

FOUNDATION FOR JEWISH CAMPING, INC.



**beyond**

**MIRIAM**

A resource guide for camp directors on girl's issues  
of body image, eating disorders, and cutting

Made possible through a grant from

**JEWISH WOMEN'S  
FOUNDATION**  
of new york

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## INTRODUCTION

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### **Why *Beyond Miriam*?**

Miriam was the leader of the Israelites as they crossed the Red Sea during the exodus from Egypt. She set the tone for freedom by singing and playing instruments which emphasized the positive nature of the journey. Miriam was able to celebrate life, she looked at the glass of life as half full. She was strong and she believed in herself.

We have an incredible opportunity to model our own lives after Miriam — to celebrate the body that God has given us — no matter what shape or size. We can celebrate life by focusing on the positive within instead of allowing the negative messages from outside govern who we are, what we think of ourselves, and how we choose to lead our lives.

### **Why This Cover?**

The issues that are addressed in *Beyond Miriam* are issues that deal with perception and distortion.

### **Why This Guide, Why Now?**

Jewish summer camps have faced and continue to face issues surrounding girl's poor body image, eating disorders, and most recently, cutting. The Foundation for Jewish Camping, in response to these serious problems in our camps, has compiled a resource guide for you — the camp director — to assist you in training your camp counselors in these areas. Additionally, you may be facing the same issues with your counseling staff. Whatever you do to heighten sensitivity, encourage your staff to acknowledge and refer suspected problems to the mental health professionals in camp and provide a supportive Jewish environment for your young people, you will be engaging in the act of *Tikun Olam*, healing the world.

### **Who was Manual This Compiled For?**

For you the camp director! Camp people are among the most creative, compassionate, and passionate people around. *Beyond Miriam* was created with this in mind. Included you will find handouts with relevant information for your staff, suggestions for programs to run to enhance self-esteem and self-image, a suggested staff training, Jewish values and simple activities to run in the bunk, and additional resources for your continued learning.

### What is Inside?

- *Introduction Letters*
- *Just the Facts Ma'am* — Handouts for your staff
- *What We Know* — Background on the issues
- *Suggestions for Camp Directors* — Staff training and a letter
- *The Jewish Perspective* — Quotes, texts, and suggested bunk actions
- *What Can We Do (Activities)* — Programs and activities
- *Additional Resources to Support You* — Organizations, books, and websites

### How to Use the Manual

Read through it. Pull and make copies of the pieces you wish to use to train your staff. Visit additional resource websites listed in the back if you want to dig deeper.

### What Are Our Hopes for You?

We hope *Beyond Miriam* will help you educate your camp counselors as they navigate caring for and working with our young girls. We hope you will teach them that they are not responsible for fixing these problems but that proactively they can do much to improve a young girl's body image, through role modeling and programming. And let them know that they are supported by the professional camp staff when they have a concern. In the words of Pirkei Avot (2:16), *Lo Alecha Hamlacha Ligmor* — It is not your duty to complete the task. Neither are you free to desist from it.

### Thanks

The Jewish Women's Foundation of New York understands the importance of caring for our young girls, and through their generous contribution they have made this guide possible. We thank them for their continued support.

For their insights, support, sharing of resources and self, we thank, Norman Friedman, Cheryl Magen, Nina Harris, Peggy Kubert, Diane Busch, Amy Elfenbaum/Arc Group Ltd, and the entire staff of the FJC.

### Final Words

Compiling this guide was an honor.  
Please use it.  
You can change lives.

*B'hatslacha*, Best of luck and wishes for a wonderful summer,

Natalie Goldfein  
*Project Director, 2005*  
Foundation for Jewish Camping, Inc.  
[www.jewishcamping.org](http://www.jewishcamping.org)

To: Camp Directors, Supervisors, Counselors, Staff, and Caregivers of  
Other People's Children

From: Norman E. Friedman, M. Ed., Director  
SAFETYunderwriter's Division  
AMSkier Insurance Agency

Re: *Beyond Miriam* Project

Camping professionals nationwide have been faced with the stark realization that caring for other people's children takes on new and awesome challenges in the 21st Century. Mental illness among camping age youngsters is clearly an issue of concern and one we must not only understand but also be prepared to handle with knowledge, sensitivity, and commitment to the families and the precious young people inflicted with these disorders.

The Jewish camping experience embodies the concept of inclusiveness for all your children. Physical or emotional problems experienced by children or staff should not necessarily exclude their participation in your programs. That being said, it is incumbent upon you to familiarize yourself and your staff with these materials compiled by the Foundation for Jewish Camping as an essential resource. Designed to describe the illnesses, define the symptoms and warning signs, and offer suggestions as to how to react when confronted with a camper or staff person in difficulty, I believe this resource will be invaluable. The initial focus of this endeavor will deal with two identified serious concerns of young people.

Eating disorders, (anorexia nervosa and bulimia) are on the increase among teenage girls and young women. It is reported that 10 in 100 young women suffer from an eating disorder. While also an issue with boys, it is not as prevalent. Self-injury or mutilation, the act of deliberately destroying body tissue has become a significant "symptom choice" among some adolescents. These identified maladies may very well be an ongoing issue of staff as well. Both of these serious emotional disorders, under carefully planned and discussed "limitations," may be quite well managed at your camp. The success of this endeavor requires proactive planning, staff training, medical and/or clinical input and approvals in addition to camper and family agreement.

The lifetime memories, the camper excitement, and the power of the Jewish camping experience is enhanced when the director and his/her staff create the "intentional community." Like no other moment in the life of a child, you offer young people an opportunity, while away from family, friends, and home environment, the prospect of experiencing life in the way you have purposefully designed it. It is our hope that the resources made available to you by the Foundation For Jewish Camping will assist you in the process.

Have a wonderful, safe, and fun summer.

Dear Camp Directors,

I was pleased to contribute to this valuable project of the Foundation for Jewish Camping. The manual they have created for camp directors to share during training with their staff will be of great value in helping girls to develop a healthy self-image. Included you will find information on how to recognize eating disorders and unhealthy body image distortions. Additionally, there is information on girls who self-injure or self-mutilate themselves. Although addressing both of these areas can be uncomfortable for any caring helper, you will see that this manual stresses that the role of the camp director and staff is not to “fix” or treat these girls. Instead, included is information on the importance of role modeling to make a positive difference in your camper’s lives. Also, there are program and activity suggestions that can be utilized at camp by counselors to promote a healthy self-concept and self-esteem.

I am a huge believer in the value of summer camp. I know first hand both as a camper, a counselor, and the daughter and niece of a camp director the profound impact camp can have on the social/emotional development of a girl. Professionally, I am a Licensed Clinical Social Worker and an addictions counselor and I have been working with kids and their families since 1976. I also know first hand the horrors of living with an eating disorder. I remember the shame and humiliation of weekly weigh-ins at camp and diet dessert club. I remember my last summer as a camper when I was fifteen and captain of the White Team, something all the girls in the highest cabin wanted to be. I spent most of that summer in the bathroom secretly vomiting away my fears of not being good enough. While it can be heart breaking to see beautiful young girls trapped in these destructive behaviors I encourage you not to feel it is your job to rescue them. You do however have a unique opportunity to shape their future through example and to help these girls recognize their potential. The intense relationships which are formed at camp between campers and counselors can be the bond which helps a struggling teen to reach a new and positive view of life and their contributions to it.

While discussing these issues in a camp setting can be uncomfortable to some campers and staff, ignoring dangerous behaviors sends the message that you condone them and that is the wrong message. By identifying what you see and expressing your concern, you send the message that there is a different and healthier way to deal with life’s pressures and that you want your campers to be well. No young woman will reach her full potential while engaging in self-destructive behaviors.

You have these girls for a relatively short time over the summer but you have enormous power to make a difference in their lives. This manual may be just the tool to change a girl’s life for the better. Good luck in this effort.

Sincerely,  
Peggy Gilbert Kubert, L.C.S.W.

A magnifying glass is positioned over a grid pattern, which is a common visual metaphor for data analysis or investigation. The magnifying glass is centered in the upper right portion of the image, and its lens is focused on the grid. The grid pattern is composed of small, repeating squares, and the magnifying glass's lens enlarges a portion of this grid, making the lines more prominent. The background is a solid, light purple color.

**just the  
facts ma'am**



## BODY IMAGE FACTS

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### Body Image is...

- How you see yourself when you look in the mirror or picture yourself in your mind.
- What you believe about your own appearance (including your memories, assumptions, and generalizations).
- How you feel about your body, including your height, shape, and weight.
- How you sense and control your body as you move. How you feel in your body, not just about your body.



*Accept yourself,  
accept your body.  
Celebrate yourself,  
celebrate your body.*

### Negative Body Image is...

- A distorted perception of your shape — you perceive parts of your body unlike they really are.
- You are convinced that only other people are attractive and that your body size or shape is a sign of personal failure.
- You feel ashamed, self-conscious, and anxious about your body.
- You feel uncomfortable and awkward in your body.

### Positive Body Image is...

- A clear, true perception of your shape — you see the various parts of your body as they really are.
- You celebrate and appreciate your natural body shape and you understand that a person's physical appearance says very little about their character and value as a person.
- You feel proud and accepting of your unique body and refuse to spend an unreasonable amount of time worrying about food, weight, and calories.
- You feel comfortable and confident in your body.

People with negative body image have a greater likelihood of developing an eating disorder and are more likely to suffer from feelings of depression, isolation, low self-esteem, and obsessions with weight loss.

We all may have our days when we feel awkward or uncomfortable in our bodies, but the key to developing positive body image is to recognize and respect our natural shape and learn to overpower those negative thoughts and feelings with positive, affirming, and accepting ones. ●

## FACT SHEET ON EATING DISORDERS

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- Eating Disorders such as anorexia, bulimia, and binge eating disorder include extreme emotions, attitudes, and behaviors surrounding weight and food issues.
- While eating disorders may begin with preoccupations with food and weight, they are most often about much more than food.
- Eating disorders are real, complex, and devastating conditions that can have serious consequences for health, productivity, and relationships.
- Approximately 5–10 million women and girls and one million men and boys suffer from anorexia and/or bulimia in the U.S. 25 million people suffer from compulsive overeating in the US alone. 86% of people with eating disorders report the onset of the illness by the time they reach the age of 20.
- According to the National Eating Disorders Screening Program, an estimated 3,000 young women die each year from complications due to eating disorders, namely anorexia nervosa and bulimia nervosa. These numbers appear small relative to the total population because so many go undiagnosed.
- *Anorexia Nervosa* is a serious, potentially life-threatening eating disorder characterized by self-starvation and excessive weight loss.
- *Bulimia Nervosa* is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.
- *Body image* is how you see yourself when you look in the mirror or picture yourself in your mind.
- *Diet Products* — Americans spend more than \$40 billion dollars a year on dieting and diet-related products.



*Those with eating disorders tend to see themselves as one size — overweight — regardless of what size they are in reality.*

### Healthy Eating is the Key!

Eat what you want, when you are truly hungry. Stop when you're full. And eat exactly what appeals to you. Do this instead of any diet, and you are unlikely to ever have a weight problem, let alone an eating disorder.

### What to Look For

There are signs you can watch for if you suspect one of your campers may be struggling with an eating disorder:

1. Layers or loose fitting clothing
2. Excessive use of breath mints or dental care products
3. Multiple trips to the bathroom after meals
4. Staying back to use the bathroom so no one will see the vomiting
5. Severe weight loss
6. Hoarding food
7. Use of laxatives
8. Hair loss



*Eat when you are truly hungry. Stop when you are full. Make this the mantra at camp!*

### How Can You Help?

Be a model of healthy self-esteem and body image. Recognize that your campers pay attention to you, take their cues from you, and learn from the way you talk about yourself and your body. Choose to talk about yourself with respect and appreciation.

If you are worried about one of your camper's eating behaviors or attitudes, it is important to express your concerns in a loving and supportive way. It is also necessary to discuss your worries early on, rather than waiting until your camper has endured many of the damaging physical and emotional effects of eating disorders.

You cannot force someone to seek help, change their habits, or adjust their attitudes. You will make important progress in honestly sharing your concerns, providing support, and knowing where to go for more information! At camp, go straight to the director, doctor, or lead mental health professional. You *cannot cure* the camper or *save* him or her from treatment. This must be referred to the director immediately if you suspect a problem with eating. ●

### Some Thoughts About Eating Disorders

1. Eating disorders are motivated by the culture we live in. Everything around us points to body image being a central focus: TV makeover shows, magazine ads and articles, the diet industry is booming and telling us that we are not in the right shape. Pretty and thin = successful in work and successful in relationships.
2. The role models we see on magazine covers and in ads, on TV, and in movies are unachievable, yet we try everyday to be like them.
3. 80% of women and girls across race and ethnic groups wake up every day and begin with a negative check-in of what they look like! They don't like what they see and that is how they start our day. Our bonding begins with self-loathing.
4. 98% of diets fail. Why? Restricting leads to bingeing.
5. Dieting to most young women means three things: a) Skip breakfast, b) No carbohydrates, and c) Binge eating and then purging.
6. Research shows that we are genetically pre-determined to eat three meals and two snacks, per day.

