Alcohol abuse was another fatal problem. Investigators found that out of the 10 who died, four had a history of alcoholism at the start of the study, two more developed alcohol problems over the years, and alcohol appeared to play a direct role in the death of two of the individuals. One-third of those who died of alcohol abuse had no history of it at the beginning of the study.

A surprising find was that not all the subjects who had been anorexic and died were severely underweight. A number of them were at normal weight or even above. This finding signals that a normal weight does not necessarily indicate that the person is healthy, especially when other risk factors are involved.

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and affirming as eating on impulse. Saying no to one thing (such as food when you're not hungry) is really saying yes to something *better* (such as not feeling stuffed). Remember that within each no response lies a resounding yes to becoming healthy.

## 2. Seeking Help

Rejecting help is self-destructive, whereas seeking out support is an essential, life-enhancing skill. Difficulty soliciting help is based on the irrational belief that it is better to "do it yourself" than to ask for assistance. This mindset is a setup for failure because many problems simply cannot be overcome alone. Believing that you must do everything yourself is a sure way to end up staying stuck in unhealthy behaviors.

Work on letting go of the irrational conviction that solo problem-solving is better than doing it with help. In fact, this unhealthy belief may be your biggest obstacle on the road to health. Dependence and interdependence are the essence of humanity; the ability to seek help is an all-purpose tool that can fix a lifetime of problems, eating and otherwise.

## 3. Challenging Self

Valuing role models, being spurred on by the success of others, and believing that "if they can do it, so can I" all promote behavioral change. Knowing that someone else has been there and is now in a better place can pull you forward and out of a destructive eating rut. Connecting the dots from yourself to those who've recovered will help you follow in their footsteps.

If, however, other people's achievements cause feelings of diminishment—their success highlights your failures—you will need to address this limited, distorted thinking and attachment to lost causes and victimhood. In truth, this self-defeating stance may be at the root of your inability to change.

## 4. Scrutinizing Self

Feeling so overwhelmed with shame that you cannot look honestly at your deficiencies and imperfections stunts emotional growth. Yes, it's painful to bear your soul, warts and all, even to yourself, but what's the alternative? If you refuse to acknowledge the flaws that prevent you from eating "normally" and becoming healthy, how will they ever be repaired?

Self-reflection and self-acceptance are not optional in the change process. If these tasks are difficult, work on being less judgmental and more curious about who you are and why you make specific choices. The capacity to honestly assess strengths and weaknesses will pave the way for emotional growth and recovery from disordered eating.

## 5. Risking Failure

The twin abilities of being able to bear the anticipation and reality of setbacks are crucial to behavioral change. If you

think you're a total failure every time a relapse or mistake happens, you won't take risks to move ahead. But if slipups are viewed as integral to life, you'll be easier on yourself. Mistakes and relapse mean there's more work to be done. Keep on trying out new behaviors until you find a comfortable fit.

Mistakes need to be viewed as learning experiences, not proof of failure. Once you can acknowledge that setbacks are inevitable and valuable, it's possible to soldier forward with confidence to bear any obstacle. While there is no guarantee of success, cultivating these five behavioral traits will help you move closer to your goal of overcoming disordered eating.

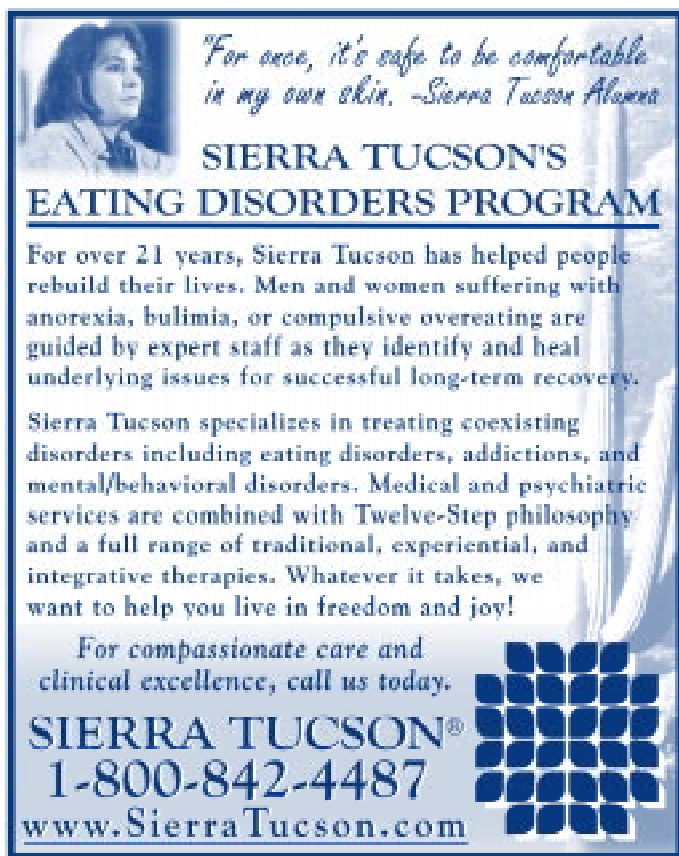
**Karen R. Koenig, LICSW, M.Ed.** is a psychotherapist, educator, and the author of *The Rules of Normal Eating: A Commonsense Approach for Dieters, Overeaters, Undereaters, Emotional Eaters, and Everyone in Between!* Visit her website at [www.eatingnormal.com](http://www.eatingnormal.com).

