

*Eating disorders, general psychotherapy, nutrition and recovery*

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Symptoms of PTSD

**Re-experiencing the trauma**

(flashbacks, nightmares, intrusive memories and exaggerated emotional and physical reactions to triggers that remind the person of the trauma)

**Emotional numbing**

(feeling detached, lack of emotions (especially positive ones), loss of interest in activities)

**Avoidance**

(avoiding activities, people, or places that remind the person of the trauma)

**Increased arousal**

(difficulty sleeping and concentrating, irritability, being on guard, and exaggerated startle response)

Source: [HELPGUIDE.org](http://HELPGUIDE.org)

News & Announcements:

**CEDAR is proud to support the EDC and their efforts to:**

[Help Launch the Eating Disorders Dream Bill & support Mental Health Parity On EDC Lobby Day 2007](#)

Groups at CEDAR:

**FREE MONTHLY SUPPORT GROUP FOR**

family members, friends and partners of eating disorder sufferers

**Next Meeting: Apr 21, 2007**

[Support Group Info & Meeting Dates](#)

Quote of the Month:

" Try to see the light. If it is difficult, then try to feel its warmth." - Maysoun Saadi

**PTSD - And How it Relates to Eating Disorders**

By Judy Scheel, PhD, LCSW

**E**xposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury or threat to one's physical integrity is included in the description of the diagnosis for posttraumatic stress disorder. The diagnostic classification continues. For children, sexually traumatic events may include developmentally inappropriate sexual experiences without threatened or actual violence or injury. (DSM pg. 424) Physical and/or sexual abuse, incest and rape are all included in the events hailing the diagnosis of PTSD. The findings remain inconsistent, however, as to the link between the development of an eating disorder in response to childhood sexual and/or physical abuse.

During the 1980's some studies indicated that incest or other sexual abuse typically preceded the onset of the later development of an eating disorder. (Waller, G. 1991) Statistics varied from more than one third of all incidences of anorexia and particularly bulimia nervosa had its origins in childhood abuse to its occurrence being as

frequent as are the occurrences among the "non eating disordered" psychiatric population. (Palmer in Brownell & Fairburn 1995) What seems to remain clear, however, is that one cannot assume that individuals who have eating disorders have had a history of prior sexual and or physical abuse. Contrarily, an individual who has been sexually or physically abused is at increased risk for the development of an eating disorder.

The diagnostic features associated with PTSD are of particular importance in the understanding of the etiology of eating disorders. The DSM IV states, "The Traumatic event can be re-experienced in various ways. Commonly the person has recurrent and intrusive recollections of the event...In rare instances, the person experiences dissociative states that last from a few seconds to several hours...during which components of the event are relived and the person behaves as though experiencing the event at that moment. Intense psychological distress or physiological reactivity often occurs when the person is exposed to triggering events that resemble or symbolize an aspect of the traumatic event...(DSM IV pg. 424)

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