### Unhealthy Behavioral Signs to Look for

1. Camper is skipping breakfast every day
2. Camper claims not to be hungry especially at meal times
3. Camper puts food on plate, pushes it around, and then puts it in the trash
4. Constant gum chewing instead of food
5. Going to the bathroom soon after eating on a regular and consistent basis
6. Vomiting after eating
7. Use of laxatives (even herbal) not supplied by the infirmary
8. Excessive exercise (The camp day provides regular opportunities for sports and swimming as well as running games, etc. A camper who is seeking every opportunity to run or play ball during down times as well may be in the danger zone for excessive exercise.)
9. Obsessing about calories, body image, dieting, getting weighed



*80% of women and girls across race and ethnic groups wake up every day and begin with a negative check-in of what they look like!*

### What Can We Do at Camp to Create a Healthy Eating and Positive Body Image Environment?

1. Counselors must see themselves as professionals doing a job to take care of young emerging women. As it says in the Talmud, “If you save one Jewish life, it is as if you are saving an entire world.” (*Sanhedrin 4:37*)

As positive role models, counselors *must* eat balanced healthy meals beginning with breakfast every day.

2. When there are parties involving food (ice cream or cake at a birthday party), take a healthy scoop of ice cream or piece of cake so the girls see you participating. Take a small bite or two in front of the girls so they see you eating, even if you aren't going to eat the whole thing. Although we all want to be sensitive to the amount of food that is wasted at camp, as the director, give the staff permission to throw some of it away for the good of the campers' health!
3. Mix girls with different body types at the beginning of the summer. Allow them to spend time working together on common tasks so that they get to know each other on the inside and will not judge only by the outside appearances.

In the Book of Genesis we learn that our bodies are on loan to us from God. (*Gen 1:27*) We can accept and enjoy the body we were given and take care of it throughout our lives.

4. Re-define “good.” Instead of “being good” meaning “I resisted eating the ice cream or the dessert or not using salad dressing,” “being good” should mean trying something new, mastering a skill, making a new friend, working out a disagreement. These are the actions that should be praise worthy in the camp setting.
5. Create a counter-culture where your cabin group is not obsessed with body image. You can do this by:
  - a. Not allowing self-loathing comments such as “I look so fat!” Usually the response is “No, you don't. Look at me!” Replace it with, “What's bothering you?”
  - b. Do not hang full-length mirrors. Trust your own body messages and trust your friends to tell you if you look appropriate (not good or bad) in the outfit.
  - c. Do not hang pictures of super models all over the bunk or cabin. It reinforces the stereotypes that are unattainable.
  - d. Collect all the pop culture magazines and have a ceremony where you bury or recycle them along with some statements of self-loathing. You can recycle them into beautiful note paper that the girls can take home with them or use as scrapbook pages to celebrate their achievements.
  - e. Read books and articles about strong women and their accomplishments.
  - f. Pack up the hair dryers and razors. (Try it for a few days or a week)

### Your Responsibility is...

1. Be a positive role model. Eat three balanced meals (protein, carbs, and fat) and snacks.
2. Do *not* say the food at camp is bad, terrible, disgusting, or inedible. If you have concerns, then express them to the administration away from campers. If no changes can be made, then just smile and do your best. That is what being a professional employee means.
3. Watch your campers to see that they are eating.
4. Watch that your campers are not binge eating or purging.
5. Share any concerns immediately with the trained professionals at camp.

On Shabbat, there is a prayer for the sick that stresses healing of the soul as well as healing of the body; both elements are necessary for healthy living. (*refuat hanefesh v'refuat haguf*) Eating disorders are as much about what is going on emotionally as what is going on behaviorally.

### Your Responsibility is not...

1. To be the food police. If a parent asked you to “watch what their child is eating” or “restrict sweets”, bring it to the director immediately. Unless the camp's mission is weight-loss, it is not the camp's, or your, responsibility to police the eating habits of the campers.
2. To act as a pseudo-therapist for a camper with eating issues. Yes, you have taken on the responsibility of caring for your campers, and you take that responsibility seriously. The most responsible and caring action you can take is to get the camper professional help in a setting that is designed for treating the issue. You cannot undo a serious situation like an eating disorder without the right help and setting. Camp is not a therapeutic setting. The hardest thing is seeing one of your campers struggle with an issue and want so very much to help. ●

## FACT SHEET ON SELF-MUTILATION

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A disturbing situation has emerged among teens: the practice of self-mutilation. Teenagers who self-mutilate — overwhelmingly girls (as many as 2 million girls and 11,000 boys a year) — are inflicting pain and injuries on their own bodies. While it is estimated that only one percent of the American population self-mutilates, the emotional issues that drive them — and the physical fall-out from such practices as cutting and burning — make self-mutilation a serious problem.

### Types of Self-Mutilation

Cutting (with a razor, piece of glass or fingernail) is but one of the self-mutilating behaviors adolescents may exhibit. Other common practices of self-mutilating behaviors include burning, bruising, breaking of bones (especially digits), picking at the skin or “wound interference” (the practice of producing a wound and not allowing it to heal), scratching, or hair pulling.

### What Causes Self-Mutilation?

There is no stereotypical person who will choose to mutilate his or her own body, but experts say it’s a process that stems from the inability to deal with stress or intense emotions.

“Self-mutilation is a desperate attempt to have some control over unbearable feelings of aloneness, loneliness, and helplessness,” says Dr. Margaret Paul, therapist and co-author of *Healing Your Aloneness*, a book that examines self-mutilation. “When a teen or young adult has not learned healthy ways of managing these intense feelings, they turn to physical pain as a way to blot out the emotional pain or gain a sense of control over the pain they feel. In a strange way, they are really not trying to hurt themselves — they are trying to protect themselves from something even more painful than the physical pain.”

According to SAFE-Alternatives, an organization that helps self-mutilators, those who practice it say they do it when they feel fear, anger, guilt, sadness, anxiety, or other emotions that are just too much to handle. Those who self-mutilate often feel they can’t express themselves verbally or otherwise. As these feelings remain inside, they build up to dangerous levels and can eventually result in self-mutilating behavior.

“Cutting is physically painful — it hurts,” says Dr. Paul. “But to a mutilator it’s absorbing. It’s doing something. It’s controlling something. It’s causing something. It’s making it happen and not being at the effect of outside forces over which they feel like they have no control.”

According to SAFE-Alternatives, most adolescents who self-mutilate tend to be *perfectionists*. They feel they must live up to or exceed the standards set for them



*Self-mutilation is a desperate attempt to have some control over unbearable feelings of aloneness, loneliness, and helplessness.*

by their parents and peers. When they are unable to do this, their emotions become confusing, and they tend to result to what they know — causing harm to their own bodies.

“Children are put under a huge pressure to perform,” Paul says. “They have to perform in all aspects of their lives. They have to do well in school; they have to get good grades; they have to have enough friends; they have to look a certain way. There are these huge pressures on them to look and perform in certain ways, and they are often not seen for who they are.”

### What to Look For

There are signs you can watch for if you suspect one of your campers may be practicing self-mutilating behaviors.

1. Unexplained or frequent injuries
2. Wearing jeans, long pants, or long sleeves consistently — even in warm or hot weather
3. Wearing wristbands that cover wounds but scratching can easily occur
4. Exhibiting the want for isolation or “being alone”
5. The presence of blood stains on the inside of clothing

### Mutilation Today, Suicide Tomorrow?

These behaviors are not attempts at suicide. They are attempts to gain control over life. “Self-mutilating behaviors, as well as eating disorders, drug or alcohol use, and extreme violent behavior are all cries for help,” Dr. Paul says. “These kids are saying, ‘I don't know what to do, so this is what I do instead. And don't try to take it away from me because it is all I have.’”

### How Can You Help?

Be a model of healthy self-esteem and body image. Recognize that your campers pay attention to you, take their cues from you, and learn from the way you talk about yourself and your body. Choose to talk about yourself with respect and appreciation. Model healthy ways of dealing with stress. Talk about the safe individuals in your life that you go to when things get bottled up inside.

If you suspect that one of your campers is self-mutilating, discuss it with one of the senior staff of the camp who is designated to help with this type of behavior. You cannot force someone to seek help, change their habits, or adjust their attitudes. You will make important progress in honestly sharing your concerns, providing support, and knowing where to go for more information! At camp, go straight to the director, doctor, or lead mental health professional. You *cannot cure* the camper or *save* him or her from treatment. This must be referred to the director immediately if you suspect a problem with cutting. ●

### Some Thoughts About Self-Mutilation Behaviors

1. Teens are the primary group participating in self-mutilation.
2. Teens are experiencing stress in their social and emotional arenas and do not have healthy outlets for expressing, managing, or coping with the stress and pressure of their young lives. Instead of managing the pain in their lives appropriately, they inflict pain on themselves in the form of cutting, burning, wound interference, and other forms of self-mutilation.
3. Cutting is any self-inflicted behavior that leaves open cuts on the skin. Usually these cuts are made with a razor, a piece of glass, or even a fingernail.
4. Burning is usually from a cigarette, lighter, or match.
5. Wound interference is when a person doesn't allow their wounds to heal because they constantly pick at them.
6. Primarily girls self-mutilate, but boys do it too.



*Primarily girls  
self-mutilate, but  
boys do it too.*

### Unhealthy Behavioral Signs to Look for

1. Cuts on the wrists, sides of the neck, or legs
2. Repetitive scratching
3. Hair pulling
4. Campers who seem unusually stressed, lonely, and do not articulate their fears, troubles, or pressures
5. Wear long sleeves or long pants even in hot weather
6. Wear wristbands to cover marks on their wrists
7. Blood stains on the inside of clothing
8. An intense need to be alone

### What Can We Do at Camp to Create a Healthy Positive Body Image Environment?

1. Be a positive role model of managing stress and pressure by talking about issues and recognizing those who give support.
2. Reduce pressure on campers to conform to social norms of looks or behaviors. In the Book of Genesis we learn that our bodies are on loan to us from God. (*Gen 1:27*) We can accept and enjoy the body we were given and take care of it throughout our lives.
3. Create safe spaces for campers to articulate issues that bother them. As it says in the Talmud, "If you save one Jewish life, it is as if you are saving an entire world." (*Sanhedrin 4:37*)
4. Emphasize acceptance and success for achievements, not physical attributes.

### Your Responsibility is...

1. Be a good role model of pro-active stress management.
2. Be aware of what your campers are doing.
3. Making sure that the clothing a camper wears is appropriate for the weather.
4. Report any acts of cutting or burning immediately.

On Shabbat, there is a prayer for the sick that stresses healing of the soul as well as healing of the body; both elements are necessary for healthy living. (*refuat hanefesh v'refuat haguf*) Cutting is as much about what is going on emotionally as what is going on behaviorally.

### Your Responsibility is not...

1. Trying to stop a camper from self-mutilating behavior. Do *not* make deals or bribe a camper to stop.
2. To monitor strange behaviors the parent may be concerned about, especially if it seems to fit into the category of self-harm. Bring this information to the camp director immediately. ●

**what we know**



## ANOREXIA NERVOSA

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*from NAMI — The Nation's Voice on Mental Illness  
reviewed by Barbara Wolfe, R.N., Ph.D., F.A.A.N., June, 2003*

### What is Anorexia Nervosa?

Anorexia nervosa is a serious, often chronic, and life-threatening eating disorder defined by a refusal to maintain minimal body weight within 15 percent of an individual's normal weight. Other essential features of this disorder include an intense fear of gaining weight, a distorted body image, and amenorrhea (absence of at least three consecutive menstrual cycles when they are otherwise expected to occur). In addition to the classic pattern of restrictive eating, some people will also engage in recurrent binge eating and purging episodes. Starvation, weight loss, and related medical complications are quite serious and can result in death. People who have an ongoing preoccupation with food and weight even when they are thin would benefit from exploring their thoughts and relationships with a therapist. The term anorexia literally means loss of appetite, but this is a misnomer. In fact, people with anorexia nervosa ignore hunger and thus control their desire to eat. This desire is frequently sublimated through cooking for others or hiding food that they will not eat in their personal space. Obsessive exercise may accompany the starving behavior and cause others to assume the person must be healthy.

### Who Develops Anorexia Nervosa?

Like all eating disorders, anorexia nervosa tends to occur in pre- or post-puberty, but can develop at any major life change. Anorexia nervosa predominately affects adolescent girls and young adult women, although it also occurs in men and older women. One reason younger women are particularly vulnerable to eating disorders is their tendency to go on strict diets to achieve an "ideal" figure. This obsessive dieting behavior reflects today's societal pressure to be thin, which is seen in advertising and the media. Others especially at risk for eating disorders include athletes, actors, dancers, models, and TV personalities for whom thinness has become a professional requirement. For the person with anorexia nervosa, the satisfaction of control achieved over weight and food becomes very important if the rest of their life is chaotic and emotionally painful.

### How Many People Suffer from Anorexia Nervosa?

Conservative estimates suggest that one-half to one percent of females in the U.S. develop anorexia nervosa. Because more than 90 percent of all those who are affected are adolescent and young women, the disorder has been characterized as primarily a woman's illness. It should be noted, however, that males and children as young as seven years old have been diagnosed; and women 50, 60, 70, and even 80 years of age have fit the diagnosis.

### How is the Weight Lost?

People with anorexia nervosa usually lose weight by reducing their total food intake and exercising excessively. Many persons with this disorder restrict their intake to fewer than 1,000 calories per day. Most avoid fattening, high-calorie foods and eliminate meats. The diet of persons with anorexia nervosa may consist almost completely of low-calorie vegetables like lettuce and carrots, or popcorn.

