





# Thoughts from EDIC 2016

By Fiona Bromelow and Erica Husain  
 Eating Disorder International Conference (EDIC)  
 March 17-19, 2016, Institute of Education, London



Despite F.E.A.S.T.'s involvement, there were concerns coming into EDIC that the “nature vs. nurture” question might bring us backward, away from science and back into parent blame. One of the keynote speakers, Peter Fonagy, Freud Professor of Psychoanalysis at UCL, had a more nuanced message than the title of his talk suggested. He showed that, yes, parents can and should work with some of those who concentrate on “attachment”.

One workshop directly presented a blaming stance, and it was worrying to see so many people apparently accept this, but the speaker appeared to be a somewhat lonely figure outside his own presentation. There was discussion and even dissent, but it wasn't over “nature vs. nurture”.

Janet Treasure was completely put off her stride in her presentation on work with carers by a question on BMI. Also overheard were mutterings by medics against the psychobabble of psychology, and grumblings by therapists and nurses that the medics were getting all the money. However, the aside that shocked us most came in the presentation by our own F.E.A.S.T. members Erica and Susan.

Susan Ringwood and Erica Husain (F.E.A.S.T. Board Members), were invited to co-present a workshop entitled “*How shared learning from families' experience of a loved one's eating disorder can improve clinical practice*” at EDIC, in London this March. Using data from clinicians and from the Around The Diner Table Forum, the aim of the workshop was to stimulate debate and encourage clinicians attending to consider family involvement as an asset to treatment. One psychiatrist complained about parents getting exaggerated hope of treatment from the Internet. The dangerous item being read? ***The NICE Guidelines!***

Participants had a lively debate informed with a variety of viewpoints in the audience - some patient, some family and some professionally involved in treatment provision. All in all though, there was real hope that people were willing to try to work with each other towards the greater good.

Throughout the three days, greatly encouraged from the stage, people flocked to the Charlotte's Helix stall to “spit for science”, a practical, personal way in which to engage in the fight against eating disorders. [F.E.A.S.T. booklets](#) were also available to participants to demonstrate the resources available for families via F.E.A.S.T. at: <http://www.feast-ed.org>



Do you want to participate in eating disorder research?  
 Visit: [CharlottesHelix.net](http://CharlottesHelix.net) for more information.

# Advocacy Corner:

## 9 Truths about Eating Disorders

**Truth #1:** Many people with eating disorders look healthy, yet may be extremely ill.

**Truth #2:** Families are not to blame, and can be the patients' and providers' best allies in treatment.

**Truth #3:** An eating disorder diagnosis is a health crisis that disrupts personal and family functioning.

**Truth #4:** Eating disorders are not choices, but serious biologically influenced illnesses.

**Truth #5:** Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientations, and socioeconomic statuses.

**Truth #6:** Eating disorders carry an increased risk for both suicide and medical complications.

**Truth #7:** Genes and environment play important roles in the development of eating disorders.

**Truth #8:** Genes alone do not predict who will develop eating disorders.

**Truth #9:** Full recovery from an eating disorder is possible. Early detection and intervention are important.

## World Eating Disorders Action Day

[www.worldeatingdisordersday.org](http://www.worldeatingdisordersday.org)

F.E.A.S.T. is proud to be a partner with more than 175 eating disorder advocacy organizations around the world for the first ever World Eating Disorder Action Day. Join us on social media for 24 hours of tweet chats, resource links, and more...



When?  
June 2<sup>nd</sup>  
-annually-

## What?

- ✓ ONE day dedicated to providing accurate information and changing the ways eating disorders are understood and perceived.
- ✓ ONE day for diverse eating disorder advocates to promote awareness and uplift marginalized communities and underrepresented global regions.
- ✓ ONE day to foster partnerships around the world and inspire action for change.

## Did you Know?

'Nine Truths' is an important document, as it represents a global consensus that recognizes new scientific knowledge about a group of illnesses that has been so poorly understood for so long. Visit [www.feast-ed.org/?page=NineTruths](http://www.feast-ed.org/?page=NineTruths) to see the full list of contributing organizations.

