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## From the Editor

Hello everyone and welcome to another edition of Through the Looking Glass.

I always get excited when we do an edition on Self-Care as I believe it is never too late to learn or re-learn how to develop and practice self care. This goes for EVERYONE!!! No-one should be immune to not doing this and trying to get it right. We put petrol in our cars right? Ok, so some of us may not be able to afford premium but nonetheless we still require good petrol for our cars to run efficiently. Self care is like finding the time to fill ourselves up with LOVE. Even if only 1/4 tank. Although ideally we are aiming for a full 'ish' tank as we are ALL worthy of giving ourselves the right amount of fuel to see us through the minutes, hours, days, weeks and years.

Of course self-care will look different to different people, but it is certainly something that is extremely important and valuable to human existence and positive mental health. We are all such busy people with various complexities, but when do we find time just to be? Do we wait until Cheap Fuel Tuesday and hope that we can get through? Or do we have a little in reserve, just in case? Maybe we can rely on a friend to help top us up, but eventually it will come down to one person to see us through ....OURSELVES!!

I also believe that self-care can sometimes come with the misconception of being self-centred or selfish (see page 4 for more info), but this is incorrect. They are in fact two completely separate things. The trouble is (and especially for women) we are conditioned to believe that everyone else should come first and that being maternal means self-sacrifice. Now don't get me wrong, of course there are times when we need to put ourselves 2nd (and maybe 3rd) - a newborn baby can not change her/his nappy on their own- but eventually she will have to put herself in the optimal position to be the best person she can be. This goes for the gents as well. Remember before we become a wife/ husband, mother/father, sister/brother worker, friend, artist, scientist etc etc we are in fact OURSELVES!! We come into the world alone (well...except for twins, triplets etc but even then they are not born at *exactly* the same time) and we leave the world alone. So doesn't it make sense that before we play whatever role to someone else, we play the best role of ourselves to the best of our ability?

WOW WEE! Sounds ok in theory but shifting that into the practical...well that's the hard bit. But unlike recovery no matter where you are or where you may wish to be, it is never to late to start. Thank you to Laura for her personal story, again it is proof that recovery is possible and self-care is important.

Have a great read and a great month.

**Melissa Marks (Resource and Support Worker)**



### Tip of the Month

Get online to discover  
new ways to self love

Check Out:

<http://galadarling.com/article/100-ways-you-can-start-loving-yourself-right-now>



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## From the Coordinator

Our big news this month is that the EDA has received federal funding by the Youth Development and Support Program that is managed by the Department of Education, Employment and Workplace Relations, to produce our teenage magazine; **Consume**. This is a very exciting project and we look forward to keeping you informed of the up-dates over the next 12 months. We would also like to thank the local councilor Ian McKenzie and the Brisbane City Council for funding the EDA to purchase a computer, colour printer and new television. The staff are loving having a colour copier in which to brighten our resources—so thanks BCC!

One of our resource support workers Sarah Dakhilli left the EDA to pursue her full-time study. We look forward to her being a qualified social worker to whom we can refer our clients in the future. Best of Luck Sarah! We welcome Holly Kemp into the role of resource support worker. Many of you have met or spoken with Holly over the phone, having been our administrator over the last few months. We also welcome Amy Jasper as a new part-time admin worker and Julie Sarkosi as our teen mag project worker. The EDA is a buzz with new talent and new energy and we look forward this improving all facets of service delivery in the future. If you are keen to help out the organization in any way please let us know! One way you can help is to give us feedback on our website. We are looking to improve usability and offer more resources through the site. So again please let us know what you think is good or not so good about our website, to help us improve it. Email:admin@eda.org.au

We have been lobbying for our clients and are close to starting our letter writing campaign. This follows from the meeting with ministers and policy advisors. We have tabled the recommendations from this groups meeting and the letter writing campaign will continue to push these recommendations. Please feel free to contact the EDA about this campaign if you are interested. ( see page 5 )

