



Eating Disorders and Young Children

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From the Editor

Hello everybody and welcome to another edition of Through the Looking Glass! A very special welcome to any new members that have joined us this month. Welcome!!!! This month's edition is on Young Children and Eating Disorders and includes articles sourced from the internet, current training, and research as well as feedback from our consumers.

It is always with much sadness that we have to address this target group in our newsletter but our current statistics suggest that there is a major need to inform parents, carers, teachers, professionals and young people themselves that for some children, food is not fun and can create much turmoil for families. Once again there is no one singular cause or trigger as to why we are seeing a steady increase in the number of children presenting with complex food related issues/problems, and the issue goes far beyond societal and media pressure (although it does play a large contributing role). For parents it is often a very worrying time as they discover their child's relationship with food is problematic.

All children at some stage go through picky or fussy periods with food. It is a 'normal' and natural way to navigate what their tastes and likes are. However for some children this can extend to be major debilitating conditions that directly impact their development, self-esteem and overall mental and emotional health. Parents/care givers stress with worry and the dinner table becomes a battle ground. One may suggest that the current culture of "Healthy Tuckshops" is a contributing factor and some research does suggest that we are seeing a backlash from this promotion. Instead of promoting 'healthy' ways of eating, we have somehow created a culture of 'GOOD' verses "BAD". For an sensible guidelines for schools and tuckshops, check out our nutritional page that has recommendations from the AED.

As a mother of two small children, I am constantly trying to promote healthy choices. It is important to foster a healthy relationship with food as fuel for our bodies, than the punitive approach of banning ALL "bad" food. This is certainly not equipping our children to make appropriate choices, healthy decisions and responding to the natural hunger responses of our bodies. Rather, it promotes a culture where we assess everybody's health and sense of well-being by what people look like, how much they weigh, what they are or aren't eating, etc.



I would rather promote our children becoming responsible, resilient and tolerant people by educating them that weight is only one measure of health and that diversity is the spice of life!

Body Image has been identified a major concern faced by young people Nationally. We have children who are overweight and we have a growing number of children getting eating disorders and many children who are in a healthy weight range thinking they are fat and engaging in extreme dieting—which is a key indicator for both obesity, eating disorders and low self esteem! We are somehow getting our social health messages wrong and the eating disorder field, the obesity prevention field and the body image field certainly need to work together to promote a message that causes no harm to any child!

Enjoy the month, enjoy the read.....Melissa Marks

Body Image and Eating Disorders Awareness week 2010



The Eating Disorders Network Queensland & Queensland Women's Health will hold a Body Image and Eating Disorders Awareness Week event on the 2nd of September 2010 specifically for school nurses and councilors, so please put this date in your diary!!



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Find us on
Facebook

We have just started a new facebook page and would love it if you found us and “liked” us. Then you will get lots of interesting up-dates from the EDA crew!

Thanks

A huge thank you Tayla Stavrinoudis our workplace student from St James College who helped at the service this week. We just love and value the students who come and help out at the office as there is always so much to do and Tayla was particularly helpful—so a big thanks! Thanks also to the team at the Eating Disorder Outreach Service for continuing to do such great work and for continuing to provide the MIST Family Support Groups and assuring these programs reach the Gold Coast, Sunshine Coast and Toowoomba. And also thanks to ISIS for their continued great work and helpful networking with the EDA. Big thanks to Ali Lee for running our recovery group when I was sick and to Maryann our student placement who has been an invaluable asset to the organization. Feedback from our groups can be found in this edition—which I hope you all find useful. Always remember that most people recover from an eating disorder and so can you! Desi Achilleos. Coordinator EDA.



From the Coordinator

The EDA has had another busy month with more parents calling with concerns about their children developing eating disorders at a primary school age. We have also had an increase in young boys presenting with eating disorders. Why is this the case? Could it be the increasing media pressure on men and boys? Could it be a backlash to the “overweight children” campaign? Are children suffering the effects of a fad diet western culture? Certainly there is no better time to launch a young people’s magazine which addresses body image issues and eating disorders! We were grateful to receive a grant from Youth Development & Support Program managed by the Department of Education, Employment and Workplace relations to produce a magazine next year that addresses body image, health, tolerance and personal responsibility for young people. We hope you can assist us by filling in our survey and telling all your networks about it :) It will only take a couple of minutes. It’s to let us know what you would like us to cover in the magazine and also if you would like to get involved or get a copy for free! Just copy and paste the link below!

www.surveymonkey.com/s/consumemagazine



Mel and Desi with other educators at the Rockhampton Student Protection Conference

The EDA presented at the Student Protection Conference in Rockhampton where both primary & secondary school counsellors, principals & student protection contacts from Mackay down to Bundaberg and out west as far as Longreach attended. We would like to thank Anne Czekanski, Student Protection Coordinator from Diocesan Catholic Education Office in Rockhampton for flying the EDA to Rockhampton to present. We received wonderful feedback on our presentation & the information and support we offered afterwards to those on a personal level and to those who are supporting others affected by eating disorders.