PUBERTY continued from page 4

- **Dolls or action figures** can be used to talk about female and male beauty ideals. Some dolls give the message that appearance is the most important quality for girls, while action figures can pressure boys to conform to a standard of masculinity that is action-oriented and focuses on physical ability.

Making the connection between puberty and a changing body is a critical step in helping children make a smoother transition into adolescence. With discussion that normalizes bodily changes and experiential learning activities, tweens can feel comfortable about their body changes, not betwixt.

**Shelly Russell-Mayhew, PhD, C. Psych.** is co-director of BODY IMAGE WORKS, Inc., the founding company of the Body Image Kits, an organization dedicated to resources that encourage children and the adults in their lives to formulate healthy attitudes and behaviors about body image and self-acceptance. Visit: [www.bodyimageworks.com](http://www.bodyimageworks.com)



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# Prevention: It's Never Too Young To Start

Dina Zeckhausen, PhD

Children as young as ages 5–7 are aware of the cultural messages regarding body image and dieting. However, many adults are reluctant to discuss these problems with younger ages. Some adults deny the problem; others fear teaching children unhealthy behaviors.

Prevention comes in bringing these issues to the light. The following topics can be discussed with young children (as well as tweens and young adults).

## Emotional Bites

A simple way to discuss emotional eating is to ask children about why they might eat besides being hungry. Surprisingly, children will give answers such as bored, scared, nervous, and sad. Talk about more effective ways to cope with emotions, emphasizing the value of sharing feelings with a trusted adult.

## Say No to Teasing

Another concept is to emphasize that it is wrong to say hurtful things about other people's body sizes. Children can be very creative in their cruelty, so it is helpful to role-play assertive responses to teasing. If a child cannot cope, they must know it is safe to ask for adult assistance. If a child complains of being teased or harassed, promote a *zero tolerance* policy about weight-based teasing. Most children are familiar with the saying "Do unto others as they would do unto you." Update this lesson with an emphasis on body shape and size.

## Body Talk

It may not be useful to say simply "dieting is dangerous" because children are likely to define danger more concretely (e.g., being hit by a car or bitten by a dog.) Also, most children have heard that dieting is a way to avoid sugar or eat healthier, so labeling such behavior as dangerous may be confusing. Children also see plenty of media references to dieting as a way of life.

Emphasize the importance of *listening* to your body. That is, eating when you are hungry (not starving) and stopping when you are satisfied (not stuffed). Children intuitively grasp these concepts.

## What About Junk Food?

Most children know the difference between healthy eating and junk foods. Normal eating should allow for occasional desserts and special treats. Rigid food rules or policies that deprive may inadvertently cause children to secretly binge on off-limits foods. By taking the emotional intensity out of junk food, you will also dispel some of its magic and make it less appealing.

Let children know it's healthier to eat nutritious foods because our bodies (bones, teeth, heart, muscles) and our minds work better and feel better when we do. But junk food is OK every once in a while because it is fun and tastes good.

## Fitness Comes in All Sizes!

Educate children about the genetics of body size and the normal changes occurring in the body. Discuss their fears and hopes about growing bigger. Focus on fitness and a balanced diet. Exercise should be presented as a pleasurable way to stay healthy, strong, and happy. Try not to characterize exercise as either a way to stay thin or as compensation for calories eaten.

