



Promoting excellence in research, treatment, and prevention of eating disorders.

Message from the President

Eric van Furth, PhD, FAED, Leidschendam, The Netherlands



One of the key goals of our mission is to disseminate knowledge regarding eating disorders to members of AED, other professionals and the general public. These past months the board has seized a number of opportuni-

ties to advance this goal by providing information to the media via press releases and information on our Web site.

Underweight Models Banned from Catwalk

The ban of severely underweight models from the catwalk at a Madrid fashion show in October provoked a global debate about the role of the fashion industry and modeling agencies in securing the health of their models and in the prevention of eating disorders in general. The debate in the European and North American media centered on whether the fashion industry actually causes eating disorders.

The unfortunate death of a Brazilian model from anorexia nervosa in early November brought the debate to South America. Many distinguished people got involved, including couturiers such as Versace and Armani, models like Chile's Carolina Parsons, and Italian cabinet minister Giovanna Melandri. AED issued a media release (see below) in October calling for a ban on underweight models.

In collaboration with our Brazilian colleagues, the AED press release was translated into Portuguese and disseminated in Brazil, together with a letter from the Brazilian eating disorder programs. Also, an editorial entitled "Extreme Thinness in Models Mobilizes Eating Disorders' Researchers and Specialists" will be published in the *Revista Brasileira de Psiquiatria* (Brazilian Journal of Psychiatry). I would like to thank Dr. Tatiana Moya, Dr. Angélica Claudino and their colleagues for their enthusiastic and effective collaboration. Along with Dr. Daniela Gómez in Chile and with the Italian scientific society on eating disorders, AIDAP (Associazione Italiana Disturbi dell'Alimentazione e del Peso) and their president, Dr. Ricardo Dalle Grave, similar activities have been undertaken.

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Academy for Eating Disorders Calls for Ban on Underweight Models

The unprecedented move of a major fashion show in Spain to impose weight limits, in line with World Health Organization guidelines for healthy height-to-weight ratios, is a sign that the industry is starting to take responsibility. The worldwide discussion about the role of the fashion industry in helping to prevent eating disorders is welcomed by the Academy for Eating Disorders (AED).

Eating disorders, such as anorexia nervosa and bulimia nervosa, are potentially life threatening mental illnesses that primarily affect young women. The cause of eating disorders is unknown. Research shows that genetic factors are involved and environmental factors trigger the onset of the illness.

One such environmental factor is concern about body shape and weight. Many young woman and men start on a diet in an effort to live up to the standard beauty ideal presented by the fashion industry. The gap between the presented beauty ideal and reality will leave many with a deflated self-esteem. For those who are vulnerable, the combination of dieting and low self-esteem may lead to the development of an eating disorder.

Although the fashion industry does not directly cause eating disorders, it does contribute greatly to our cultures' perception of beauty. The Academy for Eating Disorders calls for a global ban on the use of underweight models in fashion shows and in fashion magazines. The fashion industry, modeling agencies, and fashion magazines should collectively adopt the World Wide Charter for Action on Eating Disorders and set terms for establishing a healthy industry.

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**Message from the President
continued**

**HBO Documentary 'Thin' Broadcast
in United States**

Home Box Office (HBO), a U.S. production and pay-per-view broadcasting company, aired the documentary "Thin" on Nov. 14. 'Thin' follows the lives of four women in residential treatment at a private hospital in Florida (USA). Before the public broadcast in the United States, "Thin" was shown at various film festivals and was awarded the BFI London Film Festival Grierson award. In preparation for the U.S. launch, AED formed a small task force, which prepared a press release, fact sheet and Web page to address questions the documentary would raise with patients, families and professionals. Given the acclaim that "Thin" received at film festivals, it is likely that it will be sold to many broadcasting companies around the globe.

**Academy for Eating Disorders
Helps Guide Patients Through
Maze of Treatment Options**

A new HBO documentary provides a jarring glimpse into the lives of four young women with eating disorders. These individuals are receiving treatment at a residential facility, which is just one of many options for treatment of these devastating diseases that affect approximately 30 million Americans. The Academy for Eating Disorders (AED) recently issued a patient's bill of rights to help guide people with eating disorders and their families as they seek the best option for treatment.

Most people who suffer from eating disorders are young women; 2 million of them will progress to full-blown anorexia nervosa, and 10 percent will die. As depicted in "Thin," airing Nov. 14 on HBO, a variety of treatments are available, ranging from outpatient treatment to hospitalized care to residential care.

"When seeking help, it is essential that patients understand what the program involves and how progress will be evaluated," said Dr. van Furth, "The treatment methods used should be 'evidence-based,' meaning they should be based on rigorous scientific studies."

For the AED's patient treatment bill of rights, World Wide Charter for Action on Eating Disorders, or for more information about the AED or eating disorders, please visit www.aedweb.org.

The reception of "Thin" in the media was mixed following the U.S. premiere. Critics praised the program for its documentary qualities but expressed concern over the hopelessness and poor outcome of the eating disorder patients that the movie portrayed. AED's publicity effort aimed to provide a more complete picture of eating disorders, to answer some of the questions raised by the documentary, and to provide access to scientific papers on diagnosis and treatment published in *IJED* for professionals, patients and families. I would like to thank Pat Fallon, PhD, FAED, Alison Field, ScD, Cynthia Bulik, PhD, FAED and her UNC team, Ellen Rome, MD, Mike Strober, PhD, FAED, Editor of *IJED*, and Joe Ingram at Wiley Publishers for their help with this effort.

**Insurance Reimbursement for
Treatment Denied**

AED also issued a press release to help improve insurance reimbursement for eating disorders in the United States. "Insurance coverage for the treatment of people with eating disorders presents a challenge for families faced with a loved one suffering from these life threatening disorders. In New Jersey, for example, insurance companies have limited coverage for people with eating disorders (anorexia- and bulimia nervosa) based on the mistaken assumption that these disorders do not fulfill criteria for 'biologically based mental illnesses' (New Jersey Mental Health Parity Bill, section 26-2J-4.20)" (excerpted from AED press release).

**Pro-Anorexia Web Sites are
Dangerous**

Following media reports in various countries on the proliferation of so-called pro-anorexia sites, and in response to preliminary research reports, AED expressed its concern and called "upon the responsible governing bodies and Internet service providers to add mandatory warning screens to the 'pro-anorexia' Web sites. These screens should reflect the potential harmfulness of the sites, much like the warning text on cigarette packs: "Warning: anorexia nervosa is a potentially deadly illness. The site you are about to enter is providing material that may be detrimental to your health." (Excerpted from the AED press release.)

A continued effort — both proactive and in rapid response to events within and outside our community — is needed to work on the action points of the World Wide Charter for Action on Eating Disorders. The first action item of the Charter is to *Educate and inform the community with programs that:*

- *Destigmatize eating disorders by promoting the understanding that an eating disorder is not an illness of choice and by raising awareness of the causes of eating disorders*
- *Increase public awareness of the signs and symptoms eating disorders*
- *Make available comprehensive information about eating disorder services and resources*

I hope that you will join AED's media committee (chair Ellen Rome, MD, MPH) and me in this effort. Because only in collaboration with our members and professional organizations globally, can the next step be taken.

