

## DOCTORS' OPINIONS

EDA members encourage everyone seeking recovery from an eating disorder to work with qualified medical professionals. For the most severely afflicted, a trained and experienced team—usually including a physician, a psychiatrist, a psychologist, and a registered dietician—can mean the difference between life and death. Even in relatively mild cases, caring and trained professionals can be essential to sustained change.

We think everyone engaged in eating disorders recovery will be interested in what medical professionals themselves have to say about the process and about our organization. It is a great honor to offer the following letters of support from three such individuals who have dedicated their time, talent, and energy to helping people with eating disorders develop strong foundations for recovery.

Our first letter is from Dr. Ray Lemberg, PhD. Dr. Lemberg is a clinical psychologist in practice in Arizona since 1977. He received his doctorate from the University of Maryland and is a pioneer in the field of eating disorders, having formed the first psychiatric inpatient program in Arizona in 1980. Dr. Lemberg has made over one hundred presentations on this subject; is Associate Editor of: *Eating Disorders, The Journal of Treatment and Prevention*; is the author of forty-five papers and publications; and editor of three books on eating disorders, the most recent, co-edited with Leigh Cohn: *Current Findings on Males with Eating Disorders* (NY/London, Routledge Press, 2014).

## Dr. Ray Lemberg's Opinion

To Whom It May Concern:

When the “Big Book” of Alcoholics Anonymous was published in 1939 no one could have dreamed of its monumental impact. AA is now over 2,000,000 members strong. Eating Disorders Anonymous (EDA), which was founded in 2000 in Phoenix, Arizona, is modeled on the same Twelve-Step philosophy, respecting and preserving the major tenets of AA. The Twelve-Step model has been powerful in promoting recovery through support and fellowship as well as by demonstrating the success of those who were able to escape the grip of obsessive thought and compulsive behavior.

Years ago, Dr. Scott Peck, psychiatrist, wrote the best-selling book, *The Road Less Traveled*, which had a significant impact at that time. Dr. Peck conveyed that the pursuit of happiness was misguided, as happiness is a fleeting emotion. Instead, fulfillment in life is achieved, in part, by delaying gratification and overcoming obstacles that inhibit growth and transformation.

The EDA philosophy has many parallels to these teachings. A major contribution by EDA is an aim to broaden the understanding and conceptualization of a “Higher Power.” In essence, finding meaning in life is often dependent on finding purpose outside and beyond self-preservation and self-interest.

Typically, the process of recovery is arduous and characterized by backward and forward movement that ultimately is necessary for creating a fundamental life change. It involves internalizing the belief that each person's journey is uniquely individual, and that personal transformation is possible. It also involves the sense of belonging to a fellowship that empowers a person with the strength of knowing that he/she is not going it alone.

Within the EDA text that follows, it is proposed that the concept of a Higher Power can be embodied by the idea of a higher purpose. This allows those who do not embrace religious convictions to empower themselves with a higher level of life's meaning, and enables them to evolve into more complete and resilient people. Recovery is much less about one's relationship with food and much more about one's relationship with oneself, others, and a higher purpose.

In this context, for some people the concept of faith is in a Higher Power, for others it is in a higher purpose. Both embrace a deep commitment and reliance on believing that someone or something is of much greater importance than self.

The work that follows is innovative, significant, and groundbreaking.

Raymond Lemberg, PhD  
Clinical Psychologist

Our second letter is from psychologist Dr. Sumer Aeed, whose guidance was critical in EDA's identification of balance and perspective as goals of recovery. Dr. Aeed holds a doctoral degree in Educational Psychology/Counseling Emphasis, a master's degree in Counseling Psychology, and a BA in International Relations. She has worked for over twenty years in the counseling, consultation, and education fields helping individuals and families create healthier relationships. As the founder of *What's Your Story Experiences*—experiential workshops that support transformation and healing—Dr. Aeed guides individuals to explore the power of their unique stories. An adjunct faculty member at Northern Arizona University, she has developed prevention programs for youth, serves on several boards with a focus on healing and prevention work, and writes

articles in the field of mental health for numerous magazines and websites. Dr. Aeed's work helped EDA embrace the idea that consciously taking care of our own basic needs is essential to establishing relationships of trust. This idea is central to EDA's message of recovery, and we are grateful for her contribution.

