Member Care Update

Ethnê-MC Facilitation Team
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Ethnê-MC Update **Issue 3: September 2008**

Welcome again to the *Update*! The focus this month is on **Mental Health and Eating Disorders**. Our monthly reports inform you about important member care resources, news, and topics. We especially want to further equip people with member care responsibilities who are focussing on mission/aid personnel in least-reached people groups (LPGs). In addition to the mission/aid emphasis, the reports regularly contain material from the international humanitarian, health, business, human rights, and human resource sectors. Please share the *Update* with others and your networks. Each report is archived on our web site: **http://ethne.net/membercare** The Lord bless you and your work.

> None of us have inherited a perfect biology, had perfect parenting, or been raised in perfect communities. All of us then are subject to different degrees of "pathology"—personal struggles, inner conflicts, and sometimes actual disorders—and this of course goes for our workers as well. …Understanding the weaknesses and strengths of workers is an important, ongoing process, and is part of the sending group's responsibility to nurture and develop its people...One of my goals in writing this review is to de-stigmatize the psychological difficulties that our workers may face.
> Adapted from Jarrett Richardson, MD, *Psychopathology in Mission Personnel* (1992)

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SPECIAL RESOURCES: Tools to further equip you for member care

- *Materials in Arabic on Member Care—New from AMP!*
- *Materials on Addictions—Christian Recovery International*
- *Mental Health Resources for Cross Cultural Workers*
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SPECIAL EVENTS: Gatherings to help you connect/contribute to the member care field

- *Mental Health and Missions Conference, Indiana ,USA, 20-23 November 2008*
- *World Mental Health Day, World Federation of Mental Health, 10 October 2008*

SPECIAL TOPICS: Current issues and approaches related to member care

- *Understanding Eating Disorders, by Dr. Karen Kietzman*

Karen overviews three types of eating disorders that seriously affect people around the world.

The *Update* is compiled on behalf of the *Ethnê-Member Care Network*. We are a growing *network of colleagues* from different nations and organisations. Our passion is to see the least-reached people groups (LPGs) experience the transforming love of Jesus Christ. We are committed to help provide and develop member care resources in order to support the diversity of people/senders who are working among LPGs. Our *Network* is part of the Ethnê to Ethnê Movement (**http://ethne.net**).

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Subscribe: Ethne-MC-subscribe@yahoogroups.com
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SPECIAL RESOURCES: Tools to further equip you for member care

Materials in Arabic on Member Care—New Resources from Arabic Member Care Projects!

الفصل الخامس والعشرون

Arabic Member Care Projects (AMP) has over 20 articles in Arabic on member care subjects. The materials come from *Doing Member Care Well* and the *International Journal of Frontier Mission*.
Contact: **http://ArabicMemberCare.googlepages.com**

- *Materials on Addictions, Christian Recovery International*

This site is committed to help "the Christian community become a safe place for people recovering from addiction, abuse, or trauma." It includes materials on addictions/recovery, *with links to sites in many languages*. Workers like everyone else can struggle with many addictions that can incapacitate them and even disqualify them from ministry. Get help!
Contact: **www.ChristianRecovery.org**

- *Mental Health Resources for Cross Cultural Workers*

This site has all kinds of practical materials on adjustment/health for workers. It also has an annotated, comprehensive list of articles in English related to member care. See especially the many short articles contained in the section "What Cross Cultural Workers Ought to Know".
Contact: **www.CrossCulturalWorkers.com**

- *Mental Health Materials, Practitioners, and Resources; AtHealth*

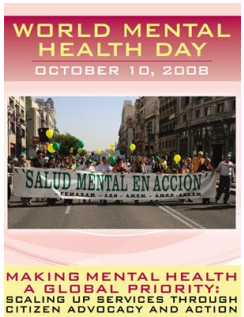
This site provides a wealth of materials for both practitioners and users of mental health services. There is an extensive alphabetised list of disorders/struggles for example, that link you immediately to current, core materials. Locate resources for health/healing and subscribe to the free newsletter on specific mental health-related topics for heath care practitioners.
Contact: **www.AtHealth.com**

