EATING DISORDERS Today

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EATING DISORDERS 101

Anorexia Nervosa: A Genetic Link?

Tori DeAngelis

Investigators in a major study are finding evidence that may link genetics to anorexia nervosa (AN). A new report from the Price Foundation genetics collaboration, headed by Dr. Walter Kaye, found that compared to people who do not develop anorexia nervosa, those who do are much more likely to say they were socially anxious and obsessive as youngsters. Similarly, a research group in London recently found that people who develop AN reported being perfectionists and obsessive as children. Both studies raise the possibility that these early risk factors make some people more susceptible to environmental triggers than others—and more likely to develop anorexia nervosa as a result.

Now, an international collaboration of researchers is probing the most basic aspects of where those tendencies might come from: genetics. Conducted at ten sites in the United States, Canada, and Europe, this first study on anorexia nervosa genetics will attempt to provide groundbreaking information on this aspect of the disorder. Knowledge of AN genetics may eventually make it easier to prevent the disorder from emerging, to diagnose it accurately if it does take hold, and to tailor treatments to help people regain weight and health as soon as possible. Moreover, showing that

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Binge Eating, Stress, and Coping

Lisa M. Yacono Freeman, PhD

What Is Binge Eating?

Binge eating is defined by two aspects: 1) Eating a large amount of food in a relatively short period of time, as compared to what most people would do in similar circumstances, and 2) Feeling out of control during the eating episode. Recurrent binge eating is one aspect of bulimia, but bingeing also can occur in the absence of the purging behavior. Among individuals who binge, the frequency and severity of the problem can vary widely. Persons in recovery from an eating disorder may continue to struggle with some binge eating.

A person who feels an uncomfortable emotion, such as anxiety may binge eat to temporarily reduce emotional distress.

Stress and Binge Eating

The word *stress* reflects the idea that a person feels challenged or overwhelmed by life experiences and problems. In general, individuals with eating disorders report experiencing significant amounts of psychological stress and comparatively more stress than those without eating disorders.

Stress may play a role in binge eating in at least two ways. First, it has been suggested that high stress can interfere with normal inhibitions to eat, so that a binge may be more likely to occur under high stress circumstances. Second, binge eating may represent a coping strategy in and of itself—a person who feels an uncomfortable emotion such as anxiety may binge eat to temporarily reduce emotional distress. However, this release is often short lived. The loss of control that occurs during a binge is typically followed by emotions such as depression and guilt.

Passive Strategies = More Struggles

Although different situations call for different coping strategies, there is evidence that more active coping strategies are associated with better psychological adjustment in general. Heavy reliance on passive or negative coping strategies may be associated with eating disorders including binge eating. Examples of passive coping strategies include avoidance (trying not to acknowledge or think about the problem), wishful thinking (pretending or fantasizing that the problem doesn't exist), and self-blame (beating yourself up for the problem).

One study compared currently bulimic women, recovered bulimic women, and women without a history of an eating disorder. The currently bulimic women were less likely to use planning, seeking

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HIGHLIGHTS

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NUTRITION HOTLINE

Diane Keddy, MS, RD

Hormones and Weight Gain

Q. I am in recovery from bulimia and was recently diagnosed with premature menopause. My doctor wants me to take hormones, but I am afraid it will make me gain weight. What do you think?

A. Contrary to popular belief, hormone replacement therapy (HRT) is not associated with weight gain in most women. Studies have found women who take hormone replacement weigh less than women who do not take hormones. This may be due to the fact that a deficiency of estrogen causes increased appetite and most likely a decrease in metabolic rate.

The standard treatment for women in premature menopause (defined as menopause before age forty) is HRT. Because the body has stopped making estrogen and progesterone prematurely, it is important to replace them to maintain normal body functions, including the prevention of osteoporosis and cardiovascular disease. To minimize side effects, ask your doctor about using an estradiol/progesterone patch instead of a pill. If you have not had a bone density study, you should ask your doctor for one to check for osteoporosis.

Since health professionals and the public have become increasingly aware of cardiovascular and other health risks associated with HRT, you should carefully discuss the risks and benefits of HRT with your physician as they apply to your specific health and family history.

■

Zinc Supplements

Q. Now that it is cold and flu season, should I be taking zinc supplements?

A. The mineral zinc is important for maintaining a healthy immune system, and some studies have found people with eating disorders to be deficient in zinc. However, taking too much zinc (greater than 100 mg per day) can decrease immune function and cause anemia. I suggest you take a daily multivitamin and mineral supplement with 100% of the RDA (recommended dietary allowance) for vitamins and minerals. Studies have shown people who take a daily multivitamin and mineral supplement get sick only once per year, compared to four times per year for people who do not take a vitamin.

■

Calorie Recommendations

Q. How can I figure out the right amount of calories to eat each day to stay healthy?

A. A quick and easy method to calculate your daily energy needs is to take your body weight in kilograms, and multiply it by 25 if you have low activity, 27 if you are moderately active, and 30 if you have a high level of activity. I define low activity as no regular exercise, moderate activity as having a physical job or doing regular moderate exercise such as daily walking, and high activity as regular biking, jogging, swimming, or using cardiovascular gym equipment several times per week.

For example, if you weigh 125 pounds convert your weight to kilograms by dividing 125 by 2.2, which equals 57 kilograms. Then multiply 57 kilograms by the appropriate activity factor of 25, 27, or 30 to get 1425 calories, 1539 calories, or 1710 calories per day. These numbers are just an estimation and your actual needs may be higher or lower. Keep in mind that people who do a lot more exercise may need hundreds more calories per day to maintain a healthy weight.

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

CAN YOU HELP?
I Have a Question...

Finding a Counselor, Beginning Therapy

Q: I'm finally ready to admit I can't kick my eating disorder by myself. How do I find help?

Congratulations! You would be wise to consider several factors as you look for a counselor and begin therapy. First, consider what you want out of therapy: Do you want to focus only on changing eating behaviors? Do you want to spend a lot of time exploring childhood experiences that may have contributed to your eating disorder? Or do you want to stay focused on the here and now? The more focused you are about what you want out of therapy, the better it will work for you.

The biggest practical restriction involves money. If you think you can't afford a therapist, don't give up. Check with your county mental health association or community agencies that provide services on a sliding scale. You probably won't find specialized eating disorder programs in those places, but you will find basic mental health care. Arrange an interview and ask the counselor specifically how their services can help. If you begin seeing a therapist and realize they are not the right one, know that it's OK to switch. Ask for recommendations from friends and family. If someone you trust has had a good experience with a therapist, chances are you will too.