Anorexia's lifelong legacy

You may feel your child has all the signs, but eating disorders - particularly among boys - are hard to diagnose and treat, writes Thea O'Connor.



Imagine being convinced your child has all the signs of an eating disorder, only to be told that nothing is wrong until it is too late and the situation becomes life-threatening. Unfortunately, significant gaps in community awareness and in the health-care system, coupled with a one-size-fits-all diagnostic tool, means many cases are not diagnosed until the disease has really taken hold - with disastrous and permanent consequences. Many people do not realise that even though young people may recover from anorexia and go on to achieve a normal body weight, when the disease is prolonged the wear and tear it places on the body's systems are not so easily reversed.

A study published in the *Medical Journal Of Australia* this year found that boys suffering an eating disorder were more likely than girls to remain undiagnosed until they experienced potentially life-threatening medical complications. "Doctors are not expecting to see boys with eating disorders, so they are picked up later," Dr Sloane Madden, lead study author and child psychiatrist at the Children's Hospital at Westmead, says. A lot of the problem seems to lie with perceptions: think "eating disorder" and you're likely to imagine a fashion model or a waif-like teenage girl. But this stereotype could be blinding professionals to the plight of primary-school children who have eating disorders, especially boys.

"Worried parents are often wrongly reassured by a health professional that their child is OK," Madden says. "This reflects the limited education that GPs and medical specialists are getting. Most psychiatric trainees have limited contact with eating-disorder patients, and GPs have even less. It's not unusual to go through training without ever seeing an eating-disorder client."

The Australian study found that between July 2002 and June 2005, 101 five to 13 year-old children were newly diagnosed with an eating disorder. About two-thirds were affected by anorexia nervosa. The rest were experiencing "food avoidant emotional disorder" - a condition unique to children which involves extreme weight loss driven by high anxiety levels, rather than wanting to be thin. By the time these children received treatment most were experiencing life-threatening complications such as low body temperature, low blood pressure and slowed heart rate. This trend rings alarm bells with eating-disorder specialists who know the shocking consequences of an eating disorder left unchecked in children. These include the effects of starvation and electrolyte imbalances which can cause cardiac arrest. Sufferers can also experience impaired fertility, stunted growth and thinning of the bones, in some cases to the point of osteoporosis.

"When kids are starved, their brains shrink, they're more likely to get depressed and anxious, their thinking slows down and memory falters," Madden says. "This affects their relationships with their friends. The effects can be reversed with re-feeding, but not always."

These serious complications can be prevented if children at risk are picked up early. "If children get the right treatment early, 70 to 80 per cent get well in 12 months and 90 per cent are better in five years. This is much better than in adults where the recovery rate at five years is less than 50 per cent," Madden says. The Maudsley Model of family-oriented treatment is the current treatment of choice for children. It involves the family working together over a year to overcome the anorexia their child is experiencing. New training programs for pediatricians and primary-care health workers are being developed. Meanwhile, although eating disorders in children are still rare, hospital admission rates are increasing. Professor Susan Sawyer, director of the Centre for Adolescent Health at the Royal Children's Hospital in Melbourne, says that over the last five years she has seen a dramatic increase in the number of young people presenting with eating disorders, especially among the 10 to 13 year age group. Despite appearances, eating disorders are not about food.

"If you look behind the dieting behaviour, you'll find high levels of stress and anxiety," Dr Michael Kohn, a pediatrician at the Children's Hospital at Westmead, says. "I suspect that the increased stress levels I'm seeing in young children are making them more vulnerable to picking up on dieting strategies and media messages about weight and appearance."

Whether an eating disorder can take hold and thrive seems to rest in the balance of risk and protective factors that a person experiences. In the last few decades, the increasing number of risk factors experienced by children - such as stress, anxiety, dieting, body image worries, and exposure to media images and messages that equate fat loss with happiness - may be creating an unhealthy tipping point.

The primary school playground is now a site for body image, fat-loss and muscle-gain conversations.

Research reviews show that up to half of primary school girls and about a third of boys say they are dieting to lose weight, and almost half of boys are trying to gain muscle. Two-thirds of girls in year 1 believed that being thin would make them more popular, according to a 2003 study of 135 South Australian children conducted by Professor Marika Tiggemann, of the School of Psychology, Flinders University. Even more believed weight gain would attract teasing.

One in four children affected by an eating disorder was male, according to the recent Australian study, which is notably higher than the one-in-10 ratio found in adults. "This may be because boys are more reliant on dietary restriction to achieve a lean look," Madden says. "Older males can use other methods such as steroids and the gym."

Body image expert Dr Murray Drummond, of Flinders University, held interviews with year 5 and 6 boys about masculinity. He says he is encountering a groundswell of body-related issues for boys. "Young boys will readily describe the ideal male body as muscular, without being hyper-muscular, devoid of fat (but not skinny), 'cut' or 'ripped' with a sixpack, athletic looking and no body hair," Drummond says. "These boys are also very aware of the commercial benefits of looking good. One young boy in a Triple J radio interview said the way his body looked would propel him much further than his intellect ever would."