### What are the Common Signs of Anorexia Nervosa?

The hallmark of anorexia nervosa is a preoccupation with food and a refusal to maintain minimally normal body weight. One of the most frightening aspects of the disorder is that people with anorexia nervosa continue to think they look fat even when they are bone-thin. Their nails and hair become brittle, and their skin may become dry and yellow. Depression is common in patients suffering from this disorder. People with anorexia nervosa often complain of feeling cold (hypothermia) because their body temperature drops. They may develop lanugo (a term used to describe the fine hair on a new born) on their body.

Persons with anorexia nervosa develop strange eating habits such as cutting their food into tiny pieces, refusing to eat in front of others, or fixing elaborate meals for others that they themselves don't eat. Food and weight become obsessions as people with this disorder

constantly think about their next encounter with food. Generally, if a person fears he or she has anorexia nervosa, a doctor knowledgeable about eating disorders should make a diagnosis and rule out other physical disorders. Other psychiatric disorders can occur together with anorexia nervosa, such as depression and obsessive-compulsive disorder.

### **What are the Causes of Anorexia Nervosa?**

Knowledge about the causes of anorexia nervosa is inconclusive, and the causes may be varied. In an attempt to understand and uncover the origins of eating disorders, scientists have studied the personalities, genetics, environments, and biochemistry of people with these illnesses. Certain personality traits common in persons with anorexia nervosa are low self-esteem, social isolation (which usually occurs after the behavior associated with anorexia nervosa begins), and perfectionism. These people tend to be good students and excellent athletes. It does seem clear (although this may not be recognized by the patient), that focusing on weight loss and food allows the person to ignore problems that are too painful or seem unresolvable.

Eating disorders also tend to run in families, with female relatives most often affected. A girl has a 10 to 20 times higher risk of developing anorexia nervosa, for instance, if she has a sibling with the disease. This finding suggests that genetic factors may predispose some people to eating disorders. Behavioral and environmental influences may also play a role. Stressful events are likely to increase the risk of eating disorders as well. In studies of the biochemical functions of people with eating disorders, scientists have found that the neurotransmitters serotonin and norepinephrine are decreased in those with anorexia, which links them with patients suffering from depression. People with anorexia nervosa also tend to have higher than normal levels of cortisol (a brain hormone released in response to stress) and vasopressin (a brain chemical found to be abnormal in patients with obsessive-compulsive disorder).

### **Are There Medical Complications?**

The starvation experienced by persons with anorexia nervosa can cause damage to vital organs such as the heart and brain. Pulse rate and blood pressure drop, and people suffering from this illness may experience

irregular heart rhythms or heart failure. Nutritional deprivation causes calcium loss from bones, which can become brittle and prone to breakage. In the worst-case scenario, people with anorexia can starve themselves to death. Anorexia nervosa is among the psychiatric conditions having the highest mortality rates, killing up to six percent of its victims.

### **Is Treatment Available?**

Luckily, most of the complications experienced by persons with anorexia nervosa are reversible when they restore weight. People with this disorder should be diagnosed and treated as soon as possible because eating disorders are most successfully treated when diagnosed early. Some patients can be treated as outpatients, but some may need hospitalization to stabilize their dangerously low weight. Weight gain of one to three pounds per week is considered safe and desirable. The most effective strategies for treating a patient have been weight restoration within ten percent of normal, and individual, family, and group therapies.

To help people with anorexia nervosa overcome their disorder, a variety of approaches are used. Some form of psychotherapy is needed to deal with underlying emotional issues. Cognitive-behavioral therapy is sometimes used to change abnormal thoughts and behaviors. Group therapy is often advised so people can share their experiences with others. Family therapy is important particularly if the individual is living at home and is a young adolescent. A physician or advanced-practice nurse is needed to prescribe medications that may be useful in treating the disorder. Finally, a nutritionist may be necessary to advise the patient about proper diet and eating regimens. Where support groups are available, they can be beneficial to both patients and families.

### **What About Prevention?**

New research findings are showing that some of the "traits" in individuals who develop anorexia nervosa are actual "risk factors" that might be treated early on. For example, low self-esteem, body dissatisfaction, and dieting may be identified and interventions instituted before an eating disorder develops. Advocacy groups have also been effective in reducing dangerous media stories, such as teen magazine articles on "being thin" that may glamorize such risk factors as dieting. ●

## BULIMIA NERVOSA

*from NAMI — The Nation's Voice on Mental Illness  
reviewed by Barbara Wolfe, R.N., Ph.D., F.A.A.N., June, 2003*

### What is Bulimia Nervosa?

Bulimia nervosa is a serious eating disorder marked by a destructive pattern of binge-eating and recurrent inappropriate behavior to control one's weight. It can occur together with other psychiatric disorders such as depression, obsessive-compulsive disorder, substance dependence, or self-injurious behavior. Binge eating is defined as the consumption of excessively large amounts of food within a short period of time. The food is often sweet, high in calories, and has a texture that makes it easy to eat fast. "Inappropriate compensatory behavior" to control one's weight may include purging behaviors (such as self-induced vomiting, abuse of laxatives, diuretics, or enemas) or non-purging behaviors (such as fasting or excessive exercise). For those who binge eat, sometimes any amount of food, even a salad or half an apple, is perceived as a binge and is vomited.

People with bulimia nervosa often feel a lack of control during their eating binges. Their food is usually eaten secretly and gobbled down rapidly with little chewing. A binge is usually ended by abdominal discomfort. When the binge is over, the person with bulimia feels guilty and purges to rid his or her body of the excess calories. To be diagnosed with bulimia, a person must have had, on average, a minimum of two binge-eating episodes a week for at least three months. The first problem with any eating disorder is constant concern with food and weight to the exclusion of almost all other personal concerns.

### Who Develops Bulimia?

Bulimia nervosa typically begins in adolescence or early adulthood. Like anorexia nervosa, bulimia mainly affects females. Only ten percent to 15 percent of affected individuals are male. An estimated two percent to three percent of young women develop bulimia, compared with the one-half to one percent that is estimated to suffer from anorexia. Studies indicate that about 50 percent of those who begin an eating disorder with anorexia nervosa later become bulimic.

It is believed that more than five million individuals experience an eating disorder (bulimia nervosa or anorexia nervosa) in this country alone. It is ten times more common in women than men, with greatest prevalence occurring in adolescents and college-age young adults. This indicates a need for concern and preventive measures on college campuses across the country, especially for female students.

### How Do People with Bulimia Control Their Weight?

People with bulimia are overly concerned with body shape and weight. They make repeated attempts to control their weight by fasting and dieting, vomiting, using drugs to stimulate bowel movements and urination, and exercising excessively. Weight fluctuations are common because of alternating binges and fasts. Unlike people with anorexia, people with bulimia are usually within a normal weight range. However, many heavy people who lose weight begin vomiting to maintain the weight loss.

### What are the Common Signs of Bulimia?

Constant concern about food and weight is a primary sign of bulimia. Common indicators that suggest the self-induced vomiting that persons with bulimia experience are the erosion of dental enamel (due to the acid in the vomit) and scarring on the backs of the hands (due to repeatedly pushing fingers down the throat to induce vomiting).

A small percentage of people with bulimia show swelling of the glands near the cheeks called parotid glands. People with bulimia may also experience irregular menstrual periods and a decrease in sexual interest. A depressed mood is also commonly observed as are frequent complaints of sore throats and abdominal pain. Despite these telltale signs, bulimia nervosa is difficult to catch early. Binge eating and purging are often done in secret and can be easily concealed by a normal-weight person who is ashamed of his or her behavior, but compelled to continue it because he or she believes it controls weight. Characteristically, these individuals have

many rules about food – e.g. good foods, bad foods – and can be entrenched in these rules and particular thinking patterns. This preoccupation and these behaviors allow the person to shift their focus from painful feelings and reduce tension and anxiety perpetuating the need for these behaviors.

### **Are There Any Serious Medical Complications?**

Persons with bulimia – even those of normal weight – can severely damage their bodies by frequent bingeing and purging. Electrolyte imbalance and dehydration can occur and may cause cardiac complications and, occasionally, sudden death. In rare instances, binge eating can cause the stomach to rupture, and purging can result in heart failure due to the loss of vital minerals like potassium.

### **Do We Know What Causes Bulimia?**

The current obsession with thinness in our culture certainly has a large influence. There is some evidence that obesity in adolescence or familial tendency toward obesity predisposes an individual to the development of the disorder. Parents' anxiety over a chubby child can perhaps also be a contributor. Some individuals with bulimia report feeling a "kind of high" when they vomit. People with bulimia are often compulsive and may also abuse alcohol and drugs. Eating disorders like anorexia and bulimia tend to run in families, and girls are most susceptible. Recently, scientists have found certain neurotransmitters (serotonin and norepinephrine) to be decreased in some persons with bulimia. Most likely, it is a combination of environmental and biological factors that contribute to the development and expression of this disorder. During the early 1970s, before the prevalence of bulimia was more widely recognized, almost all persons with an eating disorder believed they had invented the behaviors and that no one else had such a problem. As in anorexia nervosa, the behaviors associated with bulimia provide temporary relief from tension and allow ill persons to focus less on problems perceived as unresolvable and to instead focus on body weight and food.

### **Is Treatment Available for Persons with Bulimia?**

Most people with bulimia can be treated through individual outpatient therapy because they aren't in danger of starving themselves as are persons with anorexia.

However, if the bulimia is out of control, admission to an eating disorders treatment program may help the individual let go of their behaviors so they can concentrate on treatment.

Group therapy is especially effective for college-aged and young adult women because of the understanding of the group members. In group therapy they can talk with peers who have similar experiences. Additionally, support groups can be helpful as they can be attended for as long as necessary, have flexible schedules, and generally have no charge. Support groups, however, do not take the place of treatment. Sometimes a person with an eating disorder is unable to benefit from group therapy or support groups without the encouragement of a personal therapist.

Cognitive-behavioral therapy, either in a group setting or individual therapy session, has been shown to benefit many persons with bulimia. It focuses on self-monitoring of eating and purging behaviors as well as changing the distorted thinking patterns associated with the disorder. Cognitive-behavioral therapy is often combined with nutritional counseling and/or antidepressant medications such as fluoxetine (Prozac).

Treatment plans should be adjusted to meet the needs of the individual concerned, but usually a comprehensive treatment plan involving a variety of experts and approaches is best. It is important to take an approach that involves developing support for the person with an eating disorder from the family environment or within the patient's community environment (support groups or other socially supportive environments).

### **What About Prevention?**

Prevention research is increasing as scientists study the known "risk factors" to these disorders. Given that bulimia and other eating disorders are multi-determined and affect young women, there is preliminary information on the role and extent such factors as self-esteem, resilience, family interactions, peer pressure, the media and dieting might play in its development. Advocacy groups are also engaged in prevention through efforts such as removing damaging articles from teen magazines on "dieting" and the importance of "being thin." ●

## CUTTING

from *www.kidshealth.org*

reviewed by D'Arcy Lyness, Ph.D., March, 2005

Emma's mom first noticed the cuts when Emma was doing the dishes one night. Emma told her mom that their cat had scratched her. Her mom seemed surprised that the cat had been so rough, but she didn't think much more about it.

Emma's friends had noticed something strange as well. Even when the weather was hot, Emma wore long-sleeved shirts. She had become secretive, too, like something was bothering her. But Emma couldn't seem to find the words to tell her mom or her friends that the marks on her arms were from something that she had done. She was cutting herself with a razor when she felt sad or upset.

### What is Cutting?

Injuring yourself on purpose by making scratches or cuts on your body with a sharp object — enough to break the skin and make it bleed — is called cutting. Cutting is a type of *self-injury*, or SI. Cutting is more common among girls, but guys sometimes self-injure, too. People may cut themselves on their wrists, arms, legs, or bellies. Some people self-injure by burning their skin with the end of a cigarette or lighted match.

When cuts or burns heal, they often leave scars or marks. People who injure themselves usually hide the cuts and marks and sometimes no one else knows.

Self-injury is not new. It's also not a very common behavior. But lately people are talking about it more. As guys and girls hear about cutting, they may feel curious about it and why people do it. Because it seems a little bit forbidden, some younger teens may think that cutting might make them seem daring, grown up, or popular.

With all the talk about it, cutting can almost seem like the latest fad. But cutting is a serious problem.

### Why Do People Cut Themselves?

It can be hard to understand why people cut themselves on purpose. Cutting is what experts call an *unhealthy*

*coping mechanism*. This means that the people who do it have not developed healthy ways of dealing with strong emotions, intense pressure, or upsetting relationship problems.

There are lots of good, healthy ways to cope with difficulties, such as talking problems over with parents, other adults, or friends; putting problems in perspective; and getting plenty of exercise. But people who cut haven't developed these skills. When emotions don't get expressed in a healthy way, tension can build up — sometimes to a point where it seems almost unbearable. Cutting may be an attempt to relieve that extreme tension — it's a messed-up way of feeling in control. That's one of the reasons why younger teens are more likely to cut.

The urge to cut might be triggered by strong feelings the person can't express — such as anger, hurt, shame, frustration, or depression. People who cut sometimes say they feel they don't fit in or that no one understands them. A person might cut because of losing someone close or to escape a sense of emptiness. Cutting might seem like the only way to find relief, or the only way to express personal pain over relationships or rejection.