If medication is part of your treatment plan, you'll need to work with a medical doctor, probably a psychiatrist, because only physicians can write prescriptions. If you will not be taking medication, you will need to find a psychologist, clinical social worker, mental health counselor, or pastor. Avoid people who promise quick cures in exchange for lots of money, especially if they advertise some "medication" that has not been tested or proved effective through legitimate scientific studies. Also, insist on a therapist with credentials. This usually means a license, which should be displayed in the person's office.

A therapist is not a mind reader, so you must be willing to discuss your situation and the goals you'd like to achieve. Are you willing to attend sessions regularly, at least once a week for a minimum of several months? Is your desire to be healthy greater than your fear of gaining weight? Most important, if you need to be in a hospital would you be willing to trust your therapist's professional opinion and go? Your motivation does not need to be 100 percent before entering treatment, but you *do* need to have enough to carry you through the periods of frustration, doubt, anger, sadness, little progress, and pain. Most people believe the results are worth the discomfort.

Finally, studies show that a sizeable number of those struggling with eating disorders find useful information and help towards recovery using guided self-help manuals that focus on specific cognitive-behavioral practices such as diary keeping of eating behaviors and journaling of psychological, emotional, and interpersonal issues.

Source material taken from the ANRED Alert. Find more ANRED information at www.anred.com.

What's Love Got To Do With It?

Anita Sinicrope Maier, MSW

The role of family members in recovery is significant. In the twenty-two years I have been involved in this field, the literature and research has grown concerning the role of family members—especially mothers and fathers. Yet, there is another family system—spouses and significant others—that has been rarely addressed. Husbands and other love figures struggle with how to be supportive and what they need to do to aid their loved one's recovery.

Therapy Groups for Spouses

When I began running a specialized group for husbands only, a whole new avenue of help for the helper emerged. The recovery became a team effort as the husbands attended these groups and supported each other. Talking about emotions and marital discord in a group setting is not a natural inclination for men. It is also difficult for most men to find outside support from personal friends—or even extended family—for the pain, confusion, and frustration they may be experiencing.

Both family and friends most common (and unenlightened) response to an eating disorder is likely to be, "Why don't you just make her eat?" or "Just tell her to stop bingeing or purging." If only it were that easy! But, as husbands came together with peers who were experiencing the same conflicts and roadblocks in supporting and aiding their loved one, their feelings were validated—often for the first time. They received hope from more "seasoned" members who had made it through the illness without a personal breakdown or break up of the relationship.

I call these members a *therapy* group rather than a support group, because it is important for the spouse to recognize that he may need to make his own changes in the environment, communication, and role in the relationship in order for his loved one to get well. Depending on whether the illness was triggered before or after the relationship began, he may have to accept some responsibility for being a part of the problem. Examining the marriage in a group setting enables us to move past any guilt or anger members may feel to concrete strategies to make their relationships healthier and stronger.

Love Hunger

Family patterns are often passed on from one generation to another. Our personal histories and perceptions of familial roles and relationships often shape our behaviors and comfort zone in new relationships. Spousal styles and parenting styles may have originated from the couple's own parents and the modeling they experienced. If either or both families were dysfunctional, each partner must be willing to make changes to break the generational chain of dysfunction.

Each partner must be willing to make changes to break the generational chain of dysfunction.

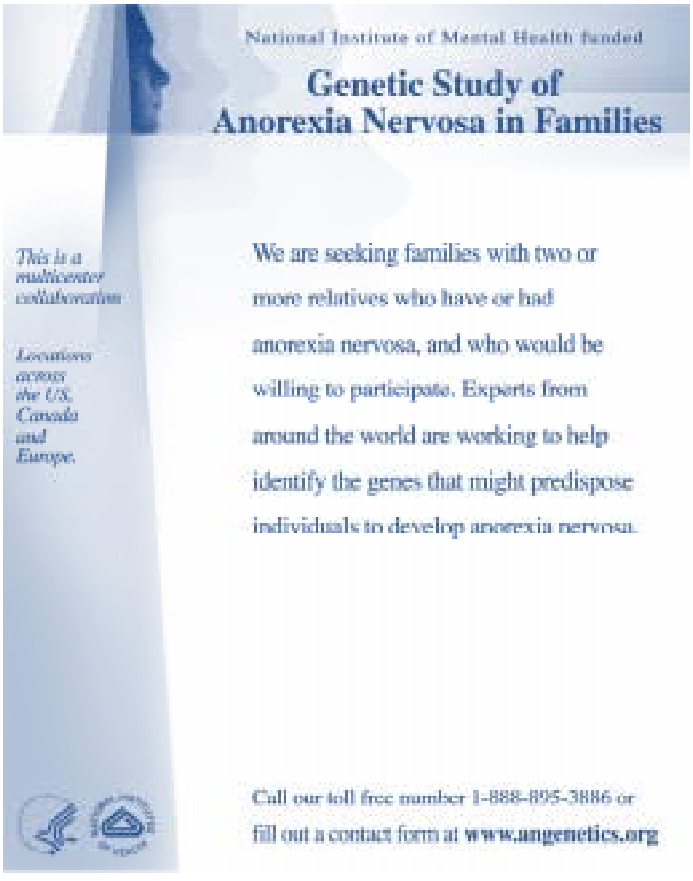
It is not unusual for women to marry a man much like her father. If she experienced what Margo Maine calls *father hunger,* in her book of the same title, the woman may unconsciously marry a man to fill this hunger. If he is unable or unwilling to fill the parental emotional void, the father hunger—now transformed into *love hunger*—persists along with the eating disorder.

Be Willing To Grow

When the eating disorder symptoms begin to diminish and the woman's recovery is marked with her becoming more assertive, more in tune to her feelings, and developing a higher self-esteem and authentic self, will the relationship get better or will it end? Will the spouse be angry that the status quo was destroyed in the relationship? Will he deny or reject that he also needs to take responsibility for his own behaviors and do his own personal work to make the marriage more functional?

It is my experience that through the therapeutic process of all stages of recovery, good marriages get better and bad ones fall apart. A couple will grow apart if only one person is willing to grow. An eating disorder is not an affliction of circumstance—it is an illness of self. Healing creates an individual forever changed and that, in turn, necessitates a change in the relationship.

Anita Sinicrope Maier, MSW, is the Founder and Executive Director of the Pennsylvania Educational Network for Eating Disorders, as well as a founder of the National Eating Disorders Association. Ms. Maier is in private practice in Pittsburgh, PA.



Dos and Don'ts For Husbands or Significant Others of Someone with an Eating Disorder

DO:

• Do examine your own attitudes and beliefs concerning food, eating, body size, and appearance.

• Do understand that this is a serious, life-threatening illness—not just a call for attention, a fad, simple dieting, or an act of stubbornness.

