

BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

Fall 2024



Featured Story:

**The History of Western Body Ideals:
Reflecting on Influences Over Time - Part 1**

Also In this issue:

- CMHA Community Partner of Distinction Award
- Unplugging to Reconnect:
Rediscovering the Joy of Face-to-Face Connections
- Breaking the Cycle: How EMDR Redefines Trauma Recovery
- Centering Culture, Community, and Collaboration in Eating Disorders
- Co-Development of a Resource Collection for Members
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BANA Be Yourself magazine is delivered virtually to community members, businesses, and organizations throughout the Windsor-Essex Region, and is also available online at www.bana.ca/magazine.

Direct email subscriptions are available by request to patrick@bana.ca. Owned and operated by the Bulimia Anorexia Nervosa Association, 1500 Ouellette Ave, Suite 100, Windsor, Ontario, Canada, N8X 1K7.



Publisher:

Luciana Rosu-Sieza
BANA Executive Director

Editor-in-Chief/Creative Director/Writer:

Patrick Kelly
BANA Public Relations and Communications Lead

Associate Editor/Writer:

Sara Dalrymple, MSW, RSW
BANA Registered Social Worker

Associate Editor:

Maryum Chaudhry, MPH
Health Educator

Reviewers:

Jenna Broad
Laura Larsh
Alexis Sauls Ramos

Photography:

M. Casey Photography

Guest Contributors:

Melissa Tar, B.A., R/TRO
Lindsay Renaud, MSW, RSW
Emily Tam, MPH, RD
Karissa Jeha, BSc, Masters Student
Heather Leblanc, MSW, RSW
Shelby Colarossi
Gabriela Sieza

Please Note:

All contributions and editorials are provided on a volunteer basis.

Publisher's Note:

Hello Readers! I am honored and delighted to welcome you to BANA BE YOURSELF— A Mental Health and Wellness magazine. Whether you're reading through these pages with your cup of morning coffee (tea), learning new tips about wellness, or just enjoying the beautiful positive messages, we are here for you.



A big thank you to all of the people who have contributed to this magazine, especially to our editing team and all of the contributing writers and photographers.

With so much uncertainty when it comes to mental health and wellness in the world today, our goal is to provide an accessible forum for education, discussion, and acceptance for both the general public and professionals alike. We hope, that in some small way, this publication can help.

Thank you in advance for the support— we are looking forward to bringing you many more issues in the months to come. We hope that you like this edition and we ask that you take forth the message to be kind to yourself, generous with others, and stay healthy.

Sincerely, Luciana Rosu-Sieza, Executive Director

DISCLAIMER*

Content within this publication may include details from the lived experience of the writer that could be triggering to some. Reader discretion is advised. Should you find yourself feeling distressed, please seek support.

Hosting and production of this publication are thanks in part to the support of the

Paradise Charitable Gaming Association



THANK YOU CMHA-WECB FOR SELECTING **BANA** AS THE RECIPIENT OF YOUR 2024

COMMUNITY PARTNER OF DISTINCTION AWARD

On September 18th, 2024, team BANA were guests at the Canadian Mental Health Association - Windsor Essex Community Branch's 53rd Annual General Meeting.

**BANA was honoured to be awarded the CMHA's
2024 Community Partner of Distinction Award.**

Our board of directors and staff are a passionate and dedicated team—small but mighty. English Historian John Hayward once wrote, "Many hands make light work." At BANA, we truly believe that meaningful partnerships and collaborations create a stronger, healthier, and more vibrant community.

We would like to thank Olympian and author, Danielle Campo-McLeod for sharing your inspirational story as the keynote speaker. Your resilience and drive are unmatched. You embody community spirit!

We would also like to acknowledge our Board Member, Stephanie Johnston-Teodorof, for nominating BANA.

And most of all, we'd like to extend our most sincere appreciation to the CHMA-WECB for recognizing the ongoing efforts of BANA to fosters health and wellness in our community.

Thank you all for a memorable day!



CANADIAN MENTAL
HEALTH ASSOCIATION
Windsor-Essex



lt to rt: BANA Board Member Stephanie Johnston-Teodorof, BANA PR and Communications Lead Patrick Kelly, BANA Executive Director Luciana Rosu Sieza



2024 Community Partner of Distinction Award



CMHA Board Member Eric Nadalin



lt to rt: CMHA CEO Nicole Sbrocca, and Luciana Rosu-Sieza



lt to rt: Luciana Rosu-Sieza, Danielle Campo McLeod, and Stephanie Johnston-Teodorof

Unplugging to Reconnect

Rediscovering the
Joy of Face-to-Face
Connections

by Melissa Tar



Have you hugged your phone today? If you're like most of us, you probably have – metaphorically, at least. Our smartphones have become such constant companions that they might as well be extensions of our hands.

But here's a thought: what if we put them down for a while and looked up at the actual humans around us?

Remember that teacher who made you feel truly seen? Or that friend who could make you laugh until your sides hurt – in person, not just with emojis or memes?

Those connections are the real deal, and it's time we reconnected with them. So, let's talk about how to unplug from our digital world and plug back into in-person conversation.

The Anxious Generation: How Technology Fuelled a Crisis

Okay, let's address the elephant in the room – or should I say, the virus in the air? The COVID-19 pandemic threw us all for a loop.

Suddenly, our screens became our lifelines to the outside world. And while technology kept us connected during those isolating times, it also created some not-so-great habits.

But as social psychologist Jonathan Haidt points out in his research on the "anxious generation," our addiction to tech didn't start with the pandemic. Haidt argues that the generation born after 1995, often referred to as Gen Z, has been particularly affected by the ubiquity of smartphones and social media.

These digital natives have grown up in a world where online interaction is the norm, potentially at the expense of developing crucial in-person social skills.

Here's what Haidt's work has revealed about the impact of technology on this younger generation:

- **Increased social anxiety:** The constant comparison facilitated by social media can lead to heightened self-consciousness and fear of social situations.
- **Delayed social development:** Less face-to-face interaction during formative years may result in delayed development of social skills and emotional intelligence.
- **Polarization:** Social media algorithms tend to expose users to like-minded views, potentially limiting exposure to diverse perspectives and hindering the development of nuanced communication skills.
- **Instant gratification culture:** The immediate feedback loop of likes and comments can make real-world interactions seem slow and less rewarding by comparison.

The irony? We're more "connected" than ever, yet loneliness is spreading faster than a viral TikTok dance.

The Great Tech Takeover: How Our Phones Became Our Overlords

These pocket-sized dictators have us jumping at every ding, Pavlov's humans salivating for the next notification.

We're all just lab rats in a giant experiment, pressing the 'like' button for another hit of dopamine, and drifting further away from truly connecting in person.

Social media platforms have turned us into seekers of instant gratification, constantly refreshing our feeds for likes and comments. We're more worried about our Instagram aesthetic than our actual surroundings.

Dating apps have reduced potential soulmates to a series of swipes, and we're more likely to text "LOL" than laugh out loud with someone in person. It has become a very sad existence.

We've replaced genuine conversations with emoji-laden text messages and substituted real-world experiences with virtual reality. Our devices promise connection but often deliver isolation, wrapped in a shiny package of convenience and instant gratification.

As for the kids these days? Their idea of 'going out' is moving from their bed to their gaming chair. We've become so 'connected' that we've forgotten how to connect. We're trading bear hugs for bear emojis, heart-to-hearts for heart reacts.

Kids These Days: From Couch Potatoes to Playground Ninjas

Our kids are turning into human-shaped pretzels, permanently molded to the contours of the couch. It's time to pry those tiny fingers off the tablets and reintroduce them to this magical place called "outside."

We need to get these kids, teens, and EVERYONE moving, connecting and relearning HOW to interact in person.

Let's face it, a child's natural state should be a perpetual motion machine, not a statue with occasionally blinking eyes. We need to remind them that "streaming" can also refer to a creek they can splash in, and that "tags" aren't just for social media posts – they're for chasing your friends around until you're out of breath...it's good for your cardio too!

All this running, jumping, and yes, occasionally falling isn't just about burning energy. It's about building confidence, creativity, and social skills that don't involve emojis. It's about learning to navigate the real world, when things go wrong, and learning how to persevere, build resilience and strengthen your ability to overcome adversity.

It's being able to regulate your emotions, work through conflict, and learn how to successfully build meaningful friendships.

Rediscovering Joy Through Therapeutic Recreation

A recreation therapist can be a trusted guide on your journey of unplugging and rebuilding relationships. For example, at Embrace Rec. we understand that trauma, whether from the pandemic, car accident, or our long-standing tech addictions, can make the prospect of socializing feel daunting.

That's why we specialize in creating therapeutic recreation programs designed to gently coax us out of our digital cocoons and back into the warm embrace of human connection.

What kind of programs should you be asking about? How about a nature connection workshop, where you can go on guided walks and learn the art of forest bathing—no smartphones allowed.

Or maybe a fun painting art project, where you'll get to know your fellow artists as you bring a beautiful work of art to life. And let's not forget about the analog game nights, where you can challenge your friends to a good old-fashioned board game showdown (and maybe even remember what it feels like to make eye contact while talking).

The beauty of these programs is that they're not just fun and games (although there's plenty of that, too). They're carefully crafted to help you redevelop the social skills and emotional intelligence that may have atrophied during our technology-fueled isolation.

And by doing it in a supportive, judgment-free environment, you can take those first tentative steps towards reconnection at your own pace.

But hold onto your hats, folks, because we're not just talking about any old fun and games here. Therapeutic recreation is a serious business—an evidence-based allied health field, no less!

Photo Credit: [davideangeliniphotos](#)





According to the Canadian Therapeutic Recreation Association (<https://canadian-tr.org/>), these superheroes in casual wear use recreation and leisure to promote health, well-being, and quality of life. It's like they've found a way to make "fun" a prescription—and I, for one, am here for it.

Now, let's talk about the 10 areas of recreation and leisure that these wizards of wellness work with:

It's about improving physical, cognitive, social, and emotional functioning.

It's about enhancing independence and well-being.

It's about rediscovering purpose and meaning in life.

In short, it's about becoming the best, most connected version of yourself—and having a blast while you're at it.

So, if you're ready to unplug, reconnect, and rediscover the pure joy of being present with others, I highly recommend reaching out to our team at Embrace Rec.

We'll guide you through the process with warmth, empathy, and a healthy dose of humour—because sometimes, we all need a little space and grace to find our way back to each other.

And who knows? You might just find that the real world is even more exciting than your Instagram feed. (Gasp!)

As we navigate the path to healing and reconnecting, one invaluable resource to consider is a recreation therapist. And lucky for us in Windsor, the wonderful owner at Embrace Rec (www.embracerec.com) has made it her mission to help people just like us rediscover the joy of face-to-face interactions.

For a list of article resources visit: <https://bana.ca/magazineresources/>

1

Sports and Athletics: Because sometimes you need to sweat out your tech addiction.

2

Outdoor Recreation: Nature: the original, ad-free entertainment.

3

Aquatics: Water you waiting for? Dive into some screen-free fun!

4

Arts and Crafts: Create something with your hands that isn't a text message.

5

Music and Drama: Express yourself without using a single emoji.

6

Dance: Move your body to a rhythm that isn't your phone's vibration.

7

Literary Activities: Remember books? Those things with pages you can actually turn?

8

Social Recreation: Interact with people who aren't inside your phone. Wild, right?

9

Travel and Tourism: Explore the world beyond your Google Maps app.

10

Volunteer Activities: Give back to your community without using a donation app.



Melissa is a survivor and thriver. She has taken her own adversity and spiced it up to find her authentic self. With a dash of humour and fun, she helps her clients and students EMBRACE their truest self.

As a recreation therapist, she likes to delve deep into the human condition to find the triggers that distort her

clients self-view, and create individualized programs to ignite fun back into people's lives.

An educator and entrepreneur focusing on holistic mental health and healing, she is eager to help more clients equip themselves with tools to heal. She can be reached at Embrace Rec (www.embracerec.com).



