A Word from the Editor

In this issue of Perspectives, we highlight a central, yet often neglected subject in the eating disorder field, namely, recovery. In contrast to the academic literature, which generally depicts recovery in terms of reduced physical and/or behavioral symptoms, we chose to put a human face on recovery by presenting the perspectives of not only professionals, but also of women who have experienced recovery firsthand.

Accordingly, we invited experts in the field to share their understanding of recovery and to consider the following questions in developing their responses: How do you conceptualize recovery? How do you understand your patients’ views of recovery and integrate them into your work? How do you manage difficult moments during the treatment process? How do you ‘assess’ recovery? Is there such a thing as partial recovery?

Not surprisingly, the responses are dissimilar, sometimes inconsistent and, undoubtedly, reflective of the diversity that permeates the eating disorder field.

• We begin with an essay by Martina Verba, Ph.D., and her discussion of the ‘good enough’ recovery. She presents two themes emerging from her narrative interviews with 14 women in long-term recovery: embracing imperfection in addition to recovery as a dynamic process that provides the foundation for a meaningful life.

• Alisa Fliss, MA, describes one of the paradoxes of recovery, namely, her unwillingness to recover from bulimia which prompted her to finally engage in therapy, eventually leading to her recovery.

• Beth Mayer, LICSW, a clinician who also has a history of an eating disorder, provides a unique perspective as she explains how her work with clients is informed by her own recovery from bulimia.

• Ed Tyson, MD, a primary care physician who has treated eating disorders for 25 years, presents a medical model of recovery. Notably, he concludes by acknowledging that his recovered patients are grateful for their eating disorder and the reasons for this gratitude.

• Finally, we include an important postscript from our colleague, Roy Erlichman, Ph.D., who underscores an essential element of recovery, specifically, listening to clients. This crucial point is one we plan to explore more fully in a future issue of Perspectives.

We hope you find that these essays expand and enrich your thinking about recovery and look forward to receiving any ideas or reactions the essays may have generated.

Warmest wishes,

Marjorie Feinson, Ph.D.
EDITOR
As a therapist treating eating disorders, I have long believed a great deal could be learned by talking to individuals about their experiences of moving from early behaviorally-focused recovery to a deeper felt-sense of recovery. When it was time to conduct research for my doctoral dissertation, I decided to interview 14 women with long-term recovery in order to gain a better understanding of their experiences.

In listening to these narratives of recovery, I identified two fundamental themes: embracing imperfection and experiencing recovery as a dynamic process that serves as the foundation for a meaningful life. I was struck that recovery, inclusive of these two key components, had certain parallels to Donald Winnicott’s notion of the “good enough” parent. Winnicott posited that “good enough” in contrast to perfect parenting serves as the foundation for healthy child development. “Good enough” is not a fixed way of parenting, but a process that evolves over time. Borrowing from Winnicott, the term “good enough” recovery, as described by the women in my study, encompasses a fluid process that allows for imperfection and forms the underpinnings of the life that is built upon it.

**Embracing Imperfection**

While some of the women reported complete freedom from weight/food-related thinking, many acknowledged vestiges of tendencies toward thoughts that they previously associated with their disorder. The theme of embracing imperfection emerged as participants discussed appreciating their own bodies while also acknowledging moments of self-criticism. Because perfectionistic tendencies are pervasive among individuals with eating disorders, easing away from untenable standards of perfection is particularly important in recovery.

Shannon, recovered 15 years from anorexia and bulimia, likened her moments of negative body image to those of women without eating disorder histories. At the same time, she acknowledged an appreciation for her body’s abilities and her ability to care for it:

*Once I was recovered and sort of normal again, I actually had a chuckle about it because I went back through, I think, what a lot of people like normal people who have never had eating disorders feel like where they’re like, “Oh, I look horrible in a bikini” and I went through all of that and now I’m sort of like, “My body’s strong, it allows me to do stuff, I take really good care of it.” That doesn’t mean that there aren’t certain days at the beach where I’m like, “Ugh, I wish my thighs were about 5 pounds thinner.” But you know, the trade-off to me is not worth it. I’m like, “OK,*
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you know, my thighs look like this because I have a full life, I work every day and I have my friends and those things are more important to me than what I would have to do to get my thighs to look a certain way.”

For Shannon, recovery includes honoring her body, but does not exclude occasions of self-criticism. For study participants, honoring the body entails treating the body with care and respect. This notion contrasts sharply from the abuse of the body that permeates eating disorders. Similar to the concept of “good enough” recovery, the notion of honoring the body represents a more nuanced way of relating to the body than the dichotomous relationship that is so pervasive when eating disorders are present.

