

# Making a Difference

The Journey of the Eating Awareness Team



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*1981 - 2012*

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## **Preface**

In 1981 two friends decided to start a support group for women who struggled with severe dieting. They acknowledged that the culturally approved desire to be thin could be a destructive force and wanted to provide a place where women could go and feel free from judgment based on their appearance; where they could explore the issues of the media, food and body image; where they could support one another through shared experiences and strength. They called the group Anorexia Aid. As the group expanded the members decided to form a collective and altered the name to Anorexia and Bulimia Aid (ABA). They applied for government funding and were able to employ two people to develop an educational programme. It didn't take long before ABA developed a reputation within the Canterbury community as a centre of support and information for women with eating disorders; the number of services they provided grew and fieldworkers were employed with funding received from supportive organisations.

The group continued to develop, providing one on one support as well as group sessions, community and professional education, resources, information and a drop in centre. At the end of the 1980s ABA changed its name to Women with Eating Disorders Resource Centre (WEDRC) to reflect the numbers of women who didn't fit within the categories of anorexia or bulimia. Always the foundation of feminism was evident and the opposition to the culturally sanctioned expectation that women should fit into a particularly sized box. The organisation spoke out about these issues, trying to raise awareness and educate people about the media and body image.

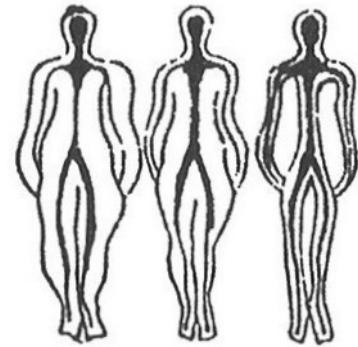
At the end of the 1990s, the group undertook another name change; they wanted to broaden the range of people they could reach and so became the Eating Awareness Team (EAT). EAT continued the vision of the original founders, further developed the educational programmes and gained a contract from the Canterbury District Health Board as a health service provider. During the first decade of this century the number of clients grew rapidly; EAT was in contact with thousands of people every year. However, the invariably contentious issue of funding had not alleviated with time and was the primary reason for the organisation's demise in early 2012.

Dozens of women were involved in the running of the organisation; staying for a few months or several years but each one contributing her experience, skills and passion. A thirty year history of

community support and education, driven by the passion and determination of many women, is something to celebrate and take pride in. Before I became involved with EAT I was impressed with its work and achievements; now as a former employee, albeit one who was involved for a short time, I am proud to have been a part of it. The following account is not by any means a detailed history of EAT, WEDRC, and ABA. It is simply an attempt to document what the organisation was and what it meant, with information and quotes sourced from archived records and personal interviews with former staff and collective members. I hope this record will faithfully and honestly reflect the organisation, the impact it had, and the women who worked so hard to make a difference.

## **Anorexia and Bulimia Aid Group**

**1981 - 1989**



New Zealand, like everywhere else in the western world, is a participant in a culture which encourages women to look a certain way to achieve social and financial success. The expectations imposed on women can lead to a fear of being overweight, perpetuated by the media which displays successful, thin, beautiful women and is heavy with weight loss advertisements, and contributes to an alarming number of women engaging in patterns of disordered eating. In 1981 Maevis Watson was an occupational health nurse and discovered that a woman she knew had become seriously ill due to extreme dieting. Maevis, through discussions with various women, realised that the issues of dieting, health, and body image were common among women yet not openly acknowledged. Surprised by the prevalence of dieting related illness, Maevis recognised that there was a need in Christchurch that was not being met – that there were women who were really struggling and needed support.

As I nurse I had heard about anorexia nervosa... I was horrified that someone could starve themselves because they felt worthless, fat and unattractive and didn't care if they died. - *Maevis Watson, founder.*

With the help of a nursing friend, Maevis put an advertisement in the newspaper offering a support group for women who were struggling with dieting and hired a room at Hagley High School. Around eight women came along to the first session and discussed their experiences freely and without judgement, and after this initial gathering the group began meeting regularly. Maevis sought guidance from the Princess Margaret Hospital's Psychological Services department which provided advice and information to the group. As the group became more cohesive the women started trying to raise awareness of the health effects driven by the pressure to be thin by lobbying the media and writing articles for magazines. Maevis and her friend coordinated the group for a year before the members took over the facilitation and, taking the name Anorexia and Bulimia Aid,

the group started operating under the umbrella of community organisation The Health Alternatives for Women (THAW). Attendance at the weekly sessions grew as well as community demand for speakers and referrals to services, and ABA began to establish a reputation within the Christchurch community.

In early 1982 the group realised the benefits of an educational programme that would help to dispel myths and ignorance surrounding body image and eating disorders and set out to find funding to employ workers to develop it. The government-funded Project Employment Programme provided the group with two part time workers from June 1982 to January 1984 who were officially employed by THAW; these workers began the educational work of the group which would become a fundamentally important aspect for the next three decades. In August 1982 ABA decided to leave the premises of THAW, partly because they were becoming more autonomous and they also recognised that eating and body image issues also affected men, which didn't fit with THAW's women-focused philosophy. They relocated to a room in Chilton House at Hagley High School.

