

Lakeview Beacon

Helping People Find Solutions
Winter 2009 Edition

Lakeview Counseling
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On February 26, 2009 during National Eating Disorders Awareness Week, Traverse City will be one of the many locations across the country offering community programs and events dedicated to raising awareness of the dangers surrounding eating disorders and the need for early intervention and treatment.

The National Eating Disorders Association (NEDA) is a nonprofit organization dedicated to supporting individuals and families affected by eating disorders. NEDA provides advocacy, education and online support, and can be reached at 1-800-931-2237 or www.NationalEatingDisorders.org.

Understanding Eating Disorders by *Laura Slaughter, ACSW*

Eating disorders are complex, potentially life-threatening conditions that can seriously affect an individual's emotional and physical health. The statistics are staggering, with nearly 10 million females and 1 million males battling anorexia and bulimia in the United States alone, and millions more struggling with binge eating disorder (NEDA, 2008).

For many, dieting and the drive for thinness has become an all-consuming preoccupation, rather than a balanced concern for health management. More than 80% of American women feel dissatisfied with their appearance (Smolak, 1996), and 42% of 1st-3rd grade girls report wanting to be thinner (Collins, 1991). In addition to the tragedy of low-self esteem for children whose identity rests on appearance at such a young age, these numbers are also important because dieting can significantly contribute to chaotic and unhealthy eating behaviors.

** More than one in three "normal dieters" progress to pathological dieting. Of those, 20-25% progress to partial or full-syndrome eating disorders (Shisslak & Crago, 1995).*

** Girls who diet frequently are 12 times as likely to binge as girls who don't diet (Neumark-Sztainer, 2005).*

** Over one-half of teenage girls and nearly one-third of teenage boys use unhealthy weight control behaviors such as skipping meals, fasting, smoking cigarettes, vomiting, and taking laxatives (Neumark-Sztainer, 2005).*

** Americans spend over \$40 billion on dieting and diet-related products each year (Smolak, 1996).*

** Anorexia has the highest mortality rate of any mental illness.*

An eating disorder is an attempt to manage overwhelming feelings, conflicts, relationships and low self-esteem by trying to control and manipulate weight and appearance. We live in a culture that consistently reinforces the belief that developing the "perfect" body will be the "cure" for all of our problems. It will take awareness, education and advocacy to address the pressures and attitudes that help fuel eating disordered thinking and body-image dissatisfaction.

Although eating disorders are treatable, symptoms must be taken seriously and the sooner professional help is sought, the greater the likelihood of successful recovery.

For local therapy or consultation, please call Laura Slaughter, LMSW, at Lakeview Counseling (231) 929-0300 ext.103, or inquire online at www.lakeviewtc.com

Healthy Eating Habits versus Disordered Eating Habits?

By Dianne Roach, R.D., Munson Medical Center

The definition of normal healthy eating is eating to meet your nutrient needs in a reliable and satisfying manner. This includes an ability to sense hunger and fullness, to choose a variety of foods, and to have some flexibility for different circumstances. For example, normal healthy eaters sometimes eat more than they need because it tastes so good, but later they naturally eat less to compensate for this.

Genetics, developmental phase, and environment influence the development of our food choices and eating behaviors. Genetics influences metabolism and our unique food likes and dislikes. What, How and Why we're fed growing up certainly has an affect. The amount of food we need varies as we grow, and then again as we age. Some of us are fast eaters, some are slow. Our food preferences and behaviors can change over the course of life for various reasons, including psychological issues (depression, stress, anxiety, etc.), nutrition knowledge and beliefs, cost, effort, food preparation skills, who we're eating with, who else we're cooking for, how much time we have, and where we're eating. Culture influences our eating by what foods are available and what body images are held as desirable. For example, in Brazil wide hips on women are a sign of beauty. In Burma, it is a coil wrapped neck. In America, Barbie dolls have been called the cultural ideal.

How do we know how much to eat? Ellyn Satter, MS, RD, a renowned dietitian social worker who has studied eating behaviors extensively and counseled hundreds of people back to normal healthy eating, explains there is a "full-ometer" inside us when we're born that registers when we are hungry, and when we are satisfied after eating. For example, when a baby is enjoying infant cereal his caretaker is feeding him by spoon, and he turns his head away from the spoon, that is a cue that he is no longer hungry. Caregivers who respect that cue and stop feeding the child, help him keep in touch with his inborn food regulator. We also have external nutritional guides that give us generalized, basic nutrient recommendations, which are updated as more is learned about nutrition.

In contrast, people with eating disorders do not have a natural relationship with food and their body's needs. "Over control" or "out of control" are telltale signs of eating disorders. A person who severely restricts their food intake skews their ability to sense hunger and to care for their basic nutrition needs, which can cause depressed mood and obsessed thoughts about food. In some people, they can then rebound to the other extreme, causing them to eat abnormally large volumes of food, even to the point of pain. This can cause a sense of guilt and failure. When they respond to that by restricting food again, or choosing some other unhealthy "purging" method, such as over exercising, vomiting, laxatives, diuretics, this becomes a vicious cycle that takes over the person's life. Other eating disorders involve totally uncontrolled overeating, day or night. For some people, often with a genetic tendency, a life problem may trigger this process. In others, they might innocently start a diet that is too restrictive, and then cannot stop the process.