We have received a lot of positive feedback from our support and information groups and have tabled some feedback for readers. You can also check out what other support groups are coming up in the near future. I would personally like to thank the participants of our last carers group who despite the struggles we face, managed to share stories, cry, laugh and think collaboratively on how we better support ourselves & our loved ones, how to prevent eating disorders and how to improve services. Best of all was their desire to meet together in between monthly groups to offer each other support and a sense of community. One of the key issues at this last group was love. When someone in the family is not feeling good about themselves and are not ready to engage in self love what can we do as carers? It was great to acknowledge that we all experience and need love differently and it is important to find out how our loved ones need us to show love and support. Some need hugs, some need space, some just need to know we are there, some need to hear encouragement, read supportive words, interact socially .... Giving & receiving the love we need improves the self love of all and is a noble step towards recovery. To love oneself also challenges the eating disorder mindset, because to love ourselves means we see that we are worthy and deserving. We do have the power to change our thoughts and focusing on how to self love can be apart of the tools we need to recover from an eating disorder.

I hope you enjoy this edition and that you feel the love. DESI :)



# SELF ESTEEM, SELF LOVE and SELF CENTREDNESS

## by Nancy Poitou, M.A., M.F.T.

I have been asked often about what is self-esteem, self-love and self-centredness. These are very good questions and it is a fine line that separates these concepts.

Self esteem means to hold oneself in high esteem, feeling worthy of a good life and good treatment by others. Self-esteem results from self-respect and respect from others. Self-respect includes competence, confidence, mastery, achievement, independence and freedom. Respect from others includes recognition, acceptance, status, and appreciation.

Healthy self-esteem is a realistic appraisal of one's capacities and begins with deserved respect from others. This usually begins to be built in childhood, when we learn some new skill, or take a risk, a parent says, "Good! You learned how to tie your shoe!" And so begins the building of self-esteem. However when a parent is overly critical or abusive, we get a message that we will never be good enough, that there is just something inherently bad about us, that we are defective. As children we are dependent on adults to give us the foundation of our self-esteem and be role models for what is good.

Self love is the ability to hold onto our good qualities and strengths even when we are feeling bad about ourselves or something we have done. It is the strength to see our short comings and love ourselves enough to know that we can learn and grow and not to give up on ourselves because we are not perfect, made a mistake or still have some problems. In other words, we are worthy of love even if we are not perfect.

Self-centredness is self-esteem and self-love gone too far. It means that the world revolves around us, we are at the centre of our world, meaning that we think that we are better than anyone and everyone else and so are more deserving, in other words, selfish.

Good self-esteem means that we have enough self-confidence to not need the approval of others. We don't need to wear the latest fashions, be the thinnest or the richest to feel good about ourselves. It is feeling good about who we are on the inside, so that approval and love does not have to come from the outside before we can love ourselves. Many people function just the opposite, they don't feel good about themselves unless in a relationship so that they can say, "I am loved, so I must be

loveable." But that means needing the relationship too much, that you will endure anything, any abuse or maltreatment to stay in the relationship, because without it you feel empty. It is always good to receive approval and love from others but good self-esteem means we are not dependent on it to feel whole or good.

Without self-esteem and self-love we are so desperate to be in a relationship that we do not see the red flags, in fact we may be in denial that there are potential problems. Usually we attract another with the same level of self-esteem and when the other does not have our approval or love 100% without question, they resort to putting us down in order to feel better about themselves. And so the cycle starts, then we put the other down and around and around we go, trying to be on top, yet at the same time we are putting the other down, we erode any self-esteem we might have had and a downward spiral begins for the relationship and the individuals involved.

Besides relationships there are other traps in life we can fall into. Drugs and alcohol can temporarily make us feel good, and that is how some people start an addiction. Other examples are things like new cars, clothes, money, sex and thrills. These only provide a momentary high, and we are unaware that we need these things or activities to feel good. These traps are only temporary external fixes to an internal problem, and distract us from acknowledging our shortcomings and getting in touch with and working on healing past hurts that contribute to low self-esteem.

To have self-esteem and self love we do not need to be self-centred, we do not have to be the best looking or make the most money. In fact acting or being self-centred is a kind of arrogance that is usually a cover up for low self esteem, or a lack of self-love.

