

Academy for Eating Disorders

Newsletter

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

Issue No. 19

Editor: Lisa Lilenfeld, Ph.D.

Message from the President

James E. Mitchell, M.D.



What is the Proper Role for the Academy For Eating Disorders?

In the past 7 years, since the Tulsa meeting was organized by Craig Johnson, which resulted in the formation of the Academy, much has happened in the organization. We have now grown to over 800 members, we have a business office to help us manage our affairs and an excelent working relationship with George Degnon and his staff, and we are stable financially (although far from wealthy).

This level of success has been accomplished by the hard work of a number of individuals who have given freely of their time and expertise. However, we have reached a point where it is increasingly important for us to decide what the role of the Academy will be in the years ahead, as there are several possible directions in which we can go, and it simply may not be practical or financially feasible to pursue them all.

One area in which the Academy has been particularly successfully is in the provision of high quality educational programs for eating disorder professionals. The "New York Meeting", which now is run by the Academy (and which may not be in New York again for quite a while given the expense necessary to hold meetings there) continues as our best known activity. The addition of another conference in the odd num-

Continued on page 6

Message from the Editor

Lisa Lilenfeld, Ph.D.

I would like to begin by thanking my colleagues for their input and support during this period of transition as I have settled into my position as editor for our newsletter.

Based upon your feedback, we will be continuing the new columns introduced in the last newsletter and will add another. Periodic updates on the business of each of our five Academy Councils which correspond to our five Academy goals (Education & Training, Foundation, Membership, Public Affairs, and Publications) will continue. You can find the latest one from Ruth Striegel-Moore of the Public Affairs committee in the current newsletter. The Junior researcher "stand-outs" column also continues in this newsletter with two important works from new researchers (Lindsay McLaren and Diann Ackard). The first summarizes an empirically-derived model of disordered eating, based upon cluster analysis using both a clinical and nonclinical sample. The second reports on dieting and its relationship with psychopathology and body image in a nonclinical sample. Congratulations goes out to both of these researchers for their outstanding work. Finally, we also continue our column to honor those Academy members who have recently been given newsworthy awards for their professional work. Ann Kearney-Cooke and Cheryl Rock are both highlighted in the current newsletter. Thank you to all of the academy members who have sent me this information about yourselves and your colleagues. Keep it coming!

Something new to begin in the current newsletter is a Book Review column. Debra Franko, Ph.D. has graciously signed on to be in charge of identifying and reviewing new works in our field. Debra is currently the Program Director at the Harvard Eating Disorders Center in Boston and is an Associate Professor of Psychology at the University of Massachusetts. Her clinical and research interests are in prevention, ethnic differences in eating disorders, and preg-

nancy outcome in women with eating disorders. Debra would appreciate the help of all Academy members in helping to identify such works to review. If you have suggestions for books to be reviewed, please send your ideas to Debra at dlf@hedc.org. We are accepting notification of all books written by Academy members and will list these works in our newsletter. We will not conduct reviews of all books sent to us, but will indeed list these titles in the newsletter.

Fall 2000

Finally, I would like to direct your attention to the article by Larkin McPhee, summarizing her 52 minute documentary on eating disorders entitled, "Dying to be Thin". Several Academy members contributed to this project. The documentary will air on the evening of December 12, 2000 on PBS (NOVA) at 9:00pm (EST). Please check local listings, as times may vary.

I have greatly enjoyed my post as Editor thus far and continue to look forward to hearing your suggestions as to how I can make the Newsletter of utmost interest and use to all Academy members. Enjoy the fall season.



Inside This Issue

Page

- 1 Message from the President
- 1 Message from the Editor
- 2 Junior Researcher "Stand-Outs"
- 4 Book Review Corner
- Upcoming Conferences & Workshops
- 6 Eating Disorders Documentary
- 7 Public Affairs Council update
- 7 Academy Members Honored
- 8 Newsletter contact information

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Junior Researcher "Stand-Outs"

Lisa Lilenfeld, Ph.D.

