



EDIN Speaker's Bureau Do's and Don'ts

DO'S:

- Do stick to your own story. You are not an eating disorder expert, but you are the expert of your own experience! Defer general questions (about medication, biology, specific diets, etc.) to the professional.
- Do talk about your eating disorder as a symptom or way of coping with other issues. For example, talk about your difficulty with trusting your body; your need to feel in control of your world; your struggle with identifying and expressing negative emotions; your wish to be perfect or special.
- Do talk about genetics! There may have been signs early on, before the eating disorder developed, that you had a genetic pre-disposition (such as OCD or anxiety). There is strong research supporting the idea that certain genes make one more vulnerable to developing an eating disorder. While we are all exposed to messages in the media, there are reasons why not everyone develops an eating disorder.
- Do talk about the costs of an eating disorder and challenge the myths about eating disorders (eg: EDs are not a choice; EDs have serious psychological and medical complications; not everyone with an ED is thin; they're not a phase or trend; EDs make you sick, not happier, no matter the weight)
- REMEMBER, EATING DISORDERS ARE NOT REALLY ABOUT WEIGHT & FOOD. Your audience may try to bring the discussion back to food, fat and weight, your job is to help them understand what it's really about UNDERNEATH food and weight!
- Do talk about why recovery is worth it and what makes it better. For those struggling, this gives hope.

DON'TS

- Do not discuss specific behaviors, such as weight loss techniques, purging methods, etc. We don't want you to "teach" kids how to do it! (If someone asks for specifics, it's absolutely OK to say, "I don't feel comfortable answering that question.").
- **Do not provide numbers--** such as fat grams, calories, the amount of weight you lost, your lowest or highest weight, your current weight, number of miles you were running, or hours spent at the gym. This can cause audience members to compare, compete with you, or dismiss their own issues. If asked, simply say, "It's important to get away from focusing on numbers. What's more important are experiences that people have."
- Do not idealize or glamorize your life when you were severely underweight. At my lowest "I was wearing size "x" clothes...." This simply reinforces our nation's obsession with being "Thin at any price!"

(Continued on reverse...)

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- Do not blame others for your eating disorder. Other people's actions (a dieting mother, a mean kid at school, the media) may have contributed to your eating disorder, but these were not the "cause." You

can describe these as “contributing factors” or “triggers.” It’s never just one thing: this simplifies a complex problem.

- Do not simplify recovery. Your recovery has involved many experiences, relationships, decisions and struggles. If audience members understand how hard getting better can be, they may be less tempted to experiment with disordered eating! But also include hope that recovery is possible for those who may be struggling.
- Do not give advice, other than suggesting that someone seek professional help. You cannot rescue or save audience members who may look to you for advice. You sharing your story and suggesting resources is enough!