# Meet Our Advisors:

## Cynthia M. Bulik, PhD, FAED

*Distinguished Professor of Eating Disorders, Department of Psychiatry, School of Medicine Professor of Nutrition, School of Public Health Founding Director, [UNC Center of Excellence for Eating Disorder](#), Professor of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden Director, [Center for Eating Disorders Innovation](#), Karolinska Institutet, Stockholm Sweden.*



### Did you know?

✓ Dr. Bulik, has published over 500 scientific papers and chapters on eating disorders and is the author of several books including: *Crave: Why You Binge Eat and How to Stop*, *The Woman in the Mirror*, *Midlife Eating Disorders: Your Journey to Recovery*, and *Binge Control: A Compact Recovery Guide*.

✓ Her research includes treatment, laboratory, epidemiological, and genetic studies of eating disorders. She has a unique ability to translate complex scientific findings into clinically relevant knowledge. Dr. Bulik holds the first endowed professorship in eating disorders in the United States.

✓ ‘*Nine Truths about Eating Disorders*’ is based on Dr. Cindy Bulik’s 2014 “9 Eating Disorders Myths Busted” talk at the US National Institute of Mental Health.

### F.E.A.S.T. asked:

“Why is it important to include families in treatment?”



### Dr. Bulik:

*Eating disorders exist in an interpersonal context. Eating disorders affect relationships and relationships affect eating disorders. Anorexia nervosa, bulimia nervosa, and binge-eating disorder thrive in secrecy. By including family members in treatment in developmentally appropriate ways, we can shine light on the illnesses and leverage the power and support of the family in treatment. The approach may be family-based therapy for youth or couple-based therapy for adults, but whenever possible and appropriate, including families in treatment means working as a team toward recovery.*

**More about F.E.A.S.T.’S Advisory Panel:**

[www.feast-ed.org/?page=Advisors](http://www.feast-ed.org/?page=Advisors)

[www.feast-ed.org](http://www.feast-ed.org)



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catawampus in specialty grocery stores, and barely restrained myself from pulling my hair out in fistfuls. I didn't know much yet about clinical diagnostic terminologies, and even less about what ailed my daughter, but I had a clue what to call my own state: panic.

If you're reading this, it's probably because you as well, have a loved one threatened by a deadly, debilitating and supremely bewildering eating disorder; describing panic is probably redundant. I'm sorry. I'm sorry you find yourself reading this. I'm sorry you're embarking on a journey that involves quiet screaming. Please let me tell you two things that I and my husband needed to know when we first started hearing gaaaaaaaaa.....in our heads: First, recovery is possible. Our girl is nearly well now, three years later, and in fact has just headed out the door on an international trip. Next, the journey from diagnosis to wellness requires a boatload of things: food, patience, support, food, time, money, therapy, research, food, pets, patience, food, and more time.

And panic.

Panic is useful. It gives you energy to do nutty things like lift cars off squished people or put Nutella on an anorexic's toast. It keeps you reading ATDT forums late into the night, it helps the strength in your arms when your grocery bags are suddenly heavier, and it makes overtime for one partner possible when the other has had to take work leave.

It blocks prudence and politeness, so you can yell at the therapist who weighs on a broken scale or drop work clients without explanation or cancel dentist appointments without rescheduling or buy a calming, distracting funny-faced mutt even though you have easily scratchable floors and an aversion to dog hair in the butter.

Panic is an excellent focuser. It jettisons everything in your complex existence that does not further your

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## Forum:

[www.aroundthedinnertable.org](http://www.aroundthedinnertable.org)

Quick Quotes from the  
'Around the Dinner Table' Forum

### *'The Road to Recovery: Stories of Hope'*

- "How much stronger are we than we ever possibly could have imagined? Using the knowledge and support gained from the experiences of others and access to research and resources, it is possible to turn things around."
- "Please know that with aggressive, compassionate care, and a long jaunt through hell, and lots and lots of FOOD, and the support and wisdom of the people on this site, your loved one can get to full remission and live a healthy, happy, normal life!"



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single immediate aim: get the food into the kid. Just as everything else becomes irrelevant if a bus is about to splat your innards on the sidewalk, panic can help, easily and instantaneously, discern what is important and what can be put off until the bus has rumbled on by. (The dentist? It's been three years, maybe I should go....)

