

THIS BOOKLET IS A GUIDE FOR USING THE CARDS



Eating Disorders

& Other Shadowy Companions

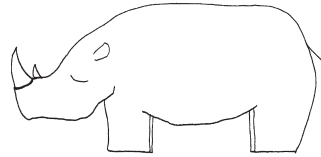
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**Innovative
Resources**

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Eating Disorders

& Other Shadowy Companions

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Innovative Resources acknowledges the Jaara people of Dja Dja Wurrung country, the traditional custodians of the land upon which our premises are located and where our resources are developed and published. We pay our respects to the elders—past, present and future—for they hold the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander Australians, and other First Nations peoples. We must remember that underneath this earth, upon which we so firmly stand, this is, was and always will be, the traditional land of First Nations peoples.

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AUTHOR'S PREFACE:

FROM ME TO YOU

by Danni McDougall

DEDICATION

To those experiencing an invisible illness,

*I believe you,
see your struggle and strength,
without judgement.*

*To carers, family and friends,
we thank you,
and value your support.*

Even though we may forget to tell you.

While creating these cards, I was living with an eating disorder. I've had this eating disorder on and off for 24 years. The last time I was unwell was in 2008–2009. I became unwell again in 2017, nine years later.

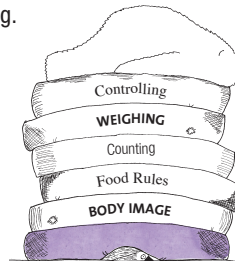
I've been saddened to discover that despite all the community education and awareness-raising that has occurred, there is still a lot of stigma and misunderstanding surrounding eating disorders, even among the medical profession. In my experience, the medical model focusses on my weight—the exact thing I should not be focussing on—to determine the severity of my eating disorder and subsequent treatments.

I believe *Eating Disorders & Other Shadowy Companions* is a resource that can help educate family, friends, health professionals and the general community about eating disorders. These cards highlight the vital importance of putting someone's

weight aside and seeing them as a complete person who is suffering with a serious illness. People with eating disorders need compassion and understanding, not scales and judgement.

Living with an eating disorder is such a lonely, isolating experience. Society revolves around food. Social events are nearly always organised around a meal—meeting for brunch, having a family dinner, a birthday party or a picnic in the park. For a person living with an eating disorder these events can be terrifying. Imagine having arachnophobia and a friend asking you to hold a bowl of spiders—that is what it can feel like when I'm faced with food at a social event. I found that my social life and connections reduced because it was too difficult to face my extreme phobia of food.

Living with an eating disorder is like being stuck in a prison of your own mind that feels impossible to get out of. There are so many rules. And the prison is filled with the constant noise of the eating disorder 'voice' telling you how terrible and wrong you are. Fighting against the rules and trying to get some peace from the eating disorder voice is exhausting.



It is hard to communicate with family, friends and health professionals exactly what this prison feels like. In my experience, people struggle to listen to what the illness is like because it's hard to hear. For example, if I tell someone I feel fat and the eating disorder thoughts are really loud, people will often say something like, 'You're not fat and the thoughts aren't real'. The intention is to make me feel better—however, it doesn't really help. Instead, I feel like I can't share these feelings as I will be told they're not legitimate.

My doctor suggested numerous times that I read books written by people who had 'recovered'—that amazing thing I had not managed to achieve. These books made me feel even more isolated and worthless as the distance between the authors and myself felt impossible to breach. What I needed was something that would enable me to connect with people who were in a similar place with their eating disorder to me. I also wanted something—a tool or resource—that would help me share my experiences with family, friends and health professionals.

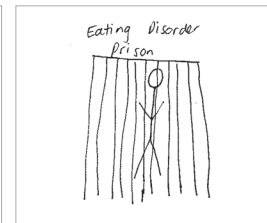
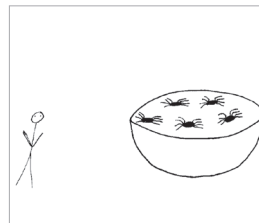
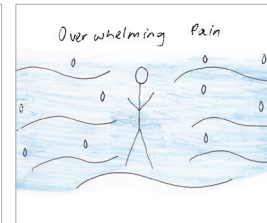
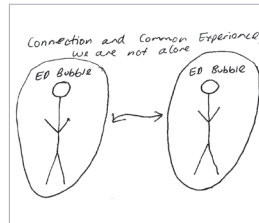
I couldn't find any resources that I could use to communicate what the daily reality of living with an eating disorder was actually like. So I decided to create one myself.

My original cards featured stick figures drawings with captions—some described the experience of having an eating disorder, some included strategies and some asked questions.

As an arts therapist, I believe that creating visual images can provide simple yet powerful ways to communicate our experiences. I hoped the simple stick figures would encourage other people to create their own cards to describe their experiences.

In sharing these original cards with family, friends and health professionals, I found that the images seemed to anchor the conversation and support people to stay with the experience, rather than moving on to, 'How will you get out of the prison?'

I see 'being with' the experience of someone with an eating disorder as essential to recovery. It is vital to be present with the person and really listen to where they are in their illness. Their experience needs to be heard and validated before the focus can shift to recovery.



I never got a choice about having an eating disorder but I do have a choice about turning it into something meaningful. As a social worker, I'm passionate about helping others so creating a tool to support people with eating disorders seemed natural. Eventually, I decided to see if my cards could find their way out into the wider world as a published resource.

I was nervous the day I went to Innovative Resources. There was anxiety about being 'too fat' and what would happen in the meeting. I looked at my card about 'putting one foot in front of the other' which helped me take one step at a time.

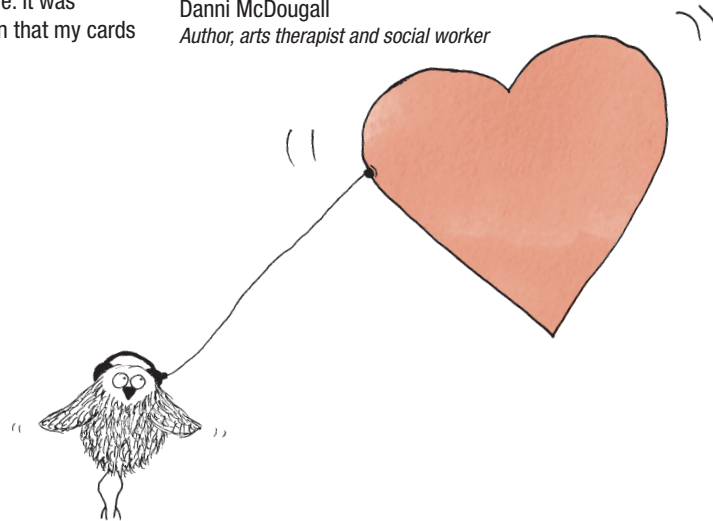
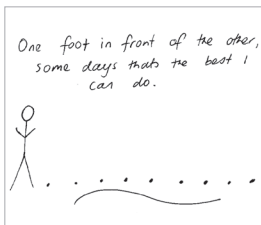
I remember the moment I walked into the room and saw all my cards spread out on the table. It was exciting to see them there and it sunk in that my cards

had now gone beyond my lounge room and personal circle of friends and colleagues. And so the next phase in the life of this resource began.

In partnership with the team at Innovative Resources and the illustrator Fiona Mansfield, the cards underwent nearly two years of development to emerge as the resource you now have in front of you.

I hope that by sharing what living with an eating disorder was (and is) like for me, these cards will help create moments of connection for others experiencing eating disorders. I believe such moments are essential to healing and recovery.

Danni McDougall
Author, arts therapist and social worker



ABOUT EATING DISORDERS

Eating disorders are not a lifestyle choice or a phase that an individual is going through.

They are serious and often hidden mental illnesses that can have devastating physical and mental consequences.

Eating disorders have one of the highest mortality rates of any mental illness. As the Inside Out Institute for Eating Disorders says:

- 450 people across Australia are expected to die from Anorexia Nervosa every year
- 90 people across Australia with Anorexia Nervosa are expected to die from suicide each year
- 200 people across Australia are expected to die from Bulimia Nervosa every year.

insideoutinstitute.org.au/about-eating-disorders

Eating disorders affect people of different genders and ages, from all walks of life. They can be long term or short term, and they can fluctuate or change over time. Eating disorders are notoriously intractable—on average a person experiencing Anorexia Nervosa, for example, will live with that illness for at least seven years (*nedc.com.au/research-and-resources*). There are many different types of eating disorders and not everyone fits into a neat box.

In other words, eating disorders are as unique as the person experiencing them.

However, what many people with eating disorders do have in common are feelings of isolation and loneliness. Despite many years of research and public education by numerous organisations and individuals, there is still a sense that the general population doesn't really understand these illnesses or take them seriously.

Adding to this is the fact that many people also feel shame about their eating disorder and choose to keep it secret, so the pervasiveness of these illnesses remains hidden from view.

If we want to challenge this shame and secrecy and build understanding, we need to create more opportunities to have meaningful, reflective conversations—with family, friends, colleagues and the broader community—about the experience and impact of eating disorders.

- What does it feel like to live with an eating disorder?
- What does the eating disorder 'voice' say?
- How do we challenge those messages?
- What supports recovery and what gets in the way?
- How can we help reduce the isolation and shame surrounding eating disorders?

These are some of the key questions the *Eating Disorders & Other Shadowy Companions* cards invite people to explore.

You, me and the person next door— a few statistics

It is difficult to get a clear picture of exactly how many people are living with an eating disorder. Often the statistical data seems inconsistent or contradictory. There are a number of reasons for this: data sources have different diagnostic thresholds, studies are done with small numbers of participants, criteria can differ from study to study, and the secrecy surrounding eating disorders means there is no way to know the extent of under-reporting.

Here's what we do know.

According to the Inside Out Institute for Eating Disorders:

- 1.2 Million Australians are living with an eating disorder which is about 5% of the population
- 83,500 Australians are currently living with Anorexia Nervosa
- 120,000 Australians are currently living with Bulimia Nervosa
- 1 million Australians are currently living with a Binge Eating Disorder

(insideoutinstitute.org.au/about-eating-disorders).

The Butterfly Foundation notes that while women are still more likely to have an eating disorder, a significant number of men are also affected:

Population studies have suggested that males make up approximately 25% of people with anorexia nervosa or bulimia nervosa and 40% of people with binge eating disorder. In a recent study lifetime prevalence for anorexia nervosa in adolescents aged 13 – 18 years found no difference between males and females.

thebutterflyfoundation.org.au/understand-eating-disorders/eating-disorder-myths/

A US survey of nearly 300,000 college students found that transgender college students had over four times greater risk of having been diagnosed with Anorexia Nervosa or Bulimia Nervosa, and two times greater risk of eating disorder symptoms such as purging compared to their cisgender female peers.

(nationaleatingdisorders.org).

These figures clearly demonstrate that this is an illness that impacts all genders.

Internationally, many Western countries report having similar rates of eating disorders to Australia. In the United States, for example, the National Association of Anorexia Nervosa and Associated Disorders (ANAD) reports:

- At least 30 million people of all ages and genders suffer from an eating disorder in the U.S.
- Every 62 minutes at least one person dies as a direct result of an eating disorder.

anad.org/education-and-awareness/about-eating-disorders/eating-disorders-statistics/

Other parts of the world have seen an increase in eating disorders over the past few decades. A number of studies have linked the rise of industrialisation and urbanisation, combined with the growing influence of 'Western' media and culture across the world, with an increase of eating disorders (*jeatdisord.biomedcentral.com/articles*).

