



# SEDIG News

Autumn 2007

Please pass on or forward to all interested....

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- ❖ Funding for research into eating disorders
- ❖ Report on 8<sup>th</sup> International Eating Disorders Conference
- ❖ Scottish Eating Disorders Carers Support Day – planning and progress!
- ❖ 'You're looking good – have you lost weight?'

### Speakers - Thurs 11<sup>th</sup> Oct 07

Jean Corr - her prize winning dietetic research

Michelle Conway – progress of her recovery research

Professor Bryan Lask – research projects

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### ❖ Contact us –

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*“Flyer and booking form for the Scottish Eating Disorders Carers’ Support Day are attached and on SEDIG website – please be sure to forward...”  
Thanks!*

## **£2m Funding – and major recognition for ED! 'RIED Nina Jackson's Seed Corn Funding Led to DoH Grant' (Prof Janet Treasure)**

Along with other energetic carers and professionals, students, people who have recovered from an eating disorder (plus some friends and family or these who also took part) with ages ranging from 21 - 65, SEDIG member Chrissie Wright has now taken part in 3 sponsored bike runs, in Vietnam 2000, Chile 2003 and Madagascar in 2005. Supported by SEDIG members and donations, Chrissie raised over £40,000 for RIED (including £5000 raised by her daughter)!

RIED (Research Into Eating Disorders), over several years, has raised approx £500,000 in total to support research into eating disorders through fellowships and grants, culminating in submission of a bid for funding to the Dept of Health. Much of the application info was based on translating research into basic causal and maintaining factors and new treatments done by PhD students and visiting scholars funded by RIED. Research undertaken thanks to RIED fundraising includes Mothers and Children, examining the role of genetic and environmental factors in ED; Carers – Working with the Family to Improve the Outcome of an Eating Disorder; Maudsley Model of Individual Outpatient Treatment; Supplementary Treatments for Severe Anorexia Nervosa..

And now, with the great news of £2m DoH funding to support future efforts, comes recognition of the importance of research, resources and funding for evidence-based specialist services in eating disorders - in the past a neglected area of mental health – with benefits to all affected by these devastating illnesses in Scotland as well as in other areas of UK. An amazing achievement by Chrissie and everyone else who took part!

*Since 2000 when I undertook to do a cycle challenge in Vietnam, SEDIG and various individual members have, on several occasions, very kindly supported me in my efforts to raise funds for RIED. I thought it appropriate that everyone should be aware that their support has born fruit, and that it is a fine example of how big oak trees can grow out of small acorns. Fantastic news! Chrissie Wright*

## **Scottish Eating Disorders Carers' Support Day Sat 24<sup>th</sup> November YPU, Royal Edinburgh Hospital**

Janet Treasure will be guest speaker at the first-ever Scottish Eating Disorders Carers' Support Day on Saturday 24<sup>th</sup> November, presenting information about her research and work involving families as well as her new book about providing the most effective ongoing care possible ('*Skills based Learning for Caring for a Loved One with an Eating Disorder*', by Janet Treasure, Grainne Smith and Anna Crane, pub 2007 Routledge)

Dr Jane Morris, Anne Fyfe, Maggie Gray, Grainne Smith and others will also contribute to a programme of talks and workshops offering

information about eating disorders, as well as support, to family and other carers. Flyer and booking form for the Carers' Support Day are attached with this issue of SEDIG News as well as on SEDIG website – please be sure to forward these to all carers.

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### **Conference Report from Dr Helen Anderson**

The 8th International Eating Disorders Conference met in London again on 29th, 30th and 31st March 2007 at Imperial College. It's an expensive conference but it attracts a big audience of different professional groups and sufferers and carers from the UK and around the world.

Imperial College does the organisers proud. It suits the type of conference by having a main theatre and lots of other lecture rooms nearby. Staff in rather natty green Miss World type sashes offer directions for lost souls looking for their next seminar. The organisation of refreshments and lunch, a potential disaster in other meetings I've been to, is well run and good food is provided. A social event was provided as part of the fee on the Thursday and the Friday nights. They were both generous and provided a chance to meet and chat to people that you wouldn't dare to if you were sober.

