

Co morbidity and eating disorders



Art by Jodi

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From the Editor

Hello everybody and welcome to another edition of Through the Looking Glass!

This month's edition is on co morbidity and eating disorders, and has great contributions from Jodi and Amy as well as other sources. Thank you so much guys and please if anyone would like to write for us, design some art work, write a song/poem, give us feedback, or make a comment, then we would love to hear from YOU!!!!

Co morbidity really highlights the difficulties faced by sufferer's and/or their friends/family etc especially when there is more than one condition present. Eating disorders are difficult enough to treat without the further complications associated with co morbidity. It clearly reminds us how important it is to get the right treatment/support team, all fighting together to help overcome these debilitating conditions. It also highlights the need for **ALL** conditions/issues (eg. Depression and Bulimia) to be adequately addressed as it is not uncommon for a sufferer to have one condition relatively "under control", whilst the other is free to and run wild. For example the Depression is being controlled whilst the Bulimia is running rampant!! This can happen visa versa etc. It is also really important to remind ourselves that whilst co morbidity is common and can be harder to treat, people **CAN** and **DO** recover and/or manage their conditions to the point that they are free to achieve their goals, have meaningful relationships, have a career, travel etc etc, to do any of all of things that hold us back when we are fighting with our disorder/s.

I hope each and everyone of us directly or indirectly involved with eating disorders never lose hope and faith that **EVERYONE** is entitled to a life **FREE** of eating disorders and that we each can play whatever role is required (within safe boundaries) to raise awareness, stay recovery focused and build partnerships that offer best practice and support for **ALL!**

Enjoy the month, enjoy the read.....Melissa Marks (Resource and Support Worker)



EDA ODD BIT...

A mother phoned the EDA for support & to say that her daughter had seen a GP (due to concerns over possible ED). Her daughter was asked by the GP if she "ever heard voices in her head?". The daughter replied "No". The GP then said, "Well you can't have Anorexia then, can you?"

Makes you wonder????
mmmmmmmm

Feedback

I am a subscriber of 'Through The Looking Glass'. I just wanted to say a big CONGRATS on the federal funding for your magazine. I have always wanted to increase the level of E.D awareness amongst children/teenagers, so when I read the good news in regards to your project, it put a smile on my face :) I also have a vested interest in politics and am interested in the letter writing campaign. I believe that we need to be more like the States. We NEED more ED treatment facilities, especially here in Brisbane. You have the choice of NFC and RBH. One is ridiculously over-priced, the other is constantly at maximum occupancy... how does that help??

From experience, I know how hard it is to get help with an E.D. In actual fact, in 2005 the first place I contacted in regard to help with my eating disorder was the E.D.A. I attended the Seeds for Change group, which at the time was facilitated by Amanda Haskard. This helped me to grasp the concept that there are people out there who are willing to help.

This year I commenced studying ... I feel as if my vast knowledge of eating disorders, especially since living with one for 11 years, is not something that would be considered negative. I am in recovery right now, and have almost made it through to the other side :) I am hoping to one day become a therapist. So far I am on the right track and am excelling within my studies (a few years ago I would have told you that I was not good enough to become anything in life that was of any relevance). I always felt that while I was attending O.P treatment I needed to be able to speak with someone who had lived and breathed the disease. I have been through it all, and really do hope that one day my experiences can help someone else to want/envision a life for themselves that doesn't involve an eating disorder.

Once again, congrats on the funding, you deserve it :) Kylie



The EDA Inc Board of Management:

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From the Coordinator

Hey now EDA members!

Firstly I would like to thank all the people who gave us such great feedback this month about several aspects of our service delivery. We have published a few here. We always try to incorporate feedback into our service delivery and appreciate positive feedback to indicate when we are doing things right and to validate our workers. I would like to take the opportunity to thank our key support worker Mel who continually gets positive feedback from her work here at the EDA and to let her know that her passion, enthusiasm and commitment to support for service users is very appreciated :) I would also like to thank EDOS for their continued co-facilitation of our groups which get great feedback from participants.