Fiji, for example, has provided an excellent case study for the emergence of eating disorders in non-Western countries:

Consistent with many pre-industrialized countries, traditional Fijian notions of beauty upheld a heavier, more robust female body ideal, and as a result, EDs were quite rare, with only one case of an ED documented prior to the mid-1990s. What's more, the islands were largely isolated from Western influences – specifically, Western media – until TV's introduction into Fijian society in the late 1990s. In this way, Fiji has provided a real-world laboratory in which the thesis of 'Westernization' has been tested. Anne Becker and colleagues have conducted innovative studies measuring eating psychopathology and beauty ideals, both before and after the introduction of TV and found that in the wake of TV's arrival on the island, rates of eating disturbances surged among ethnic Fijian women over the course of the next decade. Definitions of female beauty and body ideals within the broader Fijian society were also reconfigured in the image of a more 'Westernized' 'thin ideal'.

jeatdisord.biomedcentral.com/articles/10.1186/s40337-015-0070-2

Often the impacts of eating disorders on people in support roles are not included in statistics. We must also acknowledge the families and friends of people living with eating disorders, many of whom are deeply affected by their loved one's illness.

What do we mean by the term 'eating disorder'?

The American Psychiatric Association states:

Eating disorders are illnesses in which the people experience severe disturbances in their eating behaviors and related thoughts and emotions. People with eating disorders typically become pre-occupied with food and their body weight.

psychiatry.org/patients-families/eating-disorders/

The National Eating Disorder Collaboration (NEDC) says:

Eating disorders are diverse, common, serious, complex, treatable mental health issues that have a significant impact on every aspect of life, particularly physical, psychological and social wellbeing.

nedc.com.au/professional-development/e-learning/show/33

While every person who has an eating disorder will have a unique experience, according to the Transdiagnostic model, the various eating disorders have a lot in common. Key characteristics include:

- Over-evaluation of control over eating, shape or weight (and these are the main criteria by which a person values themselves)
- Strict dieting and other weight control behaviour
- Core low self-esteem.

(Cooper, Z & Dalle Grave, R 2017, *The Science of Cognitive Behavioral Therapy*, Academic Press Elsevier, Eds. Hofmann, SG & Asmundson, GJ, pp.341-2)

Copper and Dalle Grave also note that while many people may be diagnosed with a specific eating disorder, a large percentage of people will move between different diagnoses across their lifetime (ibid. pp.339).

Often when people think of eating disorders, they focus on Anorexia Nervosa and Bulimia Nervosa. However, there are many different types of eating disorders.

The most recent DSM (Diagnostic and Statistical Manual of Mental Disorders) includes eight types of eating disorders:

- Binge Eating Disorder (BED)
- Other Specified Feeding or Eating Disorder (OSFED)
- Avoidant/Restrictive Food Intake Disorder (ARFID).
- Unspecified Feeding or Eating Disorder (UFED)
- Bulimia Nervosa
- Anorexia Nervosa
- Pica
- Rumination Disorder.

eatingdisorders.org.au/eating-disorders

Another type of disordered eating that is becoming more recognised as being on the eating disorder spectrum (but is not yet listed in the DSM) is Orthorexia. Orthorexia involves an obsessive focus on healthy or 'clean' eating and often involves cutting out several food groups that are perceived as being unhealthy.

It is important to remember that not everyone with an eating disorder will fit neatly into one of these definitions.

Eating Disorders & Other Shadowy Companions provides opportunities for people to talk about both the physical and psychological impacts of eating disorders. Cards like 'How do eating disorders affect the body?' address the broad physical consequences of eating disorders while other cards invite conversations about specific symptoms like foggy thinking, tiredness and pain. Many of the cards explore the psychological aspects of eating disorders—'Can perfection even be reached?' and 'What do you see when you look in the mirror?'



What are the risk factors for an eating disorder?

Many complex factors contribute to the onset of an eating disorder. While anyone can experience an eating disorder, certain groups in the community may have a higher predisposition. Risk factors include genetic vulnerability, psychological and socio-cultural influences.

(thebutterflyfoundation.org.au/understand-eating-disorders).

High risk groups include:

- People who are dieting or trying to lose weight
- Adolescents
- People in competitive sports or occupations that emphasise body shape
- Women, particularly during life transitions
- People with low self-esteem, anxiety, depression, substance misuse
- People with diabetes or polycystic ovary syndrome
- People with perfectionist or obsessive-compulsive traits
- People from families with a history of eating disorders.

nedc.com.au/professional-development/e-learning/show/33

Some of these risk factors are fixed (such as being an adolescent) but some are able to be changed, such as low self-esteem and body dissatisfaction, internalisation of cultural ideals and extreme weight loss behaviours.

(thebutterflyfoundation.org.au/understand-eating-disorders).

Some common myths

When having conversations about eating disorders, it is useful to be aware of some of the common myths and misunderstandings.

Eating disorders only happen to young, white, educated, middle-class women.

As Mindframe note, 'Eating disorders occur in men and women, young and old, rich and poor, and across all cultural backgrounds.' Representations of eating disorders in the media perpetuate the myth that people with eating disorders have a certain 'look'. This can stop people from speaking up and getting help, as they believe they don't fit the stereotype and therefore won't be believed.

People with eating disorders just need to eat something, or eat less.

Often people with eating disorders are asked things like 'Why don't you just eat a sandwich?' Comments like these reveal a lack of understanding about the nature of eating disorders. Behaviours related to food, like eating very little or bingeing, are symptoms of the illness, not the cause. Just eating something, or eating less, won't fix the underlying problem. And for many people in the grips of an eating disorder, changing these behaviours can feel incredibly difficult, if not impossible.

If you are a 'normal weight' you can't have an eating disorder.

People with Bulimia, Atypical Anorexia and Other Specific Feeding or Eating Disorders (OSFED), amongst others, often have a BMI (body mass index) within the normal range. As a result, health professionals unfamiliar with eating disorders (and family or friends) often dismiss their concerns and distress.

Eating disorders aren't a real illness—they are a lifestyle choice.

Our society is very focussed on body image and food culture. We are constantly surrounded by images of slim, toned, attractive people who are held up as ideals of happiness and wellbeing. We are also inundated with new diets, cleanses and eating fads. Losing weight or 'getting into shape' is consistently listed as one of the most common New Year's resolutions.

As a result, people with eating disorders may receive praise for losing weight, getting 'healthy', excessively exercising or for being focussed on what they eat (cutting out food groups, for example). One thing that distinguishes an eating disorder from a healthy interest in food is that an eating disorder usually has significant negative impacts on the person's physical and psychological wellbeing. Mental health issues are not a lifestyle choice; they are serious and often debilitating illnesses.

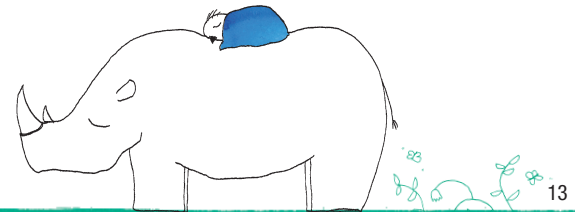
Parents are responsible for their child developing an eating disorder.

As the onset of eating disorders often occurs in the teenage years, parents may feel that they have contributed to the development of an eating disorder.

Eating disorders are caused by a complex mix of biological, psychological and socio-cultural factors—there is no one cause. It is not helpful for parents to blame themselves—this is an illness. We wouldn't blame a parent if their child got cancer or had a heart condition.

Parents and other family members, however, can, and often do, play an incredibly important role in supporting their child or young adult to move towards recovery. This can be a long and challenging road with little in the way of reward or acknowledgment.

Instead of blaming parents and family members, we should instead focus on the many stories of families who have advocated for, cried with and walked alongside their children as they navigated these difficult and often heartbreaking illnesses.



Signs of an eating disorder

Disordered eating is the most common indicator of the development of an eating disorder (nedc.com.au/disorderedeating). Disordered eating, most notably dieting, is when a person has an unhealthy relationship with food and eating. It may include behaviours that can also be found in diagnosable eating disorders, like limiting caloric intake, bingeing, purging, and so on. As NEDC note, 'Not everyone who diets will develop an eating disorder but it would be hard to find a person with an eating disorder who has not been on a diet' (nedc.com.au/assets/Fact-Sheets/NEDC-Fact-Sheet-Disordered-Eating-and-Dieting.pdf).

It can be difficult to know if someone has an eating disorder because people may hide behaviours related to food and exercise. However, there are some signs that may indicate a person is experiencing disordered eating.

As the Australian government website Health Direct suggests, some of the behaviours that a person with an eating disorder may display include:

- **Dieting:** calorie counting, fasting, skipping meals, avoiding certain food groups or having obsessive rituals related to eating.
- **Binge eating:** hoarding of food or the disappearance of large amounts of food.
- **Purging:** vomiting or using laxatives to rid the body of food.

- **Excessive exercise:** someone may insist on doing a certain number of repetitive exercises or become distressed if unable to exercise.
- **Social withdrawal:** the person may avoid social events and situations that involve eating or want to eat alone.
- **Body image:** strong focus on body shape and weight.
- **Change in clothing style:** such as wearing baggy clothes.

There are also physical signs that a person may have an eating disorder, including weight changes, disturbed menstrual cycle, dizziness, fatigue, sensitivity to cold weather, and an inability to concentrate or think rationally.

There can be a lot going on inside the mind of someone with an eating disorder. Some of the psychological signs include: preoccupation with weight, body appearance or food; low self-esteem; negative emotions like anxiety, depression and feeling that life is out of control; meal time anxiety, and; moodiness or irritability (healthdirect.gov.au/symptoms-of-eating-disorders).

Notably, research has shown that the brains of people with eating disorders react differently to images of food than the brains of people who don't have an eating disorder. When a person with an eating disorder is presented with food, for example, their fear centres light up rather than their pleasure centres (nedc.com.au/professional-development/e-learning/show/33).

Impact of eating disorders

Almost every area of a person's life is likely to be impacted by the eating disorder.

When the brain isn't getting adequate nutrition, it is unable to function properly—a starved or malnourished brain is more susceptible to obsessive, rigid thinking, which makes it challenging to see the big picture or to think flexibly. Starving the brain also increases the likelihood of anxiety, depression and persistent psychological distress. This can make it difficult for the person to make good decisions about their health and wellbeing (nedc.com.au/professional-development/e-learning/show/33).

Most of us find it difficult to change our behaviour, even when it is having a negative effect on us. For people with eating disorders, change can feel impossible.

A number of the cards in *Eating Disorders & Other Shadowy Companions*, such as 'What helps you think clearly?', 'How can you rest, even for a moment?' and 'What really brings you balance?' gently invite people to consider small changes they might make to bring some clarity to their thinking.

Eating disorders can also impact on a person's financial wellbeing. When people are in the midst of an eating disorder, they may struggle to go to work. Having an eating disorder can also mean that when the person is at work, they may feel unwell, have a constant brain fog, feel exhausted and have an impaired ability to make decisions. Sometimes people are unable to work at all, which can result in significant financial distress.

A person's relationships can also be significantly impacted by eating disorders. As a result of feeling shame and guilt, people with eating disorders often lie about eating and other food-related behaviours. They may also try to avoid activities with family or friends that centre on food. This can put enormous pressure on relationships and can sometimes damage relationships beyond repair, increasing the sense of isolation a person may experience. Several cards address this sense of isolation and invite people to consider how they might increase their sense of connection, including 'What gives you the strength to connect?' and 'What is worth keeping?'

Carers of people with eating disorders also experience stress and anxiety. According to a National Eating Disorders Collaboration report, the impact on carers 'may include caregiver stress, loss of family income, disruption to family relationships and a high suicide risk' (nedc.com.au/assets/Fact-Sheets/Eating-Disorders-in-Australia).

