

Vancouver Women's Health Collective

HER VOICE

January 2001

A Patient's Rights

Fresh breath finds its way to the VWHC and its Community Health Advocate Project. Through two years of change and growth CHA has birthed the Patient's Rights Workshop. The CHA project established in 1998 to help eliminate violence against women in the health care system, has seen the passing of twelve advocate volunteers and Brenda Kent initial project coordinator.

The CHA project has shifted its focus from one-to-one advocacy, to providing workshops for marginalized women and their families. The Patient's Rights workshop includes information about: how to choose a doctor; what to expect from your health care professional; and questions to ask your health care provider about diagnosis and treatment.

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Regaining Her Voice — Preventing Disordered Eating

What is disordered eating and how common is it in BC?

Disordered eating can be generally understood as a recurring pattern of expressing difficult feelings through a negative relationship with body image. Disordered eating is a complex problem that arises from a combination of psychological, biological, interpersonal and social factors, and has been described as a coping strategy — as one way that girls in crisis “speak” about their experiences in relation to others and society.

The most extreme forms of disordered eating represent the third most common chronic illness among adolescent females, affecting up to one in twenty young women.

There is a spectrum of feelings, thoughts and behaviours associated with disordered eating, for example: disconnection from meaningful relationships; loss of voice; feelings of insecurity about one's body; preoccupation with food, weight and shape; and unhealthy weight control behaviours such as rigid dieting, fasting, bingeing, purging, excessive exercising and steroid abuse.

The most extreme forms of disordered eating represent the third most common chronic illness among adolescent females, affecting up to one in twenty young women (Canadian Paediatric Society, 1998). Based on Canadian prevalence rates, it can be estimated that among females aged 14-25, there are roughly 4,000 cases of anorexia nervosa and 12,000 cases of bulimia nervosa in BC alone. Girls and women make up 90% of those with eating disorders (Andersen and Holman, 1997).

Other forms of disordered eating are much more prevalent. Adolescent health surveys conducted in the 1990s provide a provincial snapshot of disordered eating among youth (McCreary Centre Society, 2000).

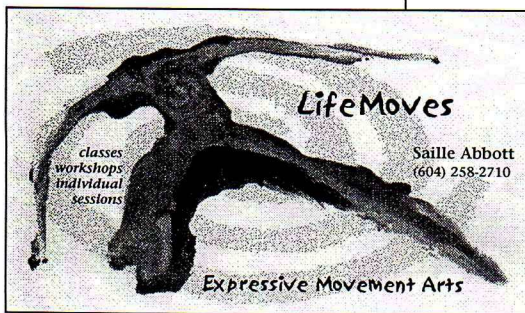
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The Practice of Embodiment

Learning to Inhabit Our Body in an Age of Disembodiment

Our physical body holds all of who we are; carrying in its very tissues the memories of all that we have experienced in life. Unless we learn to really live in every part of our physical selves, we disconnect from much of who we are and diminish our capacity to fully express ourselves. When we begin to cultivate



a deeper body consciousness, we start to change the countless lessons we have learned that render many of our bodies a place of shame, and begin to feel our bodies as a place of freedom and self-expression!

Saille Abbott, certified teacher and guide of expressive movement arts therapy, has her own practice offering classes, workshops, and individual sessions. Saille can be reached at (604) 258-2710.

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For example:

- One of every two girls (52%) reported that they are trying to lose weight, and another one in seven girls (14%) reported making efforts to stay the same weight. Boys were also making efforts to control their weight, but many more reported wanting to gain weight (27%) than wanting to lose weight (19%).
- In addition to dieting and exercise, some of the youth who reported trying to lose weight or keep from gaining weight said they were using dangerous weight control methods such as vomiting, taking diet pills and using laxatives.
- Purging (vomiting on purpose after eating) was reported by one in eleven girls (9%) and almost one in sixteen boys (6%). Two in five girls (40%) and almost one in four boys (23%) reported that they had engaged in binge-eating at some point. Over one in seven girls (15%) and one in eleven boys (9%) reported binge-eating two or more times a month.

