



Mission Statement: We wish to provide a safe place for women and girls who are struggling with an eating disorder while providing physical, emotional, and spiritual healing in a conservative Anabaptist setting.

Bear ye one another's burdens and so fulfill the law of Christ. Gal. 6:2

What is an eating disorder?

The academic definition of an eating disorder is; any range of psychological disorders characterized by abnormal or disturbed eating habits (such as anorexia nervosa or bulimia).

To translate that into layman's term would be to say that an eating disorder is any unhealthy or disturbed eating habits or patterns that emerge as an outward sign of an inner struggle or disturbance. It is an all-consuming, life threatening disorder.

Symptoms vary, depending on the type of eating disorder. Anorexia nervosa, bulimia nervosa and binge eating are the most common eating disorders. Other eating disorders include: rumination disorder and avoidant/restrictant food intake. **The treatment of an eating disorder is an intense journey that involves three key parts of the victim's life. Successful treatment includes physical, psychological, and spiritual guidance.**



PMRC

September 2022
Newsletter



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PMRC
Recording Line:
712-432-3991
pin# - 7326837

Options:
Public Meeting #31
Dietitian # 13 & 14
Equine Therapy #23 & 24

A Note From The

Staff



What a blessing God has granted the Anabaptist communities by providing renewed inspiration to the right people, sufficient supplies, willing help, generous donations and other misc. to make a recovery center such as Peaceful Meadows a reality.

As a Recovery Coach, the new friendships that are built with the residents (and coworkers) are one of the many blessings. Added to that are the daily, refreshing walks, the time spent praising God in song, and the various, interesting subjects discussed around the table.

Experiencing the joy of seeing residents being discharged from PMRC with new hope in their hearts might be one of the greatest blessings involved. At that time, the memories of the difficult days that we first-hand observed them working through are now but a distant memory. How we at times longed to bear their pain for them, yet we realized each individual must fight her own battles to become a stronger Christian. The account of Job, how he was sorely tried and came out a stronger man of God, has been an encouragement to let God refine us like gold so that we can shine brighter after each struggle.

Family and friends, your support is also very important. Showing your loved one you care could be as easy as sending them a card and letter, or giving them a phone call. Numerous times I have seen where their day would suddenly become a shade brighter after being reminded that their loved ones care, and are remembering them in prayer. Also keep in mind, human nature is to find the negative of the situation, so make a conscious effort to convey a positive attitude in your correspondence. *-L. W.*

Treasurer's Report May 1 st – July 31 st		
Income:	Donations:	\$7,651.00
	Operations:	\$454,072.00
Expenses:	Staff Wages:	\$272,064.00
	Other operating:	\$224,182.00
	Debt:	\$427,710.00

Boardmember's Report



Greetings to all.

As a board member, I was asked to write a column in this newsletter. My role is treasurer, which is mostly working behind the scenes. I work with the receptionist and the administrators to ensure the accounting system is up to date, to monitor income versus expenses, to write checks, update payroll expenses, file sales taxes and other things like that. I do all this at my home and work remotely so I don't get to see the every day actions that occur at the facility.

I attend board meetings, usually every 3 weeks and occasionally in between when there are other projects or things happening.

Here at Peaceful Meadows there are always things going on. It's an interesting place! Regular wake up routine, mealtime, snack, devotions, singing, horse therapy, sewing and other activities keep it a well-structured schedule.

A 24/7 facility like this needs a lot of staff to keep it going. We are still in need of more Recovery Coaches, Counselors, House Parents, and other positions. If you, or someone you know, has an interest in any of these positions, please call our office at 315-759-6010.

Giving our time and efforts then listening to positive reports gives you a good feeling to be part of the team here at Peaceful Meadows.

- Leonard Martin

Administrator's

Report



"Beneath every behavior is a **feeling**. And beneath each feeling is a **need**. And when we meet that need rather than focus on the behavior, we begin to deal with the **cause**, not the symptom."

Not being a gifted writer, I struggled with what to write. After some reflection, the thought came to me,

Why not ask the residents and mentors here at PMRC?

The quote at the beginning of this article is a favorite of mine and ties directly into the subject both the residents and mentors mentioned which also relates to a question I am often asked. I often hear the question, "what can we do as a community to help people before they need to seek outside help?"

Do we take time to notice if those around us are struggling? Do we have good relationships in our own homes, or are there youth who are silently struggling while we're focused on our work or personal agenda? Do we schedule enough time in our day to send letters of encouragement to those who are struggling and to have family devotions?

The devotional we read the other day had a story in it about a \$20.00 visit.

A story is told of a young lad who begged his father to spend time at home with him. The father replied that he simply couldn't because he must work to pay off his debts. So the lad asked the his father how much he made per hour. "Twenty dollars," the father replied. A sober lad went to bed that night, again having spent no time with his father.