## Be a Good Example

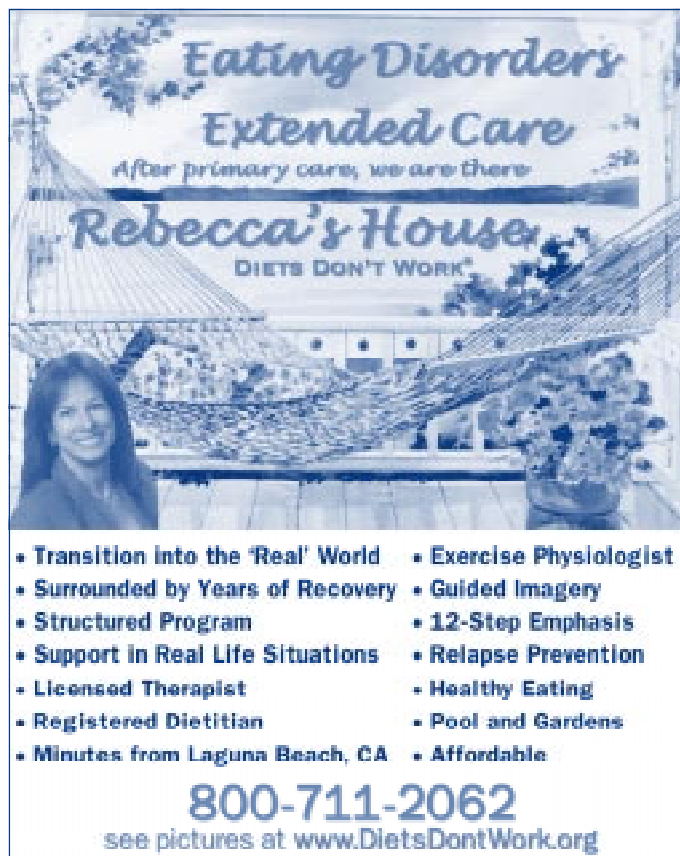
Children are taking notes about the ways that their parents use food, how they feel about their bodies, and their attitudes about fat in general. Since children look to adults to learn how it feels to live in an adult body, parents need to demonstrate positive body image or *fake it* for the sake of their child. Keep your

size-anxieties in check and help children feel good about themselves for who they are on the inside.

## Addressing the Issue in Schools

Recently, the nonprofit Eating Disorders Information Network (EDIN) made its first foray into a local grade school. We hosted "Listen to Your Body Week," with each day focused on a different theme: Coping with Stress, Thin & Fat, Tummy Feelings & Heart Feelings, Growing Bodies, and Move Your Body. By sending the correct messages to children, starting early, and repeating these messages often, adults can provide the next generation with healthy body confidence.

Dina Zeckhausen, PhD, is the founder and Executive Director of EDIN, the Eating Disorders Information Network ([www.edin-ga.org](http://www.edin-ga.org)) and the author of the children's book, *Full Mouse, Empty Mouse* and a 5-day *Listen to Your Body Week Curriculum* based on the book. Contact her at [dina@edin-ga.org](mailto:dina@edin-ga.org).



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### How to Eat...

*Reviewed by Louise Kaufman-Yavitz,  
LPC, LCSW*

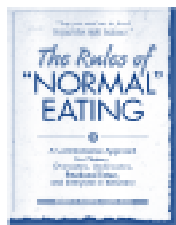
***The Rules of Normal Eating:  
A Commonsense Approach for Dieters,  
Overeaters, Undereaters, Emotional  
Eaters, and Everyone in Between!***

Karen R. Koenig, LICSW, MEd  
Gurze Books, Carlsbad, CA  
©2005, 235 pages, \$14.95

Karen Koenig addresses a topic that is crucial to anyone who is ready to embrace normal eating patterns. Koenig teaches that in order to become a “normal” eater there are three points that must be considered: 1) What you believe, 2) What you feel, and 3) How you behave. By using this commonsense approach, disordered eaters are given the tools to transform themselves and re-think their relationship with food.

While guiding the readers on this path of self-discovery, the behaviors of restrictive, emotional, and compulsive eaters are presented, and many readers will identify with the patterns presented. The information is not a magic potion, but a first step that will enable the disordered eater to regain control. Through the use of numerous examples, Koenig examines the boundaries of the cognitive behavioral model of therapy with a framework that targets irrational beliefs about food, eating, weight, and body.

Comprehensive in its depth and subject matter, the book consists of ten chapters that are quick to read and include real life examples, humor, and sensitivity. Abandoning old habits and thoughts becomes a slow, but steady healing process as Koenig reminds us that beliefs *can* be changed. This book could be a useful tool for practitioners, educators, and all individuals interested in developing methods for change.



### ***Am I Hungry?***

***What to Do When Diets Don't Work***  
Michelle May, MD with Lisa Galper,  
PsyD, and Janet Carr, MS, RD  
Nourish Publishing, Phoenix, AZ  
©2005, 225 pages, \$15.95

For an alternative approach to managing weight without dieting, this book provides a focused, step-by-step plan. Dr. May and her colleagues offer not only an understanding of disordered eating, but she also outlines strategies to develop the skills necessary for life-long weight management.