Sexy calendars of male sporting heroes associate looks with performance and boys seem to absorb this connection. "While the girls say they don't want to be fat, the boys say they want to 'be cut' believing they'll be better at sport if they lose body fat," Kohn says of his patients.

The media comes under fire, not as the cause of eating disorders, but as a potent "enabler" of fat phobia, body discontent and restrictive eating in young people. Ironically, health messages can also nudge children along an unhealthy pathway. Helen Frank, family support officer for the Eating Disorder Foundation of Victoria, is concerned about the way some health education programs are conducted in schools. "A mother contacted me recently about a lunchbox survey conducted in her nine-year-old son's class. Her son's lunchbox was held up in front of the class as an example of what you shouldn't eat," Frank says. "The boy was absolutely mortified. His mother observed that since then he's become very self-conscious of what he eats in front of others and a lot more restrictive at home."

Kohn agrees that children are being influenced by anti-obesity messages. "Vulnerable children hear them in the wrong way and take them to the extreme. Then a physiological mechanism kicks in, reinforcing the behaviour. Eating less and losing weight dampens down the serotonergic mechanism in our brain that processes emotional responses. This makes the children feel better, calmer, less reactive. Their behaviour improves and they get positive feedback, locking in the dieting behaviour."

"The insidious nature of eating disorders can also delay help for children in need. "[They] can creep into a person's life with no clear starting point," Leah Collins, psychologist for the eating-disorder program, Centre for Adolescent Health in Melbourne, says. "It can be hard for parents to know when food refusal and fussy eating, not uncommon in children, become the first signs of a disorder. Or when dieting is a harmless experiment or a danger sign; when going vegetarian is a smokescreen for

adopting obsessive food restrictions versus being a legitimate choice for a young person."

"If your child is not growing and gaining weight, then something is wrong and you need to get it checked out," urges Kohn, who believes parental instinct is the best first defence against childhood eating disorders.

"Parents know their children best. They will be the first to see the earliest changes that could lead their child down a slippery slope. Trust your instincts and if you are worried seek help. If your concerns aren't answered pursue other avenues - try your GP, a dietitian, psychologist or community support

THE DIAGNOSIS DILEMMA

There is only one set of diagnostic criteria for anorexia nervosa and it's used for children, teens and adults. The weight criterion - a body weight of less than 85 per cent of ideal weight - is particularly problematic as it excludes some children from a full diagnosis despite obvious need for help. *The Medical Journal Of Australia* study found that while 61 per cent of inpatients experienced one or more life-threatening complications of malnutrition, only 51 per cent met the weight criterion of a body weight of less than 85 per cent of ideal weight.

"There's no such thing as ideal weight for height," Kohn says. "It's an academic construct developed for use at a population level. When treating individuals it gives the wrong idea that if your weight is above a certain line then you are OK."

The four criteria, as described in the latest version of the Diagnostic Statistical Manual of Mental Disorders (DSM-IV) are:

- Less than 85 per cent of normal weight (or expected weight during a time of predicted growth).
- Fear of gaining weight.
- Misperception of body shape - seeing one's self as overweight when not.
- Amenorrhea - absence or cessation of periods. Revised criteria for children will be included in the fifth edition of the DSM which will be published in the next few years.



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www.thea.com.au
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Eating Disorders—Children

Eating disorders are rare in children under the age of eight, even though many children are fussy eaters or have eating issues.

However some signs and symptoms should always be investigated further, including:

- Weight loss
- Changes in behaviour with food
- Feelings of unhappiness with body shape and size

Eating disorders are really about feelings and could signal that a child is having emotional, social or developmental difficulties. Often the eating disorder develops as a way for a child to feel in control about what's happening in their life.

Types of eating disorders

The main types of eating disorder include:

- **Anorexia nervosa** – characterised by restricted eating, loss of weight (to an unhealthy level) and a fear of putting on weight.
- **Bulimia nervosa** – periods of bingeing on high-kilojoule foods (often in secret), followed by attempts to compensate by over exercising, vomiting or periods of strict dieting. The bingeing is accompanied by feelings of shame and being 'out of control'.
- **Binge eating disorder** – similar to bulimia but without the compensating behaviour such as vomiting or over exercising.

A range of influences

There is no single cause of an eating disorder. However many factors might influence a child to develop an unhealthy eating pattern or to become fearful about gaining weight. Sometimes eating disorders develop after long periods of illness or as a diet that 'gets out of control'. Usually, eating disorders can be broadly grouped into those influenced by personality factors and those affected by social or environmental factors.

Personality factors

Personality factors in the development of an eating disorder may include:

- Low self-esteem
- Perfectionism
- Difficulties expressing feelings like anger or anxiety
- Being a 'people pleaser'
- Difficulties being assertive with others.
- Fear of adulthood

Social or environmental factors

Social or environmental factors in the development of an eating disorder may include:

- Being teased or bullied
- A cultural tendency to judge people by their appearance
- A belief that high expectations from family and others must be met
- Major life changes such as family breakup, or the accumulation of many minor stressors
- Peer pressure to behave in particular ways
- A parent or other role model who consistently diets or who is unhappy with their body
- Media and advertising images of the 'perfect' body



Boys and girls

Eating disorders are more likely to affect females than males. About 20–25 per cent of children affected by eating disorders are boys. Men and women experience different social pressures about how they should look. Primary school age children are not immune to these pressures, and their attitudes and behaviours reflect adult concerns. Like many adult females, girls want to lose weight and be thin and, like many adult males, boys want to lose body fat but increase muscle mass.