Other participants described newfound experiences of delight in their physical appearances. Emily, recovered from anorexia for 8 years, observed the impact of feelings on body image perceptions, as well as their impermanence:

P: There are days when I wake up and it’s like “Oh my god, I’m really [sexy]”…

I: So what are those moments like?

P: I mean it’s great, I just feel really comfortable, and again, it’s really emotional, right? (laughing) So if I run into traffic, I don’t think I’m [sexy] anymore!

Though some women noted similar internal reactions to thoughts about eating, the theme of embracing imperfection arose primarily around body image. In general, remission of disordered eating patterns generally precedes improvement in body image in the recovery process. It may be that the relative absence of food/eating-related thoughts in comparison to body image-related thoughts is reflective of the advanced stage of recovery among the women interviewed. The internal dialogue was not something they feared as a call to action, nor was it something that occupied a great deal of time or energy. It was a piece of self-knowledge they held as they navigated what they perceived were more meaningful aspects of their lives.

**Viewing Recovery as a Foundation for a Meaningful Life**

Another dimension of “good enough” recovery is the notion of recovery as a dynamic process upon which healthy physical, psychological and spiritual development is founded. Participants described their own recoveries, not as a set of behavioral and psychological factors, but as experiences or processes.

Leah, recovered for 24 years from anorexia, portrayed her recovery as an ongoing developmental process. Though initially she needed to prioritize symptom management, over time, her attention turned toward the underlying structures that the symptoms had been expressing:

*I think absolutely that people recover from the behavioral structures or the practices of it or the external manifestations of it, and you heal, but I don’t think of it as you get sick and then you get better, I think of it as a manifestation of some really important information that needed to be brought to the surface and that information is what you’re going to live your life with…it’s like everything that we are gets turned inside out and now you have to deal with it…I don’t think it’s a place that you land, it’s just a process of going further down that path.*

Holly, recovered 6 years from bulimia, envisioned her recovery as part of her larger journey of
Martina Verba, Ph.D. is a psychotherapist who specializes in eating disorders in Westchester County, NY. She trained and later worked at Harvard University’s Mental Health Service. Her clinical work incorporates Accelerated Experiential-Dynamic Psychotherapy (AEDP), CBT, DBT and EMDR. She is currently an assistant instructor for AEDP trainings in NYC. In 2012, she received the award for meritorious doctoral work from the University of Pennsylvania where her research focused on long-term recovery from eating disorders.

CONCLUSION

Although the conversations around recovery from eating disorders are rich and multi-layered, a deeper and more robust understanding of recovery processes is essential. Clinically, either on its own or integrated into existing theories of recovery, the notion of “good enough,” introduces an innovative way of conceptualizing recovery. Indeed, Winnicott’s concept of “good enough” does not convey mediocrity or acquiescence, just as the notion of “good enough” recovery does not suggest settling for less than is optimal. On the contrary, it is striving for perfection that inevitably leads to feelings of inadequacy or failure. Living with fallibility, with being “good enough,” nourishes both an experience of becoming and an embrace of what is.

REFERENCES


Martina Verba, Ph.D.

emotional growth. Notably, she objected to conceptualizations of recovery as a final stage in a developmental process:

I believe in full recovery, but I don’t believe in full recovery period…I don’t think that any human being gets to the point where that’s great, stamp of approval, I think it’s an ongoing process…I think you can reach a point where you’re really highly functional, but I think growth is endless…

While goal-setting was often instrumental, many of the women found that approaching recovery as a goal elicited self-measurement and comparison, both habits associated with eating disordered thinking. Focusing on the process, the experience, served as an antidote. This shift may reflect a transition away from quantifiable behavioral symptoms in early recovery to awakening internal transformative experiences as recovery progressed.

It is difficult for me to believe that it has been almost ten years since I entered treatment — for the last time. I have often heard it said that a person needs to be ready and motivated to recover. I disagree. The last time I entered treatment, I had lost all motivation to get well. There is no denying that I had lost control of my life, felt powerless over my actions and needed to change, but I was disconnected, frightened and filled with internal conflict.

To know yourself as the Being underneath the thinker, the stillness underneath the mental noise, the love and joy underneath the pain, is freedom, salvation, enlightenment.