We have received a complaint about people not being able to get through on our phone line. One of the difficulties in small services is to simply be available for support. Until recently we only had a 20 hour per week support worker, for a phone line that was to be available for 35 hours! We have managed to increase support hours to 30 hours a week with myself filling the support role for the shortfall—although with two lines in, I always do much more! We find that for most of the days we are on the two phone lines offering support to individuals and this means that often others can not get through. As we are not a crisis service, we encourage people to leave a message and phone number so we can call them back. If you are frustrated by this we would like to hear from you, as well as encourage you to contact the Department of Communities to complain. However, we hope that a response within 24hours of your message is adequate. Many times when we do call people back, we can not get through as they have left an incorrect number on our machine, so please try again if you have not heard from us within 24 hours. Unfortunately, due to wage increases and a lack of funding—we maybe looking at cutting service provision over the next few years, but we will let our members know if this happens and hope to hold forums where you can input into the strategic planning of our organization.

This month I was privileged to attend a mental health leadership program funded by Queensland Alliance and the Queensland Government. The wonderful thing about this forum was that a key focus was discussions around what a recovery oriented service actually means. Although many of the principles were similar to those advocated by feminists for decades now (particularly in terms of the model of empowerment as opposed the medical pathology), it was refreshing to feel a part of a movement that seems committed to supporting people's recovery and own agency in their lives. I have written up my notes about what recovery is and how we should support someone in their recovery which I hope people who want to recovery from an eating disorder, their carers & health professionals may find useful.

Work has started on our teenage magazine. For the next three months we will be working on developing the content. We are interested to hear from community services and young people who are interested in writing content for the magazine. Please contact the EDA for information on who to submit your articles, stories, poems or art work. Our education principles for the magazine include: Positive Body image, Healthy Minds, Body and Spirit, Tolerance and Personal Responsibility.

LETTER WRITING CAMPAIGN. We have written a letter to the government this month, following our meeting with them in March to keep our recommendations on their agenda. We will be sending our letter to the Government on June the 3rd. We are urging all members to write a letter yourself to Annastacia Palaszczuk, Minister for Disability Services and Multicultural Affairs and send it on June the 3rd in hope that our issues maybe addressed in parliament when they sit on June the 8th. Please see over page for details. We need better service provision in this state and so we continue to lobby!

I hope you enjoy this edition and please keep sending us your feedback. We would love to hear more from people about our website! Kind Regards, Desi

Feedback

Thank you so much for this excellent men's edition on eating disorders. I have felt very frustrated that no one seems to be doing anything for men, except your organisation. But this edition is brilliant. I would like to use some of the info in this edition as the lead story in the next issue of **emale** my free national men's health and wellbeing ebulletin. **emale** is distributed to around 8500 people in Australia, plus overseas to USA, UK and Europe.
Regards, **Greg Millan**, Men's Health Consultant

Co morbidity and eating disorders

Many people who suffer from eating disorders also suffer from other complications that directly impact their mental and physical health. These additional complications are called co-morbid as they “co-exist” with the eating disorder symptoms but are not indicative of all sufferers’ experiences. They are however extremely common due to the complexity of eating disorders. In some cases, the eating disorder is a secondary symptom to an underlying psychological disorder such as people who also suffer with multiple personality disorder. In other cases, the psychological disorder may be secondary to the eating disorder, as with people also suffering with depression. Others may also suffer from both an eating disorder and other psychological disorder(s) that completely co-exist with one another i.e. one affects the other affects the other...etc. It is important to note however that the more time a person suffers from an eating disorder, the more probable that they may be at developing depression, anxiety, self harm, substance abuse issues etc as well. Co-morbidity can be seen a bit like the ‘egg before the chicken’ scenario as it can be challenging to know/understand which symptom/issue came first and more importantly what thing to treat first. Nonetheless, irrespective of causal factors it is vital that all these issues are holistically addressed for recovery to be effective.