As to the meeting itself, what did I learn? Well, without exception every talk was good. Being a Psychiatrist, I was particularly interested in the clinical aspects of Eating Disorders and I learned masses of stuff that my wee brain can't hang on to for long, so I need to tell you now. For example, I learned about the concept of Transdiagnostic CBT, I heard an update on the neurobiology of Eating Disorders, I attended a really interesting talk on understanding and treating disturbed Body Image, something that is difficult to treat and causes longer term problems if not dealt with. I went to a seminar looking at motivational working with carers and I went on to another seminar exploring what we do as therapists to hinder treatment. This was very useful. I had a chance to listen to an update on drug treatments and psychological treatments in Eating Disorders and I learned that for Anorexia Nervosa nothing is actually proven to be effective. Fortunately matters are different for Bulimia Nervosa. I learned how the ANNIT team works - I'd always wondered how it did what it does. Now I know. An excellent presentation too. And I was reminded to look a bit more constructively at countertransference in another thought provoking seminar.

A less interesting fact I found out during the course of the Conference was that if you don't get there early (and I get to nothing early) you don't get handouts.... While I'm on the subject, the programme was in my view a bit difficult to "surf". The concurrent sessions, of which there were many, offered a huge choice of perhaps 8 or 9 different seminars you can attend. I whittled the choice down to 3 every time and then had to make the final decision with a pin. Once I got there, exhausted from the decision making process, I was delighted with my choice on each occasion except one, and I put that down to Conference/London fatigue.

It was truly great to see old friends I hadn't seen in years and to catch up on their lives. It was excellent to meet the Big Names in the field and try to remember how to speak in their company. It was fascinating to meet people from abroad working in very different environments and services and to learn how very similar our work and experiences actually are.

London is a great city to hold a conference in, and so close to major attractions, like the museums and Harrods but it is really expensive - did I mention Harrods? So as I was pushing my way through the hoards in Kensington, oh, and Victoria Station and Gatwick airport, I did think that the recent Aberdeen meeting is a splendid idea. Another great city to visit but less crowded, travel is much easier to it from anywhere in Scotland, conference fees less, the people are friendlier - unfortunately no Harrods. Still, I think

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that means the subsistence costs must be less.

All in all, a really very enjoyable meeting and I have used information I learned in that conference regularly since then in my clinical work. Now, how often can you say that about conferences?

(From 'INCLUSION AND SOCIAL JUSTICE ARTICLES')

**'You're looking good – have you lost weight?'**  
**Robert Weetman**

*'I really pigged out at the weekend so I'll not have a biscuit thanks.'*  
*'Better not – thanks!'*

*'Gosh, I'd love to look like that!'*

*'I'm on a diet, I'm going on holiday soon.'*

*'I used to be able to fit into ...'*

*'How can she eat like that and remain so thin?'*

Phrases like these are easy to hear in a great many homes and work places. In fact people say these things so often that such comments form part of the lifeblood of conversation – particularly among women. We've all heard them over and over again and in all social contexts. They fit into the same part of conversation as 'nice day isn't it?' 'have a nice day' 'good morning' 'how you doing?' 'nice weather we're having'.

It might be argued that these conversations are healthy and useful. Perhaps they provide people – particularly women – with a status and class free subject for discussion. One which anyone can participate in on an equal level. And surely there's nothing wrong with positive comments like 'you're looking good, have you lost weight?'

I'm much more cynical about how power works between groups of people in society. If we look at human societies and groupings across the world, we can see that the most successful oppression takes place when those who are oppressed can be persuaded to participate.

I can't see 'you're looking good, have you lost weight?' as a compliment. And I can't see the other statements as just conversation without any deeper meaning. For me the 'you're looking good' statement carries with it a whole host of hidden messages to the person it is directed at which include:

*You didn't look so good before.*  
*If you gain weight again you'll look worse.*  
*If you lost more weight you'd look better.*  
*If you haven't actually lost weight you should.*  
*Your weight and how good you look are linked.*  
*How 'good' you look is of interest and is important.*  
*You might be looking better, but you don't look as good as thinner women.*

And the statement carries meaning to those overhearing it too, such as 'if you are heavier than this person you don't look as good as them.'