The journey begins with May's personal story. Then the reader is guided through each chapter, beginning with Decision Points that ask thought-provoking questions. Guided by these questions, each reader will begin the process of understanding their relationship with food and creating methods for change. Fitness and Nutrition sections emphasize the importance of a plan that gives readers precisely which actions to take to avoid pitfalls and achieve success.

Eating styles and cycles are discussed through simple diagrams. After decoding why we eat and what drives the eating cycle, May unravels the complexities of the three eating cycles: The instinctive cycle is driven by hunger and eating a quantity of food to adequately satiate this need. The overeating cycle reacts to triggers that may produce brief pleasure, distraction, or satisfaction. In restrictive eating, the trigger becomes the number on the scale and often determines when, what, and how much to eat. The environmental and emotional triggers become the snapshot by which we see ourselves.

The wisdom outlined offers techniques beneficial to both the individual reader and the private practitioner in their therapy sessions. This text should become a popular handbook providing knowledge, skills, and



weight management guidelines for effectively navigating life changes.

### ***Eating Mindfully***

***How to End Mindless Eating & Enjoy a  
Balanced Relationship with Food***  
Susan Albers, PsyD  
New Harbinger, Oakland, CA  
©2003, 164 pages, \$13.95

Susan Albers has crafted a significant resource for both professionals and the public. The goal of this book is to develop an understanding of why the necessary, everyday activity of eating can become an overwhelming process.

Albers weaves questions, answers, and experiential activities that help define the lifelong process of eating mindfully. Because of the straightforward approach, the book is an empowering tool for skill building. It teaches techniques to modify behaviors that would otherwise lead to chaotic eating.

The topics include “Mindful Bites,” which teaches how to awaken the senses while eating, and “Observe Your Hungry Mind and Your Full Mind,” an exercise to become observant of thoughts, feelings, and body. Albers draws upon the Eastern wisdom of Buddhist philosophy, providing quotations throughout the text. She takes readers on a path of change, hope and success through the use of metaphors and mindful images.

Albers strongly recommends the importance of seeking professional help, and *Eating Mindfully* could easily be incorporated into therapeutic practice. The approach offered here is, in fact, an opportunity to break away from a nonproductive plateau. A short list of excellent eating disorder websites is offered at the conclusion.



**Louise Kaufman-Yavitz, LPC, LCSW**, is a psychotherapist with a private practice in St. Louis, MO.

# Heart to Heart

Positive thoughts on the journey back to health and happiness

## Advocating for Me

Jacquie Koewler

Finding my voice has been an ongoing struggle. While in college, I took several women's studies courses and my journey of self-discovery began. The professors impacted how I viewed my life and personal history. I was inspired to speak out, write poetry, and volunteer as an advocate for rape survivors. Not only was it the most empowering time in my life, I was healthy and happy. After college, anorexia nervosa crept into my life and consumed it. My newfound voice was silenced. Reconnecting to that activist side has become an essential part of my recovery.

I decided to volunteer once again with sexual assault survivors. As an advocate, I am trained to listen and provide options for survivors who are feeling overwhelmed or confused. I learned to advocate for other women's rights to survive, to exist, and to receive compassion and treatment, but I knew I didn't give myself those same considerations.

Living with anorexia is an exhausting struggle between that critical side of myself that says I don't deserve food or love and the side that is fighting to survive. My battles are fought within. I don't think that I can be an effective advocate for others until I became a better advocate for myself. My new

focus is learning to stand up for myself, even while the negative side tries to overwhelm me.

Advocating for any cause requires an underlying belief in that cause. The key has been to believe in myself. When self-doubt and insecurities arise, I practice the skills I learned in talking to survivors in crisis. However, I play both roles and give a real voice to each side warring within me. Practice is making me a stronger advocate for recovery by improving my ability to counteract the negative messages, to validate my own feelings, and sort out what I really need in the moment.

Another tool I find useful is to pick a theme for the year. It is one word that helps me focus my outlook. This year's theme is BELIEVE—believing in myself, in recovery, and beyond. This theme fills my journals, my poetry, and art. I also post notes around my apartment with inspirational sayings. When I shared this theme with my family and friends, they responded by sending me cards with reminders to believe in myself and in my dreams.

Though my journey into recovery is not complete, I know that I will never be without hope again. I know that I matter, and I am worth the effort it takes to survive. Nelson Mandela said, "We were born to manifest the glory that is within us and as we let our own light shine, we unconsciously give others permission to do the same. As we are liberated from our fears, our presence automatically liberates others." It is my wish that in sharing my story, others might also give themselves the gift of belief and the permission to thrive.

**Jacquie Koewler** is a graduate of the Ohio State University. She plans to continue her education in health advocacy and writing.