If you would like to respond to this message, please e-mail evanfurth@tiscali.nl.

Message from the Editor

Rachel Bryant-Waugh, PhD

I hope you will read this issue of the *Forum* with interest. It includes updates about some of the many innovations, initiatives and projects that the AED is currently involved in. In a few places you will see an invitation to respond to issues raised in the articles. Please consider doing so, as our field has lots of areas that could benefit from active debate. The aim of the *Forum* is not just to inform members about AED activities, but also to provide a forum — as its name suggests — for discussion of key issues in relation to eating disorders.

If you read this edition and you find nothing in it to interest you or stimulate your thinking, then take action. This is your newsletter, and it relies on members to contribute articles and items of news. I am always open to suggestions for new sections, such as letters to the Editor or other regular columns. Please let me know if you have any proposals.

Remember — the deadline for the next issue is March 1. I'll look forward to hearing from you.

rachel.bryant-waugh@ntlworld.com

New Board Member

As AED members will recall, two new Board Members took up their duties at the ICED in Barcelona in June, 2006: Susan Paxton from Australia and Paulo Machado from Portugal. Susan introduced herself to AED members in the last edition of the *Forum*, now it is Paulo's turn:

Incoming Board Member Public Education and Advocacy Portfolio

Paulo P. Machado, PhD

I feel a great privilege in serving the Academy for Eating Disorders in my new role as board member in charge of the public education and advocacy portfolio.

I am a professor of clinical psychology at the University of Minho in Portugal, where I teach and do research and clinical work. My research has focused both on epidemiology and treatment of eating disorders. Having a background in psychotherapy research, I'm particularly interested in the role of predictors of treatment response and outcome monitoring as a way of improving the quality of services in mental health.

I've been involved in AED activities since 2001, when I first attended AED's international conference. AED offers a nice balance between members interested in research, clinical work and intervention, causing me to attend every single meeting since. I became involved in AED's work as co-chair of the Special Interest Group Committee. I hope that my previous experience and my involvement with other international organizations like the Society for Psychotherapy Research, where I served as secretary/executive officer, will help me face the challenges of my new position with AED.

Primarily, my role on the board is liaison between the committees in the area of public education and advocacy (Advocacy Committee, Media Committee, and Position Papers Committee), the board and AED's administrative team at The Sherwood Group. We are all committed to work in this important area of eating disorders, and I'm lucky to be able to interact and work with such a strong and motivated group of people.

We are also committed to extending public education and advocacy activities to all areas around the globe and to ensure that our international membership is also reflected in our activities. I would appreciate any suggestions and comments members might have that can assist all of us in public education and advocacy arena achieve this goal. E-mail me at pmachado@iep.uminho.pt.

Board Member Resigns

Fernando Fernández Aranda, PhD, FAED, has recently resigned from the Board as Director for Teaching Days, due to health reasons. Fernando has contributed greatly to the Academy and will be missed on the board. We hope that soon he will again be able to contribute to the Academy. We wish him well. Anne Becker, MD, PhD, has kindly agreed to be appointed to the board as director for teaching days for the remainder of Fernando's term.

Nominations Committee update

Scott Crow, MD, FAED, on behalf of the 2006–2007 nominations committee

After careful consideration, the nominations committee is pleased to present the AED board of directors with the following slate of nominees for 2007–2008. As chair of the committee, I have contacted all of these individuals and each has expressed his or her willingness to serve:

President-Elect:

Judith Banker, MA, LLP, FAED

Board Members:

Dasha Nicholls, MBBS, MD (Print Media Portfolio)
Anne Becker, MD, PhD (Teaching Days Portfolio)

Nominations Committee:

Fernando Fernandez-Arnada, PhD, FAED
Ulrike Schmidt MD, PhD

Debra Katzman, MD, FAED, has kindly agreed to be appointed to the board as treasurer for the remainder of Judith Banker's term.

World Wide Scholarship Fund Needs Support

The AED 2006 Worldwide Scholarship Campaign needs the help of every AED member. Extended through early 2007, the campaign aims to raise \$10,000 US to fund travel and AED conference registration for clinicians and early career investigators. Every contribution, no matter the amount, helps bring us closer to our goal. Past scholarship recipients have graciously provided their personal testimonials about how the conference scholarships have helped advance their own professional experience. To hear their stories, go to www.aedweb.org and click "Support AED's Mission." The link will also take you to information about how to make a contribution, as well as an up-to-date view of the progress of the campaign. If every AED member gives a gift of any size, we will be well on our way to meeting our goal.

The AED Advisory Board: Welcoming Aimee Liu

Kelly Klump, PhD, AED President Elect

Development of the Board of Advisors

The AED board of directors is pleased to announce the development of the AED board of advisors ("advisory board"). Founded in September 2006, our advisory board is comprised of key individuals from within and outside the field who are interested in bringing their knowledge, influence, and experience to the AED mission by advising Academy leadership and guiding important AED initiatives. Within this general framework, the specific objectives of the advisory board are to:

- A. Support the mission of the AED as described in the AED's mission statement and long range strategic plans.
- B. Advise on policies of the AED related to fundraising.
- C. Advise on policies of the AED related to public relations/education/communications/advocacy.
- D. Advise on ways for the AED to strengthen ties with the global business community.
- E. Increase public and professional awareness of, and interest in, the AED through ambassadorship on behalf of the AED.
- F. Advise on ways to address ongoing changes in health care financing and professional training that pose potential threats to our mission.
- G. Facilitate AED partnerships with regional and global organizations and governing bodies that are working to change legislation regarding recognition and reimbursement for eating disorders treatment.
- H. Facilitate AED partnerships with regional and global organizations and governing bodies that are working to increase funding for eating disorder research.
- I. Assist in locating sources of financial support for the AED.

First Advisory Board Member: Aimee Liu



The AED is very excited to welcome its first advisory board member — Aimee Liu. She is a best selling author of four novels and the highly acclaimed memoir "Solitaire." She has co-authored

seven nonfiction books and written numerous articles on medical and psychological topics. Aimee's most recent book, "Gaining: The Truth About Life after Eating Disorders," will be released in February, 2007. This sequel to "Solitaire" digs deep into the root causes, cures and consequences of anorexia and bulimia nervosa. We are delighted to learn that Aimee will be donating the personal proceeds from her book signings to the AED scholarship campaign (see p. 3). She will be on "The Today Show" in the U.S. on Feb. 22, 2007 and is hoping to discuss the AED.

Aimee served as the 2002 president of the literary organization PEN USA and currently teaches creative writing through the UCLA Extension Writers' Program and in Goddard College's Port Townsend, Wash., MFA writing program. For more information about Aimee, visit her Web site at www.aimeeliu.net.