The next day the lad counted his money and discovered that he had \$10.00. He asked his mother for an additional \$10.00.

That evening the lad went to his father and gave him the \$20.00. "Son, what is this for?" the father asked.

The lad smiled and replied. "For an hour of your time."

This story is sad, but how often do we neglect both the little people and other adults around us as we pursue earthly things?

Are we willing to see the needs in our own church/youth? Where are our priorities? The work is great. It is only through God and His faithfulness that we can continue on.

The waiting list is long, but through the blessing of seeing residents strive so hard and gain victory, we can have the courage to continue. I want to thank everyone for all the support you have given us. PMRC isn't just about a few people, but rather; the efforts of many communities working together to provide financial and spiritual support. Thank you and may God bless each one of you.

"Being set free and walking in freedom are not the same. The first was done for us by Jesus, but the second we must choose to do ourselves, in His strength and by His grace."

– Irvin Shirk



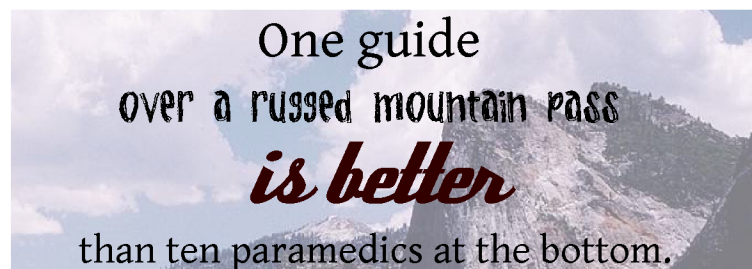
"He hath made everything beautiful in his time." Eccl. 3:11. Many times an eating disorder journey feels anything but beautiful. Recovery may seem far out of reach. I arrived at PMRC with much skepticism. *Would this really work?* But Peaceful Meadows came through with flying colors. I am so blessed that this Christian place was available when I needed it. We were surrounded with Bible reading, much good singing, Bible study class, many inspirational sayings/poems and a godly counselor.

I am forever grateful and indebted to God and His servants at PMRC for the healing I have been gifted. This healing comes with the rewarding price of completely giving up my will and agenda and letting God work His plan.

The journey was intense. But entwined with the hard work of recovery my new friends and I had wonderful times together! The humor, goodwill and camaraderie mixed with the regular schedule was outstanding. Every client was accepted and appreciated just for who we were. Thank-you to the wonderful, caring staff.

I learned a lot about the importance of a proper diet and a healthy weight. But even beyond that, I was pointed many times to God and His perfect plan for my life. God does have a plan for each of us. Our part is to trust in that.

One particular evening stands out to me. It had been a discouraging day and I was pointed to the story of Elijah under the juniper tree. He was ready to give up. Read this story for yourself and see God's gentle understanding and working with Elijah. Certainly "He hath made everything beautiful in His time." Praise His Name.





How Long Have Eating Disorders Been Around?

Eating Disorders have existed a long time. Historical descriptions vary from the time of Caesar in 700 BC where rich Romans would gorge themselves at lavish banquets, then purge so they could return to the feast to later centuries when women would starve themselves, believing their desire for food was sinful; in 1686, an English physician described a 20-year-old patient as “a skeleton clad with skin.”

While people have long experienced and displayed symptoms of eating disorders, it took hundreds of years before terms were ascribed to these conditions. Here is a brief history of three types of eating disorders that are widely recognized today.

Anorexia Nervosa

The term anorexia has been used for over 140 years, originating from the Greek language and means “without appetite.” Initially, the title “anorexia hysterica” was used in publications about this type of eating disorder. That changed during a medical presentation in 1874 when the condition was called “anorexia nervosa,” classifying it as separate from medical hysteria. Still, there has been some criticism over the etymology of anorexia because those with the condition do still experience hunger and have an appetite.

Bulimia Nervosa

Bulimia Nervosa wasn't named as an eating disorder until 1979 when British psychiatrist Gerald Russell coined the term more than 20 centuries after Romans exemplified its symptoms at Caesar's banquet table. Russell referred to bulimia nervosa as “powerful and intractable urges to overeat” in combination with a “morbid fear of becoming fat” and the “avoidance of the fattening effects of food” by using compensatory mechanisms, such as self-induced vomiting, laxatives, or prolonged periods of starvation.

Binge Eating Disorder

First called “Night Eating Syndrome” in 1959 by psychiatrist Albert Stunkard, he later specified that binge eating could occur at any time of day. It wasn't

until the 1990's that binge eating disorder (BED) was first recognized as a formal diagnosis. Prior to then individuals with this type of behavior were labeled emotional over eaters, compulsive over eaters and food addicts, with BED first studied in weight loss populations.