Early warning signs

Children can become fussy about particular foods or lose weight for lots of reasons, but it is important to get any concerns checked out. Some signs that a child might have an eating disorder are:

- An intense fear of gaining weight
- Denial of being hungry
- Deceptive behaviour around food – for instance, throwing out or hiding school lunches
- Avoiding food
- Compulsive exercising and a need to be active all the time
- Eating in secret
- Sleep disturbance
- Cutting out particular food groups, such as meat or dairy products
- Developing food rituals – such as always using the same bowl, cutting food up into tiny pieces or eating very slowly
- Behavioural changes – such as social withdrawal, irritability or depression.

Dieting increases the risk of developing eating disorders

Dieting is common among women and teenage girls in Western society. Eating disorders such as anorexia or bulimia nervosa can be triggered by weight loss dieting.

A girl who moderately crash diets increases her risk of developing an eating disorder five fold, while the risk is 18 fold for a girl who severely crash diets. Children should not be encouraged to 'diet' unless under the supervision of a health practitioner.

How parents and teachers can help

Children are great imitators, so parents, teachers and other adults can play an important role to help prevent eating disorders and promote positive body image in young children.

Foster a healthy relationship with food

You can encourage children to develop a healthy relationship with food if you:

- Try not to label foods as 'good' or 'bad' – this sets up cravings and feelings of guilt when the 'bad' foods are eaten.
- Avoid using food as bribes or punishment.
- Allow your child to eat when they are hungry and stop when they are full. Don't force your child to eat everything on their plate.
- Accept that children are likely to have different eating habits from adults – for instance, they may require more food more frequently during the day or may go through periods of liking or disliking particular foods.
- Do not crash diet and don't try to put your child on a crash diet.

Encourage children to feel good about their bodies

- There are lots of ways to help children feel good about their bodies, including:
- Show an acceptance of different body shapes and sizes, including your own
- Make positive effort to portray your own body as functional and useful
- Encourage sport and regular exercise to help maintain your child's healthy weight and foster their body confidence
- Demonstrate healthy eating and sensible exercise
- Don't criticise or tease children about their appearance.
- Encourage children to 'listen' to their bodies and to become familiar with different physical feelings and experiences

Encourage self-esteem

A strong sense of identity and self worth is important to help children cope with life pressures. You can:

- Help children to develop effective coping strategies.
- Encourage children to express their needs and wants, to make decisions (and cope with the consequences) and to pursue things they are good at.
- Allow children to say 'no'. Encourage them to be assertive if they feel they have been mistreated.

Help children to develop a critical awareness of the images and messages they receive from television and magazines.

Professional help

If your child is preoccupied and unhappy with their body, or seems to be developing behaviours like restricting their eating, then professional advice may be helpful. See your doctor for information and referral.

Where to get help

- Your doctor
- Your local community health centre
- Child Youth and Mental Health Services
- An accredited practising dietitian, contact the Dietitians Association of Australia
- Psychologist/Counsellor/Therapist
- The Eating Disorders Association of Qld

Things to remember

- Eating disorders are about feelings, not food.
- Changes in behaviour with food, or feeling unhappy with body shape and size, could signal that a child is having emotional, social or developmental difficulties.

Children learn by imitating, so parents, teachers and other adults can help prevent eating disorders by setting good examples.

Summary

Eating disorders can affect children. More than half of Australian primary school age children want to lose weight. Knowing the risk factors and early warning signs in this age group can help to prevent the development of eating disorders.

This article has been kindly taken from The Better Health Channel Website www.betterhealth.vic.gov.au

This page has been produced in consultation with and approved by:

ROYAL CHILDREN'S HOSPITAL





Academy of Eating Disorders (AED) Guidelines for Childhood Obesity Prevention Programs (exerpts)

Sigrun Danielsdottir, Cand.Psych., Deb Burgard, PhD., & Wendy Oliver-Pyatt, MD

For full guidelines, please visit www.aedweb.org/media/Guidelines.cfm

A substantial body of evidence from the eating disorder literature demonstrates that a general emphasis on appearance and weight control can promote eating disorders. Body weight cannot be evaluated in a vacuum. Since healthy living is important for children of all sizes, interventions should focus on lifestyle rather than weight. Here is a highly edited list of recommendations:

- Interventions should focus on health, not weight
- The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- Interventions should focus not only on promoting opportunities for appropriate levels of physical activity and healthy eating, but also promote self-esteem, body satisfaction, and respect for body size diversity
- Weight is not a behaviour and therefore not an appropriate target for behaviour modification
- It is unrealistic to expect all children to fit into the 'normal weight' category
- School based interventions should avoid the language of 'overweight' and 'obesity' since these terms may promote weight-based stigma
- Interventions should focus on making children's environments healthier rather than focusing solely on personal responsibility
- Children of all sizes deserve a healthy environment and will benefit from a healthy lifestyle and positive self-image
- A sudden shift away from the growth curve in either direction may indicate a problem, but further information about lifestyle habits, physical markers and psychological functioning is needed before a diagnosis can be made.
- Interventions should honour the role of parents, teachers & school staff for the purpose of recognising and addressing weight-related stigma and harassment and constructing a size-friendly environment in and out of school.