Join the AED board of directors in welcoming Aimee to the organization. We look forward to working with her and future members of the advisory board to further the goals and objectives of the AED.

Additional Advisory Board Information

To learn more about the AED board of Advisors, see the official policy and procedure in the members' only section of the AED Web site at www.aedweb.org. To nominate a candidate for the advisory board, contact Kelly Klump at klump@msu.edu.

World Summit Session II Planned for Baltimore ICED

Paulo Machado, PhD

After the successful official launch of the World Wide Charter for Action on Eating Disorders at the 2006 AED International Conference on Eating Disorders in Barcelona in June, the World Summit Task Force is planning World Summit Session II, to take place during the AED 2007 International Conference in Baltimore.

Preliminary plans for World Summit Session II include a roundtable session to promote collaboration between patient/carers and professionals addressing the mutual goals of improving eating disorder treatment, research and education around the globe. Watch the AED Web site for further information about the World Summit Session II in Baltimore.

AED World Wide Charter for Action on Eating Disorders Update

Submitted by AED Patient/Carer Task Force and World Summit Task Force

The World Wide Charter for Action on Eating Disorders, the AED-sponsored patient/carer bill of rights, continues to be introduced in regions around the world through formal launch and implementation activities. The Charter is now printed in English, Spanish, Dutch, Japanese, Portuguese and German, with other translations to follow over the next few months. Over 270 individuals and organizations have signed on in support of the Charter through the AED Web site. Other organizations around the world are gathering their own lists of signatories. To sign on in support of the Charter, go to www.aedweb.org and click on the link to the Charter.

Recent launch/implementation activities include:

Germany/Austria

A German version of the Charter produced by Günther Rathner and colleagues was presented at the German-speaking congress in Alpbach, receiving a positive response from the 250 delegates in attendance. The Austrian Eating Disorders Organisation is working to collect signatures for the Charter on their home page and in their offices. Next they plan to meet with their politicians and insurance representatives to disseminate the Charter and to discuss how various aspects of the Charter might be financed.

Netherlands

A Dutch translation of the Charter was recently launched by AED President Eric van Furth and AED Patient/Carer Task Force member Eric Vleeschdraager of Stichting Anorexia en Boulimia Nervosa (SABN) at a meeting of the Netherlands Academy for Eating Disorders. SABN is also working to distribute copies of the Charter throughout the Netherlands.

Sweden

The Swedish professional eating disorder organization, Riksföreningen Anorexi/Bulimikontakt (RABK) will translate the Charter and distribute it throughout Sweden by May 2007. Patient/Carer Task Force member and RABK representative, Gisela van der Ster, will work with the Nordic Eating Disorders Association to translate the Charter into Danish, Norwegian, Icelandic and Finnish.

UK

The Charter was launched in Great Britain by the Eating Disorders Association UK. The Royal College of Psychiatrists Eating Disorders special interest group has agreed to endorse the Charter. The Charter was also introduced at a Scottish eating disorders conference in Aberdeen at the end of November.

Japan

The Eating Disorders Network of Japan (EDNJ) held the 6th Eating Disorders Festival in Osaka, Japan on Dec. 3, 2006. The theme of the conference was, "Let's Think about Collaboration with Professionals Together." The Japanese translation of the Charter was made available to conference attendees. The EDNJ now offers an English version of their Web site at <http://ednetwork.jp/english/>.

USA

In partnership with the Eating Disorders Coalition, the AED hosted a press conference to launch the Charter in the United States. Sponsored by Rep. Mary Bono of California, the press conference featured talks by Bono, Rep. Jim Ramstad (Minnesota) and Rep. Patrick Kennedy (Rhode Island) along with Kitty Westin, Anna Westin Foundation, Deb Melk, survivor and activist, Jeanine Cogan, Eating Disorders Coalition policy director, Kelly Klump, AED president elect, and Judith Banker, AED treasurer. Attended by nearly 100 people, the press conference also was held to generate support for the Improved Nutrition and Physical Activity Act (IMPACT), important new legislation that promotes the goals of the Charter. Regional U.S. Charter events include a November launch held in North Carolina through the support of the University of North Carolina and a presentation of the Charter at a New York State Insurance Round Table in December.

Charter Listserv Now Available

Anyone interested in participating in online discussion and networking focusing on the World Wide Charter launch and implementation activities is welcome to join the Charter listserv sponsored by the AED. To join the listserv contact listserv moderator Laura Collins at laura@eatingwithyouranorexic.com.

AED Sister Organizations: Partnerships Around the Globe

In the last issue of the *Forum*, the AED board announced the establishment of a new collaborative initiative: the development of sister organizations to the AED. Sister organizations are national, professional organizations whose missions parallel those of AED and who partner with the AED to achieve shared goals. In the last issue, Susan Paxton wrote a piece in the first "Sister Organization Spotlight" column on the recently forged partnership between ANZAED (the Australian and New Zealand Academy for Eating Disorders) and AED. Please read on for more information about this important and exciting collaborative venture.

AED and Sister Organizations: Formal Partnerships

Formal collaborations between the AED and sister organizations will be mutually demonstrated in the following ways:

- Web pages on both organization's Web sites will describe the goals of the sister organization, its activities, and joint projects.
- Regular updates on sister organization will be included in each organization's newsletter.
- Free conference and workshop advertisements will be provided in the *AED Forum* and the sister organization's newsletter.
- Discounted AED membership and conference rates will be offered to sister organization members and vice versa.
- Small, joint scholarship funds (e.g., \$500) will be developed to support travel for researchers or clinicians from sister organizations to attend each organization's main conference.
- Sister organization members will be invited to speak at each organization's conference.
- Joint teaching days will be developed between the AED and sister organizations.
- Funding resources will be explored for both organizations with a focus on transnational partnerships.

In addition to these initiatives, leadership from the AED and sister organizations have semi-annual meetings to evaluate the partnership and discuss additional collaborative ventures.

Becoming a Sister Organization:

Interested in becoming a sister organization to the AED? Contact Lucene Wisniewski, director of membership, at lucene.wisniewski@edcleveland.com See also the AED policy and procedure on sister organizations in the Members Only section of the AED Web site (www.aedweb.org).

AED Patient/Carer Taskforce Update

Patient/Carer Task Force Member Spotlight
By Laura Collins

The AED Patient/Carer Task Force (PCTF) has nearly 20 members representing patient/carers organizations from Japan, the U.K., the United States, Australia, the Netherlands, Sweden, Austria and Scotland. In each edition of the PCTF Spotlight, the work and background of a PCTF member is highlighted. This edition focuses on PCTF member Kitty Westin of the Anna Westin Foundation.