In order to have good self-esteem we need to act in accordance to our conscious and/or unconscious beliefs about what is good in a human being. This often comes from a spiritual ideal, one individual that sets an example for us, or a role model that demonstrates the inner qualities that attracts us and draws us to that person. Usually that means being around that person makes us feel good. That person can validate us and see our good qualities and strengths and reflect that back to us because they have good self-esteem and self-love. That person

does not need to feel better than or one up to feel good and appreciate others' good qualities. That person is not self-centred in needing to feel that they are better than anyone else around them. Their self-confidence and security comes from earned respect from others and self-respect from acting in accordance with what a good human being would do. There is usually an honesty and authenticity in them as well, they can acknowledge their mistakes and shortcomings and therefore work on them, they are "a work in progress."

**References:**

Barksdale, L.S. (1972) Building Self-Esteem. Idyllwild, CA The Barksdale Foundation for Furtherance of Human Understanding  
 Bradshaw, John (1988) Healing the Shame that Binds YOU. Dearfield Beach, Florida. Health Communications, Inc.

[www.selfhelpmagazine.com/articles/growth/self.htm](http://www.selfhelpmagazine.com/articles/growth/self.htm)



## What we recommended to our politicians.....

### NATIONAL RESEARCH SUPPORTS THESE RECOMMENDATIONS

- Reduce the cyclic nature of inpatient admissions through increased community support, step down program from hospital and research into best practice.
- Research through hospitals on best medical treatment models
- NGO research into community based treatment models for:
  1. Step-Down / Transitional House
  2. Outreach support/ Home Visits
- Allocation of recovery support services requested in the Qld Alliance Pre-Budget Submission to specifically target eating disorders.
- Ensure affordable treatment, medication and support
- Specialized eating disorder programs outside of general psychiatric wards
- Training for eating disorder specialists, particularly general practitioners and school based nurses and counselors
- Increased funding for current NGO services to maintain current service delivery and for appropriate and permanent disability accessible premises in which to operate

Body Image is huge issue for Young People in Qld. Australia's largest annual survey of 48,000 young people, conducted by Mission Australia, has found that in Queensland body image has been the biggest concern for the past three years running. There are many mixed messages about health in the community. The Obesity Health Campaigns have inadvertently contributed to a diet culture among youth which is a leading risk factor for both obesity and eating disorders. We need consistent health messages that address risks of obesity and eating issues in a way that do not cause harm.

- Obesity and health campaigns need to be collaborative with eating disorder sector. Education programs within schools, community groups and for health professionals are needed to help create public awareness to facilitate Promotion, Prevention and Early Intervention of obesity AND eating disorders



## 40 ways to take care of yourself!

1. Take a nap when you need it.
2. Buy a flower, pick some flowers.
3. Spend time with a pet; quiet time or fun time.
4. Call a friend.
5. Take a bike ride.
6. Go for a stroll somewhere you like, a park, the bush, a beach, to look at old houses, look at gardens...
7. Visit a museum or gallery.
8. Roller skate.
9. Listen to a favourite album.
10. Buy a colouring book and crayons.
11. Look at photos that make you smile.
12. Draw a picture of your feelings.
13. Read a biography of someone you respect.
14. Schedule a massage.
15. Take a relaxing bath.
16. Stretch like a cat; slowly, all over.
17. Design your dream home.
18. Watch a sad movie if you feel like a cry.
19. Spend a rainy day at the public library.
20. Read poetry.
21. Meditate.
22. Read a favourite children's book.
23. Finger paint.
24. Watch uplifting or fun film/tv show
25. Drink a cup of herbal tea.
26. Dance to some music that you can't resist.
27. Eat a meal outside.
28. Lean back and do some cloud/star gazing.
29. Stand outside in the rain.
30. Give yourself a facial or foot massage, using perfumed cream.
31. Read a joke book.
32. Float on your back somewhere calm and safe.
33. Unplug the phone for an hour or two.
34. Relive your favourite childhood memory.
35. Go somewhere peaceful and just look; at the water, at the clouds, at the birds.
36. Sit and soak up the early morning sun.
37. Talk to the higher power of your choice.
38. Play "dress-ups", do silly things to your hair.
39. Spend time with some children you like.
40. Sing along to some music you love.

Masturbation - a social taboo or a choice of radical self love?

