



## Family and Friends

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## From the Editor

**Hello everyone and welcome to our second edition of Through the Looking Glass for 2010!!**

We hope you are enjoying our 'revamped' newsletter and of course still encourage our valued readers/members to let us know what you think!!

This month's edition is again on Family and Friends. As anyone who has suffered, who is experiencing or who is working within the field of eating disorders would know, the impact to family and friends can be catastrophic. This includes our parents/carers, our siblings, our friends and social networks, our work environment, in fact any and all relationships can be put at risk by the debilitating effects of eating disorders. And whilst all care and support should be given to sufferer's, we can not forget the direct impact to families. A core part of what we do at the EDA is to support family/carers/friends who are often like passive spectators in a nightmare they can't wake from. One can not begin to imagine the dread and fear of watching your loved one be engulfed by a disease that shows no mercy or compassion and will not rest until it has completely consumed all of that person. To continually plead with our loved one (and/or the disorder) to let go, to encourage recovery, to keep hope and faith alive (even after so many years) etc and yet still find the ability to maintain a household and/or a career as well as some sort of social environment can at times (I imagine) be like the juggler at the circus that can't get off the stage. Even as I write I can only begin to imagine the sheer magnitude of what that must look like for family/friends.

However if we are expecting our loved ones to nurture and care for themselves, then one must strive to lead by example (as best we can of course). As no one is perfect, neither with our parenting or our friendship. We will at times say something wrong or do something that is counter-productive, but as long as we continue to love, support be patient (and look after ourselves), then recovery can take place!!!

As parents/carers/friends we are not being selfish by looking after our own needs and developing good self-care strategies. In fact leading by example can often have a profound impact to eating disorders as the disease has to start to share the limelight (something it is not banking on). Eating disorders are best fought on a unified and strong front and this is usually something your loved one will not be able to do on their own initially. So if families/carers/friends and professionals are uniting together as one, we are in the best position to silence the eating disorder and emancipate our loved ones (as well as ourselves!!) to more fulfilling lives. Thanks also to Jodi whose illustration is used on the front cover.

**Look after YOU, enjoy the month, enjoy the read. Mel, Desi, Sarah, Holly, Kyle.**



**"The best part of life is when your family becomes your friends, and your friends become your family."**

**Danica Whitfield**

### Tip of the Month

**Do the best you can with what you've got!!!**



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## From the Coordinator



February was a big month for the EDA as we started many of our support groups, both for individuals wanting support to recover from an eating disorder and for carers. Our monthly carer's group continues with carers offering each other much support information, encouragement and hope.

We have also completed our family information program with guest speakers from a range of disciplines and eating disorders experience, who offered their expertise to the carers that attended. The 6 week MIST program - largely a communication skills program that assists carers to understand eating disorders and how to communicate effectively with their loved one suffering, has just began in Brisbane. We will be extending both these family programs to the Sunshine Coast in March and to the Gold Coast in April. The groups are open to all carers to attend, so mums and dads, sisters, brothers, grandma and grandpa, aunts, uncles, boyfriends, husbands, etc Any significant other in someone's life that are interested to learn more about eating disorders in order to be a more effective support person are welcome to attend. The schedule of our groups is on pages 10 & 11.

We also had our recovery group held in February, which are always amazing for those who attend. Some general feedback from these groups can be found on pages 8 & 9 and we thank the group of women who participated for allowing us to print the feedback. We start our recovery support group on the Sunshine Coast on March the 13th. For anyone interested in our groups just contact us for bookings.

We have also been working hard on drafting some service information booklets and we hope to have the first booklet on Anorexia Nervosa printed in April, before starting work on other booklets.

We have a wonderful new administrator Holly and together with our support and resource workers Mel and Sarah we have a great team at the EDA which provides quality information, support, referrals and community education to the broader community.

We've had a lot of feedback from carers about the Queensland care system. The EDA have been working hard lobbying for better services in Queensland and will be meeting with minister's advisors next week in order to share with them the feedback and recommendations that our members have shared with us. As this edition has a family, friends and carers focus we hope you find the support you need to help each other on the road to recovery and that you look after yourselves, as by looking after ourselves we are better equipped to support others. Despite the many up's and downs that come with eating disorders, never give up hope as recovery is possible. Keep reaching out until you find the support or team of professionals you need to assist you on the road to recovery. We hope this edition helps you along that path.