Nutritional Page



What a shame that today we have toddlers who can recognize the Golden Arches of McDonalds before they know where a strawberry comes from. There is no doubt that the average Western diet has increased in levels of sugar, fat and salt from more processed foods, junk food and take-away food. Obesity levels are increasing as are levels of eating disorders, which suggests we are getting a lot of social health messages wrong. Teaching children about food and where it comes from can assist them to make healthy choices. Healthy choices does not mean never having sugar, fat and salt—they are needed for our bodies to function properly! We can all make healthier choices without having to starve ourselves, or deny ourselves of food and suffer the repercussions of eating disorders or the array of mental health problems that are connected with fad dieting or severe food restriction or excessive exercise. There is no doubt that children can start helping to prepare food at primary school age and with the variety of healthy whole yummy foods to eat, it is a great opportunity to teach them that healthy options can be the tastiest! Even grandma and grandpa can help by “treating” children with sweet mangoes or strawberries. No food should be considered “bad” - but certainly to teach kids about moderation, listening to their bodies and tasty healthy choices can help to avoid the black and white thinking around food that contributes to both eating disorders and obesity. So here are some healthy and yummy tips for the kids (and your) lunch boxes!

Great Lunch Box Suggestions



Nuts

Kids love nuts and they are so good for you! In a nutshell: researchers report that adding 40g of tree nuts to your daily diet can reduce your risk of heart disease and diabetes. Walnuts are rich in omega-3s; hazelnuts contain arginine, an amino acid that may lower blood pressure; and 30g of almonds has as many heart-healthy polyphenols as a combination of a cup of green tea and half a cup of steamed broccoli. Nuts may help lower LDL cholesterol, too. Keep a jar of chopped nuts in your fridge and sprinkle a tablespoon on cereal, salads, stir-fries or yoghurt. Add them to lunch boxes, whole to eat as a healthy snacks.



Fruit

Fruits are packed full of the vitamins and minerals your body needs. These nutrients include: potassium, dietary fibre, vitamin C, and folate (folic acid). Good to have two serves a day as recommended by the 2 serves of fruit, 5 serves of vegetable government healthy eating campaign. When at home you can make up fun platters for kids. Get them to make art with a colourful selection of fruit !! Making faces out of food is always fun!



Seeds

Seeds are also a wonderful source of nutrition and great for lunch boxes. Pumpkin Seeds, Sunflowers Seeds, Sesame Seeds, Poppy Seeds, Linseed, etc. are all rich in protein, iron, zinc vitamin b and phosphorous. You can toast them and add them to stir fries or salads, yogurt or add to nuts and dried fruit for a great trail mix. Get a recipe to mix them all together with oats and make home made goodie balls. Add nuts and you can make your own muesli bars. Kids love popcorn and you can puff them with an air heater or buy puffed corn—it’s a great thing to add to a lunch box or a trail mix.

Recovery Group Feedback

YOU

You are beautiful
 You are precious
 You are special and unique
 You have dreams and a future
 You can learn new things
 You are interested
 You can believe in yourself
 You have the strength within your heart
 You can begin each day anew
 You are loved
 You are powerful
 You are a survivor
 You are real
 You are you
 You are today
 You are the change of tomorrow
 In the moment of truth
 Will you follow the crowd?
 Or stand bold in your recovery?
 You have the choice

We always like to print feedback from our groups at the EDA so that recovery ideas can be shared among others. Thanks to all the participants who came to our recovery group, to the wonderful wisdom shared by Angelique, Nicole and Renee as people who identify as being recovered from their eating disorders and a special thanks to Ali Lee for facilitating the group when I became sick!! The words below are written from notes and are not necessarily coming from one person—we try to represent the group feel :) We hope this gives others hope!

Recovery for me is being able to eat food without fear. Groups help me learn more about myself, especially when an eating disorder can rob you of your identity.

There is so much pressure to be thin in the dance and gymnastics industry. You are always in front of mirrors, always in leotards. There was a lot of group pressure from the girls at school. My friends thought it was cool to be bulimic. It almost became a competition, to eat and then vomit, but they all stopped and somehow I ended up keeping this problem. It's so isolating. I would say no to social occasions so that I could go home and eat junk food and then purge.

I was into gymnastics too and I was sexually abused. I got so underweight that my periods stopped. The best thing I did was to see a counsellor, who helped me look at all the underlying issues in my life and when I addressed these, my relationship with food naturally got better. Now I'm in a good relationship and pregnant! Recovery is possible.