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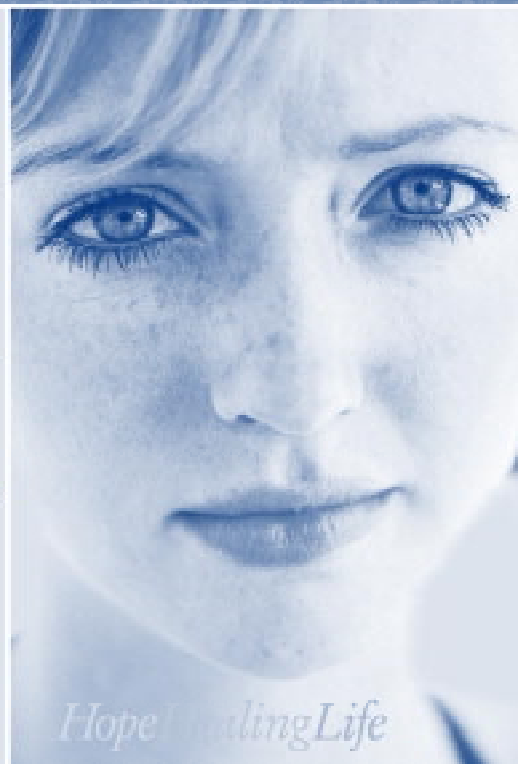
If you or someone you know is living with an eating disorder, call Remuda Ranch, the nation's leading treatment facility for anorexia and bulimia.

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Hope... Healing Life

## How Families Promote Shame

In the normal course of development, all children feel inadequate to certain tasks. They may feel less capable than an older sibling, frustrated in the course of skill mastery, or somehow “different” from those around them. Good parenting helps children struggle with and manage these challenging feelings. When parents coach their children to accept feelings and frustrations, it helps build self-esteem. When parents convey compassion towards their children's vulnerable feelings, they teach soothing techniques and build the capacity for their children to tolerate frustration and imperfection.

When opportunities for compassion and understanding are missed, children may not develop sufficient skills for managing the normal feelings of shame that arise, and they may become deficient in the skills of self-comforting and calming.

Children who grow up in shame-based families learn to please others in order to avoid experiencing shame and disapproval. In families where blaming, humiliation, and critical parenting styles are dominant, children's self-worth

ger, and fear—gets under the skin and is incorporated in the body. The body becomes a container for negative thoughts, painful feelings, and distorted perceptions. Coping with these emotions and thoughts becomes an enormous challenge.

Limited in their repertoire of choices, shame-based individuals instinctively search for ways to get rid of distressing feelings. Sometimes the mind dissociates, which is the process of cutting off awareness to what is going on. Instead of experiencing these feelings, it will block out those that might feel too overwhelming. Dissociating from unacceptable thoughts and feelings allows people to live “as if” their thoughts, feelings, and life situations do not exist.

In all forms, eating disorders offer a form of adaptive dissociation. Eating disorder symptoms—restricting, purging, compulsively over-

eating, always feeling fat—provide a way of distracting attention away from one's original sources of shame. They direct the mind to criticize the body and obsess about food. Thoughts get conceptualized in “either/or” terms: there is good and bad, right and wrong, thin and fat, and nothing in between. “I feel so fat” draws attention toward weight loss rather than an exploration of distressing feelings.

While eating disorder behaviors are attempts to diminish the harmful effects of shame, they end up strengthening and maintaining it. After months or years of living with an eating disorder, women and men often have no idea that their disorder is related to childhood experiences, shame-based patterns, or forgotten trauma. Over time they come to believe that they are just bad for having their symptoms.

## Guidelines for Healing the Wounds of Shame

Compassion is the antidote to shame because it resists judgments and seeks understanding. It allows for imperfection and mistakes and sees life as a journey of experimentation, discovery, and learning. As we experience compassion,

## Parent Styles That Influence Self-Esteem & Body-Esteem

### Promotes Low-Esteem

Controlling  
Judgmental  
Avoidant  
Indirect  
Behaves like a victim  
Expects child to please  
Angry/disapproving  
Encourages perfectionism  
Compares and competes  
Defensive  
Diets/body dissatisfaction  
Depression/anxiety  
Under/over exercise

### Promotes High-Esteem

Understanding  
Accepting of differences  
Attentive  
Direct  
Demonstrates caring for self  
Recognizes child as separate  
Tolerates emotions/sets boundaries  
Realistic, healthy standards  
Doesn't compare/compete  
Accountable  
Healthy eating/body satisfaction  
Balanced in mood  
Enjoys moderate exercise

erodes and they develop fewer healthy defenses for coping with emotional stress. Seeking ways to feel good, they develop radar for discerning how to please the people in their lives. They organize themselves to figure out “who should I be?” rather than the healthier stances of “how do I feel and what do I want to do about it?” These children are most at risk for developing self-destructive defenses and are therefore at greater risk for becoming perfectionistic about their actions and appearance.