Kitty Westin is an advocate and activist whose journey into activism began six years ago after her daughter Anna died from anorexia. Kitty and her family made the decision within days of Anna's death

to find a way to transform the horror of her death into something positive, and the Anna Westin Foundation was born. The Westin family hoped and believed that talking openly and honestly about Anna's life and death would help others understand that eating disorders are real illnesses and dispel the stigma and shame often associated with having an eating disorder.

As president of the Anna Westin Foundation, Kitty travels throughout the United States and the world talking about the dangers of eating disorders and advocating on behalf of sufferers, carers and professionals who are working hard in the areas of prevention, treatment and research. In the six years since Anna's death, Kitty has reached millions through the media and personal appearances. And, as a member of the Eating Disorders Coalition for Research, Policy & Action board of directors, and a founding member of the Family and Friends Action Counsel, she has participated in Congressional briefings and national press conferences in Washington, D.C. in an attempt to educate policy makers and influence policy decisions related to eating disorders.

In 2004 Kitty was invited to join the AED Patient/Carer Task Force and soon after volunteered to join the committee that produced the World Wide Charter for Action on Eating Disorders. She explained that she "loved the idea of a World Wide Charter." This was an opportunity for her to have a voice in the development of what is now being called a

"patient bill of rights". "I hope that copies of the Charter make it into the hands of sufferers and carers across the globe. This document has the potential to change the way people with eating disorders and those who care for them are treated. It specifies that sufferers and carers have basic rights related to treatment and services, and calls upon practitioners and policy makers to adopt the principles laid out in the Charter. It is a call to action." For further information about the Anna Westin Foundation, go to www.annawestinfoundation.org.

AED Special Interest Group (SIG) News

*Katharine L. Loeb, PhD & Tom Hildebrandt, PsyD
SIG Oversight Committee Co-Chairs*

ICED 2007 SIG Developments

We are already looking forward to the next International Conference on Eating Disorders to take place in Baltimore, this spring. There will be a robust representation of AED Special Interest Groups (SIGs) at the range of conference activities, including SIG-sponsored offerings on Teaching Day and at papers, posters and workshops. Several SIGs have planned exciting panel presentations and the majority will hold annual meetings at the conference. Look for more details in the pre-conference edition of the *AED Forum*.

The following SIG-sponsored presentations will take place on the Teaching Day:

Obesity: From Childhood to Adolescence

(Sponsored by the HLA SIG)

Presenters: *Fernando Fernández-Aranda, PhD, FAED; Ovidio Bermudez, MD, FAED; Jennifer Shapiro, PhD; Fernando Mendoza, MD; Armando Barriguete, MD, FAED*

Session Description: Obesity and being overweight during childhood and adolescence are prevalent eating problems in Hispano-American countries, but also among immigrant Hispanic children in the United States. This Teaching Day will focus on the current situation of this eating and weight problem, including environmental and genetic risk factors involved, current approaches that are being applied (even by using new technologies), and prevention strategies that are being applied with Hispano children in the United States and other countries.

Sustainable Eating Disorder Prevention Programs: Using the Participatory Approach to Facilitate both Science and Long-Term Implementation

(Sponsored by the Prevention SIG)

Presenters: *Carolyn Black Becker, PhD; Niva Piran, PhD; Jess Haines, PhD, RD*

Session Description: Despite recent gains in eating disorder prevention, numerous challenges remain regarding the translation of research findings into programs that can have sustained impact in real world settings. This workshop will review the ways in which the participatory approach can be used to engage target social systems (e.g., schools) as partners in eating disorders prevention to facilitate the development of effective and sustainable eating disorder prevention programs that do not necessarily require long-term research grant support. The participatory approach engages members of relevant social systems as collaborators in the development, implementation and testing process, empowering them to become activists in the prevention of eating disorders.

A discussion of the general principles of the participatory approach will be provided. Examples from four ongoing participatory programs will be used to discuss the advantages and disadvantages of this approach, along with strategies for overcoming challenges to its use. The example programs respectively target: an ethnically diverse school in the United States, an elite ballet school in Canada, a campus-wide sorority system and a large national sorority. Data from research associated with the programs also will be presented. The workshop will examine program evaluation and application for funding in implementing and evaluating the participatory approach to prevention.

The Role of the Therapeutic Relationship in the Treatment of Eating Disorders: Implications for an Integrated Approach *(Sponsored by the Psychodynamic Psychotherapy SIG)*

Presenters: *Howard Steiger, PhD, FAED; Patrician Fallon, PhD, FAED; Judith Banker, MA, LLP, FAED*

Session Description: Eating disorders are complex illnesses that can both evolve from and create unsatisfying or disturbed interpersonal relationships. These interpersonal difficulties and relational patterns will typically emerge in the relationship between patient and psychotherapist, particularly in cases where the patient has experienced severe or chronic relational disturbance or trauma. This

clinical session will focus on the understanding and use of the dynamics within the therapeutic relationship as a central tool in addressing the core interpersonal issues frequently encountered in eating disorder treatment. Drawing on empirical support for the use of adapted behavioral and dynamic treatments, the workshop presentations will describe and demonstrate integrative relationship-focused psychotherapy techniques that can be effective in the treatment of people with eating disorders. Topics will include ways to identify and address interpersonal disturbances through the experience and observation of the therapeutic relationship, the impact of gender on the therapeutic relationship, particularly in the treatment of the challenging eating disorder patient, and the effective use of therapist authenticity and therapist self-disclosure to develop a more impactful therapeutic relationship.

Other SIG News

We are pleased to announce the formation of our 23rd Special Interest Group, the **Assessment and Diagnosis SIG**, co-chaired by Carol B. Peterson, PhD and Drew A. Anderson, PhD. The purpose of this SIG is to focus on the assessment and diagnosis of eating disorder symptoms. The functions of the Assessment and Diagnosis SIG within AED will include the following: disseminating information about the use of reliable and valid assessment techniques; focusing on the development of new assessment tools; providing training in assessment interviewing methods; discussing diagnostic and classification issues, especially those most pertinent to the construction of classification systems including DSM-V. The SIG plans to sponsor educational workshops and symposium at the annual meeting, and create a database with information about specific assessment measures including how they can be located and the training required for their administration and scoring. If you are interested in joining this new SIG, please contact Carol Peterson at peter161@umn.edu or Drew Anderson at drewa@csc.albany.edu

Diann Ackard, PhD, FAED and Timothy Brewerton, MD, FAED have submitted a proposal for the formation of a new AED SIG, **Trauma and Eating Disorders**. The proposed missions of the Trauma and Eating Disorders SIG are to a) establish a forum for communication for AED members doing work in the fields of trauma and eating disorders; b) disseminate in a timely manner research results and clinical experiences related to trauma and eating disorders; and c) provide opportunities for research collaboration and clinical consultation among AED members. The first meeting

of this new SIG would take place at the 2007 ICED in Baltimore where interested SIG members would inform the development of an organizational structure and an acceptable description of the SIG's purpose. The next step required in formalizing this SIG is to compile a roster of interested AED members. If you would like to join the proposed Trauma SIG, please contact Diann Ackard at diann_ackard@mind-spring.com

Join a SIG

AED members are welcome to join any number of the now 23 Special Interest Groups the Academy has to offer. Our SIGs provide unique settings that foster professional networking, education and collaboration with colleagues from around the globe in areas of mutual interest. The AED SIGS are growing rapidly. Become part of this vital and enriching professional opportunity within the AED.