ABA soon developed goals based on a strong philosophy. The aims of the group were “to promote knowledge and disseminate information concerning the medical disorders known as anorexia and bulimia and to provide facilities for investigation and research into them; to provide support services and facilities for persons suffering from anorexia or bulimia; to promote communication and support by and between persons suffering from anorexia or bulimia; to promote and encourage awareness in the medical community as to the disorders of anorexia and bulimia and so to encourage early detection of the disorders in persons suffering from them; to promote the creation and development of support and care facilities in the community for the benefit of persons suffering from anorexia or bulimia”. Services offered included self-help group meetings, parents group meetings, drop in times, workshops, and speakers available to talk to community groups. The group was able to get some small additional funding from the Lottery Board and the Christchurch City Council, as well as from fundraising activities.

As the group became more autonomous and started investigation into formalisation, a clearer structure was shaped. Administrative decisions were made by the collective on a consensus basis, which also aimed to support the workers, provide after hours support, engage in social action, and support the community by, for example, visiting patients with eating disorders at Princess Margaret Hospital. However, there was a high turnover of membership which was somewhat concerning.

In December 1982 an evaluation was conducted into the effectiveness of the service. It noted that the group was still young and had its difficulties but was also doing much to help people with eating disorders. Approximately 400 people had made contact with the group over the eighteen months it had been running, mostly women between the ages of nineteen and thirty. Positive aspects were that these people felt that they had a haven where they could talk openly about their issues without judgement. People reported the positive influence that sharing experiences and information had on their lives and how even one contact with ABA could motivate someone to become involved in their own recovery. The lack of consistent members was attributed to several factors relating to the group being still relatively young and unestablished; these included the lack of structure or leadership within the group, pressure within the group to be all things to all people, people expecting to be cured, and the perceived lack of feminism. Overall, the evaluation concluded that ABA was effective in helping people with their eating disorder issues despite hiccups within the group. It recommended that ABA consider researching familial and health patterns related to eating disorders.

In 1983 the Anorexia and Bulimia Aid Group officially became a trust and by the end of the year applications were submitted for two field workers employed through the Department of Labour's Voluntary Organisation Training Programme. The tasks of field workers became more defined; in addition to support and educational work these included networking, updating the library and contributing to newspapers and other forms of media. The support groups were revised toward the end of the year and became closed groups as regular members felt that they were covering old ground each time a new person joined.

In early 1984 ABA was able to employ two fieldworkers through the VOTP scheme. The fieldworkers were passionate about their work and well supported by the collective, however found it challenging and struggled with a lack of oversight as the members of ABA could not necessarily offer professional guidance. ABA continued throughout the mid 1980s to support sufferers, including those also being receiving treatment from Princess Margaret Hospital, and promote education within the community.

I believe ABA fulfilled a crucial role [within the community]. This was at a time when very little was generally known about eating disorders; yet most girls and women in the Western World were personally affected by the issues surrounding these; eating



disorders had become widespread, almost taking on epidemic proportions in the Western World including New Zealand. At the same time few services like ABA existed in N.Z. that supported both those with eating disorders and their families. Also, there seemed to be much shame associated with eating disorders, for those suffering from them and their families. Much of what was covered by mainstream media about eating disorders in the popular media was sensationalist material. ABA played an important role in breaking the silence and dispelling the many myths about eating disorders and the 'typical' person with an eating disorder. - *Loluama Avia, ABA fieldworker.*

While indisputably providing a valuable service, ABA struggled to attract new members and in 1985 advertised for a public meeting, commenting that "due to the lack of voluntary support and input the future existence of the ABA Group is in jeopardy". It attempted to increase its exposure, making the agency and field workers known to the community. One of the workers was quoted in an archived report by Sally Blundell: "We're the safety valve. We're not professional, we're just people. There're no white coats here. We don't say you have to go into hospital. It's just time to talk. It's support, an ear, that may prevent the disorder from getting worse".

However, despite the uncertain future the group was still striving to provide support and education, with the fieldworkers visiting schools and holding community education sessions, weekly support group meetings, a drop-in centre, and a support group for parents was also initiated. ABA had formed a cooperative relationship with the eating disorders service at PMH but the mutual provision of support was limited by the respective organisations' resources. Another action taken was to build up a list of general practitioners who were sympathetic and understanding of eating disorders. This enabled women to avoid GPs who were likely to be dismissive or condescending of their issues. ABA was also involved in the Womens' Health Coalition, a group of women-focused agencies who aimed to find a premises where they could all operate from, providing a centre for health and well-being for women.

An unattributed report from fieldworkers around the time mentioned that despite the positive aspects to ABA, there were several issues that required consideration. It commented on the vagueness of ABA's role within the community and the "dysfunctional" collective which spoke of a lack of a cohesive vision from its members. Personality clashes were not uncommon, and outspoken and unhelpful criticisms between members impinged the agency's progress. The report

suggested that the collective needed restructuring to reflect a larger variety of skills and professions in order to gain a more holistic perspective. More education, training, support and supervision was also recommended and importantly clear role definitions were required, especially for members who had past issues with eating disorders.

In 1986, still just managing to survive, a request was made to the Christchurch Hospital for assistance, which led to the workers being provided with weekly supervision which offered a support that they were unable to receive from within the collective. In 1987 the VOTP scheme ended and ABA found itself having to seek funding for new workers elsewhere; this not unexpectedly increased pressure on the collective, however they were able to source funding for two fieldworkers for one year. The job description for workers had also increased, with community and school education, newsletter publication, statistic collecting, funding applications, liaison and volunteer coordination added to the list of tasks.

