

Are You Woman Enough?

By R. Jane Ferguson

Executive Director, Tapestry Residential Eating Disorders Program

www.tapestrync.com

Up to 8% of females in the United States will suffer from some type of eating disorder in their lifetime. Types of commonly recognized eating disorders are anorexia (restricting food intake), bulimia (binging and purging), binge eating, compulsive overeating, compulsive exercising disorder or orthoexia disorder (an obsession with only eating certain types of foods/organic foods). If you are currently struggling with an eating disorder, you have probably spent many hours,—weeks, months or years— struggling with the patterns of guilt, shame, secrecy, and/or feelings of powerlessness. Many times these are followed by feelings of powerfulness followed by ritualistic obsessional activities and behaviors that commonly rule your day to day life and interrupt family and social relationships. If you have ever thought, . . .”I can handle this, I have this under control” and then shortly felt completely out of control, you are not alone. It is a common feeling. You have a problem that needs to be resolved.

Researchers and health scientists have argued for years about the etiologies behind eating disorders. Is it a brain disorder, a cortisol problem, a result of trauma, or is it concurrent with an underlying mental health disorder? The bottom line is, if you are suffering from one of these disorders and inwardly struggling, it doesn't matter what the etiology of the problem is—at some point you just may need to confront the problem and you might need help doing so.

Some women report that their problem began in high school or middle school as a result of the struggle to be “thin enough”. Others may have experienced a sudden weight gain their freshman year of college and found a quick fix. Still others report that they are young mothers and struggled during their youth thinking they had resolved the issues, only to have it resurface following a pregnancy weight gain. Still others may have had a problematic relationship with food all of their lives. But again, bottom line—it doesn't matter when or how it happened, just that it be resolved.

Current treatment options vary for eating disorders depending on the severity and extent of the eating disorder. Choosing the appropriate treatment can be a quandary for the individual and family whose lives are affected by the disorder. Outpatient treatment is a good option for some people. Still others find assistance in face-to-face support groups, online support groups or a combination of both outpatient treatment and support groups. Other women may find that these options or “handling it on their own” is not working and their eating disorder has become so severe that it is having adverse medical affects on their body. If you are one of these women, you may need to look at the option of a residential program or pursue inpatient hospitalization. It can be a struggle to determine and resolve yourself that sometimes you need more support than you can obtain in outpatient or within yourself. Many women and families struggle with the decision to go into an extended care facility and accept that is the level of treatment that is necessary to

recover and live without ED. Then deciding what type of setting and program to enter is even more difficult.

One of the best ways to decide is by researching each program's philosophy and seeing which program philosophy best fits your needs. . .and you as an individual. Eating disorder treatment is not a "one size fits all" approach and treatment options vary widely. Common elements include nutritional counseling, counseling, group-work, body therapies (massage, expressive movement), art therapies, and equine therapy.

A fairly unique residential program option is a **Voluntary Community Based Program**. This program is based on the philosophical belief that you are not fragile but inwardly strong. A voluntary program helps you to find your power and channel it into positive healthy directions to be able to solve your own problems. It also has a basic belief that in treatment it is most helpful to simulate a "real world" environment.

What is "real world, voluntary" treatment and how is it different from most residential or inpatient treatment? First of all there are no locked cabinets or doors. There is no buddy system or someone looking over your shoulder all the time. It knows that buddies are not always with you in the real world and assumes that YOU are strong enough. Voluntary treatment invites you to make some mistakes and then be open about them so that you can explore the core of that repetitive negative behavior that has you in such turmoil. Voluntary community based treatment assumes that by living in a more "real world" environment, you can make a mistake and practice correcting it. Voluntary treatment does not have you earning points or dealing with locked cabinets/refrigerators.. It treats you like an adult. The philosophy assumes that you are not fragile but inwardly strong and consistently helps you find the power to solve your own problems. You are not broken. And if you are not broken, you don't need someone looking over your shoulder all the time. You need help, but you do not need someone trying to run your life or trying to make you heal. You do better with trained professionals who serve as a guide, a coach, a person who believes in you and acts as an assistant, a facilitator.

Real world voluntary treatment lets you live your life in the treatment program in a setting that encourages you to make the choices that will build a strong, healthy, forever-changed life. In voluntary community based treatment you go grocery shopping, plan meals, exercise, cook and eat together. Residents also go out to eat in restaurants and participate in community events; in other words, actively participate in the world around them.

These kinds of treatment programs believe that you should not be hidden away. That doesn't do anyone any good. What would you do when you get out? Go back to old behaviors that you don't want anymore? It attempts to actively bring typical post treatment problems in to everyday treatment.

About six months ago, a very tearful but happy resident of Tapestry (www.tapestrync.com) ran up to me and threw her arms around my neck and thanked me profusely for being the owner of this voluntary community based treatment program and

told me that it had changed her life forever. She had been with us for three months at the time and stayed with us another month after that. When she left, she was smiling and strong. She knew she would have struggles but be able to make it in the “outside” world, her home world, because she had been living in a “virtual home world” while in the program. She had practiced using her new skills in the community where Tapestry is located (Brevard, North Carolina) and was actively making her own decisions. She knew what to do in a restaurant, how to shop in the grocery store, how to plan and cook meals, and how to engage in physical and social activities without hiding or feeling ashamed. She knew how to interact in a proactive and positive way with her family. She was very aware of what her particular issues were and how to deal with them in a very healthy manner. She felt strong, she believed in herself and knew that she had thrown off the protective shell that her eating disorder had offered her. She didn’t feel the need to go back there. She was changed. She is just one of many similar success stories.

A voluntary treatment program isn’t right for everyone. If you need to work under strict structure or if you are too medically compromised, it won’t work for you. Also, it will not work for you if you are not motivated for treatment. But if you have the motivation to try and the courage to look within—voluntary treatment is very effective in the long term. This article began by asking, “are you woman enough?” We believe that you are woman enough and that within you, you hold the key.

For more information please contact:

Tina Nowak
Program Director, Tapestry
828.384.1654