Thanks, Desi.

Have you checked out any cool blog spots?

Check out **Dr Peta Stapleton's blog**

<http://bitesofhappiness.blogspot.com/>



## **Guidelines for survival when someone close to you has an Eating Disorder**

- If you choose to confront the person with the eating disorder, be prepared for a reaction of denial or hostility.
- Balance your relationships and communication. Don't spend all your time and energy focused on the eating disorder. Talk about other things, do other things.
- Show love and concern for the person and empathy over how difficult it must be.
- Encourage them to take responsibility for their own eating behaviour and the consequences of that behaviour.
- Don't force them to eat, and avoid power struggles whenever possible.
- Be patient, as the path to recovery is often slow.
- Get the family back into a normal routine as soon as possible. Don't allow the eating disorder to take over family life.
- Help siblings understand the eating disorder and continue to give them attention too.
- Don't lay blame – it is only destructive.
- Encourage the person to engage in activities that are not food related.
- Do not make comments about weight, shape or physical appearance, as these are often misinterpreted.
- As low self-esteem is often a problem for the individual, avoid making comparisons with other people.
- Obtain information about eating disorders to help in your understanding, objectivity and capacity to let go.
- Acknowledge the ambivalence the individual experiences about giving up the disorder.
- Examine your own attitudes to food, eating and weight, and make constructive changes where necessary.
- Avoid battles for control. By letting go, you are allowing her or him to develop healthy self-control.
- Accept your own limitations.
- Accept the individual without demanding change for your sake. It is important that he or she be ready to make changes for him or her and the future.
- Intervene with the help of health professionals if the person is dangerously low in weight, is experiencing physical symptoms or is engaging in life-threatening behaviours.
- Make sure you spend time with friends and other people in the family, and make time to relax and enjoy yourself.
- Be sure to remember your own needs and seek professional support for yourself if necessary.
- Encourage the individual to seek professional help.

## Myths about Change

There are many ideas about change that can adversely affect a person with an eating disorder. These myths must be challenged and overcome if a person is to recover. Some of the most persistent myths are listed below.

***'If she was going to get over the eating disorder, she would have by now.'***

***'She has had the problem for too long. It's pretty hopeless.'***

Making lasting change is neither quick nor easy. Letting go of an eating problem is generally a slow process, lasting for months or years. A chronic problem takes its toll on everyone involved, but that does not mean change is impossible. It only means that the habits have become more entrenched, and greater determination and effort are needed to undo them.

***'It should be possible to overcome an eating problem by sheer will power.'***

***'It is not necessary to get professional help. That would be a sign of weakness.'***

Because of their power over the individual, eating disorders are often difficult to overcome alone. Professional assistance can help define some of the precipitating and maintaining factors underlying the eating problem and then target these directly. Many people have benefited from long-term psychotherapy in the process of recovery. Getting help takes courage. It means that the person is serious about getting over the problem and is taking responsibility for doing so. Seeking professional help is a sign of psychological strength, not weakness.

***'She had treatment before and it didn't help, so it is a waste of time to try again.'***

Some people respond better to treatment the second time they are admitted to the hospital, when they are ready to acknowledge the grip the eating problem has over them. In the early stages of a disorder the person often denies the extent of the problem or the need to change. Sometimes it takes several admissions or attempts to engage in therapy before substantial progress occurs.

***'It is her problem, and we do not need to get involved in therapy.'***

***'We'll leave it up to the health professionals.'***

Issues in the family may have contributed to the person's distress and the onset of the eating problem, although not always, but it is clear that when someone has an eating disorder, it affects other people in the person's life. Changes in the family often occur in response to the disorder. For these reasons, it is important that the family become involved in the person's treatment as much as possible. Most eating disorders clinics include family therapy as part of the treatment approach. This helps families address unresolved issues and encourages family members to look after themselves during difficult times.

***'People don't really change.'***

Negative attitudes about change in others may stop a person from believing in his or her own capacity for self-help. Subsequently, they may draw back from treatment. Change is possible, even changing the patterns of a lifetime.