People who cut or self-injure sometimes have other mental health problems that contribute to their emotional tension. Cutting is sometimes (but not always) associated with depression, bipolar disorder, eating disorders, obsessive thinking, or compulsive behaviors. It can also be a sign of mental health problems that cause people to have trouble controlling their impulses or to take unnecessary risks. Some people who cut themselves have problems with drug or alcohol abuse.

Some people who cut have had a traumatic experience, such as living through violence, a disaster, or abuse. Self-injury may feel like a way of “waking up” from a sense of numbness after a traumatic experience. Or it may be a way of reinflicting the pain they went through, expressing anger over it, or trying to get control of it.

### What Can Happen to People Who Cut?

Although cutting may provide some temporary relief from a terrible feeling, even people who cut agree that cutting isn't a good way to get that relief. For one thing, the relief doesn't last — the troubles that triggered the cutting remain, they're just masked over.

People don't usually intend to hurt themselves permanently when they cut. And they don't usually mean to keep cutting once they start. But both can happen. It's possible to misjudge the depth of a cut, making it so deep that it requires stitches (or, in extreme cases, hospitalization). Cuts can become infected if a person uses nonsterile or dirty cutting instruments — razors, scissors, pins, or even the sharp edge of the tab on a can of soda.

Most people who cut aren't attempting suicide. Cutting is usually a person's attempt at feeling better, not ending it all. Although some people who cut do attempt suicide, it's usually because of the emotional problems and pain that lie behind their desire to self-harm, not the cutting itself.

Cutting can be habit forming. It can become a *compulsive behavior* — meaning the more a person does it, the more he or she feels the need to do it. The brain starts to connect the false sense of relief from bad feelings to the act of cutting, and it craves this relief the next time tension builds. When cutting becomes a compulsive behavior, it can seem impossible to stop. So cutting can seem almost like an addiction. A behavior that starts as an attempt to feel more in control can end up controlling you.

### How Does Cutting Start?

Cutting often begins on an impulse. It's not something the person thinks about ahead of time. Shauna says, "It starts when something's really upsetting and you don't know how to talk about it or what to do. But you can't get your mind off feeling upset, and your body has this knot of emotional pain. Before you know it, you're cutting yourself. And then somehow, you're in another place. Then, the next time you feel awful about something, you try it again — and slowly it becomes a habit."

Natalie, an eleventh grader who started cutting in middle school, explains that it was a way to distract herself from feelings of rejection and helplessness she felt she couldn't bear. "I never looked at it as anything that bad

at first — just my way of getting my mind off something I felt really awful about. I guess part of me must have known it was a bad thing to do, though, because I always hid it. Once a friend asked me if I was cutting myself and I even lied and said 'no.' I was embarrassed."

Sometimes self-injury affects a person's body image. Jen says, "I actually liked how the cuts looked. I felt kind of bad when they started to heal — and so I would 'freshen them up' by cutting again. Now I can see how crazy that sounds, but at the time, it seemed perfectly reasonable to me. I was all about those cuts — like they were something about me that only I knew. They were like my own way of controlling things. I don't cut myself any more, but now I have to deal with the scars."

You can't force someone who self-injures to stop. It doesn't help to get mad at a friend who cuts, reject that person, lecture her, or beg him to stop. Instead, let your friend know that you care, that he or she deserves to be healthy and happy, and that no one needs to bear their troubles alone.

### Cutting — The New Cool?

Girls and guys who self-injure are often dealing with some heavy troubles. Many work hard to overcome difficult problems. So they find it hard to believe that there are some teens who cut just because they think it's a way to seem tough and rebellious.

Tia tried cutting because a couple of the girls at her school were doing it. They pressured her. "It seemed like if I didn't do it, they would think I was afraid or something. So I did it once. But when I walked away, I thought about how lame it was to do something like that to myself for no good reason. Next time they asked I just said, 'no thanks, it's not for me.' "

If you have a friend who suggests you try cutting, say what you think. Why get pulled into something you know isn't good for you? There are plenty of other ways to express who you are. (Not giving in to peer pressure is one of them!)

Lindsay had been cutting herself for 3 years because of abuse she suffered as a child. She's 16 now and hasn't cut herself in more than a year. "I feel proud of that," Lindsay says. "So when I hear girls talk about it like it's a fad, it really gets to me."

## Getting Help

There are better ways to deal with troubles than cutting – healthier, long-lasting ways that don't leave a person with emotional and physical scars. The first step is to get help with the troubles that led to the cutting in the first place. Here are some ideas for doing that:

1. **Tell someone.** People who have stopped cutting often say the first step is the hardest – admitting to or talking about cutting. But they also say that after they open up about it, they often feel a great sense of relief. Choose someone you trust to talk to at first (a parent, school counselor, teacher, coach, doctor, or nurse). If it's too difficult to bring up the topic in person, write a note.
2. **Identify the trouble that's triggering the cutting.** Cutting is a way of reacting to emotional tension or pain. Try to figure out what feelings or situations are causing you to cut. Is it anger? Pressure to be perfect? Relationship trouble? A painful loss or trauma? Mean criticism or mistreatment? Identify the trouble you're having, then tell someone about it. Many people have trouble figuring this part out on their own. This is where a mental health professional can be helpful.
3. **Ask for help.** Tell someone that you want help dealing with your troubles and the cutting. If the person you ask doesn't help you get the assistance you need, ask someone else. Sometimes adults try to downplay the problems teens have or think they're just a phase. If you get the feeling this is happening to you, find another adult (such as a school counselor or nurse) who can make your case for you.
4. **Work on it.** Most people with deep emotional pain or distress need to work with a counselor or mental health professional to sort through strong feelings, heal past hurts, and to learn better ways to cope with life's stresses. One way to find a therapist or counselor is to ask at your doctor's office, at school, or at a mental health clinic in your community.

## Resisting the Urge to Cut

Lots of people who deal with the troubles that caused them to cut still feel the urge. So it can help to have some ideas on how to resist for those times when your emotional tension surges. *First, be aware of which situations are likely to trigger your urge to cut.* Make a commitment that this time you will not follow the urge, but will do something else instead. *Then make a plan for what you will do instead of cutting when you feel this urge.* Experts recommend these alternatives as a way to get past the urge to cut:

- rub an ice cube on your skin instead of cutting it
- drink a glass of water
- call a friend
- take a shower
- go for a walk or a run
- exercise
- watch TV
- play with a pet
- draw, scribble, or color designs on paper
- cut or rip up some paper
- listen to music that will shift your mood
- draw on the skin with a red pen in the place you might usually cut

Although cutting can be a difficult pattern to break, it is possible. Getting professional help to overcome the problem doesn't mean that a person is weak or crazy. Therapists and counselors are trained to help people discover inner strengths that help them heal. These inner strengths can then be used to cope with life's other problems in a healthy way. ●

## THE CRUELEST CUT

### Often It's the One Teens Inflict On Themselves. Why Are So Many American Kids Secretly Self-Mutilating?

from *Time* magazine, May 16, 2005

by Jeffrey Kluger/Cambridge

with reporting by Jeffrey Ressler/Los Angeles

Vanessa's arms no longer show the damage she once did to them. That's saying something, given that the damage was considerable. The college freshman, 19, started with just a few scratches from a sharp piece of plastic. Later came the razor blades and then the kitchen knives. After a time, she took to wearing bracelets to cover her injuries; when that wasn't enough, she began cutting less conspicuous parts of her body. "I was very creative," she says, with a smile.

Vanessa needn't be so clever anymore. In the past 18 months, she has cut herself only once. She was pleased and surprised to find that she didn't enjoy it a bit.

For most people — and especially most parents — the idea that anyone would tolerate the sting of a razor blade or the cut of a knife, much less enjoy it, is unthinkable. But maybe they are just not paying attention. Vanessa is not a member of some remote fringe of the emotionally disabled but part of a growing population of boys and girls for whom cutting, burning or otherwise self-injuring is becoming a common — if mystifying — way of managing emotional pain.

Nobody knows how many cutters are at large, but psychologists have been conducting surveys and gathering data from clinics, hospitals, and private practices, and they are shocked by what they are finding. According to one study in the *Journal of Abnormal Psychology*, from 14% to 39% of adolescents engage in self-mutilative behavior. That range is suspiciously broad, and other estimates have put the figure at just 6% or below. But with more than 70 million American kids out there, that's still an awful lot of routine — and secret — self-mutilation. "Every clinician says it's increasing," reports psychologist Michael Hollander, a director at Two Brattle Center in Cambridge, Mass., an outpatient clinic that treats cutters. "I've been practicing for 30 years, and I think it's gone up dramatically."

The good news is that even as the population of cutters grows, so does the legion of professionals working on new ways to unravel and treat the problem. The first step is to understand why kids do this to themselves.

Overwhelmingly, self-mutilators say they began cutting for one of two reasons: to feel less or to feel more. Some kids suffering from such problems as anxiety, depression or borderline-personality disorder — a condition characterized by explosiveness and unstable relationships — find their pain so overwhelming that they simply shut off their emotional spigot. Cutting, they find, is a way to kick-start feelings when the numbness becomes worse than the pain. Other kids say the opposite — that their emotional turmoil is so great that they need something to serve as a bleed valve to calm them down in times of crisis. "I would do it when things got me upset," says Brittany, 17, an outpatient at the Vista Del Mar clinic in west Los Angeles. "At the time it was a relief, until you wake up the next morning, look at your arms and think, s\_\_\_\_, what did I do?"

The population of kids who wake up this way is becoming increasingly diverse. The stereotypical cutter is a girl in her young teens suffering from discord at home and doing poorly at school, and there is some truth to that cliché. "Girls have a more conflicted relationship with their bodies," says Wendy Lader, clinical director of Self Abuse Finally Ends, a treatment program in Naperville, Ill. "They go after it and hurt it when they're angry." While such traumas as sexual abuse don't always precede cutting, they often do appear to be risk factors.

But cutting is becoming an increasingly democratized disorder. By some estimates, up to 30% of self-mutilators are boys, and many cutters of both sexes come from apparently stable, two-parent homes in which there is no evidence of abuse. Some of the kids have a history of suicide attempts, but many have no interest in ending

their lives, no matter how self-destructive their behavior seems to be. How often they injure themselves generally depends on how acute the underlying psychological pain is. In one study, kids self-mutilated anywhere from once to 745 times a year. “They do it because it works better than anything else they’ve tried,” says Hollander.

Few researchers doubt that there is a certain trendiness to cutting and that that is driving the numbers up. Celebrities including Angelina Jolie and Fiona Apple have confessed to past self-mutilation. Though it’s true that such public disclosures encourage ordinary kids to come forward, it’s also true that when glamorous people suffer from something, a bit of the glitter rubs off on the condition. “Cutting grew into a huge fad at school,” says Michelle, 13, who is being treated at the Vista Del Mar clinic. “In seventh grade it seemed every single girl had tried it — except the really smart ones.” Then there is the Internet, where cutting chat rooms are just a keystroke away. Many offer support for kids who want to stop, but just as many wink at the problem and even subtly encourage it.

The neurological roots of cutting are a mystery, but several theories have been put forward. When the body is injured, it releases natural opiates that help dull pain — a process that is behind the fabled runner’s high. Cutting inflicts a very real injury, and self-mutilators may be seeking the neurochemical kick that follows. “When I would cut myself deliberately, I didn’t even feel it,” says Emily, 16, who is in her third week of treatment at Two Brattle Center. “But if I got a paper cut I didn’t want, that would hurt.”

The problem is that any time you chase a high, you risk getting hooked on it. “The longer kids cut, the more they need it,” says psychologist Jennifer Hartstein of the Montefiore Medical Center in Bronx, N.Y., where Vanessa was treated.

Overcoming self-mutilation turns out to be less tricky than explaining it. Perhaps the most effective treatment is dialectical behavior therapy (DBT). Developed by psychologist Marsha Linehan of the University of Washington in Seattle, DBT is used as a frontline therapy for borderline-personality disorder. Because there appears to be a very significant overlap between borderlines and cutters, Linehan and others wondered if the same treatment might work equally well for both. It does.

DBT is built around the idea of encouraging the cutters and members of their family to accept the kids as they are while encouraging them to change. “We embrace two seemingly contradictory philosophies,” says Hartstein. “That teens are doing the best they can and that they can also do more.” With the sense of judgment lifted, children are more receptive to learning a wide range of new coping skills, such as impulse control, distress tolerance and contemplation of consequences.

The treatment at Two Brattle Center is typical of what’s offered at most clinics. Cutters start with intensive DBT and coping training, attending sessions from 9 a.m. to 1 p.m., five days a week, for at least four weeks. When they are ready, they graduate to individual and group therapy, once a week each. All the kids have paging privileges, giving them a round-the-clock hotline to their therapists when the urge to cut hits. They are also taught to reach out to family and friends and answer the cutting impulse with some other activity.

“When Melanie wanted to cut, she learned to find something else to do,” says the father of a 20-year-old Two Brattle graduate. “She’d be stressed, and the next thing we’d know, she’d be cleaning her closet.”

Parents who are worried that their kids are cutting should look for a few red flags. If a teen wears long sleeves and sweatpants in hot weather, there’s a chance something is being hidden. Temperamental behavior, intense anger and changes in eating and sleeping patterns may also be warning signals — but they are also part of the ordinary storms of adolescence, so it’s wise not to overinterpret. Less ambiguous are sudden shifts in mood. “If a kid is mopey at 5 and much better at 5:30,” says Hartstein, “you may want to know what happened in that half-hour.” Parents should also keep an eye out for hidden stashes of blades or bandages.