## **Dr. Sumer Aeed's Opinion**

To Whom It May Concern:

Our identity is forged by our story; that story determines our emotions, behaviors, relationships, possibilities, and truth. People conquer their eating disorders in many different ways. Yet we often seek "the" answer, or "the" story, rather than looking for our own. Thankfully, there is a way out.

As a psychologist and educator with twenty years of experience working with eating concerns across the spectrum, I am passionate about individuals having access to a broad base of tools and solutions on their road to recovery. I have not only witnessed the devastation that eating disorders can play out in people's lives, I have seen the stories of hope and new beginnings that can be forged from the pain.

Research shows us that eating disorders stem from biopscho-social-spiritual roots, and my experience is that a resilient recovery allows for tools in all of those areas. Through the power of the group, the power of shared stories, and the power of others speaking into our lives, we can co-author our recovery stories, borrowing pieces from each other's chapters and weaving them into our own.

What I often see in my clients are patterns in which they go 100 mph, get inspired, dig in and fall back down, see the breakthrough, and then end in yet another breakdown. They decide it's all a waste of time and then think, *I can't*

*keep living like this.* They are determined to find “the” answer and get it exactly right, while ensuring they don’t risk or let go of anything. They are stuck in not being willing to change the questions they ask, which are still all about body, food, and control. This is all that they know and all that they trust, even though it is gradually killing them day by day. They watch others recover and feel hopeless, sometimes wondering if people “in recovery” are all just lying. Then they see hope in their eyes and peace as they sit side by side, realizing they aren’t lying, and wanting what they have. Clients then become willing to listen—even when it does not make sense and challenges all that they are doing—desperate to find some other way to live and weary of the despair, disgust, and shame weighing them down.

Although my experience stems from the varied stories that people struggling with eating challenges bring to their “table,” aspects of the following might sound familiar to many readers. The more things spin out of control inside, the harder you work to keep the outside looking “fine”—not realizing there is any other way to live, certain everyone feels this way, while at the same time afraid you are alone and broken in some unspeakable, unfixable way. Others see possibilities that you are not yet ready to claim; you let go of old ways of thinking and create new habits; you get to the “end” and then start all over again. You hide, you are seen, and you feel certain you would be the one person that the tools would not work for. You have slow chapters of great effort with seemingly little benefit—journaling, meditating, yelling at the fridge, not wanting to look in the mirror. You face the devastation of the eating disorder, still not able to tell the truth. You live with your body cut off from the head down, refusing to connect in any way to this horrible thing you are stuck in, with which you must “do life.” You push your body past any logical or healthy limits, seeing what you are doing, and still not being able

to stop. You feel like someone else's foot is on the accelerator, racing you towards an unhappy ending.

The story shifts as you begin slowly hearing, seeing, doing something different for a page or two of your story, being willing to do the writing, and finding the magic of the Twelve Steps when you truly work them. You become able to look back into the eyes of others as they see you—truly see you. You are able to take a deep breath into your body. You rediscover how to play, how to laugh and be silly. You decide to put your trust in just one person, however small a step. You feel a tiny bit of control being released and try not to be discouraged by how badly most of you wants it back. You become able to sit still with your body, with food, with emotions. You start being able to lean in to your story, even the scary chapters. You begin to understand some of the pieces you have read, heard, or written about, and you feel hope for the first time. You see that there are many more chapters yet to be written, and feel daunted, but excited, about what's to come. You learn to be in the moment, which is completely foreign. You truly hear the Promises of EDA and the Twelve Steps: a new freedom and a new happiness, not regretting the past nor wishing to shut the door on it.

Professionally I am so grateful for the many possible paths to recovery. But whether you are young or old, have this symptom or that, this label or that, this body or that, I find the following to be universally helpful in stories of recovery and hope: developing a relationship with our body by reconnecting or sometimes connecting for the first time; a sense of gratitude which can sustain hope as we walk through the tough parts of our chapters; a willingness to do whatever it takes; a sometimes blind trust in the process and in whatever group and/or therapist we are allowing to support us and speak into our lives; an ability to get back up and move along the path after falling down for

the seemingly impossible hundredth time; the willingness to speak the truth however ugly, scary, or shameful; finding a way to move in our bodies that works for us; letting go of the old rules that created a certainty of failure; and being willing to face and work with the unknown, a step at a time, until it becomes the known.