These findings confirm that many BC youth are concerned about their weight, many are trying to control their weight, and some are using dangerous methods of weight control. Extreme forms of disordered eating can lead to irreversible physical damage and even death. Disordered eating can also be very damaging psychologically, resulting in anxiety, depression, obsessive thoughts, compulsive behaviours, low self-esteem, alienation, loneliness, guilt and shame. Disordered eating not only affects the health of young people, but also has a significant effect on families, communities and society as a whole.

What are the causes of disordered eating?

There is general agreement that the causes of disordered eating are multifaceted and complex, and that more basic research is needed to advance knowledge in this area. However, various theoretical frameworks or models have been used to explain disordered eating and diverse views exist among youth, families and experts about which is the best way of explaining it. This review draws upon relational theory in understanding the origins of disordered eating and in devising means to help prevent it.

What is relational theory?

Relational theory focuses on the capacity for connection with others, as critical to healthy development. Connection has been defined as "an

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interaction between two or more people that is mutually empathic and mutually empowering" (Baker Miller & Pierce Stiver, 1997). Connection is considered the key process through which people develop relationships that foster growth.

The voices of girls and women are central to relational theorists' work on psychological development. Disconnection in relationships is seen as a significant factor in both the development and continuation of disordered eating. In the absence of connected relationships or in an attempt to preserve relationships, disordered eating emerges as a coping strategy — as a way for girls and young women to express themselves through their bodies.

Relational perspectives on female development are supported by research that has found relationships with others to be central to girls' healthy development (Gilligan, 1982; Mikel Brown and Gilligan 1992). Girls

Competing roles, discrimination, and cultural norms based on individualism and competition can hamper girls' and young women's sense of connection with others and within society.

may develop a variety of coping strategies to ensure that they remain connected in personal relationships and in relation to society as a whole. For example, they may quickly learn that it is not acceptable to express anger and develop strategies to keep this part of themselves out of relationships.

Loss of voice and disconnection in relationships may occur within many contexts, such as in the family, peer group, school or workplace, community, and larger society. Relational theory emphasizes that disordered eating develops not only because of disconnection in personal relationships, but also as a means of coping with disconnection from society because of negative or conflicting societal beliefs. Competing roles, discrimination (e.g., sexism, fat phobia, racism, classism and homophobia), and cultural norms based on individualism and competition can hamper girls' and young women's sense of connection with others and within society.

What is Prevention?

Prevention refers to stopping something from happening. Ideally, action should be taken before young people develop any signs of disordered eating. But action also needs to be taken to prevent young people who

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The purpose of CHA is to help women find their voice through teaching self-advocacy skills. Our hope is that these skills will enable women to demand the safe and respectful health care they deserve.

The energy that staff and volunteers have put into this project is beginning to show itself through the positive feedback we are receiving from the community.

Thanks to all who have contributed to the growth of this necessary and innovative project. As well, thanks to the Vancouver/Richmond Health Board for annual core funding and to the Vancouver Foundation for project development funding for 2001.

To find out more about CHA please call the coordinator, Angela J. Gray, at (604) 736-4234.



Are you interested in...

Doing research on complementary therapies, reproductive issues, or endometriosis? Knowing about the health resources available to you in your community? Finding a new doctor or therapist? Hosting a Patient's Rights workshop for women in your organization? Inviting the VWHC to your meeting to do a breast health workshop?

Then please call our health information line: (604) 736-5262 or visit our Health Information Centre at 1 - 175 East 15th Avenue in Vancouver.

Staffed exclusively by volunteers, the information centre is open:

Monday through Thursday
10:00 a.m. to 1:00 p.m.

Monday and Tuesday
3:00 to 6:00 p.m.

Wednesday
6:30 to 8:30 p.m.

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are showing initial signs of disordered eating, such as unhealthy body image and loss of voice. Prevention can happen at any point.

Prevention of disordered eating from a relational perspective involves taking action to address the causes of distress and disconnection among children and youth, rather than focusing on an individual's eating behaviours as the problem. It involves promoting relationships that foster growth within a variety of contexts, from the family unit to the larger society. It requires listening to children and youth to learn how to become allies in prevention.