Panic is also heck on perfectionism. I remember early in refeeding, serving unannounced mac and cheese to my daughter. She argued and swore and negotiated and counted each noodle, pausing to insult each one individually. I used all my energy to kept my mouth shut for fear the change in my head pressure would cause an explosion--the way they tell you never to take the cap off an overheated radiator. We got through the meal, she yelled I was mean and unsympathetic and stomped off to her room.

"Probably there was a better way to do that," I apologized to my husband (and poured myself Vodka).

But he said, in a perfect example of the quiet way he supported our noisy progress, "She ate."

There's no elegant way to refeed, there's no best way, there's often no quiet way or nice way, and there may not be a way that saves your family from nightmares. But the single-minded energy of contained panic can help you keep your resolve, get the food into the kid, raise the number on the scale and allow the synapses to regrow. In other words there's no right way to avoid an oncoming train; there's only the way that works.

Perhaps most importantly, my own panic gave me insight into the bizarre behavior of my daughter; a tiny glimpse into the nightmare she could never explain. The tightening muscles, the dry heat in the back of the throat, the sweating palms, the barely-caged impulses to run and to fight and to scream and to claw at a terrible tormenting thing--this is how she felt about food. Of course her fear wasn't rational (whereas mine unfortunately was) and it was a thousand times more intense. But remembering panic, when I sat later watching her cut and recut a sandwich and hide cheese pieces under the lettuce, helped me keep patience. It helped me reassure, and helped me to know a bit how she felt when she was so sick she was convinced the meals I served her meant imminent death.

So if you're feeling a little panicky—don't panic! It's a normal, and necessary, response to an abnormal situation. If someone you love has just received an eating disorder diagnosis and you *don't* feel panic, then that would worry me. If everything you do isn't tinged with terror, if there isn't a gnawing hysteria when you breathe, then man, you haven't read the mortality and relapse rates, or the long list of ways malnutrition can cause debilitating physical and emotional damage, you haven't understood that this is a biological brain illness with measurable changes in brain capability and functioning, and I'm going to guess you haven't been reckless or nuts enough to serve the sufferer you know a plate of

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# Support F.E.A.S.T

**DID YOU KNOW?** F.E.A.S.T. is a *volunteer-run* organization supported entirely by individual donations.

**DID YOU KNOW?** F.E.A.S.T. does *NOT* accept contributions or sponsorship from eating disorder treatment services?

**DID YOU KNOW?** Only a small percentage of members currently donate to F.E.A.S.T., and that most donations are under \$100.00?

**DID YOU KNOW?** Additional donations, both large and small, are *NECESSARY* for F.E.A.S.T. to remain a sustainable, independent organization!

WE NEED **YOUR** SUPPORT TODAY in order to continue:

- providing [FREE PEER SUPPORT](#) for carers,
- promoting [EVIDENCE-BASED TREATMENTS](#),
- [ADVOCATING](#) for families within the professional community,
- printing and distributing our [FAMILY GUIDE BOOKLETS](#), and
- operating our ad-free [WEBSITE COMMUNITY](#)

Donate



F.E.A.S.T. Newsletter

May 2016

## Join us for a video coffee break!

F.E.A.S.T. is hosting virtual coffee breaks by phone or Internet.

[Check our calendar for upcoming dates.](#)



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sizzling pizza, and seen her curl in a spitting, hyperventilating ball.

But, if you're waking up nightly with a scream in your head, good for you. You have understood the nature of the enemy. Embrace your panic and use the energy it gives, the focus and ruthlessness, the determination and empathy. Because on the long but very doable road that leads to a healthy life of recovery for your loved one, one of the first step sounds like this: gaaaaaaa.....

*Psycho Mom lives on the west coast of the US with her husband, daughter, and their hairy, floor-scratching, totally-worth-it dog. Her daughter was diagnosed with EDNOS in May 2013 at age 15. Although she was refed quickly and never missed school, her recovery required a lot of effort, took for-effing ever, and is still ongoing. PM is a writer, homemaker and appreciative member of ATDT.*