**Ultimately, the decision to get better is in the hands of the person with the eating disorder. That person controls his or her own thoughts, and therefore what they feel, how they act and what and how they eat. However, by changing your attitudes and behaviours and letting them take more responsibility for their own life, you can help with their recovery. It is important to keep believing in him or her, and to help them believe that things can improve.**

# Carer Group Feedback

This feedback is from an informal carer group. We generally shared our stories, talked about specific issues and share strategies. We hope you find some of the information useful. We talked about the different indicators of developing eating disorder behaviour. Bullying at school, diet culture and starting to miss breakfast, frightened about adult responsibility, sexual abuse, depression, developing coeliac disease, OCD, fear of growing up and the feelings of having a lack of control over their lives.



The pressure to be thin is so huge these days. There is pressure from sporting arena's, South East Queensland's body beautiful beach culture, healthy living campaigns getting it wrong and encourage kids not to eat any fat or carbohydrates and all the media campaigns about obesity are so fear based. For some they are too scared for life in general and so these campaigns impact negatively. We need a place for them to go with dynamic people to get goals happening. They need confidence building stuff. Good for girls particularly to have goals. With obsessiveness about weight it is always good to use other measures as gauges of health, like getting ones period back as a goal or a family event. Should we be encouraging things like studying – they need something in their lives otherwise they will die. We can encourage, but they have to make the final decision about whether to study or not and if they are physically and mentally able. Also if they are too weak to study then the future goal can be study – once you are in a healthy weight range we can enrol you in the course... Don't stress or overload yourselves as carers.

Eating disorders love to see parents crumble. It wants to consume the family. Don't let it. There's no one way of dealing with it. When the eating disorder abuses you, turn away from the abuse. Your children need to know that you love them, but you don't like the eating disorder. Tell them when you have done something nice for yourself. Be aware of the attention you give to the other children in the family as the eating disorder can sometimes want all the attention. Let your child know that you are here to support them, but you are not at their beck and call as others need us too. You are here to offer love, support and encouragement. Show them what they are missing and say you can come too if you reach your daily/weekly goals. Coming out of hospital sometimes can be the most fragile time for someone. When they are considered safe, it is good to take time and work on yourself as a carer. We have to keep our normal lives going for the other children – we can't give in to anorexia all the time. At meal times, instead of saying you have to eat this, just say its 11am. They will know what that time means without you have to mention food. The awful thing about anorexia is that I forgot who she was and she forgot who she was. In the beginning stages denial phase is normal but critical. The eating disorder tries to condition you, you have to challenge it together. When they reach goal weight they need more support to keep them there. They need you to sit with them for every meal initially, but you may need to revisit to keep them at their healthy weight range. You can get a disability pension if they are over 16 and you can get a carer's allowance from Centrelink. We should be compensated for the carer work we do.

My book, *My Kid is Back* (MKIB), is gaining the respect of professionals and families internationally. (MKIB was published by MUP in 2009 and Routledge UK has acquired distribution rights for Europe and North America; I have been invited to London for a week of publicity engagements prior to the updated book's launch the first week of March, 2010, at the Eating Disorder International Conference). One of the 10 Australian families who share their story in *My Kid is Back* is from Queensland (Kelly). Furthermore, yesterday I received news that I am a recipient of one of two \$1000 (US) Patient-Carer scholarships to attend the 2010 Academy of Eating Disorders conference in Salzburg, Austria, in June. The other recipient is Carrie Arnold, a US author. I feel honoured to be the only Australian author to be given an international award in this specialised Mental Health writing area of eating disorders. As many people suffer eating disorders, anxiety and depression, they may find this news of interest and receive encouragement if you place it on your newsletter and/or website.

Scholarship announcement:

Dear June, I am very pleased to inform you that you have been selected as one of the 2010 AED Patient-Carer Scholarship recipients! Our review committee found your application to be truly outstanding, demonstrating clear contributions you have made and will continue to make to the eating disorder field. We are very excited for you to attend the AED 2010 conference in Salzburg and are happy to be able to offer you the \$1000 to help defray your expenses. You will be honored, along with other AED scholarship and grant recipients, at the awards ceremony conducted during the conference.

That ceremony is currently scheduled to take place at the start of Plenary IV on the Saturday of the conference.