The following two researchers were among those nominated by the paper session moderators at the New York meeting in May as having given exceptionally strong research presentations. This column of the newsletter will allow all Academy members to learn about what these up-and-coming researchers are doing. Summaries of their presentations from the New York conference can be found below.

1. Lindsay McLearn, M.A.

Education

1997 B.A., Psychology, Simon Fraser University, Vancouver, British Columbia 1999 M.A., Psychology, Concordia University, Montreal, Quebec

Current Position

Completing a Ph.D. in Public Health at the Department of Social and Preventive Medicine, University of Montreal, Quebec

2. Diann Ackard, Ph.D.

Education

1991 B.A., Psychology, Univ. of MN, Minneapolis 1996 M.A., Psychology, Univ. of Cincinnati, Ohio 1998 Ph.D., Psychology, Univ. of Cincinnati, Ohio 1999 Post-Doctoral Fellowship, University of Minnesota School of Public Health

Current Position

Independent Practice, Minnesota

A Two-Factor Model of Disordered Eating

Lindsay McLaren, M.A.¹, Lise Gauvin, Ph.D.^{1,2} & Howard Steiger, Ph.D.³

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It is well documented that the eating disorders (EDs) are associated with, and perhaps caused by, a host of biological (e.g., body weight/shape, temperament), psychological (body esteem, self esteem), and sociocultural (socially normative valuing of thinness, gender issues)

factors. Several researchers have developed twofactor models of the etiology of EDs based on the assumption that two broad categories of determinants, *eating-specific psychopathology* and *general psychopathology*, converge in predicting the presence of an ED.

In this study, we evaluated the viability of a two-factor model. The sample included clinical ED outpatient women (n=73; representing both anorexia and bulimia nervosa) and nonclinical women (n=266; college/university students). All women completed paper-and-pencil questionnaires assessing disordered eating (dietary restraint, emotional eating, binge eating), eating-specific psychopathology (body esteem pertaining to body weight, appearance, and attributions based on body), and personality pathology (narcissism, compulsivity, affective instability, and stimulus seeking).

Rather than grouping all nonclinical women together for further comparisons with the ED patients, we conducted a cluster analysis to see if meaningful subgroups of nonclinical women emerged along dimensions of disordered eating. The analyses revealed three relevant clusters characterized as follows: "nondeviant eaters" (low scores on all three variables), "restrainers" (high score on dietary restraint; moderate scores on emotional eating and binge eating) and "deviant eaters" (high scores on dietary restraint, emotional eating, and binge eating). We then created a fourth cluster that regrouped all the clinical ED women.

To evaluate the viability of the two-factor model, we conducted a polynomial logistic regression with cluster membership as the outcome variable and eating-specific psychopathology variables (i.e., body esteem), general psychopathology variables (i.e., personality pathology), and all interaction terms as predictors. Overall correct cluster classification using this procedure was 63%. Several significant main effects emerged with affective instability, stimulus seeking, body esteem weight, body esteem appearance, and body esteem attribution all significantly predicting cluster membership. That is, as disordered eating became more pronounced, eating-specific psychopathology and general psychopathology worsened progressively.

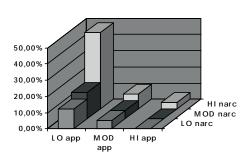
In addition, we observed two significant interaction effects: body esteem for weight X narcissism and body esteem for appearance X narcissism. To better understand these interactions,

we divided the entire sample into tertiles along dimensions of body esteem for weight, body esteem for appearance, and narcissism. Then, for each cluster, we plotted the proportion of women falling into various tertile combinations of body esteem and personality pathology (see Figure 1). We observed that in the "clinical ED patients" a large proportion were characterized by a combination of low body esteem and high narcissism. In contrast, a large proportion of the "nondeviant eaters" were characterized by a combination of high body esteem and low narcissism. These results provide support for a two-factor model of disordered eating in which the simultaneous presence of eatingspecific and personality psychopathology is most predictive of an ED.