• Do learn to listen without judgment and look to the emotion beneath her complaints about food and body size.

• Do validate her feelings and perceptions even if you do not agree with them. They are her reality and are causing her pain.

• Do help her to become aware of her dichotomous (black and white) thinking, inconsistencies, and confusion concerning her beliefs and actions.

• Do help her with household chores—especially those that involve children, cooking, cleanup, and shopping for food.

• Do eat together (if you have children, include the whole family)—even if she balks at this at first.

• Do get support for yourself—being a supporter is often draining and hard work. Participate in therapy together.

• Do separate the eating disorder from your loved one as well as other aspects of your lives and relationship.

• Do try to empower her and help her to recognize her strengths and capabilities.

• Do support and encourage her in her decisions to make changes—especially ones of career, school, or relationships. Previous choices may have been made to please or live up to the expectations of others.

• Do love her unconditionally.

DON'T:

•Don't talk to her about weight and body size—it is a no win situation.

• Don't talk about other people's bodies and weight. It will be internalized as a personal message even if it was not meant to be.

• Don't put her in situations, or with people, where constant talk is about food, diet, and exercise.

• Don't fight about the illness.

• Don't try to find a rational answer to an irrational problem.

• Don't assume the role of food police—it could backfire and cause her to eat less or more. Instead, assume a supportive role to help brainstorm and problem-solve her food issues.

• Don't question her each day about what she ate or if she purged. Instead ask, "How was your day?" which will give you a pretty accurate barometer, if you have encouraged honesty, as to what she really needs and feels.

• Don't make the eating disorder the only topic of conversation and focus. Try to maintain a social and "normal" life outside of the illness.

• Don't wrongfully accuse her of lying about everything in your relationship because she has lied about her eating disorder behaviors. Understand that this is most often done out of shame, guilt, and fear and is a symptom of the disorder—not necessarily character.

• Don't believe that you can cure or "fix" her. Recovery from an eating disorder needs professional help. She needs you as a supporter, not a therapist.

• Don't be simplistic as to why she has developed and maintained her eating disorder—it is a complicated illness. *–AMS*

Similarities in Body Image Between Sisters

How much does family and sibling pressure contribute to body image disturbance and eating disorders? Many theorists point to family as a major factor in communicating and ingraining cultural ideas. Although research is limited on the influence of sisters and brothers in the development of eating disorders, studies suggest that older siblings may influence their younger siblings during childhood and teenage years.

Between sisters, social comparisons and judgments are readily apparent. One study in Australia done by Georgia Tsiantas and Ross M. King explored body image issues between closest-in-age sisters. Forty-one sisters participated in the study through self-reported questionnaires. Researchers looked at 1) the extent of similarities in body image disturbance and preference for thinness, 2) whether the tendency to make physical comparisons between sisters would result in negative self-evaluations for the younger sisters, but have no effect for older siblings, and 3) whether internalizing cultural messages and negative sibling comparisons would predict body image disturbance.

Differences Between Older & Younger Sisters

As expected, younger sisters who compared their appearances to older sisters reported negative self-evaluations. Judging an older sister as being more physically attractive may foster these negative feelings, as well as factors such as being teased, idolizing, or seeking acceptance from the older sibling. A surprise finding was that when older sisters compared themselves to younger siblings, there were both neutral and positive self-evaluations. Older sisters are also comparing themselves to others, but it's more likely occurring with peers.

Both younger and older sisters had similar scores with regard to body image preference and awareness of cultural pressures regarding appearance. There were also similarities among body shape distortion, body dissatisfaction, and body shape concerns, however, younger sisters showed a slight trend toward greater dissatisfaction. As self-evaluations became more negative, shape and size concerns were heightened. *–LW*

Books, Tapes, Videos

Reviewed by Dr. Terri Trexler

Eating Disorders—A Parents' Guide (Revised Edition)
By Rachel Bryant-Waugh and Bryan Lask
©2004, 176 pages, Brunner-Routledge
New York, NY $17.95

For parents, educators, and anyone else interested in the health and well-being of young people, *Eating Disorders—A Parents' Guide* should be required reading. Author's Rachel Bryant-Waugh and Bryan Lask have partnered to assemble a gold mine of current and helpful information about the causes and treatment of eating disorders. They debunk the myths and knit together essential knowledge for which many concerned family members in the past have had to search far and wide. In eight straightforward and easy-to-read chapters, this book examines what is known about the most common forms of eating disorders experienced by children and young adults and provides strategies to help family members work together effectively to combat them.

Definitions along with descriptions, factors known to contribute to the development and continuation of the illness, tips on recognizing warning signs, an array of treatment options, and examples of different approaches proven to lead to a successful recovery are all explained in this book. The authors paint a vivid picture of anorexia nervosa, bulimia nervosa, selective eating, restrictive eating, food phobia, food avoidance emotional disorder, and compulsive overeating. Many riveting case studies (taken from the author's vast experiences in counseling and treating young patients and working with their families) are provided to illustrate behaviors commonly associated with eating disorders as well as strategies that work to overcome this dangerous illness.

No blame is assigned to parents, families, society, or patients in this refreshing guidebook, and no magic is promised. Instead, Bryant-Waugh and Lask provide parents with support, encouragement, resources, a wealth of information, and sound advice. This book will answer your questions and arm you with the tools necessary to confront a family nightmare—your child's eating disorder. This book is a winner!

Help Your Teenager Beat an Eating Disorder
By James Lock and Daniel Le Grange
©2005, 245 pages, Guilford Press, New York, NY, $16.95

The premise of this book is that parents need to take an active role in helping their teenager overcome an eating disorder. Author's Lock and Le Grange remind readers that an eating disorder is like any other unwelcome illness, and placing blame on either the child or the parent is counterproductive. As a parent you have a right and a responsibility to be involved in your child's care, to learn where to go for professional help, and to educate yourself on how to provide a supportive home environment. To accomplish these goals you must understand how an eating disorder leads your child to think and behave.

Examples are provided to illustrate typical behaviors and challenges experienced in families with a teenager struggling with an eating disorder. The author's explanation of anorexia as an *ego-syntonic* illness is helpful. In most cases, patients sincerely want to recover from their afflictions. But because of the distorted thinking patterns involved with this illness, those who suffer may actually take comfort and be proud of the weight they continue to lose. They honestly do not accept that they have a problem, and the resulting behaviors may lead to anger, confusion, and frustration in many homes.