For a current listing of AED SIGs and further membership information, click on the link to the SIG section on the AED Web site homepage at www.aedweb.org

Fellows in Profile

Glenn Waller, BA, MCLinPsychol, DPhil, CPsychol, FAED



A while back, I was asked to write an article on '25 Years in the Eating Disorders.' I am not sure if I was more startled by the fact that anyone would assume I had been in the field

for that long, or that I am only a few years off that benchmark. I immediately applied for fellowship status with the AED, because I figured that it was about time that I acquired some gravitas to go with the age (it was that or take up golf — it is so hard to know how to deal with a midlife crisis).

My 18 years (being honest, nearly 19) in this field began by chance. I was in the final year of my clinical psychology training in the United Kingdom, and my last placement fell through. That led me to take up almost the only remaining training placement that was available, and I found myself sitting in front of a string of anorexic and bulimic patients, struggling to make sense of what was going on. That feeling of being at sea led me to two important conclusions — I wanted to know more about eating disorders, and I wanted to

know how to help these patients. These questions — 'what' and 'how' — have guided me down some strange and wonderful paths in the past two decades. Fortunately, I have had patients and colleagues who were willing to guide me (including telling me when I had it hideously wrong). It is amazing where chance will take you. I think it was Douglas Adams who coined the term 'zen navigation' — not knowing where you are going, but knowing that wherever the road takes you will be interesting. I don't think that I have had a boring day since I started.

When I qualified, I started with ten years of combined clinical work with eating disorders, eating disorders research and training clinical psychologists. That included work at the Universities of Manchester, Birmingham, London and Southampton. Then, I moved into a second career phase, focusing on clinical and research work while based in London. I was with the St. George's Service for several years, but now I divide my time between the Vincent Square eating disorders clinic and the Eating Disorders Section at the Institute of Psychiatry, King's College London. I have been very fortunate to have had so many colleagues and students who I learned from, mentored and just plain annoyed into action. My patients have also helped, as they force me to think and express myself clearly. There are always so many ways to be obscure, but jargon is unlikely to be our salvation.

My philosophy always centred on the assumption that I know very little, but that I can try to find out (or get other people onto that task). In more technical terms, that boils down to a combination of evidence-based and evidence-generating practice, and a willingness to borrow ideas that have been developed in other areas. If I have a gripe (and those who know me will be aware that I have lots of gripes), it is that there are so many clinicians who do not think about formalizing and communicating their excellent clinical practice, and that there are so many researchers who do not think about how to make their ideas relevant to the eating-disordered population. One of the great things about belonging to organizations like the AED and the Eating Disorders Research Society is that I meet many people who I can learn from, although there are those who would say I have completely failed to apply myself to learning how to dress for the occasion (any occasion).

As with my research, I have now gone far enough down the line of being a cognitive-behavioural practitioner that I am unlikely to

come back. The model makes sense to me, communicates clearly to my patients, and even helps some people to get well. I also like the fact that working with CBT does not allow me to pretend that I am 'a therapist.' I enjoy teaching patients to become their own therapists, but I do not need the ego trip of pretending that I can make anything happen if I try to be in charge. Rule one has always been 'Never get into a fight with an eating-disordered patient — I will lose,' and if I lose, then so does my patient.

I worry sometimes that I am fossilizing and that I will fail to take on new ways of doing things. I am of that sort of age, after all. Indeed, this year I have committed the sin that I always thought I would not be ready for — I co-authored a book on treatment. I have always felt that I did not know enough to do this. However, I am lucky enough to have been joined in this effort by colleagues who have always been ready to tell me when I was getting pompous (very ready, in fact). I hope that I can still bear to look at it in a year's time.

So, back to where I started — my 'what' and 'how' questions. Do I know more about eating disorders, or what to do about them? I think so. Do I know enough? Certainly not — anyone who says that they know enough is deluding themselves and short-changing their patients. However, that is no reason for despair. Being in this job is a learning process, and I have no intention of stopping learning.

Just one complaint about being a fellow of the AED. I had imagined that there would be a secret handshake, or ceremonial robes. Have I missed something?

Toward a Common Ground: Bridging the Gap between Research and Practice in the Field of Eating Disorders

Judy Banker, MA, LLP, FAED and Kelly Klump, PhD, AED President Elect

It were not best that we should all think alike; it is difference of opinion that makes horse races. — Mark Twain

Clinicians who treat people with eating disorders express frustration over pressure from researchers to provide empirically supported treatments (ESTs). Researchers scratch their heads over the seeming resistance of

clinicians to stay current on the latest findings in research. Clinicians feel their expertise is dismissed by researchers; researchers feel their expertise is met with indifference from clinicians. We are witnessing, in the field of eating disorders, the classic research-practice gap, a long-standing phenomenon spanning fields as varied as medicine, engineering, education, public health, and even geography and library science. Indeed, a quick Google search of “research-practice gap” yielded 16,000 hits, highlighting the universality of the gap in fields with both an applied and basic science component.

As colleagues, the two of us have had many conversations about this issue since we first met over six years ago through our involvement in the Academy for Eating Disorders (AED). As a professional organization comprised of research scientists and practitioners, the AED has seen the research-practice gap played out in our own membership — clinicians at times reporting that they feel marginalized and unsupported, and researchers expressing frustration over the underutilization of empirical data. Researchers work to disseminate the latest findings, yet most clinicians do not use them as their first line of treatment.

Professionally, we (the authors) are poster children for the opposing sides in this research-practice deadlock. Kelly is the AED president elect and is a tenured faculty member at a major research university. She does not treat patients. Judith is the AED treasurer, a clinician, and the founding director of an outpatient treatment center. She has only recently begun to dabble in the world of conducting formal research. We decided to build on our differences for this article and investigate the causes for, and possible solutions to, the research-practice gap in our field. Instead of conducting the usual review of the empirical literature, we chose to do our own analysis by conducting an informal survey of our AED colleagues. This survey is humbly unscientific — however, it provided us with information on why the gap persists despite a long-standing empirical literature on the topic.

Our “research” questions were straightforward:

1. There appears to be a researcher-clinician gap in our field. What do you think is the main cause of this gap?
2. What is one step we can take to close the gap?

We e-mailed these questions to 32 AED colleagues from North America, Europe, Australia and the U.K., half of whom do both research and clinical work. Of the half

remaining, one quarter were strictly clinical practitioners and one quarter were strictly researchers. The response to our survey was overwhelming. We received all the responses within one week. More importantly, the responses were uniformly thoughtful and united in their concern about this issue and about the importance to our field of finding effective ways to bridge the gap.