Some of the psychological or ‘co morbid’ illness’ that can be present (but not in all cases) with people suffering eating disorders include: Depression, Post Traumatic Stress Disorder, Bipolar / Bipolar II Disorder, Borderline Personality Disorder/ Dissociative Disorder/Multiple Personality Disorders, Panic Disorders and Anxiety and Obsessive Compulsive Disorder. In addition, some people suffering with an eating disorder may also exhibit other forms of addictive or self-destructive behaviours including alcoholism, risk taking behaviours, drug addiction (illegal, prescription and/ or over-the-counter medications), and self-injury/ self-harm, cutting/self-mutilation. These behaviours can be seen as a means of coping and almost always result from low self-esteem, trauma, abuse and other causal factors.

It is important to remember that these conditions can be treated and people do recover and/or manage these issues to live meaningful and happy lives. It just again highlights the challenges and complexities associated with eating disorders for both sufferers, family/care givers and practitioners involved in the

treatment/support. Following is a brief outline on some of the co morbid conditions associated with eating disorders:

Depression

People suffering from any form of depression can find it very hard to function every day and may be reluctant to participate in activities they once enjoyed. This is often made more challenging/ complicated with an eating disorder as some symptoms can appear very similar especially in relation to the effects of starvation. It is very common for people with an eating disorder to experience a level of depression at some time or another and can range from mild to severe and last for varying amounts of time and severity. It is important for treatment to try and identify the main trigger to the depression. The sufferer often feels helpless - they feel out of control, while desperately searching for control by starvation and/or purging. At the same time, they may feel like failures for not losing enough weight and not doing it fast enough (making it a self-perpetuating issue as one appears to serve the other?). Whatever the reason/cause, it is important to spend some time investigating to help identify what pathway to take.

Depression can have biological causes including the possible links between being born with insufficient levels of serotonin (feel good neurotransmitter) and/ or inability to make enough of it unaided. Others include the effects of starvation caused by restriction and/or purging and can occur at various weight/s. This causes the body to go into a sort of ‘hibernation’ in order to function at basic levels. As a consequence the body cannot produce enough serotonin thus being in a depressed state. It is therefore essential that weight be restored/reduce restriction/purging behaviours to an adequate level, for psychological treatment/support to be effective. Anti-depressants are usually ineffective with Anorexia due to low body weight and the brain being unable to produce any ‘natural’ forms of serotonin for the anti-depressants to join with. There have been some effective results in the use of anti-depressants with Bulimia but any use of anti-depressants should always be done in direct consultation with your treatment/recovery team. Depression is a serious health issue and should always be managed by an effective group of



Nutritionists, Psychological/Counselling support people who ideally all have experience working in the field of eating disorders.

Anxiety

An anxiety disorder is a medical condition and can be so overwhelming it can interfere with a person's ability to function day-to-day. Some people can experience more than one anxiety based disorder at a time and this can have a direct link to eating disorders. Some describe it as a feeling of being distressed a lot of the time for no apparent reason. An episode can be so severe it can actually immobilize the sufferer as they battle persistent, excessive or unrealistic worries (generalised anxiety disorder). Some have compulsions and obsessions which they can't control (obsessive compulsive disorder-see below for more information). Others may have an intense excessive worry about social situations (social anxiety disorder). Others suffer from panic attacks (panic disorder), and some who have an intense, irrational fear of everyday objects and situations (phobia). Other symptoms of anxiety including the physical of may include a pounding heart; difficulty breathing; upset stomach; muscle tension; sweating or choking; feeling faint or shaky. Anxiety permeates some people as they struggle to balance their lives with their eating disorder. The stress this incites often leaves the sufferer feeling exhausted and over whelmed without the energy to fight their eating disorder. Eating disorders can often offer the sufferer's a way to feel numb from their anxiety hence why the two are often linked. It can be very challenging to treat anxiety and eating disorders as one usually serves the other's purposes – so when one is relatively under control the other is out of control. The key for treatment is finding something that allows the two to balance out more whilst skills are learnt to combat these symptoms. An important way to prevent/manage anxiety is to have a sense of well roundedness. If our only focus is on career and body image, for example, that leaves a lot of room for dangerous thoughts to enter your

mind. If, conversely, your life is filled up with career, family, health, friendships, relationships, travel, culture and playfulness, there isn't as much room for anxiety-ridden thoughts to enter about not being good enough. The causes of anxiety are varied but can include a combination of family history of mental health problems, stressful life events, ongoing physical illness and/or personality factors. Obsessive Compulsive Disorder (OCD) is an anxiety disorder characterised by the presence of recurring intrusive and unwanted thoughts, images, or

Obsessive Compulsive Disorder

impulses - obsessions and repetitive behavioural and mental rituals – compulsions that severely impact the sufferer's day to day life. People with OCD are usually aware that their symptoms are irrational and excessive, but they find the obsessions uncontrollable and the compulsions difficult or even impossible to resist.