Suggestions are made to help all members of the team work together to battle the disease and restore physical and mental health. Hundreds of questions are answered such as "How do I tell the difference between 'normal' teenage dieting and an eating disorder? Why is my child fighting me when I am just trying to help? Is the eating disorder my fault? At what point should I start looking for professional help?" Resources are also included with names and locations of treatment facilities, organizations, and websites.

Dr. Terri Trexler is a school administrator in St. Paul, MN, and the mother of a daughter recovering from anorexia nervosa.

Appearance Messages in Children's Media

Research suggests that young children have body image concerns such as a desire for thinness and an avoidance of obesity. The question, many wonder, is where do these concerns and preferences come from? Children's media may influence body preferences and stereotypes, but few studies have investigated this area.

Books & Videos Explored

A new study at the University of South Florida, analyzed a number of books and videos marketed to children to determine appearance-related messages and implications. The study, reported in *Eating Disorders: The Journal of Treatment Prevention* included 25 videos and 20 books for children ages 4 to 8. The researchers examined messages in physical attractiveness, beauty, body shape and size, thinness, muscularity, obesity, negative traits, and positive traits.

Seventy-two percent of the videos placed an emphasis on physical appearance, compared to only 7.5% of the books. The videos with the most body-related themes included *Cinderella, The Little Mermaid,* and *Beauty and The Beast. Indian in the Cupboard* and *ET* were the videos with the least emphasis. In 60% of the classic videos, a character's love for another depended on his or her physical appearance. For example, the prince in *Cinderella* selects his bride from the "beautiful" maidens at the ball. In *Snow White, Sleeping Beauty,* and *Beauty and the Beast* a female's appearance attracts a man who is unaware of her other qualities until after he falls in love with her.

In 84% of the videos and 10% of the books, female physical attractiveness is associated with sociability, kindness, happiness, or success. In contrast, obesity is equated with negative traits in 64% percent of videos and 20% of books. Obese characters, either human or animal, are commonly depicted as evil, unattractive, unfriendly, and cruel. In 40% of the videos and 20% of the books, at least one obese character is disliked by others.

Messages Absorbed

Frequent exposure to children's media may lead young children to internalize the characteristics attributed to thinness and beauty, and overestimate the prevalence of the ideal body shapes for females and males. In the videos, 60% of the females are portrayed as thin and 32% of males are muscular. Although emphasis on male physical attractiveness is less pervasive, males considered to be attractive have slender or muscular frames in 56% of the videos.

Arguments have been made that children are particularly susceptible to media messages and are more likely to perceive the imagery surrounding thinness and fatness on television and other media as real rather than artificial. Just as adolescent girls and women may use advertisements as a comparison factor for body image, young children may do the same with books and videos marketed to them.

Studies have found that comparisons of media images were the strongest predictor of body dissatisfaction, drive for thinness, and bulimic behaviors in adolescent girls. Given the potential negative consequences of children's media, there is a need to promote changes in the content of these items to be more realistic in portraying all types of bodies.

–LW

Eating Disorders in Japan: A Growing Problem

Kathleen M. Pike, PhD

Not so long ago, Japan was among the countries where rates of eating disorders were low and cultural traditions and values were thought to protect against their development. Until recently, the thin beauty ideals from the West had not yet permeated Japanese media and the fashion industry, and social systems were remarkably homogeneous and stable with strong family systems where gender roles were clearly prescribed. However, the contemporary stage of Japan is changing rapidly, and rates of eating disorders have climbed commensurately.

Eating Disturbance Climbs

Traditionally, the Japanese population has had a very low rate of obesity. This is at least partly due to the fact that the Japanese diet is much lower in fat compared to the Western diet. Most Japanese snack foods are rather nutritious (e.g., one of the most popular snacks in winter is a slice of roasted sweet potato), and snacking is less prevalent than in the West. However, things are quickly changing and the infiltration of the food market with potato chips, candy, chocolate, cookies, etc. is a real assault on the traditional Japanese diet.

In the past twenty-five years, the rates of eating disorders in Japan have escalated at least six-fold. In addition, eating problems that do not qualify as "eating disorders" have increased for both teenage and adult women. These problems include the number of individuals who have tried laxatives to lose weight, and the number of individuals who are dieting even though they are normal weight. In fact, some recent studies suggest that Japanese women have similar rates of eating problems and body dissatisfaction as compared to the West.

A recent university-based study from Tokyo by H. Maekawa reports that more than 50% of normal weight female students engage in sustained dieting, almost 40% have used diet pills or drinks to lose weight, and approximately 18% reported a body mass index (BMI) that hovers near the weight threshold for a diagnosis of anorexia nervosa.

In another recent study, 42% of normal weight women reported significant dieting efforts to lose weight, 5.9% reported fasting to lose weight, 14.3% reported the misuse of diet pills, 10.3% reported the misuse of laxatives, and 3.7% reported the misuse of diuretics.

Another indication that eating and weight disturbances are on the rise in Japan is the fact that the number of underweight females is steadily increasing at the same time as population weight is increasing. Specifically, in 2001, the National Nutrition Survey reported that 10% of women in their twenties and 16% of women in their thirties reported a BMI near the threshold for anorexia. These figures represent a 100% increase over the rate of underweight women in Japan only one decade ago.

Why Now?

How can we understand the relatively recent rise of eating disorders in Japan? First we must recognize that Japan is undergoing profound economic, social, and political changes that permeate every aspect of society, and nowhere is the change more apparent than in the revolution that is occurring in the lives of Japanese women.

Both international influences and domestic changes in legal and governmental institutions, demographics, industry, and labor have had a tremendous impact on transforming the role of Japanese women. Contemporary expectations and mixed messages regarding the paths to maturity and meanings of female gender roles set the stage for increased ambiguity and difficulty in navigating the challenges and finding healthy solutions en route to adulthood. It appears that this state of cultural transition is fertile ground for eating disorders.

An important component of the changes that are occurring in Japan is the influence of Western, and particularly American, ideas and ideals. Media, marketing, and music are saturated with American idols and icons. Significant social change and increasing exposure to outside cultural influences can be intrinsically stressful. The particular effects of increased exposure to Western beauty ideals and preoccupation with weight and shape may contribute significantly to the rising rates of disordered eating within Japan.

Western influences are not limited to the promotion of a thin beauty ideal. Ironically, a complementary piece of the Western influence in Japan is the explo-

sion of fast food restaurants and high fat convenience food stores from the U.S. As a result, younger generations are growing up consuming a higher fat diet and internalizing an increasingly thin beauty ideal, much like what has occurred in the West over the past number of decades.

Problems Inside Japan

There are undoubtedly cultural influences unique to Japan that are critical to understanding what puts young Japanese women at risk today. Some data from a recent study suggest that the role of drive for thinness in the development of eating disorders in Japan is less central than described in the West. On the other hand, individuals with eating disorders in Japan describe more pervasive maturity fears, suggesting further evidence of the importance of developmental factors in the etiology of eating disorders.

