

**Reba Faye Sloan, M.P.H., L.R.D., FAED**

*Professional registrations and affiliations*

- ▶ Registered by the American Dietetic Association
- ▶ Licensed dietitian/nutritionist in Tennessee
- ▶ Fellow of the Academy of Eating Disorders

*Achievements*

- ▶ Biography listed in *Who's Who in Medicine and Health Care*, *Who's Who in the South and Southwest*, *Who's Who of American Women*, *Who's Who in America*, *Who's Who in the World*
- ▶ Designed The New Mademoiselle Diet for Women Only published in *The Mademoiselle Shape-up Book*
- ▶ Registered in the Leader's Fellowship of the YMCA as a nutrition consultant

*Memberships*

- ▶ American Dietetic Association
- ▶ Nashville District Dietetic Association
- ▶ Academy for Eating Disorders
- ▶ Eating Disorders Coalition of Tennessee
- ▶ American College of Sports Medicine
- ▶ American Running and Fitness Association
- ▶ Sports, Cardiovascular and Wellness Nutritionists
- ▶ Entrepreneurial Nutritionists
- ▶ Vegetarian Nutritionists
- ▶ National Association for Christian Recovery



# Triumphing OVER eating disorders

*Reba Sloan uses personal experience to help others win the battle*

By JENNIFER L. MARCUSSEN

Photos by JEFF MONTGOMERY

**N**UTRITION THERAPIST REBA LEWIS ('77) SLOAN sits in a classroom among a group of mothers with their brows furrowed in concern. One wants to know how to limit her daughter's snacking. Another is unsure how to tell her stepdaughter she needs to lose weight. Still another does not know how to handle the different metabolisms of her twin sons.

However, these are not parents of older teenagers or even middle school students; these are parents of elementary school students. Are they overzealous? Worried too soon? Not when third-graders are comparing Body Mass Indexes on the playground and planning diets. "I'm seeing younger and younger children with these problems," Sloan reveals to her worried audience.

Eating disorders are beginning earlier and earlier among children — and not just girls. But more than the statistics, Sloan knows because she's been there, and because of her struggle has dedicated her professional life to the prevention and treatment of eating disorders.

"At 13, I was quite overweight," she explains. "But I had always been jolly and happy-go-lucky. It changed when I became interested in boys." Boys liked her skinny blond friend. Sloan had a boy who was a friend, but not a "boyfriend" — a big difference at age 13. "So in my mind," she says, "He and I were friends, but if I got thin, then he would like me."

So she began a diet of hamburger patties and green beans and lost weight — too much weight — and developed anorexia nervosa. No one understood why because she was an all-around good student and daughter. "Anorexia is the good-girl's eating disorder," she says. When her weight hit 86 pounds, she was sent to the Mayo Clinic. "There really was no help back then," she says. "We didn't really talk about it."

After six weeks there with little treatment or progress, she met a young dietitian with whom she developed a friendship. "She came to me and said, 'You think you know everything just because you can count calories.'"

She then shared with Sloan some of the research and facts being discovered about disordered eating, finally telling her, "You might as well become a dietitian." And at 13, Sloan decided to do just that. >>

## Might as well be a dietitian

She entered the University in 1973 as a dietetics major. At that time, most students who chose this major would become educators, not therapists. Sloan heard no discussion of eating disorders among friends at the University — nor was there much talk across the nation in general.

However, this time period saw a major shift in body image with the advent of such models as Twiggy filling the public's mind with unrealistic expectations. More than 30 years later, eating disorders are a nationwide epidemic affecting nearly 5 million individuals in the United States — impartial to age, race, sex or economic status.



male. Eighty-five percent are struggling with eating disorders, but she also teaches weight management for adults, teenagers and children and overall wellness nutrition.

Her philosophy gets to the core of the problem. “I try to steer away from the term ‘eating disorders’ and move toward ‘disordered eating’ and a ‘nondiet approach,’” she explains. “Get the word ‘diet’ out of your vocabulary.”