More important than advice for parents is advice for the kids. Almost all former self-mutilators agree that one of the best things cutters can do is come forward — talk about their problems with parents, teachers, and friends. It’s equally critical for the kids to talk honestly with themselves. “Take a step back,” advises Jen, 17, a Two Brattle patient. “Look at the long term. Who’s in control of your life, the cutting or you?” Self-mutilation may thrive on secrecy and fear, but as with all wounds, a little fresh air can help speed the healing. ●

A magnifying glass is positioned over a grid pattern, which is set against a blue background. The magnifying glass is slightly out of focus, and the grid pattern is also slightly blurred, creating a sense of depth and focus on the text below.

**suggestions for  
camp directors**



## GUIDELINES FOR THE CAMP DIRECTOR IN TRAINING TO RECOGNIZE EATING DISORDERS AND SELF-MUTILATION

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### Materials Needed

- Newsprint and washable markers
- *Beyond Miriam* info packets for each staff member

1. Thank the staff for accepting the responsibility of caring for the campers.
2. Acknowledge that there may be serious issues of self-mutilation, suicide attempts, eating disorders, depression and the like that face the staff this summer. That is the nature of a camp community that comes together in these numbers for the summer.
3. Show support for the difficult situations ahead by introducing the staff who can be helpful with serious situations: director, assistant director, doctor, nurse, social worker, psychologist, etc.
4. Emphasize that the counselors, teachers, and specialists are not working alone! Any concerns for health and safety of individual campers must be brought to the attention of \_\_\_\_\_. (Decide in your setting what the channel of communication will be for these issues.)
5. Say: “We are also concerned about you, the staff. If any of you are struggling with these issues, we ask that you come forward privately and share that information with us so we can help you as well.”
6. Ask the staff to watch out for each other too. “If anyone suspects that another staff member might be involved in any dangerous behaviors, bring that information to my attention as the camp director. Part of living in a community is the value of “*Kol Yisrael arevim zeh la zeh*” (All Israel is responsible one for the other.)”
7. Try the following exercise: Ask the staff to imagine they see a supermodel from the cover of a famous fashion magazine walking towards them on the street. What qualities do you think this person possesses? (Record the answers on newsprint) Ask about the assumptions you could make about the person’s level of education, the grades she got, who her boyfriend or spouse is, occupation, etc. (Answers usually include: happy, successful, good job, confident, rich, perfect husband and children, great sex life, no problems, intelligent, in control, high self-esteem, and the like) Ask how the group feels about her. (Usually “hate” her!)



*Emphasize that the counselors, teachers, and specialists are not working alone!*

Then, ask the staff to imagine an overweight woman walking towards them on the street and ask the group the same questions. (Answers usually include: lazy, dirty, low self-esteem, no self-control, poor, alone, no sex life, no relationships, depressed, angry, stupid, no friends)

Ask: How long does it take for us to make those judgments about someone when we first see them? (Less than a second!)

Say: *Think* about that as we welcome new staff into our community and new campers into our camp. If we, as staff change the way we interact with one another, it will model for the campers a more positive approach to the community.

8. Review the information packets. Allow time for questions.
9. Divide into small same gender groups with facilitators who can process the information.
10. *For male counselors:* there are risks of boys with both eating disorders and cutting behaviors although they are at less risk than the girls. The male staff, however, can play an important role in helping girls feel good about their bodies. Ask the males to suggest ways that they can lessen the stress and pressure on the girls to be focused on body image. Some answers could include:
  - a. Giving equal attention to girls of all body types.
  - b. Applaud the accomplishments of girls that are not connected with body image.
  - c. Do not plan programs that pressure campers to focus on body image. (dances, pageants, etc.)
  - d. Do not make comments about individuals and how they look. Complement as a group or only comment on “inside” attributes.
  - e. Encourage girls to eat when the activity calls for it.
11. *For female counselors:* allow time for the girls to react to the information and suggestions provided. Be prepared for counselors who “dismiss” the facts or make light of the suggestions saying that the girls will never go for it. It’s possible that when given the chance to really talk about these issues and the pressure the girls feel, there may be a sense of relief.

*Directors — take note:* The female counselors may be resistant because they themselves are dealing with the same issues. Some of the staff may have come to camp with a resolve to lose weight by dieting, use of laxatives, or excessive exercise. Now, you are asking them to abandon their plans and do their job differently than what they intended. The senior staff needs to be sensitive to female staff who may be struggling with these issues too. Watch for staff who spend their informal time (they are not “off”) exercising instead of hanging out with the campers.

Recognize that the tendency of young staff is to try and “save” every camper. The more time they spend with the group of campers and the closer they get, the more the counselors will try to “handle” these issues on their own. This means that as the summer progresses, counselors need safe spaces and individuals to help them unpack whatever issues may be brewing. Supervisors need to ask regularly and specifically, “Do you have any concerns about any of your campers with regard to eating or cutting?” Schedule one-on-one check-ins with each counselor at regular intervals.

The ultimate question of whether a staff member or camper needs to be sent home in order to get treatment in an appropriate environment should be made in consultation with:

- the camp director
- the camp medical staff
- the camp’s mental health consultant
- the president of the board of directors (if you are a not-for-profit camp)
- (A.M. Skier camps can also call Norm Friedman for consultation if they want)

The medical staff and mental health consultant should decide *up front* if:

- a. the camper can go home to be evaluated and *if* all parties (in and out of camp) agree that the child is not at risk to herself or to others, she can return. It needs to be very clear what evaluation (and by whom) needs to take place for the child to be considered for re-admission.

A written contract must be signed by the camper, the unit head, camp director, and the counselor if the camper is to return.

If parent or therapist objects to the contract, then the camper should not be re-admitted.

The contract should read something like this:

*“I understand that I am struggling with a serious issue of (either eating disorder or cutting, etc.) and that I must take responsibility for my actions if I am to remain in Camp \_\_\_\_\_. If I begin to have thoughts of doing any harm to myself or feel that I am in danger of repeating any of the inappropriate actions, I will ask for help immediately. I understand that help is available from : (list the people in camp that the camper can go to at any time).”*

- b. the camper goes home for the duration of the season and can be re-evaluated during the winter and *if* all parties agree that the child is no longer at risk, can re-apply for the following season.

*Do not* leave this decision up in the air until the child goes home and sees a doctor. It is best to decide before the parents are notified so there is no ambiguity.

Once a recommendation has been formulated, the camper parents or staff parents (if under 18) should be notified by the camp director with a medical or mental health professional present. *Role play this phone call first.* Write out the key points you need to get across so the stressful nature of this type of phone call does not prevent you from expressing the needed sentiments in the most sensitive yet decisive manner possible. The emphasis should be on the best interest of the individual. The individual needs intervention that the camp cannot provide.

Some parents will argue that the best interest of the individual will be better served by staying in the camp community. This is a test of strong leadership. The camper's dignity must be preserved as well as showing great sensitivity towards the parents. At that point, the best interest of the individual is in conflict with the best interest of the community and the community takes precedence.

If the staff member is *over 18 and in danger* of hurting themselves or others, ask for permission from the staff member (in writing) to call his parents. Encourage the staff member to seek help and offer to supply a contact number. Offer to have them call the helpline before they leave camp.

Call the staff member that evening to make sure they arrived home safely. Call again one week after dismissal to check on their well-being.

If the staff member is *over 18 and not in danger* of hurting themselves or others, yet they are inappropriate to remain in camp, follow your usual policy of dismissal. You can also ask for permission (in writing) to call parents in this case as well. Encourage the staff member to seek help and offer to supply a contact number. Offer to have them call the helpline before they leave camp.

Call the staff member that evening to make sure they arrived home safely. Call again one week after dismissal to check on their well-being.

If the camp policy dictates that you alert the Rabbi or educator in the community to follow-up with the family, call as soon as possible so that the family can return home to a supportive environment.

*I recommend consulting a lawyer about all the over/under 18 issue, but especially this one below.*

If you send a staff member over 18 home and don't have permission to call the parents, you can say, "Yes, there were problems and we hope your son or daughter will openly discuss them with you. You can talk to us about what you think it might be and we are happy to listen. Without confirming, you can say, "Let's say it was that, here's what we would do..." ●

**Camp Whatever**  
**1234 Camp Drive**  
**Any City, State 00000**

To: Parents & Guardians of Camp Whatever Youngsters  
From: The Smith Family – Owners/Directors  
Date: 00 Month, 2005  
Re: The Summer of 2005

Dear Parents & Guardians:

Camp Whatever has been successfully providing a summer of safe, age appropriate, and memorable experiences for children for the last 40 years. We have been pleased to be able to serve generations of families as well as multiple siblings from the same family. With few exceptions, Camp Whatever has been able to serve all the children accepted for our program and year after year parental praise for our work has been the rule. The Smith Family is grateful for all of your letters of appreciation and expressions of satisfaction with our efforts. We have every intention of continuing to care for your children with the same concern, interest, and energy in the 21st Century.

The success of our program is based, in part on:

- High standards of care for your children
- High expectations of ourselves and our staff
- A value system explained to staff, campers, and families
- Boundaries clearly defined for campers and staff

Camp Whatever is a community and a family. The wellbeing of your children both physically as well as emotionally is our priority. In order for us to continue to be successful, we need to make you aware of the observations and experiences we have been dealing with during the last four years. We believe that many children have been negatively influenced by song lyrics, sexually erotic television programming, movies, books, computer games, the Internet, and pornography. Our society appears to be focused on sexuality and violence, both of which idealize the use of drugs and alcohol. Our young people cannot avoid seeing, hearing, and absorbing that which makes up a substantial part of their young lives. Our camp community is a microcosm of society at large. However, what may unfortunately be acceptable in some homes and communities, cannot be acceptable in our Camp Whatever Community if we are to continue to care for other people's children with the same concern, interest, and commitment to safety as we have in the past.

Our camp attempts to teach campers:

- To recognize that they have responsibility for themselves and those around them.
- To learn to make choices, which are good for themselves and others, and to take responsibility for the choices they make.

- To respect oneself and others in spite of differences.
- To accept that they are accountable for their actions and the consequences for inappropriate behaviors.

It is essential that you communicate to your children that we will not be able to accept behaviors such as violence, possessions of weapons, repeated profanity, disrespect, bigotry, homophobic comments, inappropriate sexual behavior, drug and alcohol use, or any other unsafe behaviors that are potentially harmful to themselves or others. They must understand that a consequence of their behavior can mean the loss of this program.

Our demonstrated interest is to offer only pleasant memories. It is not our intention to exclude any child. However, that need may unfortunately arise. It is important to discuss in detail your expectations of your child(ren) and that we are, parents and camp management, in total agreement.

Another area of concern has been our experience with some children who have been sent to camp with “family secrets.” Specifically, children who have fit some of the categories detailed below:

- Campers with psychiatric problems
- Campers with serious medical problems
- Campers with organic problems who are off medication for the summer
- Campers who were hospitalized for physical or emotional reasons since last summer
- Campers experiencing traumatic reaction to family issues such as parental separation, divorce, or death.

In fairness to our counselors, staff, and campers, we need to make informed decisions about all of the young people we invite into our community and family. “Family secrets” serve no one. Our purpose in having pertinent health information, both physical and emotional, is to be able to better serve each child. We must expect that parents or guardians of any child sent to Camp Whatever have provided us with all the necessary information we need to keep all children safe.

With these facts in mind, as owner/directors of Camp Whatever, we must reserve the right to ask that a child at risk to oneself or the community be picked up and removed from camp immediately. There may be a circumstance where we have agreed to accept a child with full knowledge of his or her problems and have attempted to take all the necessary steps of making the experience successful, but find that we are unable to do so. For the good of this child and/or the community, the child may have to leave.

This letter would have been unheard of 15 years ago. However the world has changed and we need to accept the effects of some of those changes. As always, please contact us if you have any questions or concerns about this communication or any other matter. We look forward to Summer – 2005.