Obsessions and compulsions are distressing, exhausting, take up a lot of time, and can significantly interfere with the person's family and social relationships, daily routines, education or working life. Common obsessions include: fear or contamination from germs, dirt, etc; fears of harm to self or others; intrusive sexual thoughts or images; concerns with symmetry, illness or religious issues; an intense, irrational fear of everyday objects and situations (phobia). Common compulsions include: washing; cleaning; checking; hoarding; touching; counting; and repeating routine activities and actions.

The causes of OCD are not fully understood. Research indicates that OCD may be related to chemical, structural and functional abnormalities in the brain. Genetic and hereditary factors may also play a role in the development of OCD. It is likely that each person's OCD is the result of several interacting factors and is affected by stressful life events, hormonal changes and personality traits

Bipolar

Bipolar disorder (or sometimes called manic-depression) is an illness, a medical condition. It affects the normal functioning of the brain, so that the person experiences extreme moods — very high and over-excited or very low and depressed. People with bipolar disorder can become high

over-excited and reckless, or imagine that they are more important or influential than they are in real life. They can also become extremely low, feeling helpless and depressed, with difficulty making decisions or concentrating. Some people mainly experience highs. Some experience mainly lows, and some experience both extremes — becoming profoundly depressed or over-excited. The person may then behave in an uncharacteristically irrational or risky manner. Some sufferer's may be affected so much that he or she experiences the symptoms of psychosis, and is unable to distinguish what is real. Bipolar is treatable but the causes of bipolar disorder are not fully understood. As with any other illnesses, they are likely to be a combination of hereditary and other causes, but a genetic predisposition to develop the illness has been clearly established by scientists

Self-harm

Many people with eating disorders also engage in the act of self-harm, i.e. deliberately injuring or hurting oneself physically. Just like an eating disorder can be used to help the individual cope, the act of injuring oneself is also used to help cope with, block out, and/or release built up feelings and emotions. Some also see it as a way of maintaining control when everything else around them appears to be 'out of control'. It is also a somewhat quick and effective way of transferring emotional pain into a physical pain to

give our emotions "a break". Self-harm is about trying to cope and stay alive. In fact some people have argued that the two problems stem from very similar roots. Certainly an eating disorder raises many difficult emotions and feelings, so it is not surprising that sufferers are prone to resorting to self harm in an attempt to cope with these. Sometimes self harm is directed specifically towards a part of the body that is perceived as fat or unattractive. Whatever its form, self harm is not a long term solution and over time actually makes the situation worse as it learns to replace any of our more healthy coping strategies. Some people can feel totally caught in a cycle of harming and find it very difficult to get help largely because of all the difficult feelings they tend to be dealing with.

Article sourced from

- www.SANE.org
- Anxiety and Eating-the Relationship Between Anxiety Disorders and Eating Disorders—Geraldyn Cederman PhD
- www.reachout.com
- www.anorexiaandbulimiacare.co.uk
- www.eatingdisordershelpguide.com/_abuse.html
- www.healthyplace.com/eating-disorders/peace-love-and-hope/anorexia-bulimia-overeating/menu-id-1383/
- www.somethingfishy.com

Shared Risk Factors for substance abuse and eating disorders

- Occur in times of transition or stress
- Common brain chemistry
- Common family history
- Low self esteem, depression, anxiety, impulsivity
- History of sexual or physical abuse
- Unhealthy parental behaviours and low monitoring of children's activities
- Unhealthy peer norms and social pressures
- Susceptibility to messages from advertising and entertainment media

Shared Characteristics

- Obsessive preoccupation, craving, compulsive behaviour,, secretiveness, rituals
- Experience mood altering effects, social isolation
- Linked to other psychiatric disorders, suicide
- Difficult to treat, life threatening
- Chronic diseases with high relapse rates
- Require intensive therapy

The National Centre on Addiction and Substance Abuse (CASA) at Columbia University is the only national organization that brings together under one roof all the professional disciplines needed to study and combat all types of substance abuse as they affect all aspects of society.