Eating disorders can take up an enormous amount of space in a person's life, making it difficult to focus on anything else. When an eating disorder is present, it can be hard to set meaningful life goals and to think about the future. Cards like 'Can you imagine?' and 'Who are you beyond the problem?' provide an opportunity for people to think about what life might be like if the eating disorder was less prominent in their lives.

Other shadowy companions

As the National Eating Disorder Collaboration notes:

Up to 97% of people with eating disorders also have: depression, anxiety, personality disorders, substance abuse, obsessive compulsive disorders. Comorbid conditions can persist after treatment for the eating disorder has ended.

nedc.com.au/professional-development/e-learning/show/33

Eating Disorders & Other Shadowy Companions recognises the fact that people with eating disorders often experience other mental health issues. The ‘shadowy companions’ mentioned in the title could be various mental health conditions like anxiety, depression, addiction, or obsessive-compulsive disorder. The card ‘Who else is sitting with a shadowy companion?’ invites people to think about what their ‘shadowy companions’ are and simultaneously asks them to think about other people who may be having similar experiences.

Because most of the cards don’t explicitly name eating disorders, they can be used in a range of conversations related to mental health, wellbeing, self-care and resilience. Cards like ‘What helps ease the pain?’ and ‘What makes a good day?’ can open up conversations about what the person finds helpful in any context.

Other cards like ‘How do you know you are moving into dangerous waters?’ invites people to recognise the signs and symptoms of stress or illness and can prompt

a conversation about strategies for supporting wellness when pressure points start to appear (early intervention and prevention).

‘Ed the Eating Disorder Monster’ isn’t named within the cards themselves and could represent either an eating disorder or another mental health issue like depression, anxiety or addiction. ‘Reggie the Recovery Rhino’ can represent wellness or health in all its many forms, and ‘Bird’ is the experiencer—that’s you or me, no matter what the context of our experience happens to be.

While the cards do lend themselves to conversations about a variety of challenging experiences, every single card in the set names an aspect of the lived experience of disordered eating.



The eating disorder ‘voice’

As mentioned in the author’s preface, most people who have an eating disorder describe having some kind of internal critic or voice in their head. This voice is often a constant companion. It can be highly critical and derisive when the person doesn’t follow the rules or expected behaviours.

The voice can also be perceived as a friend, a companion that provides certainty, structure and safety (via rules). The voice may tell the person their behaviours are giving them control over their lives and that by making the choice to avoid food and food-related activities (often with friends and family) they are being strong. It can be perceived as motivating and loyal, providing clear guidelines about how to live.

As Megan Williams describes in an ABC interview, ‘With my orthorexia, the easiest way to describe it is just layers and layers and layers of noise. It’s like there’s a radio station playing and you’re thinking about the food you’re going to eat that day’ (abc.net.au/life/healthy-eating-obsession-orthorexia-body-dysmorphia).

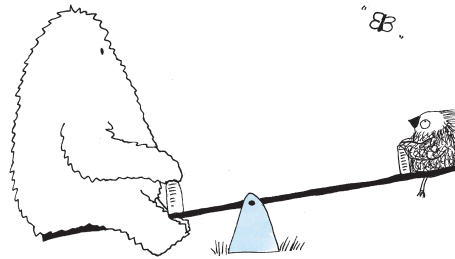
There are a number of cards that either name or allude to the eating disorder voice such as ‘What does the eating disorder voice say?’, ‘Who is in the driver’s seat?’ and ‘How do you know what’s worth listening to?’ These cards can be used to describe the voice, what it says, what it sounds like and when it is present or absent. The eating disorder character in the cards, Ed, has been deliberately designed to be neutral—not good or bad—so that people can explore the ways this voice is a negative or positive force in their lives.

Eating disorders and recovery

For many people with eating disorders, the concept of ‘recovery’ is a difficult one as it implies that there is a destination—recovery—and once you get there, the eating disorder is gone. The reality, as is true of any mental health issue, is more complex.

As Danni McDougall, the lead author of *Eating Disorders & Other Shadowy Companions*, says:

I am not a fan of the word recovery myself. It’s not that I don’t want to be ‘recovered’ but I think it’s unhelpful to think in black and white—this term implies you are either ‘recovered’ or not. From the outside it may not always look like I am ‘recovering’. However, every day when I wake up and eat breakfast I am fighting with the eating disorder voice. If I’m doing my best, then I see myself as ‘recovering’. It’s not a train station you arrive at and then you are done. It’s an ongoing process with ups and downs, good days and bad days.



Many people also object to the idea that once you are 'recovered' you return to being the person you were before the onset of the illness. In reality, people often say that they feel transformed by the experience of having navigated their way through an illness and feel that they have grown and changed as a result. They may feel that their 'recovered' self is quite different to their 'pre-illness' self.

A useful model of recovery comes from Recovery Theory or the Recovery Method, which has been around since the early 1990s. This is a strengths-based model that validates people's experiences and acknowledges the complexities inherent in the concept of recovery.

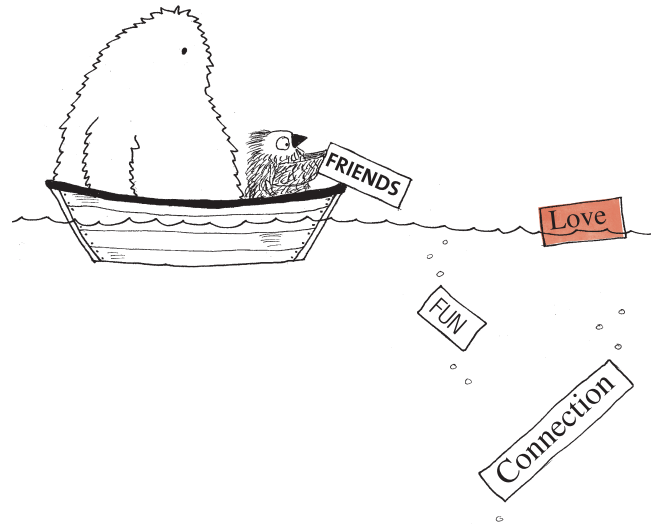
This definition of recovery acknowledges that symptoms don't necessarily go away. A person may live with symptoms forever, in some form—that doesn't mean they're not experiencing recovery.

For many people with eating disorders, and for people managing mental health issues generally, this definition of 'recovery' may be more hopeful and reflective of their lived experience.

One of the core principles of strengths-based, solution-focused practice is the importance of keeping hope alive by focussing on where we are heading. This is sometimes called the 'picture of the future'. While this card set deeply honours and values the naming and acknowledging of pain, it also encourages people to cultivate the territory of hope by reflecting on, and talking about, what recovery may look and feel like for

them. Cards like 'How do you know when things are going well?', 'Can you stay focussed on recovery, even when it's scary?', 'What makes a good day?', 'Can you imagine?' 'What does your heart say?' and 'What are your building blocks to recovery?' all extend gentle invitations to reflect on aspects of recovery.

For more in-depth information or support, please see the suggested organisations and websites listed at the end of the booklet (page 50).



PURPOSE AND STRUCTURE OF THE CARD SET

Eating Disorders & Other Shadowy Companions is designed to help facilitate conversations where people can speak honestly about what it's like to live with an eating disorder.

The power of conversations

One of the first big steps in healing is to acknowledge and name the problem. There is something powerful about being able to accurately name something—it becomes more accessible and communicable; something that can be witnessed, examined, and 'externalised'. This can help create more space between the problem and the person so that the problem can be loosened a little from its tyranny over the person.

Having conversations about eating disorders can be challenging and uncomfortable. Sometimes family and friends avoid these conversations, fearing of how the person experiencing an eating disorder may react. They may worry that they will make the situation worse. Drawing on the wisdom of people with lived experience of eating disorders, and the services that support them, these cards are designed to encourage respectful and constructive conversations.

Honest and respectful communication also brings the experience out of the shadows of secrecy and lying. By opening up conversations with family, friends and

health professionals, those supporting voices can be heard along with the voice of the disorder. This can bring perspective and generate hopeful possibilities, while simultaneously reducing the sense of isolation many people with eating disorders feel.

There is still a lot of misunderstanding and stigma around eating disorders. By having these conversations, we can gently educate, challenge myths and increase understanding of eating disorders. If health professionals have a tool to 'hear' the experiences of people with eating disorders, this will deepen their knowledge of how to work effectively. Hopefully, this will also lead to people with eating disorders accessing support services earlier.

Who are the cards for?

While *Eating Disorders & Other Shadowy Companions* was originally designed to be used therapeutically with people living with eating disorders, these cards can also be used to support conversations in a range of other settings.

The cards are designed to be used by:

- People with eating disorders who want to describe their experiences to family, friends, teachers, colleagues or health professionals

- Family and friends of a person with an eating disorder, wanting to deepen their understanding of the person's experience
- People experiencing *any* kind of eating disorder—the cards were not designed with any particular eating disorder in mind
- People who have early warning signs of an eating disorder, including people who are constantly dieting or who experience obsessive worry about their weight or health, and people who have disordered eating patterns, a negative or distorted body image or a fear of certain foods
- Counsellors and psychologists
- Teachers and wellbeing staff in schools
- Health professionals, including GPs and dieticians
- Social workers
- People experiencing other mental health issues such as anxiety, addiction or depression
- In the training of social workers, teachers, counsellors, psychologists and other health professionals.



The questions on the cards

Many resources available to people in relation to eating disorders focus on recovery. In many ways, this makes sense. However, talking about strategies and recovery can sometimes feel overwhelming to people in the grips of an eating disorder. Often what people need initially is to feel heard—their experiences acknowledged and validated.

When we originally talked about creating this card set, we considered including a simple strategy on each card. However, after many conversations about the complex nature of 'recovery', we decided to develop a tool that would point to potential ways forward but that would hold back from a push into 'strategy'.

Every card includes a question. As we all know, the best way to find out about people's experience is to ask them. If we ask questions with a genuine sense of curiosity and we actively listen to the answers, we are likely to deepen our understanding of the person and what they need to move forward.

Each question is designed to invite people to quietly reflect on their experiences. There are no right or wrong answers. The questions are open and encourage people to 'notice' different things about the eating disorder and how it impacts on their life. Also, they are not specific to any particular eating disorder, focussing instead on creating opportunities to share stories and experiences.

Topics covered in the cards

Eating Disorders & Other Shadowy Companions covers a range of topics. The cards invite exploration of emotions like guilt, shame, stress, anxiety and fear. They also name types of thinking that often accompany eating disorders, like perfectionism, negative self-talk and obsessive thinking. The physical implications of eating disorders are also touched on.

Many of the cards invite people to consider things that they might find helpful—how to rest, think more clearly, connect with others, have fun, find balance and face challenges. They also ask people to reflect on what life might be like if the eating disorder was less prominent in their lives. Each of the cards includes hints of possibility, without sugar-coating or trivialising the person's experience.

About the illustrations

The beautiful illustrations on the cards, hand-drawn by Fiona Mansfield, were inspired by Danni's original cards. When it came to choosing an illustrator, Fiona was the first artist to come to mind as she is an arts therapist and has a great capacity to convey empathy and emotion through her cartooning work. A good cartoon can capture both personal experience and the broader social context. However, cartooning must be handled with great care as cartoons can easily trivialise or oversimplify people's experiences. Fiona is highly adept at walking this line.

Each card includes a soulful and whimsical drawing that expands and extends the question. While they are predominantly black and white, there is a small pop of colour on every card. Sometimes an illustration expresses emotion or experience more accurately than words—feel free to focus on the illustrations rather than the questions when using the cards to initiate conversations.