*'Surely there's nothing wrong with positive comments like 'You're looking good, have you lost weight?'*

*I can't see 'You're looking good, have you lost weight?' as a compliment.....'*

**Editor's note –**  
*Please send articles on ED and related research, current developments in your area, reports of conferences and coming events as well as other items of interest.*

**PS -**  
**How many carers have you informed about the Scottish Carers Support Day planned on Sat 24<sup>th</sup> Nov...?**

*“US research has shown that people who exercise a lot are far more likely to have the disease”*

*“With the increased focus on childhood obesity and attempts to encourage weight loss through exercise and diet, there is a potential risk that some people may take this advice to extremis and unwittingly precipitate an eating disorder.”*

*“Coaches need to be aware of their coaching style and to the fact that inadvertent comments can precipitate an eating disorder.”*

Each of the other statements carries similar hidden messages. For instance, ‘I need to lose weight before I go sunbathing’ implies ‘if you are the same weight as me you shouldn’t show your body in public.’

We are in a world (at least where I’ve lived) where every woman is continually reminded about how far she falls short of a set of unattainable, arbitrary, and contradictory ideals. Television, radio, newspapers, magazines, books, billboards and even the fairy stories told to our youngest children offer reminders, (or statements) that the appearance of a woman is of fundamental importance – of more importance in fact than any other feature.

To read the rest of Robert Weetman’s thought-provoking article go to -  
[http://www.isja.org.uk/articles\\_1\\_bdfreezone.html](http://www.isja.org.uk/articles_1_bdfreezone.html)

### ***Eating Disorders and Sport Conference - 30.11.07*** *from Diane Whiteoak*

In 1988 top U.S. gymnast Christy Henrich was told by an international competition judge that she was too fat and needed to lose weight. Six years later, aged 22 she was dead from the complications of anorexia nervosa.

More recently Formula 1 racing driver David Coulthard, footballer Paul Gascoigne, US Olympic diver Kimiko Soldati, European cross country champion are among a growing number of sportsmen and sportswomen who admit to have eating disorders. U.S. research has shown that people who exercise a lot are far more likely to have the disease.

Training for any sporting event will undoubtedly place pressure on an athlete to achieve peak physical condition. For some, this will push them into over-exercising and eating disordered behaviours in the belief that these will help them to achieve the ‘perfect’ athlete’s body to win.

Sports per se do not cause eating disorders but it is recognised that athletes who participate in aesthetic sports e.g. gymnastics and weight category sports e.g. boxing – or professional dance - have an increased risk of developing an eating disorder.

***An athlete’s performance will ultimately suffer if they have an eating disorder. It is therefore important for athletes and coaches to be aware of the risks that such illnesses pose.***

Athletes need to look at their own performances based on assessment of all factors, not on weight issues or comparison with training partners or rivals. Coaches need to be aware of their coaching style and to the fact that inadvertent comments can precipitate an eating disorder. In addition, with the increased focus on childhood obesity and attempts to

encourage weight loss through exercise and diet, there is the potential risk that some young people may take this advice to extremis and unwittingly precipitate an eating disorder.

Details and booking form for an Eating Disorders and Sport Conference to be held on 30<sup>th</sup> November at Murrayfield Stadium, Edinburgh, from [diane.whiteoak@fshc.co.uk](mailto:diane.whiteoak@fshc.co.uk)

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**Your ideas are needed... Whither SEDIG?**

With so many exciting developments in the Scottish world of eating disorders since 2005 and the strong recommendations of the Health Committee – publication of QIS Guidelines – Scottish Managed Clinical Networks – the Northern Forum of England – NEET – b-eat – mentioning just a few! – the developing role of SEDIG is under discussion.

With the convergent but sometimes distinct needs of professionals and lay members, how can these be met without a split? What topics are of most value in a fast-changing ED world? How best to give loads of information without overload and despair? How many SEDIG meetings a year are needed, and in what form? SEDIG - charity status?

***If you cannot attend on 11<sup>th</sup> Oct, please contact any committee member to ensure your views are noted.***