For registration information go to: <http://www.aedweb.org/conference/index.cfm> Congratulations on this much deserved award June! Best regards, Judith Banker, Immediate Past President, Academy for Eating Disorders

**Congratulations and best wishes June!!!! We are so happy that your book, *My Kid is Back* which shares stories from carers, is doing so well and is receiving notable achievements both here in Australia and abroad. We trust it will be a wonderful experience and look forward to hearing how it goes. From staff at EDA**

# Nutritional Page!

By Sarah Dakhili

## Consumer Feedback

Just thought I'd let you know that I think that the Nutritional Page is a great idea and I really enjoyed reading it! :)  
Nicole Yarham

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 and 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.

## Oats



Oats are an excellent source of manganese and a very good source of selenium. In addition, oats are a good source of vitamin B1, dietary fibre, magnesium, protein and phosphorus. A steaming bowl of fresh cooked oatmeal is the perfect way to start off your day. A study published in the *Archives of Internal Medicine* confirms that eating high fibre foods, such as oats, stabilizes blood sugar levels throughout the day and helps prevent cardiovascular disease (CVD) as well as enhances the immune system's response to bacterial infections, resulting in faster healing. The selenium in oats works with vitamin E in numerous vital antioxidant systems throughout the body. These powerful antioxidant actions make selenium helpful in DNA repair. Oats have a high fibre content which is necessary in keeping bowel movements regular and relieving constipation. Oats provide energy, enhance performance and have a higher concentration of well-balanced protein than other cereals. They are a good source of essential vitamins such as thiamin, folic acid, biotin, pantothenic acid and vitamin E. They also contain zinc, selenium, copper, iron, manganese and magnesium. So don't delay and start eating more oats today!

## Tryptophan



### Try some Tryptophan!

Tryptophan is an essential amino acid, meaning that the body can't manufacture it. The body has to get tryptophan and other essential amino acids from food. Vitamin B6 together with Tryptophan helps the body produce the B vitamin **niacin** and helps the body produce **serotonin, a neurotransmitter that helps the body regulate mood, appetite and sleep. When serotonin levels fall, common symptoms include depression, concentration and memory difficulties, anxiety, irritability, impatience, impulsiveness insomnia and feeling less alert. These are common symptoms of someone with an eating disorder. High levels of serotonin are associated with feelings of happiness.** Luckily you can get tryptophan from a range of foods including **foods that contain protein—lean meats, dairy products (milk, yogurt and cottage cheese), eggs, chicken, turkey, fish, oats, mangoes, dried dates, sesame, soy beans, chickpeas, split peas, sunflower seeds, pumpkin seeds, spirulina, tofu, boiled spinach, to name a few, most of which also contain vitamin b6.**

## Ginger



Ginger has long been known to help relieve nausea. Research at the University of Sydney has found it may also reduce pain and irritation. Dried and ground ginger is used to alleviate cold, cough, nausea and vomiting, inflammations, diarrhoea, flatulence, asthma and headaches. Ginger has been known to reduce inflammation of the joints and muscle tissue. It is known to improve blood circulation and reduce nervousness and relieve sore throats. Ginger is an effective herbal remedy for all kinds of motion sickness and even morning sickness during pregnancy, it helps get rid of the uneasy, queasy feeling in the stomach. Many women believe that consuming ginger tea during periods helps minimise menstrual cramps. Known for its warming action and an effective remedy for spasm caused by flatulence, ginger stimulates digestion. The good thing about ginger is that it affects the pain pathways directly but also relieves the inflammation which in itself causes pain. It is a mood enhancer as the Cineole present in ginger helps provide stress relief. You can use ginger in the form of tea and when cooking. Ginger can add a wonderful zing to all types of dishes, stir-fries and dipping sauces and can also be infused into milk and cream to make a tangy custard or ice-cream. When shopping for fresh ginger, look for heavy pieces with a smooth, shiny skin.

