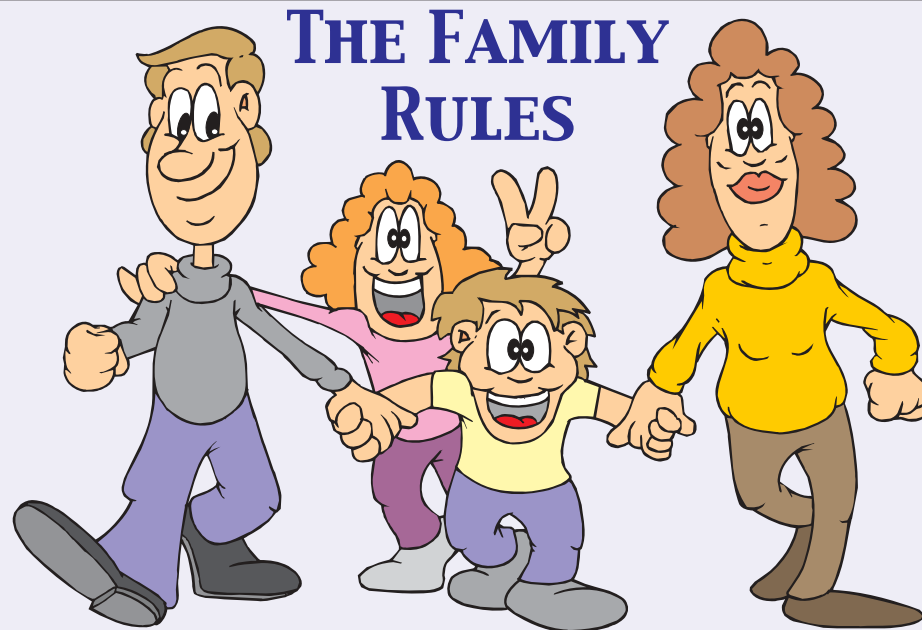


Recovery!



THE FAMILY RULES

Every relationship contains rules. Rules provide the framework for relationships to operate efficiently. They set boundaries on what behaviours are appropriate, teach us how to act normally in social situations and tell us about our rights and responsibilities. Imagine a world with no rules on relationships. You wouldn't know if it was okay to phone your boss at 3am to chat, or if you should point out how "out of fashion" your salesman's shoes are. Rules in our family relationships are very important as long as they are clear, flexible and fair. However, sometimes family rules can become destructive and cross the boundaries of our basic rights.

BASIC HUMAN RIGHTS

Every person shares some basic rights. Some of these include: the right to be treated with respect, to have your own feelings or opinions and express them, to be listened to and taken seriously, to decide what is important for you, to ask for what you want, to make mistakes, to control your body, to have privacy and space, to take responsibility for your choices and feelings, to say no, to be healthy, to be loved and safe, to change your mind, to like yourself, and to change or develop your life in any way you determine. When our basic rights are not respected we can face many consequences. It can restrict us from pursuing our goals and dreams or cause us to question ourselves and become confused about how we deserve to be treated.

SPOKEN AND UNSPOKEN RULES

Rules can come in two forms: spoken and unspoken. They appear in the family relationship in many areas such as food and eating, curfews, emotional expression, discipline, loyalty and expectations. Maybe your family had rules that said, "you must

Greetings!

Well, summer is almost at an end and fall is on it's way!

Every relationship that we are a part of has unwritten and unspoken rules. Sometimes these rules can restrict our rights and prevent us from reaching our goals. Examine the rules in your relationships, are any of them standing in the way of your happiness?

Could there possibly be a tie between eating disorders and the addictive behaviours of substance abuse, or is it just a coincidence that they co-exist? This issue of recovery explores some possible explanations for the co-morbidity.

The summer of 2003 has been busy with many exciting events at Westwind. Bryan, Christy and Val all had the opportunity to travel to conferences in the United States to expand their knowledge of research and treatment development in the field of eating disorders. Barb and her husband Jason and son Jayden have been blessed with an addition to their family, baby Sienna. We welcome Karen Larocque to our staff at Westwind as our new dietitian. The Westwind Foundation held another successful fundraising golf tournament at Mulligans Driving Range.