To some masturbation is a normal, healthy expression of sexuality but some people who masturbate feel ashamed or embarrassed about it, especially for women who are often taught that sexuality is about pleasing men. Masturbation is a very private choice and some have used this form of self love and the powerful energy of orgasm as a step towards their recovery.

# 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.



## Guava

This South American tropical fruit is an excellent source of skin-healing Vitamin C. One cup of guava has nearly five times as much Vitamin C as a medium orange does (377 mg versus 83 mg). It also has 26 per cent more lycopene—which may help lower your risk of heart disease—than a tomato has. And according to research by microbiologists in Bangladesh, guava can even protect against foodborne pathogens such as *Listeria* and *Staph*.

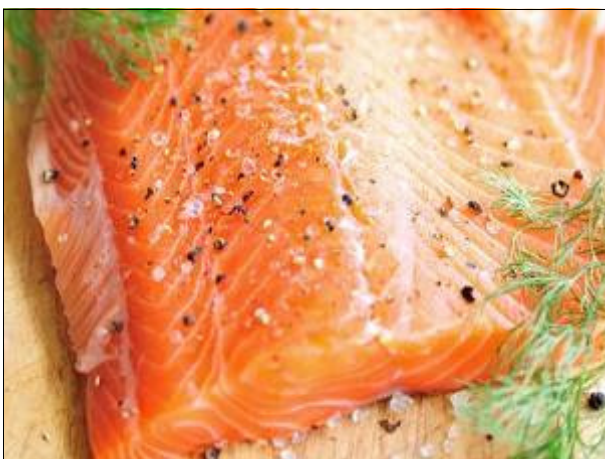
You can buy guava juice, or simmer chunks in water as you would to make apple sauce. Guava also makes a super smoothie: blend half a banana, half a ripe guava, a handful of strawberries, half a cup of milk and a few ice cubes.



## Garlic

Garlic is a flavoursome health superstar. A relative of the onion family, it contains more than 70 active phytochemicals, including allicin, which studies show may decrease high blood pressure. High garlic consumption lowered rates of ovarian, bowel and other cancers, according to research published in the *American Journal of Clinical Nutrition*. Allicin also fights infection and bacteria: British researchers gave 146 people either a placebo or a garlic extract for 12 weeks and discovered that the garlic-takers were two-thirds less likely to catch a cold.

Health tip: crush garlic cloves and let them stand for up to 30 minutes before heating them. This activates and preserves their heart-protecting compounds, according to a recent Argentinian study.



## Salmon

Salmon is rich in vitamin D, and it's one of the best sources of Omega-3 fatty acids you can find. These essential fats offer impressive health benefits that range from preventing heart disease to smoothing your skin and lifting your mood. Omega-3 fats can also minimise the unwelcome effects of arthritis.

Vitamin D plays an important role in helping the body to absorb calcium through the small intestine. Our bodies need calcium to help them develop and maintain healthy bones, muscles and teeth. Vitamin D is only found in some foods like fish and eggs, but the best natural source of Vitamin D is sunlight!! (UV radiation)

Photographs and some information sourced from Yahoo 7!

# A personal account of an eating disorder

*My name is **Lauren Smith** and I've been in recovery for a couple of years now and i feel myself getting stronger as time goes on. I hope that this information can help others like it helped me by making me realise how debilitating an eating disorder is and how much it takes. Your body is an instrument you need to take care of, it doesn't have to be an ornament to put on display. My heart goes out to all those in the throes of an eating disorder and in recovery because it is never easy, and all their family and friends because the battle is never a lonely one.*

## **What anorexia/bulimia has given me;**

1. It has made me scared of food; it has prevented me from having and enjoying the foods i love and want to eat.
2. It has strained my relationships; with my parents, friends and boyfriend – it distanced me from love.
3. It has taken my innocence and the ability for me to allow myself proper nurturing from others and myself.
4. It has caused me to believe i am overweight when I've been underweight – it lies.
5. It has isolated me from having fun, socialising and enjoying time with my family.
6. It has taken my time and wasted my days and nights that i could have used to care for myself and relax.
7. It has prevented me from ever truly relaxing – it was always slipping in, attacking and bombarding me with negative thoughts.
8. It has taken my self-esteem and confidence and caused me constant pain, anxiety and depression.
9. It has taken my appreciation for my body and what it does for me.
10. It did not allow me to see how much my spirit and my body were suffering.
11. It has terrified me, threatened me and hurt me.
12. It has made me feel bad for eating and has not allowed me to congratulate and approve of myself and my achievements.
13. It has starved my brain of nutrients which i have needed to fight it and to function.
14. It has malnourished and starved my body – stunted my growth and my curves.
15. It has taken my health and natural bodily functions: like keeping warm, having good circulation and menstruating.