You are the solution.

Hi Desi,

I thoroughly enjoyed Saturday's group! I love how there is a safe non-judgmental place that people can come to talk, share, laugh and cry through their challenges. The support that these groups provide is amazing. After leaving this group on Saturday, I had a lot of thoughts in my head about the personality of the group, and wrote a little poem that expresses what I saw in the ladies that were there that day. I thought that maybe you could put it in the EDA magazine sometime for people to reflect upon.

Thanks! Nicole :)



Getting out of the denial was a huge step. Having a conversation with my brother really helped—a really truthful heart to heart conversation—an unguarded moment. This helped break down my denial. Honesty and truth and support.

Recovery can be so exciting because it is about self discovery, self awareness and being able to receive love. To come to a place where you can love and accept yourself.

Most of us have developed our eating disorders between the ages of 13 and 15.

It was the underlying things that were festering that I needed to look at to recover. Recovery can be a long journey and it can be hard—but it is so worth it. Sometimes it is harder in the beginning. But recovery is not an end point—it's about being able to have control.

It is hard to find the motivation to recover when you don't want to live. All I wanted to do was hurt myself. You live in denial that there is nothing wrong with you. Even being hospital—you still deny you have a problem. Being able to speak the truth, finding a counsellor, a dietitian can be life saving. Some are rubbish—one dietitian gave me a calorie book and said eat the food with the highest calorie content!! Find the right support people. Be truthful to those who love and want to support you.

Recovery Page...

Eating disorders isolate you from your own identity. There is power in sharing. There is healing in sharing and getting to the heartfelt issues. You sometimes have to shine a light on the dark areas of your life, the things that hold you back eat you up. The light will expose them and so they lose their power and you can take back control.

Instead of thinking—they don't know what they are talking about, I don't have a problem—use your competitive nature in recovery. With meal support—make it a competition—who can get the spoon to their mouth the fastest!

What was good about being in hospital and them not letting you exercise or move at all was seeing how much food your need to consume to just live. The amount of food and energy your body needs just to function.

The eating disorder took away my friends, I lost my memory, I couldn't remember what I learnt at Uni, I didn't know what my favourite colour was, I didn't know who I was anymore. I never had a favourite anything. I love ice-cream, but I just couldn't admit that to myself. I denied myself because I made strict rules about what I was allowed to have. I lost so much life, so much joy.

My parents were very strict and controlling and sometimes you need to break away from family to recover and I needed to think of what I could put in place to feel protected.

My family and parents had nothing to do with my eating disorder. For me it was about the pressure of the dance/gymnasium/ sport industries and the pressure to be thin and constantly having to think about your body image. When you are in these industries your whole life revolves these activities—your whole identity is wrapped up in being a ballet dancer, gymnast, athlete, a swimmer—you are always in front of mirrors in leopards, swimmers, lycra.

But more than anything it was the pressure I put on myself. You start by thinking I'll be sporty and healthy, but instead you start cutting out anything unhealthy and then you get really extreme.

My denial assisted the eating disorder. I denied everything, I convinced myself that my parents didn't love me—but they just believed me and trusted me—when I was lying to them. When I look at old photo's of myself I see how uncomfortable I was in my body—my sexual abuse definitely contributed to poor body image and self esteem.

I had significant deaths and sexual abuse issues in the family and the impact of grief and loss on the family unit was massive. Eating disorders tell us that we are not worthy, not loveable and we even question why our friends, family and lovers stay with us and support us when we feel so awful. I can't believe that my parents believed everything I said to them, when I was completely lying and manipulating situations—or should I say the eating disorder was.

I don't feel like I do anything—everything I think is wrapped up in food, weight and body image. When this becomes your identity it is tough to shift—but you can discover who you are without these chains around your ankles. You can get to a point where you can try different things. Discovery what you like can be fun and exciting! When all you have thought about is food and exercise, little things like painting your nails can be a big thing. Anything to help you have control over these obsessive thoughts. Find the thing that makes you happy.

Eating Disorders takes away your time to enjoy life and enjoy eating. You eat to get weighed, not for nourishment. But you do get to a point when you realize a rice cracker is not enough to nourish you—but this is hard when you feel like you would rather die than eat anything.

I would scream rather than eat and if my bed wasn't perfectly straight it



meant I was fat. If someone complimented me it meant I was fat. It's such black and white thinking. I had so many thoughts in my head, so coming up with something to distract this at meal time was useful—playing games, naming something you see, hear, touch, smell and feel before you eat and afterwards. Affirm yourself after you eat as a mantra. In the beginning it can be hard as your stomach has shrunk, but you have to know that the feelings of being really full will pass and you will be able to eat normal portions and feel ok in time.

Have to remember that starvation makes you moody, effects your hormones, your anger, depression, irritability and sometimes due to the thing that have happened in our lives we have this destructive underlying rage and the root cause of the rage is often the shameful things that have happened.