We hope that you enjoy the rest of your summer and are looking forward to fall. Have a Happy Halloween!

Lynne Robertson

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Most people are searching for happiness. They're looking for it. They're trying to find it in someone or something outside of themselves. That's a fundamental mistake. Happiness is something that you are, and it comes from the way you think.

Wayne Dyer

This newsletter is a publication of the Westwind eating disorder recovery centre, and is intended for general information only. It is not intended to provide personal medical or psychological advice, which should be obtained from a qualified health professional.

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More information about Westwind can be obtained by calling 204-728-2499, or call toll free in North America at 1-888-353-3372. Check out our web site at : www.westwind.mb.ca, or e-mail us at westwindedrc@mb.sympatico.ca. We are located at 458-14th St, Brandon, MB, R7A 4T3, Canada.

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 clean your plate at dinner”, “hide your mistakes in order to keep up the family’s reputation”, “pretend you do not get angry”, or “always have a smile on your face”. Unspoken rules are just as powerful as spoken ones. Everyone knows what they are and understands that breaking them is not allowed. Sometimes the pressure to keep the rules is so important that each family member believes that their love and acceptance in the family is dependant on doing so.

RULES AND ROLES

Sometimes family members take on the roles they play within the family structure. Some of these roles might include the ‘rebel’, the ‘good one’, the ‘scape goat’, the leader, the favorite and many other possibilities. When we decide that we fill a role we can begin to live as though this role is our label and create rules that fit with it. For instance, someone who has decided that their role is to be the ‘glue’ might make some rules that say “The glue should . . . always work hard to make sure everyone in the family understands everyone else’s side, not cause ripples with his/her own opinion and resolve other people’s conflicts.”

Sometimes letting go of these rules can feel threatening. It is easy to become comfortable with the roles we play and changing or challenging them can leave us wondering how we will fit into the family structure. If the family is a puzzle and one piece decides to change its shape the other pieces must also change in order to allow it a new comfortable fit. It takes courage to decide to change the unhealthy rules we live by.

MAKING NEW RULES

When we grow up it is natural to carry many of the rules we learned from our family into our adult lives. You may find

that many of the rules you hold in your own life are the same as those that were taught to you. Sometimes these rules fit with our values and have been consciously chosen. Other times they are rules that we lived by and simply continue to live by even though they do not fit with our values or priorities. In order to live happily we must evaluate the rules we enforce on ourselves and decide if we want to keep them. Are your rules restricting you or contradicting your values?

The family is meant to be a place of safety and unconditional acceptance. Rules within a family can help to create this environment by enforcing rules of mutual respect and validation. However, when the rules do not reflect these values it can be tempting to convince ourselves that it is okay that our rights are being compromised. Our desire to keep the peace and be accepted can keep us from speaking up when we are being treated unfairly. Living according to the rules that reflect our values and priorities is the only road to contentment.

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One must never lose time
 in vainly regretting the
 past or in complaining
 against the changes which
 cause us discomfort, for
 change is the essence of
 life.

Anatole France

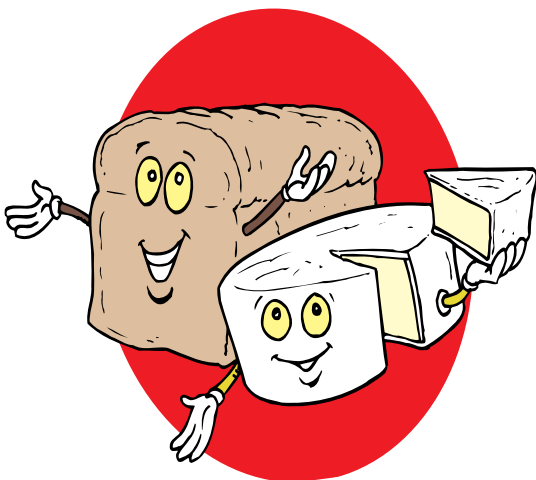
Are Carbs Really to be Feared?

I'm sure we've all heard from one source or another that carbohydrates are fattening. Actually, carbohydrates are now considered the best food for our bodies because of their preventative qualities against weight gain. Carbohydrates are either used immediately for energy or stored in the liver and muscle as glycogen stores for the periods of time when we are not eating throughout the day.