She does not treat disordered eating as an addiction. “You wouldn't tell a cocaine addict to learn to manage his drug use.” And unlike alcoholics, who will have the disease or tendency their whole lives, an anorexic does not have to remain so his or her entire life.

Her treatment model follows a cognitive behavioral approach. Once the thoughts causing the issues with food are recognized, the patient replaces those thoughts with new behaviors. It sounds relatively simple, but finding these underlying issues is actually far more complex.

“Eating disorders have nothing to do with food, but everything to do with a disorder of self,” says Sloan. Some want love, some acceptance; many want to fit a standard. Often food is an outlet for emotional needs not being met. And to others, disordered eating habits are passed on unintentionally.

Getting to the underlying cause allows the healing to begin, but by no means is the cure simple or overnight. “It can take anywhere from two to five to 10 years,” Sloan says, explaining the subjective nature of the healing process. “A lapse never means collapse.”

Just ask Ashley, a patient in her mid 20s who has been seeing Sloan for 18 months following residential treatment. “When I first left her office, I told my sister, ‘I'm never going back there,’ because she wanted me to eat.” But she did go back, although it was tough. “I had to establish trust,” she says.

“I didn't trust myself, so I had to trust someone else,” she explains and cites their shared faith as an element that helped produce that trust. “I've never missed a meeting with her.”

She sees Sloan about once a month. Recently though she found herself slipping into old thought patterns. “In recovery, you can't skip a meal because you get too busy and think that's OK. You can't have those thoughts,” she says. So she called Sloan for a session, and they were able to refocus on Ashley's goals and steer her back to healthier thoughts and habits.

“She's incredible,” she says. “I wouldn't trade her for anything.”

Goal setting is another important part of treatment and helps patients recognize levels of recovery. But Sloan is careful to point out that she does not give goal weights with obese patients. “Instead, I tell them that as they learn healthier behaviors, their weight will go to a healthier place.”

Many indicators are obvious: The patient eats a variety of foods or is able to recognize hunger and respond by eating in an appropriate and timely manner. The individual exercises



Reba Sloan listens as an elementary school guidance counselor expresses concern for her students' body images. Small-group sessions are one of several ways Sloan helps educate the community concerning nutrition and wellness.

Thinking back, she tells of one student who exhibited all the signs. But no one ever said a word. Today, though, “Oprah has made it cool to talk about anything,” Sloan says smiling.

After graduation, she completed her dietetics internship at Vanderbilt University in Nashville, Tenn., during what she deems “the pioneer days” of treating eating disorders. She has remained in the city. She also completed a master of public health degree from Loma Linda University and advanced clinical training in child and adolescent obesity at the University of California-San Francisco School of Medicine.

Well-known and respected in her profession, she is often asked to speak in various forums such as clinics, seminars, and radio and TV shows. In June she was inducted as a fellow into the Academy of Eating Disorders during its yearly conference in Barcelona, Spain — an honor bestowed upon few worldwide.

She was also instrumental in beginning the Eating Disorders Coalition of Tennessee, which she has served as treasurer, president-elect and now, president. The coalition is a task force of both professionals and community members who want to educate, empower and support those affected by disordered eating.

## An eclectic approach

Sloan's most intense work and greatest successes come from the individuals with whom she counsels. In her private practice, she sees 35 to 40 patients each week from all across Tennessee and nearby states. Approximately 10 percent are

## Our national pastime



Back in the classroom, Sloan dispenses advice to the group of mothers eager to know how to prevent their children from developing eating disorders. Her first point receives a mixed reaction: “Dieting is not a healthy behavior.”

She says the practice has actually contributed to the obesity problem in the United States, with its all-or-nothing method. It promotes feelings of failure and encourages restriction and bingeing. This too-structured approach to food does not mix with the average American's need for flexibility. “Dieting is our national pastime.”

She adds, “We don't know everything about what sets people up for eating disorders. Is it psychological or brain chemistry? Is it all about genetics or a biosocial cultural mix? We don't know everything yet, but most research is in genetics. Not everyone who diets gets an eating disorder, but rarely do you find them in cultures without dieting.”