Another dimension of culture that may be particular to Japan is the emphasis on social cohesion; and among individuals with eating disorders in Japan, the need for social approval seems to be a more significant risk factor for the development of eating problems than body dissatisfaction. These findings lend support to the writings of Littlewood, a psychiatrist and anthropologist, who has argued that self-starvation practiced by Asian women may represent an attempt to achieve self-determination when confronted with ambivalent cultural demands, with minimal significance attributable to weight and shape concerns.

Limited Treatment Options

As a result of the rise in eating disorders in Japan, there is an increased public awareness of such problems and increased attention on the part of the socialized medical system to provide necessary care. However, currently there are no specialty eating disorder services in Japan funded by the public health care system.

In addition, the number of psychiatrists available to provide psychotherapy is dwarfed by the demand, and there are very few other mental health professionals such as clinical social workers and psychologists. Therefore, individuals with eating disorders are often undertreated despite accurate diagnosis and intent to provide adequate care on the part of the medical system.

Vulnerability & Culture Change

The data from Japan adds to the growing recognition that eating disorders arise in "cultures in transition" as well as others. Sociocultural dimensions of change in cultural values, beauty ideals, economic systems, and gender roles set a stage for increased vulnerability for eating disorders. Understanding these dimensions of culture help us answer the question of *why now?*

Challenges for the coming decade will be to: 1) Further understand the ways in which the changes within Japanese culture increase risk for eating disorders, 2) Develop culturally sensitive prevention interventions, and 3) Expand the number of trained psychotherapists to deliver state-of-the-art care to those in need.

Kathleen M. Pike, PhD, is a clinical psychologist who has specialized in eating disorders for the past fifteen years. She has just completed a Fulbright Faculty Research Program in Japan, and currently holds faculty appointments at Keio University in Tokyo and Columbia University in NYC.

Web Wars: Battling the Pro-Ana Movement Online

LA Crompton

It was several years ago that I first witnessed them. I had seen a talk show discussing their popularity and was eager to see with my own eyes the atrocities that were described. I typed pro-ana into my Internet browser and was given pages and pages of links. Clicking on one website, roses and skulls filled the background and ominous words of warning flashed on my screen. *Do Not Enter,* screamed the red type, *beyond this page there is no hope.*

These groups congregate on the Internet and call themselves pro-ana, which means pro-anorexic. Members may believe that they are part of a bonded, "supportive" community, while in reality there is no life-affirming support. Some of these sites may discuss food rituals or somehow make the members feel they are part of a something bigger, when in reality, they are in a destructive zone. All of these websites rely on toxic, false messages that normalize the eating disorder and create unhealthy beliefs.

Reaching Out to Pro-Anas

When I found these websites, I knew that I needed to do something, having once fought an eating disorder myself. I understood the pain, and I wanted to reach out to this lost and hopeless community. I knew too well what the disease was "saying" as I read entries of self-hatred that made my chest ache. I remembered my own abusive voices in my head: "You're fat. You're worthless. You don't deserve to live. You don't deserve to eat." I had to do something.

I began my mission by writing comments in the chat rooms begging pro-ana members to resist their disorder. I would tell them things such as "please don't go down this dead end road, as I've been there and seen it is an ugly waste of time." This method of reaching out was largely ineffective as most members didn't want to hear it, and there were even those who reacted with anger and defense. I realized that in order to make an impact, I would need to have them come to me.

With the encouragement of family and friends, I put up my own website and featured what I call my "ugly angry artwork" as well as some poems and essays I had written. The dark, sometimes disturbing tone of my artwork speaks to the pro-ana in her own language. My message mocked the skinny ideal peddled by our media, which I thought might help those in the pro-ana community choose freedom over sickness. I also wrote a letter to pro-anas so that my site comes up under those website searches.

Visitor Reactions

The response has been overwhelming. Reactions to my site ranged from having the links I placed in chat rooms erased to being embraced and getting encouraging e-mails. Many of these pro-ana members became more than just their screen names. I have been blessed to relate to and support many of those with whom I have online freindships. One girl wrote that after visiting my site she'd decided to eat something before going to bed (that made my whole week). Another was amazed by her realization that as an anorexic she did not have the luxury of an average level of satisfaction with her body. She had to *love* it enough to want to take care of it by eating. I am reminded constantly of the desperate hell of living with an eating disorder, and I am buoyed by playing a small role in some people's recovery.

I was blessed to present a poster of my artwork at the Renfrew Conference last November and to get encouragement to do even more. Every victory experienced by an eating disorder victim working towards healing is a chink in the armor of this disease. Somewhere within the most committed and militant pro-ana webmaster, there is some part that wishes to be healthy—a piece of hope within that wants to live and be free. That's the part that I want to talk to.

Laurie Ann Crompton lives in New York with her husband and two small children. She speaks with high school and college students about healthy body image and writes for young adults about the dangers of eating disorders. Visit her website at: *www.dreamer-girl.com.*

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biological factors contribute to the emergence of anorexia nervosa could eventually help to get it covered by insurance in the same way that other chronic illnesses are covered.

The team is fortunate to be studying AN at this point in time compared to ten years ago. Because the human genome is for the most part mapped out, it is possible to actually determine which genes occur in a portion of a particular chromosome. With such a complex disorder, it is likely that many genes—those related to personality factors, pubertal hormones, and appetite, for example—play a part. The researchers are confident that with enough precise investigation, they will be able to pinpoint a range of genes that influence the disorder in a way that can help inform treatment.

That genes play a strong role in the development of anorexia nervosa is most clearly demonstrated by the fact that when you meet a person with the condition, his or her first-degree family members—siblings, parents and children—are ten times more likely to suffer or have suffered from AN than someone drawn at random from the population. So how do genetics influence the course of the illness? While scientists are not yet sure, a good guess is that genetic propensities, such as anxiety and obsessiveness, bump up against environmental stressors, such as peer or family pressure to lose weight, to set the illness into motion.

A Good Start

Luckily, the researchers have an important starting point to examine the potential role of genes in fostering the disorder. In a 2002 study, researchers pinpointed the location of a gene thought to be related to anorexia nervosa on the largest human chromosome, Chromosome 1. In the first successful study of its kind, they demonstrated a unique genetic "portrait" of a small subset of families—37 out of 192—in which two or more relatives had the classic form of anorexia nervosa where they severely restricted their food intake and did not binge or purge. The team did not see this same pattern in the larger sample, which displayed a wider range of eating-disordered behaviors.