Adapted from www.eatingdisordershelpguide.com/_abuse.html

Nutritional Page!

As we all know eating disorders can rob us of the nutrients we need to keep our bodies healthy and sometimes rob us of the knowledge of what we should eat. Each month we will feature a spice, herb or food, with its nutritional value and benefit to the functioning of our organs, bones, body and mind. We hope you find this nutritional information useful and embrace food as fuel, medicine and vital for the on-going health of your body and mind.

Whether we are experiencing anorexia, bulimia or binge eating, what we ALL should be aiming for is regularity with food.

R stands for **Regularity**. Food is needed to provide energy for our brain, bodily functions and activity; and with food being burnt up and digested within a few hours of eating, regular eating kick-starts your metabolism and helps provide your body with a regular supply of energy to burn. By having regular meals and snacks you maintain your blood sugar levels - preventing you from getting excessively hungry and helping to keep your mood and anxiety at bay. Due to unhealthy eating patterns and periods of restriction or starvation, sometimes our body has difficulty recognising hunger and full feelings. So it's really important to try to establish a regular pattern of eating, consuming generally 3 meals and 2-3 snacks per day. Begin by dividing your daily intake up, so if you have breakfast at 7am and dinner at 7pm, that's 12 hours. Half way between there should be lunch – at about 1pm. Then half way between 7am-1pm is your morning snack, which will be at 10am and half way between 1pm and 7pm is 4pm so this would be your afternoon snack. If you don't then go to bed until 10 or 11pm, then a night snack or dessert is fine to have, maybe at around 8-9m. So your day would look like this:

Breakfast: 7am
Morning Tea: 10am
Lunch: 1pm
Afternoon Tea: 4pm
Dinner: 7pm
Supper: 9pm

Of course eating adequate amounts to keep the body healthy for its daily functions and a variety of foods is also important



Figs

Known as the “Tree of Life” by the ancient Egyptians and much enjoyed by Cleopatra and Ulysses! When you think of potassium-rich foods, figs probably don't spring to mind, but perhaps they should. You may be surprised to learn that six fresh figs have 891 mg of the blood-pressure-lowering mineral, which is almost 20 per cent of your daily requirement and about double what you'd find in one large banana. In a recent five-year Dutch study, high-potassium diets were linked with lower mortality rates from all causes in healthy adults age 55 and older. Figs are also one of the best fruit sources of calcium too which is great for your bones!!



Broccoli

Pick any life-threatening disease—cancer, heart disease, you name it—and eating more broccoli and its cruciferous cousins may help you beat it, suggests research from Johns Hopkins University in the US. A 28-year study of more than 6,000 people found that an average of four weekly servings of veggies such as broccoli, cabbage and cauliflower slashed the risk of dying from any disease by 26 per cent. For the biggest disease-fighting benefits, whip out your veggie steamer: steaming broccoli releases the maximum amount of sulforaphane, a powerful phytonutrient that fights bacteria and helps the body detox naturally.

Olive Oil

Known as the “gift of the gods!” Olive oil is chock-full of heart-healthy monounsaturated fatty acids (MUFAs), which lower ‘bad’ LDL cholesterol and raise ‘good’ HDL cholesterol. It's also rich in antioxidants, which may help reduce the risk of cancer and other chronic diseases, such as Alzheimer's. Extra-virgin oils contain the most flavour and antioxidants. Drizzle small amounts on your veggies before roasting; use them to sauté or stir-fry; make oil-based dressings and marinades; and dip bread in it, instead of butter or margarine. Benefits of using olive oil include reducing blood pressure and help to maintain a healthy heart and brain, inhibit the growth of certain cancers, help control the blood sugar levels of people prone to diabetes, lessen the severity of arthritis and asthma attacks by helping to produce natural anti-inflammatory agents in the body.