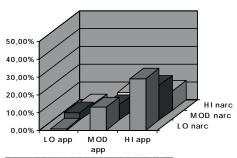
Further longitudinal cohort research would be useful in identifying the relative onset and stability of these two categories of determinants. In terms of prevention and intervention, we believe that a two-factor conceptualization supports the need for both population-level and high-risk intervention strategies. For example, if eating-specific psychopathology is normative among women and is attributable to macro-level determinants such as sociocultural climate, then policy interventions designed to shift social norms and thereby influence the population as a whole may be one appropriate target for change. Alternatively, personality pathology may represent a more stable individual level determinant that is more amenable to psychotherapeutic interventions that target persons identified as 'high-risk'.

Figure 1. Distribution of women within each cluster in tertile combinations of narcissism and body esteem appearance concerns: a) clinical ED patients and b) nondeviant eaters.

a) clinical ED patients cluster



b) nondeviant eaters cluster



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Dieting frequency among female college students: Association with disordered eating, body image and related variables

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This study evaluated the association between lifetime dieting frequency and disordered eating, body image and related features other among college females, after controlling for current body mass index (BMI). A review of selected knowledge on dieting behaviors is warranted. 1) Many females diet. In a nationally representative survey of high schools girls, 58% had dieted (Schoen et al., 1997), and in a study of over 4,000 adults, 75% of the women had dieted (Jeffery, Adlis, & Forster, 1991). 2) Many dieters are of normal weight for height. Approximately 47% of normal-weight women and 32% of normal-weight girls diet (Biener & Heaton, 1995; Moses, Banilivy, & Lifshitz, 1989; Stephenson, Levy, Sass, & McGarvey, 1987). 3) Some dieters use "unhealthy" means. In a community weight-gain prevention program, 22% of women had used at least one unhealthy weight reduction behavior over the past year (Neumark-Sztainer, Sherwood, French, & Jeffery, 1999). A state-wide survey of over 130,000 Minnesota students revealed that 43% of girls in 9th and 12th grades reported fasting

or skipping meals to control or lose weight (Minnesota Department of Children, Families and Learning, 1998). 4) Some evidence suggests that dieting may lead to the development of an eating disorder. Results from a prospective study of 1,010 adolescent girls indicate that among the 34.6% of the overall study population who indicated dieting at baseline, 21% developed eating disorders by the 12-month follow-up (Patton, Johnson-Sabine, Wood, Mann, & Wakeling, 1990).

Participants were 345 female university student volunteers selected from a larger study. They were matched across dieting frequency groups [none; 1-5 times; or 6 or more times] within one unit of BMI [kg/m²], yielding 115 women per group. On average, participants were 21 years old, 5'5" and 132 pounds. Most were single (56%) or dating (40%), and either White (78%) or Black (14%).

Each participant completed the following psychometrically-sound scales: the Eating Disorders Inventory - 2 (Garner, 1991); the Bulimia Test - Revised (Thelen, Farmer, Wonderlich, & Smith, 1991); the Body Image Assessment (Williamson, Davis, Bennett, Goreczny, & Gleaves, 1989); the Center for Epidemiological Studies Depression Scale (Radloff, 1977); and the Rosenberg Self-Esteem Scale (Rosenberg, 1965). For analyses, continuous scores were examined by comparing mean scores using ANOVA across lifetime dieting frequency categories. Tukey's multiple-comparison tests were conducted post hoc to assess differences between pairs of groups at p < 0.05.

Results from the current study provide consistent evidence for the association between dieting frequency and psychopathology, regardless of BMI. Frequent dieters (women who dieted 6 or more times) reported a higher number and severity of eating disorder symptoms (p<.0001), as well as greater body dissatisfaction (p<.0001) and current body-size distortion (p=.0004) than their peers who dieted less often. Frequent dieters also reported greater drive for thinness (p<.0001), significantly worse symptoms of depression (p<.0001), and lower self-esteem (p<.0001) than infrequent and non-dieters.