Carbohydrates have a metabolism stimulating effect which means the body seems to burn more calories even if over fed for long periods of time with no weight gain. It is difficult for the body to store much carbohydrate as fat, most is actually lost in heat energy. Experiments show that when the body ingests excess calories, even up to two thousand carbohydrates at one time, very little of it finds it's way into fat cells.

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AFRAID OF GAINING WEIGHT?

It seems that most people suffering from eating disorders fear weight gain so much that they believe that they have to lose weight in order to avoid gaining any weight. They fear that eating any more food will lead to weight gain. But, this is not the case. Perhaps some weight gain will occur up to a normal healthy weight, but it is virtually impossible to gain weight on a low fat diet, especially if it is high in fibre and the person engages in moderate exercise.

DANGERS OF WEIGHT LOSS

During weight loss the body utilizes it's own fat reserves, but if weight loss is too rapid, the body will also draw from lean muscle mass. This causes a gradual loss of muscle and organ tissue, including the heart, which can lead to sudden and potentially fatal cardiac arrhythmia.

FIGURE IT OUT

Is your fear of weight gain based on solid evidence about what food will do, or is it related to other fears? It may be partly both, but finding out why you fear weight gain and then addressing that issue is what you need to do.

“...And then the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom.”

Anais Nin

Eating Disorders and Substance Abuse

Could there possibly be a relationship between eating disorders and addictions such as alcohol dependence and drug abuse? Do girls who suffer from anorexia and bulimia resort to drugs and alcohol as another method of coping? Perhaps those who develop these disorders are predisposed to these issues, or perhaps just a coincidence that they often co-occur.

Eating disorders may not be a form of psychoactive substance abuse, but eating disorders and alcohol abuse co-occur at a rate that is greater than coincidence. The rates of substance abuse tend to be higher among those with psychiatric disorders in general, not just eating disorders. Chemical dependency is an addiction, exhibited by symptoms of tolerance, physical dependence, and withdrawal reactions to the substance, whereas eating disorders are not addictions, they are disorders of thoughts and behaviours. A person with alcoholism can become physically addicted to alcohol, but a person suffering from bulimia for example cannot become physically addicted to binge eating and purging or restricting.

Several studies have found that at least 30%, and perhaps as many as 50%, of patients with bulimia studied also have a history of current or prior substance abuse in their lives apart from their diagnosed eating disorder. Family members of dually diagnosed eating disorder and alcohol abuse patients have shown in at least one study to have a higher incidence of depression and chemical dependency, suggesting that this relationship may be genetically linked.

Eating disorders generally precede the development of substance abuse, particularly in younger females, leading some researchers to believe that an eating disorder could be a risk factor for alcohol abuse or dependence. As the eating disorder progresses, a person's degree of control diminishes, the obsession with food or the substance grows, and the person reaches for alternative coping mechanisms to deal with emotional turmoil. Some people with the dual diagnosis of an eating disorder as well as chemical dependency confide that drugs and alcohol often lessen their inhibitions. But, patterns of obsessional thinking may interfere with daily life to the extent that work or enjoyable activities are neglected.

There are several similarities between the types of people who develop eating disorders and those who develop chemical dependency. Both those suffering from eating disorders and alcohol dependence turn to the substance, be it food, alcohol or drugs, for comfort and to avoid dealing with pain and disappointment that may be experienced in life. They have difficulty in revealing their desperation and hold a sense of personal failure, leaving them the only option as they see it, of using the



abuse as a defence mechanism of denial. They often have a difficult time engaging in helpful, mutually fulfilling relationships.

Major similarities include:

- impaired impulse control
- loss of voluntary control over substances they use
- frequently engaging in repetitive and highly destructive activities despite adverse consequences
- use the substance to regulate emotional state and cope with stress

Both chemical addictions and food preoccupation help the person deal with uncomfortable feelings, but in a self-destructive way. Their alcohol abuse, drug dependence or eating disorder gives them a sense of security, yet they most often have a low self-esteem and difficulty caring for themselves. Both types of disorders lead the person to be preoccupied with their problems, make repeated attempts to stop, and seek to keep it a secret, even though they desperately desire help.