Copying without cutting...

I first started cutting myself during the time when I was in hospital receiving treatment for anorexia. Before going into hospital and during the early stages of treatment, I remember feeling emotionally numb much of the time.

However as my weight gradually increased, I began to feel again. I began to feel all the emotions that I had been switching off using my eating disorder. I worried that being at a healthy weight would mean that no-one would care about me anymore. I was also very scared of being discharged from hospital and being left to cope on my own.

Not knowing how to make sense of or manage these feelings without my eating disorder, I began cutting myself instead. At the time it felt like the only way I could cope with what was going on inside of me. Once I started using cutting as a way of dealing with my feelings it became almost impossible for me to stop.

Whenever I felt the tension start to build up inside of me I would experience an immediate and overwhelming desire to hurt myself. It was very difficult for me to resist this urge, as it felt like the only way I had of letting other people know how I was feeling, and of releasing the painful and distressing feelings inside me.

It has taken me many years to begin to learn other ways of coping with my upsetting emotions. Although I still experience the urge to hurt myself, I do not automatically act upon it anymore, instead I try to consider it as a warning signal.

I have come to realise that when I experience the desire to self-harm it usually means that I am feeling intensely angry or frustrated about something. I know that this means I need to pay close attention to what I am feeling and that I need to try to use words to describe it. I have found that writing down how I feel in my journal is really helpful. Once I know what is making me upset, I have also found it really helpful to be able to talk to someone about it. Although this is really difficult to do, I have found that being able to talk about how I feel means that it no longer seems necessary to communicate it through cutting - I am able to express the feeling in a more effective way.

I have also realised that it is really important to try, as much as possible, to be accepting of my emotions. I used to think that some emotions, particularly anger and frustration, were bad and shameful. A lot of the time I wasn't even aware of when I was feeling angry because I had become so good at switching it off and, even when I was aware of it, I didn't feel comfortable acknowledging it or talking about it.

So looking back, it makes sense to me that I would have

felt the need to use cutting to release my angry feelings because there was no other way for them to get out. Part of coping without cutting has been learning to accept that anger and frustration, although unpleasant to experience, are a part of being human.

When I was regularly hurting myself, much of the time I felt scared and out of control. I think that this was because I wasn't able to accept all the different parts of me. Now that I am increasingly able to attend to and express a greater range of my own feelings, generally I experience a greater sense of stability inside myself.

It's like being able to sit back and take it all in, rather than being in constant fear of what's hiding around the corner. Although life is still not easy, I don't seem to experience the feeling of being out of control nearly as much as I used to.

Just as it's not easy to recover from an eating disorder, it's not easy to overcome reliance upon self-harm as a way of coping. I think one of the most damaging things about both eating disorders and self-harm is that they keep us in a place of pain and misery. Although they are both undoubtedly harmful in their own right, to me the real harm seems to come from the fact that they prevent us from developing other ways of coping with our emotions. Eating disorders and self-harm seem useful in the moment because they temporarily block out emotional pain. The problem is that the pain doesn't go away, we keep carrying it around inside us. On the other hand, re-connecting with our emotions can be very painful and scary, especially at first - but eventually, with help, the pain becomes manageable.

Amy Tidbold Article first feature in TTLG November 2006

If you would like more information on preventing self-harm, Amy has provided the following three websites which she has found very helpful:

Reach Out

<http://www.reachout.com.au/>

Mirror Mirror

<http://www.mirror-mirror.org/>

Secret Shame

<http://www.selfharm.net/>

Recover Your Life

<http://recoveryourlife.com>

Recovery

I recently attended a Community Mental Health Leadership program where I had the pleasure of hearing Helen Glover speak about mental illness and recovery. I took some notes from this forum that I thought would be great to share with you.

Recovery is about today.