After this initial finding, the researchers took two behavioral traits associated with anorexia nervosa—drive for thinness and a tendency toward obsessive thinking and behavior—and combined that information with existing knowledge about gene location. Doing so allowed them to show a heightened possibility for gene linkages on Chromosomes 1, 2, and 13.

The genetic findings, along with brain-imaging studies that Dr. Kaye and others are conducting, show that people who have recovered display altered activity in several serotonin receptors, and that this neurochemistry may be related to behaviors associated with AN, such as anxiety and perfectionism.

Moreover, these serotonin alterations may reduce appetite in people with AN. It is possible that there's a double dose here—not only do people disposed to anorexia nervosa worry excessively about the consequences of their behavior—but also, unlike most people, it's pretty easy for them not to eat. Both the genetic and brain-imaging studies should make these possible connections clearer as more information comes in.

Gene and Environment Interaction

These studies are changing the understanding of how environmental factors—like stress, cultural messages about thinness, and family factors—influence people at risk for eating disorders. In medical terms, this means that certain men or women sitting with friends at a cafeteria table probably harbor a latent biological vulnerability to the disorder that can be triggered by restricting food intake. Dieting can expose a physical vulnerability that would not have emerged if the person had never engaged in the behavior in the first place. Just as the likelihood of becoming an alcoholic rises when a person with genes for the disorder starts drinking, restricting food intake can elicit the vortex of obsessive dieting and weight loss behavior that anorexics struggle with.

These new understandings of anorexia nervosa have important implications for families. Instead of feeling guilty or blaming each other, family members should learn how to support each other through this illness.

Participants Needed

Because of the negative stigma often associated with anorexia nervosa, and because it is difficult to find two or more relatives with restricting AN, recruiting participants has not been easy. The National Institute of Mental Health (NIMH) is continuing these analyses in 400 new families, and participants are still needed. By participating in this research, families can contribute to new genetic understandings that will shape the future development of more effective treatments and prevention efforts. The information collected by this collaboration will be useful to scientists and to the public not only in the present, but in the future as well.

Families with two or more relatives who have or had anorexia nervosa and who might be interested in joining the Genetics of Anorexia Nervosa project, should please contact: 1-888-895-3886 or edresearch@upmc.edu or www.angenetics.org.

Risks and Benefits of Sight-Unseen Therapy

Many clinicians offer therapy over the phone, but is it an effective and safe way to treat an eating disorder? A statement by the Ethics Committee of the American Psychological Association reads that there are no such rules prohibiting phone, Internet or teleconferencing services, but that it's up to each psychologist to consider the relevant ethical standards.

Phone therapy is probably most useful for patients who already have an established relationship with their therapist and want to continue meeting, such as if a person away at college needs additional support or in an emergency situation. But if a therapist has no documentation or pictures regarding the physical condition of their patient, this approach could signal a red flag. A therapist who has no ability to fact check their patient's weight and health does not know if their status is improving.

At least one face-to-face contact with the patient for an initial evaluation should be required. If the patient knows they have an especially high risk, in-person therapy should be sought. Therapy via the Internet is also evolving, and web cams may be a useful way for therapists to communicate with clients in remote locations.

Parent Tips: Helping Your Child Recover

Laurie Daily-Murphy, CEDA

These guidelines are based on a treatment method that believes the parents should and need to take charge of the child's eating and recovery. These tips are for the parents of a child still living at home, although some of the ideas can be used for any age.

• Remember that an eating disorder is not just about food. Try to talk with your child about what he or she is feeling and experiencing—make a point to ask what else may be bothering him or her.

• Try to provide as much safety, structure (not rigidity), love, hugs, and encouragement as you can. Stay positive—know that you both can get through this.

• Don't immediately take the blame or blame someone else. There are many reasons for developing an eating disorder—some are genetic or biochemical. By placing blame or feeling guilty, you may not be able to act appropriately to help your child. This is a serious illness that needs your full attention.

• Be a good example for your child. Don't discuss your own food or body insecurities. Children imitate what they see. Show them healthy behaviors and reactions to a wide variety of foods.

• Remember you will need your own support and help through this process. When making individual counseling appointments for your child, consider making a few for yourself to ensure that your feelings, questions, and concerns are being voiced.

• Include the family in the treatment process—make sure everyone is informed about how best to support the child. Do not allow other siblings to tease the child for his or her eating disorder.

• Avoid discussing weight, calories, carbs, diets, or body parts. When someone with an eating disorder talks about these subjects, it is the eating disorder speaking. Tell them that you don't want to speak to their disorder.

• Seek help early on. The longer anyone has an eating disorder, the harder it will be for them to recover.

• Set up consequences for negative behaviors and create rewards for recovery actions. Your child needs guidelines, as well as the knowledge that he or she can't get away with eating disordered behavior.

Author

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emotional support, and acknowledgment or venting of emotions to deal with their stress, as compared to women without an eating disorder. Those struggling with bulimia were also more likely to report disengaging or withdrawing from the source of their stress, rather than managing it. Interestingly, the coping strategies of the recovered bulimic women were similar to those of the women without a history of an eating disorder.

Active Strategies = Management

Addressing stress-related binge eating first requires an awareness of one's eating patterns and how these relate to his or her emotional state. One way to increase this awareness is to keep a journal of daily events and experiences, mood and stress level changes, and eating patterns. Doing so may help to identify risk factors (situations, events, etc.) that seem to increase the likelihood of a binge eating episode.

Another active strategy is to consider seeking social support—talking to family members or friends about problems or asking them for practical assistance. Effective social support provides a buffer against not only binge eating, but also many psychological problems. Discussing the binge behavior may be difficult at first, but facing it with support can be extremely helpful.

It may also help to engage in alternative coping strategies that are incompatible with eating (e.g., going for a walk when you're feeling stressed, instead of heading for the kitchen). Sometimes the urge to binge dissipates over time, so delaying eating for even ten minutes may help to prevent the binge from occurring. Also, be more flexible about food choices. Rigid rules about what one can and cannot eat may increase the likelihood of binge eating for some individuals. Focus on enhancing health, not obsessing over weight when deciding what to eat.

It is important to implement stress management strategies (ways to minimize exposure to high stress) and coping strategies (ways to tolerate and decrease high stress) targeted to one's specific experiences and problems. If a binge eating episode does occur despite one's best efforts, it is essential not to be overly self-critical. Instead, try to understand the factors that may have contributed to the binge episode, and come up with an alternative coping plan for the future.

Evaluate Yourself

Another important aspect of staying in recovery from binge eating, as well as other eating problems, is to work on increasing self-esteem and body acceptance, because low self-esteem and negative body image are risk factors for relapse to disordered eating. Finally, professional help should be sought if assistance is needed in dealing with binge eating, stress, or learning new coping strategies.