Stories in recovery also involve being able to feel all our feelings, knowing they won't kill us, and knowing they have absolutely nothing to do with food; learning when we are full of feelings versus full of food; learning how to get still, whether through meditation, spiritual practice, or being duct taped to the chair to start; learning how to listen to our own intuition, beliefs, and truths and to let go—piece by piece, message by message—those that no longer serve us; writing our own non-fiction story and being willing to rewrite our old “perfect” ending with the “perfect” body, finding instead one we can sustain and that can sustain us: our own groove. This is the rough, inelegant, challenging road to recovery—and not for the faint-hearted.

I have heard recovery stories from atheists, people of all walks of spiritual life, ten-year-olds, seventy-eight-year-olds, people with stories of painful, hard-to-imagine childhoods, those whose bodies have been ravaged by eating disorders, those of all genders and sexual persuasions, those who had just started down the path to disconnecting from their body, those with generations of family who struggled with food and body issues, those with a myriad of other physical and psychological challenges to overcome, those to whom the idea of “sharing” was horrifying, and those who thought they simply did not fit or belong in any category that made sense. To any of you in this paragraph and those who still don't see yourself here, there is hope.

So, the “right” path? That is part of the recovery myth, along with the “right” diet, exercise program, and all the rest. “Your” path? That will be a unique combination of

program tools, your own truth picked up and dusted off, and a hope and confidence in the chapters yet to come—knowing you are not alone. EDA offers the power of fellowship and a sense of faith, however you may define it. Trust the process, be willing to do the hard work, find others who support you and can hold the places for you that you can't yet see, and be gentle with yourself—this is a whole book and not a short story.

Warmly,  
Sumer Statler Aeed, EdD  
Licensed Psychologist

Our third letter is from Dr. Lacreasha Hall, MD, FAPA. Dr. Hall is Board Certified in Child, Adolescent, Adult and Forensic Psychiatry, and Addiction Medicine. She has served as the Medical Director for an addiction treatment center and as the CEO and founder of a residence supporting women with eating disorders and addictions. Since 2003, she has worked as a psychiatrist supporting eating disorder and addiction recovery in California, Florida, and British Columbia. We are very grateful for her support.

### **Dr. Lacreasha Hall's Opinion**

To Whom It May Concern:

I am happy to have this opportunity to share my experience treating patients with eating disorders to increase the awareness and understanding of this disease as well as the process of recovery. I was fortunate to gain experience working at a well-known eating disorder center and to own a transitional living facility for women with eating disorders and addictions, both in South Florida. I have also had the pleasure of treating many individuals as they work a



Twelve-Step program through fellowships such as Eating Disorders Anonymous (EDA).

I had my first encounter with a patient who had an eating disorder around 1993, while still an undergraduate. I was working as a mental health technician at a residential treatment facility for adolescents. I can still remember her frail but muscular frame sitting on the porch with a Thigh-Master squeezed between her legs. At that time, I had no experience with eating disorders, but could somehow feel her pain and despair. I remember telling her that I did not want her to die, sensing even then that death was a possible outcome. I saw her for the last time before I returned to University. She had a vacant look of sadness about her—one that has become all too familiar to me over the years. I felt that she somehow knew that I had “seen” her, if only for a moment, despite her attempts to remain invisible.

After that, I completed my undergraduate studies, attended medical school, and had years of additional psychiatric training. Still, I was not adequately prepared to do this work. Eating disorders have the highest morbidity and mortality of any psychiatric disorder,<sup>1</sup> and are both widely misunderstood and feared. I have witnessed this combination of misunderstanding and fear lead to feelings of shame, judgment, and failure on the part of both the patient and provider during attempts at recovery.