Why? “The war on obesity promotes dieting; it labels foods ‘good’ and ‘bad.’ There are no good and bad foods, but foods we do not and do want to emphasize,” she explains. Instead, she says, promote a lifestyle of balance and moderation — beginning at home. “Teach your children to be wise consumers, even at young ages.

“We want to look at healthy, not perfect; wellness, not thinness. A size is not a measure of self-worth.”

As she ends the meeting, one mother asks, “How do I explain to my 6-year-old that my diet is for medical reasons? She keeps asking if she needs to go on a diet.”

“Explain that you are taking care of your body and making positive changes to be healthier,” Sloan replies. And finally, yet firmly, she repeats one of her most-quoted pieces of advice. “Get the word ‘diet’ out of your vocabulary.” **H**

without compulsion and is able to eat without feelings of fear, guilt or anxiety. But for most, Sloan says, the greatest indicator of recovery is simply less time spent thinking about hunger, food, body and weight. “It's the number one thing patients get happy about. For them, it's like they get their brain back.”

While the majority of her patients are between the ages of 13 and 30, she is seeing more middle-aged people with eating disorders.

Take for instance, Missy. Now in her late 50s, she has struggled with anorexia since she was a teenager, yet did not seek treatment until five years ago. The habits of restricting food as punishment were so ingrained in her, “I honestly didn't see it,” she says. But her 16-year-old son did and prompted her to get help.

The road to recovery has been tough, and because of her age and length of illness, longer than for many younger women. “It took me a year just to accept it,” she says. “I'm alive today because of Reba. She has really stuck by me and always been an encouragement.

“The old messages stick around: ‘You messed up typing this paper, so now you don't eat for three days.’ But you know that they're not real. I know that I really do matter. I have a life worth living.”

One of the best parts about being in private practice, Sloan says, is being able to incorporate faith into the treatment process. “When it's appropriate, I pull my Bible out,” she says. She sees this element as vital to the healing process — one that brings a person to emotional, psychological, physical, spiritual and social completion. And to encourage patients, she keeps one of God's greatest promises on her wall: “You will seek me and find me when you seek me with all your heart” (Jeremiah 29:13).

## Promoting wellness

Lisa Ritchie, associate professor of family and consumer sciences and director of the didactic program in dietetics, weighs in on the University's position.

### What services are available to University students struggling with eating disorders?

Students will find a number of skilled counselors and therapists at the Counseling Center who can help them deal with the challenges they are facing. Additionally, the Counseling Center staff can make referrals to other health care professionals as appropriate.

### What programs and/or methods are in place to help prevent and educate our University community?

One key to prevention is education. That is the goal of National Eating Disorders Awareness Week, sponsored by the National Eating Disorders Association. Harding's Department of Family and Consumer Sciences has provided information, programs and speakers during this week in recent years. This year's activities will take place Feb. 25-March 3. Nov. 6, 2006, marked the University's first Eating Disorders Awareness Day.

### If a student suspects another student has an eating disorder, how should he or she respond?

The National Eating Disorders Association recommends the following for helping friends with eating and body image issues:

- ▶ Learn about eating disorders through books, articles and brochures.
- ▶ Know the differences between facts and myths about weight, nutrition and exercise. This helps to reason against inaccurate ideas friends may use as excuses to continue an eating disorder.
- ▶ Be honest — avoiding the problem or ignoring it won't help.
- ▶ Be caring, but firm. Avoid making rules, promises or expectations that cannot or will not be upheld.
- ▶ Compliment a wonderful personality, successes or accomplishments.
- ▶ Be a good role model in regard to sensible eating, exercise and self-acceptance.
- ▶ Tell someone. Knowing when may seem difficult, but don't wait until the situation is so severe that a friend's life is in danger.

For more information, visit [www.nationaleatingdisorders.org](http://www.nationaleatingdisorders.org).