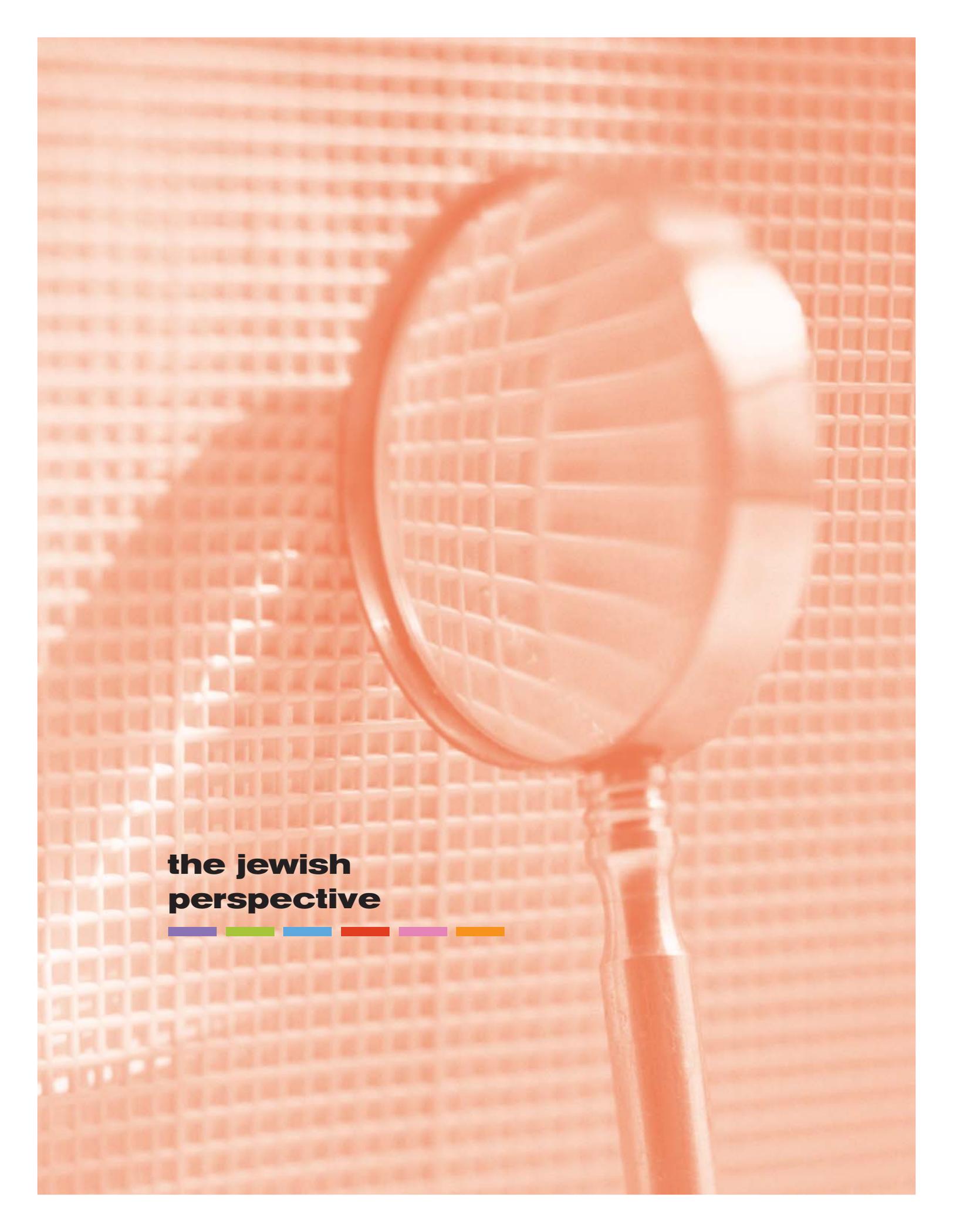
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Name of Parent(s) or Guardian(s) – Please print

Date

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Signature(s) of Parent(s) or Guardian(s)

A magnifying glass with a wooden handle is positioned over a grid pattern on a textured orange background. The magnifying glass enlarges the grid pattern it covers. The text 'the jewish perspective' is located in the lower-left quadrant of the image.

**the jewish  
perspective**



## An Assortment of Jewish Values and Quotes that Speak to the Issues, and Suggested Activity Ideas

### 1. *B'tselem Elohim* — We are all created in the image of God.

#### *Opportunities to keep this message front and center*

- Discuss: How do each of us reflect this concept, how do we see God in our friends, our parents, our siblings, our fellow campers?
- As you consider these questions, think about creating a bunk mantra that reminds us of those Godlike traits.
- Create a bunk poster with pictures of each girl and nice things written below describing the many Godlike attributes that each girl possesses. Display it prominently in your bunk.

### 2. Our bodies are on loan to us from God. (*Gen 1:27*) It is our responsibility to care for this gift throughout our lives.

#### *Opportunities to keep this message front and center*

- Identify a list of great habits that a girl can have in order to take care of her body at camp. Keep the list posted in your cabin.
- Discuss what it means to care for our bodies because we've been given this wonderful tool.
- Build a checklist for the bunk of actions to be taken to care for the body, including adequate sleep, proper nutrition, exercise, keeping hydrated, smiling, and other techniques. Check in occasionally and see how everyone is doing with their own care.



*If you save one  
Jewish life, it is as  
if you are saving  
an entire world.*

### 3. If you save one Jewish life, it is as if you are saving an entire world. (*Sanhedrin 4:37*)

#### *Opportunities to keep this message front and center*

- Hold this in your mind as a camp counselor. How do you encourage a girl's positive self-image and body image. How are you a great role model for the girls in camp?

### 4. *Refuat hanefesh v'refuat haguf* — healing of the soul and healing of the body — both are critical for healthy living.

#### *Opportunities to keep this message front and center*

- Discuss what heals the body, what heals the soul. Have campers consider what they can do to support when friends are in pain, or where they can turn when they are in pain. (Who are the resources in camp?)

5. *Pirkei Avot: Chapter 4: 27*

Rabbi (possibly Meir) taught:

Do not look at the flask but at its contents. You can find a new flask with old wine and an old flask which does not hold even new wine.

*Opportunities to keep this message front and center*

- a. Pass a sheet of paper around the bunk with each camper's name on it. Have every camper write something beautiful that they see about the named camper on the page. Ask the campers to dig past anything physical, to get to a soul level trait. Discuss what it means to look within.

6. *Morning Services*

Praised are You, Lord our God, King of the universe who with wisdom fashioned the human body, creating openings, arteries, glands, and organs, marvelous in structure, intricate in design. Should but one of them, by being blocked or opened, fail to function, it would be impossible to exist. Praised are You, Lord, healer of all flesh who sustains our bodies in wondrous ways.

*Opportunities to keep this message front and center*

- a. After reading this prayer out loud, ask if anyone has heard it, when they've heard it, and what does it mean? Why do we think this has been included in the Morning Prayers? What is our responsibility in working with God to sustain our bodies.

7. *Pirkei Avot: Chapter 4:3*

He used to say, "Treat no one lightly and think nothing is useless, for everyone has one's moment and everything has its place."

*Opportunities to keep this message front and center*

- a. Find times for you, the counselor, to acknowledge and appreciate each member of the bunk.
- b. Set aside weekly times for campers to talk about what's *right* with everyone in the bunk.

8. The sages taught in the name of R. Meir: Chew well with your teeth, and you will find (strength) in your legs. (*B. Shab 152A*)

*Opportunities to keep this message front and center*

- a. As you discuss rules for mealtime, use this phrase to point out the importance of healthy eating and healthy living.

9. “By keeping the body in health and vigor one walks in the ways of God. Since it is impossible during sickness to have any understanding or knowledge of the Creator, it is therefore a person’s duty to avoid whatever is injurious to the body and cultivate habits conducive to health and vigor.”  
*(Maimonides, Mishneh Torah, Hilkhot De’ot 4:1)*

*Opportunities to keep this message front and center*

- a. Discuss what happens when we deprive ourselves of proper nutrients or proper care.
- b. Why do we need to care for our bodies, aren't they ours to use?

10. “You shall not stand idly by the blood of your neighbor” *(Leviticus 19:16)*

*Opportunities to keep this message front and center*

- a. Encourage campers to watch out for one another, and to let counselors and other adults at camp know when there is a concern for a fellow camper (or counselor.) ●

A magnifying glass is positioned over a grid pattern, which is a common visual metaphor for searching or examining details. The magnifying glass is centered on the right side of the image, and its lens is focused on the grid. The grid pattern is composed of small, light-colored squares on a darker background. The overall image has a soft, pinkish-purple tint.

**what can we do  
(activities)**



## PREVENTION TIPS FOR THE CAMPING COMMUNITY

### How to Help Your Campers Avoid Disordered Eating and Body Image Distortion Traps

#### 1. Attitudes

Be open to the fact that girls as young as ten-years-old have body image dissatisfaction and dieting behavior. It is not at all unusual for girls in 4th grade to have a negative body image and feel badly about themselves as a result. The foundations of eating disorders can begin very young. Discourage the idea that a diet, a certain number on the scale, or a certain body shape will equal happiness and fulfillment. Remember that you can't change your genetics and most of us do not fit the "body ideal" that is promoted in the media.

#### 2. Know the signs and symptoms of an eating disorder

It is crucial to be able to recognize the warning signs of an eating disorder. Educate yourself and learn as much as you can about these illnesses. Many of the staff will know someone who has been affected by an eating disorder and are probably knowledgeable about the subject. By knowing what these illnesses look like you may spot signs of trouble earlier.

#### 3. Communicate with others who care

Discuss your views, values, and expectations in regards to the health and wellness of your campers with the entire staff who comes in contact with them. Explore your fears and concerns as you begin to formulate your views and expectations that will affect the campers concerning issues of food, weight, shape, and coping skills. For example: Should everyone attend all meals? Are over the counter diet pills allowed? How much exercise is healthy in a day? You will feel supported and enjoy sharing with others. Don't try to "fix" a camper on your own.

#### 4. Examine your own relationship with food, weight, and shape

As camp staff you are a role model for your campers. Actions speak louder than words and it is a poor example to say one thing and do something else. Using food or diet to regulate feelings and self-esteem sets a poor example. Watch the language you use around body acceptance, weight, fat, and diets. An innocent comment can leave a lasting impression on a young person. When you hear someone say "I am too fat," a good question to ask is "too fat for what?"

#### 5. Establish guidelines and expectations for the dining room

It is important to have a conversation with staff and campers about healthy eating and dining room behavior. Many young people don't have regular family dinners. What kind of behavior is expected at camp around meal times? It seems like a silly conversation to have but meals can be a great time to catch up and check in on how a camper is doing. Avoid any diet clubs at camp or weekly weight checks. Many girls are vegetarians for "health" reasons. It would be wise to review what healthy nutrition is for a preteen and adolescent.



*Discuss your views, values, and expectations in regards to the health and wellness of your campers with the entire staff who comes in contact with them.*

## 6. Communicate and listen

Talk with your campers on a regular basis. Let them know you are available to listen to the every day ups and downs which occur. If you have ease in communicating about “the little things” it will be easier to talk about the more uncomfortable and personal topics like distorted eating behaviors and distorted body image.

## 7. Encourage decision making and enhance self-esteem

Camp is a great place to practice making decisions without mom and dad around. Solid decision making skills are a hallmark of a resilient person. At every opportunity affirm your camper as unique and valuable. Individuals who have a healthy self-esteem are less likely to get involved with destructive coping behaviors. Encourage campers to try new activities and to explore new relationships. Practicing positive behaviors will enhance positive feelings about oneself. At the same time it is important to remind young girls that it is what is inside a person that really counts, not what someone looks like or what they can do. Everyone has something special about them. Find that special thing about each of your campers and build it up.

## 8. Plan fun activities as a cabin

A planned activity for the cabin group is a great time to practice some key principles of body wellness. Our bodies need exercise and real foods to thrive. Exercise is a great way to manage stress. Encourage the practice of other stress management and relaxation techniques such as meditation, yoga, a simple walk in nature, or a camp fire and s’more session.

## 9. Be prepared

Sometimes you will recognize that a camper has a problem which needs to be addressed. Take action. By saying nothing you will be condoning unhealthy behavior. As a counselor you might want to sort out your feelings and share what you think is going on with your director. Share your concerns with your camper without judgment or accusations. Set a consequence if necessary. Lastly, seek support for yourself as this is hard to do. Try to follow this formula for difficult conversations:

- Describe the behaviors(s) you have observed
- Express how it makes you feel
- State what you would like to see happen and how you are willing to help
- Know and communicate the consequences — (what are your limits?)

## 10. Seek resources for support

Learn about the supporting resources available and be willing to support a camper in their quest for help. ●

## Program

# WOMEN'S CAMPFIRE FROM CAMP TAWONGA

### Overview

Camp Tawonga has a Campfire session with the girls at camp early on in the summer. This is a wonderful program that establishes the importance of a supportive, loving, and nurturing camp community that honors individual strengths of each of the group members.

### Objectives

- To instill a sense of group
- To create a community of Jewish women
- To establish a sense of trust and common language in the group

**Time needed:** 1 hour

### Activities

In advance, divide up all the key roles among the female staff working with the girls.

1. **Counselor** — *B'tselem Elohim* (play the Rick Recht song by the same name.)  
The way we treat each other allows us to achieve the likeness of God — this is *B'tselem Elohim* — we are all created in the image of God.
2. **Lead woman staff member** — *Welcome and Introductions*  
Camp is different. Here you can be yourself free of pressures to conform to ideas that others have for you. Often times we face pressure in society to be a certain way or look a certain way (eating disorders, self-mutilation). It can be challenging to abandon those pressures of society at camp. Who are your resources here? Here is a place where we strive to be accepting of each other, to be inclusive, to be friendly, and most importantly, to not say mean things about each other behind each other's backs. How can girls be mean? (ask the group — and transition to the role plays.)
3. **In groups of female staff** — *Role Play*
  - Act out a scapegoating/blaming scenario
  - Act out a talking behind someone's back scenario
4. **Counselor** — *Lifting Each Other Up*
  - Explain and show how at camp we strive to support each other and open up to each other's differences and uniqueness.
  - Do a chair lift to emphasize the message. (Raise a heavy chair with a counselor holding each leg showing group support. One lets go and three can manage the chair, but there is some challenge. The second lets go, leaving two and

the chair is off balance, the two may or may not be able to readjust to maintain the balance and finally the third lets go making it nearly impossible for the fourth person to keep the chair lifted. Then the leaders speak about the metaphor as supporting a group member who needs it, supporting the group itself, etc.)

**5. 2 Counselors – *Inclusiveness***

We can achieve our goals if we all decide to act a certain way.

We are a group centered camp. We strive to build the group.

We support each other's ideas for programming and scheduling.

We try new things and take risks.