A brief report written by a long standing collective member outlines the issues ABA faced while trying to provide important services: “Up until now we have found it extremely difficult to develop a nucleus of people who are willing to take continuous and ongoing responsibility for the management of the group and more than once it has been in danger of ceasing to exist. Much of the time its stability has depended on only one or two stalwart people and this has meant that “burn-out” has been a common experience”. She also refers to the high turnover of membership and that when members who are sufferers consider themselves to be healed they no longer wish to be involved. The report emphasises the need for effective management, stable finances, and reliable meeting spaces.

Despite the challenges, ABA was still managing to provide valuable services. The parent support group, which by this stage was meeting monthly, was steady and enabled families of sufferers to talk about their own feelings and anxieties and learn from others' experiences how to cope with and help their loved one. The educational focus of ABA broadened to include body image issues as well as eating disorders. During 1986 and early 1987 ABA aimed to build a more public profile, with ads, letters, pamphlets and posters and involvement in community events. In mid 1986 a submission was sent to the North Canterbury Health Board addressing the issue of a lack of specialty services for eating disorders; this met with some success and resultantly two psychologists were employed to work with Community Mental Health and at PMH.

The pressures of 1987, including new staff members and responsibilities of the collective, meant that the agency was strained. The values and philosophy of ABA was called into question, as was the role of the parents group and the relationship with the eating disorders service at Princess Margaret Hospital, which previously had been running smoothly. The new workers found that they were unable to get the support they needed from the collective; likewise the collective felt unable to provide that support. After the year long funding ran out the staff levels were reduced to one fieldworker and an administrator. By mid 1988 there were just three members left on the collective. This led to a drive for new membership which yielded success, with ten energetic, supportive, volunteers being specifically trained. A unifying philosophy was agreed on and the implementation of a constitution began. A change back to a women-focused service was decided on – this seemed practical as the service was run by women and it was thought more appropriate to refer men to other means of support. The philosophy of Anorexia and Bulimia Aid Group Incorporated was as follows:

*ABA is a group that uses the energy, intuition, and wisdom of women to encourage the personal development and growth of women through self help. ABA recognises eating disorders as a symptom of the oppression and diminishment of women by society and seeks to respond to this. ABA seeks to assist and enable women to reach their potential.*

The constitution outlined the following objectives:

1. To provide support, counselling, referral, information and resources to sufferers and other significant people in their lives.
2. To develop educational material and deliver educational programmes to all relevant sections of the community, with a particular emphasis on preventive education.
3. To put men in contact with appropriate support groups whilst not providing direct support for them.
4. To provide a holistic approach to improve the well being of sufferers and their significant others
5. To maintain the flexibility to be able to reflect changes in the nature of eating disorders and its manifestation.

The structure was defined by full members who formed the collective and participated in the

running of ABA, and friends of ABA, who were women or corporate bodies who agreed to the objectives but had no say in the management or decision making of the organisation. An AGM was to be held where a secretary, treasurer, and two signatories were to be elected. The exclusion of men in this re-evaluated philosophy led to a poorer relationship with PMH as ABA was perceived as being anti-men; this, combined with strained relationships, led to the parents group splitting from ABA as they found their respective philosophies and objectives unaligned.

A report conducted by Carolyn Lawton, a psychologist with the community mental health service, in January 1989 made some observations regarding the service and some recommendations. Carolyn had been supervising the fieldworkers under the VOTP scheme and continued to supervise the sole fieldworker employed afterwards. She commented on the ongoing issues of the organisation; that the fieldworker was struggling with a lack of assistance and infrequent contact from the collective and was affected by ponderous decision-making. The collective seemed to rely too much on the fieldworker for all tasks relating to ABA and did not provide much support, which led to the employee feeling isolated and unable to meet expectations. She suggested that both the collective and the employees need to listen to each other more, to put aside personal issues, to ensure that they share the same philosophies and goals and to have regular meetings to improve communication. Carolyn also commented on the soured relationship with PMH and the need to build up communication for the benefit of both organisations and the community. She recommended that a formal evaluation be conducted to help establish clear goals, boundaries, and review the services. She also suggested that public education be focused on, that support groups be reviewed, and that the name be reconsidered; she warned against falling into service provision and losing touch with the support which was the foundation of the service. However, Carolyn also commended ABA on their efforts, commenting on the survival of the group: "It has shown an ability to do so through a time of both external and internal stress, when many other community groups have foundered. This is an impressive recommendation for ABA and also, I believe, a positive predictor for future survival and success despite the likely financial and other stress community groups are likely to face."

Following Carolyn's recommendation an evaluation was conducted by Sue Turner in March 1989. She produced a report to be used "as a tool to focus on future directions for Anorexia and Bulimia Aid". At the time of her evaluation ABA consisted of one fieldworker, one administrative employee, two collective members and two volunteers. After spending time with ABA and conducting

interviews with those involved, Sue made suggestions which she hoped would help address issues within the organisation and enable a more effective service. She explained that excluding sufferers from being on the collective was a positive step as they often did not have the capacity to help as much as other members or were reluctant to participate after they had dealt with their issues. She suggested that the collective consist of women who are empathetic and understanding of eating disorders but who are not suffering directly from them. Sue also talked about the structure of ABA and contended that members of the collective must be prepared to take on the role of employer as paid staff need guidance and also need to be accountable to someone. Collective members should also have specific roles to decrease the pressure on any one person. The role of the fieldworker should be narrowed so that it is easier to focus and to increase productivity; Sue suggested focusing on the following areas: counselling, education, resources, and politics/awareness.