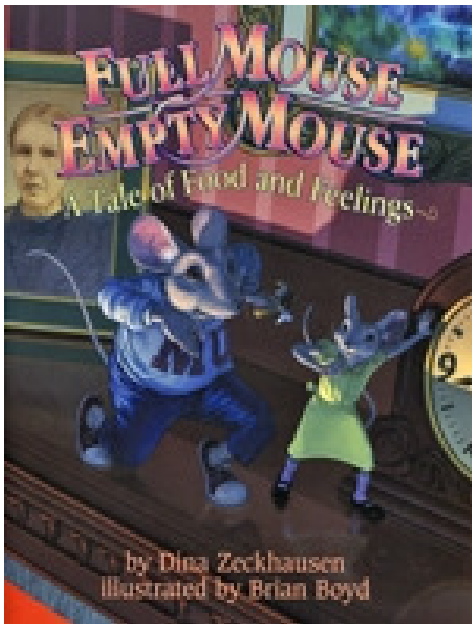
There are such huge expectations on women and in our teenage years our hormones change, some feelings can get suppressed if we are scared of becoming a woman and developing our own identities. Admitting your well can be hard because the eating disorder head space tells you that that means your fat! The measure up ads about are really bad—they just reinforce the already huge pressure to be thin!

Sometimes you need to trust in others—sometimes others have to make some decisions for us when we are in denial. Sometimes it is good to get someone to supervise our walks for instance and our bed rest. Get support, get motivated, work hard, get excited about self discovery and remember more people recover from eating disorders than not!!

You can too!!

Book Review...

Full Mouse, Empty Mouse



*“ To find out what you’re feeling,
Here’s the place to start:
Understand the language,
Of your Tummy and your Heart”*

“Full Mouse, Empty Mouse-a Tale of Food and Feelings”, is a wonderful story/ resource for not only young children but adults alike. It is pitched at ages 7-12 (Grades 2-6) but is really suited to any age including younger!! It is written in a very simple language style allowing children to understand how emotions and food can be linked especially when things are not going so well. It provides a great platform to discuss food and feelings that can impact on our overall health and well being. It also promotes healthy body image and self-esteem and the acceptance of people (or mice) for who they are!! The illustrations ensure that children and adults will be glued to the story as they personify general family interactions and everyday situations. It builds on children’s resilience and self esteem through messages of hope, happiness and the importance of getting help. Full Mouse, Empty Mouse is creative, engaging and is a great tool in preventing eating disorders. It is about hope, recovery and the importance of positive health including the physical, emotional and spiritual . Be prepared to read this book over and over again. It is truly a fabulous read. I hope you enjoy this book as much as I did!!

In the Media...

Tory Shepherd.

The Advertiser May 04, 2010

Young eating disorder alarm

CHILDREN as young as 11 and adults in their 60s are among the increasing number of people suffering eating disorders such as bulimia and anorexia.

A private Adelaide clinic, Advanced Psychology Services, has been forced to expand its services to meet a gap in the market caused by limited public services and a surge in demand.

Dr Simon Wilksch, who is also a research fellow at Flinders University's School of Psychology, opened the clinic last year with colleague Dr Anna Steele, and they are already having to double their services.

Statistics show eating disorders tripled from 1995 to 2005, and Dr Wilksch says the increase has continued.

"There are a lot of different thoughts on why it's increasing. Some people are saying it's because there's such a focus on obesity, and such a focus on being a low weight, and that is backfiring in some ways," he said.

"We've had a lot of referrals of people of all ages - adults, adolescents, children around 11 or 12 years old that need help. . . there's a pretty strong demand.

"There are limited services available in SA at the moment for eating disorder treatment - that's a gap we're trying to fill."

Dr Wilksch said while there were many children who tried to control their weight through unhealthy means such as skipping meals, smoking, taking laxatives, and other risky eating patterns, there were also a surprising number of older people with eating disorders.

He pointed out that anorexia has the highest risk of death of all mental disorders, but that the community does not have a good understanding of the problem.

He said SA lags behind the other states in terms of the available services.

Professor Tracey Wade, another eating disorders expert from Flinders University's School of Psychology, agrees that the "indiscriminate" message on obesity could be prompting a high level of concern.

"The message needs to change focus away from weight . . . and on healthy eating," she said. Prof Wade said while that was possibly due to better detection, it could also be because disorders were triggered by challenging times, which could include menopause or marriage breakdowns.

Fashion industry asked to adopt body image code

By Jean Kennedy

The Federal Government has backed a new voluntary code of conduct on body image for the fashion and advertising industries.

The code of conduct was developed by the government-appointed advisory group on body image and provides a list of principles to guide those working in the media, advertising and fashion industries.

The code recommends designers not to hire models with a dangerously low body mass index or excessively muscular male models.

The code also calls for a ban on advertising rapid weight loss products and cosmetic surgery that is not medically necessary.

At the launch of the code in Sydney, Women's Weekly editor Helen McCabe committed her magazine to revealing whether images have been digitally changed.

"We've already taken steps to reduce the amount of digital enhancement in the image we produce, but we can go further," she said.