During the development of the cards, there was a great deal of 'to and fro' about whether to include an 'eating disorder' character. Once it was decided that it would be valuable, there were still many questions. Would the eating disorder character be dark and overpowering or was that unhelpful? How could something so complex and multifaceted be represented in a character? How could the negativity of the eating disorder character be balanced with a more hopeful and optimistic element? In the end, Ed the Eating Disorder Monster emerged—a big but non-threatening character.

It was also important that everyone could relate to the characters—people from different cultural backgrounds, genders and ages. The characters also needed to be relevant to people with any type of eating disorder.

Inspired by Danni's original illustrations, Fiona developed three remarkable characters: Bird, Ed the Eating Disorder Monster and Reggie the Recovery Rhino.

Meet the characters

Bird

Bird is our 'every person' character. Bird is us. You will find Bird in every image trying to negotiate a way through all the trials and tribulations of the eating disorder landscape. Bird is small in relation to Ed and Reggie. This is because both the eating disorder and the prospect of recovery can feel big and overwhelming, and this is captured in the proportions of the characters.



Ed the Eating Disorder Monster

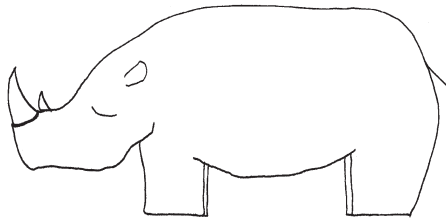
Often people with eating disorders have a love-hate relationship with their illness. The eating disorder has developed for a good reason—perhaps to help the person feel safe and in control (even if this turns out to be a very destructive strategy). For this reason, Ed (is that short for Edwina or Edward?) is not



'demonised' but is a neutral character, acknowledging the complexity of a person's relationship with their eating disorder. Ed is simply very large and takes up a lot of space—way too much space, at times.

Reggie the Recovery Rhino

To balance Ed, meet Reggie (of indeterminate gender once again, perhaps derived from Reginald or Regina). Reggie doesn't appear in every card as there are many times when recovery may feel a long way off. Reggie represents hope, possibility, the future, support, and often appears as Bird's companion at different points in the journey. Like Ed, Reggie is a neutral character because the possibility of recovery can have both positive and negative connotations for people at different times.



When using the cards, you might invite people to consider what they imagine their eating disorder looks like. What does recovery look like? What other characters might they create?

CREATING SAFE SPACES FOR CONVERSATIONS

As many facilitators know, simple tools can be surprisingly powerful. This is something to take into consideration when using *Eating Disorders & Other Shadowy Companions*, a resource designed to encourage reflection and conversation about experiences, attitudes and understanding of eating disorders. While many of the suggestions in this section apply to groups (families or educational settings, for example) they are equally applicable to one-on-one conversations.

Vulnerabilities and raw emotions can surface for anyone using the cards, including the facilitator. Memories and concerns can unexpectedly arise, sometimes evoking painful and even overwhelming feelings. Conversations about our sense of self and social attitudes can feel confronting, even when facilitated skilfully and respectfully. This is especially true if people have experienced discrimination, fear, shame or isolation as a result of their eating disorder.

People can come from diverse backgrounds—cultures, gender, sexuality, biological sex, age, ethnicity, religion, socio-economic—and facilitators cannot possibly know the full extent or effect of their lived experience, even if they think they know the person or group well. Often these other factors can intersect with and influence the way the eating disorder has developed or is experienced by the person.



While the facilitator can't guarantee that all comments in a conversation will be respectful, thoughtful preparation can go a long way towards creating the conditions where respect is more likely. This is why it is crucial that the facilitator considers ways to uphold people's inclusion, dignity and safety before using *Eating Disorders & Other Shadowy Companions* with an individual or group. Consider the following factors:

- **Your reaction to the cards:** Try using the cards yourself first. What did you notice? What worked? What was challenging? What memories or feelings arose?
- **Your knowledge of the cards:** Get to know each card. Is it clear to you what the characters are doing in each card? Do some cards require more time to interpret or relate to eating disorders? Are there any cards you may want to leave out? Have you considered a range of possible responses to each question?

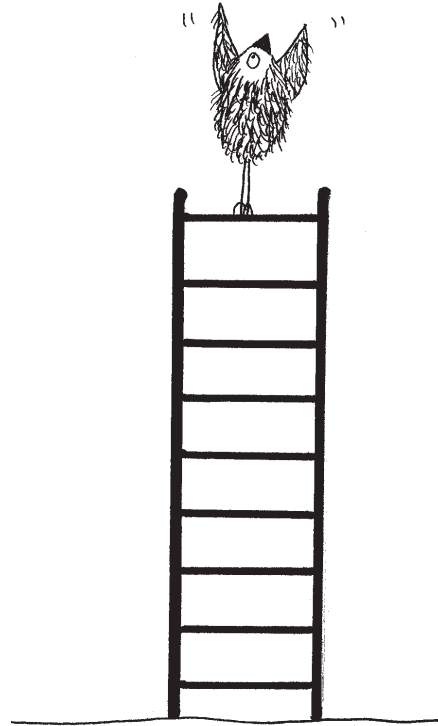
- **Advanced notification and permission:** Should notification be given, or permission sought, in advance of the conversation? For some people, it may be disrespectful or unsafe to find themselves participating in a conversation about eating disorders without prior notice. Also, if participants are young people under 18 (such as in a school), is parental consent or notification required?
- **Your knowledge of participants:** Are the cards mentally, emotionally, developmentally and culturally appropriate? Are literacy and language levels appropriate? Keep in mind that people living with an eating disorder may be feeling exposed, confused or unsafe. They may be experiencing guilt or grief as they navigate the attitudes of friends and family. How might the conversation impact them?
- **Participants' safety:** Are there any pre-existing tensions or attitudes that may affect people's safety during or after the conversation? How will people's confidentiality, privacy and dignity be upheld? How will people be supported if the cards elicit strong emotions or judgements? How will you ensure that no-one is exposed or labelled during the conversation? Consider making emergency and specialist services numbers available to all participants before-hand, so no one is singled out.
- **Establishing group rules or guidelines:** Have you considered co-creating 'group rules' with participants before the conversation begins? These provide agreed standards of behaviour that the facilitator or anyone in the group can invoke at any time during the conversation to support respect and safety.
- **Flags of feeling unsafe during the session:** Another way to support safety is to ask participants how they will indicate that they feel unsafe during the session. Facilitators can arrange to have a support person available for participants during breaks or at the end (this could be the facilitator or another appropriate person).
- **Opting out:** Have you made it clear that people are welcome to 'pass', if they wish to? How will they indicate that? No one should be pressured to 'share' or participate if they don't want to.
- **Planning the activities:** This booklet contains background information drawn from direct practice wisdom, plus suggestions for using the cards. Planning is important as it can help ensure that the activities don't expose or shame anyone. (Please see page 36 for lots of possible activities).
- **Timing and pacing:** Is it the right time and place for these activities? Is there enough time for the activities to take place without rushing? Will you plan a mix of active and more reflective activities to take into account different learning and communication styles?

- **Being inclusive:** How will you ensure that everyone gets an opportunity to speak and that quiet voices can be heard?
- **Plan B:** Sometimes an activity with the cards simply doesn't work—and this may not become obvious until you are right in the middle of it. Be prepared to adjust it or abandon it altogether and go to Plan B. A card set simply may not be the best option at the time.
- **Follow up and feedback:** Is any follow up needed after the session? You will not necessarily know if someone has had a strong reaction, either during or after the conversation. For this reason, please consider letting participants know at the beginning that you will check in with everyone after the session. This prevents anyone being singled out. Also, consider seeking participants' feedback about what worked when using the cards and what could be done differently. This will help you in designing future sessions.

You are warmly encouraged to view the free video 'Reminders for Creating Safe Spaces for Conversations' on our website. This video contains expanded material for facilitators on creating respectful conversations, especially in groups.

If you believe a person is unsafe, get support for them immediately. See Emergency and Support Services at the end of this booklet.

PERFECTION



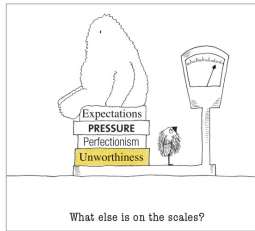
THUMBNAILS AND USES FOR EACH CARD

In this section you will find thumbnail images of all forty cards, with information about the purpose of each card. This information will naturally suggest many activities and questions that can be used with each card.



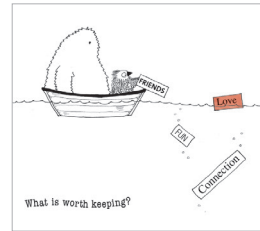
Can you stay focussed on recovery, even when it's scary?

It's useful to acknowledge that recovery may feel overwhelming and stressful. What do you find scary about recovery? What does recovery look like to you? Noticing small steps is important. What's one small positive thing you could do today? Keep in mind that 'not doing something' is an important step in healing—for example, not over-exercising, not bingeing or purging.



What else is on the scales?

Scales, weighing, measuring, counting and calculating can loom large in eating disorders. This card helps people reflect on what underlies their eating disorder—the layers of emotions and trauma that step onto the scales at the same time. What are you really weighing? What does the number on the scales represent to you? Pairs well with 'What's weighing you down?' and 'How could you lighten the load?'



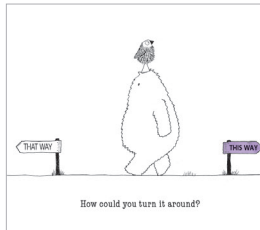
What is worth keeping?

The eating disorder voice often tells the person they will be fine as long as they do what it says. It encourages them to let go of friends, family and fun. This card highlights what can be lost when you have an eating disorder and invites people to think about what they truly value. What is important to you? What brings joy or meaning? This card can also be used with other mental health issues like anxiety and depression. Pairs well with 'What gives you the strength to connect?'



What does the eating disorder voice say?

The eating disorder voice can be cruel, play mind games and cause emotional pain. It can be very difficult to simply 'not listen' or 'tune it out'. While it is not helpful to enable this voice, allowing it to be heard is an important step in challenging it. This card encourages people to describe the eating disorder voice, reflect on what it is saying and hear its concerns. Do you ever wish this voice would just be quiet, even for five minutes? How can you turn down the volume? Pairs well with 'What does your heart say?'



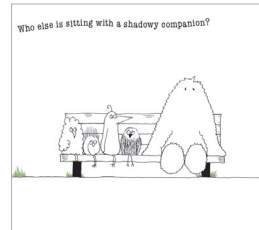
How could you turn it around?

Choosing to go in a different direction to Ed can be difficult and scary. On the one hand people want to get better; on the other hand, managing life's stresses without the eating disorder can feel overwhelming. This question encourages people to explore what 'turning it around' might look like for them. What do you think Bird can see? What can Ed see? If you looked at the situation from another angle, what might you notice?



Where will it lead?

Eating disorders are serious mental illnesses that can have serious health consequences. This card allows people to consider where their eating disorder may lead if things continue as they are. What could happen if you stay on this path? What other paths could you choose? This card should be used with caution as it may illicit conversations about self-harm, suicide, serious physical health issues and death—you may choose to exclude this card if you feel it is too sensitive.



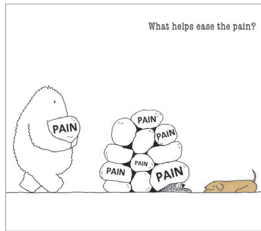
Who else is sitting with a shadowy companion?

The isolation that comes with having an eating disorder can be pervasive and extreme. The purpose of this card is to highlight that others are experiencing this too. Also, this card invites us to consider who is sitting alongside us as we travel through mental illness. In a family context, this card can highlight that while one person may have a diagnosed eating disorder, other family members may be experiencing challenges too.