An eating disorder is not about food, the body, or weight; it is an ineffective solution to a problem that has become concealed to the point of being unrecognizable. In effect, an eating disorder successfully distracts everyone from focusing on the true problem underneath. Therefore, since food and weight are not the real issues, no amount of bingeing, purging, or restricting will solve or change any-

<sup>1</sup> Arcelus, J., Mitchell, A.J., Wales, J., Nielsen, S. (2011) Mortality rates in patients with anorexia nervosa and other eating disorders. A meta-analysis of 36 studies. *Archives of General Psychiatry*. 68(7), 724-31.

thing. Yet, individuals with eating disorders often persist in thinking they can perfect these faulty solutions.

Once a patient begins the quest for recovery, they often find themselves caught in a powerful dance between control and will. The more control a person experiences from an eating disorder the more control they will ultimately lose, making it difficult for the person to will themselves out of a position of self-deception. In my opinion, recovery occurs through the exposure of this deception and acceptance of the underlying truth

Many uncomfortable truths accompany an understanding of the function of an eating disorder. When those truths are discovered and accepted, space is created and the mind is free to focus on alternative solutions. When this space can be held without judgment from self or other, the person is free to exercise their power of choice. Seeing that means not only freedom of choice, but also freedom from fear-based decisions. Insight and change come along with the responsibility to make choices and to accept the consequences of those choices: good, bad or otherwise.

I wish I had a simple answer for every patient who has asked me, “How do I recover?” The fact is that recovery comes differently for different people; one person’s path cannot be compared to that of another. However, I have found there to be two common denominators in those who do recover: truth and trust. In my experience, every person who has been successful in recovery has had at least one person somewhere along their journey with whom they could be totally honest—someone who, without judgment, behaved as if success was a viable option—despite previous setbacks. It is the presence of a trusting relationship that allows people to accept their truth, no matter how painful it may be. This gives them the freedom to change, if they so choose.

We must also accept that, for a multitude of reasons, many people may not want to recover. If that is their truth at that time, we must accept them as they are and allow them to make that choice. What I say to my patients is, "You will give up your eating disorder when you no longer need it." Until then, their behavior makes sense in the context of its actual function. All truths have to be embraced for recovery to be an option. That is real freedom: the ability to choose and to choose not. Choosing not to recover, however, is different than giving up. This subtle distinction is important. Making a conscious choice—even if not in one's best interest—means there is hope of making a different choice.

I feel that my ability to practice psychiatry is a gift—something that I was meant to do. Anything that any of my patients have ever seen in me that they may consider good or inspiring, I believe is a reflection of God. The shortcomings are all mine. God is a difficult topic for some and a concept that many will never accept or believe. Therefore, I may not bring up God directly with my patients, but I am unconditionally accepting of whatever faith—or the absence thereof—they bring into the room. However, I often find that those who have chosen God as their Higher Power generally feel less alone. This provides them with a stable foundation to rely on as they finally realize their eating disorder can no longer be trusted.

In my opinion, two conditions must be present when helping someone on their path to recovery: the belief that recovery is possible, and the strength to stand up to the eating disorder. This is basically a definition of faith, and without faith the eating disorder can convince anyone that recovery is not possible. Although belief in God has helped—and will continue to help—millions of people, it is not a prerequisite for recovery. However, faith in the process of recovery is required.

In my experience, both loved ones and those with the desire to recover need something to hold onto. The more stable and consistent that something is, the more effective it will be. Therefore, I believe that faith-based programs, including EDA, offer perfect opportunities for providing important conditions for recovery such as: unconditional acceptance, belief that recovery is possible, and examples of how people apply real solutions to life problems.

One of the reasons I continue to do this challenging work is that I have had the unique opportunity of seeing many patients recover from their eating disorders using Twelve-Step programs, therapy, community support, spiritual support, and various combinations of these and other methods. Few experiences are more rewarding than bearing witness to the changes that allow someone to see themselves as God intended. It is also a privilege to celebrate the victorious moment when a patient is able to look back and no longer recognizes the person who once suffered from an eating disorder. I write this letter to encourage you to never give up hope, to never stop believing, and to assure you that recovery is not a luxury for a select few—it is available to all who choose it.

Dr. Lacrosha Hall, MD, FAPA