SPECIAL EVENTS: Gatherings to help you connect/contribute to the member care field

- *Mental Health and Missions Conference, Indiana ,USA, 20-23 November 2008*

Mental Health and Missions (MHM) was founded and designed to meet the needs of mental health providers who work with mission personnel. MHM focuses on the needs for mutual encouragement, fellowship, and professional development. The 29th annual conference theme will focus on a variety of effective mental health responses to emerging trends and issues in missions. The conference will also present new research on relevant topics of interest to the mental health community. MHM is meant for counselors, social workers, psychologists, psychiatrists and any other mental health providers. Member care personnel and leaders from mission agencies are welcome, with the understanding that the presenters will be targeting mental health practitioners.
Contact: **www.mti.org/mhm.htm**

- *World Mental Health Day, World Federation of Mental Health(WFMH), 10 October 2008*



The theme this year is "Making Mental Health a Global Priority." What needs to be changed or what action needs to be taken in order to fulfill that goal? The 2008 material highlights different levels of advocacy and its role in creating change and the need for scaling up services so all people have access to information, personalized treatment, and resources to assist them in all aspects of their recovery. The material is available in Chinese, Arabic English, French, Spanish, Japanese, and Russian. Also see the helpful materials from the 2007 campaign on the impact of culture and diversity on mental health.
Contact: **www.wfmh.org/00WorldMentalHealthDay.htm**

SPECIAL TOPICS

Understanding Eating Disorders

Does someone you know have one? What do you do?

Karen Kietzman, Psy.D.
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"What is a good diet? Does this make me look fat? Where did you get that, it makes you look so thin! Oh, I can't eat that, it is too fattening!" "Wow, has she lost weight! There she goes again, getting out of the dishes by going to the bathroom. She always disappears after dinner. Have you seen her lately? She doesn't hang out with us anymore. Of course you are not fat, what make you think that? You're going running again!"

Have you noticed yourself or a friend or loved one saying some of these things or something similar? You may not realize it but you may be experiencing some of the signs or symptoms of an eating disorder or depression. We may not always see the subtle signs. One of the main problems of someone with an eating disorder is their need to keep it secret. They become very good at hiding their symptoms from those around them. Denial can sometimes be contagious!

An eating disorder is a serious disturbance of the mind, emotions, and body effecting both men and women. Women are far more susceptible to it by about 7 to 1. About 33% of women and 15% of men will have an eating disorder or related problem sometime in their lives. The rise in this disorder is a direct result of the media. The acceptance and quest for thinness is far beyond concerns for health. The unrealistic portrayal in the media is far reaching, especially since computer graphics are used to manipulate the picture into someone's fantasy of perfection. These methods are aimed at the smallest child to the oldest adult. The most vulnerable are those with low self-esteem, lack of control of their own lives or disempowerment, and many other emotional or identity wounds. The imagined antidote to all of their problems seems be to strive for the media image of beauty—which usually includes ultra thinness. We as a culture equate thinness with beauty, peer acceptance, sexual and financial success, morality and health. Yet the opposite results occur many times.

There are three types of eating disorders. A person with *anorexia* will starve him/herself to dangerously thin levels, at least 15% below normal weight for their height. A person with *bulimia-nervosa* will binge uncontrollably on large amounts of food and then purge the food by vomiting, excessive exercise, laxatives, starving, or other methods. Weight change is not always a result. A person who eats uncontrollable but does not purge has a *binge eating disorder*. Two of the non-physical symptoms are being *obsessive* about food, food planning, or food preparation, exercise, dieting and or weight, as well as a strong desire for everything in their lives to be *perfect*.