What helps you face everyday challenges?

Breakfast, lunch and dinner can be the most challenging times of day for people living with an eating disorder. This card can help family and friends understand the mental torture the person may experience in relation to meals, and food generally, and why it's not as simple as 'just eating' or 'just not eating'. What could others do to help you face these challenges? What would you like other people to understand? Consider pairing this card with 'What helps you think clearly?'



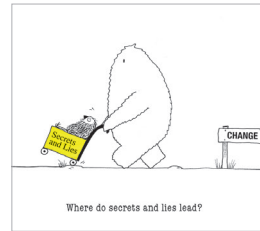
What helps ease the pain?

Eating disorders can cause extreme emotional and physical pain. The pain needs to be acknowledged and validated as this supports people to take the next step. What reduces the suffering, even a little? Who or what is encouraging you? Pairs well with 'What is worth keeping?' and 'What really brings you balance?'



Who is in the driver's seat?

This card highlights issues of control. The eating disorder voice often tells people that they can stop or change direction whenever they want to, when in reality, Ed is in the driver's seat. Who decides where you are going? Who is in the passenger seat? If you could change direction, where would you go? Other cards like 'Can perfection ever be reached?' will add layers of meaning.



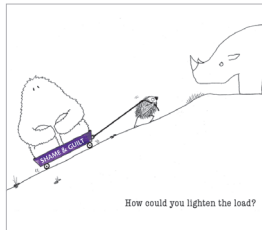
Where do secrets and lies lead?

Eating disorders thrive on secrecy—by isolating and shaming the person, the eating disorder has more control. People with eating disorders may lie about things like food intake, exercise, weight, bingeing or purging. Rather than judging the person, this card invites gentle conversation about the impact of secrecy and lies. How would it feel to be open and honest? What would need to change for this to happen?



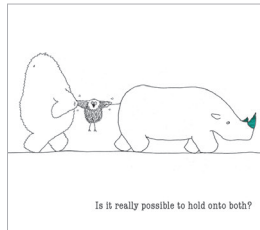
What keeps you going?

For people with eating disorders or other mental health issues, it can be challenging to get through each day. Going to work or school, socialising or just getting out of bed can be overwhelming sometimes. This card invites people to notice their own resilience and courage, and the strategies they use when things are tough. What helps? What motivates you? Is there anyone you admire?



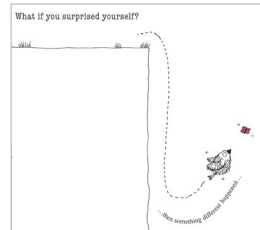
How could you lighten the load?

The shame and guilt of carrying an eating disorder can feel heavy. Tracking the lies, keeping the eating disorder a secret, abiding by Ed's rules, hearing the unkind things Ed says and trying to protect family and friends from the illness is a lot to carry alone. This card invites conversations about what the person is carrying and ways to ease the burden. What's one small thing you could discard today? Who else could help?



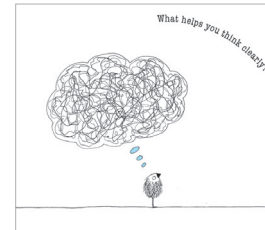
Is it really possible to hold onto both?

Ever experienced the strain of trying to hold on and let go at the same time? This card illustrates the terrible dilemma of wanting to recover while also hanging onto the eating disorder. It can also be used to talk about the complexity of the concept of recovery (see page 17). What does recovery mean to you? What choices do you want to make? When is the right time?



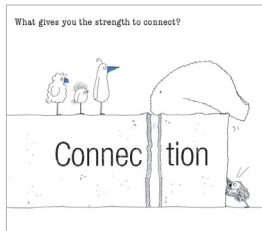
What if you surprised yourself?

Eating disorders can cause people's thinking to become rigid, detail-oriented and fearful. Change can feel almost impossible. This card reminds us that things do not have to go badly—change can happen. Just as it is natural for Bird to fly, you are a natural at some things too. Even in the pain and difficulty of living with an eating disorder, there is room for you to shine. There can be moments of unexpected playfulness and joy. What are you naturally good at? What tiny thing went well today?



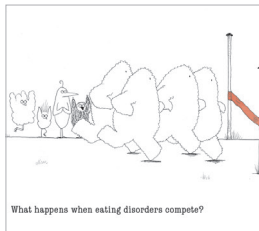
What helps you think clearly?

People with eating disorders are often plagued by anxious and ruminating thoughts, and may obsess about food rules and dieting. This card represents the relentless entanglement of eating disorder thoughts and invites people to consider how they might challenge and soothe them. Pairs well with 'How can you rest, even for a moment?' and 'How do you know what's worth listening to?'



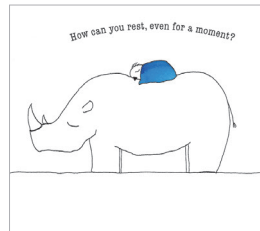
What gives you the strength to connect?

Social interactions commonly revolve around food, which means people with eating disorders often avoid them. Isolation and loneliness can follow. This card supports people to identify strengths that might help them connect with others. What activities do you like to do that aren't related to food? Who else likes those activities? Pairs well with 'What helps ease the pain?' and 'What is worth keeping?'



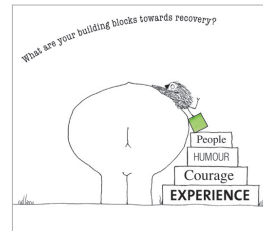
What happens when eating disorders compete?

People with eating disorders may feel driven to compete with others to weigh less, eat less, or have a more 'serious' eating disorder. This card highlights that there are no winners. All eating disorders are valid, serious and potentially devastating, regardless of myths about what an eating disorder 'looks like'. Do you compare yourself to other people with eating disorders? How does that feel? Pairs well with 'Who decides what looks good?'



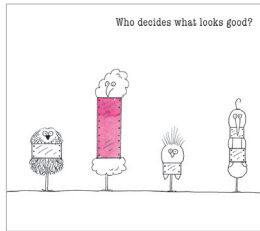
How can you rest, even for a moment?

Having an eating disorder is exhausting—the eating disorder voice can be a constant and relentless companion. The card encourages conversations about how the person could rest in a way that feels safe, comfortable and doable. What does rest look like for you? What would it feel like in your body? In your mind? You can link this card with 'What can you do to take care of yourself today?'



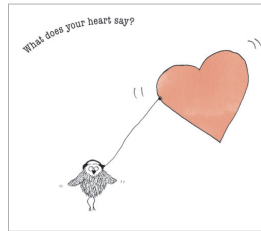
What are your building blocks towards recovery?

Recovery and healing can involve a lot of effort, tools, strategies and support. It can be a challenging, messy and frustrating process—and it is different for everyone. This card opens up conversations about the different and sometimes surprising things that aid recovery. Do you have different building blocks to the ones on the card? What would you write on the green block?



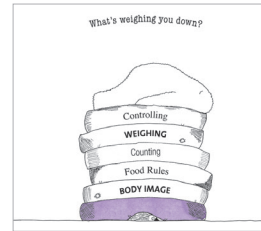
Who decides what looks good?

There are so many messages out there about how we should look, feel and act to be considered acceptable. Social media exposes even very young children to idealised images of beauty or body shape. This card encourages conversations about the messages a person is internalising. Where do your ideas of body image come from? How can you challenge those unhelpful messages? Pairs well with 'What can you do to take care of yourself today?'



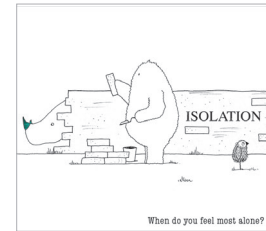
What does your heart say?

The eating disorder voice can be loud, critical and unrelenting. This makes it difficult to hear other more nurturing and supportive voices (internal and external). This card invites us to make room for the 'heart'—or more positive, constructive voices—to have a say. Who is worth listening to? How can you create space to listen to nurturing voices, even for a moment? Reassure the person that they can still listen to the eating disorder voice, and make a space for the other 'heart' voices too.



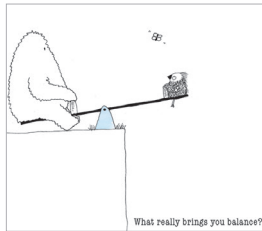
What's weighing you down?

In the grip of an eating disorder, perhaps what weighs us down is not weight, despite what Ed says—it is all the rules imposed by Ed. Naming these things can be an important step in challenging the narrative of the eating disorder voice. As these weighty 'cushions' are likely to be different for everyone, the bottom (purple) one has been left blank, inviting people to add their own words. What other cushions add to your pile? This card echoes 'What else is on the scales?'



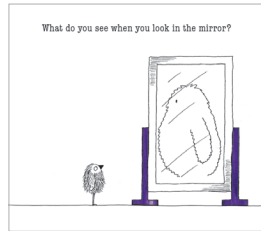
When do you feel most alone?

This card invites people to talk about the sadness, pain and isolation that often accompany an eating disorder. It may bring up strong feelings so it's important to really listen and allow the person to fully express their experience. Resist the urge to talk about strategy too soon. If you were to redraw this card based on your experience, what would it look like? When you feel alone, have you found anything that helps, even a tiny bit?



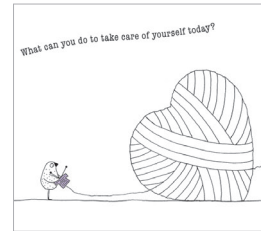
What really brings you balance?

People with eating disorders often feel trapped and overwhelmed, making it difficult for them to notice alternative options—this image invites discussion about possibilities (Bird could fly away). What other choices could you (or Bird) make? People may not be ready to let go of the eating disorder so it can be useful to discuss what can contribute to balance—what can be added—rather than taken away. Pairs well with ‘Who are you beyond the problem?’ and ‘Can you imagine?’



What do you see when you look in the mirror?

When looking in the mirror, most people with eating disorders see themselves through the eyes of the eating disorder. This distorts reality; they may see themselves as overweight when they are underweight, for example. This is called ‘body dysmorphia’. Use this card to validate the person’s experience and talk about how to cope with the distress that can arise when faced with mirrors and shop windows. Pairs well with ‘Who decides what looks good?’



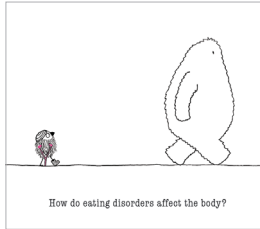
What can you do to take care of yourself today?

Self-care is essential in the healing process. This question opens up conversations about what the person can do to care for themselves, even when the eating disorder is active. It focusses on the present moment—today—encouraging mindfulness, small steps and achievable actions. What’s one small thing you could do each morning that would be helpful? Pairs well with ‘Can you rest, even for a moment?’ and ‘What really brings you balance?’



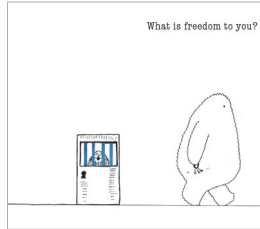
How do you know what's worth listening to?

Most people with eating disorders have been presented with multiple opinions, suggestions, comments and advice (often conflicting) about the best path to recovery. This can be confusing, overwhelming, and at times insulting, depending on what is said. This card creates an opportunity to talk about this information, gain some clarity, while also acknowledging the distress that may have arisen from certain comments, advice or suggestions. Pairs well with ‘What helps bring clarity?’ and ‘What is worth keeping?’



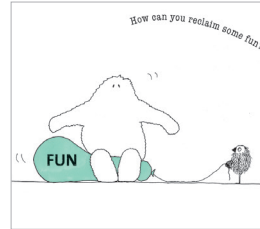
How do eating disorders affect the body?