The results of this correlational study need to be interpreted with great caution. Some researchers have suggested that dieting precedes the development of eating disorders (Fairburn, Marcus, & Wilson, 1993), while others caution

Continued on Next Page

that negative affective states precede the onset of dieting and potentially subsequent eating disorders (Lowe et al., 1996; Stice, 1994). In the current sample of young average-weight college females, dieting was strongly associated with disordered eating behaviors and negative affect such as depression and low self-esteem. While it is possible that dieting behaviors precede the development of an eating disorder and related syndromes, it is also plausible that negative emotional characteristics like depression and poor self-esteem place some individuals at greater risk for engaging in dieting to begin with. It will be important in the future to devise ways to answer the "Which came first?" question.

Qualitative aspects of dieting also need to be understood. Some individuals may diet healthfully by making moderate decreases in fat and increases in fruit and vegetable intake (U. S. Department of Health and Human Services, 1991). Others may engage in more extreme weight-reduction efforts that can have a negative impact (French & Jeffery, 1994). By providing individuals the opportunity to specify the types, duration, and outcomes of their dieting, we can more fully understand the association between dieting and both physical and emotional health.

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Book Review Corner

Debra L. Franko, Ph.D.

Making Weight: Men's Conflicts with Food, Weight, Shape, & Appearance

Arnold Andersen, M.D., Leigh Cohn, M.A.T. & Thomas Holbrook, M.D. (Gurze Books 2000, ISBN 0-936077, \$14.95 U.S./\$23.00 Canada, 252 pages)

This book offers the lay person a comprehensive guide to weight and body image issues in men and promises to be a valuable resource for men and their families. The authors make compelling arguments for how and why these problems have increased for males over the last decade. The book is directly primarily toward men "who can't stand the way they look in the mirror, and the ones who are so driven for perfection that they neglect the deeper areas of life" (p. xiv). However, it is also intended for family and friends of such men and professionals who may treat them in clinical practice. The tone and style of the book would appeal a bit more to a lay audience than a professional one, and I think would make a good "recommended reading" for a therapist to offer to a client.

The first three chapters are an excellent introduction to the rest of the book. In the first chapter, "The Problems Faced by Men," the authors examine issues faced by men, including obesity, shape concerns, eating disorders, over- and under-exercise, and body image problems. After providing a description of each area, a short case summary offers a personal perspective. What these case descriptions illuminate are the myriad of problems faced by men and some of the ways that men struggle with the issues that are so often thought of as solely women's problems. This chapter serves as a wonderful overview for the reader. The next two chapters, "The Differences Between the Sexes" and "Why Today's Men are Having Difficulties," offer the reader the historical, social, and cultural context for the increase in shape and weight disorders in men. The twelve point summary at the end of chapter 2 describes gender differences in succinct and non-sexist terms, and each point is backed up by scientific evidence (although the citations are given in the appendix under general headings, rather than tied to specific references in the text). Surprisingly, the authors report that "males are as dissatisfied with their weight as females, but differ in the goals for change." (p. 70) This is an example of a statement for which I wanted the citation so that I could read the actual study to see how this question was asked and the sample

characteristics. I wished that the authors had provided an easier way to find the study upon which this statement was based. However, this may not concern most readers of this book. With that small caveat, the chapter on the whole was informative and sets the stage for what is to come in the rest of the text.

Chapter 3 provides a most interesting examination of the historical context for weight and appearance issues over time. The connection between size and power is well documented in a review that starts with Greek civilization in the 5th century BC, goes through the Middle Ages, and finally takes the reader to the a tour of the body shapes and sizes of U.S. presidents from Roosevelt to Taft to Clinton.

The next chapter, "Men's Concerns About Appearance" focuses on the power of external images, both biologically and culturally. After a review of some animal studies, the authors point out that "humans are more highly evolved than animals in most ways, but the function of appearance as a sign of what is inside is still present." (p. 103) The subsections that discuss selling sexuality and the types of males models seen in advertisements help to contextualize the explanations as to why more and more men are reporting weight, eating and appearance issues. The last section of the chapter delivers a powerful and critical message: although looks play a part in our lives, they are not and should not be everything. Or, as the authors succinctly put it, there are "more important things in life." (p. 115)