## What I have without anorexia/bulimia

- A free life.
- I eat what I want, when I want without hating myself or been scared.
- There is more time for me to do the things I love and want to do.
- There is more time for my family and loved ones - as me – a whole person.
- A love and acceptance of myself and my body and its abilities.
- A full life surrounded by people, love, adventure and happiness.
- Greater confidence in myself and what i am capable of.
- The ability to accept myself the way i am and congratulate myself.
- A healthy mind.
- A natural, healthy body where everything works the way it is supposed to.
- A damn curvy, sexy body!
- A sense of self and who I really am.
- Been more in touch with my body and its wants and needs.
- It has stopped been about weight and calories and more about been healthy and getting the right mind and body nutrition from a variety of foods including treats!
- The realisation of food been food a natural energy source that EVERYBODY needs and that is good for you. It makes more sense now.
- Been able to step outside that safety net and allow myself to grow stronger by eating “unsafe” foods.
- My personality is more vibrant. I can literally glow with an aura happiness!
- I remembered how to laugh instead of cry, and it feels amazing.
- My hair is thicker and healthier; I’ve grown 2cm taller! And my boobs have gone up a cup size!



## Some advice and tips

- Focus on your motivating factors and life purpose – my biggest one was one day I want to have children and the damage I’m doing to my body now could prevent that.
- Have counter arguments for negative beliefs and learn to catch them and talk back!
- Write a list of your successes, a nurturing list, a list of valuable things and people in your life - you do have an identity outside the eating disorder!
- Forget how others see you – those that love you will accept you no matter what and everyone who doesn’t see you as a healthy, loving, confident person when you are free of your disorder or those that judge your weight – their opinion is not even valid. Trust yourself not others and their image of you or what you should be.
- Stop trying to be perfect - it is impossible – live now in the present moment getting enjoyment out of everything you do, loving yourself as you are and balancing commitments and tasks you wish to complete with self – nurturing and care.
- Manage your feelings, allow them to fill you up and accept them – just allow them to be and know they will pass. Be mindful of feelings instead of trying to block them out with negative thoughts and behaviours.
- Most importantly love yourself just the way you are, you deserve happiness and contentment!

## One families journey to recovery from anorexia...

**This article is printed with kind permission from carers Peter and Helen who have documented their families incredible journey to help their daughter recover from anorexia. For more of their story please go to <http://www.escape-from-anorexia.com/>**

**We have decided to print here what they refer to as step 6 because of the key message of love. We hope you find inspiration form this article and their website.**

### STEP 6: OUTWITTING THE ILLNESS

As I stated in the introduction to this website, I was strongly tempted to view Helen's illness as a sort of possession - not something that I mentioned to Helen's psychiatrist, I might add! I viewed it as an entity which had taken possession of her and which had every intention of starving her in to an early grave before it moved on. I saw it as an intelligent and subtle force which, through Helen, was constantly trying to outwit us. However, it could only do this within the boundaries of Helen's own abilities. Helen is a very intelligent girl (as her essay proves) but she was only 13 and, therefore, Fiona and I were able to win the battle for our daughter because we had much greater experience of life than she did. Having said that, Helen, ably assisted by her anorexic demons, was a formidable opponent who had us on the ropes on a number of occasions.

Interestingly enough, Helen's dietician also characterised the anorexia to Helen as a sort of demon which had taken possession of her. She described it to Helen as a goblin which sat on her shoulder and whispered lies to her. Furthermore, Helen described it as a voice inside her head which constantly undermined her self-esteem and will to live. She felt crushed between the constant dictates of this voice and the equally demanding dictates of Fiona and myself. The anorexia, of course, had a number of months start on us and had been winning Helen's mind over long before I even knew there was anything amiss. There was a well established relationship between them by this time.