Serious illness can result: hypoglycemia, pancreatitis, heart problems, permanent brain shrinkage causing loss of memory and lowered IQ, infertility, and osteoporosis. The problem with an eating disorder is that the fears of being fat or unattractive are usually the long-term results of a prolonged bout of disordered eating. Premature aging, metabolism dysfunction, and skin problems result. The "solution" brings more problems.

So what do we do about it? The first step is recognizing that you or your friend might have a problem. Know the signs so that you are acting on clear information rather than uninformed suspicion. Know the list of possible warning signs. Is your friend (male or female) preoccupied with food and diet, have peculiar food habits, take frequent bathroom breaks during or after meals, have bad breath and teeth problems, use caffeine to excess, fidget or exercise compulsively? Does she shiver have blue skin or fingers? Is she wearing baggy clothes with long sleeves even in the summer. She may be hiding excessive thinness. Does her skin look pasty? Is her hair thin and dry or is she losing some of it? Is there fine hair growth on the face and arms like a baby? These indicate malnourishment. Are her eyes bloodshot? Has her mood changed? Is she more anxious, depressed, and/or irritable, seem obsessed or have compulsions? Is she isolating herself from peers and family?

Is she unwilling to eat with others? Is she expecting too much of herself or feel she is not good enough? None of these signs, by themselves mean that your friend has an eating disorder. They are also indicators of many other physical and mental problems. You alone cannot diagnosis the eating disorder. But if you notice these symptoms, and the eating problems are a major part of the problem, she may have an eating disorder. Any set of these symptoms may mean that a person needs help of some kind.

When you talk to your friend, describe your concerns. List what you have observed as evidence, don't be vague or accusatory. Be compassionate and listen. Pray that your friend will be open to help and ask for guidance in your choice of words. Choose a non-stressful time to have this conversation. Express your concerns about their health and functioning, not just their weight. Offer the help you can, with a referral, information, emotional or financial support. Pray with your fiend but don't push it. If rejected, try again because you think the problem is serious. Respond during emergencies: If the person is throwing up several times per day, passing out, complaining of chest pain, or talking about suicide, get help for them immediately.

DON'T: oversimplify, use platitudes like "All you have to do is accept yourself, or Jesus loves you." Don't nag about eating or not eating or spend time talking about food and weight. Don't be judgmental or give advice about weight loss, exercise or appearance. Don't say "I know how you feel". Don't use a group of people to confront.

Finally, remember to take care of yourself and your own needs. Don't make promises you can't keep, don't promise to keep their behavior a secret, don't get over-involved. Know your limits. You cannot save them or be a substitute for professional help. If you need to, get support or professional help yourself.

If you suspect you may have this problem, the first step is telling someone the secret. The second is to get the right kind of help. Going to your physician for a thorough assessment will help determine how your disorder has affected your health. Usually, when you try to fix this sort of problem, you apply the same methods that you used to continue your eating problems—you try harder. You try harder not to obsess about food, you try to use more discipline, to pray more. All of these things are usually what you used before to try to be thin. Unfortunately, that is what got you stuck in the first place. This is a multilevel problem that needs a multi-disciplinary team to help attain the best results. An eating disorder has roots in physiology, emotions, thinking, motivation, family and social problems, self-image, and spiritual thinking. To heal from an eating disorder, you need help in all of these areas, from a variety of health care professionals. It is one of the few life threatening emotional problems. Please get help!

Resources

www.findingbalance.com

www.remudaranch.com

www.mirror-mirror.org

- *It's Not About the Weight: Attacking Eating Disorders from the Inside Out*

by Susan J Mendelsohn

- *Thin Enough: My Spiritual Journey Through the Living Death of an Eating Disorder*

by Sheryle Cruse,

- *Gaining: The Truth About Life After Eating Disorders*

by Aimee Liu.

- *Life Without Ed: How One Woman Declared Independence from Her Eating Disorder and How You Can Too*

by Jenni Schaefer and Thom Rutledge