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Culture & Health Clash Around the World

A recent article in *The Wall Street Journal* details the bizarre practice of *gavage* or force-feeding in the Arab world. Mauritania, an impoverished nation in the Sahara, is the only nation today where this practice is systematically practiced, mostly in rural areas. Force-feeding is usually done to girls by their mothers and grandmothers as a way to plump them up and make them more attractive for their husbands. In a land that suffers from a constant shortage of food, rotund women are assumed to be both wealthy and more likely to bear healthy children.

Force-feeding for the sake of beauty may be hard to comprehend considering the thin message in this country, but it remains that when women buy into unhealthy cultural standards their health will suffer. In a survey of 7,000 adults in Mauritania, 15 percent of the women said their skin split as a result of overeating. One-fifth of women said their toes or fingers were broken to make them eat. One-third said they regretted they had been subjected to overeating, citing the health consequences, difficulty in walking, and pain they endured while being force-fed.

One woman describes being force-fed for five years as a young girl. She still suffers from health problems including a difficulty to walk and gastric problems. "It was painful," she recalls. "But as a child I wanted to be fat to be beautiful." Another woman ate voraciously after her wedding, worried her husband would leave her for someone chubbier. Her husband, who didn't have a preference for stout women, objected to her new regimen.

Governments Concered

Efforts by women's groups and the government to end the practice have been slow going. About 65 percent of Mauritanian women are illiterate, which has stifled educational programs. A radio and television campaign to end the process was launched by the local government, but many women still overeat. These days, mothers are more likely to use psychological rather than physical force to get their daughters to gain weight. Force-feeding has virtually disappeared among educated classes.

After years of not acknowledging the health problems associated with obesity, Arab governments are now growing concerned about their financial impact. Obesity and illnesses such as diabetes account for an increasingly large share of the Middle East's total health costs. In December, representatives from WHO, the U.N.'s Food and Agricultural Organization and about twenty Middle Eastern and African states met for the first time to develop dietary guidelines that take into consideration local eating habits. One nutritionist noted that an anti-obesity plan would have to take into account the region's preference for rotund women.

Study Confirms Ill Effects of Fast Foods

Scientific evidence now confirms what many already know—eating lots of fast food makes you fat and increases the chance of developing diabetes. The study, published in *The Lancet* medical journal, found that those who ate fast food on a weekly basis had weight gain more frequently and were more likely to experience heath problems, especially Type 2 diabetes. The study followed 3,000 young people over fifteen years. Those who visited fast-food outlets twice a week or more gained 10 pounds more than those who ate fast food less than once a week.

Equine Assisted Therapy: A Unique and Spiritually Balancing Experience

Lynda A. Brogdon, PhD, CEDS, CEAP

For decades, clinicians have been aware that eating disordered individuals have extreme difficulty identifying and articulating psychological issues, as well as expressing concerns and feelings associated with these issues. Therefore, treatment approaches have been developed that facilitate nonverbal expression. The experiential therapies, which include art, music, movement, and psychodrama have provided opportunities for expression of unspoken issues in a symbolic manner.[1] Another technique—equine assisted therapy—has been helpful in addressing and resolving the silent issues that are often considered shameful.

Connecting With Horses

As a clinician who has treated eating disordered individuals for over twenty years, and a horse lover since childhood, it didn't take me long to consider adding equine assisted therapy to my treatment approach. A few hours of pleasure and relaxation at the barn brushing, feeding, cleaning the stalls, and various other duties help replenish me. Horse and barn smells of hay, fresh wood shavings, corn, and molasses fill my senses and lift my spirits.

I thought that it was possible that my eating disorder clients could experience some of the same benefits that I enjoyed. So, in the early '90s, I decided to add equine assisted therapy to the treatment protocol at Canopy Cove. In doing so, the horses were used to address a number of issues including relationship building, communication, body image, and nutrition.

An Evolving Relationship

The horse has historical significance in the development of our culture and affords many opportunities for analogies to address developmental issues for clients. The impact of trauma experienced in earlier years may have interrupted age appropriate development and contributed to the onset of maturity fears. These fears can lead to feelings of being overwhelmed and sometimes interfere with the ability to reality check, as well as complicate decision making. These insecurities can be addressed through the developmental and changing nature of the client's relationship with the horse. Evolving stages include fear, awe, friendship, and compassion. As relationships become more familiar, fear is often replaced with trust, respect, and a sense of excitement and even magic.[2]

Unspoken Support

There are countless opportunities to address eating disorder issues effectively through the use of equine assisted therapy. For example, a beneficial dimension of the relationship of women and horses is that it is essentially a nonverbal relationship. Although women in general are highly verbal and rely on words as a way of interpreting their world, most eating disorder victims have been stripped of this ability. The talent of conversing with ease has often been replaced with feelings of unworthiness. Many of those who struggle with eating disorders have an internal message that convinces them that no one would be interested in what they have to say.

A thought pattern may go along the lines of, "After all, you only have meaning through your eating disorder and you're not even good at that..." But with the horse, words are not necessary to build a trusting and meaningful relationship. The art of mental pictures and learning to speak through the senses is the heart of this relationship. Sight, sound, touch, and smell, as well as subtle messages conveyed through movement are the horse's primary form of communication.

Benefits Regardless of Gender

It has been suggested that there is an observable gender difference in the nature of relationships between humans and horses. Men seem to enjoy the speed and power of the horse, while women enjoy the speed and power as well, but derive more pleasure from the intimate, trusting relationship they develop.[3]

It has been my observation in working with men and women in our program that both genders benefit from their interaction with horses. The pleasure and therapeutic benefit experienced is noticeable and meaningful. Many tell us that the time they spend with the horses is very peaceful and that this is the only time that they are not tormented by their eating disorder.

A Horse's Best Gift

I would encourage everyone who reads this article to consider visiting a local barn and taking a sensory walk through the stables. Look for different personalities of the horses and pay attention to how they interact with you. Do they come forward and greet you or are they shy and stand back? Notice the different body shapes, sizes, and colors—they are all unique—does this change your opinion of their worth? Hopefully not! Lookisms do not determine your value or the value of the horse. We, like horses, are more than our bodies; we are beautiful, strong, and powerful!

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Author

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Heart to Heart

Listening Inward

Lisa Sarasohn

Sitting in my kitchen, I was eating a turkey sandwich. Call it gut instinct, a news flash from my inner wisdom, or simply my imagination—I heard a clear message: "That's it! I've had enough! I'm done!"