Breaking the Cycle: How EMDR Redefines Trauma Recovery

By Lindsay Renaud, MSW, RSW



Imagine living with painful memories that pop up at the most inconvenient times: a casual conversation with a friend, a peaceful moment at home, or even in the middle of an important work or school meeting.

Suddenly, you are overwhelmed by emotions you have not had in a while—almost as if the past is replaying itself in your mind. For many of my clients, this was the daily reality of living with unresolved trauma.

It can feel like a never-ending cycle, with no clear path forward.

I often left these sessions feeling their frustrations, wondering what else I could do to help these clients when they came to a fork in the road. This is when I discovered a different path.

From Doubt to Discovery

When I first heard about Eye Movement Desensitization and Reprocessing, commonly known as EMDR therapy, I was skeptical. This therapy claimed not only to help alleviate the symptoms of trauma and PTSD, but also to reprocess the traumatic memories themselves, offering a path to deeper healing and resolution.

It sounded almost too good to be true. Could a therapeutic approach really change how we experience our past and help us move forward with more peace and clarity? As with any treatment I use, I insisted on experiencing it firsthand before I was comfortable using it with my clients.

Therefore, when searching for an internship to complete my master's degree, I knew I wanted to join a clinic that actively practiced EMDR. By this point, I had written countless papers on trauma, read hundreds of journal articles, and spent hours researching the effectiveness of EMDR. Yet, I still was not convinced.

So, with the consent of the client, the clinic allowed me to watch an EMDR session from start to finish, where I was able to observe the incredible progress that occurred. By the end of the session, I was not only confident this could help, but I was excited and hopeful.

As I went through the extensive process of becoming EMDR trained, I had the opportunity to experience the treatment from a client perspective. I distinctly remember at the end of that week, I was lying in bed when I felt like a weight had lifted off my shoulders, but I could not pinpoint why. I brushed it off and went back to bed.

It was not until a few weeks later that I realized the true impact of those sessions. When a distressing memory surfaced and no longer triggered the same emotional response or disruption in my thoughts and behaviours, I had my "Aha!" moment. The EMDR sessions had truly made a noticeable difference.

So...Why Does it Work?

At this point, you may be wondering, "How is this possible?" When I ask clients about trauma, I often hear, "I might have some trauma, but it's not that big or important."

The truth is, trauma comes in many forms, both big and small. Whether it's a "big-T" trauma like a major accident or a "small-T" trauma like repeated rejection or hurtful comments, anything that distresses us and leaves a lasting emotional impact can be considered trauma. It is not about the size of the event, but how it affects you.

When traumatic memories are not fully processed by the brain, this may lead to intrusive thoughts, flashbacks, nightmares, and intense emotional responses that replay on an endless loop, leaving us feeling helpless at times.

EMDR helps to deal with unprocessed memories by reworking them in our brain, so they have less emotional impact, making it easier to fit these memories into our life story in a healthier, more adaptable way.

Since its development in the late 1980s by American psychologist, Dr. Francine Shapiro, EMDR has gained recognition as an effective approach to treating conditions such as post-traumatic stress disorder (PTSD), anxiety, depression, and panic disorders. However, it does not just stop there.

EMDR has also been shown to help with areas such as phobias, chronic pain, and grief. Its effectiveness is just as impressive: studies show that 100% of individuals with a single trauma and 77% of those with multiple traumas no longer experienced PTSD after an average of six 50-minute EMDR therapy sessions (Shapiro, 2014).

Bilateral Stimulation: A Balancing Act

I sometimes hear clients tell me that they have tried therapy over and over, and it just does not work for them—the memories are still triggering, and the distress is still high. This is where I love to introduce EMDR. It is not your traditional talk therapy. In fact, very little talking happens during the reprocessing stages.

The therapy takes place over eight phases, including a preparation stage where I ensure clients are provided coping strategies and skills to feel confident when they leave our sessions. However, a core component of EMDR occurs as we begin to desensitize the memory.

Shapiro accidentally discovered the core idea behind EMDR one day when she was out in nature: bilateral stimulation. This can be achieved through rapid eye movements (REM), which mimics the REM that occur during sleep and helps two parts of the brain work together to process information in a more adaptive way.

However, there are alternative methods, such as tapping, buzzers, or auditory signals in each ear that achieve similar results. I find some of my clients who are neurodivergent tend to prefer these methods instead, which allows them to use the most appropriate tool for their own reprocessing.

Once a client reaches the reprocessing stage, I help them recall specific distressing memories and any negative beliefs they hold about it. We also focus on the positive beliefs they want to adopt.

Throughout this process, I guide them through their chosen method of bilateral stimulation, which we would have already discussed and tested in earlier sessions.

In a nutshell, this process allows the brain to "digest" the traumatic memory, desensitizing the client to its emotional impact and facilitating a healthier, more adaptive understanding of the event and belief.

Adaptive is the key word here: we cannot change memories, but through bilateral stimulation and reprocessing, we can alter the way our brains store and process the past.

Benefits of EMDR

EMDR can be used by a range of individuals, from children to older adults. One of the most appealing aspects of EMDR is its ability to work relatively quickly. I have had clients begin to experience relief within a couple of sessions once we get into the reprocessing work.

EMDR is also non-invasive and does not require clients to talk in detail about their trauma, which can be particularly beneficial for those who struggle to verbalize their experiences.

The indirect benefits have also been incredible for some of my clients: improved sleep, greater emotional regulation, and enhanced relationships with those around them.

These positive changes often lead to an overall better quality of life, helping them feel more balanced and connected in their daily experiences.





EMDR in the Media

Both the American Psychological Association (APA) and the World Health Organization (WHO) endorse EMDR as a recommended treatment for PTSD. Yet, hearing firsthand accounts can make its benefits even clearer.

In 2021, Prince Harry publicly shared his own positive experiences with EMDR, highlighting its effectiveness in addressing his own trauma after the passing of his mother, Princess Diana. During a televised interview for his docuseries, "The Me You Can't See," Prince Harry shared that EMDR helped him address deep-seated trauma and anxiety.

By working through his unresolved grief and painful memories, he was able to feel calmer and more in control of his emotions. His openness about using EMDR has raised awareness of the therapy and its potential to help others facing similar struggles.

In fact, other famous faces such as Lady Gaga, Jameela Jamil, David Beckham, Justin Bieber, and Demi Lovato have all openly discussed their use of EMDR to treat their own trauma.

2024 and Beyond

EMDR has proven to be a powerful tool in the treatment of trauma. By allowing individuals to process traumatic memories in a safe and controlled environment, it helps to reduce the distress they cause and promote healing.

The therapy's increasing visibility, thanks in part to high-profile figures, highlights not only its value for mental health, but for those grappling with the aftermath of trauma, EMDR offers a glimmer of hope for long-term relief and recovery.

With the growing ways to use EMDR, I am excited to see what the future holds for trauma therapy, as I guide my clients through dark, difficult periods of their lives to a place of healing and renewed hope.

For a list of article resources visit:
<https://bana.ca/magazineresources/>



Lindsay started Afterglow Counselling & Wellness after working as a teacher through the pandemic and noticing the immense need for mental health services. The term "afterglow" symbolizes the emotional warmth and clarity that follows healing experiences, like the soft light after a sunset. Drawing from evidence-based approaches such as EMDR, Internal Family Systems (IFS), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioural Therapy (CBT), Dialectical-Behavioural Therapy (DBT), and Emotion-Focused Therapy (EFT), Lindsay tailors her approach to her client's unique needs and preferences. For in-person sessions, she has also utilized animal-assisted therapy and for those who prefer a more active approach to sessions beyond four walls, walk-and-talk therapy (ecotherapy). You can book an appointment for EMDR or other therapy sessions by contacting Lindsay at info@afterglowcounselling.ca or by calling (226) 778-4906.

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Centering Culture, Community, and Collaboration in Eating Disorders:

Co-Development of a Resource Collection for Members of Racialized Communities

By Emily Tam, MPH, RD

National Eating Disorder Information Centre



For much of the time that eating disorders have been known by name among the general public in North America, they have been widely believed to be illnesses that primarily affect affluent white girls and young women.

In her bestselling book *The Golden Cage: The Enigma of Anorexia Nervosa*, which was published in 1978, psychiatrist Hilde Bruch proclaims in the preface, "...a disease that selectively befalls the young, rich, and beautiful is practically unheard of. But such a disease is affecting the daughters of well-to-do, educated, and successful families."

Historian Joan Jacobs Brumberg subsequently explored the historical origins of anorexia nervosa and the contemporary social pressures that were contributing to the increasing prevalence of this eating disorder in her 1988 book *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease*, which she wrote to help promote understanding of anorexia nervosa among the general public.

The author of a book review for the New York Times newspaper states, "Among the questions Ms. Brumberg sets out to answer in her comprehensive and readable study are... why does the disorder have such a specific social address—white girls and young women from the middle class; not blacks, males or the poor?" (Simpson, 1988).

While numerous pieces of literature were published in the 1980s and 1990s that shed light on eating disorder experiences of Black people and other people of colour—for example, sociologist Becky Thompson's 1994 book *A Hunger So Wide and So Deep: A Multiracial View of Women's Eating Problems*—the notion of eating disorders being illnesses that largely affect white girls and women has persisted.

Despite research that shows that eating disorders are at least as prevalent among Black, Indigenous, and other racialized populations as they are among white people, there are disparities in how they are diagnosed and treated.

Studies conducted in the United Kingdom and the United States found that racialized individuals in these countries were less likely to seek and receive eating disorder treatment, and were less frequently diagnosed and referred to specialized treatment services (Coffino et al., 2019; Sinha & Warfa, 2013; Sonnevile et al., 2018). Factors contributing to these disparities include low levels of perceived need for treatment among these populations, differences in symptom presentation, and diagnostic criteria that do not account for cultural diversity (Tuomainen et al., 2024).

The dearth of informational resources for individuals who are Black, Indigenous, or a person of colour (BIPOC) both reflects and perpetuates the differential recognition of eating disorders and access to appropriate care.

At the National Eating Disorder Information Centre (NEDIC), we observed first-hand how this lack was leaving many members of racialized communities with support and treatment needs that were going unmet.

NEDIC operates a national helpline and a live chat service, and there have been instances in which we have been unable to provide reading material about eating disorders in a particular culture, or provide a referral to a local healthcare provider who is versed in the beliefs and practices of a particular culture, that an individual was hoping to receive.

Moreover, within the majority of the eating disorder resources and services currently available, factors that influence the ways in which members of BIPOC communities experience eating disorders are not adequately addressed, if they are at all.

This is why NEDIC was so excited to receive funding from The Slight Family Foundation to develop informational resources with and for members of racialized communities in Canada.

This funding enabled us to compensate contributors appropriately for their time and work, thereby developing the resource collection in a way that aligned with our organizational values.

We carried out an experience-based co-design project, working with BIPOC community members from across the country, each with unique eating disorder expertise—from lived experience, professional experience, or both—to create a collection of resources that reflects the multitude of ways in which eating disorders take form beyond a white Western frame.

Experience-based co-design, an approach to resource and service development that calls for participation from both those with lived experience and professionals, helps optimize care for individuals affected by eating disorders.

The principle of collaboration underpins theoretical models of eating disorder recovery, emphasizing the role of lived-experience experts as valued partners in the work of eating disorder professionals (Harrison et al., 2024).

In the spring of 2022, with a project team at NEDIC led by myself, as NEDIC's resource development coordinator and Ary Maharaj, outreach and education coordinator, we conceptualized our approach to the co-design process.

Recognizing that the umbrella term “BIPOC community” itself encompasses many diverse groups of people, we did not want to create only one resource to address the information gap.

We appreciate that even within the six cultural groups that we ultimately decided to organize around based on Ontario's [Anti-Racism Data Standards](#), there are a multitude of different cultures. We came up with a rough outline of what we were thinking the collection could include, with a unique resource each for the following six communities—Black, Indigenous, East and South East Asian, South Asian, West Asian and North African (Middle Eastern), and Latine—at the fore.