What Can be Done?

Developing lasting solutions to the problem of disordered eating requires partnerships with young people, parents, families, schools, workplaces, communities, governments and others who have an influence on young people's lives. Efforts to prevent disordered eating need to be comprehensive. They need to address, in an integrated manner, the various contexts in which children develop, including the broader societal influences.

Relational theorists suggest that a sense of "connection" is central to girls' healthy development. Connection comes from relationships that are mutually respectful, empathetic and empowering. Meaningful relationships provide a safe environment for children and youth to voice their needs, desires and fears without any threat of ridicule or silencing. In these relationships, thoughts, feelings, and experiences are listened to and respected. This fosters self-esteem and helps prevent a girl's loss of voice. Thus, prevention efforts should focus on addressing the causes of distress and disconnection among young people rather than focusing on eating issues.

What is being done in BC?

The need for greater efforts to prevent disordered eating, and for a provincial framework to guide such efforts, has been recognized for some time. Currently, a provincial framework is being developed in a collective fashion through the BC Ministry of Health (through the BC Provincial Eating Disorders Program at St. Paul's Hospital), Ministry for Children and Families, and a multi-disciplinary Prevention Project Advisory Committee.

A "Best Practices" manual — activities and programs that are in keeping with the best possible evidence about what works to prevent disordered eating — is in progress. Input is being sought from decision makers, community agencies, and practitioners in many sectors, as well as those most affected — young people themselves.

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The Vancouver Women's Health Collective

Our Purpose

We have all been taught that only medical experts know about good health care. In fact, health information has been passed down from one generation of women to the next for centuries. Since our founding in 1972, the VWHC has promoted and supported women helping women to help themselves.

Our Mission Statement

The Vancouver Women's Health Collective provides information, resources and other support for women to empower themselves to take charge of their own health care.

Our Members

We are a charitable, non-profit women's organization, funded primarily by donations, membership fees, grants, and fund-raising initiatives. Volunteer members are an essential part of the VWHC. There are many opportunities for volunteers to share their stories and enhance their skills. Please call us for more information. Many thanks to past and present volunteers and members, without you we would not be here!

HER VOICE

In December, we chose a new name for our newsletter — HER VOICE. Like Infusion, HER VOICE will be published up to three times a year. HER VOICE is a forum to connect the VWHC members, as well as the broader community around women's health issues and activities at the VWHC. Submissions relevant to women's health and/or well-being are always welcome. Opinions expressed are those of the writer and not necessarily those of the VWHC.

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In putting forward such strategies, it will be important to encourage and support their evaluation, in order to increase the body of evidence concerning what works. As the field evolves, so will best practice strategies. And, therefore, so will the likelihood of success in preventing disordered eating among BC's young people.

For additional information about the BC Provincial Eating Disorders Prevention Project, please contact Jacqueline O'Connell at occonnell@hivnet.ubc.ca.

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- Encouraging Healing and Harmony in Families

- Enhancing Relationships and Self-Esteem

- Individual, Couples, Family and Group Therapy



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Disordered Eating, Body Image & Related Issues
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Yes, I want to help women access quality health information!

I would like to join the VWHC I would like to renew my VWHC membership

Name: _____ Phone: _____

Address: _____
(street)

_____ (city/province) _____ (postal code)

VWHC membership category: Fee enclosed: \$ _____

- Volunteer pay what you can up to \$25/yr
- Associate \$10-\$25/yr
- Health Practitioner/Therapist/Business \$50/yr

All VWHC Members

- receive the VWHC's newsletter and invitations to special events
- may participate at the monthly Steering Committee meeting & the AGM
- support the mission statement, values, and goals of the VWHC

Volunteer Members

- expected to volunteer at the information centre & attend one bingo shift

Health Practitioner/Therapist/Business Member

- entitled to a business card ad in HER VOICE

I wish to make a donation to the VWHC \$ _____

Thank you for your support! A charitable tax receipt will be issued for your donation.

Full amount of my membership fee and donation \$ _____

✂

Contact Us

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Thank you to our 2000/2001 Funders!

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