"In the future we will identify all Australian images that have been digitally altered."

Breaking News

Youth Minister Kate Ellis also launched a new body image tick of approval which will be awarded to businesses who stick to the new guidelines outlined in the code.

She says eating disorders are affecting children as young as six and the insidious problem must be tackled.

"I'm asking on behalf of all of the teenagers who have suffered as a result of body image pressures, including those whose long-term health and wellbeing have been forever damaged," she said.

Sourced kindly from ABC News Online
<http://www.abc.net.au/newsstories/2010/06/27/2938153.htm>



The code of conduct applies to those working in the media, advertising and fashion industries. (AFP: Frederic J Brown)

ATTENTION MEN AND BOYS

HAVE YOU HEARD ABOUT THIS MEN'S WEBSITE?

'Men Get Eating Disorders Too' is a website for men who are affected by all eating disorders including 'Bigorexia'. The site provides male sufferers and others with essential information and advice on ED's as well as personal stories and a forum so male users can connect with other men with eating disorders to share their experiences and offer peer support. If you would like to check out this great website please go to www.mengetedstoo.co.uk

SUGGESTION FROM MADELEINE (EDA MEMBER)



Hey I am a member of the EDA and well I just found the most useful site ever!!
 Okay so here it is
www.smart-eating.com.

This site has everything for recovery from an eating disorder that is needed. Its a self help guide to recovery and everything I've always wanted!!

Thanks Madeleine, we agree too!!

Web-Based Support and Information

ED-Sufferers

www.eda.org.au
 www.isis.org.au
 www.butterflyfoundation.org.au
 http://recoveryispossible.com.au
 www.bulimiahelp.org
 www.smart-eating.com
 www.oabrisbane.org

ED-Men

www.mengetedstoo.co.uk

ED-Young People

www.reachout.com.au

ED-Family/Carers

www.maudsleyparents.org
 www.feast-ed.org
 www.eatingwithyouranorexic.com
 www.e-mental-health.eu/anorexia/
 website/

Health

www.womenshealth.org.au
 www.awhn.org.au
 www.beyondblue.org.au
 www.depressioNet.com.au
 www.pale-reflections.com/
 www.dadsanddaughters.org
 www.manhood.com.au

Body Image/Self Esteem

www.selfesteem4women.com
 www.lifeafterdiets.com.au
 www.girlsinc.org/gc/
 www.justthink.org

The Eating Disorders Association resource centre takes no responsibility for the content of these websites

Previous Topics of Through the Looking Glass

- Co Morbidity—June 2010
- Self Love—May 2010
- Men and eating disorders - April 2010
- Family and Friends— March 2010
- Transformations - February 2010
- Finding Support at Xmas - Dec 09 / Jan 10
- After Recovery- November 2009
- Treatment Options- October 2009
- The Recovery Process -September 2009
- Effective Communication -August 2009
- Managing Difficult Emotions -July 2009



Other Services

ISIS– Centre for Eating Issues

58 Spring St, West End 4101 Ph: (07) 3844 6055

EDOS-Eating Disorders Outreach Service

Rosemount, Building 14, Windsor Ph: (07) 3114 0809

Eating Disorders Adult Service (Gold Coast)

Ashmore, Gold Coast Ph: (07) 5667 2000

Child and Youth Mental Health Service (CYMHS)

Info line: 1800 177 279

New Farm Clinic

22 Sargeant St, New Farm 4005 Ph: 32549100

ARAFMI Ph: (07) 3254 1881

Parentline 1300 301 300

Kids Helpline Ph: 1800 551 800

Lifeline Ph: 131114

Statewide Sexual Assault Service (24hr) Ph: 1800 010 120



INTERESTED IN HELPING SOMEONE WITH AN EATING ISSUE ?

The EDARC is calling on people in recovery who may want to assist those in need of support. We are seeking volunteer support workers from all regions of Qld for our Telephone Support Network. If you are interested in becoming an after-hours contact for those in need of support please contact the

EDARC on (07) 3394 3661.

Need to Talk?

Do you have an eating disorder and need to chat to someone who REALLY understands? Are you a parent who'd like to chat to other parents? Why not call our

Volunteer Telephone Support Network

People with an eating issue call:

Brisbane

Jan (07) 3398 4119 (Leave a message anytime)

Sunshine Coast

Sally (07) 5439 6043 after 6 pm Mon-Sun

Sharon email: Sharon.noel@hotmail.com (mon-fri)

0468854684 (Mon, Tues, Wed 3pm-7pm)

Cairns

Cherie 0409227448 (away until mid April)

Parents call:

Brisbane

Lesley (07) 3378 6730 / 0404 091 696, 6.00pm to 8.00pm weekdays, 9.00am to 1.00pm weekends

Vicki 0400298818 (leave a message anytime)

Jill 0405321292 (after 5pm Mon/Wed/Fri, w/ends any time)

Judy 0412085303

Sunshine Coast

Gill (07) 5478 2854 before 9 pm 7 days



Remember, these people are not trained counsellors. They are volunteers who are offering support, not telephone counselling. These are home