We then devised descriptions of the three different roles that community members could choose as their form of involvement, which could be as a consultant, content writer, and/or reviewer. In addition, we envisioned a guide for healthcare providers being a part of the collection.

Joined by a NEDIC volunteer, Anisha Hundal, and a master's practicum student, Anna Karbasi, both of whom also identify as racialized, we moved ahead to the community engagement and resource co-design phase of the project.

June to July 2022

-We conducted outreach to community members to announce the launch of this resource development project and inform them of the different roles that they could take on. This involved sending information to our mailing list subscribers and members of our networks, and posting information on our social media platforms.

-We invited community members to meet for individual conversations with me and Ary to learn more about the project and let us know how they were interested in being involved.

July to August 2022

-Ary and I held introductory 30-minute conversations with community members who expressed interest in the project and potentially taking on a role. Recognizing the importance of open and clear communication in enabling them to make informed decisions about participating, we provided as many details as possible up front, such as the anticipated time commitment, nature of the tasks to be carried out, and compensation. These conversations also were opportunities for us to ask about how we could support them so they would feel that they could meaningfully and comfortably participate.

-As we pieced together the project team, we held individual consultations with members which entailed meeting for 90 minutes and gathering their personal and professional insights relating to the relationships between culture and eating disorders, and their ideas about what to include in the resources. We transcribed these conversations, and with the transcripts developed a bank of stories and information for the content writing team to draw from. These were supplemented by a collection of academic papers that we assembled.

August to December 2022

-The content writing team met biweekly.

-We focused during the first meeting on creating conditions for team members to trust us as facilitators, and for them to feel comfortable with one another. As a group, we established our collective commitment to each other and to developing a resource collection together.



-Over the next few meetings, the group considered themes to address and elements to include in the resources, and discussed how the resources might be similar to and different from each other.

-Eventually, the group decided that each of the resources should cover the following topics: facts about eating disorders and disordered eating; culture-related factors that influence the development of eating disorders and disordered eating; treatment considerations; healing practices and coping strategies; and supporting a loved one. With this framework in place, the remaining scheduled meetings were primarily dedicated to writing. The content writers worked in small groups to draft the contents of the community-specific resources, pulling quotes, stories, statistics, and other research findings as they wished from the bank of transcripts and scholarly literature to which they had access.

December 2022 to February 2023

-The completed drafts were passed along to the review team. Reviewers read the draft of the resource that they had signed on to review.

- As the editors, the NEDIC team considered reviewers' feedback and revised the drafts according to their comments and suggestions.

In addition to the community-specific resources, the members of the project team affirmed that it was important to offer a guiding document for healthcare providers.

Many healthcare providers have received minimal exposure to eating disorders in their educational and practical training programs.

Similarly, many have received little education about racism and how it influences people's health risks and outcomes, and scant training in cultural humility, and how to provide culturally-sensitive care to racialized people.

In spite of this education and training gap, we opted not to get into the details of the different types of eating disorders and their diagnostic criteria, or of specific therapies. Information about all of these topics is widely available. What is not widely available, however, is literature about the intersection of eating disorders, race, ethnicity, culture, and trauma.

We chose the path of discussing broader approaches and philosophies that would be vital for any healthcare provider to consider when working with racialized individuals presenting with eating disorders.

Drawing from the consultations with members of the project team and their expertise, learnings that we had accumulated in our roles at NEDIC, and our own clinical work as a psychotherapist and dietitian respectively, Ary and I honed in on:

- countering misconceptions about how eating disorders "look" and what "health" and "recovery" mean;
- shedding light on structural barriers to care for racialized individuals with eating disorders; and
- providing considerations for practice and specific examples of actions that healthcare providers can carry out to help clients feel comfortable enough to engage in and benefit from treatment.

With our NEDIC volunteer colleague Anisha providing perspective through her research and lived-experience lenses, we drafted a guide to providing culturally-humble and trauma-sensitive eating disorder care.

Our draft then underwent a review by two clinicians of colour who, between them, have research-based expertise in the interplay between cultural factors and mental health, and experience providing psychological and dietetic care to individuals with diverse cultural backgrounds.

Between February and March of 2023, the completed drafts were transformed into electronic booklets and launched on the NEDIC website as the Let's Talk About Disordered Eating and Eating Disorders Among Racialized Communities collection.

We had originally planned to release all six of the resources for community members at the same time. Two of the content writing teams, however, were beset by various challenges that impeded their ability to produce the drafts that were expected from them.

Guided by NEDIC's organizational values of collaboration and equity, we endeavoured to figure out with them the fairest way to bring their drafts to completion in a timely manner for the benefit of the populations for whom these resources were being created. In both cases, additional content writers were recruited and due dates were renegotiated (and re-renegotiated).

While it took several more months than initially planned, allowing the content writing process to be extended rather than unduly rushing it ultimately resulted in outputs that all members of the project team were happy with.

Let's Talk About Disordered Eating and Eating Disorders Among Racialized Communities is available for free at <https://nedic.ca/bipoc>. As of the publication date of this article, the resources are available in English only; however, they are being translated into French, and NEDIC hopes to be able to translate them into other languages.

For a list of article resources visit:
<https://bana.ca/magazineresources/>



Emily Tam, MPH, RD (she/her) has been practicing as a dietitian since 2015. Since joining the National Eating Disorder Information Centre as a helpline volunteer in 2008, Emily has fulfilled a variety of roles within the organization. She currently serves as a resource development coordinator, overseeing the creation of informational materials for diverse audiences.

Let's Talk About Disordered Eating and Eating Disorders in Racialized Communities

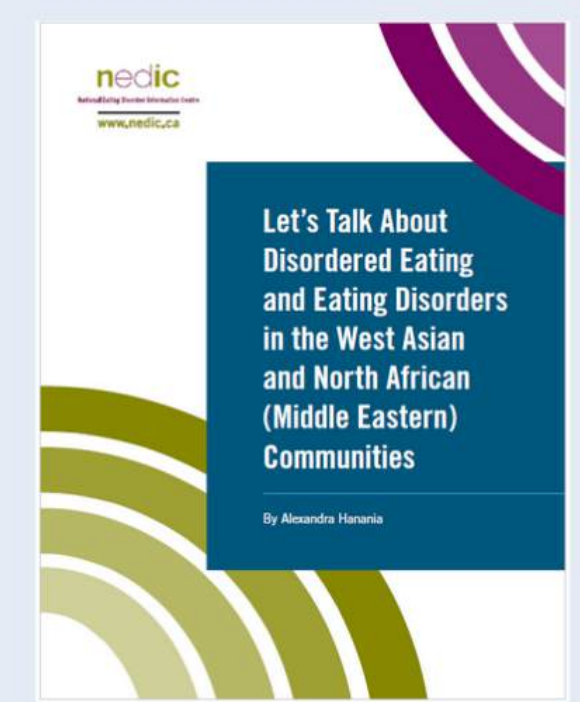
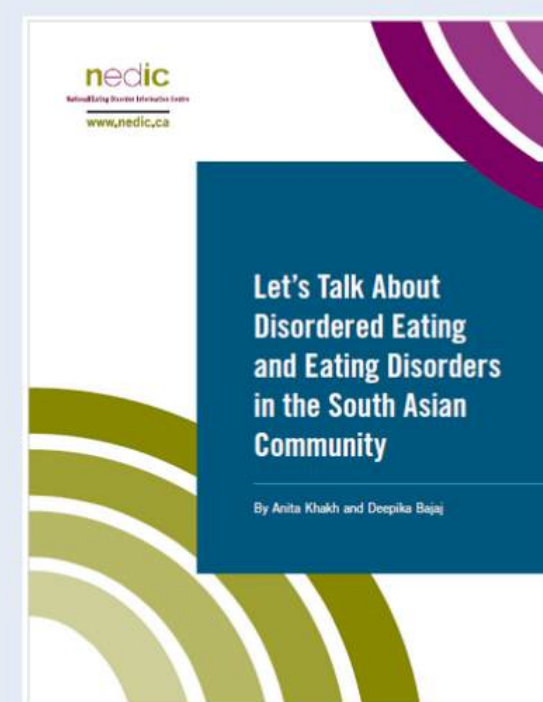
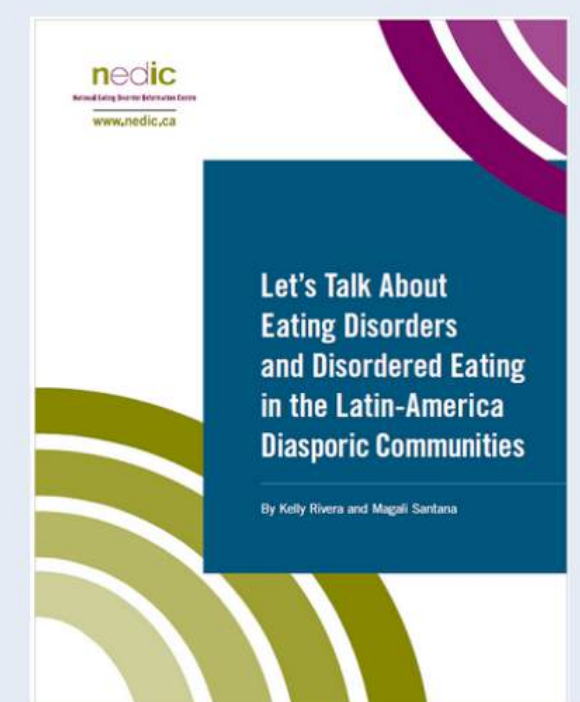
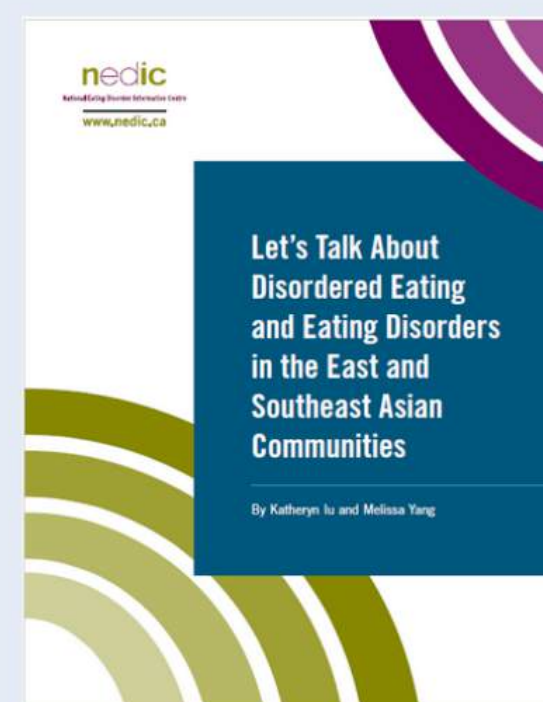
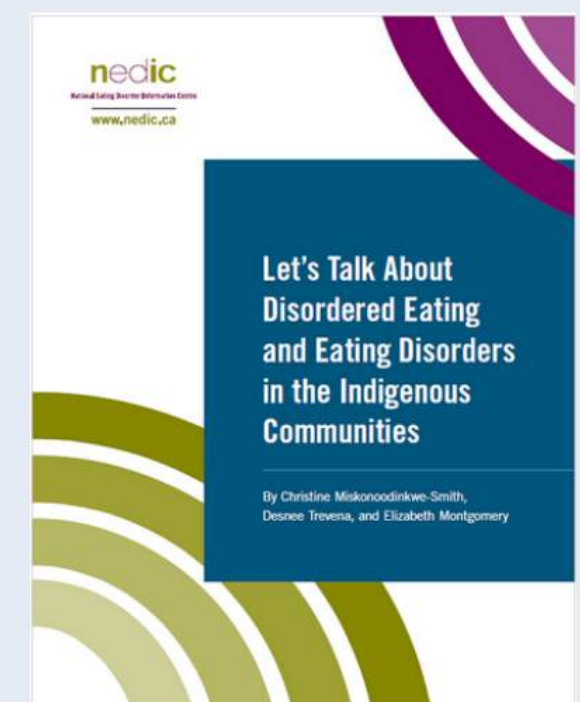
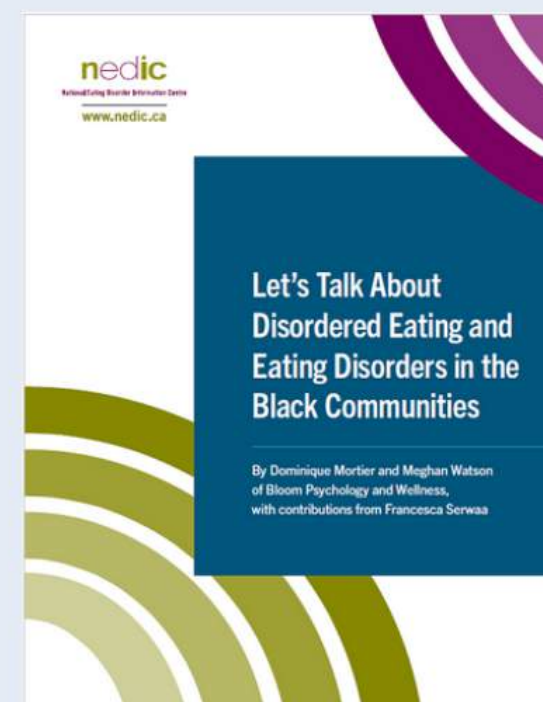
Guides to eating disorders in the Black, Indigenous, and People of Colour communities *by and for* community members and carers