A controversial observation that Sue made was the paid administrative position was an unnecessary waste of resources and should be disestablished. While she was careful not to discredit the work being done, she felt that the administrative tasks could be undertaken by the collective, leaving resources free to employ another fieldworker. Furthermore, Sue contended that the name of the agency was outdated, reactive, and restricted the potential membership. She recommended the name “Women with Eating Disorders” as one that had a more preventive focus and which widened the target demographic to those women who had eating or body image issues in general rather than specifically anorexia or bulimia. Finally, Sue recommended working on ABA's public image and increased networking within the community; establish links with the Maori and Pacific Island communities and in particular increasing communication with the South Island Eating Disorders Service at PMH.

On the heel of this report, suggestions were instigated or taken under consideration. At the end of the 1980s, after almost a decade of operation, Anorexia and Bulimia Aid Group became the Women with Eating Disorders Resource Centre – WEDRC.

## Women with Eating Disorders Resource Centre

1989 - 1999



The name change heralded a new era of the organisation with a reinvigorated energy and philosophy and did indeed lead to a wider variety of women seeking support; namely those who struggled with compulsive eating. Workshops were held more often which led to the establishment of extra support groups; up to eight weekly groups were now being held. In 1990 the agency shifted to a room in the Cranmer Centre and established the resource centre; support group attendance increased and an article in the press featuring WEDRC led an surge of requests for support and information. The workload had increased dramatically, with more community workshops and training for professionals being offered. The first official newsletter was printed and sent out to members. A six week course was run at the university called “Real Bodies: Real Women” and a visit from Susie Orbach, author of “Fat is a Feminist Issue” was organised to which 600 people attended. To deal with the increased workload another support worker was hired for 30 hours per week, enabled through a more successful year of funding applications. With the departure of one of the workers in 1990, a youth worker was employed to more specifically provide education and support for young women.

By the tenth anniversary of the agency in 1991, the number of information and support contacts being made numbered well over a thousand per year. A new tradition was started during Eating Disorders Awareness Week, with a “Women Out to Lunch” celebration which garnered media attention and would continue in various forms for a number of years. While the collective



*Women Out To Lunch, 1991*

was not without issues, it was compiled of a group of highly committed women who had a range of experience from which to contribute and the group remained true to the original feminist philosophy.

While WEDRC was enthusiastic about raising awareness, staff and volunteers found it increasingly difficult to cope with the demand for services and so all public promotion was ceased and the group investigated methods which would help them cope with the high demand. Self help groups were facilitated for the first six weeks before responsibility was turned over to the attendees. Such groups were often successful, with women gaining real benefits and supporting each other on their respective journeys to recovery. Resources and lesson plans were developed for use within schools to enable teachers and school counsellors to provide education themselves.

A new addition to the collective, clinical psychologist and eating disorder specialist Cindy Bulik, caused a little controversy – WEDRC was somewhat anti-medicalisation and the group, with its holistic focus, was hesitant to involve someone who was a certified professional in the field. However, Cindy was able to act in an advisory role and helped to broach the two worlds of community support and medical treatment and sought to increase understanding between the different models and enable them to work more closely together.

I had several interviews – I think they were a little surprised that an academic wanted to be part of WEDRC... For me it was always a pleasure to leave the university and come to a place where people really shared their experiences, believed in community work, and thought deeply about how best to help... to build trust and understanding and a recognition that we were all really working toward the same end which is the health and wellbeing of people with eating disorders. - *Cindy Bulik, collective member.*

Near the beginning of 1992 funding issues resulted in necessary staff reductions and the administration role was disestablished. The administrative tasks were reallocated and the support workers found it challenging to meet the demands of clients as well as countering the effects of body image in the media and completing administrative tasks. In addition to the usual requests, the closure of the outpatient service at Princess Margaret Hospital led to the agency receiving more referrals from general practitioners and greater numbers of severely ill women; to cope with this the availability of support groups rose as well as the accessibility to those in the suburbs. Fortunately

the next round of funding was more fruitful and WEDRC found itself able to hire an education worker, though it remained a struggle for the team to meet demand.

We were so stretched just responding to the needs of individuals contacting us we couldn't physically do any more. Every time we featured in an article on the Press, or on radio or TV, we were swamped by an avalanche of requests for support. We didn't even advertise our services at that time for fear of the response. - *Sylvia Huxtable, support worker.*

By the end of 1993 WEDRC was back down to two staff members and the structure was re-evaluated, leading to clearer separation between the roles of staff and volunteers. The organisation was implementing new ideas, with the name being re-evaluated; files being transferred onto a computer, and an interview on CTV. Efforts were also made to educate and develop relationships with organisations who were wary of feminist groups. Following this was an unprecedented interest in eating disorders which occurred at yet another stage of staff upheaval; this meant that education and youth work were severely restricted.

During 1994 WEDRC was approved as a charitable organisation by the Inland Revenue Department and this was followed by a couple of financially stable years, during which another employee – an education and support coordinator - was hired and education in schools was developed. A youth coordinator was also employed to once again focus on the important work of prevention and support with young people. A further effort was made to reach the people outside of Christchurch, in North and South Canterbury and the West Coast. A new resource room was added and a new code of ethics was formalised in 1997.