Helen's psychiatrist was particularly interested in this aspect of her illness and wanted to know if her sleeping pattern had become disturbed. He was surprised at

how well she was sleeping. I wasn't - I knew how hard we were exercising!

However we viewed the condition - illness or entity - the point was that we had to do battle with a very subtle and cunning thought process which would deliberately set out to delude and deceive us. And if we were not able to see through all of its charades and subterfuges, then we would have lost Helen.

We set out to outwit the anorexia by creating structures which appeared to offer concessions to it but which were really designed to break its iron grip on Helen. To outwit the anorexia, we had, of course, to outwit its host - Helen.

One of the more subtle strategies that we used involved calorie bargaining. This took a variety of forms. Helen reasoned that the electronic scales - though accurate to the gram - were not accurate to fractions of a gram.

Therefore, an item of food weighing 40 grams might really weigh 40.4 grams and thus would be heavier than we had counted it. Equally, it might be lighter at 39.6. To combat this concern, we simply allowed Helen to add on a gram to the weight of every item.



A second strategy was to allow her a deficit on her daily target. We would allow a shortfall of up to 60 calories - but we had to be careful with this because we didn't want to create a new battlefield for ourselves here. However, the strategy worked for us. As long as the overall calorie

count for the day was close to 400 calories higher than her body needed for fuel, then she would hopefully put on a pound over the week and thus the 60 calories leeway was insignificant - especially as the calorie limit was revised on a weekly basis with Helen's dietician. Therefore, it could always be moved up 100 calories per day the following week to more than compensate for the 60 calories leeway we were conceding.

Another way we tried to outwit the anorexia was to re-educate Helen about very obvious things that she had lost sight of. Part of that strategy has already been covered, i.e. explaining to her how calories work and that a certain number of calories are needed each day in order to fuel the body and that without this fuel, her body would fade and die.

I cut out pictures from magazines of models and other

renowned beautiful women. They may have been slim but what they had - which Helen certainly didn't have - were breasts and rounded bottoms. They also had good sized muscles in their legs whereas Helen's legs were like sticks. To emphasise the point, I took some photographs of Helen in her under-clothes and put them alongside the pictures of the models.

Taking things one step at a time was also a necessary strategy - which Audrey corrected me on early on in our recovery process. I have a tendency to plan well into the future - which is fine - but it was unwise of me to talk to Helen about the future stages of her recovery when she was simply struggling with one meal at a time. It caused her great distress. All she really needed to know was her calorie targets for that week, her overall target weight and the projected number of weeks it would take to get there.

Trying to keep calm was a crucial aspect in guiding Helen to recovery. We didn't always achieve this goal as Helen's illness was both worrying and extremely frustrating. However, on the occasions when I did lose my cool, I quickly regretted it as my negative energy always provided fuel for the anorexia and there would inevitably be an undesirable anorexic reaction. By inadvertently creating a distance between Helen and myself, the anorexic voice inside her head would gain in intensity. Patience was the key and I knew that if I could not keep my cool, then the anorexia was out-witting me and that my voice would cease to be heard.

Finally, and I am sure it goes without saying, love is crucial. Both of us love Helen (and Jack, our son) very much indeed. We constantly made that love apparent to Helen and spent a lot of time (especially Fiona) hugging Helen and telling her how special and wonderful she was and how the anorexia had to be beaten in order for her to once more become our beautiful, healthy, happy daughter.

And on the subject of Jack, as well as devoting an inordinate amount of time to Helen we also had to guard against Jack feeling neglected. Therefore, while one of us was dealing with Helen, the other would ensure that Jack was receiving the love and attention that he needed to cope in what did temporarily become a very stressful household.

### Some common issues facing carers.....

Doctors don't pick up eating disorders early enough. There is no diagnosis, no monitoring or referral. When the eating disorder is strong, it is then very hard to even get someone to go to doctor or seek help. Other issues may cloud the diagnosis of an eating disorder, like alcoholism, drug addiction or other mental health diagnosis like bi-polar, OCD, Depression, anxiety. People with eating disorders can be sensitive souls and can have a fear of growing up. Sometimes staying in hospital means they don't have to face the world. They really need love and understanding. This can be hard when the family falls apart from stress and behavior issues. But people need to feel love and we need to find out how they like to receive love. Is it through getting hugs, being listened to, going somewhere together, letting them know you are there but giving them space. We need to find out and we also need to practice it ourselves.