Eating disorders can have serious health implications, including osteoporosis, organ failure and death. This card encourages people to consider the short and long term impacts of eating disorders on their health and creates a space to talk about their fears and concerns. It is important to understand that eating disorders can impact on a person's body at any size and shape. Pairs well with 'Where will it lead?'



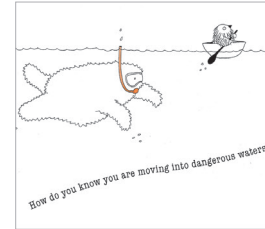
What is freedom to you?

Having an eating disorder can feel like living in a prison in your mind. Freedom will look different to everyone and it may take many keys to unlock the door. What are your 'keys' to freedom? When was the last time you felt free, even for a short time? Eating disorders are complex mental illnesses that develop over time—getting 'free' may be a complex process that takes time. Noticing, acknowledging and celebrating small steps towards freedom is very important. Links well with 'Can you imagine?' and 'How can you rest, even for a moment?'



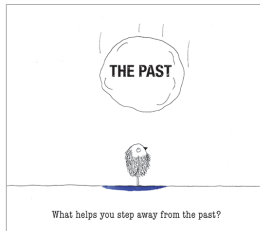
How can you reclaim some fun?

Eating disorders leave little space for fun. The purpose of this card is to create a space for people to think about what fun looks like for them. Suggest that the person start with something small. When was the last time you laughed out loud? What's one frivolous, silly or playful thing you could do today to make you smile? Imagine a happy version of yourself 10 years from now—what would your day look like?



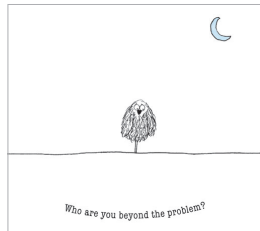
How do you know you are moving into dangerous waters?

Relapse is a common part of recovery from any mental illness—recovery is a process and may contain many ups and downs. This card acknowledges that an eating disorder may always be in the background, even when a person is well—and it may re-emerge in stressful times. Learning to recognise warning signs is valuable, as they will be different for everyone. And they are not always easy to notice; it's important to acknowledge this if a person has relapsed, to reduce feelings of guilt or shame. Pairs well with 'What helps you step away from the past?'



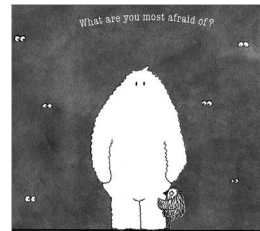
What helps you step away from the past?

Past experiences may lead people to feel fearful and hopeless (believing that their past predicts their future). This card can open up conversations about a person's past, what they've tried, what worked, what didn't and what might help them move in a different direction. When have you changed direction in your life? What helped? Pairs well with 'Who are you beyond the problem?' and 'How do you know you are moving into dangerous waters?'



Who are you beyond the problem?

An eating disorder can feel like it is taking over the person's whole life, including their interests, relationships, hobbies—in other words, their very identity. This card encourages people to remember that their eating disorder does not define them; they are so much more than that. Recovery can feel scary as the eating disorder may have become central to their sense of identity. If the eating disorder magically disappeared overnight, who would you be? What would you do more of? What's important to you?



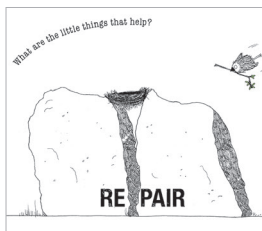
What are you most afraid of?

People with eating disorders often live with constant fear and anxiety— fears related to food, health, relationships, amongst other things. People may also have underlying fears like 'What if I am not good enough without the eating disorder?' or 'What if I can't get better?' Eating disorders are complex—while they are harmful, they can also be a source of comfort, safety and security (as is reflected in the image). Consider carefully when to introduce this card as it may illicit strong emotion. Pairs well with 'Where will it lead?'



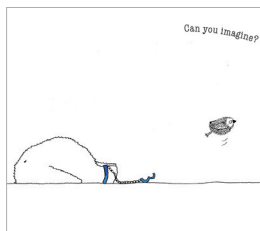
How do you know when things are going well?

This question can help shift a person's focus from negatives to positives—it invites them to notice what is going well or to think about what 'going well' might look like. What would people notice about you if things were going well? It is valuable to acknowledge and celebrate the positives, no matter how seemingly small or insignificant. Pairs well with 'What really brings you balance?'



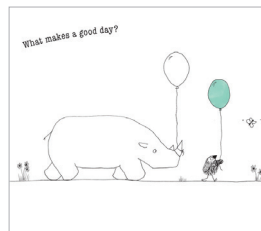
What are the little things that help?

Healing from an eating disorder can be challenging, take a lot of time and is made up of lots of little steps and achievements. This card helps to break down the process into small steps and encourages people to think of small things that will help their body and mind repair. What are one or two small things that can make a difference to your day?



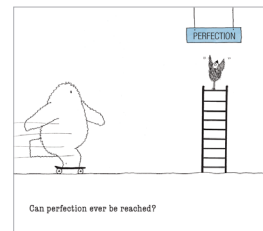
Can you imagine?

In strengths-based practice, this would be called a 'picture of the future' question. Thinking about where someone is heading, rather than focussing on where they have been, is also a feature of solution-focussed practice. You don't need to be 'there' to imagine what it might look and feel like. It will be different for everyone. What would it feel like to be free of the eating disorder? How would life be different? Pairs well with 'What is freedom to you?'



What makes a good day?

People experiencing eating disorders tend to think in absolute terms of 'good' or 'bad'. And a good day can be ruined by a small transgression of Ed's rules. If it is too much to think about a whole day, invite the person to think about small positive moments. When did you last have a peaceful moment? This card also encourages people to consider how they would like things to be. If the eating disorder was having a day off, what would you do? Like everyone else, people with eating disorders deserve good days and good moments too.



Can perfection ever be reached?

Ed has a habit of telling people that if they do what it says, they will attain perfection—except the goal posts are always moving. The card invites conversations about the distress people may feel at never being 'good enough'. It can also be used to examine Ed's rules and expectations. How does the media influence our ideas about beauty or body image? Is this realistic or helpful? What would a healthy way to view the body?

MORE IDEAS FOR USING THE CARDS

The previous section features thumbnails and comments about the purpose of each card. This information will very naturally suggest ideas for the kinds of conversations and activities that you can build around each individual card.

This section of the booklet contains lots more ideas for using the cards. These ideas are not 'instructions'; they are suggestions for activities you may wish to use. Please adapt these ideas to your style as a practitioner or facilitator, and more importantly, to the needs of the person or people who will be using the cards.

Some of the activities presented in this section may not be appropriate for particular people, circumstances or settings. Always be guided by your own discernment and practice experience, and that of respected and experienced colleagues. With a small tweak from you (or a complete re-vamp) an activity may work so much better than implementing it exactly as presented in this booklet.

In addition, it is part of 'reflective practice' and the ongoing professional and personal development of any practitioner to be open to the feedback given by participants during or after the activities. Their comments will help you adjust the activities for next time.



And finally, please make sure you have read the section on page 23 about creating safe spaces for having conversations before you use the cards with others. You are also warmly encouraged to view the free video called 'Reminders for Creating Safe Spaces for Conversations' on our website:

www.innovativeresources.org

When should I introduce the cards?

A resource introduced at the right time can be catalytic. It can support people to describe their situation very quickly. It can open up fresh insights and ways forward in a relatively short space of time.

It is always important to listen to the person as they share their story or give their point of view. If introducing a card set might interrupt that flow, then it is best not to introduce it at that point. Always be guided by the person sitting in front of you and your own sense of what is happening for them in the moment.

The more you experiment with using the cards, perhaps in simple, small ways to begin with, the more confident you will become with the various activities, and the more tuned in you are likely to become about the time and place to introduce a tool.

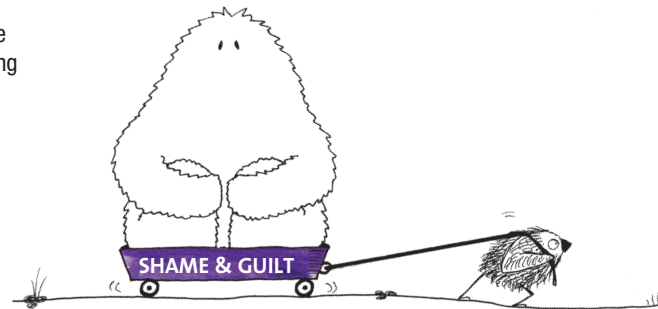
As mentioned earlier, it is respectful to seek the person's or group's permission to introduce the resource. It is important to make it genuinely possible for them to say no from the start, or to bail out of using the cards at any point.

It is often advisable to establish a connection and get to know the person's situation a little first before introducing a card set in a one-on-one situation. Moments when the conversation seems to be stuck or stalled can be great opportunities to introduce a card set.

If you think you would like to have a conversation with someone using the cards, you might prepare a couple of potential activities you could introduce if the right opportunity arises. Trust your own judgement about whether to try them or not.

If you do decide to introduce the cards into the conversation, let participants know that it is ok not to have a response to a particular card. Simply invite the person to choose another card.

There are an endless variety of activities you can built around the cards. All of these will fall into two broad methods: 'Deliberate selection' or 'Random choice'.

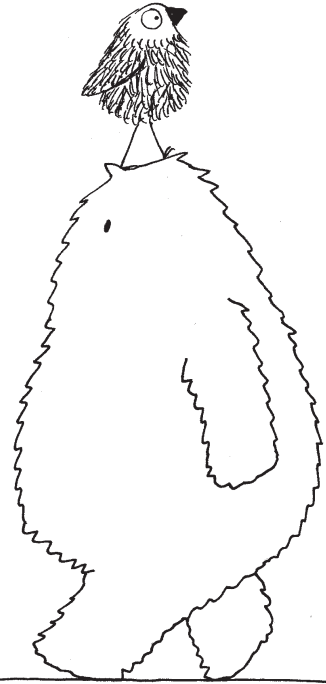


Deliberate selection

This method involves spreading the cards out on a table or other flat surface and inviting an individual (or group) to look them over and make a selection based on a question or prompt. Some activities may involve picking more than one card—or even a series of cards.

The cards can also be displayed on a wall, window or noticeboard. Spreading the cards out on the floor is another possibility - people can then get a bird's eye view of the cards, walk around them, or follow a meandering path of cards. If you are inviting people to pick up a card from the floor, take care that everyone involved can bend down comfortably.

Activities that involve movement such as walking or shuffling cards can open up different pathways to learning, particularly for those who favour a kinaesthetic learning style.



Random choice

Activities using random choice bring a quality of serendipity into the room. It is amazing how meaningful and poignant random selections can be for people. Time and again people see synchronicity and significance in 'their' cards. Random choice activities can also open up unexpected learning and fresh insight because people are encouraged to interact with cards they may not have chosen deliberately.

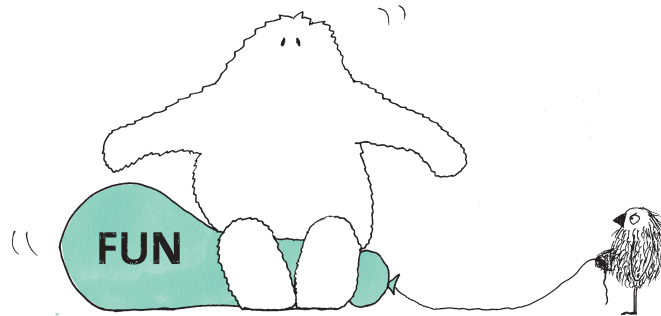
Here are some random choice ways of getting the activities started:

- Place all the cards in a bag or container and invite the person or participants to pick a card from the 'lucky dip'.
- Spread the cards out face down—that is, cartoon side down. People then randomly pick a card.