Although we purposefully kept our research questions general, not surprisingly, the majority of responses focused on the gap between treatment research and standard clinical practice. We reviewed these responses for common themes, but also for important differences that likely underscore the persistent gap. These commonalities and specific points of departure are delineated below, but we feel that we must make a process comment before proceeding. With few exceptions, the tone of the responses differed between researchers and clinicians. Clinicians clearly felt under attack, as their responses included references to “a faith-based jihad against clinicians” and the view that they are perceived as “unscientific charlatans.” By contrast, the tone of responses from researchers was not of feeling attacked, but instead reflected a feeling of resignation and a bit of hopelessness that the gap could be closed.

What should we make of these differences in tone? We think they reflect the perceived power differential between clinicians and researchers and the tendency for researchers to be more commonly at the podium espousing the need for clinicians to change (rather than the reverse). Clinicians understandably feel attacked by this, while researchers feel hopeless, as the researchers’ data fail to translate into new clinical practices. All of this points to a need to change our dialogue — change how it takes place, where it takes place, and the nature of the interchange. We will return to the respondents’ and our ideas about this change later. However, suffice it to say that the feelings about the gap and the history between the two camps runs deep and affects how we think and talk about the differences in our field.

Question #1: What accounts for the gap?

Commonalities

At least one structural obstacle to achieving optimal clinician-researcher collaboration was cited with startling uniformity: a lack of time and resources. This was the most frequent response for researchers and a common response for clinicians. Researchers noted that providing clinical care is not valued or rewarded at their academic institutions where pub-

lishing and grant funding are the standards by which they are evaluated. Likewise, researchers and clinicians acknowledged that clinicians neither have the time nor the resources to stay abreast of research in their practice where demands from managed care and/or other clinical pressures take precedence. The lack of funding for studies that involve clinician-researcher collaborations as well as limited funding for translating research findings into practice were also noted. Finally, clinicians pointed out several resource-based obstacles, including the lack of funding for long-term supervision for training in ESTs, and time and financial constraints that tend to lower motivation to apply research to practice.

In addition to a lack of resources, clinicians and researchers perceived the differential “evidence” for good practice as key to the persisting gap. Respondents noted that researchers value data from randomized controlled trials (RCTs), whereas clinicians value clinical data from professional experience and observation. These different views about what is considered evidence were perceived as contributing to each side devaluing and talking down to the other rather than leading to an appreciation of the reasons why each side values different data.

A final commonality focused on training. Researchers and clinicians both felt that they had received inadequate training to engage in integrated clinical-research activities. Respondents felt that researchers were not trained in how to disseminate research findings effectively and translate them into practice. Likewise, respondents felt that clinicians were not adequately trained in how to interpret and apply empirical data to their work. Deficits in each of these areas were thought to contribute to a resistance to change and a dualistic either/or mentality that inhibits the integration of clinical and empirical data.

Differences

Aside from these commonalities, there were also some striking differences in clinician and researcher responses. While researchers overwhelmingly viewed a lack of resources and the differences in evidence as the primary obstacles to clinical-research collaboration, clinicians cited many more issues that needed to be addressed. This difference in the number and type of factors viewed as causative underscores our earlier comments about the differential experience of the gap in these two groups.

A number of clinicians reported feeling that the gap was due to a perception that most research findings are irrelevant for the realities of clinical practice. Respondents reported that

exhortations from researchers to practice evidence-based treatment in the face of limited effectiveness for all eating disorder patients (e.g., for those with anorexia nervosa and/or extensive comorbidities) lead to significant frustration and a sense of disconnect from the usefulness of empirical data. Clinicians reported that it is often necessary to blend a variety of treatment modalities in order to adapt to the shifting symptom picture and multiple disorders they encounter in their patients; yet, clinicians felt that few empirical guidelines exist for adapting ESTs to “real life” treatment and for changing course when ESTs are ineffective. Importantly, one researcher agreed with these responses, saying that researchers must do a better job of demonstrating generalizability of research findings to standard clinic populations. Likewise, two additional researchers felt that most eating disorders research lacks clinical relevance, as they felt the research focuses on issues that have little-to-no bearing on day-to-day practice.

Question #2: What can we do to close the gap?

Fortunately, the responses to this question were almost wholly uniform. First and foremost, our respondents believed that promoting institutional and organizational support for clinician-researcher interaction and collaboration is key to bridging the research-practice gap. Many suggestions centered on creating forums for open and honest discussions between clinicians and researchers. The most commonly cited venue for such discussions was the AED annual conference. Both researchers and clinicians alike called for a stronger fusion of clinical and research data at these conferences, where ideally, presenters of empirical data would discuss clinical applications. Perhaps more importantly, respondents reported a strong desire for a greater prominence of purely clinical presentations at AED meetings. Finally, there was a desire for smaller, informal group discussions where professionals could discuss the “evidence” they value, the reasons for their opinions, and the ways in which the different forms of evidence inform, rather than contradict, each other. This coming together of the minds (aptly described by one clinician as a “researcher-clinician rapprochement”) on the same playing field would serve to mitigate any perceived power differential or implied value placed on one type of evidence over another.

In addition to broadening the appeal of conferences, respondents felt that it would be useful to have regular clinical commentaries on empirical data in the *International Journal of Eating Disorders* and the *AED Forum*.

Respondents also called for a need to lobby for funding for clinician-researcher collaborations and for translating research into patient care. Many felt that changes at the level of academic institutions or managed care would only occur if there were funding opportunities available for exploring clinical-research collaborations.

Respondents also felt that improvements in training could close the gap. Suggestions in this area included: 1) encouraging the inclusion of evidence-based interventions in clinician training to impart an appreciation for — rather than suspicion of — research; 2) changing training expectations by creating and encouraging “clinician investigator” job profiles rather than “clinician” OR “investigator” profiles; 3) providing refresher research design and statistics courses at conferences; and 4) teaching scientists to think like clinicians and vice versa.

Finally, clinicians made several suggestions for ways to increase the clinical relevance of research including testing treatments in RCTs and in “real life” treatment settings. Clinicians also stressed the importance of studying what clinicians do in their treatments rather than simply expecting clinicians to do what researchers study.

Conclusions

It is clear that the research-practice gap is a universal phenomenon that exists within virtually all professions that have an applied and basic science component. Given this universality, it is likely that the basis of the gap lies somewhere in human nature and somewhere in the character of organizational systems, both quite daunting variables with which to tamper.

Nonetheless, the resounding enthusiasm of our colleagues for developing ways to address the research-practice gap is heartening, and we very much agree with the steps suggested above. However, before our field is able to enact the larger structural changes needed to ensure funding and institutional support, we must first focus on establishing on-going opportunities for clinician-researcher dialogues. Despite our quite different professional experiences, we, the authors, developed mutual trust and respect for each other through our AED opportunities to work closely and talk together about our perspectives. Dialogue, shared experience, and support bridged any gap that may have initially existed between us.