## References

[www.oats.com.au](http://www.oats.com.au)

<http://www.whfoods.com/genpage.php?friendly=1&tname=nutrient&dbid=103>

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

## Recovery Group Feedback in February

### Issues and some strategies from people who have recovered

#### **Pushing people who care for me away and horrible to people. Struggling with depression. Terrible Anxiety.**

It's important to be gentle with ourselves. Acknowledge the steps we make towards recovery like being here today. We deserve to be healthy and happy. If we prioritize our health and happiness for ourselves then this flows into our relationships. It's important to remember that we can change the way we think in an instant and with practice can form more positive attitudes. We need to nurture and practice self caring thoughts. Recognising and being aware of our feelings, like anxiety, is the first step towards changes and finding other ways of coping. Sometimes life isn't easy and feeling sad, depressed or anxious is a quite normal response. When depression and anxiety become problematic or overwhelming, you can find support and try different things that help address these difficult feelings.

#### **Having a complete disconnection from mind and body and cutting off the body. Punishing myself with negative thoughts, calming thoughts are not there.**

Becoming aware of our negative thoughts and trying to get to a place where we can analyse them with non-judgement, with detachment, where we can sit with them as an observer can be useful to then create strategies that challenge that part of our thinking – you can try to ignore that part of your mind, challenge it, you can use physical objects (like putting obstacles in the pathway to the fridge). Different things work for different people – having a weekly diary of behaviour works for some, being mindful of what we are doing works for others, distractions and doing positive things in times where we have negative thoughts works for others again. Whatever strategies suit you – try it, practice it and affirm it. By doing this our mind gets connected to the healthy needs of the body, self nurturing and care.

#### **Purging/starving/binging as a reward**

Sometimes our eating disorders can give us a sense of achievement. After all it can be the way we have been coping for years. But we can find other ways to reward ourselves, ways that are not so harmful to our bodies. Making these changes can be hard and so can take some time but it can also be an amazing time where you actually start a process of self discovery, who you are and who you want to be and what you need to do to make positive changes in your life. Although the eating disorder can make you feel like what you are doing is an achievement, when you look at all the things it takes away from your life, the path to recovery can literally mean choosing life.

#### **I can put great food and appropriate portions of food on a plate for someone else but not myself.**

Put on a plate for yourself what you would put on a plate for them. Nurture yourself as you would nurture someone else. Your body deserves to receive the fuel it needs in order to manage the daily activities of life.

**Mainstream Media messages put a huge pressure on us to be thin. Parents were the worst – they were constantly saying I was this or that in a very negative and personal way. Parents and family have bad body image issues where they are constantly passing judgement on others appearance. Ballet College drilled us about being fat to the point where I established a fear of being fat.**

The pressure put on us to be thin or in this generation underweight is huge! And these messages do spill into every facet of our lives – parent's attitudes, peer attitudes, workplaces and our own attitudes. Women are often valued for how they look more than anything else. Although how we appear is important to us, often when we develop eating disorders it becomes our whole identity. All people are valuable and people's intelligence, politics, kindness and compassion, etc can not be measured by weight and shape. We can all make steps towards being healthier no matter what our age, weight, gender. Perhaps if the wonderful diversity of people were represented in the media we would all feel better about ourselves and less judgemental of others. When the majority of the images we see are underweight models – then for the majority of people who do not look like underweight models, we can start to feel inadequate, judged or become judgemental of others. But we can challenge this – tell the sexist boss that you don't appreciate the comments about your physical appearance (as this actually constitutes sexual harassment), talk about what are women's values with your mothers and sisters or with people who you think might nurture healthier opinions of women, write to the magazine companies who only represent underweight models and ask for more real representations of people. Be the change you want to see in the world.

**I didn't have a fear of being fat – I had absolutely no control over anything in my life – but I could control what I ate and this gave me a sense of achievement. I became quite arrogant as I could control what I ate and do what I want. But this control consumed me and I used it to escape the world. My journey of recovery was about me actually finding out who I was. Connecting my mind to my body. I had to do it for my family first before I could do it for myself. You can do it. Believe you can. You can stop the eating disordered thoughts/mind and you have got the ability to focus your mind by challenging these negative thoughts and finding self nurturing ways of being.**

**I became an asexual being, not ready for adulthood. Not ready to be a woman. The ultimate suppression of womanhood is starving myself to the point of not being able to have babies.**

Starving your body affects your mental health. Many people say that food is medicine and once you have your weight restored you actually start to think more positively. Setting goals can be a useful strategy in recovery. If you want to have babies then use this as a goal. Even to have your period restored is a great goal. Verbalize or share your goals with your support people. And remember if you don't reach them in the first week, that's ok we learn from relapses and we can put strategies into place by getting to know ourselves more and finding out what our vulnerabilities are. Recovery is not a fixed end point – the process is as important.

