I have the pleasure of introducing a young poet. Simone Gwartney is a 17-year-old with a gift for words. Through her poetry she opens a window on the experience of eating disorders through which most of us rarely have the opportunity to peer.

Over the years I have known Simone, she has often shared her writing with me—moving me deeply, sometimes making me weep, and always stunning me with how greatness of intellect can co-exist with great illness. Simone faces terrifying demons on a daily basis, yet perseveres. Like The Little Engine that Could, Simone keeps chugging up that hill pulling her precious cargo—insight and vision—and never gives up.

The poem, I’ll Answer When I’m Thinner, is part of a collection that won Simone 1st Place in the 2017 National Scholastic Poetry Competition. It describes the turmoil that ravages those afflicted with the deadliest of all mental disorders—EDs.

Simone and her parents have graciously allowed me to share this moving piece with you. I hope it helps you to see a little more clearly into the hearts of your own patients.

Brenda L Wolfe, Ph.D
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I’ll Answer When I’m Smaller
Simone Gwartney

When I was 12
I babysat for a single mother of 4
An aspiring personal trainer
With a single piece of paper on the fridge
Titled “Thinspiration”
Featuring perfect glossy girls
And preposterous fitness goals

There are dark corners
Of tumblr and twitter
That give refuge to scared little girls
Roaring their anonymous screams

Counting calories
Counting ribs
Counting bones
Perceived barriers and facilitators towards help-seeking for eating disorders

There is a median delay of 15 years between the onset of eating disorder symptoms and the first attempt to get help. During that time, the individual’s risk for morbidity and mortality climbs as the disordered behaviors take their toll. Ali et al report a systematic review of studies examining the factors that stand in the way of ED-afflicted individuals seeking help and the factors that facilitate help-seeking.

Ali et al were able to identify 13 peer-reviewed studies published between 2001 and 2015 that explicitly asked adult women with eating disorders about their help-seeking attitudes and behavior. While the majority of the studies were conducted in the US (62%), Australia, Germany, and England were represented.

The most frequently cited barriers to help-seeking were stigma/shame (85% of studies), denial or failure to recognize the severity of the illness (69%), practical barriers (e.g., cost; 62%), low motivation (62%), and negative attitudes toward treatment (54%).

Data regarding facilitators of help-seeking was less common and less robust (all qualitative studies). The most striking result in this area, however, was the presence of other mental disorders. When patients concurrently suffer with depression or anxiety, they are more likely to seek assistance and in doing so receive help for the eating disorder. Concurrent medical (physical) distress also prompted help-seeking.

_EDO Note:_ Reducing that long time between onset and treatment-seeking is critical. Yet, in our public health capacity, we walk a fine line between education/de-stigmatization, and the sometimes iatrogenic impact of ‘educating’ young people about EDs. Clearly, much work remains to be done.


2017 Conferences & Trainings

9th Annual Eating Recovery Foundation Conference — Aug 4–5, Denver CO

21st Century Psychology: Research, Therapy, & Impact in an Online World — Sept. 29, Albuquerque NM

♦ The first internet domain name was registered in 1985. Today, over 88% of North Americans regularly use the Internet, reliant on it for everything from news to ‘talking’ with their doctors. This year’s conference explores the impact of our logged-in, app-driven world on psychological research, self-image and self-esteem, and therapy delivery.

♦ Sign up by Sept. 8th for early-bird discount.

♦ 7 CE Category 1 units approved by New Mexico Psychological Association

Health interest and expectation make low-calorie drinks taste better

Health labels shape our expectations about the flavor and goodness of foods. Van Rijn et al examined the impact of health labels on people’s anticipated positive experience with food by examining brain responses to manipulation of the information about a food without actually changing the food itself.

Using an fMRI to monitor brain activity, the scientists presented 25 healthy, non-dieting, young adult females with a sweet beverage that was labeled either Low Calorie (LC) or High Calorie (HC). Unknown to participants, the same beverage was presented regardless of the label. Following a task for which sips of the beverage were rewards for correct responses, participants were asked to rate the pleasantness of the beverages.

Exposure to LC cues resulted in greater activation in the left ventral putamen, an area known for influencing goal-directed behavior by generating feelings of pleasure, than did HC cues. The implication is that despite identical tastes, the beverages labeled LC were experienced as more flavorful. Indeed, when presented with a choice for an additional drink, 64% of participants indicated they would prefer the LC version.