The ultimate goal of multidisciplinary treatment for people with eating disorders is to help them medically, therapeutically, and practically find their way back to normal healthy eating. During that process, guiding them and educating them to meet their basic life needs (social and psychological counseling) and to develop some reasonable eating structure is the approach we take as a team. Step by step, they must develop confidence for what their body needs and how to meet those needs in a sustainable way. Inpatient programs are recommended for those who are physically unsafe, or who are not able to make progress during outpatient care.

Website resources for normal healthy eating:

www.mypyramid.gov

www.ellynsatter.com

*Step
by
step,
a
client
must
develop
confidence
for
what
their
body needs
and
how to
meet
those
needs
in a
sustainable
way.*



A new Eating Disorder Support Group will start March 2009. Please call Laura Slaughter 929-0300, ext 103 for information.

Loving The Body We're Born With by Jill Kimball, ACSW

Wow, what a great body! I have every thing a person needs to be able to live, love and laugh. I have two strong legs so I can walk. I have two bendable arms so I can hug. I can smell the air and see the sights. **I love my body!** How often do you let yourself feel those words? Probably not often enough. We have become a culture that places the highest priority on physical perfection and anything short of perfection gets rejected. We are barraged with messages that tell us we're not good enough and we need to change. It becomes easy to question the value of our own body especially when the value is based on the expectation and comparison of Hollywood perfection.

Our perception of the value of our own body is called our body image. A person's body image may be accurate and positive, highlighting their strengths or it may be hyper focused on flaws to the point of dysfunction. For some, a distorted body image can lead them to have negative false beliefs about their own appearance. People with eating disorders usually have negative body images, believing that they are obese when in fact they may be underweight. They become obsessed with their own appearance and their efforts to lose weight. A poor body image can lead to unhealthy or even dangerous behaviors as a person tries to alter their appearance through restricting food, purging or excessive exercise.

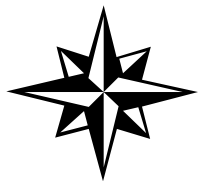
Appreciating your body and having a healthy body image is an important part of a person's mental health. When a person is unhappy with their body it can affect how they think and feel about themselves as a person. A poor body image can lead to emotional distress, low self-esteem, anxiety, depression, substance abuse and eating disorders. Building and keeping a positive body image and a healthy mental attitude is vital to an individual's happiness and wellbeing.

A person's body image is influenced by many factors. The media explains in great detail that every woman should be young and thin, and if you're not, they have a product that will help you reach "perfection". Your profession or interests can establish expectations about appearance. Dancers, actors, gymnasts, to name a few, have strict expectations for appearance. Our parents' attitude towards their own bodies and appearances can affect our body image. Take time to consider what messages you heard growing up and stay aware of what kind of messages you're sharing with the young people in your life.

So how does one rise above the expectation of the perfect body and love the body they're in? To change your body image you need to change how you think about your body. Simply thinking about each specific area of your body and then expressing your gratitude for the purpose it serves can help you appreciate your body. For example: "I am grateful for ears that allow me to hear my children laugh." Continue through your body, identifying different functions and expressing your gratitude. Appreciate the arms you have that allow you to hug loved ones and the legs you have that allow you to walk. Loving yourself and the body you were born with can be a challenge, but if you are conscientious about looking for your strengths you can establish a healthy body image. Healthy lifestyle choices like rest, nutrition and exercise can make us stronger and healthier, but how much we love our self has very little to do with appearance and everything to do with attitude. If you are overwhelmed with a negative body image, professional help such as a support group or individual therapy can be used to move you towards health.



*Building
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happiness
and
wellbeing.*



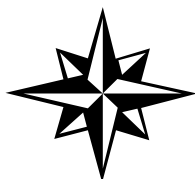
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ON THE WEB!
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The Next Course:

Identifying, Understanding, and Treating Eating Disorders

February 26, 2009

Great Wolf Lodge, Traverse City, MI

11:00 AM – 3:00 PM Lunch & Conference

3:30 PM – 5:00 PM After Glow Reception

Luncheon Keynote Speaker is Melissa Engle, MS, ATR
Executive Director at The Ross Institute for Psychological Trauma in Dallas, TX
***Presenters:** Pat Friedli, MD, Vince Cornellier, PhD, Laura Slaughter, ACSW

Register Online at www.gomarigold.com

\$89 per person. Continuing education credits approved by MI SWCEC

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Contact: Karyn Hertel 231-947-0003 ext. 12 or karyn@gomarigold.com
Sponsorships still available

**If you have questions or comments regarding our newsletter please contact our editor,
Jill Kimball, ACSW at 929-0300, ext. 105*

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