Chapter 5, "Walking in the Woods," is a personal account of one of the author's (T.H.) twenty-year history of anorexia nervosa and compulsive exercise. This poignant story is easily the most powerful chapter in the book. In heart-wrenching detail, Dr. Holbrook takes us through his life, from age 11 when he was called "toothpick Harry" through his painful adolescence when he started running, to medical school and residency where he continued to starve himself and exercise several hours every day. Although many such stories have been written, his honesty in sharing intimate details of his life makes this one of the most moving accounts I've ever read. He also points out how many times nothing was said to him about his symptoms - not by any physician in multiple emergency room visits, not by his colleagues, not by any medical specialist he saw at the Mayo Clinic. It was only when an anorexic patient wondered whether he would be back to work after a weekend that he recognized his own eating disorder. His account of that realization is illuminating, and allows the reader a glimpse into the myriad of feelings he experienced as he contemplated recovery. He talks at the end of the chapter about his recovery and the connections between his early environment and his symptoms, and offers hope that even those with a long history of an eating disorder can "walk in the woods" again.

Chapter 6, "The Facts About Making Weight," offered the reader the most useable information in the book. Sections on the definitions of obesity and set point, the types and roles of fat in the diet, nutrition information, and important facts about dieting give the reader a clear understanding of the connections between body weight and health. This chapter was written in an extremely clear and comprehensive way, and I appreciated the multiple references to the research data from which the information was obtained.

Chapter 7, "Ten Steps to Healthy Living," provides the reader with a template for change and essentially offers a summary of the book translated into action. Its tone was informative, balanced, and easy for the reader to take in and to put into practice. The last two chapters examine treatment issues and the role of loved ones. I thought that both provided important information that would be useful to consumers and professionals alike. Consumers need to know about treatment options and naturally want to know how they can help, and professionals (who may know about treatment) would find the chapter on loved ones useful in clinical practice.

Overall, this book makes a very important contribution to the field and one that you can recommend to your patients for an informative and insightful examination of men's concerns with weight and shape.

\star

Other recently published books by Academy Members:

When your Child has an Eating Disorder: A Step-by-Step Workbook for Parents and Other Caregivers

Abigail Natenshon, M.A., L.C.S.W. (Jossey Bass, October 1999, ISBN 0-7879-4578-1, \$22.00, 278 pages)

This book is designed to serve as a resource to help parents identify eating disorder warning signs and help guide their child through recovery.



Upcoming Conferences

10th Annual Renfrew Ctr Foundation Conference November 9-12, 2000 Airport Marriott Philadelphia, Pennsylvania Visit www.renfrew.org or call (877) 367-3383

Academy for Eating Disorders Annual Meeting
May 17-19, 2001
Sheraton Wall Centre
Vancouver, British Columbia
Visit www.acadeatdis.org or contact
AED@Degnon.org for more information.
See back page for details.

XVII World Congress of World Association for Social Psychiatry
October 27-31, 2001
Hotel Jaypee Palace
Agra, India
An Eating Disorders Symposium is scheduled for this conference. Contact
Professor Shridhar Sharma at wasp_congress@vsnl.com or visit

www.17thwaspcongress.com for more

information.

Upcoming Workshops

Attachment, Intimacy and Eating Disorders
October 21, 2000
Carolyn Costin, M.A., M.Ed., MFT
Ben Franklin Institute
Scottsdale, Arizona
Call (310) 457-9958 for more information.

From Disordered to Recovered
October 28, 2000
Carolyn Costin, M.A., M.Ed., MFT
New York Symposium on Eating Disorders
Stonybrook, New York
Call (310) 457-9958 for more information.



Plan to join us in Vancouver! May 17-19, 2001

Eating Disorders Documentary: "Dying to be Thin"

Airs on NOVA/PBS on December 12th, 2000 at 9pm (EST), Written, Produced and Directed by Larkin McPhee

When producing "Dying To Be Thin," I sought to find compelling characters that would not only engage our audience, but inform them on a fundamental level about the complexities of eating disorders. In the initial phase of research, I wanted to pinpoint the cause of these unusual illnesses but soon found that was an impossible goal. Rather, I learned that every person I spoke to had their own unique story. For this reason, we meet a variety of people, ranging in age from 12 to 56, whose stories I believe, fit together like an interlocking puzzle.