The scarcity of informational resources specific to eating disorders in Black, Indigenous, and People of Colour (BIPOC) communities leaves many individuals affected with eating disorders who belong to these groups with unmet support and treatment needs. Eating disorders in racialized individuals are frequently unrecognized and undiagnosed. Even when they are identified, many racialized individuals encounter multiple barriers to receiving support and treatment. Within the majority of the eating disorder resources and services currently available, factors that influence the ways in which members of BIPOC communities experience eating disorders are not adequately addressed, if they are at all.

To address this gap, alongside BIPOC eating disorder experts – both individuals with lived experience and health professionals – from across what is colonially known as Canada, NEDIC co-developed a collection of culturally-tailored resources for BIPOC community members. Scroll down to explore these resources!

If you are a healthcare provider seeking to enhance your knowledge and skills in supporting BIPOC clients, see [Guidance for Healthcare Providers](#).

The development of these resources was made possible with funding from the Slight Family Foundation.



The Lessons I Learned From a Cooking Camp with Kids

By Karissa Jeha, BSc, Master's student



Photo Credit: robert kneschke

Growing up, cooking was an integral part of my childhood. I had the privilege of spending time with my father and grandparents after school, learning about my culture's recipes while developing essential culinary skills. As I reached adulthood and broadened my horizons, I realized that not everyone had the same opportunities that I did in the kitchen.

Recent research has shown that food and cooking skills have become a significant public health concern. As generations evolve, societal norms and lifestyle trends have impacted the transfer of food and cooking knowledge, leading to a noticeable decline in the transmission of culinary expertise from older to younger generations.

Factors such as "time poverty", increased workforce participation by women, longer working hours, reduced in-home food mentoring, food prices, food security, income, and employment have all contributed to the decline in food skills among newer generations.

Additionally, the proliferation of convenient and fast foods, and delivery applications has diminished the need for in-home food planning and preparation using fundamental ingredients.

Moreover, research has indicated that home economics classes are often perceived as 'non-academic' subjects that teach 'lower-level' skills. Where these classes are offered, they are often optional, reinforcing the idea that they are less important. Some home economics teachers have even reported that administrators view the class as more of a "frill" than a necessity.

Over the past three years, the University of Ottawa has offered children aged 8-16 the opportunity to participate in a culinary camp, where they learn the fundamentals of cooking.

This year, I had the privilege of taking on a leadership role at the camp as part of my final placement for my undergraduate degree in Dietetics.

During the summer, I was responsible for developing recipes that the campers would prepare throughout the week, including snacks, lunches, and desserts. These recipes provided the campers with hands-on experience in essential kitchen skills such as knife handling, food safety and hygiene, various cooking techniques, time management, baking, and presentation.

Additionally, the camp fostered the development of teamwork, communication, problem-solving, and even math skills!

It was incredibly rewarding to witness the pride and joy that the children experienced when they saw the results of their hard work—and believe me, it truly was hard work.

Throughout the camp, I had the pleasure of watching children develop new skills for the first time. Whether it was learning how to use a blender, handle a knife (and tell their mom all about it!), or overcome their fear of a hot skillet, these moments highlighted the impact this camp had on their confidence and growth.

Being in a kitchen with children who are eager to learn is a truly fulfilling experience, one that reinforces the positive influence we can have in shaping their future.

The camp also provided an opportunity to incorporate nutrition education sessions with the campers throughout the day. Over the course of the week, the campers learned how to properly read, follow, and understand a recipe.

They were introduced to the Canadian Food Guide and the components of a balanced meal, as well as how to read and interpret food labels. The campers were also educated on the importance of respecting all types of food, whether familiar or foreign to them. In addition, they engaged in interactive games, such as matching meals to their country of origin, and learned about food sustainability.

The week concluded with a fun "Myth vs. Reality" game, where the campers applied the knowledge they had gained throughout their time at camp.

Throughout the week, the campers were able to let go of the toxic diet culture beliefs they came in with.

They developed a newfound ability to think critically about the marketing messages they encounter and demonstrated just how much they can absorb when learning in a judgment-free environment.

By the end of camp, the kids had gained a wide range of new skills and a deeper appreciation for the culinary world. It was truly inspiring to see how even a four-day camp could have such a significant impact—not only on the children but also on me.

The experience left a lasting impression. Witnessing firsthand the impact of these culinary camps on children's food literacy and confidence in the kitchen was inspiring. It was so profound that I have chosen to focus my master's thesis on the influence of culinary camps on the food literacy of children.

I hope to further explore how such programs can shape lifelong healthy habits and empower future generations.

With permission, I'd like to leave you with a few of my favourite recipes from the camp and maybe you and the youth in your life will test your culinary talents too.

CowBOY Rice SALAD

For four servings

Ingredients

Rice salad

- 1 cup bell pepper, diced
- 1/2 cup onion, chopped
- 1 cup corn kernels, drained
- 1 cup black beans, drained and rinsed
- 2/3 cup tomatoes, diced
- 1/2 cup cilantro leaves
- 2 1/4 cups cooked rice

Dressing

- 3 table spoons lemon juice
- 1/4 cup olive oil
- 1 teaspoon honey
- 1/8 tsp paprika
- 1/8 tsp cayenne pepper
- 1/4 teaspoon cumin powder
- 1/4 teaspoon garlic powder
- 1/4 teaspoon salt
- Black Pepper (to taste)

Instructions

Group A

1. Place Dressing ingredients in a small bowl, mix well.

Group B

1. Add peppers, onion, corn kernels, black beans, tomatoes, cilantro leaves, and cooked rice to the mixing bowl, then add dressing.
2. Toss until all of the ingredients are evenly coated with the dressing.
3. Split evenly in 4 bowls.



MEDITERRANEAN PASTA SALAD

For four servings

Ingredients

Pasta salad

- 2 cups pasta, cooked
- 1/2 cucumber, diced
- 1/2 cup sliced kalamata olives
- 1/4 of an onion, thinly sliced
- 1 cup of chickpeas

Lemon dressing

- 1/4 cup olive oil
- 1 tsp dried parsley
- 1/2 tsp garlic, crushed
- 1/8 cup lemon juice
- salt to taste

Instructions

Group A

1. Bring water to a boil then add pasta and let cook in boiling water for 10 mins. Once cooked, drain in strainer and wash with cold water.
2. Measure the all dressing ingredients and place in a bowl.
3. Whisk all ingredients together until combined.

Group B

1. Add cucumber, kalamata olives, chickpeas, and onion to the mixing bowl.
2. Once pasta is cooked add to the mixing bowl, then add dressing.
3. Toss until all of the ingredients are evenly coated with the dressing.
4. Split evenly in 4 bowls.



BEAR PAW

For four servings

Ingredients

Dry ingredient

- 1 cup all-purpose flour
- 1/3 cup wheat flour
- 1 tsp. baking soda
- 2 tsp pumpkin spice
- 1 pinch salt

Wet ingredient

- 1/4 cup unsalted butter
- 1/4 cup brown sugar
- 1/3 cup molasses
- 1 tsp vanilla extract

Instructions

1. Preheat oven to 350F. Line one baking sheets with parchment paper.
2. In a bowl, combine dry ingredients.
3. In another bowl, cream (into a paste) unsalted butter and brown sugar until smooth.
4. Mix in remaining wet ingredients.
5. Stir dry ingredients into wet ingredients.
6. Portion out 8 cookies with a spoon and place them on the baking sheets, spacing them out.
7. Flatten the cookies with your fingers to a thickness of about 1 cm (1/2") and shape them into an oval. Using a knife, form 5 fingers by making 4 small incisions in the dough.
8. Bake for 8 minutes and let cool.



My name is Karissa Jeha. I am a nutrition student from the University of Ottawa. I was born and raised in Ottawa, Ontario, but I am of Lebanese descent. My heritage has allowed me to explore the world of flavour and culinary traditions, and my studies have given me the opportunity to share it with others.

Karissa Jeha. Je suis étudiante en nutrition à l'université d'Ottawa. Je suis d'origine libanaise, par contre, je suis née et j'ai grandi à Ottawa, en Ontario. Mes descendants m'ont permis d'explorer le monde de saveurs et des traditions culinaires et mes études me permettent de partager mes connaissances dans diverse cadres.