Recovery is not about the presence or absence of symptoms— I know my own recovery when I re-experience symptoms qualitatively differently. When I recognize a shift and difference... when I can recognize and manage, rather than it managing me.— **these experiences are not spectacular but very ordinary.**

Recovery can only be a private experience.

When you don't react to negative thoughts, it strengthens the sense that you can manage—you can self-right. By recognizing your influence over it, you master it. Instead of it managing you, you can ask what have I got to learn from it today. Many people identify that their mental illness gave them more than takes away....to really know yourself is a wonder.

Recovery is when you have mastery of the things that stand in your way.

It is only when we are uncomfortable that we shift or change. **Recovery can be easy—getting new ideas is easy**—the difficulty is escaping from old ideas. So we just need to identify what is it that is stopping us from getting the things we want.

Recovery is to fight like you have never fought before.

Recovery is about de-institutionalization—so that people have access to life, citizenship, jobs, community. Individuals need to have a sense of their agency. How can we uphold dignity and a sense of someone's agency when they are placed under an involuntary treatment order?

More people recover from eating disorders than not.

Recovery is not an end point. Recovery offers citizenship and opportunities to discover and learn, where individuals find opportunities to reach their potentials.

YES YOU CAN!!! CHOOSE LIFE!!!



To support someone with a mental illness is a process of negotiation. We are all humans and in the human experience we are all the same. Support is about how to support someone's recovery. We don't need to change the person, we just need to ask "what stops you from getting the things you want". Maybe the answer is nothing "real" that stops me, maybe it is just my **belief**. We shouldn't be offering answers but to be curious about another's life and offer invitations to explore, identify and negotiate their issues or the things that stop them from doing what they want.

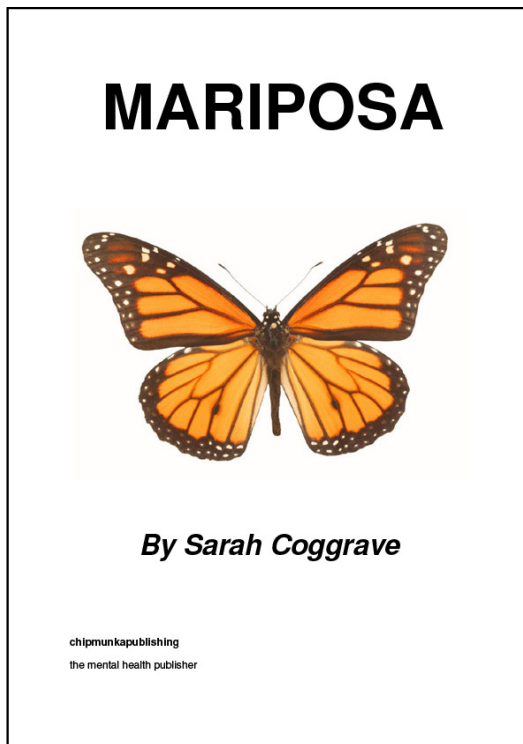
Our motto should be—You can do it. We can help.

Support workers should have a light touch, the process should be driven by the client and be non-directive. Support should provide the space to listen, provide information, support, encouragement and validation for their experience and decisions. A process where you walk side—by —side with someone on their journey, where you explore what problems are being faced by the individual in an environment that allows self healing or recovery to happen. Create an environment that allows motivation.

Shotter (1981) argues that authoring ones own experience is a basic human right:

"In a moral world no one but the person in question has the status, the authority, under normal conditions, to decide what is his/her experience means to them."

Book Review...



All my life I've fought a battle with my body. I've pushed it to the brink of death, and saved it; only just in time. My relationship with an eating disorder nearly cost me everything, until I decided I'd had enough abuse from that little voice inside my head.

Last year, a potent combination of starvation, over-exercise and self induced vomiting culminated in a six month stay in hospital. I found myself doing star jumps in the bathroom, screaming at trifles and trying to run away from cheesecake. Gaining weight was more terrifying than dying.

Until eventually something deep within me changed. Little by little I had to fight to free myself and live. I did, and wrote a book about it.