—Eckhart Tolle
I did not want to die, but I most certainly did not want to live, at least not like this. My struggle with not wanting to change vied with the moral dilemma I felt regarding my children. I believed that a 'good' mother should be willing to sacrifice for the sake of her children. Despite believing that I would never recover, I sought treatment for appearance sake: “What kind of mother would I be if I refused to try?” At the same time, I continued to believe that I could not be helped and that my behaviors were beyond my control. That way, I could justify my eating disorder as being separate from motherhood. Despite that, something extraordinary happened. I believe that accepting my unwillingness to change prompted my recovery.

During my time in treatment, I remember being confronted in group therapy by two patients who said they felt I was a negative force in the community. Despite five other patients telling me that they disagreed, I became consumed with how to convince these two patients they were wrong. After many tears and thoughts about manipulating my weight, I spent an entire week practicing what I should say to change these patients’ perception of me. At some point, I began to understand that my reaction was a microcosmic example of how I responded to people in general. I had a family and friends who loved and supported me, yet I didn’t fully appreciate them, just as I didn’t value the five supporters in my group. Rather, most of my time and energy was spent trying to appeal to people who really did not matter. Indeed, it took repeated confrontations in a therapeutic environment to gain the necessary insight that finally awakened me to what was genuinely happening.

Therapy also helped me understand the great lengths I went to in order to avoid conflict, fearful that I would be criticized for my actions, rejected, or even worse, abandoned. Thus, I rarely verbalized my needs or expressed genuine emotions leaving me feeling misunderstood for most of my life. Identifying how I may have contributed to this process was extremely empowering for me. I began to understand that blaming others or waiting for others to change so that I could get what I deserved, would continue to promote feelings of hopelessness and despair. In time, I realized that I have the power, capacity, and right to make changes, to do things differently. Today, I make every attempt speak my truth to each person with whom I interact with, fully aware that it could result in disagreement or judgment. This has strengthened my relationships and enabled me to connect with others on a deeper and more genuine level than I ever even realized was possible.

I believe my story of recovery is anything BUT typical and I would be remiss if I did not acknowledge how having my treatment filmed in the HBO documentary “THIN” influenced many dimensions of my process. I experienced a gradual transition from feeling like I had “failed at the disorder” to feeling pride for what I had accomplished. However, I became known and identified for my eating disorder, not for my recovery. I received emails from viewers across five continents praising my inspiration and from
Of great importance is my understanding that each small step back has enabled me to take several more steps forward and to grow and develop into a more self-actualized human being. Rather than judging the back steps, I embrace them as opportunities for development and further understanding. This is what I believe will prevent me from ever returning to the disorder. I take pride in my recovery, I am motivated by inspiring others and I welcome tomorrow’s challenges.

I do not argue with the person who feels she has “recovered.” I personally feel it is a path of continuous personal growth. While I was once just passing through life, reacting to whatever and to whomever the universe threw at me, I continue to learn from each interaction and grow as a person from what I learn. While I do not struggle with an eating disorder anymore, this process is a seamless continuation of where I began. When asked if recovery is hard, I answer “yes,” even today, many years after my journey began. Every day is filled with challenges that may provoke uncomfortable feelings, but all the fear, anxiety, disappointment, and sadness I feel each day is so much more fulfilling than feeling nothing.

One significant change is the way I now define ‘recovery.’ If I still believed recovery had to look a certain way, I would still be counting the days or years since my last “slip” and defining progress and growth by performance and longevity. Recovery is not the number of days since my last symptom or maladaptive response to a disturbing emotion. Recovery is full of steps forward and backward.

Reporters who deemed me a role model—yet, I had done nothing inspiring. I simply had an eating disorder and continued to make destructive choices. With each new person who reached out to me and each new reporter who wanted to discuss my ‘story,’ I chose to take a fresh stance for my children, for my students, for every person who dared to recover but, most important, for me and the future of my recovery.

I do not want to be recognized for having an eating disorder. There are far greater things a person could, and should, be recognized for. I am not a role model because I had an eating disorder; I am a role model because I do not have an eating disorder anymore and because of my determination to recover. I came to believe that the media did a serious disservice to those of us who so desperately needed support.

Inadvertently, the attempt to raise public awareness had resulted in twisted public curiosity and overwhelming admiration for those who struggle with eating disorders. Recovery is an evolving journey which differs for each individual.

Of great importance is my understanding that each small step back has enabled me to take several more steps forward and to grow and develop into a more self-actualized human being. Rather than judging the back steps, I embrace them as opportunities for development and further understanding. This is what I believe will prevent me from ever returning to the disorder. I take pride in my recovery, I am motivated by inspiring others and I welcome tomorrow’s challenges.