By the middle of 1997 WEDRC had four part time staff members in addition to the volunteers and collective but the demand for services remained high; the educational focus turned to training teachers and the organisation only responded to specific requests for sessions within schools. A free to call telephone number was made available to those outside of Christchurch, in conjunction with the outreach efforts. The communication between WEDRC and the South Island Eating Disorder Service (SIEDS) at Princess Margaret Hospital continued to flourish, as well as relationships with other agencies. The collective had been running the agency effectively, supporting the workers and helping develop their skills in the area of eating disorders:



I felt very empowered and supported, and I also developed a huge range of knowledge and skills, both on a practical level ... and on a professional level. - *Heidi Brace, youth coordinator.*

However, the recurring issue of funding arose again in 1998 and WEDRC was unable to continue with the full complement of staff; reducing the level back down to two. A major step was that the group gained internet access and also began working with younger girls as there had been an increase in requests regarding pre-adolescent children. The Women Out to Lunch during the Eating Disorders Awareness Week had become No Diet Day to highlight the dangers of dieting. WEDRC also continued to be involved in activism, one example being SANE (Size Acceptance Network), a coalition of health professionals who worked towards size acceptance through support, referrals, education and awareness. The burden of being unable to meet demand was lessened slightly when an empathetic private counsellor within the same building began offering reduced rates for those with eating and body image issues, to whom the support workers were able to refer clients. Towards the end of the financial year it was decided for the second time that a name change was required which once again opened up the potential client base and was easier to say and remember: the Eating Awareness Team.

## **The Eating Awareness Team**

**1999 – 2012**



EAT's mission statement, as outlined in its constitution, was as follows:

*EAT is a community based group working with a holistic approach for the self-empowerment of individuals dealing with food and body image issues. EAT recognises that food and body image issues develop in response to the personal and social reality of living in a culture that defines and limits individuals by their body size. EAT actively promotes healthy attitudes to food and self-image in Aotearoa/New Zealand by encouraging self-acceptance, regardless of body size.*

As the agency changed its name, it began to change its focus and entered what would be quite a stable decade in terms of staffing and funding. The organisation continued to attract staff who were aligned with a feminist philosophy and saw eating and body image issues as a consequence of a culture where discourses of food, beauty, health, and gender meant that individuals struggled to meet social expectations and demands.

It was a very pleasant team and environment....We all shared the same feminist politics and the same drive to educate young. - *Jacqueline Anne, support coordinator.*

Men were once again welcomed and the agency gradually enacted a shift towards counselling as it was recognised that there was a gap in EAT's services. The initiating force behind this was Jacqueline Anne, who found counselling to be an effective tool with eating disordered clients; staff members embarked on training courses, particularly focused on the recovery model, to enhance their skills in light of the developing service. Some clients wanted to use the service for longer and the agency continued to look for ways they could meet demand while working with their restricted resources. EAT had firmly established itself as the only service of its kind in the South Island; as a provider of free counselling, support and education, a voice of awareness, and a place of security

without prejudice.

I think that a huge part of the atmosphere was that people did not judge. No one held any judgement on anyone who walked through the door. You knew it was founded by women who cared. Women working with women was special, but I loved it when we broadened it to men as well, we were really honouring the holistic part of it. - *Rachel Lattimore, youth coordinator.*

No Diet Day continued to be a success, with a positive response to the campaign and promotions on the radio and television. The outreach service for rural areas was developed, with a staff member employed specifically to travel to different parts of the South Island offering training for professionals and support for service users; this received enthusiastic feedback. For the people who were struggling with eating issues but isolated from the services and resources in a major city, the outreach was very important; it reminded them that they had access to support and hadn't been forgotten. It was also an opportunity for those working in mental health and social work to gain support, guidance, and training from someone with clinical experience in the field of eating disorders. The workshops would examine the topic within the broader framework of culture and society, to bring understanding and better equip the professionals to support their clients. The outreach workshops were typically successful, with the majority of the sessions full to capacity. Workshops that were held locally were also highly valued and able to be tailored to a particular group while still retaining the philosophy and keys messages of EAT.

By 2002 the organisation had seen a dramatic increase in clients – more than 800 counselling and support sessions had been held during the year ending in March 2002 and one thousand people had been reached through community and professional education, not to mention the hundreds of support and information phone calls. Another support worker was hired and the parents' support group was reinstated, as well as other closed support



*The Caretaker's Cottage*

groups. A change in circumstances at the Cranmer Centre meant that EAT needed to relocate and they moved to the Caretaker's Cottage on Montreal Street. The new premises allowed the agency much more room, with separate counselling rooms, a waiting area and library, and an administration office. The effect was a cosy, inviting space where people could go and feel secure and welcome.

The relationship with the SIEDS at PMH had continued to develop and there was much cooperation between the two organisations. It was evident that clients of SIEDS could benefit from the more holistic approach offered by EAT; likewise EAT staff were able to refer severely ill clients to the service at PMH.