Anorexia affects 1% of the population and bulimia 3-5%. Up to an estimated 30% of college aged women exhibit symptoms of bulimia. The rate of alcohol abuse or dependence in women in the general population is 12% and 10% for other drug abuse. One study indicated that between 1/4 and 1/2 of people with bulimia “drank one or several times a week”, or “had evidence of other drug abuse or dependence”. In a 10 year study binge eating was found to be a predictor of increased risk of substance abuse.

Rates of alcohol abuse differ significantly among those with anorexia, anorexia with

binge eating and purging, and bulimia. It has been reported in some studies that up to 50% of those with bulimia report a history of alcohol abuse or dependence, much higher than the incidence of alcohol abuse and anorexia. About 24% of all people with bulimia also struggle with compulsive shoplifting or kleptomania. One study indicated that individuals meeting the criteria for bulimia report more alcohol related negative consequences despite the fact that they did not drink significantly more alcohol and did not drink more frequently than non eating disordered individuals. This is a very logical explanation for most girls experiencing a co-morbid eating disorder and alcohol abuse. It is common for girls with eating disorders to report a more negative experience surrounding an event which might cause them to feel guilty. Whereas someone not suffering from an eating disorder would not have any significant consequences to report about the incidence.

Possible explanations for the co-morbidity of eating disorders and substance abuse can be concluded as:

- the two disorders have different causes, but the presence of one disorder may increase the person's chance of developing the other
- an independent disorder may cause both disorders
- the two disorders have some risk factors in common, whereas other risk factors are specific to each disorder
- both disorders are shared manifestations of shared underlying etiology

People who don't have the internal

resources to comfort themselves adequately, cope by using mood altering substances such as drugs, alcohol, food or a combination of these. This inability to avoid such self-destructive behaviours is characteristic of the addictive process. "The drug serves not as a substitute for loved or loving objects, or for a relationship with them, but as a replacement for the deficit in the psychological structure."

Someone who seeks treatment for an eating disorder as well as alcoholism or substance abuse represents a highly complex set of variables, resulting in a high relapse rate after treatment. Treatment is more likely to prove successful when it integrates a caring, proven effective eating disorder protocol, such as Cognitive Behavioural Therapy and psychotherapy, with standard alcohol and drug rehabilitation methods of the 12 step approach. Prevention can be promoted by internationalizing good parental figures. The University of Minnesota recommends a unified comprehensive approach to treatment eliminating concerns related to the questions of which is the "primary" versus "secondary" disorder, continuity of care, and cost effectiveness.

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What's New at Westwind?

Support Groups

Eating disorder support groups are held every Monday evening at Westwind at 7pm. These groups are peer run and open to those suffering from disordered eating issues, their family members and friends. For more information please contact Westwind at 204-728-2499. Join our on-line support group at <http://groups.msn.com/westwindeatingdisordersupportgroup>.

Golf Tournament

A big thank you to all those who attended the second annual Westwind Foundation Golf Tournament and to those who so graciously made donations. This event would not have been a success without your support!

Congratulations

Congratulations to our dietitian at Westwind, Barbara Hodson, and her husband Jason, on the adoption of their new baby girl Sienna Rachel.

Welcome

A warm welcome to Karen Larocque who will be taking over the position of Dietitian at Westwind while Barb takes some time off to spend with her young family.

Information Night

On November 18th at 7:30pm the Westwind Foundation will be hosting an information night at Assiniboine Community College. The presentation, on the topic of eating disorders is open to those who would like to learn more about the issue of eating disorders. For more information please contact Lynne at 204-728-2499.

Pita the Great!

2 cans (6 1/2 ounces each) water packed tuna, drained and flaked

1/2 cup diced sweet red pepper

2 tablespoons chopped fresh coriander

1 tablespoon each honey, lime juice, and low-fat mayonnaise

1/2 teaspoon black pepper

4-5 drops hot pepper sauce

1/4 teaspoon each ground cumin and salt

2 6 inch pitas, each cut in half

1 cup thinly sliced, unpeeled English cucumber

2 cups alfalfa sprouts (unpacked)

Combine first 10 ingredients in a medium bowl. Mix well. Open pita pockets and line each with 1/4 of the cucumber slices and 1/4 of the alfalfa sprouts. Fill each pocket with 1/4 of the tuna mixture.