The following suggestions are for groups but could easily be adapted for one-on-one settings:

- Shuffle and deal one or more cards to each participant. Ask for a volunteer to shuffle and deal. Or participants can take turns to shuffle and deal.
- Place a card randomly on each person's seat before they enter the room.
- Form pairs. Each participant randomly selects a card for the other.
- It is useful to give people the option to put a card back into the deck and chose another randomly, if they wish. This helps to keep people safe because it allows them to reject a card they may not want to speak about at that time.

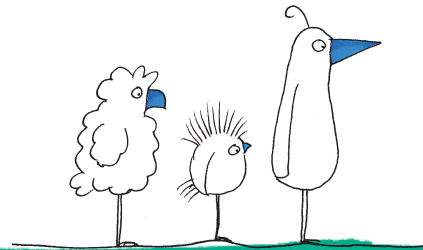
Once the person or participants have a card, the prompt for the discussion can simply be to respond to the question or the illustration, or you can use any of the questions in the activities that follow.



Starting with a spread of all the cards

As a simple starting point for a deliberate selection activity, you may wish to spread all the cards out on a table, cartoon side up, and invite participants to look them over. Then you can build the conversation with questions like:

- Pick a card that catches your attention or stands out for any reason.
- What drew your attention to this card?
- What does this card mean to you?
- How do you think this card might relate to someone's experience of an eating disorder?
- Pick a card that represents something you think is really important. Why?
- Are there any cards that you don't understand?
- Pick a card that represents something you have never thought about before.
- Pick a card with a question you think is easy to answer.
- Pick a card with a question you think is challenging to answer.
- Pick a card you would have answered differently a few years ago.
- What brought about this change?
- Pick a card that you think many people would not know is related to the experience of living with an eating disorder.
- If you are comfortable, pick one or more cards that you can use to describe what you are experiencing at the moment.
- Pick 2 or 3 cards and say what you think Bird is thinking.
- Do you think most people may have thoughts like these at times?
- Are there times when you have these kinds of thoughts as well?
- Which cards stand out most for you today or at this time in your life? Why?
- Which cards reflect challenges that you are experiencing at the moment?
- Which cards reflect strengths you admire?
- Which card represents a goal of yours?
- Is there a card that represents something that was important to you once, but is less so now?
- Which cards would you like to focus on for the next couple of days/weeks/months?



Sorting cards into pairs or groups

There are many cards in *Eating Disorders & Other Shadowy Companions* that could be paired or grouped together. Pairing or grouping cards can encourage people to expand their thinking about a topic. There are no right or wrong pairings and everyone's interpretation of a card is valid for them. You may wish to ask participants questions like:

- Can you choose two cards you think complement each other?
- How are they related?
- Can you choose two cards you think have opposite meanings?
- How are they different?
- What do you think Bird is thinking in each of these two cards?
- Do you experience both of these opposites as well?
- When you are experiencing each one, what thoughts are you thinking?
- What causes your experience to shift from one to the other?
- Do you experience one of these more now than you used to?

Here are some examples of cards people put together during the trialling of the cards, and the reasons they gave for grouping them:

- 'What does your heart say?' and 'What does the eating disorder voice say?' Both cards relate to self-

talk or thoughts in our mind. They highlight the contrast that can happen in our thinking.

- 'What gives you the strength to connect?' and 'What are the little things that help?' Both cards feature large rocks with splits that Bird is trying to repair. They both deal with separation and they both imply that connection and healing can take place.
- 'What makes a good day?' and 'What keeps you going?' Both cards are about forward progression.
- 'What's weighing you down?' and 'What else is on the scales?' Both are about pressure and being loaded down.
- 'What if you surprised yourself?' and 'Can you imagine?' Both show Bird taking off. They are the opposite of the cards about being loaded down and imprisoned.

Many other groupings are possible. You might group all the cards to do with fear, control, body image, or where things will lead. You could also group all the cards with Reggie the Recovery Rhino in them, all the cards with balloons, red objects, or all the cards with Ed the Eating Disorder Monster in the same pose. Or you may choose the cards that move you the most, confuse you the most, or feel like they represent your experience most accurately at the moment.

Arts therapy, creative writing and journaling

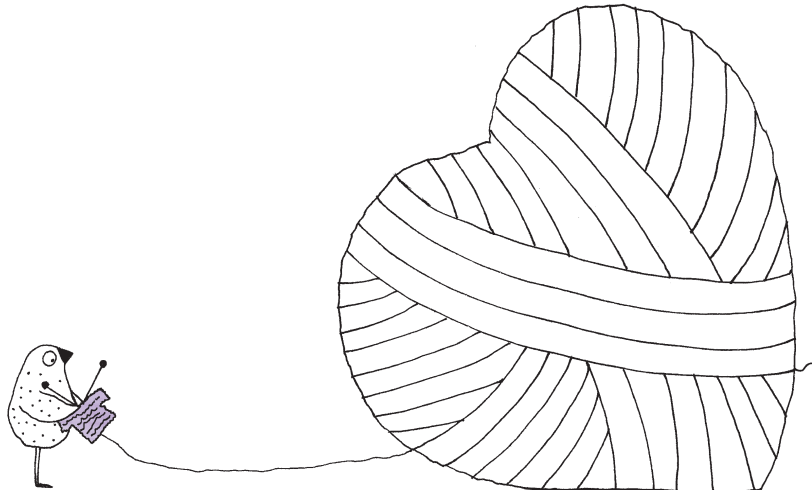
Art and creative writing are powerful narrative tools. Even when a story is fictionalised, much is revealed about the narrator. Stories and art can reveal our values, hopes, fears and dreams. They also open up possibilities for reframing or re-storying.

- Each day for a week, pick a card (deliberately or randomly) to reflect upon or write about in your journal. You may wish to place the card on your desk, travel with it in your bag, put it on your fridge, or share it with your family.
- Write a list of all the different ways you could answer the question. Choose one or more of these answers and write or draw about them.
- You may wish to create a collage, write a poem or letter using a card as inspiration.
- Pick one or more cards that are meaningful to you. Can you find quotes that relate to these cards?
- Let's do some character profiling: What is Reggie's favourite saying? What is Ed's favourite song? What is Bird's favourite movie?
- Pick a card that includes more than one character. Imagine they are having a conversation while the scene in the card is taking place. Write the dialogue in your journal.
- Do they each have a valid point of view?
- Do you agree with what they are saying?
- Can they learn anything from each other?
- Create your own characters and draw them
- What would you like them to say to each other? Write an alternative dialogue.
- Pick a card and describe the scene. What is happening? What is each character thinking?
- Is there another way to interpret the scene? Could something else be happening? Could they be thinking something else?
- How did the scene come about? How did all the characters come to be there?
- What is happening just outside the scene that we cannot see? Is someone else present?
- Write about what happens next.
- Pick 3 to 6 cards and use them to tell a story. Now pick another card and change the ending.
- If you are supporting someone with an ED, create a card with a message and/or image you would like to send to them
- Trace an image that resonates for you and add your own words
- Take a scene from one of the cards and create a physical version of it. For example, a tangled ball of thoughts or a woollen heart
- Create your own card or cards.

Goals, plans and next steps

Here are some questions you can use for supporting people to work on their goals, plans and next steps.

- Are there 2 or 3 cards that represent something you would really like to work towards? Why?
 - What is one step you could take today?
 - Who do you know who might help you take this step?
 - How will you know when you have reached your goal?
 - What will you notice?
 - What might others notice?
- Thinking of something that is about to happen in your life. Which 3 cards do you think will be of most value to keep in mind?
 - Can you create your own card that represents a key goal in your life? What image will you choose? Will you draw characters or use other images?
 - What do you think will be key milestones and steps along the way towards your goal?
 - What do you imagine you will be doing, thinking and feeling when you achieve this goal?



POINTERS FOR SPECIFIC SETTINGS

The previous section outlined a wide range of ideas for using the cards. We hope that health practitioners, social workers, teachers, facilitators, trainers, counsellors, parents, people with eating disorders and those with other mental health challenges will find these suggestions useful. As mentioned earlier, feel free to adapt or modify these activities to the needs of the people you are working alongside. In addition, we would like to offer the following pointers and ideas related to specific settings.

Families

One of the reasons the cards were created was to provide opportunities for people with an eating disorder, and their family and other support people, to have open and honest conversations about the experience and impact of the eating disorder. This might happen in a therapeutic setting or it might happen around the kitchen table at home.

It is important that the person with the eating disorder feels safe and supported during any conversation using the cards. If the person decides that a conversation with their family and support people would be helpful and positive, there are a few things to consider:

- Who would they like to include in the conversation?
- Will any siblings be present or just parents?
Both parents?
- Are there other extended family members they would like to invite? Any support people?
- What do they hope to get out of the conversation?
- What they would like the conversation to focus on in particular?
- Are there any cards they would particularly like to use during the conversation?
- Are there any card they would like to leave out?

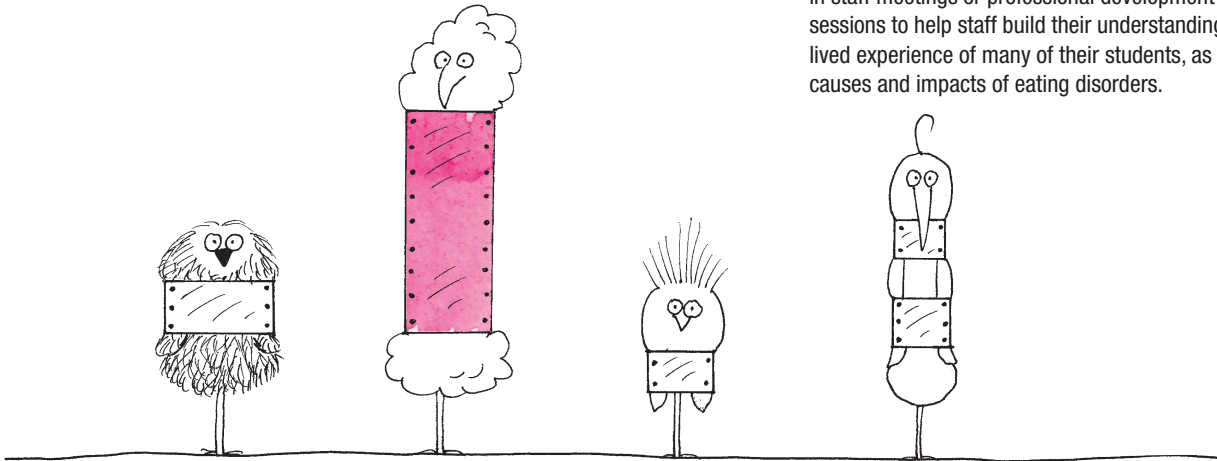
It is not uncommon for people with eating disorders to feel that they are the source of all the problems in the family. This can amplify feelings of shame and guilt. In using the cards with family and other support people, ask questions that invite people to notice that everyone has problems and challenges, and feel vulnerable and unsure at times, and that the person with the eating disorder is not 'to blame'. Facilitators can highlight commonalities and build empathy by asking questions that everyone can relate to, such as, 'Pick a card that describes something you have experienced in your own life'. You will find more of these kinds of questions in the previous section.

Schools

As eating disorders often emerge in the teenage years, this is an ideal resource for supporting conversations about eating disorders and related topics like body image, self-esteem, the impact of the media (including social media) on our identity, dieting, our relationship with food, negative self-talk, perfectionism, idealised images of beauty and gender stereotypes. The cards can also be used in educating students about other mental health issues such as addiction and anxiety.