## Shame, Dissociation, and Eating Disorders

Shame—as well as hurt, sadness, an-

National Institute of Mental Health funded

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our inner critic loses power and we become able to treat ourselves with the kindness that we believe our loved ones deserve. Remember that it takes patience, hard work, and much practice to change habits of condemnation and disapproval.

#### What You Can Do:

- 1) Become aware of how you talk to yourself and what your inner critic says. Noticing and becoming aware is the first step in any change process.
- 2) Replace words of shame and criticism with words of compassion and understanding. Notice how much harder it is to speak to yourself in nonjudgmental language. If it would be mean to say something to a loved one, then don't say it to yourself. Practice by journal writing with words that tolerate imperfection and promote self-acceptance.
- 3) Accept that you are a human being with a range of feelings and experiences, not an inanimate object that is meant to be controlled. Learn to focus your attention on thoughts of respect and awe for what your body does for you rather than getting annoyed by what it doesn't do for you.
- 4) Surround yourself with people who treat you well and stay away from those who cause you to feel bad about yourself.
- 5) Acknowledge any experiences of being shamed. When we talk with people we trust, we can begin to heal our shame.



**Jane Shure, LCSW, PhD**, is a psychotherapist in Philadelphia, PA, and coauthor of *The Body as a Shame Container*, a Renfrew Center Working Paper. She leads weekend workshops at the Kripalu Center and at The Crossings. She is leading the following weekend workshops in 2005:

Transforming Obsessions With Body-Image, Weight & Food: Healing The Wounds

- Kripalu Center, Lenox, MA  
June 17-19, 2005  
[www.kripalu.org](http://www.kripalu.org)
- The Crossings, Austin, TX  
Oct 21-23, 2005  
[www.thecrossingsaustin.com](http://www.thecrossingsaustin.com)

Calming Your Inner Critic

- Kripalu Center, Lenox, MA  
Sept 23-25, 2005 [www.kripalu.org](http://www.kripalu.org)

## Legislation Needed: Help Congress to Act Now

Congress and state legislatures have the power to help eating disorder sufferers and the public by passing laws that provide adequate health insurance coverage and awareness programs.

While most people know about the Terri Shiavo case, the media kept relatively quiet the reports that her coma was directly related to her bulimia. While eating disorders and mental illness are too often considered taboo subjects, currently proposed legislation includes several bills that could lead to substantial and important benefits.

#### Current Legislation

The Eating Disorders Awareness, Education, and Prevention Act of 2005 (H.R. 49) was recently introduced in the House of Representatives. If passed, this bill would authorize the use of government funds for educational prevention programs.

The passage of this bill would improve identification of students with eating disorders, increase awareness among parents and students, and provide prevention training for educators. It would also implement public service announcements, as well as authorize a study of the impact eating disorders have on educational advancement and achievement.

Another bill, the Paul Wellstone Mental Health Equitable Treatment Act (H.R. 1402), was introduced in Congress two years ago. However, the legislation has still not passed. This bill was born as a result of another legislation, the Mental Health Parity Act of 1996, (MHPA) a federal law that required mental health benefits receive the same dollar amount as physical illness.

The MHPA has been overstepped by many insurance companies that have found ways to place restrictions on coverage. Insurance providers may only cover a limited amount of treatment, and many

families are forced to pay out of pocket.

The new legislation, H.R. 1402, would improve the quality of coverage provided

to people suffering from mental illness and end mental health restrictions currently being placed by employers and insurance companies.

#### How You Can Help

The public and government officials are in great need of education from people who are knowledgeable about eating disorders, treatment, and recovery. Everyone concerned with these issues can take personal responsibility for helping to pass these bills. Showing concern to your elected officials will result in attention and action.

The Eating Disorders Coalition ([www.eatingdisorderscoalition.org](http://www.eatingdisorderscoalition.org)) requests that people send a letter, postcard, fax, or e-mail to their elected senators and representatives in Congress urging the support of these bills. Educate these government officials about the impact that eating disorders have had on your life. Let them know that eating disorders are preventable and treatable mental illnesses.

If enough people show that the public cares about these subjects, better health care coverage will result. For the names of your state's representatives and their contact information, go to: [www.house.gov/writerep](http://www.house.gov/writerep). Senators are listed at: [www.senate.gov](http://www.senate.gov)

—LW

# The Lies of Perfectionism

Jenni Schaefer

I have been a perfectionist for as long as I can remember. I always wanted to get *everything* right and make *everyone* happy. In school, my parents actually reached a point where they could not handle anymore of my straight A's. It's not that they minded the report card with the A's lined up in a nice little row, and I am sure that they enjoyed driving around with the bumper sticker that read "My child is an honor student." What they did not enjoy was my constant crying and fretting over grades.