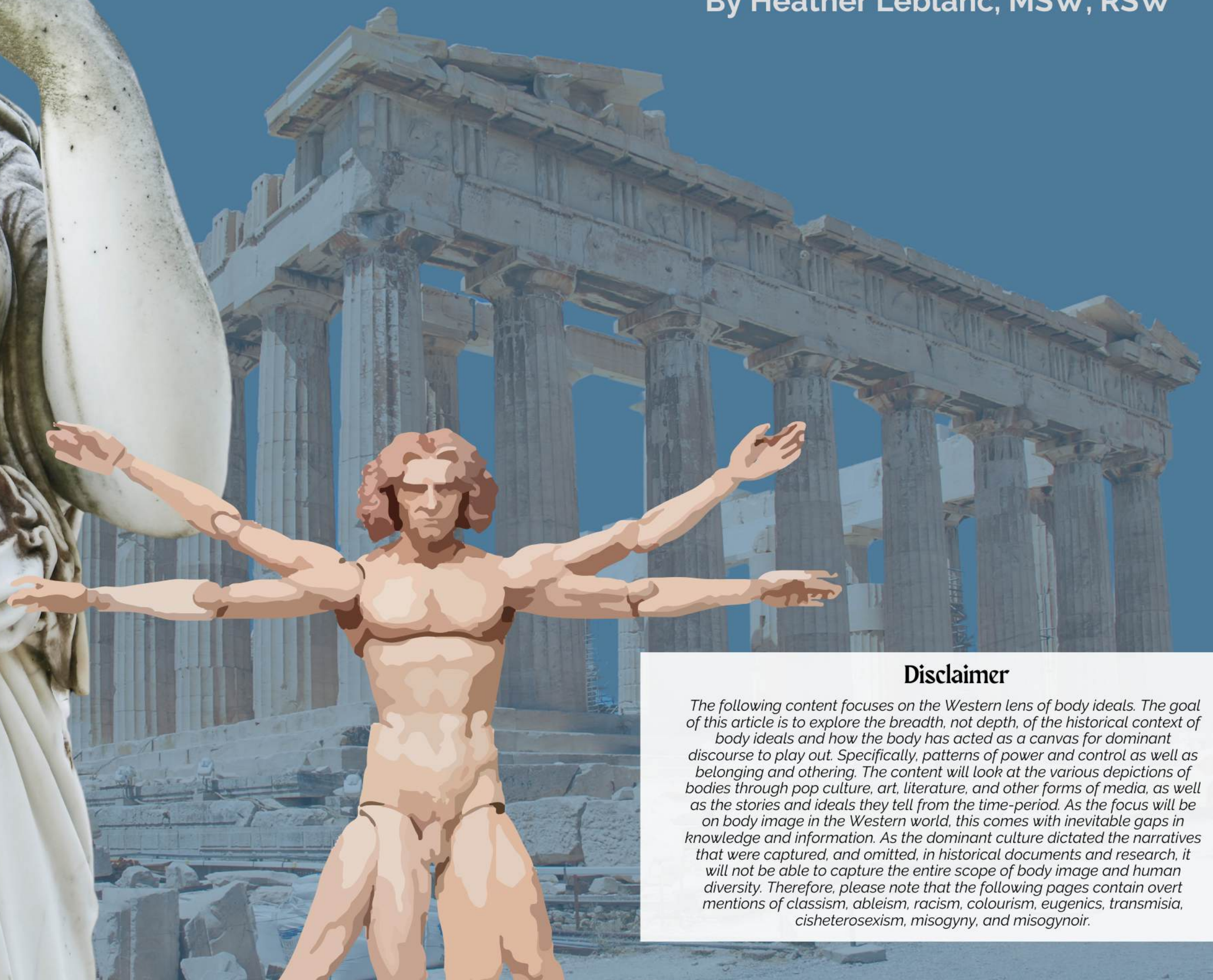
The History of

5 Part
Series

Western Body Ideals

Reflecting on Influences Over Time

By Heather Leblanc, MSW, RSW

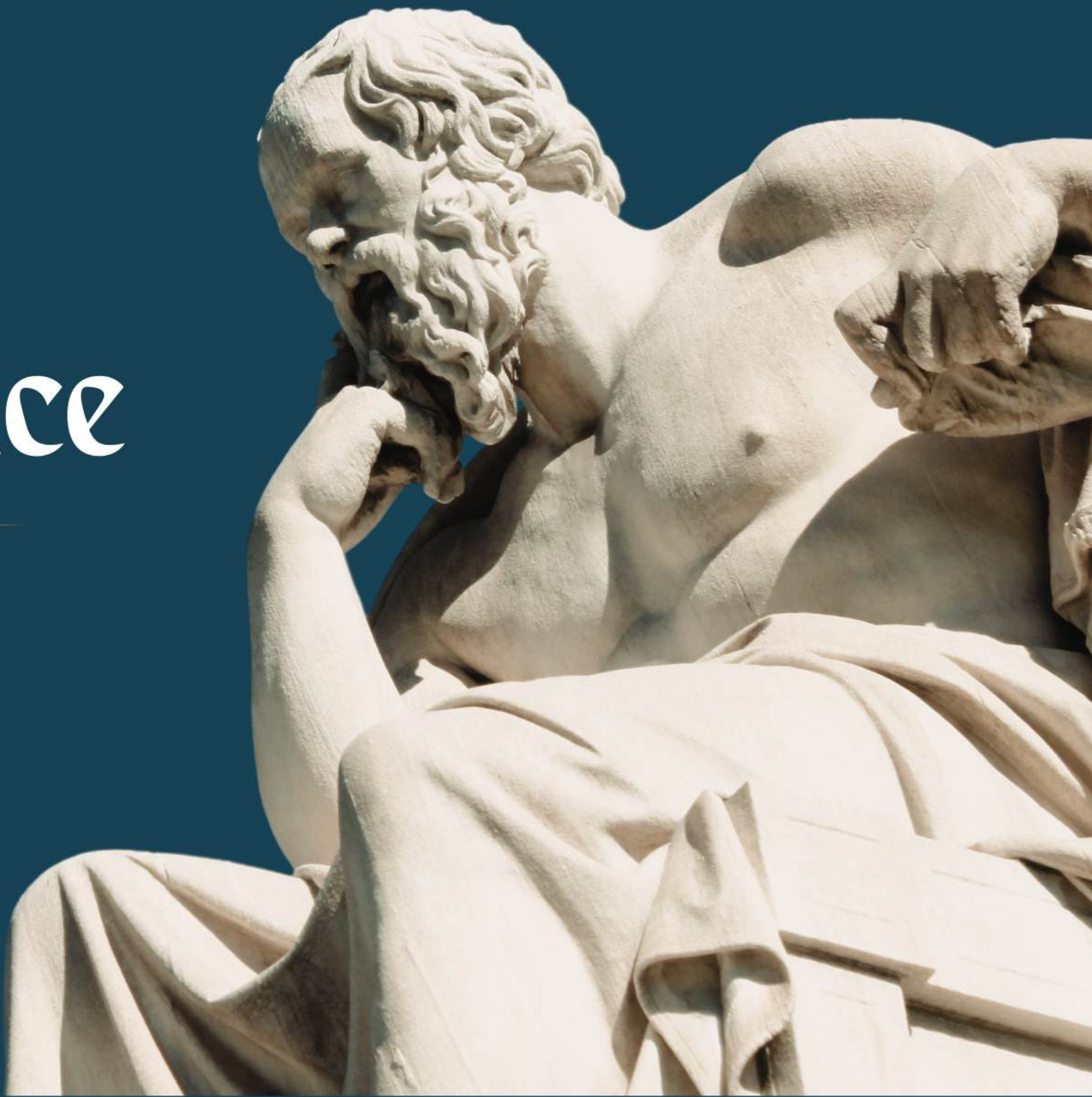


Disclaimer

The following content focuses on the Western lens of body ideals. The goal of this article is to explore the breadth, not depth, of the historical context of body ideals and how the body has acted as a canvas for dominant discourse to play out. Specifically, patterns of power and control as well as belonging and othering. The content will look at the various depictions of bodies through pop culture, art, literature, and other forms of media, as well as the stories and ideals they tell from the time-period. As the focus will be on body image in the Western world, this comes with inevitable gaps in knowledge and information. As the dominant culture dictated the narratives that were captured, and omitted, in historical documents and research, it will not be able to capture the entire scope of body image and human diversity. Therefore, please note that the following pages contain overt mentions of classism, ableism, racism, colourism, eugenics, transmisia, cisheterosexism, misogyny, and misogynoir.

Part 1:

Ancient Greece to the Renaissance



As a social worker at BANA, a central part of the psychotherapy I do here revolves around helping clients with their body image and equipping them with tools to challenge what is keeping them stuck in the realm of body shame.

Over the years that I have been doing this work, I have found that while my clients were making powerful changes in their recovery journey, they were still struggling to challenge their deeply embedded anti-fat bias. This was not shocking considering that the society we live in promotes a relentless pursuit of thinness.

While traditional CBT tools were invaluable, they didn't quite get to the core of what was maintaining this fear of fatness. This became a consistent struggle for myself, and I often felt that a core maintaining mechanism was going unaddressed in therapy. Through conversations with clients, I found that the same messages kept coming up, echoing common myths about folks in larger bodies.

I set out on a journey of personal exploration to see where these myths came from and why they were so embedded in our social consciousness.

What I discovered was that our current beliefs were enmeshed in racist, ableist, and classist ideals originating centuries ago that were reinforcing the idea that some bodies are inherently "wrong".

What resulted from this research was the creation of the following timeline.

This timeline was constructed in an attempt to present hundreds of years of information in a digestible format that would open up the opportunity for conversations, critical reflection, and learning.

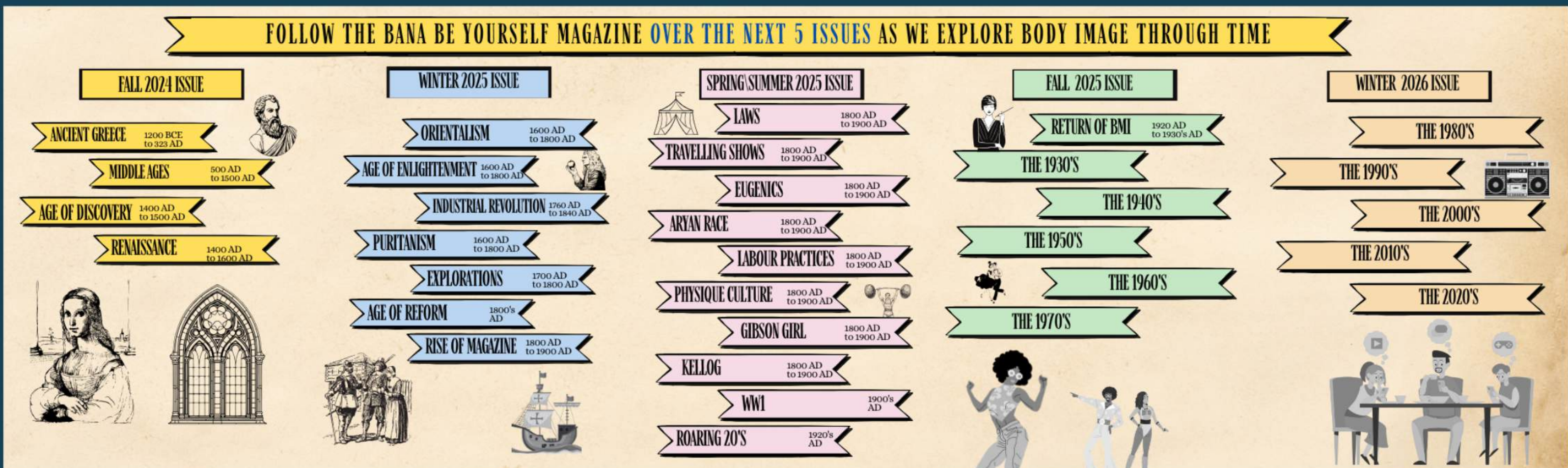
Since having presented some of this information in sessions, what I have heard from my clients is that understanding the origins of anti-fat bias has empowered them to divest from it and its influence on their everyday lives.

The Be Yourself magazine will showcase this timeline over the course of 5 issues (see chart below).

Please note, the content you will be reading is an incredibly condensed delivery of what is intended to be explored over months of in-depth conversations in a therapeutic setting.

The timeline has been dissected and presented in a way to serve as a starting point of various historical events that have laid the foundation for our modern society and views.

Please browse the linked list of reading recommendations at the end of the article to continue your learning.



This timeline would not have been possible without the work of Black and Brown authors and researchers as well as the work of fat activists and fat liberationists.

The information that I am sharing with you, the reader, has come directly from those with lived experience, such as Aubrey Gordon, Sonya Renee Taylor, Da'Shaun L. Harrison, Esther Rothblum, and Sondra Solovay.

I would like to especially highlight the work of Sabrina Strings and her book "Fearing the Black Body: The Racial Origins of Fat Phobia," which proved to be a seminal piece of literature which transformed my understanding of anti-fat bias and anti-Black bias and is what started this entire research journey.

Soon after reading it, I began weaving her knowledge into my sessions and I found that clients were taken by it, just as I was when I was first introduced to her research.

Strings' work is foundational and served as the launching point for the remainder of the research that was woven into the timeline. I highly encourage anyone who is committed to anti-oppressive practice and dismantling anti-fat and anti-Black bias to purchase the authors' books, and I have linked them for your ease in the recommended reading list.

"If we are struggling to reject the lies we've been told about our devalued identities, we will not be able to build healing relationships with others. The devastating truth is until we are able to heal our internalized stigma, we will not allow ourselves the opportunity to be seen and loved for who we are" (Kinsey, 2022).

When reading the following article, I encourage you to first reflect on intersectionality and your unique identity (please use the Wheel of Privilege).

Coined by Kimberlé Crenshaw, intersectionality refers to a way of understanding the various identities people may hold and the effect on how they experience the world.