Alisa Fliss, MA is passionate about recovery. She has presented nationally on eating disorder awareness, prevention, and recovery during appearances on Good Morning America, HBO, and CNN. Alisa earned a BS in Education, an EdS in Educational Leadership, and an MBA in Global Management. She began her career in the U.S. Air Force before spending eight years in education as a teacher and administrator. Currently, she is an Outreach Specialist for CRC Health Group.
**Getting Real About Recovery**

**Beth Mayer, LICSW**

**Recovery is a word that has multiple meanings.** My definition includes waking up every day without body image or food having control over your decisions. It is the ability to be present in relationships with others and not worry about what you eat or do not eat. It also includes a sense that your body should be honored with the hope that, at some point during recovery, you begin to truly appreciate it.

I assure clients that if their recovery involved doing a headstand in my office for an hour, then that is what they should do. As a therapist, I try to never close the door on how clients recover, no matter how unusual. Years ago, when one of my clients was attending college she decided to work out on a trapeze. Who would have ever thought that being on a trapeze would bring her what she had been longing for—freedom and comfort in her body.

While many may feel that recovery must follow a specific treatment approach (such as DBT or CBT), I believe that it is our relationship with the client that is most important. In addition, our belief in our clients’ ability to make changes is essential.

In my thirty years in the field, I heard many individuals who recovered state that what kept them fighting was having people in their lives who believed that full recovery was possible. When they were tired and no longer felt they had the strength to go on, these individuals provided enormous support. I believe everyone has the capacity to recover and that providers who tell their clients otherwise are irresponsible. My beliefs about full recovery are often inconsistent with some of my clients’ beliefs because many have given up hope and cannot even imagine themselves recovered. They feel they have failed treatment or treatment has failed them. “It has never worked before—why would it now?” I appreciate and respect those opinions and do not expect anyone to fully believe in their own recovery until that time when their eating disorder behaviors begin to diminish. My hope is that clients will allow me and the treatment team to continue believing they will recover so that, at some point, they may be able to believe it themselves. Another aspect essential, I believe, to true recovery is the acceptance that we can be “average,” rather than superstars, and still survive. As a clinician who has recovered from bulimia, I am able to serve as a role model of full recovery for my clients.

I believe my clients understand how much I love my work and see how comfortable I am with my own body. Although I do not disclose much about myself to clients, I often express how grateful I am every day for my recovery and for a body and mind that are now stronger than when I was in my twenties. Recovery may be the hardest thing to do, but life after recovery is so
much easier. I believe my clients can see and feel my emotional connection to recovery and, hopefully, it gives them strength.

My connection to recovery is so strong that I know, not just intellectually but also in my body, when one of my clients is on the way. I often find I have a “felt sense” about how close someone is to “letting go” of their eating disorder. It is as if I can actually see the negative leaving my client’s consciousness. And yes, it is a strange experience. It is almost like a ghost that can be seen leaving the room. It hovers and may linger for a while but one day when you look up, it is gone. It may take weeks, months and even years before that ghost leaves for good, but I always “feel” it and work with my client to say good-bye.

We should thank the eating disorder for being there for us during some of the most difficult times of our lives, respect that it may have been trying to help us and say good-bye with appreciation and grace. The most challenging part of my work is the sadness I feel when clients give up on recovery. It breaks my heart when they believe they do not have the social or emotional resources to care for themselves or cannot allow themselves to receive the treatment they deserve. When I began practicing, even clients who were not severely compromised by their eating disorder had access to long-term treatment. This provided time and opportunity for them to gain weight or stop bingeing or purging—to adjust to and get comfortable in their bodies.

Unless individuals self-pay, that is no longer the case. I wish I could change that. I wish I could provide, for their journey, a better recovery environment – not one that is, itself, disturbed around issues of food and body. And yet, I have seen many who recover become stronger and more empowered human beings as a result of their struggle.

Clearly, full recovery is possible and, as therapists, we need to ensure that every client believes in recovery, embraces recovery and takes the journey with us.

Beth Mayer, LICSW is the Executive Director of the Multi-Service Eating Disorders Association, a non-profit organization in New England. As a woman who’s recovered from bulimia, she has been working in the eating disorders field for 30 years. Beth is recognized nationally for her clinical work and has been a speaker at numerous conferences around the country. An adjunct professor at several Boston colleges, Beth has a B.S. in Clinical Psychology from Quinnipiac University and an MSW from Boston College.
How to Define Recovery
Edward P. Tyson, MD

For a patient to be recovered from an eating disorder, the following are essential considerations:

1. As a physician, I would answer this similarly to how I would declare someone “cancer-free.” That means no remnants of the disease exist in any aspect nor are they likely to return and additional treatment is not considered worthwhile. The full treatment team has to agree that treatment for the eating disorder is no longer needed.