The AED can help close the research-practice gap by using these same tools — dialogue,

collaboration, mutual support, and respect — to bring researchers and clinicians together. In joining the richness of clinical observation with the world of formal scientific investigation, the quality of our research and treatments will improve and our community of professionals will be all the better for it.

We are very interested in hearing member reactions to this article and our survey. Please e-mail your comments to us at klump@msu.edu or banker@umich.edu. We also invite letters to the editor that comment on this article and/or other aspects of the research-practice gap. Send letters to *Forum* Editor Rachel Bryant-Waugh (rachel.bryant-waugh@ntlworld.com), by March 1 for inclusion in the April issue of the *Forum*.

AED Member News

Carolyn Black Becker, PhD would like to announce the publication of her book, “Cognitive-behavioral Treatment of PTSD: A Case Formulation Approach,” which she co-authored with Claudia Zayfert, PhD. The book, which targets treatment of complicated/comorbid cases of PTSD, is part of the Guides to Individualized Evidence-Based Treatment series, published by Guilford Press, with series editor Jacqueline Persons, PhD. Available at http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/zayfert.htm&sec=reviews&dir=pp/GIEBT_series&cart_id=794489.8083

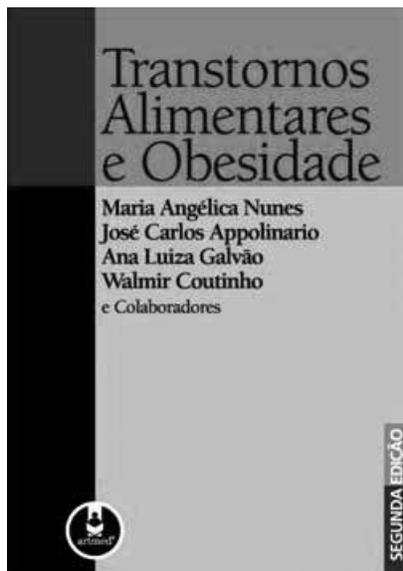
Mary E. Connors, PhD, ABPP, is the author of “Symptom-Focused Dynamic Psychotherapy,” which was recently released by The Analytic Press. The book describes an integrative method of treatment for symptomatic disorders, including eating disorders, in which techniques such as CBT are assimilated into a relational psychotherapy.

Aimee Liu, author of the 1979 anorexia memoir, “Solitaire”, has focused on the subject of recovery in her forthcoming book “Gaining: The Truth About Life After Eating Disorders” (Warner Books, February, 2007). “Gaining” includes Aimee’s story of recovery and relapse, as well as interviews with more than 30 other women and men, and insights from leading eating disorder researchers.

Katharine Loeb, assistant professor of psychiatry at Mount Sinai School of Medicine and director of the Mount Sinai Eating and Weight Disorders Program, is pleased to commence the clinical trial portion of her grant, “Early Identification and Treatment of Anorexia Nervosa.” This study offers free treatment as

part of a federally funded study for children and adolescents with emerging anorexia nervosa. For more information, contact her at 212-659-8724.

Maria Angélica Nunes and **Andréa Poyastro Pinheiro**, would like to announce the publication of the second edition of the Brazilian textbook, "Eating Disorders and Obesity," (2006), edited by Maria Angélica Nunes, José Carlos Appolinario, Ana Luiza Galvão and Waldir Coutinho. This book is a pioneer initiative, being the first textbook on ED published in Brazilian Portuguese. This second edition expands and updates the first with 33 chapters covering a wide range of topics, including psychobiology, classification, epidemiology, etiology, comorbidity, treatment and prevention of eating disorders and obesity. The 2006 edition presents new chapters on body image, eating disorders programs in Brazil and the rest of the world, eating disorders in males



and in individuals with diabetes. The appendix contains instruments and scales for the assessment of eating disorders symptoms and behaviors translated and validated to Brazilian Portuguese. This book is the result of a collaborative work among the various ED Programs in Brazil from Porto Alegre, Sao Paulo and Rio de Janeiro, and represents an effort to cover the multidisciplinary nature of the field. The group of authors tried to bring together a comprehensive and up-to-date quality resource for clinicians, researchers, students and all health professionals who dedicate themselves to provide the best information to the community and help individuals who suffer from these devastating disorders. Visit www.geata.med.br.

Update from NEDA

National Eating Disorders Awareness Week and You — Yes YOU

National Eating Disorders Awareness Week (NEDAW) 2007 will launch a national celebration of 20 years of eating disorder awareness. Hundreds of volunteer coordinators take part in NEDAW each year, reaching millions of individuals across the country with messages about healthy body image, balanced eating and the seriousness of eating disorders by distributing educational materials and organizing events in their communities. The goals of NEDAW are to promote positive body image, reduce the stigma surrounding eating disorders and raise awareness about the dangers of eating disorders and the need for early intervention and treatment. NEDAW, organized by the National Eating Disorders Association, is one of the largest and most effective tools for bringing these messages to the public.



NEDAW 2007 will expand upon the "Be Comfortable in Your Genes" theme, highlighting the fact that body size and shape are strongly influenced by biological factors and encouraging individuals to accept their unique body type. Longtime NEDAW Coordinator and AED member Alexander H. Sackeyfio, MD, commented on the theme, "I've always tended to weave my personal orientation into the national push – this year's relating to genetic influence on the diseases. These diseases (anorexia and bulimia) cause



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Qualified candidates must have a Master's or Doctorate from an accredited university program. Licensure by the State of Minnesota is required within 6 months of employment.

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changes in the way the body responds to food, which in turn causes changes in the way our patients think. [The theme] allows me to emphasize physical and cognitive rehabilitation in ensuring recovery." This year's theme also calls attention to some of the new discoveries surrounding possible genetic factors contributing to eating disorders.

NEDAW is not just for college campuses or community outreach programs. Treatment providers are critical partners in spreading much needed awareness — and hope. You are the ones who know these illnesses inside and out. So, who better to increase awareness than you? Keep in mind you don't have to do it alone. Chances are you have connections with passionate parents, family members, and recovered individuals. Not to mention the many possible community allies, such as schools, hospitals and clinics, and even fitness centers. Donald E. Erwin, PhD, an AED member who's coordinated NEDAW since its inception, noted, "I have always found that there is plenty of help if you look in the right places. My patients have always been involved with NEDAW. Involving patients, particularly those who are doing better, creates more depth in the continuum of care and helps to consolidate the recovery identity."

As a professional, your time is no doubt limited. There's no need to fear. Being a NEDAW coordinator is simple. The preparation and activities are easy and all laid out for you in the NEDAW Coordinator Planning Guide CD-ROM. Plus, there's no minimum requirement of activities to plan or time to give. You really can do as much or as little as you want or can fit into your schedule. Whether it's planning an event with speakers, distributing information locally, or working with your local newspaper on an awareness story, there are many opportunities to get involved.