Ask everyone to turn to their neighbor and discuss:

– What is different about the way we include each other at camp?

– What are two things you will do to include others in your bunk and to include other people at camp?

**6. Song sung by a musical member of the staff**

**7. 2 Counselors – *Female Role Model***

a. Invite all women staff to stand up and surround the campers.

b. Each woman says “My name is \_\_\_\_\_, from me you can learn \_\_\_\_\_.”

c. Take a moment to think about: What is one thing you are proud of and can offer the other women here?

**8. Counselor – *Prayerful Moment***

Counselor leads a *Shechecheyanu* or other prayer that serves the moment.

**9. Close with a powerful camp song. ●**

## 10 “WILL-POWERS” FOR IMPROVING BODY IMAGE

10. *I will* treat my body with respect and kindness. I will feed it, keep it active, and listen to its needs. I will remember that my body is the vehicle that will carry me to my dreams!
9. *I will* surround myself with people and things that make me feel good about myself and my abilities. When I am around people and things that support me and make me feel good, I will be less likely to base my self-esteem on the way my body looks.
8. *I will* practice taking people seriously for what they say, feel, and do. Not for how slender, or “well put together” they appear.
7. *I will* list 5–10 good qualities that I have, such as understanding, intelligence, or creativity. I will repeat these to myself whenever I start to feel bad about my body.
6. *I will* refuse to wear clothes that are uncomfortable or that I do not like but wear simply because they divert attention from my weight or shape. I will wear clothes that are comfortable and that make me feel comfortable in my body.
5. *I will* participate in activities that I enjoy, even if they call attention to my weight and shape. I will constantly remind myself that I deserve to do things I enjoy, like dancing, swimming, etc., no matter what my shape or size is!
4. *I will* exercise for the joy of feeling my body move and grow stronger. I will not exercise simply to lose weight, purge fat from my body, or to “make-up” for calories I have eaten.
3. *I will* spend less and less time in front of mirrors — especially when they are making me feel uncomfortable and self-conscious about my body.
2. *I will* think of three reasons why it is ridiculous for me to believe that thinner people are happier or “better.” I will repeat these reasons to myself whenever I feel the urge to compare my body shape to someone.
1. Twice a day, everyday, *I will* ask myself: “Am I benefiting from focusing on what I believe are the flaws in my body weight or shape?” ●



*I will choose to  
take care of myself  
and my body!*

Written by Michael Levine, Ph.D., and Linda Smolak, Ph.D.

References: Freedman, R., *Body Love*. NY: Harper & Row, 1988; Levine, M.P., & Hill, L., 5 Day Lesson Plan on Eating Disorders. Columbus, OH: NEDO, 1991; Maine, M., *Father Hunger*. Carlsbad, CA: Gürze Books, 1991; Rodin, J., *Body Traps*. NY: William Morrow, 1992.

For more information, contact the National Eating Disorders Association at 603 Stewart St., Suite 803, Seattle, WA 98101. Information and Referral Helpline: 800-931-2237 or [www.NationalEatingDisorders.org](http://www.NationalEatingDisorders.org).

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## 10 THINGS YOU CAN DO

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### 1. Stop talking about your weight (especially in front of young girls)

Young girls listen to the way women talk about themselves and each other and learn the language of womanhood. Young women can only learn to love or even accept their bodies if they see women who love and accept their own. Every discussion we have about weight, or fat, or being too this or that, leaves an impression on the people around us. We are encouraging an unattainable quest for perfection.

### 2. Make a list of women you admire

How often is the woman's appearance a reason that you admire her? What do you think are the most important attributes a woman can have? What would you like a young woman to most admire in you? In herself? Does our culture seem to admire the same things in women that you do?

### 3. Question the motives of the fashion industry

Always remember that the main objective of the fashion, cosmetic, diet, fitness, and plastic surgery industries is to make money, not to make you the best person you can possibly be. The ultra thin ideal is working for them. But is it working for you? If every season your parent or partner told you to change who you are or how you dress wouldn't you question their motives?

### 4. Stop weighing yourself

Remember that the emphasis to be thin and beautiful is ever present in our society. Cut yourself some slack. Imagine spending a day, or a week, without the scale measuring your self-esteem. Does the scale tell you that you aren't disciplined enough? That you aren't working hard enough? Get rid of it. The emphasis on thin is new and arbitrary. And it can be reversed.

### 5. Concentrate on things you do well

Do you look in the mirror one day and think you look great and the next day and think you look awful? Your body isn't changing, your perception of it is. It is true that if you're feeling good about other things in your life, you'll be less critical of how you look. Do things you do well. And if you've had a bad day, stay away from the mirror. When a woman is happy and confident, she may not have a "perfect" body, but she doesn't give a damn!

### 6. Get physical for fun

Your body needs exercise and real foods. Take walks, dance in your living room, garden, golf...try to get moving for your heart, not to decrease the size of your bottom. You may lose weight and you may not, but your body will be stronger, your stress will be lower, and you'll feel better.



*It is true that if you're feeling good about other things in your life, you'll be less critical of how you look.*

**7. Value your dollars**

With more women working today than ever before, our dollars are much in demand. You are being courted! How much of your money goes into the fashion and cosmetics industries? What do you spend on eating regimens? What are you getting back? Look at your budget and be sure the money you spend reflects the person you are, not the person society wants you to be. If looks didn't matter at all, what would you spend your money on?

**8. Voice your opinion**

Both large and small businesses are interested in your input. Your letters and phone calls really make a difference. The following organizations can help you find the addresses of companies. Contact Media Action Alliance in Circle Pines, MN 612-434-4343 or Media Watch in Santa Cruz, CA 408-423-6355. Subscribe to Media Watch's terrific quarterly Action Agenda.

**9. Be a role model**

Every culture and every generation has its own rules and expectations for women. It is never easy to go against the grain, but there have always been women who took risks to grow and learn and succeed. And, there always will be. Many inspirational women have broken molds, set new standards, and blazed trails. Wouldn't you like to break a mold or two?

**10. Break the barriers**

Author Sara Tisdale wrote, "We must all choose between battles: One battle is against the cultural ideal, and the other is against ourselves." Must we always define ourselves by what popular culture dictates? Develop your own style. Have fun — wear lipstick. Or don't. You're the boss of you. By speaking out and accepting yourself (dimples and all), you help break the barriers. ●

## 10 STEPS TO POSITIVE BODY IMAGE

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One list cannot automatically tell you how to turn negative body thoughts into positive body image, but it can help you think about new ways of looking more healthfully and happily at yourself and your body. The more you do that, the more likely you are to feel good about who you are and the body you naturally have.

1. Appreciate all that your body can do. Every day your body carries you closer to your dreams. Celebrate all of the amazing things your body does for you — running, dancing, breathing, laughing, dreaming, etc.
2. Keep a top-10 list of things you like about yourself — things that aren't related to how much you weigh or what you look like. Read your list often. Add to it as you become aware of more things to like about you.
3. Remind yourself that “true beauty” is not simply skin-deep. When you feel good about yourself and who you are, you carry yourself with a sense of confidence, self-acceptance, and openness that makes you beautiful regardless of whether you physically look like a supermodel. Beauty is a state of mind, not a state of your body.
4. Look at yourself as a whole person. When you see yourself in a mirror or in your mind, choose not to focus on specific body parts. See yourself as you want others to see you — as a whole person.
5. Surround yourself with positive people. It is easier to feel good about yourself and your body when you are around others who are supportive and who recognize the importance of liking yourself just as you naturally are.
6. Shut down those voices in your head that tell you your body is not “right” or that you are a “bad” person. You can overpower those negative thoughts with positive ones. The next time you start to tear yourself down, build yourself back up with a few quick affirmations that work for you. Wear clothes that are comfortable and that make you feel good about your body. Work with your body, not against it.

7. Become a critical viewer of social and media messages. Pay attention to images, slogans, or attitudes that make you feel bad about yourself or your body. Protest these messages: write a letter to the advertiser or talk back to the image or message.
8. Do something nice for yourself — something that lets your body know you appreciate it.
9. Take a bubble bath, make time for a nap, find a peaceful place outside to relax.
10. Use the time and energy that you might have spent worrying about food, calories, and your weight to do something to help others. Sometimes reaching out to other people can help you feel better about yourself and can make a positive change in our world. ●

## Activity

# POSITIVE SELF-IMAGE POWER CIRCLE

### Overview

Sometimes we need a round of applause and support. This quick visualization exercise can be taught to anyone so that they may create a sense of support — anywhere and anytime.

### Objectives

- To feel supported, loved, and respected

**Time needed:** 10 minutes

### Activities

1. Close your eyes and see a circle on the floor somewhere in front of you.
2. Imagine a group of people standing around that circle.
3. Imagine that group of people cheering, applauding, smiling, and totally thinking you are great. Hear them, see them, feel their energy. (1 minute)
4. Now open your eyes and step into that circle you've created (actually physically walk into it).
5. Stand in the center and continue to hear, see, and feel all those people cheering, smiling, and thinking you are incredible. (1 minute)
6. Take that energy and pull it in through your heart. Feel it go inside you, let it settle into your body. Stay with that feeling for a few moments.
7. The next time you feel lacking, alone, lousy...close your eyes and pull out that energy that you have stored in your heart from the circle and surround yourself with that applause and love.

### Debrief

1. How did it feel to be in the center of the circle?
2. Where can you go to find that support when you are feeling lousy here at camp? ●

## Activity

## THE ART OF RACHAMIM – COMPASSION EXERCISE

*Appropriate for Older Campers and Counseling Staff*

### Objectives

- Recognizing that we share many traits, desires, and thoughts with our fellow campers
- Increase the amount of compassion between girls in camp

**Time needed:** 7 minutes

### Instructions

1. Establish a safe space with your group/bunk of girls.
2. Share that this is an exercise to help each of us remember that we are all here together, learning, experiencing, feeling good sometimes, feeling bad sometimes, struggling, excelling, and enjoying. For a few moments we are going to support each other in knowing that we are here together, and we are not alone.
3. Look around at each person in the circle and repeat to yourself (Allow about a minute for each step):
  - *Like me, you are seeking happiness in your life.*
  - *Like me, you are trying to avoid suffering in your life.*
  - *Like me, you have known great happiness and sadness.*
  - *Like me, you are learning about life.*
4. Ask everyone to close their eyes, and take a deep breathe.
5. When you are ready, please open your eyes, look around at your bunk mates, and see them being like you.
6. Thank you for participating in our support *Hesed* circle, let's take these thoughts with us into our day. ●

## NO WEIGH!

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### A Declaration of Independence From a Weight-Obsessed World

I, the undersigned, do hereby declare that from this day forward, I will choose to live my life by the following tenets. In so doing, I declare myself free and independent from the pressures and constraints of a weight-obsessed world.

- I will* accept my body in its natural shape and size.
- I will* celebrate all that my body can do for me each day.
- I will* treat my body with respect, giving it enough rest, fueling it with a variety of foods, exercising it moderately, and listening to what it needs.
- I will* choose to resist our society's pressures to judge myself and other people on physical characteristics like body weight, shape, or size. I will respect people based on the qualities of their character and the impact of their accomplishments.
- I will* refuse to deny my body of valuable nutrients by dieting or using weight loss products.
- I will* avoid categorizing foods as either "good" or "bad." I will not associate guilt or shame with eating certain foods. Instead, I will nourish my body with a balance of foods, listening and responding to what it needs.
- I will* not use food to mask my emotional needs.
- I will* not avoid participating in activities that I enjoy (i.e., swimming, dancing, enjoying a meal) simply because I am self-conscious about the way my body looks. I will recognize that I have the right to enjoy any activities regardless of my body shape or size.
- I will* believe that my self-esteem and identity come from within!! ●

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Signature

Date

## TIPS FOR KIDS ON EATING WELL AND FEELING GOOD ABOUT YOURSELF

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It is no fun to worry all the time about how much you weigh, how much you eat, or whether you are thin. Here are some things you can do.

- Eat when you are hungry. Stop eating when you are full.
- All foods can be part of healthy eating. There are no “good” or “bad” foods, so try to eat lots of different foods, including fruits, vegetables, and even sweets sometimes.
- When having a snack try to eat different types. Sometimes raisins might be good, sometimes cheese, sometimes a cookie, sometimes carrot sticks or celery dipped in peanut butter.
- If you are sad or mad or have nothing to do — and you are not really hungry — find something to do other than eating. Often, talking with a friend, or parent, or teacher is helpful.
- Remember: kids and adults who exercise and stay active are healthier and better able to do what they want to do, no matter what they weigh or how they look.
- Try to find a sport (like basketball or soccer) or an activity (like dancing or karate) that you like and do it! Join a team, join the YMCA, join in with a friend or practice by yourself — Just do it!
- Good health, feeling good about yourself, and having fun go hand in hand. Try out different hobbies, like drawing, reading, playing music, or making things. See what you’re good at and enjoy these things.
- Remind yourself that healthy bodies and happy people come in all sizes, and that no one body shape or body size is a healthy one or the right one for everybody.
- Some people believe that fat people are bad, sick, and out of control, while thin people are good, healthy, and in control. This is not true and it is unfair and hurtful.