Delving more deeply into this preference found a positive correlation between brain activation by the LC-labeled drink and expressed interest in general health. In other words, the more interested one is in healthy eating, the more likely one is to experience low-calorie drinks as more flavorful than high-calorie ones.

_EDO Note:_ This study provides an elegant illustration of the power of expectation over experience. Working with ED as well as obese patients, helping them shape their expectations about food is useful in shaping their enjoyment of it and, consequently, their eating behavior.


Eating Disorders Institute of New Mexico℠

IOP is designed for patients who:

• Have been unable to reduce disordered eating or exercising with standard outpatient treatment

• Need more structure and support for eating than is available in their natural environment

• Are not actively abusing drugs or alcohol and are not acting out on suicidal ideation

• Are medically stable or under close medical supervision

2200 Grande Blvd. SE
Suite B
Rio Rancho, NM 87124
505-884-5700

www.EatingDisordersNM.com
Worshipping pictures of dying girls
Selling our souls to the scale
Check it every morning/every night
Never let that number rise
Slice the meat off your thighs deli-style
To achieve that sacred thigh gap
Lie to your family and friends
Because nothing tastes as good as skinny feels
And they’re the ones trying to make you fat
Eat laxatives like candy
Laugh at the blood in your vomit
And brag about shaking hands with death
Because the better acquaintances you become
The closer you are to winning
It is so ingrained

“pro-ana” blogs preach it is a lifestyle, not an illness
And they don’t encourage harmful behaviors,
But they’ll give you purging tips and tricks
And remind you that a moment on the lips
Is forever on the hips

So when They told me I was sick I didn’t believe them
It’s a lifestyle, not an illness
And isn’t this what everyone is like?
Cursing lunch to please the perfect glossy girls
On that paper on that fridge

They told me I was sick and I didn’t believe them
Not until I tried to stop, but couldn’t

Evening Intensive Outpatient Program

Our IOP provides intensive psychotherapy for eating disorders that do not respond to standard outpatient care. Built upon evidence-based practices and delivered in a warm, client-centered style, our IOP is waiting to help your most challenging patients. New patients are welcomed when they are ready to start, treatment plans are always individualized, and we work closely with you to ensure our work complements yours seamlessly and effectively.

Program Features

Mondays, Tuesdays, and Thursdays
Private check-ins and individualization of therapeutic focus
Shared therapeutic meal
Group sessions address eating-related anxiety, challenge the distorted over-evaluation of shape and weight, promote mood regulation, improve ability to identify nutritional misinformation, counter cultural pressures to attain thinness, and much more.
Cognitive-behavioral therapy complemented by DBT and ACT skills training
Biweekly care-coordination reports sent to patient’s treatment team with additional team consultations as needed
Support and education for families

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Notices

In keeping with the intent of this newsletter to connect our local clinical community with the world of eating disorders, we have dedicated this space to alert you to local opportunities for research, employment, and miscellaneous other things related to obesity and eating disorders. To use this free forum email: EDQnews@gmail.com

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Answer — Cont’d from page 3

The pro-ana princesses told me it was a choice
But when I finally decided to reach for recovery
   I couldn’t grasp it

They told me I was sick and I didn’t believe them
   Because I am not just sick, I am hopeless
In two years I spent more time in treatment than out of it
   I’ve never been “Well” long enough
   To call my readmissions relapses

And I know this is a war worth fighting
   But it’s hard to stay motivated
When you’re losing all the battles
   And your fingernails are scratching, fingers bleeding
   At a mindset strong as steel

Because when my limbs go numb
And when my heart ticks ticks offbeat
   It scares me
   But the possibility of digesting
   Another 4 3 2 1 pound
   Still scares me more

I know the “girls” in magazines are computer generated frankenstein creatures
Sometimes they’re not even models but the limbs/faces/torsos of other girls combined
   To create the “perfect” women

I know that my mother’s worth is not defined by her weight
That when my brother eats pizza his name is not changed to disgusting
   That I do not choose my friends by the size of their thighs

But when my therapist asked me
If I’d rather live long and happy
   Or be skinny
I still couldn’t decide