My tearful mantra became, "I just know I am going to fail." (Translation: "I am not going to get an A.") In college, my parents finally told me, "Jenni, we want you to relax more. We want you to have more fun. We would actually be happy if you made a C next semester instead of another 4.00."

## I Needed to Be the Best

It wasn't as simple as trying to relax about my grades—my perfectionism was well rounded. Throughout school, I had to be involved in every extracurricular activity available—from honor societies, athletics, choirs, bands, to volunteer and leadership organizations. And I didn't want to be merely involved. I wanted to be—I needed to be—the best. I was in the varsity show choir and in the top band. I was on the "A" volleyball team. The "B" team just wouldn't do.

Yet I learned that even when you are in the top show choir, sometimes you still miss a word in a song. And sometimes in a volleyball game, you don't get the ball over the net. You can't always be perfect. But as long as I was thin, it didn't really matter. Being thin was my safety net. It was what I fell back on when I failed at anything else.

In dance class, at four-years-old, I worried about my size compared to the other girls. I wanted to be the best little girl in the room. As I grew older, I came to believe that the one thing in my life that could be perfect was my size. When I wasn't perfect at something in my life, I always said, "At least I am thin." Even

though other people could control certain aspects of my life, no one could tell me what to eat and how much to weigh. A college professor could put a difficult question on a test, but she could not force me to eat dinner.

But there was nothing perfect about my thinking or my size. I had an eating disorder and I believed its message. I held onto the idea that even if I failed at everything else, I could be the perfect size. I stuffed all the feelings I associated with failure deep inside and said to myself, "At least I am thin." I stayed trapped in a disease of misery. Of course, those unexpressed feelings only led me deeper into the depths of the eating disorder that almost destroyed my life.

## Letting Go

Finally, I decided to fight my way through my eating disorder. To overcome it, I had to first stare my perfectionism in the face. I had to let go of my safety net. Today when I do less than perfect at something, I cannot use the eating disorder to make myself feel better. Today if I miss a word when I am singing, I have to face the fact that I actually messed up, that I am simply less than perfect. I am learning to experience the feelings and move on, rather than be tortured by my fear and shame.

Today I am grateful to be on the other side of my eating disorder and am living an amazing life, a life filled with A's and B's and C's, and even the occasional F. I am told that it is all about the learning, not about the grades, and that when we learn from failure, it becomes a success.

Am I completely over my perfectionism?

No. But no one's perfect.

Jenni Schaefer is a singer, songwriter, and author of *Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too*. For more information about Jenni, her music, and her availability as a speaker and performer, visit [www.jennischaefer.com](http://www.jennischaefer.com)

## Tips for Battling Perfectionism

1. I was taught by psychotherapist and author Thom Rutledge to personify perfectionism. Name it. Describe what it looks like. I named my perfectionism, "Ms. Perfectionist," or "Ms. P."

2. Separate yourself from perfectionism by having a conversation with it. I found it helpful to write these dialogs in a journal and role-play with another person. By doing this I was able to distinguish between my true voice and the perfectionism. Here are some examples:

### Agreeing and Obeying

Ms. P: How could you miss that word in the song?

Jenni: I feel horrible. Do you think anyone noticed?

Ms. P: Yes. Now you need to triple your practice time.

Jenni: OK. I'll do whatever you say.

### Disagreeing, Still Obeying

3. Now practice disagreeing with the negative comments. Thom taught me to mentally disagree *even* when I still behaviorally obeyed my perfectionism:

Ms. P: How could you miss that word in the song?

Jenni: Everyone makes mistakes. No one is perfect.

Ms. P: You still need to triple your practice time to make up for what you did today.

Jenni: OK.

### Disagreeing and Disobeying

4. Separate, disagree, *and* disobey:

Ms. P: How could you miss that word in the song?

Jenni: Everyone makes mistakes. No one is perfect.

Ms. P: You still need to triple your practice time to make up for what you did today.

Jenni: No. I won't do it.

5. Practice. But remember, as Thom says, practice makes practice—not perfect. —JS

Your body still has primitive, complex survival mechanisms. Under strict dieting conditions, those same old survival techniques will kick in. Initially, you will lose water and some of the stored fuel, but eventually your metabolism decreases to conserve energy and some of your muscle mass may be lost. This is simply the way your body adapts to being underfueled. As the body senses the lack of sufficient fuel, it conserves energy by eliminating non-essential functions and slowing down the essential ones.