Mariposa is the story of my recovery. It is a scrapbook of diary entries, emails, photographs, artwork, poems, stories and random bits and pieces. My account is strikingly honest and I leave no stone unturned. By presenting my message creatively I hope to reach out to more people than the eating disorder literature currently informs. Many are discouraged from seeking help due to the stigma

associated with mental illness. It is difficult for people to recognise the signs of disorder in a world in which we are taught to perceive food and ourselves in a negative light.

I want to raise awareness of eating disorders and the brutal reality of a life dominated by food and weight. Ultimately, however, I want to give hope to others, that recovery is possible, and life is worth living.

Mine is a positive story; an explanation of how a shy, negative and depressed girl, terrified of growing up, blossoms into a confident, positive and colourful young woman who realises that there is more to life than she had ever imagined before.

Mariposa is available as an ebook from www.chipmunkpublishing.com, and the paperback will be out later this year.

ATTENTION PARENTS/CARERS

HAVE YOU HEARD ABOUT THE FEAST WEBSITE?

F.E.A.S.T. (Families Empowered And Supporting Treatment of Eating Disorders) is an international organization of and for parents and caregivers to help loved ones recover from eating disorders by providing information and mutual support, promoting evidence-based treatment, and advocating for research and education to reduce the suffering associated with eating disorders. There is also access to a forum that can be a great resource at all hours of the day/night. If you would like to visit this website please go to

www.feast-ed.org

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

In the Media...

Diagnostic cut-offs for anorexia nervosa and bulimia nervosa may be too strict, a study from the [Stanford University School of Medicine](#) and Lucile Packard Children's Hospital has found. Many patients who do not meet full criteria for these diseases are nevertheless quite ill, and the diagnosis they now receive, "Eating Disorder Not Otherwise Specified," may delay their ability to get treatment.

"It is a bit misleading to patients — it can make them feel like they don't have a real eating disorder," said Peebles. This theme is reflected in Australia also with the [Queensland Eating Disorders Association](#) Coordinator, Desi Achilleos, expressing similar concerns.

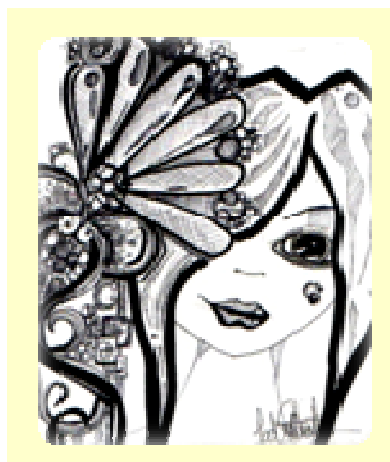
"Certainly the feedback from the sector, carers and consumers who have eating disorders is similar to those in the states," she said. "Many complain that health professionals like General Practitioners are not only failing to diagnose people adequately with eating disorders, they often do not understand eating disorders and the tools of assessment and so many have to be critical before they receive care." "For example an individual may present with a normal BMI (Body Mass Index) and bloods - but their mental health around food and dramatic weight loss/excessive exercise/purging behaviour in recent months is often overlooked and not considered "diagnostic" and so early detection and prevention of eating disorders is minimized using a criteria that is fairly rigid and depicts individuals often in the chronic stages of illness."

Anorexia and bulimia affect about 1 percent and between 2 and 5 percent of teen girls in the U.S., respectively, similar to figures in Australia and both diseases are more common among females than males. Peebles believes her study suggests that medical criteria for eating disorders should be re-evaluated. Though the current diagnostics cover the right general areas, "we erroneously treat these criteria in a very black-and-white way," she said. "These findings illustrate the arbitrary nature of those cut-offs."

"I think that when parents walk out of a doctor's office having heard their kid doesn't meet criteria for anorexia, they're relieved," Peebles said. But they shouldn't let their guard down: in many cases, the child's disturbed eating patterns still need treatment.

Sourced from News in Mind, Assist Psychological and Counselling Services 01-May-2010

www.newsinmind.com



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

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

Self Care -June 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

Domestic Violence Telephone Service (24hr) Ph: 1800 811 811

Crisis Care Ph: 3235 9999



ARE YOU 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 numbers so please ring before 9pm.