Part of recovery is embracing adulthood and being a woman. An eating disorder affects your relationships and so wanting to connect with people again is part of embracing adulthood/being a woman. If your parents have been taking control and responsibility for you, it can keep you in that victim/child state. Those around you get used to you being a victim so that it can be really surprising for people to see you make a positive decision. Recovery can mean standing up for yourself and taking back power and control of your life. You have to want to empower and better yourself. Health has to be a priority and your relationship with yourself and your ability to nurture yourself. Sometimes having goals like wanting babies or wanting a relationship can be great to encourage you towards recovery. When you have anorexia, it's like you really lose your womanhood. You lose your oestrogen, you stop having your period, you become hairy to keep warm, you lose your hair and you lose your ability to reproduce. So recovery can literally be about embracing womanhood. It can be useful to find inspiring role models. Finding out who we are is about feeding our curiosity.

When we have automatic judgement of ourselves to other women, we can start to be mindful we are doing it first to be able to change it and it's always good to be able to mark your progress and to validate yourself. It's all about thought management. To be aware of your thoughts so you can then change focus. However you do this. You may decide that once you identify your negative or eating disordered thoughts you can literally say "no, I will not listen to you", or "this is the illness talking" when they pop up. Write down negative thoughts, get to really know them and next to them write down what you will do to challenge them when they arise. Or you can use distraction so that when they pop up it maybe a cue to do something self nurturing – ring a friend, read some affirmation, listen to music, play your instrument, sing... Or you can reach out for support by ringing a friend, discussing the thoughts with your family, etc..

If you have a fear of being pregnant, because of the physical changes in your body/putting on weight, you can also change this. We have the power to change eating disordered thoughts. You can trust in your body that being pregnant is natural if you want to have biological children. It takes a lot of energy, focus and strength to not eat and you can harness this strength to carry a baby. Trust in your body and its natural ability to adapt to pregnancy. Recovery is about learning to love and nurture yourself. When your body is starved, we can feel bloated when we start to eat what our body needs and it's a process where initially you may have to just sit with these feelings and know they will lessen the more you nourish your body. When you have a fear of putting on weight, you can decide that it is a negative mindset and you can decide to drop it, let it go. Having another focus, a worthwhile goal, like study or a project can be really useful. Share your goals with others, sometimes that can help you make your goals realistic as sometimes our goals can be too high in our striving to be perfect. So instead of having a goal like I'm going to run the marathon in 5 minutes, your goal might be I'm going to run the marathon. Try and set goals for things you enjoy that perhaps the eating disorder has taken away like singing in a group, doing an art class or volunteering at an animal shelter. If we have black and white thinking whereby if we achieve our goals we feel

great and awful if we don't reach them, its important then to embrace setting goals where there is not that much pressure on ourselves. Look at the motivations for your goals and think about what happens if you don't reach them. This makes us mindful of our thinking and whether our goals are realistic. If you know that your perceptions are not right, like you know that putting on a bit of weight is working towards your health, but you have thoughts that make you feel bad for putting on this essential weight – then you need to trust other people's perceptions until you feel you have better control of the negative mind set. If you know your negativity sets in when you look in the mirror, avoid the mirror! If you have realistic goals that need you to be healthy – like perhaps you are too weak now to dance, but dancing is your passion –then trust your health professionals and support people, trust in that part of you that wants to recover, trust that you can recover, trust that as you get better you will physically feel better. Acknowledge your achievements. When you eat something say "I'm glad I ate that". Make that your mantra. Say it after every meal.