*Be healthy and fit!*

*Have fun!*

*Feel good about  
how you look!*

- Do not tease people about being too fat, too thin, too short, or too tall. And, don't laugh at other people's jokes about fat (or thin) people or short (or tall) people. Teasing is unfair and it hurts.
- If you hear someone (your mom or dad, a sister, or a friend) say they are "too fat and need to go on a diet,"
  - *Tell them* — Please don't, because dieting to lose weight is not healthy — and no fun — for kids or adults.
  - *Tell them* — You think they look great just the way they are.
  - *Tell them* — Don't diet; eat a variety of foods and get some exercise.
  - *Tell them* — Remember, being "thinner" is not the same as being healthier and happier.
- Appreciate yourself for all you are — everyone should respect and like themselves, enjoy playing and being active, and eat a variety of healthy foods. ●

## PREVENTION GUIDELINES & STRATEGIES FOR EVERYONE

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### 50 Ways to Lose the “3 Ds”: Dieting, Drive for Thinness, and Body Dissatisfaction

by Paula Levine, Ph.D.

#### For Parents, Educators, Coaches, and Others Who Work With Young People

1. Examine, explore, and if necessary, modify the appearance expectations you have about your child or unborn child (e.g., will she grow up to be pretty, etc.).
2. Examine your own attitudes, beliefs, prejudices, and behaviors about food, weight, body image, physical appearance, health, and exercise.
3. Replace unhealthy attitudes with healthy ones.
4. Replace extreme eating and exercise habits with more moderate ones.
5. Do not talk about or behave as if you are constantly dieting.
6. Do not “model” or otherwise communicate the message that you cannot dance, swim, wear shorts, or enjoy a summer picnic because you do not look a certain way or weigh a certain amount.
7. Encourage balanced eating of a variety of foods in moderation.
8. Allow all foods in your home.
9. Encourage eating in response to body hunger.
10. Notice often and in a complimentary way how varied people are — how they come in all colors, shapes, and sizes. (Show appreciation for diversity and a respect for nature. Link respect for diversity in weight and shape with respect for diversity in race, gender, ethnicity, intelligence, etc.)
11. Become a critical consumer of the media — pay attention to and openly challenge media messages. Talk with your children about the pressures they see, hear, and feel to diet and to “look good.”
12. Convey to children that weight and appearance are not the most critical aspects of their identity and self-worth.
13. Build self-esteem. The most important gift adults can give children is self-esteem. When adults show children that they value and love them unconditionally, children can withstand the perils of childhood and adolescence with fewer scars and traumas. Self-esteem is a universal vaccine that can immunize a youngster from eating problems, body image distortion, exercise abuse, and many other problems. Providing self-esteem is the responsibility of both parents. Girls especially need support and validation from their fathers.

14. Encourage open communication. Teach children how to communicate. Encourage children to talk openly and honestly and really listen to them. Let them know that their opinions and feelings are cared for and valued. Being encouraged to assert themselves helps young people say no to pressures to conform. Feeling loved and confident allows them to accept that they are unique individuals.
15. Encourage critical thinking. The only sure antidote to the tendency to conform to the powerful seduction of the media and peer pressure is the ability to think critically. Parents have to encourage critical thinking early, and educators have to continue the mission. We need to teach kids how to think, not what to think, and to encourage them to disagree, challenge, brainstorm alternatives, etc.  
  
Girls especially need to learn that men are not the ultimate authorities and that they themselves have something important to contribute.
16. Develop a value system based on internal values. Help children understand the importance of equating personal worth with care and concern for others, wisdom, loyalty, fairness, self-care and self-respect, personal fulfillment, curiosity, self-awareness, the capacity for relationships, connectedness and intimacy, individuality, confidence, assertiveness, a sense of humor, ambition, motivation, etc.
17. Help children accept and enjoy their bodies and encourage physical activity.
18. Discourage the idea that a particular diet or body size will automatically lead to happiness and fulfillment.
19. Don't use food as a reward or punishment. It sets food up as a potential weapon for control.
20. Don't constantly criticize your own shape ("I'm so fat — I've got to lose weight."). Such self-criticism implies that appearance is more important than character.
21. Don't equate food with positive or negative behavior. The dieting parent who says she was "good" today because she didn't "eat much" implies that eating is bad, and that avoiding food is good. Similarly, "don't eat that — it will make you fat" implies that being fat makes one unlikable.
22. Be aware of some of the warning signs of eating disorders. Understand that these warning signs can appear before puberty. Watch for: refusing typical family meals, skipping meals, comments about self and others like "I'm too fat; she's too fat," clothes shopping that becomes stressful, withdrawal from friends, irritability and depression, any signs of extreme dieting, bingeing, or purging.
23. Love, accept, acknowledge, appreciate, and value your children — out loud — no matter what they weigh.

24. Trust your children's appetites. Never try to limit their caloric intake — unless requested to do so by a physician for a medical problem.
25. Learn about and discuss with your sons and daughters the dangers of trying to alter their body shape through dieting.
26. Don't support pornography or other "institutions" that cast women as objects for the pleasure of men, objects without personal integrity.
27. Give boys and girls the same opportunities and encouragement (in assignment of chores, choosing a sport, etc.) and avoid restricting children to gender-specific activities (boys can enjoy cooking and girls can fix cars). Take females more seriously for what they say, feel, and do, and less seriously for what they look like.
28. Teach children about good relationships and how to deal with difficulties when they arise. Males and females alike may use food to express or numb themselves instead of dealing with difficult feelings or relationships. Because of messages that suggest that the perfect body will dissolve all relationship problems, young people often put energy into changing their bodies instead of their feelings or their relationships.
29. Teach children about spirituality.

### **For Men & Fathers**

*Developed by Michael Levine, Ph.D., and Linda Smolak, Ph.D., Kenyon College*

30. Develop a historical perspective on the politics of the control of women's bodies.
31. Work toward and speak out for women's rights: to fair pay, to safety, to respect, and to control of their bodies.
32. Demonstrate a respect for women as they age, in order to work against the cultural glorification of youth and a tightly controlled ideal body type. (Why is it that only men should become distinguished as they age, while women become wrinkled and need face lifts?)
33. Learn to and practice nourishing women's spirits, so they won't feel an empty hunger for beauty and for unhealthy amounts of food.
34. Educate your children about the existence, the experience, and the ugliness of prejudice and oppression — whether it is directed against people of color or people who are overweight.
35. Devote yourself to raising non-sex-stereotyped children by modeling and living gender equality at home.
36. Demonstrate respect for all people.

37. Remain close to and supportive of your daughters as they experiment and struggle with body image, grooming and cosmetic issues, flirtatiousness and sexuality, etc.
38. Talk to your sons about the way body shape and sexuality (for both boys and girls) are manipulated by the media and the struggle their sisters or girlfriends have in trying to conform or not to conform.
39. Model patience, compassion, tenderness, fallibility, and most importantly, the capacity and desire to listen.

### **For Mental Health Professionals**

40. Educate yourself about the warning signs of eating disorders.
41. In your work with children, emphasize self-esteem, critical thinking, self-assertion, and communication skills. These strengths will inoculate children against pressures they experience to change and harm their bodies in the pursuit of “perfection, goodness, and happiness.”
42. Become political and sociocultural advocates — invite children you work with to challenge the ways in which our culture glorifies thinness.
43. Encourage the young men you work with to examine their own “weightist” attitudes and behavior toward females.
44. Become knowledgeable about and able to discuss the scientific evidence concerning a variety of complex topics including: the physical development of boys and girls during puberty, “set point” regulation and defense of natural body weight, the futility and dangers of dieting, and the ways in which our culture has exaggerated the “risks” of being overweight.
45. Develop systems whereby you can connect to teachers and coaches who can, in turn, reach out to help children who are expressing problems with their eating and body image.
46. Strengthen and support families so they are able to more effectively provide the security, acceptance, support, and direction that children need in order to inoculate them from negative media influences.
47. Help parents reclaim their rights as experts. Empower parents to listen to their children and find solutions that will be best for them.
48. Recognize how our changing world alters what children need from parents today.

Sociocultural pressures surrounding drugs, sexuality, body image, and perfectionism require great character strength, self-assurance, and decision-making in young children. Support parents to give more attention to children in these areas.

49. Appreciate with families how we all use food for the wrong reasons at times. Help families understand the power and role of food in their own lives as it soothes, rewards, and punishes.

Both parents should be actively involved in meal planning and preparations so that food and nurturing do not appear to be exclusive responsibilities or burdens for women. Encourage families to return to the traditional shared family meal in any way they can.

50. Educate your community about the risks of the three Ds and the dangers of eating disorders while at the same time being careful not to promote or teach young people how to become eating disordered. In some ways, children are actually the highest risk audience. Audiences with less risk are school personnel, parent groups, athletic directors, and day-care personnel.

Have a system in place if a child does have a problem and be supportive of family and friends of the person with the problem. You may work with the family while someone else is working with the identified patient. Give information and support. Reduce shame and guilt. Blaming parents guarantees treatment failure. Work with families to create and restore healthy eating and interaction patterns. ●



*Be optimistic!!  
Together we can make  
a difference!*

A photograph of a tennis racket on a tennis court net. A magnifying glass is held over the racket head, focusing on the strings. The entire image has a warm, orange-toned filter.

**additional resources  
to support you**



## BEYOND MIRIAM: RESOURCES

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### Books

Body Outlaws: Young Women Write About Body Image & Identity  
*edited by Ophira Edut*

Deal With It! A Whole New Approach To Your Body, Brain and Life As a gURL  
*by Esther Drill, Heather McDonald & Rebecca Odes*

The Body Project: An Intimate History of American Girls  
*by Joan Jacobs Brumberg*

The Beauty Myth: How Images of Beauty Are Used Against Women  
*by Naomi Wolf*

Bodily Harm: The Breakthrough Healing Program for Self-Injurers  
*by Karen Conterio & Wendy Lader*

Helping Parents, Youth and Teachers Understand Medications for Behavioral and Emotional Problems: A resource book of medication information handouts, Second Edition  
*by Mina Dulcan, M.C. & Claudia Lizarralde, M.D.*

Reviving Ophelia: Saving the Selves of Adolescent Girls  
*by Mary Pipher*

Living on the Razor's Edge: Solution Oriented Brief Family Therapy with Self-Harming Adolescents  
*by Matthew D. Selekman*

Bright Red Scream, A: Self-Mutilation and the Language of Pain  
*by Marilee Strong*

Cutting: Understanding and Overcoming Self-Mutilation  
*by Steven Levenkron*

The Scarred Soul: Understanding & Ending Self-Inflicted Violence  
*by Tracy Alderman*

See My Pain! Creative Strategies and Activities for Helping Young People Who Self-Injure  
*by Susan Bowman & Kaye Randall*

Cut  
*by Patricia McCormick*

No Body's Perfect: Stories by Teens About Body Image, Self-Acceptance, and the Search for Identity  
*by Kimberley Kirberger*

Bulimia A Guide to Recovery, Understanding and Overcoming the Binge-Purge Syndrome  
*by Lindsey Hall & Leigh Cohn*

A Very Hungry Girl: How I Filled Up on Life...and How You Can, Too!  
*by Jessica Weiner*

## Websites

### *For Adults*

[www.anad.org](http://www.anad.org)

*National Association of Anorexia Nervosa and Associated Disorders (ANAD)*

[www.nationaleatingdisorders.com](http://www.nationaleatingdisorders.com)

*National Eating Disorders Association (NEDA)*

[www.anred.com](http://www.anred.com)

*Anorexia Nervosa and Related Eating Disorders, Inc. (ANRED). A clearinghouse for information about eating disorders.*

[www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org)

*Eating Disorders Awareness and Prevention*

[www.hedc.org](http://www.hedc.org)

*Harvard Eating Disorders Centers*

[www.eatright.org](http://www.eatright.org)

*American Dietetic Association*

[www.urj.org/jfc/resources/index.cfm#self](http://www.urj.org/jfc/resources/index.cfm#self)

*Union for Reform Judaism. A Resource Guide on Eating Disorders that includes prayers, suggestions, and personal articles.*

### *For Adults and Campers*

[www.something-fishy.org](http://www.something-fishy.org)

*A site filled with information and support on eating disorders*

[www.adiosbarbie.com](http://www.adiosbarbie.com)

*Kitchy fun site with activities and great graphics*

[www.bodypositive.com](http://www.bodypositive.com)

*Interactive information on body image*

[www.loveyourbody.nowfoundation.org](http://www.loveyourbody.nowfoundation.org)

*Positive self-image support and response to the fashion industry. Actions and activities to participate in.*

[www.facetheissue.com](http://www.facetheissue.com)

*Information on the topics and short animations narrated by very famous actresses*

[www.about-face.org](http://www.about-face.org)

*Promotes positive self-esteem in girls and women*

[www.teencentral.net](http://www.teencentral.net)

*A site written by and about teens. Includes celebrity stories, real-teen tales, an anonymous help-line, and crisis counseling.*

[www.teenoutreach.com](http://www.teenoutreach.com)

*Includes information geared at teens, from sports to entertainment, to help with drugs and eating disorders*

[www.education.indiana.edu/cas/adol/adol.html](http://www.education.indiana.edu/cas/adol/adol.html)

*ADOL: Adolescent Directory Online. Information on eating disorders, depression, and teen pregnancy.*

[www.selfinjury.com](http://www.selfinjury.com)

*Treatment, resources, and information on self-harm issues*





FOUNDATION FOR JEWISH CAMPING, INC.

Foundation for Jewish Camping, Inc.  
6 E. 39 St., 10th Floor  
New York, NY 10016  
212-792-6222  
[www.jewishcamping.org](http://www.jewishcamping.org)