Sometimes using tough love or anger can come from feeling helpless and not knowing what to do. How can we help someone who doesn't want help? Does dangling carrots help? Usually anything that helps with self esteem is good. Having a goal is good. But the difficulty is when we dangle carrots and they are not ready for change or ready to challenge the eating disordered thoughts—failing to reach the target, failing at getting the carrot etc., can add to them feeling worse. Most people with eating disorders already feel bad and they feel bad when they hurt the people in their lives they love. It is important to encourage our loved ones to get to know themselves. What are the intentions behind the behaviors? What would make them feel worthy? Doing things like study can be good as it may give the mind another focus and stop the negative mind set for a minute. Help them make realistic goals. Goals can constantly shift to suit the eating disordered mindset, so it's important to help them to get reality checks. And to be able to do this means they need to trust you. Our children are highly intelligent, highly artistic, very perceptive. Sometimes their behaviours, are about just trying to numb everything. So really supporting them in their journey to find out what is behind the behaviours and to gather information and tools to be able to challenge the eating disordered mind set.

Coming to these carers groups a great because it is great to hear others stories so you know you are not the only one out there. You can find out important information like how we are eligible for the carer's allowance. The EDA newsletter is great and the library is fantastic. It is hard to care for someone with a self destructive eating disorder. It can be exhausting. So it is really important that as carers we look after ourselves.

Practice self care yourself—get counseling, go for walks, read a book, get a massage, treat your selves to a new towel, go for a weekend away to the beach or rainforest, sit in the sun, take a dance or yoga class..... find your way of giving self love!



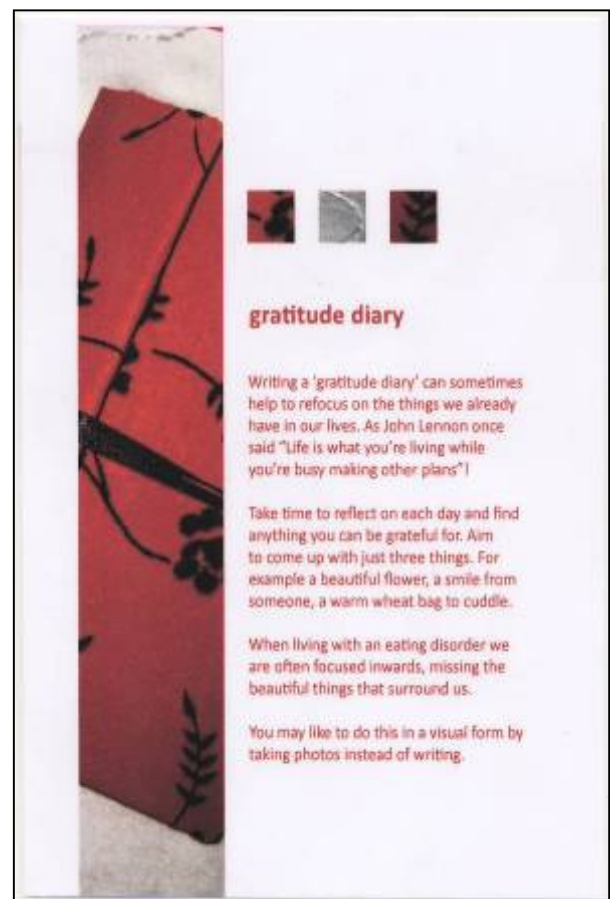
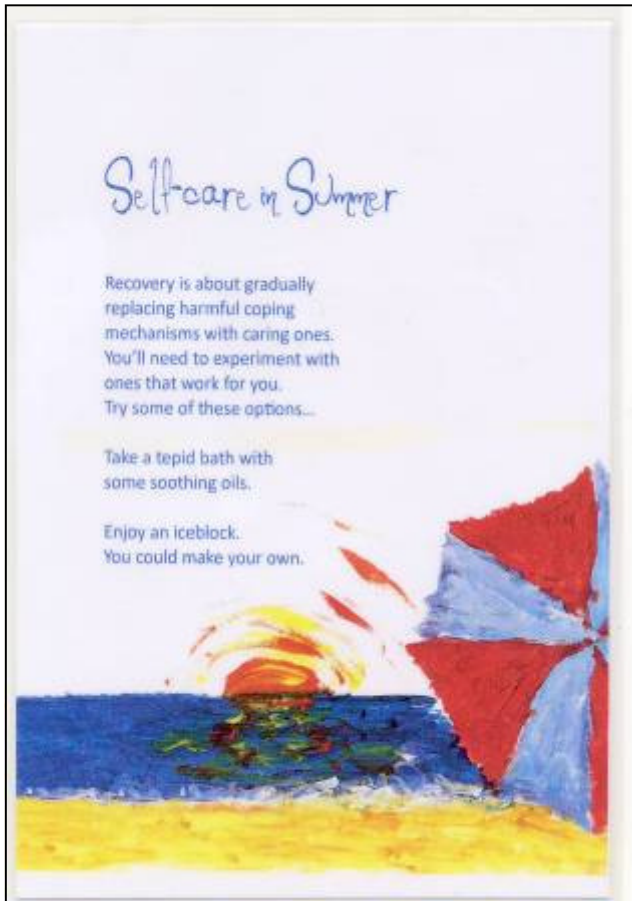
## Stepping into RED (The RED resources)