We saw the need for both; we worked together well in the end and I could refer people through and we learned a lot. It was brilliant because young people could become critically unwell very quickly and knowing what to do was helpful. They would often refer back to me and we ended up with a good community multidisciplinary care. -

*Rachel Lattimore, youth coordinator.*

The youth aspect of the service continued to develop and counselling for young people became especially popular; often the families of youth were involved in the support process which enabled greater understanding and support within families. Youth counselling often stemmed from the education programmes in high schools, driven by Rachel Lattimore who piloted a 3 month long programme called Go Girls at Avonside High School, as well as holding workshops at several other schools. Go Girls would go on to be taught at other high schools, and eventually a DVD resource was filmed with one of the groups. Education within schools focused on building self confidence and positive body image as well as encouraging awareness of the way women are portrayed in the media.

Funding continued to be a perpetual worry, a theme that had been running through the agency's history since the very beginning. Each funding application was time consuming but vitally important as there would always be more that could be done to help people if there was access to additional resources. Between 1992 and 2002 the staff wages had been funded by the Southern Regional Health Authority and the Health Funding Authority in return for health services. In 2003 the wages were resourced through a contract with the Canterbury District Health Board. While having the contract lifted some of the burden of funding, a consequence was that much more time

needed to be spent accounting for hours and clients, and restrictions were placed on the agency. The contract with the CDHB would continue for almost a decade, but was a contentious issue with the members of EAT. While it was beneficial for the agency it also caused other potential benefactors to be more reluctant to donate towards the operating costs; additionally the time that might have previously been spent trying to raise money to fund staffing costs was now spent on fulfilling DHB requirements.

They just wanted us to fit in the boxes. And a lot of our clients didn't fit in the boxes... You really care about the client so how do you fit them into the box so you can see them? At the end of the day, you can only do the best that you can do. - *Rachel Lattimore, youth coordinator.*

I think that the people in Planning and Funding decided the work of the agency without actually understanding the work of the agency. And it did become more medical and clinical and there was greater talk of diagnostic names for issues and greater reporting required and going from being a community service to being more of a mental health provider. The requirements that accompanied having a health contract were ridiculous and unwieldy for a small organisation and those requirements grew even though our funding didn't grow. - *Kate Yeoman, support coordinator.*

EAT continued to struggle with high demand through the middle and end of the decade and sessions with clients were reduced once again to fortnightly in order to be able to see the clients on the waiting list. In the year of 07-08, well over 4,000 contacts had been made with clients. Despite this, the agency was still able to host community events such as focus groups and public lectures and continued to run support groups. EAT also formally introduced the organisation to Te Runaka ki Otautahi o Kai Tahu, the tribal council for Christchurch that also oversees the provision of a Maori mental health service, helping to cement ties within the community health sector. In collaboration with EDEN in Auckland, it helped form the Eating Difficulties Community Coalition with other interested parties in New Zealand to promote awareness of eating issues and also contributed to a government strategy paper, Future Directions for Eating Disorder Services. Due to high demand, in 2009 assessment appointments were instigated to alleviate some of the pressure for services; in this way the staff members were able to judge the need for services of new clients and provide them with information, refer them on, or add them to the waiting list. Two placement students were also

taken on and in 2010 an intern from the University of Canterbury conducted an evaluation of EAT from the perspectives of other health professionals. The report highlighted how well regarded the organisation was within the community and responses from participants revealed a high degree of respect and admiration for the agency and its staff members.

The structure of EAT, while relatively effective, still raised issues for the staff; given the nature of the service and the field it is perhaps unsurprising that this was a recurring issue. Since early on in the decade the staff members had made up the majority of the collective and took on much of the responsibility for the management and governance of the organisation. This meant that while they enjoyed a certain amount of freedom, they had little guidance and the decision-making responsibilities lay with the staff members rather than an employer. Staff necessarily had to define their own boundaries concerning tasks and responsibilities and in some cases even determine their own roles. Towards the end of the decade an effort was made to create clearer boundaries of responsibility. Kate Yeoman, who had been involved with EAT since 2000, began to look at other ways of management and governance structures and EAT began to make the transition from being a collective to having a governance committee made up of volunteers from EAT's membership. With the new structure, implemented in 2010 after much consultation and consideration, the major decision-making was done by the governance committee and it allowed staff members to focus on their jobs and contribute where necessary. EAT's policies in general were also updated or clarified in line with its new constitution.

The earthquake in September 2010 didn't particularly affect the running of EAT, other than suspending office-based services for a week while the chimney in the cottage was stabilised. However, the earthquake in 2011 had a huge effect on EAT, as it did for all of the organisations and people of Canterbury. The lives of everyone changed dramatically; EAT staff and collective members faced their own losses and clients found themselves more vulnerable in the time of heightened stress and trauma. The Caretaker's Cottage was no longer safe and all of EAT's belongings were hauled into the garages of staff and collective members. Some of the staff members found it necessary to move on from EAT and the remaining staff did the best they could, visiting clients at the homes or utilising community spaces. EAT was able to relocate for a few months to a house in Sockburn that was shared with another community group and used part time, however the location was not ideal and staff members continued to spend a lot of time travelling to meet their clients or using community rooms for counselling. Around the middle of the year EAT

was able to rent a room in an inner city cottage where another community organisation had also found a new base. The new premises was much more ideally located and more spacious – although memories of the caretaker's Cottage seemed luxurious in comparison. There were three staff members by this time; two counsellors and an administrator. The garages of the staff and collective members were reclaimed as office equipment was moved to the new premises and the room at the cottage was made into a cosy space which combined a lounge and office.