Sometimes our minds can be so busy, comparing ourselves to others, hating my body every time I look in the mirror, always feeling fat. Sometimes being so much in our own heads switches us off from our senses. Use your senses to recover. If you know you have a vulnerable part of the day or when you have negative thoughts you can go and light some incense or put on nice perfume and make that smell a part of your achievement in challenging the eating disordered thoughts. Or simply close your eyes and smell – focus on what the smells are around you. Go and listen to some music, listen to self help or meditation music or good music or listen to your support people. Go into the sun and feel its warmth, have a bath feel the water, walk in park feel the grass. Write down positive affirmations, try writing three things that happened to you daily that were good – little things like the bus came on time, my friend called, I listened to some nice music. Read something – self help books are great or get a good escapist novel or read stuff on the internet, like how to make a necklace for yourself or what's happening in another part of the world. And say "I'm glad I ate that" – you can get to a place where you enjoy food, where you have trust with what your body needs, it is a process – the process of learning to like food again. Trust that you can. We need to let go of the diet mentality and find better ways of coping. We shouldn't punish ourselves for having an eating disordered voice or if you feel that things have gotten worse. We do the best we can and there are so many things we can try. Recovery can mean the process of finding the things that help us on our journey of recovery, finding new ways of coping when we realise the old ways don't work anymore, finding ourselves and choosing a new life...

**Thanks everyone for your feedback and for agreeing to have it published. It can really assist someone on their road to recovery!**

## Fed Up With Faking It

**A RECENT report entitled *The Impact of Media Images on Body Image and Behaviours: A Summary of the Scientific Evidence*, signed by 45 academics, doctors and psychologists from around the world, places the issue of digitally enhanced images back in the spotlight.**

And it doesn't look pretty. According to this report, we're consuming, on average, 3000 advertising images a day that feature heavily airbrushed men and women, portraying an idealised and completely unrealistic notion of beauty.

The cumulative effects of this exposure are potentially very serious. For example, a 15-month subscription to a women's magazine can induce psychological and physical problems such as low self-esteem, bulimia and extreme dieting in adolescent girls with low social support. The report concludes by recommending that all digitally altered images be labelled; that none be used in advertising aimed at under-16s; that a diversity of body sizes and shapes be shown; and that media education programs be introduced. None of this is actually new and neither does it sound too difficult to make mandatory. Yet, despite increasing pleas from various bodies and public criticism of the overuse of airbrushing, very little has changed.

Instead, magazines and fashion houses have very publicly used non-digitally enhanced images, or "normal" women, in targeted ways to raise their own profiles, address the backlash and demonstrate that they're in tune with their audience. But even this has backfired. "One-offs" don't work, especially when profits are being pocketed. Their efforts – from "plus-size" models on catwalks, to Sarah Murdoch appearing on the cover of the *Women's Weekly*, to Jennifer Hawkins in *Marie Claire* – have provoked controversy, debate and disappointment in equal measures. Women (and men) didn't feel relief. We felt cheated. These shoots weren't about addressing concerns, change or acknowledging flaws in practice – they were about fiscal strategy.

A similar accusation was levelled at the Dove campaign for "Real Beauty" run several years ago. On the one hand, Dove was praised for revealing what occurs in a typical photo session, while on the other, sceptics noted that it is a product of Unilever, a company that sells an enormous number of beauty products (among other things), completely undermining the message behind "real beauty". It wasn't altruism or a belief in real and long-lasting change to advertising that produced the campaign, but pandering in a superficial way to consumer demands. It was another form of commercialism. So, can the superficial become deeper than skin? Because it's clear that it has to and soon.

## In the Media...

According to a University of Queensland study, 80 per cent of Australian women are dissatisfied with their own body image, while 90 per cent claim they know other women who are unhappy with their shape. The Women's Forum, Australia, published *Faking It: The Female Image in Young Women's Magazines*, a report that claimed that thin, sexualised and digitally enhanced images of women were tied to women's experiences of depression, anxiety, eating disorders, and poor body image – something the UK report also identifies.

Are airbrushed and digitally altered images alone to blame for young women's and men's poor self-esteem issues? No. But they contribute in an enormous way. If they existed in isolation, we may be able to accept them for the fantasy and marketing tools they clearly are. But they don't. They exist in a world in which facades have too much emphasis, cosmetic surgery is on the rise and stories about diet, make-up, skin care and fashion scream from screens and pages. It's a world in which even little girls are being taught to compare themselves with their dolls, their televisual and film idols and one another, and to despair.