"The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination "intersect" to create unique dynamics and effects" (Center for Intersectional Justice, n.d.).

We do not exist within a vacuum, exempt from society at large. It is crucial to understand social identities within a broader framework as they interact on multiple levels and cannot be analyzed in isolation from one another.

Inevitably, the ideals we have internalized throughout our lifetime are not only influenced by what we experience in the present day, but also by the historical dominant power structures that have directly led to the structure of today's society.

Despite the degree of privilege some identities and positionalities are afforded, we are all negatively impacted by issues such as racism, misogyny, ageism, and anti-fat bias. These forms of oppression serve to subjugate those deemed as "other" and "inferior" while also controlling those who are not "othered".

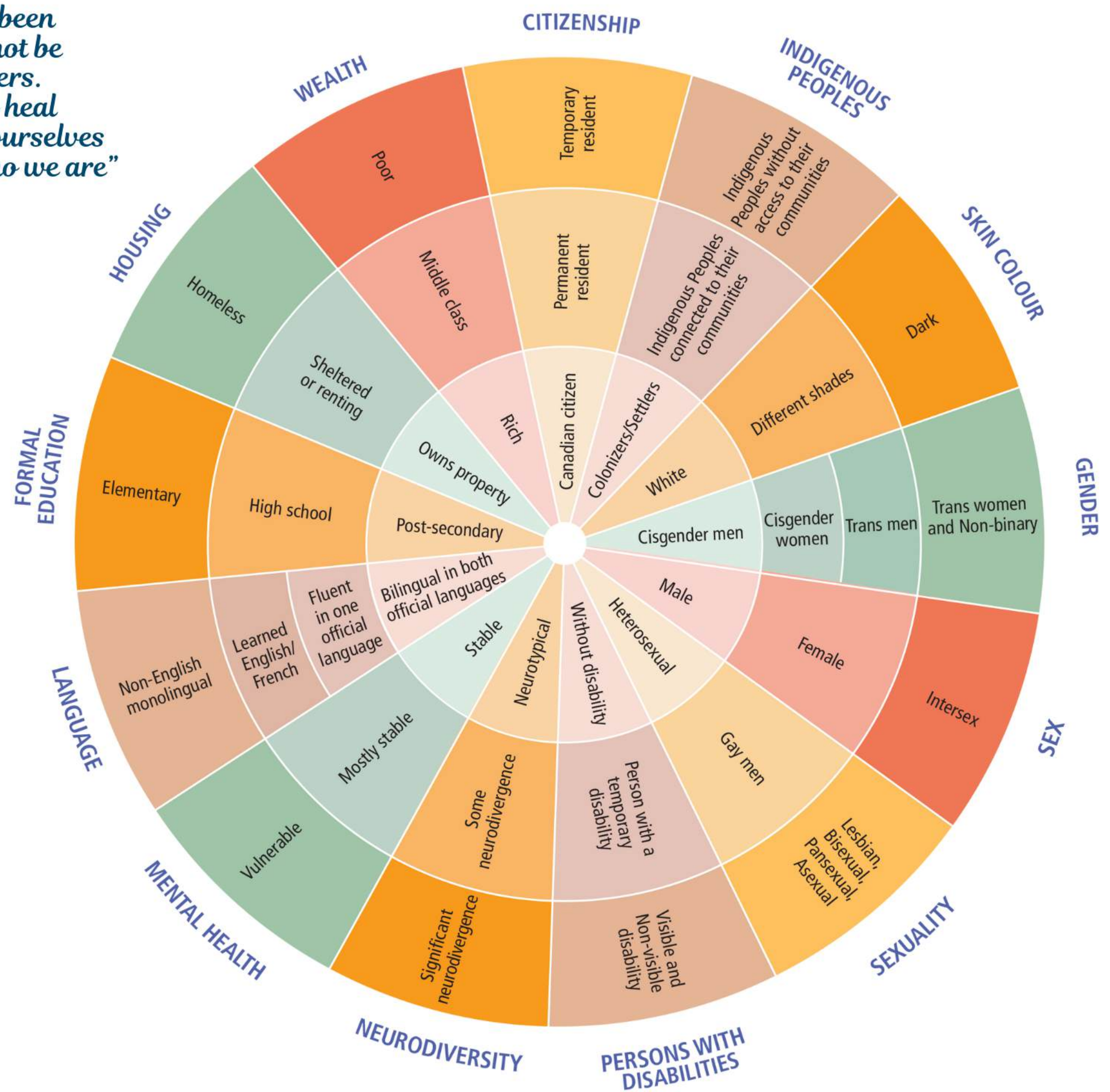
Therefore, the aim of exploring the sociocultural and political impacts of Western body ideals through the timeline is to create dialogue and empower people to divest from these narratives.

With this in mind, my unique positionality has given me opportunities to both benefit from and be disadvantaged by our socio-cultural systems of power and oppression.

The way I interact with and share this information will be colored by these factors and may be similar or different to the experiences of those reading this. Please critically reflect on these systems of oppression for yourself.

WHEEL OF PRIVILEGE AND POWER

(the closer you are to the centre, the more privilege you have)



Note: the categories within this wheel are only examples in the Canadian context, and we should not limit ourselves to them. Intersectionality is a broad concept, and this tool is only a beginning point.

Ancient Greece is the foundation of Western society with an enduring impact on modern civilization. Reflect on the following points and the implications that are still present today.

Think of the law, democracy, mathematics, the medical system, and so on.

→During this time, we saw the introduction of an early classification system based on climate and geography. An importance was placed on the body and studying it and then used as a way to justify regional peoples' superiority.

→Ancient Greece was misogynistic and ableist, with philosophers like Aristotle and Plato positioning men at the top of society's hierarchy, viewing women and disabled individuals as inferior.

→Greek society relied on citizen-soldiers, making physical strength crucial for their ability to conquer surrounding areas. Physical prowess was a way to achieve honor. Strength was associated with masculinity and being the ideal virtuous citizen, making the male form the focal point of society.

→Philosophers associated physical ability with moral and intellectual superiority, diminishing citizens who did not fit this ideal (i.e. ageing and disabled bodies). Early ideas around eugenics appeared in Plato's works; euthanasia practices, discouraging procreation within the lower classes, and mating guidelines for an ideal society.

→The nude male figure was the focal point in this war-based society; depictions were influenced by mythology (ex: Hercules, Achilles & Odysseus) and the Homeric hero (encouraging toxic masculinity through stoicism, courage, strength, and fearlessness). Consider how, today, we still see the Greek influence in male body ideals (ex: enhancing the Apollo/Adonis belt—something that was commonly seen on statues with mythological reference points. Although this is largely influenced by genetics, it is presented as an achievable ideal for all).

→Sculptures and paintings of men were abundant. These pieces of art of the "prototypical" man were not necessarily accurate, but instead depicted idealized conceptualizations with lean bodies, defined muscles, large chests, and small penises.



The Farnese Hercules
Glycon of Athens, Lysippos



Panathenaic amphora depicting athletes

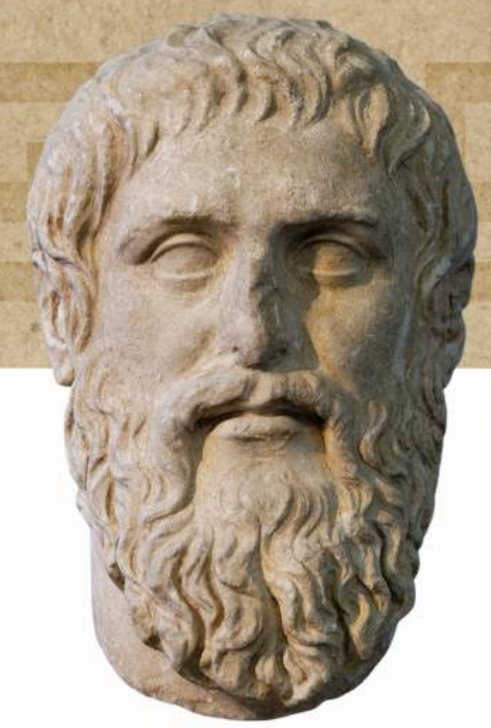


Greek bronze bust of Aristotle
Lysippos



ANCIENT GREECE

1200 BCE
to 323 AD



Plato
Silanion

→Polykleitos used mathematical measurements to map out a "perfectly balanced" body, creating a narrow definition of beauty and leading to scrutiny of those in larger bodies. These measurements were based on what he believed to be symbolic of the Greek ideals of balance, harmony, and proportions.

→The introduction of gym culture and the Olympics normalized assessing and comparing each other's bodies in public, reinforcing the idea that a muscular physique was essential for male identity. Showing your body off in the nude was the ultimate way to present yourself as a man in society and receiving criticism in public was common, making the body an opportunity for public discourse. Gymnasiums became a fundamental part of a man's life and frequenting them was a part of your civic duty, including for famous scholars like Socrates and Plato who were known to spend time teaching at gymnasiums. Women were not welcomed at gymnasiums.

→Softness and curvature were associated with femininity and demonized in men. In some art, curvy women were depicted as this was indicative of fertility and health. Generally, femininity was seen as having very little to offer in a war-based society. Men trained and worked tirelessly at gymnasiums to avoid association with femininity and to uphold their societal role.

→Socrates has written on how it is not only your involvement in war and society that is integral to your civic duty, but also how your body looks while doing so (making the body a part of the political realm).

→Ancient Greece's influence on modern diet culture is notable, particularly in medicine, where concepts of morality and health were intertwined.

→Early philosophical thoughts regarding mind-body dualism appeared in Plato's Dialogues, where the mind and body are seen as separate entities. Plato believed the mind could dominate the body, as they were not interconnected and one could exert control over how their body developed.

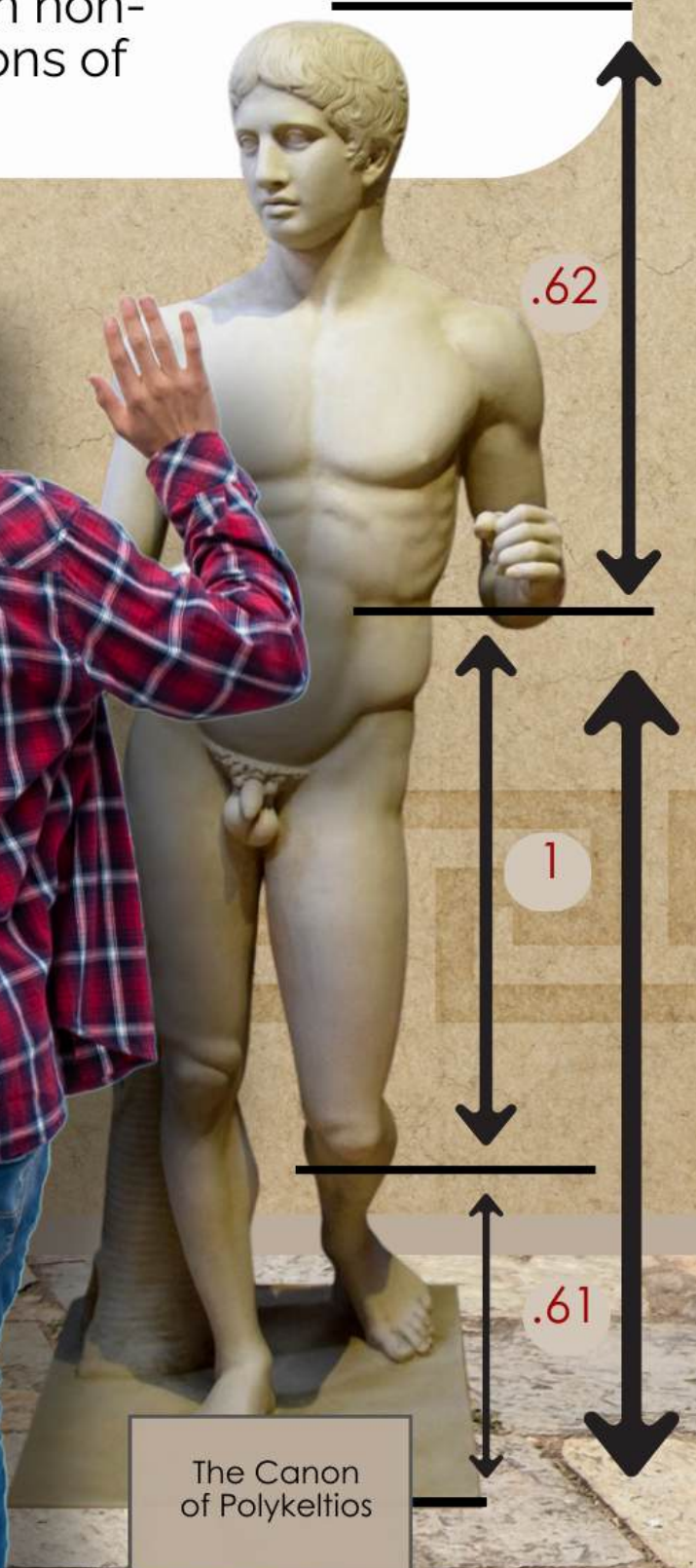
→Ancient Greece experienced extreme prosperity, leading to a complex relationship with the idea of "abundance". The Greeks were focused on ideas of moderation and balance, driven by a fear of hubris and moral decay. An overabundance of anything was linked to moral failing (sex, food, drinking, body fat). Those in fatter bodies began to be scrutinized for focusing too much on one pleasure, hypothesizing that this would lead to the destruction of social harmony.