The issue of sustainability was raised by the CDHB in 2011 and EAT was encouraged to try and become more sustainable or to consider merging with another organisation. Within the agency it was felt that EAT had provided an important and valuable service for a long time but had largely been neglected by the CDHB, who did not seem to understand the organisation and saw it as a liability. The CDHB's request came at a time of enhanced stress and when EAT did not have the time or resources to investigate a merger or to reorganise the agency while still providing a service. The uncertain future of EAT was a constant worry while the governance committee and staff members deliberated over which option could provide the best outcome for the community. Meetings were held with other agencies and experts were consulted; it was an extremely difficult time as the future of the agency hung in the balance, while clients still needed to be helped. Eventually Waipuna Trust, a subsidiary of St John of God, decided to take over the contract on a much smaller scale, and EAT's youth counsellor transferred to Waipuna to provide services part time. It was felt that there was no option other than to close down the agency for good: the energy of members was finally lacking; the exhaustion and trauma of a changed city was affecting all; and with what felt like little support from the major funder it seemed not much else could be done. The Eating Awareness Team ceased operations on 12<sup>th</sup> January 2012, after providing services to the Canterbury community for 31 years.

## Conclusion

In 1981 two women began a support group for women struggling with eating disorders. It was fueled by a desire to fill a need for help created by a culture which defines and judges individuals based on their appearance; a need which wasn't being met in society – at least not in Christchurch. The group would be based on respect, self-empowerment, and holism. It would be a place of warmth and security where women support other women on their journey to being true to themselves without trying to fit into the predefined boxes of society. It would also seek to raise awareness of the ways our perceptions of ourselves are shaped by society; and to help people to realise that they do not need to seek validation from society for the way they look – that not fitting into the mold does not make them any less valuable.

The group grew into an agency which would endure for three decades, providing support to thousands of women and men; educating and raising awareness for innumerable people of different ages, genders and backgrounds; and providing training for health professionals so that they better understand the issues surrounding body image and eating. The organisation became trusted within the community and was always in high demand; it developed strong ties with other agencies in Canterbury and throughout New Zealand. Dozens of women over the years contributed to the cause, whether through paid work or volunteering, but driven by passion and a desire to help. Despite name changes and structural changes over the years, despite internal stress and the incessant struggle to find adequate funding, the agency remained fundamentally unchanged in several ways: the steadfast theme of feminism and the societal basis of eating disorders, the abiding and deep respect for the people who used the services, and the unswerving desire to help. It was a service created and continued by women who cared. The people who utilised the agency were able to get free, non-medical support; they did not have to reach a level of severity before receiving help and they did not need to have a prior diagnosis. They were empowered and supported to fight their battles. In many cases, EAT changed lives. Feedback from clients was very rarely negative – and when it was it almost always related to funding issues – and the positive impact it had on their lives cannot be overstated. For clients, being able to access free education and support in a caring environment was often vital to their recovery.

The Eating Awareness Team did not close down because the work was complete; it did not decide that there was no longer a need for a community based eating disorder service, or that people no



longer needed to be educated about body image, empowerment, and the media. EAT ceased operations because it was a small, overworked agency that didn't have the capacity to provide a service and at the same time participate in the rigmarole that seemed to be a requirement with government funding. While there were other organisations whose generous funding contributed to the running of EAT, there were not enough resources to keep it sustainable. EAT was considered important and valued within the community, but in general did not receive sufficient funding to reflect this.

The ending of such an organisation has evoked a few consistent reactions – disappointment, concern; some people were shocked while others, those more aware of the EAT's long history of precarious funding, were not surprised. There is a gap – a hole – in the community now that EAT has closed down that won't be filled easily.

As stated earlier, I was involved with EAT near the end of its thirty year lifespan. I feel lucky to have been a part of something so special; an agency which persevered to help alleviate a problem so widespread and insidious. The women that were involved in EAT, WEDRC, or ABA were not doing it for the money but out of a genuine desire to help others. Issues surrounding body image, food, and individual value can be so ingrained that we often don't acknowledge the ways they affect us. This is what struck me most about the women of EAT – that they tried to help people, one by one, break down those instilled patterns; that they did this in spite of the assured fact that their work was a drop in the ocean and so much of society was fighting against them.

EAT should be celebrated for the work it has done. There are people, probably thousands, out there who are changed because of the support they experienced or the education they received; whose lives are fundamentally better because of the good idea of a woman, more than thirty years ago. It should be celebrated, but with awareness that the fight is not over; it is not time to give up, but simply to pass on the torch.