A Timeline of Eating Disorder History and Research

12th to 14th Centuries- Hundreds of years ago, a number of women practiced self-starvation as a religious practice. Saint Catherine of Siena (1347 – 1380) was one of the most well known of these women who would starve themselves for weeks or eat very little for months at a time. They believed that yielding to food was a sin; fasting was a way to show their devotion to God.

1689- English physician Richard Morton described symptoms of anorexia in a condition he termed, “wasting disease.”

1873 - Sir William Gull established the term “anorexia” – pointing out that it occurs in males and in females. At this time, anorexia started to move from the traditions of folklore and theology (women starving themselves as devotion to God) to the fields of medicine and psychiatry. It has been said that there was a transition from a pursuit of spiritual perfection to a pursuit of bodily perfection in sufferers with anorexia nervosa.

1888 - Doctors noted conditions similar to what we now know as eating disorders in both male and female patients.

Early 1900s – “Parentectomy” was considered an appropriate treatment for anorexia nervosa well into the 20th century. Essentially, a person with an eating disorder would be separated from their parents as a “cure”.

In 1903 – Dr. Pierre Janet noted bulimic behaviors in his patients. Other doctors reported patients displaying various signs of what we now know as bulimia – including bingeing, purging and abusing laxatives to maintain a low weight. Eating disorders were often treated as endocrine disorders at this time.

1940s – Psychoanalysis influenced how professionals considered anorexia nervosa as being linked to possibly sexual origins. Psychiatrists started taking on more patients showing signs of eating disorders.

1959 – Dr. Albert Stunkard first described binge eating disorder (BED). Interestingly, he noted that BED seemed to be linked to night eating.

1977 – Bulimia (binging and purging by exercise, vomiting and using laxatives) cases rapidly rose during the 1970s and 1980s in the U.S., England, France and

Germany.

1979 – Gerald Russell published an influential article “Bulimia Nervosa: An Ominous Variant of Anorexia Nervosa,” noting the difference in symptoms and health risks between patients who have anorexia and patients who have bulimia.

1980s – College counseling centers expanded counseling services for eating disorders. Celebrities started speaking out about their own eating disorders (Diana, Princess of Wales). Some treatment practices that are still used today (refeeding, talk therapy) were used with patients.

1980 – The Diagnostic and Statistic Manual of Mental Disorders (DSM-III) added an eating disorders section including anorexia.

1983 – Karen Carpenter died of heart failure – likely linked to anorexia – increasing awareness of eating disorders in the public eye.

1987 – The DSM-III-R listed bulimia as a separate eating disorder for the first time. The American Psychiatric Association mentioned binge eating in the Diagnostic and Statistical Manual of Eating Disorders (DSM). It was listed as a feature of bulimia.

1994 – The American Psychiatric Association again mentioned binge eating in the DSM-4. It was listed as a feature of “eating disorder not otherwise specified” (EDNOS).

21st Century – In 2013, Binge eating disorder is recognized as its own disorder in the DSM-5. For the first time, people can get treatment for this disorder and have it covered by insurance.

Staff:

Administrator: Curtis Martin
Assistant Administrator: Irvin Shirk
Assistant Administrator: Leon Weiler
Recovery Coach: Sharon Horst
Recovery Coach: Grace Nolt
Recovery Coach: Ida Zimmerman
Recovery Coach: Ranita Penrod
Recovery Coach: Katrina Bange
Recovery Coach: Arie Wengerd
Recovery Coach: Joann Hurst
Recovery Coach: Anita Zimmerman
Recovery Coach: Elsie Zimmerman
Recovery Coach: Sherica Wilson
Recovery Coach: Laura Faye Zimmerman
Recovery Coach: LaShawna Zimmerman
Recovery Coach: Sylvia Byler
Night Shift: Rachel Swarey
Night Shift: Linda Mast
Chef: Heidi Moser
Chef: SaraBeth Martin
Chef: Joann Hurst
Receptionist: Faith High
Nurse: Janet Shirk
Equine Therapy: Ruthann Weaver
Equine Therapy: Jane Hoover
Cleaning: Brianna & Kayla

Board:

Chairman: Daniel Martin
Vice Chairman: Nelson Horning
Treasurer: Leonard Martin
Secretary: David Hoover
Albert Herschberger
Seth Yoder
Jonas Stoltzfus
John Newswanger
Nevin Horst

Perhaps the butterfly is proof
that you can
go through a great deal of
darkness
and still become something
BEAUTIFUL.



Staff Needs

Recovery Coach

Looking for qualified persons, 18 or older to work closely with residents

Receptionist

Do you like doing office work and working with people? This might be the job for you!

House Parents

Searching for mature, Christian couples who are willing to sacrifice their valuable time and be “Mom & Dad” to our group of residents.