Stepping into R.E.D (Recovering from an Eating Disorder) is a journal for those contemplating recovery from an eating disorder. It offers hope, encouragement and practical ideas for recovery. Each journal is hand made by Kate Foord who has recovered from an eating disorder. Please note that the pictures are representative only as all journals are handmade and individual in appearance.

Other items available include the RED cards (examples below) which are both affirmations as well as activity options to try that are suitable for each season of the year. Making use of these ideas may give you some new ways to connect with life again. Your body and mind can then begin to thrive. Kate can also make up the RED box which includes the journal, the cards and other goodies to develop and practice self-care.

These resources are great gifts for someone you care about or even yourself and are available through the Butterfly Foundation, Aceda (South Australia) or email Kate at [ikhcfoord@ozemail.com.au](mailto:ikhcfoord@ozemail.com.au)

Recovery is POSSIBLE!



## In the Media...

### We can slash anorexia risk

**A WORLD-FIRST eating disorder program developed in Adelaide has slashed children's risk of developing potentially fatal problems.**

Flinders University researchers say eating disorders have a higher mortality rate than other psychological disorders such as depression or schizophrenia.

Studies have shown rates of anorexia and bulimia have doubled over the past decade, despite obesity rates remaining steady.

To tackle the issue, they developed Media Smart, one of the largest and longest studies yet conducted and the only one to show a proven benefit - and unusually, it does not mention eating disorders.

Instead, the eight-lesson program focuses on the risk factors for anorexia and bulimia and works on building self-esteem and tackling media "internalisation" - where young people absorb unrealistic "ideal" images.

It was trialled on hundreds of Year 8 students, who were followed up years later.

Researchers found half had a significant reduction in risk, and they are hoping schools will buy the program. School of Psychology research fellow Dr Simon Wilksch said three in four girls and half of all boys express dissatisfaction with their bodies.

"(And) about 20 per cent of teenage girls experiment with dangerous weight-control behaviours such as vomiting, not eating for a day or two, taking laxatives, those kinds of things," he said.

"Some programs have found that if you have someone who's recovered from an eating disorder come in and talk about it, you can actually increase the risk that someone will develop a disorder later on - so you're better off not discussing them in detail.

"Instead, we target the risk factors."

While with many other programs few or no benefits had been found, and any benefits that did exist had disappeared within months, Media Smart claims to have proven benefits that last for more than two years. The program has an emphasis on exposing the techniques advertisers use to manipulate images, on building self-esteem, and on forming personal opinions.

Surprisingly, Dr Wilksch says they are also finding there are some risk factors - such as extreme diets or depression - that can put people at risk of both obesity and eating disorders.

**Tory Shepherd The Advertiser Adelaide  
6<sup>th</sup> April 2010**



## 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

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  
Being True To Yourself -May 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.*