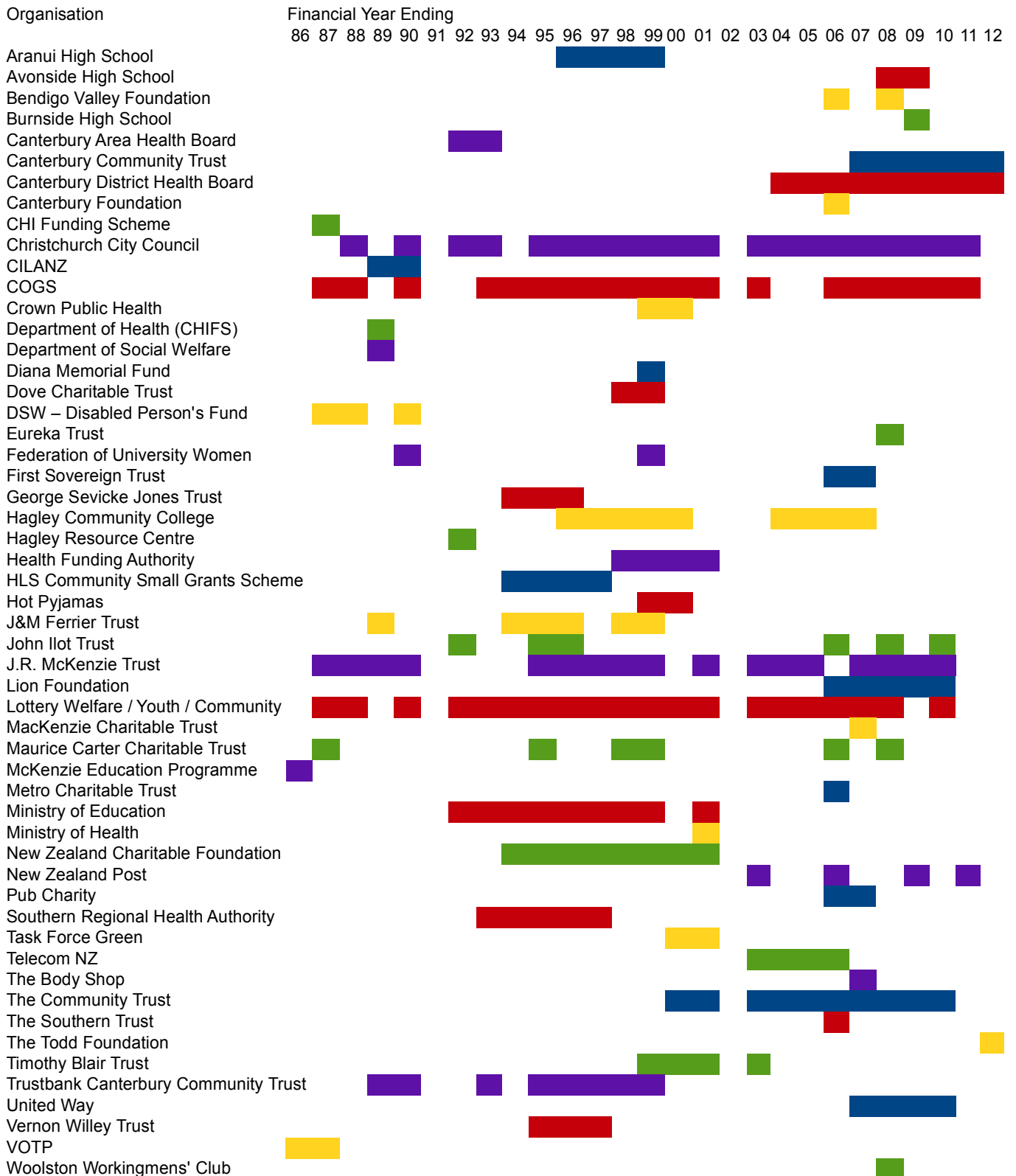
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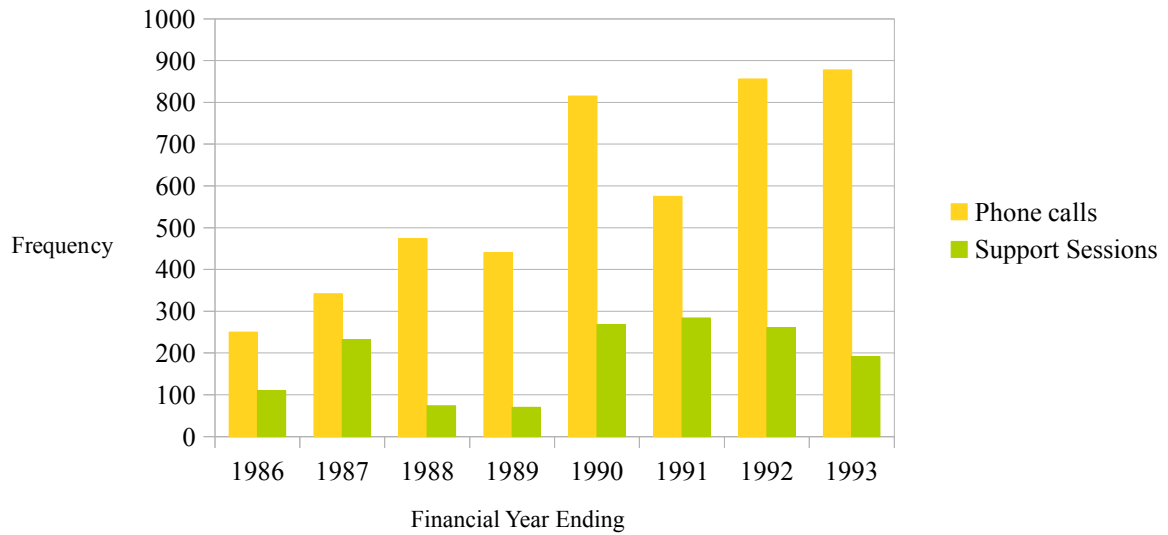
# Appendix

## A. Funding Contributors, 1986 - 2012



## B. Statistics Snapshot

Support and information: phone calls and 1-1 sessions, 1986-1991



Total number of visits and client contacts, 2001 - 2008