2. The patient must also agree that the eating disorder is no longer occupying any aspect of her or his life, be it physical, emotional, or social. This does not mean the patient cannot have other psychological or physical problems separate from the eating disorder.

3. Competent medical assessments must be done for much of the treatment phase, including at the end of treatment. This is probably the weakest link in most treatment teams as there are few physicians who are trained in medical care of eating disorders. But, it is still necessary to ensure safety and the status of “recovered.” I am not saying that just because I am a physician, but because the medical issues in eating disorders can be both dramatic and subtle and any aspects that have the potential to rekindle the eating disorder need to be completely obliterated.

4. Incorporating exercise is a must as it is part of a healthy lifestyle. A recovered patient has learned to incorporate exercise and has done so in what the treatment team believes to be a balanced, appropriate manner. If the patient is a competitive or professional athlete, there is a consistent pattern that the increased demands of the sport have been met nutritionally, physically, and emotionally.

5. There are no longer any precautions or restrictions in place, such as limited hours at work or school. Adaptation to those environments is complete.

6. The patient does not obsess about weight, food, exercise, or appearance and does not have distortions about “fat” on their body or about any aspect their appearance. This, of course, does not mean that they do not have fat or even a substantial amount of it. It is that they no longer have noticeable distortions about that fat or body appearance.

7. To be declared “disease-free” or “eating disorder-free,” the patient needs to be followed by the treatment team for approximately two years, during which time there has been no evidence of eating disorder behaviors or attitudes and the full demands of everyday life are being met. Having observed patients who remained well and eating disorder-free, two years represents a reasonable and appropriate period of time.
8. I do not include “being at ‘ideal’ body weight.” That is because weight is such an individualized measure and no one can reliably predict exactly what weight is “ideal” for a given person (guesses can be pretty reasonable, but this is about being recovered, not being better). Recovery is so much more than a measure of gravitational force.

Being recovered is much less about weight per se and more about what weight now means to the sufferer. Other physical indicators are much more reliable, including vital signs and physical exam and these must indicate normalcy.

Finally, a patient must not be afraid of her or his own weight and must not refrain from getting weighed. S/he must be able to be weighed without trepidation and the number on the scale needs to be interpreted in an appropriate manner. For example, if a patient with an eating disorder also has congestive heart failure, an increase in weight may indicate excessive fluid buildup. The concern is not being too big or being overweight in the usual sense, but rather having a worsening medical issue.

9. For an illness as serious as an eating disorder to be eliminated from one’s existence, there needs to be some powerful sense of gratitude, acceptance and perspective. When a patient declares to me, “The worst thing that ever happened to me is now the best thing that ever happened to me,” then I am highly confident that that person is unlikely to return to the eating disorder. They stated, in so many words, that God had given them the eating disorder as a gift and without it they would never be in such a positive place as they are now. “As hard as it was, I hate to think of where I’d be if I had not gone through my treatment and recovery. I never want to go back to that life again.” In short, my patients recognize that it took an eating disorder to push them to face the issues they had to face to have a happy, full life.
A Postscript: Listening to Clients
Roy Erlichman, Ph.D., CAP, CEDS, F.aedp

Recovery, as generally understood by eating disorder specialists, may exclude the client’s perspective. This raises a central issue, namely, how does the therapist develop a collaborative definition of recovery? Therapists and other treating professionals often are preoccupied with so many issues that eliciting the client’s perspective may be neglected. In my experience, extensive at this point if admittedly anecdotal, clients often tell us what recovery means... to them. They describe it from start to finish, if we would only take time to truly hear what they are saying to us. What does it mean to hear, to listen, to grasp our clients’ understanding of recovery—an enormously important topic relevant to all treatment processes and one that warrants full exploration in a future issue of Perspectives.

SFoyal Tel the Editor

Emails to the Editor

Join the discussion by emailing your thoughts on this issue to perspectives@renfrewcenter.com

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The Renfrew Center Foundation is proud to offer online training seminars for healthcare professionals. Our clinical experts have developed cutting-edge presentations which explore the many issues surrounding the treatment of eating disorders. They will provide a variety of perspectives, tools and tactics to more effectively treat this complex illness.

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