#### How can I support my metabolism?

Choose to take three important steps: eat an appropriate amount of food to fuel your cells, live an active lifestyle, and engage in a reasonable exercise program to maintain and build muscle. With a greater appreciation for the processes that affect your metabolism, you can boost and fuel your metabolism as a way of respecting and honoring your body.

**Michelle May, MD**, is the author of *Am I Hungry? What To Do When Diets Don't Work*, in collaboration with Lisa Galper, PsyD and Janet Carr, MS, RD. Visit: [www.AmIHungry.com](http://www.AmIHungry.com)

## The Butterfly

Lindsay Arnold

I am a beautiful butterfly.  
On the outside my iridescent scales shimmer,  
But on the inside my soul is starving.  
Day by day I flutter about  
In whichever breeze comes my way.  
I am a whirlwind of chaos and light.  
Careening downward, I fall.  
The flowers and trees are a blur before my eyes.  
I am looking for something but am lost.

When suddenly a ray of light pierces the sky.  
Shinning upon me, it warms my heart, a sign from above.  
With the beating of my heart  
I feel a renewed strength and purpose.  
As my wings expand, I flutter off in a bold new direction.  
I fly on my own trajectory for nectar to nourish my body.  
I fly to spread my newfound love.  
There is hope for another day.



For women who have eating disorders, the loss of control over their relationship with food and eating can be catastrophic. That's why there's Renaissance. A program of Pine Grove (one of the country's most respected behavioral health centers), Renaissance fosters healthy thinking, successful coping skills, and positive emotional states—using a creative, individualized, multi-disciplinary approach.

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Nourish the Self-Image



Renaissance  
A PINE GROVE PROGRAM

# Briefly...

## Errors in Obesity Study

Being overweight is nowhere near as big a killer as the government thought. A new study now says that obesity kills only 112,000 people a year, not the 400,000 reported last year. This ranks obesity as No. 7 among the nation's leading preventable causes of death—behind car crashes and guns, among others. The No. 1 cause of preventable death? Smoking.

and found that those who ate fast-food twice a week or more had over twice the chance of developing insulin resistance, considered a predictor of Type 2 diabetes, the form of the disease linked to obesity.

*"There is room for your ample body, your spacious mind, your colorful emotions, abundant creativity, and open heart."*

—Cheri K. Erdman, EdD, *Live Large!*

## Eat Fast Food and Get Diabetes

What happens when you eat at fast-food restaurants twice a week or more? The answer sounds obvious, but now researchers have proof. A recent study followed 3,000 people

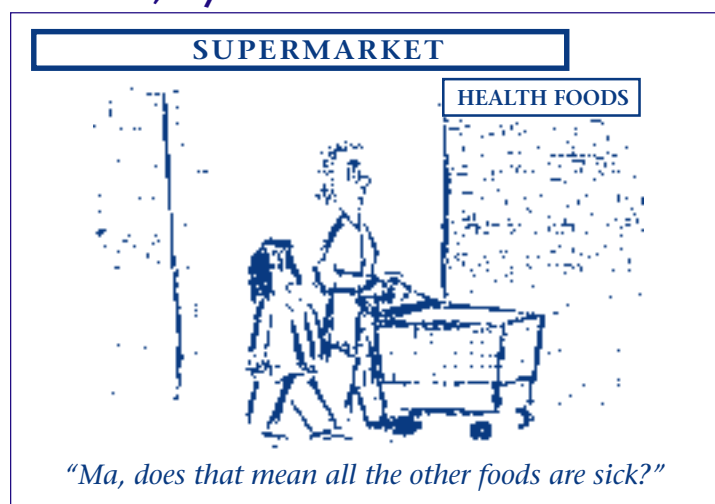
## Love Hurts

It sounds like medieval torture, but some Chinese are turning to leg lengthening as a way to increase their height. Patients willingly have their legs broken and wear a stretching device for six months. As part of the procedure, steel pins are inserted into the bone just below the knee and the adjustment knob

is turned on a daily basis, forcing the ends of the limbs to pull away. Patients typically gain about 3 inches in six months. Using surgery to boost the height of otherwise healthy people is a relatively new concept. Many employers in China list height requirements in their job descriptions. But most people who

undergo the procedure do so for cosmetic reasons. One doctor recalls a patient who was shorter than his girlfriend. Her parents said they would rather die than see the couple wed. After the man had the procedure, the couple was allowed to marry. (*Los Angeles Times*)

## Nibbles, by Hunter



© 2005 by Eating Disorders Today

## Strike a Healthy Pose

A top fashion photographer in Israel has proposed a law that would require all potential models to undergo nutritional tests and have their body mass index (BMI) checked every six months. Agencies would be forbidden from representing a model without the test results. This is apparently the first bill of its kind in the world.

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