→Fatness was linked to a disease of the spirit (as opposed to a disease of the body, which we see now in dominant narratives). Hippocrates, the father of modern medicine, introduced dieting and other efforts to reject "too much pleasure" in the name of health (the Greek word 'diaita' translates to 'way of life, regimen').

→This period also saw the link between racial hierarchies and diet culture, with non-Greek diets leading to perceptions of inferiority as a human.



Venus Genetrix
Callimachus



The Canon
of Polykleitos

MIDDLE AGES

500 AD
to 1500 AD

- Rise of Christianity made the naked body something shameful that should be hidden, marking a sharp shift in the ideals we saw in Ancient Greece. Christianity emphasized the spiritual perfection over the ideal physical form, devaluing physical beauty. The ideal man was one who was living in harmony with the universe.
- Christian teachings focused on rejecting bodily pleasures, promoting fasting as a way to achieve spiritual purity. Disabled or ailing bodies were seen as being possessed by spirits or being punished for sins. The body, therefore, was the source of temptation and moral failing, increasing body-based shame.
- Ideas surrounding your geographical location and how you looked continued and were indicative of your character and morality, justifying the brutality of the Crusades in the Middle East.
- Saints and Christian knights were depicted as the ideals of the time. The Christian knight was shown as courageous, strong, fair, tall, and handsome and celebrated for their acts against those in the Middle East

*Think about the “white knight” and its parallels to the Christian knight.
Have you seen this archetype show up in movies or books throughout your life?*



Book of Divine Works, Part 1, Vision 2:
The Cosmic Spheres and Human Being
VAN BINGEN, Hildegard



Bartolomé Bermejo,
Saint Michael
triumphant over the
Devil with the Donor
JUAN, Antonio

AGE OF DISCOVERY

1400 AD
to 1500 AD

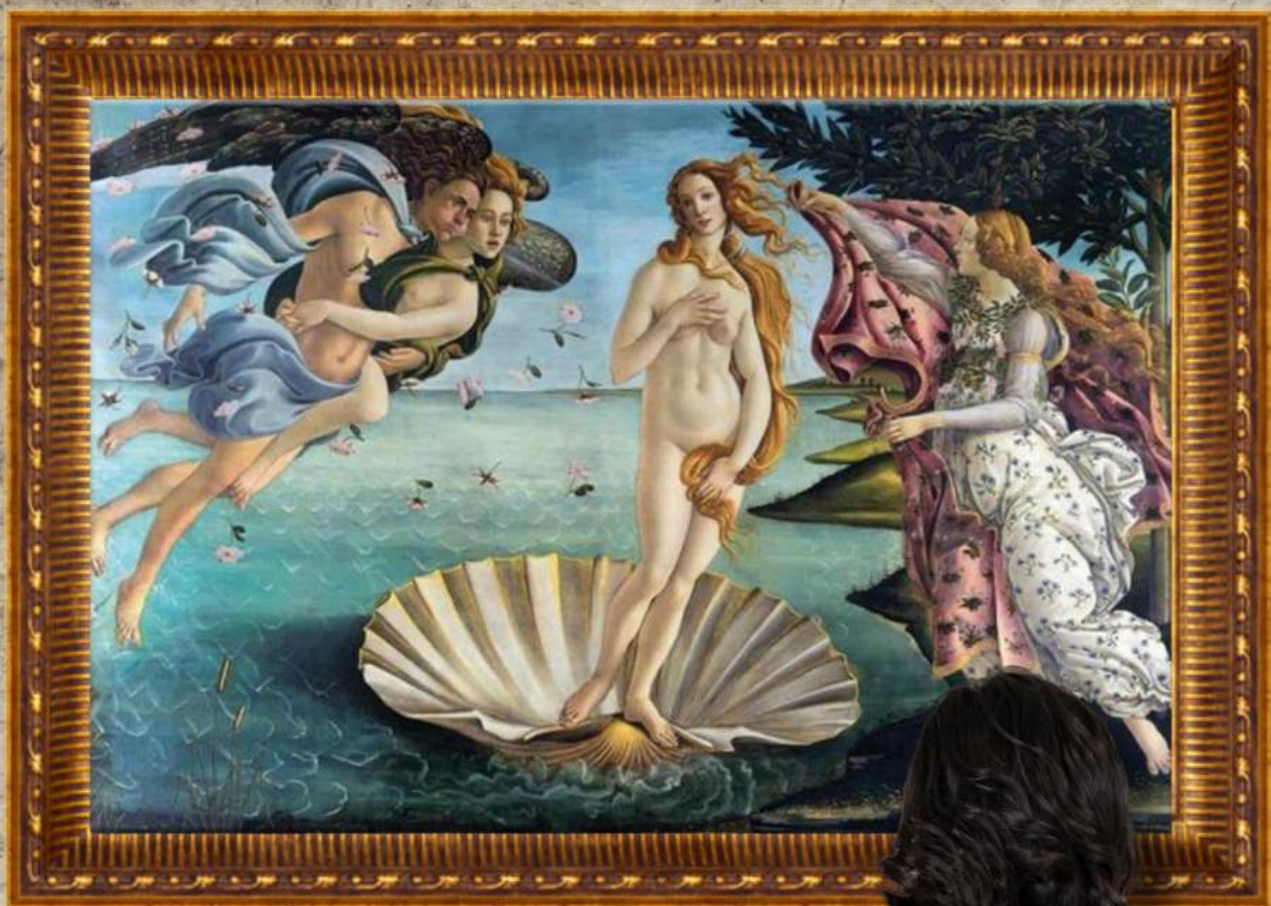
→ In the 1400s, Columbus' voyages significantly impacted world history, including through the propagation of colonialism, racism, and diet culture.

→ Columbus feared illness and death when encountering new areas due to unfamiliar resources and food compared to Europe. This fear led Columbus to believe that eating the same food as Indigenous peoples could make him sick. As a result, European food was positioned as superior to Indigenous food, labelling it as "safe and good" versus "dangerous and bad". Colonizers associated any illnesses they experienced with the "uncivilized" food options available to them.

→ More ties between race and body types emerged, as colonizers theorized that the bodily differences they observed were linked to the superior food they consumed. To avoid any likening to Indigenous peoples, colonizers would restrict their eating or impose their European food on Indigenous peoples.

This reflects the belief that "you are what you eat"

→ Colonizers aimed to "civilize" those deemed as others, which required them to continue eating "correct" food. The demonization and scrutiny of their differences was used to justify this and other atrocities, such as the slave trade and sex trafficking, enacted against Indigenous peoples. This time also saw traveling circus shows where people with disabilities would be displayed for paying customers at various ports and then abandoned.



Birth of Venus
Sandro Botticelli



The Landing of Christopher Columbus at San Salvador
John Vanderlyn



AGE OF DISCOVERY

1400 AD
to 1500 AD

→ Wealthy men in high society were particularly interested in studying and categorizing the human form, focusing on body parts and proportions and adhering to Eurocentric standards of beauty. Artists and philosophers sought to define the "ideal" man and woman, as seen in Leonardo da Vinci's Vitruvian Man, which illustrates perfect bodily proportions and harmony, reminiscent of Polykleitos' ideals from Ancient Greece.

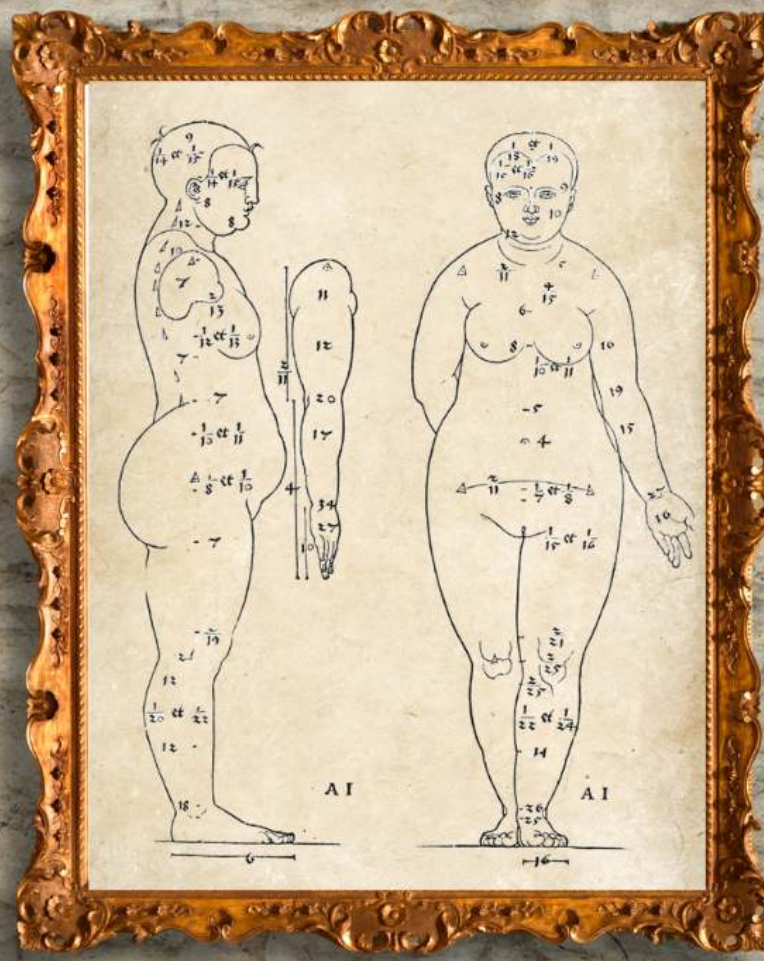
→ Notable artists like Dürer, Raphael, Botticelli, and Urbino had varying views on femininity (some believed beauty was in symmetry, others in the diversity of bodies), but shared the belief that men defined women's beauty. These ideals of female beauty, dictated by men, favored shapely bodies with larger limbs and well-rounded proportions. The Venus archetype was popularized as an ideal body type. Fat women were revered, associated with health and divinity; softness and pronounced hips were seen as superior to thinness.

→ The introduction of enslaved Africans to parts of Europe intensified curiosity about physical differences, leading to the inclusion of Black people in art, although always depicted as the feared or distasteful "other". Despite being favorably depicted for their voluptuous bodies, Black women were still portrayed as socially inferior. The art served as a way to reinforce negative public opinion of Black folks.