As experts often stressed to me, these illnesses occur along a spectrum. I believe we capture this spectrum through our characters' contrasting stories. For example, one young woman developed anorexia nervosa after being teased as an adolescent for being chubby, while another young woman became ill after beginning to engage in regular exercise, which soon turned compulsive and excessive.

Undoubtedly, it was important to show our audience the insidious role culture can play in these disorders. While the pressure to be thin is widespread in Western culture, the world of ballet embraces this aesthetic to an extreme. We were fortunate to gain access into the competitive world of the New York City Ballet and American Ballet Theater where two ballerinas spoke openly about the pressure to be thin. Driven to perfection, a ballerina's ambitious, steadfast nature can be lethal in this environment.

Perhaps one of our most representative characters is a 14-year-old girl whom we follow through treatment at the Depaul-Tulane Eating Disorder Center in New Orleans. Your typical teenager, she appears to embody the essence of a modern-day eating disorder. A movie about the famous singer Karen Carpenter's struggle with anorexia gave this young girl the idea to starve herself. She was already struggling with serious issues in her life and the illness eventually robbed her of her will to live as she nearly died from malnutrition at a medical hospital in Texas.

We also follow a mother of two who has suffered from bulimia nervosa for over a decade. Like our teenager, this woman appears typical in many ways and is having great difficulty over coming her eating disorder. While her initial reasons for bingeing and purging had much to do with cultural pressure to be thin, today her illness involves far more than simply an issue with vanity.

While we acknowledge that men and ethnic minorities are increasingly at risk for developing eating disorders, we unfortunately did not have enough time to elaborate on this. However, NOVA will offer a website that will feature complementary information to the show, a list of suggested readings, and a hotline number for people to call. My greatest hope, after spending nearly a year working on this project, is that this film will heighten awareness about the spread of an alarming disorder and help contribute to prevention efforts.



Message from the President, Continued from Page 1

bered years (such as our meeting last year in San Diego) means that we will be able to offer such conferences on at least a yearly basis, with the option of shifting them to various locales whereby we should be able to provide educational experiences for our members more widely. Clearly these educational programs have been a central focus of the Academy and will continue to be so for the foreseeable future. Should we add additional "Teaching Days" focused on specific topics, perhaps regionally, in the Fall of each year? Should we develop internet-based teaching programs? The possibilities are numerous, and we may wish to move in this direction.

A second issue is advocacy. Advocacy for the welfare of our patients, advocacy for access to care, and advocacy for public education around eating disorders. In conjunction with the last New York meeting under the leadership of Marsha Marcus and Ruth Striegel-Moore and working with a public relations firm that handles such projects for non-profit organizations, we sponsored a press conference which was well attended by the press. The preparation for this activity required not only a great deal of time on the part of Marsha and Ruth, but also a considerable amount of money. Although there are many more things that can be done in this area, such work is expensive. Should this be a primary thrust of the Academy? If so, how should the funds be generated to pay for such activities? Certainly there are many possible avenues for advocacy. For example, on a national level, attempting to influence legislation to improve access to care. Instead of pursuing this as a primary function, should the Academy support other organizations that are strongly interested in advocacy? These would include the new International Eating Disorders Organization (to be named), which is now coalescing out of several prior advocacy groups, which now maintains business offices in Seattle and New York, and has approximately 7,000 members nationally. This also might mean cooperation with the "Coalition", an entity established by Dave Herzog and the Harvard Eating Disorders Group with involvement by, and some financial support from, several other organizations including the Academy, Eating Disorders Awareness and Prevention, and other groups. The primary thrust of this organization will be to attempt to have an impact nationally on legislation to improve access to care and to provide adequate governmental support for research in eating disorders. Should the academy attempt to work collaboratively with these other groups rather than attempt to develop its own advocacy agenda?