I looked at the half-eaten sandwich. If I stopped now, I wouldn't be complete with eating my lunch. However, I would be complete with satisfying my *hunger*. I wrapped up the remains of the sandwich and took it with me as I drove off to take a walk in the woods twenty minutes from my home. "Maybe I'll want the rest of this later."

Walking among the trees, about ten minutes along the path, I felt hungry again. Another message was surfacing from that mysterious inner source: "Could I have some more food, please?"

Locating a stone bench overlooking the river, I sat down and ate the rest of my lunch. I savored the taste, the clean air, the beauty of water, trees, earth, sky. And I felt a remarkable feeling inside my body. I felt as if there were layers of velvet just beneath my skin, as if a gentle hand were softly stroking the lush fabric. This subtle, luscious sensation was my body saying "thank you." I had listened inwardly to the news of my body's hunger and acted accordingly, taking care of her needs.

Decades ago, as a young woman alternating between dieting and bingeing, I numbed myself to my body's sensations. I deafened myself to her messages. I made what, when, and how much I ate exclusively a mental operation, governed by my rules and calculations. Now, sitting on the bench in sunshine, I knew the satisfaction of sensing my body's signals.

How do we allow ourselves to receive the messages our bodies are sending us? How do we attune to the inner wisdom we may have ignored for years?

My own process has involved developing a daily practice of dynamic yoga moves that energize my body's center—what the Japanese call *hara*, our inner source of physical and spiritual vitality. Activating my core life force amplifies my gut instincts, the intuitive knowing emerging from my body's center, my center of being.

When I was caught in the cycle of starving and stuffing, my belly was a battleground between desire and denial. Now, as I practice these energizing moves, I experience my belly as the site of my soul-power. I value my belly as sacred, not shameful. Now I sense the life force concentrated in my core as a precious source of guidance, wisdom, and creativity. My belly keeps broadcasting the news about my hungers—hunger for food as well as for meaningful work, play, friendship, self-expression, connection, love. And I keep listening.

The following is a playful way, drawn from *The Woman's Belly Book,* you can begin to listen to your body's center as a source of wisdom.

Notice What You're Feeling

No matter how skinny or shapely your belly might be, viewing it with a critical eye will only make you miserable. Change your focus. Shift from criticizing how your belly looks to appreciating how it feels. Recognize that your gut feelings give you important—even life-saving—information.

Yet the feelings stirring in your belly may seem vague, even uncomfortable at times. You can put words to those feelings, using images to name your belly sensations. Here's how—

1. Consider this list of categories: flowers, fruits, animals, shoes, kitchen appliances, sources of light, kinds of weather, colors, vehicles, fabrics, sources of heat. Add your own categories to this list.

2. The sentence below contains two blanks. Choose a category to fill in the first blank. Then fill in the second blank with a specific example of that category, saying whatever picture or word immediately comes to mind.

The way my belly feels right now, if my belly were a (category) ____, it would be a (specific example) ____.

For example, if I chose the category "flowers," my sentence might be, "The way my belly feels right now, if my belly were a flower, it would be a red-orange tiger lily."

Lisa Sarasohn is a yoga and bodywork therapist and author of *The Woman's Belly Book: Finding Your Treasure Within*. For information, visit www.loveyourbelly.com

Briefly...

Broadway Opening for Feminist Show

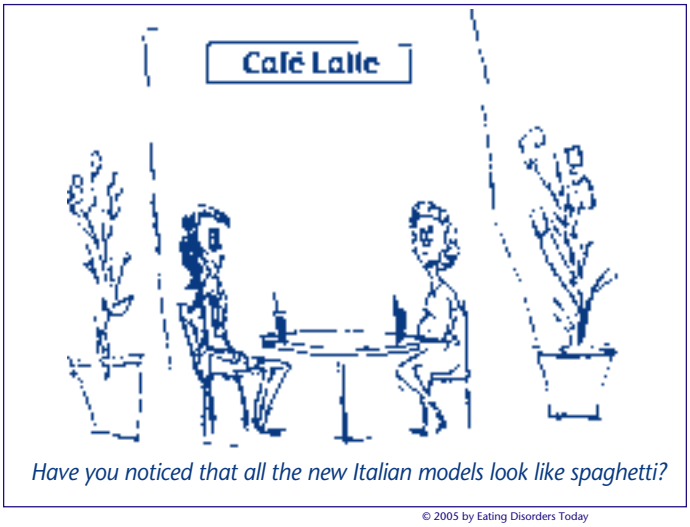
The Good Body, a show about women's observations about their bodies, recently opened on Broadway. Starring playwright Eve Ensler (*The Vagina Monologues*), this new show combines women's anger, angst, and humor about their bodies into monologues. In one scene, Ensler travels overseas to get a foreign perspective, and gains an understanding of how women in other lands deal with their bodies. They are bewildered by her complaints, as one Indian woman advises that there is "no joy in perfection… if you are perfect, you might as well be dead."

Diet Products & False Advertising

The Federal Trade Commission (FTC) has set up fake Internet sites to raise awareness about false and deceptive advertising claims made by so-called "weight-loss" products. At first glance, one of the sites appears to advertise Fat Foe Eggplant Extract, a diet pill that promises to help you "lose up to 10 pounds per week." The ad, however, is fake; when you click anywhere beyond the home page, the website is actually a consumer education piece posted by the FTC to warn against diet ripoffs. A complete list of FTC teaser pages is at: www.wemarket4u.net.

> *"Letting go of a dead-end, destructive relationship with food gives you the chance of a lifetime to find true love, the greatest love of all, which is love of self."*
>
> – Karen R. Koenig
> *The Rules of "Normal" Eating*

Nibbles, by Hunter



Have you noticed that all the new Italian models look like spaghetti?

Artificial Sweeteners

Use of artificially sweetened, non-nutritious products has long been an issue for treating eating disorders. A recent survey of forty-one women assessed the use of gum, sweetener packets (e.g., sucralose, aspartame), and artificially sweetened diet beverages, both carbonated and non-carbonated (e.g., Crystal Lite, Diet Snapple). The study found that use of these products was greater among women with eating disorders than with a control group. Women with anorexia nervosa, especially those who binge and purge, reported the greatest consumption of all products.

An Unusual Tourism Strategy

Zimbabwe, facing a severe food shortage, is considering an unlikely program to bring rich, foreign visitors to the country. According to a government announcement in November, the information minister proposed an "obesity tourism strategy" that would target overweight visitors (especially Americans). Visitors would be encouraged to "vacation" in Zimbabwe and "provide labor for (government confiscated) farms." Americans, the proposal noted, spend six billion dollars a year on useless dieting aids and could be encouraged to work off pounds doing labor instead.