Help us raise awareness that eating disorders are illnesses, not choices by becoming involved in the 20th anniversary NEDAW. You can make an even bigger impact by educating your community about the risks of dieting and the warning signs of eating disorders. To find out more, or to register as a NEDAW coordinator, visit www.NationalEatingDisorders.org. Remember, it's never too late to get involved. Dr. Erwin further suggests, "Anyone who treats eating disorders as a clinical specialty, as is my case, really should be involved with NEDAW for their patients."

Book Review Corner

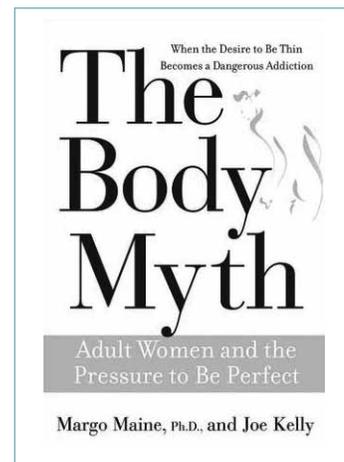
The Body Myth: Adult Women and the Pressure to Be Perfect

by Margo Maine and Joe Kelly

Eating disorders and preoccupations with shape and weight are generally considered to be most prominent among adolescent and young adult females. Yet a large number of older adult women suffer from symptoms of body dissatisfaction, cycles of yo-yo dieting, and unhealthy weight control behaviors. The authors of "The Body Myth," Dr. Margo Maine and Joe Kelly, report that one third of The Renfrew Center's residential patients are now over 30, and that 69 million adult women are dieting to either lose or maintain their weight at any given time (according to the 2000 U.S. census).

The body myth refers to "the mistaken belief that life's meaning, our self-worth, and our worth to others are (and ought to be) based on how our body looks, what we weigh, and what we eat". Dr. Maine begins the book by debunking various aspects of the body myth. In addition to describing the effects of dieting on metabolism and the connection between dieting and overeating, she also reviews findings that are somewhat less well-known, including findings indicating that women who gain a moderate amount of weight during menopause have less severe symptoms than underweight menopausal women, or that a BMI of 25 is associated with the lowest death rate for white men and women. The authors emphasize that not only is some fat on a woman's body okay, health-wise it may even be preferable.

In the third chapter, Dr. Maine shows how intimately connected women's physical bodies are to significant life events, developmental tasks, and life transitions. While consistently emphasizing that women are more than their physical bodies, she also acknowledges that due to both biological and cultural factors, women's bodies are an important part of who we are as women. The chapter is divided into several sections, each addressing various transitions that many women must face. In the first section, "Women's Bodies," Dr. Maine reviews childbirth, issues of fertility and infertility, coping with a postchildbirth body, menopause, the increasing sense of invisibility that some women experience as they age, and finally death. Dr. Maine goes well beyond the obvious links between these events and a woman's body to explore the deeper psychological issues, both positive and negative, that can arise for women during each of these tran-



sitions. In the section on "Women's Work," Dr. Maine reviews several challenges that women often face in the workplace, including taking pride in one's occupational achievements, finding a work-family balance, competing with younger women on the job, and retirement. Other sections include discussions of child rearing, or the decision to not have children, the empty nest, the marriage of one's children, caring for aging parents, infidelity and divorce. She skillfully describes how conflict in any of these areas can play out in and on a woman's body, sometimes for concrete reasons, at other times in a more symbolic manner. Dr. Maine offers convincing reasons for how efforts to cope with these transitions can easily lead to efforts to change one's weight, body shape, or appearance, which in turn can easily lead to harmful weight control behaviors and full-blown eating disorders. The chapter is a highlight of the book, both compelling and exceedingly compassionate.

Maine and Kelly go on to review the physical and emotional consequences of disordered eating and the ways in which harmful weight control behaviors serve as coping mechanisms. The authors also encourage women to explore the influence of both their immediate family and the larger cultural context in shaping their attitudes about food and eating. They then offer concrete suggestions for fighting the body myth, including changing distorted cognitions, identifying and focusing on valued personal attributes unrelated to physical appearance, and finding female role models who are both successful and unafraid to age gracefully.

Exercises are incorporated throughout the book to underscore the points of each chapter, to raise the reader's awareness regarding eating, weight, and cultural messages about beauty and thinness, and to encourage the

reader to consider how these issues have affected her life. Although the age group at which this book is targeted is primarily older adult women, women of any age can benefit from reading this book, as can the mental health and medical professionals working with these women.

"The Body Myth" is a long-overdue book that bravely addresses an often overlooked topic. It dispels the mistaken belief that body dissatisfaction and unhealthy weight control behaviors belong to the realm of adolescence and young adulthood. It gives older women a voice, while also acknowledging the real and profound differences between adolescents' struggles with body image and adult women's struggles with body image. The book is notable for its remarkable compassion and insight. As much as it is a description of the multitude of challenges that women face throughout the course of their lives, it is just as much a celebration of the joys and sufferings of womanhood.

Upcoming Conferences, Meetings and Seminars

Evelyn Tribole, MS, RD and Elyse Resch, MS, FADA, will present an Intuitive Eating Workshop for Professionals, in Los Angeles, USA, on Saturday, May 12, 2007. This hands-on interactive seminar is based on their groundbreaking work, "Intuitive Eating, 2nd ed." St.Martin's Press: NY, NY, 2003. For more information contact Etribole@IntuitiveEating.org or www.IntuitiveEating.org

MEDA's 12th National Conference: Weathering the Storm: Protecting Individual and Families in the Midst of an Eating Disorder will take place March 23–24, 2007, at the Sheraton Hotel in Needham, Mass., USA. The conference will address the effects of an eating disorder on an individual and how it penetrates the entire family dynamic. In particular, the conference will examine current treatment options that include the family as a member in the recovery process. The power of hope, alternative forms of treatment as well as other clinical concerns will also be dis-

cussed. Craig Johnson, PhD will be the keynote speaker. For more information please call 866-343-MEDA or 617-558-1881 x12 or e-mail kristin.tyman@medainc.org. Registration will also be available online beginning in 2007 (www.medainc.org).

Eating Disorders 2007, the 8th London International Eating Disorders Conference will take place March 29-31, 2007 at Imperial College, London, UK. The event will include topical issues and research findings presented by leaders in the field and combines plenary and concurrent sessions as well as short papers, training tracks, posters and debates. For further details contact +44(0) 207 501 6760 or e-mail ed2007@markallengroup.com. Alternatively to reserve a place, call the booking hotline on +44(0) 1722 716007. www.mahealthcarevents.co.uk.

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The AED Forum

Please send all suggestions for articles, job opportunities, information regarding upcoming events or meetings, letters to the editor, awards, honors, or news about Academy members, (e.g., published books) and all other items of interest to:

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Submission deadline:

March 1, 2007

All contributions to the Forum must be submitted to the editor via e-mail or disk in Microsoft Word format.