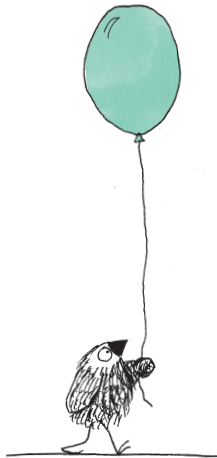
In school settings the cards can be a valuable tool:

- as part of the curriculum related to health and wellbeing, sociology and psychology
- in English classes as inspiration for creative writing, dialogues, character profiles (see page 42 for creative writing ideas)
- in art classes as inspiration for collages, paintings and drawings (see page 42 for arts therapy ideas)
- in sessions or workshops related to self-esteem and positive body image
- in sessions with school counsellors and wellbeing staff
- in staff meetings or professional development sessions to help staff build their understanding of the lived experience of many of their students, as well as causes and impacts of eating disorders.



Alternatively, leave a set on a table or shelf in a common area or library for students, staff or parents to 'bump into' informally.

It is important when using the cards in a school setting that activities don't 'out' anyone—students or staff—as having an eating disorder. One way to increase the likelihood that this doesn't happen is to focus the conversation on the broader issues rather than on individual experiences. It can also be useful to make mental health and wellbeing the focus of the conversation—eating disorders can then be introduced as types of mental health issues. (Many of the cards are non-specific so conversations can easily be framed in this way.)



Tertiary training for social workers, psychologists, counsellors and teachers

In all likelihood, most social workers, psychologists, counsellors and teachers will end up working with people experiencing either eating disorders or disordered eating patterns (which can be precursors to an eating disorder) or may well be living with these conditions themselves. It is important that professionals working in support roles with young people and adults have a good understanding of the risk factors and serious impacts of eating disorders.

Eating Disorders & Other Shadowy Companions can be used in tertiary educational settings as prompts to:

- dispel misconceptions and challenge myths
- encourage people to research the impacts of eating disorders
- explore risk factors, signs and symptoms
- build an understanding of different treatment options
- discuss the impact of societal attitudes, social media, family dynamics and gender stereotypes on young people and adults, and consider how these factors may provide fertile ground for the development of eating disorders.

Self-care

While these cards have been designed to be used primarily with people who have eating disorders or other mental health issues, they can be used by anyone wanting to reflect on their wellbeing and identity.

In our culture, nearly everyone has experienced the pressure exerted by the media to look a certain way. While you may not have an eating disorder, you may have experienced periods of disordered eating, negative body image, an internal critic or anxious thoughts. Many of us have experienced a 'shadowy companion' whether it be a patch of the blues, an addiction, or those seemingly inevitable times of uncertainty and vulnerability.

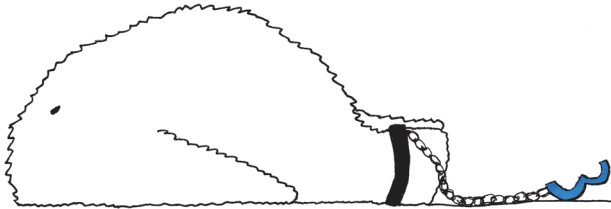
The cards can be used to reflect on these things and consider alternate ways of managing challenging aspects of life. They can also be used to develop a formal self-care plan.

We can all benefit from asking ourselves questions like:

- What's weighing you down?
- What are the little things that can help?
- Where will it lead?
- Can you rest even for a moment?
- How do you know when you are moving into dangerous waters?
- What if you surprised yourself?

And perhaps most important of all:

- Can you imagine?



ABOUT THE CREATORS

The lead author

Danni McDougall is a social worker and arts therapist specialising in trauma and mental health with children, adolescents and adults. Danni is passionate about supporting individuals to draw on their own skills and interests to increase joy in their lives, and reduce the impact of traumatic experiences and mental health challenges.

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Fiona Mansfield is an arts therapist who specialises in trauma recovery and self-development in her work with children, adolescents and adults. In both her professional and creative life she has experienced the power of images to illuminate, comfort, heal and empower

The development team

Joining Danni in the development and writing of the cards and booklet were Karen Bedford, Sue King-Smith and Andrew Shirres.

Karen Bedford was the managing editor at Innovative resources for several years. She has a background in writing for therapeutic purpose, resource creation, education, counselling psychology, coaching and group facilitation.

Sue King-Smith is the current managing editor at Innovative Resources and has a background in online course creation, managing social work services for

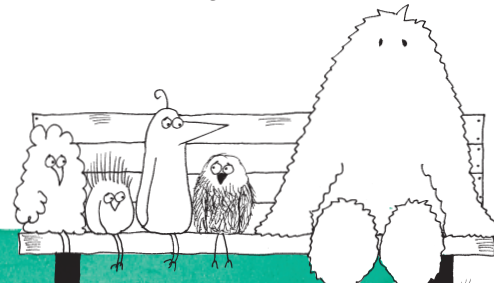
children and families, writing, lecturing, research and community development.

Andrew Shirres was the practice development coach and senior trainer in strengths-based practice and tools workshops at Innovative Resources for many years. He has a background in mental health services management and fine art.

The publisher

Innovative Resources is part of Anglicare Victoria, a community services organisation providing child, youth and family services. We publish card sets, stickers, books, and digital and tactile materials to enrich conversations about feelings, strengths, relationships, values and goals. Our resources are for all people regardless of race, ethnicity, gender, religion, culture, ability or age. They are used by counsellors, educators, social workers, mentors, managers and parents. We also offer 'strengths approach' training and 'tools' workshops, both online and in-person.

www.innovativeresources.org



ACKNOWLEDGEMENTS

From the lead author, **Danni McDougall**:

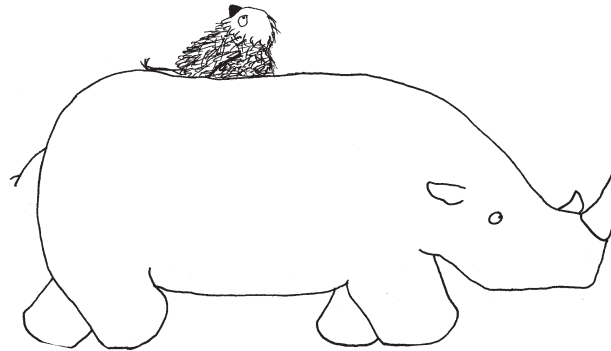


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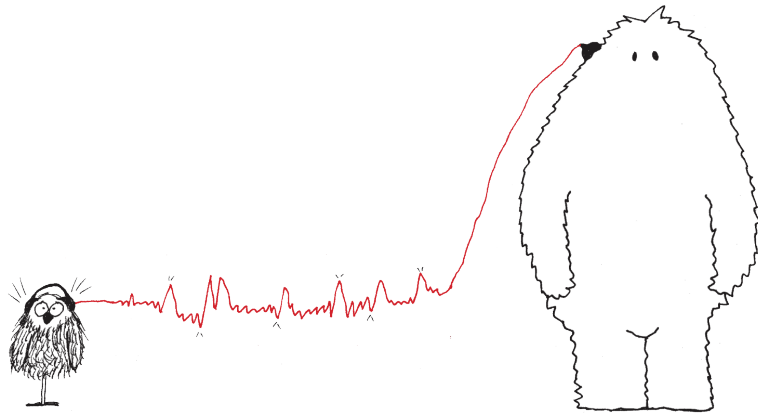


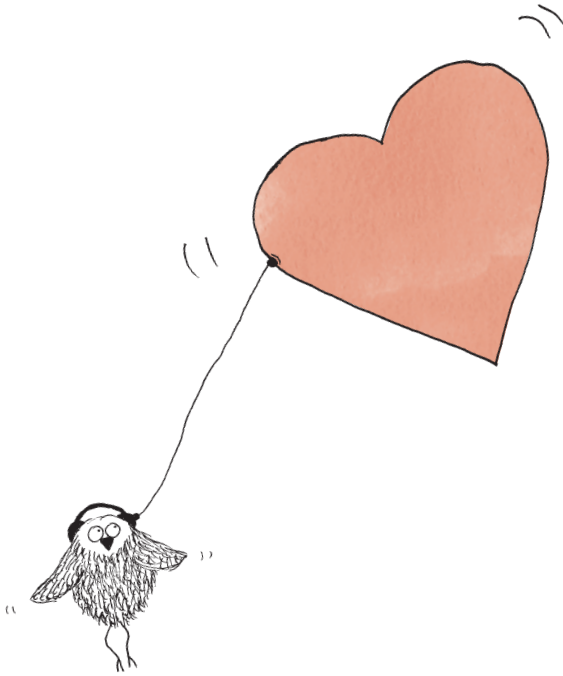
EMERGENCY AND SUPPORT SERVICES

(in Australia)

ORGANISATION	SERVICE PROVIDED	CONTACT DETAILS
Butterfly Foundation for Eating Disorders	<p>Offers a range of services and programs that provide support, treatment, prevention, early intervention, education and training.</p> <p>The Butterfly Foundation is not a crisis service – contact Lifeline (see below) or 000 in the case of an emergency</p>	<p>www.thebutterflyfoundation.org.au</p> <p>Butterfly's National Helpline: 1800 ED HOPE (1800 33 4673).</p> <p>Also offer helpline and webchat</p> <p>Open 8am – midnight AEST, seven days a week.</p>
National Eating Disorder Collaboration (NEDC)	<p>NEDC don't offer direct support services but their website lists local and national services.</p> <p>NEDC is a collaboration of people and organisations with an expertise and/or interest in eating disorders.</p>	<p>www.nedc.com.au</p> <p>List of support services: www.nedc.com.au/support-and-services</p>
headspace	<p>Provides free online and telephone support and counselling to young people aged 12 – 25, and their families and friends.</p>	<p>www.headspace.org.au</p> <p>Visit a headspace Centre throughout Australia.</p> <p>Phone: 1800 650 890 (9am – 1am AEST). Available every day.</p> <p>Chat online or email (9am – 1am AEST). Available every day.</p>

ORGANISATION	SERVICE PROVIDED	CONTACT DETAILS
Lifeline	Provides all Australians experiencing a personal crisis with access to online, phone and face-to-face crisis support and suicide prevention services.	<p>www.lifeline.org.au Phone: 13 11 14 Available 24/7.</p>
Kids Helpline	Provides free, private and confidential phone and online counselling service for young people aged 5 – 25.	<p>www.kidshelpline.com.au Phone: 1800 55 1800 Available 24/7.</p>
Beyond Blue	Works to address issues associated with depression, anxiety disorders and related mental disorders, and to reduce associated stigma.	<p>www.beyondblue.org.au Phone: 1300 22 4636 Available 24/7.</p> <p>Chat online (3pm to midnight). Available every day.</p> <p>Email response within 24 hours.</p> <p>Online forums/chat groups available.</p>







Eating Disorders

& Other Shadowy Companions

What does it feel like to live with an eating disorder?

What does the eating disorder 'voice' say?

What supports recovery and what gets in the way?

Guided by Reggie the Recovery Rhino, Ed the Eating Disorder Monster, and Bird, this set of 40 cards encourages young people and adults to challenge the isolation of living with an eating disorder by sharing their experience with family, friends and health professionals.

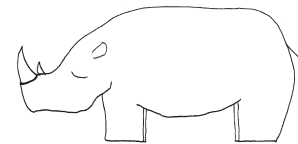


Ed

The Eating Disorder Monster



Bird



Reggie

The Recovery Rhino

'The experience of living with an eating disorder needs to be heard and validated before the focus can shift to recovery.'

Danni McDougall, author, arts therapist and mental health professional

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