Another issue concerns dollars for research, in particular funds from the National Institute of Health, by far the largest source of grant funds for biomedical research in the United States. Almost all of the well-established eating disorders researchers in North America, and many from other areas around the world, are Academy members. Should the Academy develop a program to attempt to influence funding available for eating disorders, or again should it partner with other organizations, such as the Coalition and the new International Eating Disorders Organization (to be named) to raise such funds?

A fourth issue is publishing. The International Journal of Eating Disorders is now the official Journal of the Academy. However, the Journal is owned by Wiley, and the Academy does not profit from the Journal. Should the Academy consider other publishing possibilities? Perhaps a periodical that would not compete with the International Journal of Eating Disorders, but that might provide a different scope of coverage, maybe with more of a clinical focus? Or perhaps books or monographs on selected topics?

Continued on Next Page

Academy Council Update: Public Affairs

Ruth Striegel-Moore, Ph.D. Chair, Public Affairs Council

The Public Affairs Council currently has three committees, reflecting the Council's priorities: Media Relations (chaired by Dr. Marsha Marcus), Government Relations (chaired by Dr. Pat Santucci), and Third Party Payors (chaired by Dr. Walter Kaye). Our mission is to raise public awareness of the severity of eating disorders. This year we are focusing, in particular, on problems with access to care.

The concerns about patients' difficulties with gaining access to care and/or receiving state-of-the-art treatment has been the focus of a considerable amount of work by the Third Party Payor Committee. We remind members that under Dr. Kaye's leadership the Academy has developed a position paper on this matter. Furthermore, the Academy web site provides suggestions of what to do when insurance companies refuse to pay for treatment, including a sample letter to insurance companies.

As reported by Dr. Marcus in the last Academy newsletter, the Council developed and carried out a major news conference during the New York International Conference in May 2000. The impact of the news conference is still being felt: we continue to receive inquiries from members of the press about a range of topics. With the excellent support from the Central Office, we refer members of the media to Academy members with the expertise needed to address specific media questions or, as appropriate, the members of the media committee respond to those inquiries. We are delighted that Larkin McPhee has written a contribution to this newsletter; her documentary on eating disorders was developed with the expert help of several Academy members.

In the area of government relations, two significant events are of note. One, as a member of the Coalition for Eating Disorders, (a federation of eating disorder organizations charged with raising awareness at the federal level about the needs of individuals with eating disorders, primarily through lobbying activities), the Academy participated in a Congressional Staff Briefing devoted to access to care in September (look for a report on this meeting in the next newsletter). Two, the National Institute of Mental Health, on the recommendation of the Acad-

emy, has designated a "point person" for eating disorders, Dr. Regina Dolan-Sewell. Pat Santucci and I will meet with Dr. Dolan-Sewell this month to discuss with her concerns our research members have about various aspects of government funding in our field.

The Public Affairs Council welcomes suggestions from members. Feel free to contact the committee chairs directly or send me your comments at rstriegel@wesleyan.edu; phone: (860) 685-2328.



Academy Members Honored

Lisa Lilenfeld, Ph.D.

There are two Academy Members highlighted in the current newsletter: Ann Kearney-Cooke, Ph.D. and Cheryl Rock, Ph.D., R.D.

Ann was recently selected by the Partnership for Women's Health at Columbia, a joint venture between Columbia University and the private sector, for its first "Distinguished Scholars Award" for her efforts to promote excellence in women's health and gender-specific medicine.

Ann is a scholar for the Partnership for Women's Health at Columbia, where she was chosen as the Thought Leader for the Adolescent Girls Project. She developed a curriculum to increase self-esteem and prevent at-risk behaviors, including eating disordered behavior among adolescent girls. She organized the pilot studies for the "Helping Girls Become Strong Women Project" in San Jose, Lubbock, and Cincinnati. She has also recently been named the Thought Leader for the Adolescent Boys Project at the Partnership for Women's Health. She will lead a day-long summit in the spring where experts in psychology and medicine will meet to discuss the skills that adolescent boys need to develop to become healthy young men. She will then write the curriculum for the "Helping Boys Become Healthy Men

Ann is the Director of the Cincinnati Psychotherapy Institute. She is also an Adjunct Professor of Psychology at the University of Cincinnati and University of Miami, Ohio. She received her doctoral degree in counseling psychology from the University of Miami. She has lectured at over 150 conferences and has

written extensively on the treatment of eating disorders, body image disturbance, and self-esteem of adolescent girls. In the past, she has been honored as a Fellow by the American Psychological Association for her outstanding contributions to the Psychology of Women.