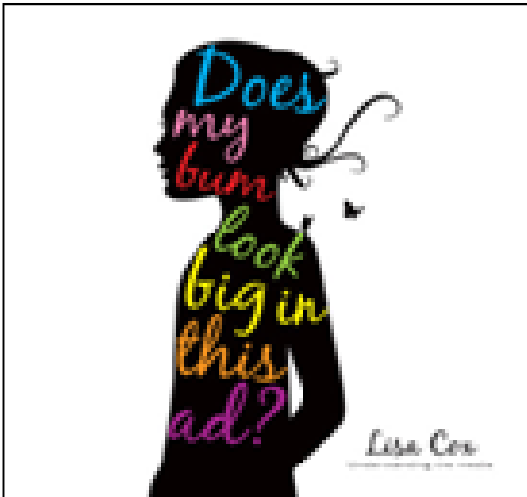
Men, too, are falling victim to this struggle for a perfection that has never existed. Whereas digital enhancing/retouching has been around for a long time, it has become so extreme it's no longer about removing a blemish, stray hair or piece of unruly fabric. These days, wrinkles are erased as if they're symptoms of disease, necks and legs are elongated, cellulite has become the eighth deadly sin, waists are shrunk, breasts are pumped, so not only bodies but expectations are disproportionate and unhealthy. It's no wonder that one photo retoucher told *Newsweek* magazine he felt "like Frankenstein".

Studies also reveal that we're sick of these defaced faces and craving "normality", diversity and wrinkles in our visual diet – not at the expense of the digital "perfection", but alongside it, to create balance. But do photos need to carry a warning? Legislation is not the answer, education is – about the media, about what they do to images and how they circulate and for what purpose – for all ages. The younger this starts and the more age-appropriate the lessons, the better.

So is shoring up resilience and self-esteem in our young people by ensuring they have, as the British report suggests, solid social support. This means being ready to intervene in the messages they receive and, to the best of our ability, setting boundaries around what young people access. Most of all, we can provide enormous support through our own behaviours and attitudes, becoming "perfect" role models in the process.

**Dr Karen Brooks is an associate professor of media studies at Southern Cross University.**

# Book Review...



## Does My Bum Look Big In This Ad?

Poor media literacy amongst youth has shown to distort body image and potentially lead to a number of serious physical and mental health concerns-including depression, bullying, eating disorders and substance abuse.

While there are numerous books and reports about how popular culture (like advertising) affects the way your students feel about themselves, they're mostly written about young people. *Does my bum look big in this ad?* is different. With input and contributions from several key professionals in related fields, this book looks objectively at how popular culture impacts young body image.

However, it is written and presented in a way that a younger audience can understand, appreciate, enjoy and, ultimately, learn from. Now here's your opportunity to proactively tackle this growing social concern by making "***Does my bum look fat in this ad?***" available for your students. Described as "an advocate for healthy body image" (The Sunday Mail) and the "body image spokeswoman" (Mindfood Magazine), Author, Lisa Cox spent a decade in the media. Now she shares this first-hand information to school groups – helping students develop a positive body image by critically and independently evaluating what they see, hear or read in popular culture. You'll find more resources on these issues at [www.MuseInTheMirror.com](http://www.MuseInTheMirror.com) and further information about Lisa's school presentations at [www.BestSchoolPerformances.com.au](http://www.BestSchoolPerformances.com.au).



## 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-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

**Transformations - February 2010**

**Finding Support at Xmas - Dec 2009 / Jan 2010**

**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**

**Being True To Yourself -May 2009**

**Family, Friends & Carers -April 2009**

**Links Between EDs & Addictions -March 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

Angela (07) 5437 7951 9am - 4pm Wed, Fri, Sat, Sun

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

#### Gympie

Alysha 0450 185 231

#### Townsville

Gunn 0404 803 622 any time

#### Cairns

Cherie 0409227448



#### Parents call:

#### Brisbane

Jenny (07) 3822 9739

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

Terry (07) 3822 9739 before 9pm seven days

Vicki 0400298818 (leave a message anytime)

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

#### Sunshine Coast

Gill (07) 5478 2854 before 9 pm 7 days

#### Northern NSW

Carolyn (02) 66 841795 after 7pm 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.*