Cheryl received the "Excellence in Research Award" from the California Dietetic Association this past spring.

Cheryl is an Associate Professor in the Department of Family and Preventive Medicine and the Cancer Prevention and Control Program at the University of California, San Diego. She received her doctoral degree in nutritional sciences from the University of California, Los Angeles, School of Public Health. Cheryl's primary NIH-funded research efforts are focused upon the role of nutritional and dietary factors in the development and progression of cancer, particularly breast and cervical cancer, in humans. She is mainly involved in diet intervention trials, in which individuals are taught to make major dietary and behavioral changes, and various biological markers and biochemical indicators of diet are used to examine progress and outcome. Her research efforts also address eating pathology and weight concerns in women (see Rock et al. Eating pathology and obesity in women at risk for breast cancer recurrence. Int J Eating Dis 2000;27:172-179).

Please join me in congratulating Ann and Cheryl on their recent honors and many accomplishments which reflect highly on the entire Academy.



Message from the President, In Conclusion...

Indeed, there are many possible roles for the Academy. We, as the members of the Academy, need to discuss and eventually decide on which areas we wish to concentrate – on which areas we wish to expend our limited time and limited funds in order to have the most impact we can on the field. Speaking both personally and on behalf of the executive committee, I strongly urge those of you interested in the work of the Academy to consider these issues and give us your input on how and in what directions you see our organization moving forward in the future.



Academy for Eating Disorders

6728 Old Mclean Village Drive McLean, VA 22101 (703) 556-9222 Fax (703) 556-8729 AED@degnon.org www.acadeatdis.org FIRST CLASS U.S. POSTAGE PAID Permit No. 7268 McLean, VA 22101

Mark your calendars now!

Draft Program

Eating Disorders in the New Millennium: Extending Our Reach May 17-19, 2001 ~ Vancouver, B.C., Canada

Thursday May 17th:

1:00 pm - 4:00 pm Teaching Day Workshops

Friday May 18th

8:30am **Opening Remarks**

8:45 am – 9:45 am
9:45 am – 11:45 am
Plenary I: "Underserved Populations"

Racial/Ethnic Minorities; Men; Children; Gay/Lesbian Issues

2:30 pm - 3:00 pm **Break**

3:00 pm - 5:00 pm Plenary II: Emerging Technologies in the Treatment of Eating

Disorders

Internet; Telehealth for Rural Populations; Email Discussion; Groups;

Ethical and Legal Issues

5:30 pm - 7:00 pm Poster Session and Reception

Saturday May 19th

7:00 am – 8:30 am Continental Breakfast

7:30 am - 8:30 am **SIG Meetings**

8:30 am - 10:00 am Workshop II/Oral Paper Sessions

10:00 am - 10:15 am **Break**

10:15 am - 10:30 am President's Address: Jim Mitchell

10:30am-12:30pm Plenary III: Best Practices for Treatment of Eating Disorders

Anorexia Nervosa; Bulimia Nervosa; Binge Eating Disorder;

Psychopharmacology

12:30 pm - 2:00 pm Lunch/AED Business Meeting

2:00 pm – 3:30 pm **Workshop Session III** 3:45 pm – 5:45 pm **SIG Meetings**

Academy Newsletter

Please send all suggestions for articles, job opportunitites, information regarding upcoming events, meetings, Eating Disorders Awareness Week 2001 activities across the country, letters to the Editor, awards and honors received by Academy members, published books, and all other items of interest to:

Lisa Lilenfeld, PhD

Department of Psychology Georgia State University Atlanta, GA 30303 Phone: 404-651-1291 Fax: 404-651-1391 E-mail: Llilenfeld@gsu.edu

Deadline submission: December 1, 2000

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