→ With the intensification of the slave trade, scholars increasingly aimed to define differences between regions and people through racial categorization.



Portrait of
Maddalena Doni
RAPHEAL



Side and frontal
view of the female
head type 7
DÜRER, Albrecht



Jacques Cartier
HAMEL, Théophile



RENAISSANCE

1400 AD
to 1600 AD

→ During the early to mid-1500s, Henry VIII influenced social policy regarding people with disabilities, LGBTQIA+ individuals, and those of low socioeconomic status. Laws were enacted that forbade intercourse between men, hospitals for disabled people were abolished, and the Poor Laws were introduced—a set of laws aimed to address the poor, old, disabled, unemployed, and sick which shaped narratives around personal and moral failings if you were unable to work. Art from this era depicted disabled and aging individuals as burdens to society.

→ Men's body image shifted focus from upper body strength to the lower body, emphasizing the groin and legs. Upper body strength was indicative of labour and being poor and so the focus shifted. Fashion encouraged men to display their strength through fitted tights, bejeweled codpieces, and heels to showcase calf muscles.

→ The Renaissance continued to celebrate voluptuous, curvy bodies for women, with artists like Rubens (the Rubenesque women) honoring these forms. At the same time, we see the exclusion of Black women from art as the slave trade continued to expand to other parts of Europe and the idea of Black being the "other".

→ Like in previous centuries, those in power looked for ways to differentiate between themselves and those without power. Black bodies were ascribed uncivilized and unattractive statuses, while white bodies were seen as pure and superior, contributing to negative stereotypes that still prevail today.

→ Artists believed a voluptuous body was ideal, but fat male bodies began to be associated with poor character and intelligence at this time. This shift in perception is hypothesized to be linked with the increase in slavery and those in power looking for ways to differentiate themselves from any similarities they may see in body types with Black slaves.

If having a larger body can happen with those who are enslaved, it is no longer a sign of prosperity and wealth, so this can no longer be popular for white men who do not require fat to give birth.

→ Fatness and racist stereotypes blended and fatness for white men came to signify greed and low morality.



Venus in front of the mirror
RUBENS, Peter Paul



Ritratto Del Duca
Alessandro Farnese
MOR, Antonis



The Dinner of
St. Benedict
RIZI, Juan

RENAISSANCE

1400 AD
to 1600 AD

→ England gained immense power during this time, with Elizabeth I (the Virgin Queen who painted her face white) epitomizing purity and civility, further associating whiteness with attractiveness and Blackness with sexual deviancy and immorality. Black characters begin to pop up in famous bodies of work as comedic relief or as examples of things to avoid (ex: Shakespeare).

→ Female nudity in paintings increased, shifting focus from male nudity seen in Ancient Greece to women, influenced by the male gaze. Several Greek art pieces were reinterpreted during this era and reflected new societal values.

→ Wealthy Europeans continued to seek out ways to distinguish themselves from those deemed "other" and engaged in the pursuit of defining what was intellectual and noble and how they could categorize where someone fell in the social hierarchy. Intellectuals sought out ways to "master themselves" and to avoid being associated with base desires (i.e. hunger) and "savagery".

→ Influential figures like Shakespeare and Descartes began to promote fasting as a means to enhance mental clarity, linking it to moral superiority. Philosophers, scientists, and physicians began to focus their research on what fatness said about one's character and mental abilities, paving the way for common stereotypes of fatness equating to stupidity and laziness.

→ Descartes introduced his influential work of mind-body dualism (reminiscent of Plato's), which stated that the mind and body are separate entities. This work emphasized control over the body through exceptional intellect and willpower, cementing the idea that fasting and higher intelligence are connected.

Although we know today that the mind and body are interconnected, Descartes' work significantly influenced philosophy, science, psychology and more. Can you think of how this has impacted some common misconceptions regarding mental health?

→ At this time, only men were expected to adhere to thinness for intellectual credibility, while women were primarily viewed in terms of their physical appearance and childbearing utility. Although fasting was not universally accepted by the general populace as it was a privileged activity to engage in, the influence of high society and intellectuals shaped cultural narratives that impacted history.



Elizabeth I
GOWER, George



The Beginning of
the Fast
SODOMA, Giovanni
Antonio Bazzi

PART 1 REFLECTION

After reviewing this portion of history, I encourage you to reflect on the following points:

→ Was any of this information new to you? Did any of it make you think of experiences you've had?

→ Are there any food or body beliefs that you see repeated or recycled in history?

→ How do inequitable power structures shape societal perceptions of who is considered the "other," and how do these perceptions influence standards of desirability? In what ways might historical examples inform our understanding of these dynamics today?

→ Are there any narratives, norms, or standards from these historical periods that we still see today? If so, how have they influenced modern diet culture and body image?

→ As you read, did you consider the narratives that are frequently marginalized or excluded from historical accounts, the implications of translation on the interpretation of historical texts, and how some cultures have oral histories opposed to written ones?

→ Examine the lens through which you are interpreting this information and how it may influence your understanding of historical contexts.

I hope that you follow along with the next four issues of the Be Yourself magazine.

Reflecting on the historical origins of food and body standards can be instrumental in the process of "unlearning".

By gaining a deeper understanding of the biases and stigmas that permeate our daily lives, we become better equipped to challenge and discredit the dominant narratives that keep us rooted in body shame.

For a list of article resources visit:
<https://bana.ca/magazineresources/>



Heather Leblanc, BA, MSW, RSW is a registered social worker psychotherapist based in Windsor, Ontario. Heather works for Bulimia Anorexia Nervosa Association and specializes in the treatment of eating disorders, disordered eating, and body image. Heather is passionate about working collaboratively with clients to deconstruct harmful health and weight narratives that perpetuate body shame and anti-fat bias.

The Unintended Implications of Body Positivity

By Sara Dalrymple, MSW, RSW



Body positivity is a socio-political movement that aims to encourage love for all body types.

On the surface, body positivity sounds like a breath of fresh air in a culture with a lot of standards and expectations surrounding bodies and their appearances.

After all, the opposite of 'negativity' is 'positivity', and it is no shock that we have a lot of negativity around bodies. Especially diverse bodies.

However, whether we lean negative or positive, both narratives have underlying values/judgements attached to them (ie: it is good to love your body; it is bad to criticize your body). And both sides of the coin still seem to place appearance at the center.

Trying to unconditionally love your body can be hard, and not accessible to all.

For example:

- Individuals with chronic illness or chronic pain, or a history of trauma, may find it difficult to 'love' their bodies. Their bodies may have been a source of discomfort for them, or the vessel through which they've been harmed.
- For individuals belonging to minority groups, their bodies may have been a tool used to oppress or marginalize. There are long-standing cultural messages that devalue certain bodies – messages that can be internalized, impact one's sense of self, or disrupt one's 'love' towards their own body.
- For individuals with an eating disorder, it is likely that body dissatisfaction is characteristic of their mental health diagnosis. It can take a lot of work and time to unlearn appearance-standards, diet-culture, and the 'thin ideal'.

The unintended implications of body positivity are often a sense of failure, embarrassment, or guilt.

Some may feel further marginalized by this movement. Others may find these messages tokenizing by profit-driven industries.

Concerns Around Body Positivity:

Lack of inclusion and intersectionality

- More accessible to those with the most privilege and means (ie: white, cis-gendered, abled-bodied).
- DID YOU KNOW: Interestingly enough, the body positivity movement is rooted in Black-femme-queer activism, but overtime these groups have been more and more omitted from the narratives of focus and movement overall.

Co-opted by commercial interests

- Continued commodification and objectification of bodies (ie: stretch marks in ads; Dove 'Real Beauty' campaign).
- Representation of diversity often ingenuine, and reflects "tokenism" for the sake of profit.

Focus tends to still be on appearance of bodies

- Appearance may have a place, but not before fundamental rights for all bodies has been achieved.
- Our body is far more than just it's appearance; it is an instrument more than it is an ornament.

In some online communities—whether actively or subconsciously—body positivity has been used to shame anyone still experiencing weight or body stigma.

"Body shame" is learned. We are not born with it. We did not choose it.

To some degree, weight and body bias exists in all of us.

I often say to my clients: “unless you were raised on the moon, it is unlikely you have not been impacted by weight and body biases.”

No one is free from it. As a social worker in the field of eating disorders, I, too, am not free from these biases and have to work to increase awareness of, then weaken and discredit those often subconscious perspectives.

To expect yourself to wholly love your body might undermine the complex factors that caused you to dislike your body in the first place—factors that we are likely still living with and that are constantly reinforced by the world around us. In my work, it is common to hear comments from clients such as:

- “I still have an underlying desire to lose weight, and I feel so guilty for that because I am supposed to love my body and the way it looks now.”
- “All I have ever been taught is ‘fat is bad’ – I am really struggling to break that association but I feel like if I don’t, I have failed at recovery.”
- “I don’t know how I am supposed to love my body – whenever I look at it, I feel triggered. Whenever my doctor looks at it, they tell me to lose weight. Whenever my partner looks at it, they say I’ve gotten ‘fluffy.’”

In the examples above, we can see how what was initially intended to be a helpful and liberating movement, has turned into a source of shame for many.

The point is to move away from shame.

To move away from good/bad judgements about bodies.

To move away from telling others how to feel about their bodies.

To move away from appearance-centric messages.

So how do we do that?

Enter body neutrality.

What is body neutrality? Rather than reinvent the wheel, I feel these authors have worded it wonderfully:

- “Not supporting the hatred of our vessel (our physical structure) OR the love & adoration of our vessel” (Poirier, 2015).
- “Invites you to examine why you were so attached to your appearance in the first place, asks you to strip away undue significance you’ve been placing on your appearance, & encourages you to build a sense of yourself & your worth outside of how you look & what people think of you” (Kneeland, 2023).
- “Promotes acceptance of your body as it is, encouraging you to recognize its abilities and nonphysical characteristics over your appearance” (Raypole, 2021).

Neutrality challenges the idea that you ever need to love your body or appearance.

[Insert sigh of relief here]

It moves away from shaming anyone for what they do with their body, or the choices they make that impact their body.

It highlights body autonomy: the right to make decisions about your body, free from the coercion or judgement from others.

It takes into account intersectionality, and considers the impacts of harmful histories, narratives, and biases on how we interact with bodies.

Neutrality inherently does not lean positive or negative, thereby stripping any value-based judgement away from certain bodies or appearances. Instead, it focuses on acceptance over ‘what is’.

Neutrality tends to focus more on facts than opinions—it is not good or bad, it just is.

It may consider ‘body respect’ (listening to and honoring our bodies needs), function, performance, ability, capacity, and non-appearance related values we hold for our bodies.

However, how one acts neutrally towards their body is their decision—so, it may include these examples, or none at all.

Unfortunately, our world is not neutral.

You will need to be intentional and active in your practice. You may feel you are “going against the grain” in the stream of society.

Neutrality is not only something to work towards, but something to maintain. At times, it may feel unnatural or ingenuine—with practice overtime, this may start to subside.

We lead with action first, and our belief system will follow.

Some resources to learn more about dismantling weight or body stigma, and/or working towards body neutrality are:

Centre for Body Trust
<https://centerforbodytrust.com/>

Body Brave
<https://www.bodybrave.ca/>

Association for Size Diversity and Health
<https://asdah.org/>

National Association to Advance Fat Acceptance
<https://naafa.org/>

Balanced View - Addressing Weight Bias & Stigma in Healthcare
www.balancedviewbc.ca

For a list of article resources visit: <https://bana.ca/magazineresources/>



Sara Dalrymple is a Registered Social Worker at the Bulimia Anorexia Nervosa Association (BANA), as well as an associate editor of the BANA Be Yourself Magazine. Sara earned her Masters of Social Work degree at Wayne State University in Detroit, MI, and her undergraduate degree in Honors Psychology from the University of Windsor. Currently residing in Brantford, ON, Sara works remotely for BANA, virtually treating eating disorders in the outpatient program.

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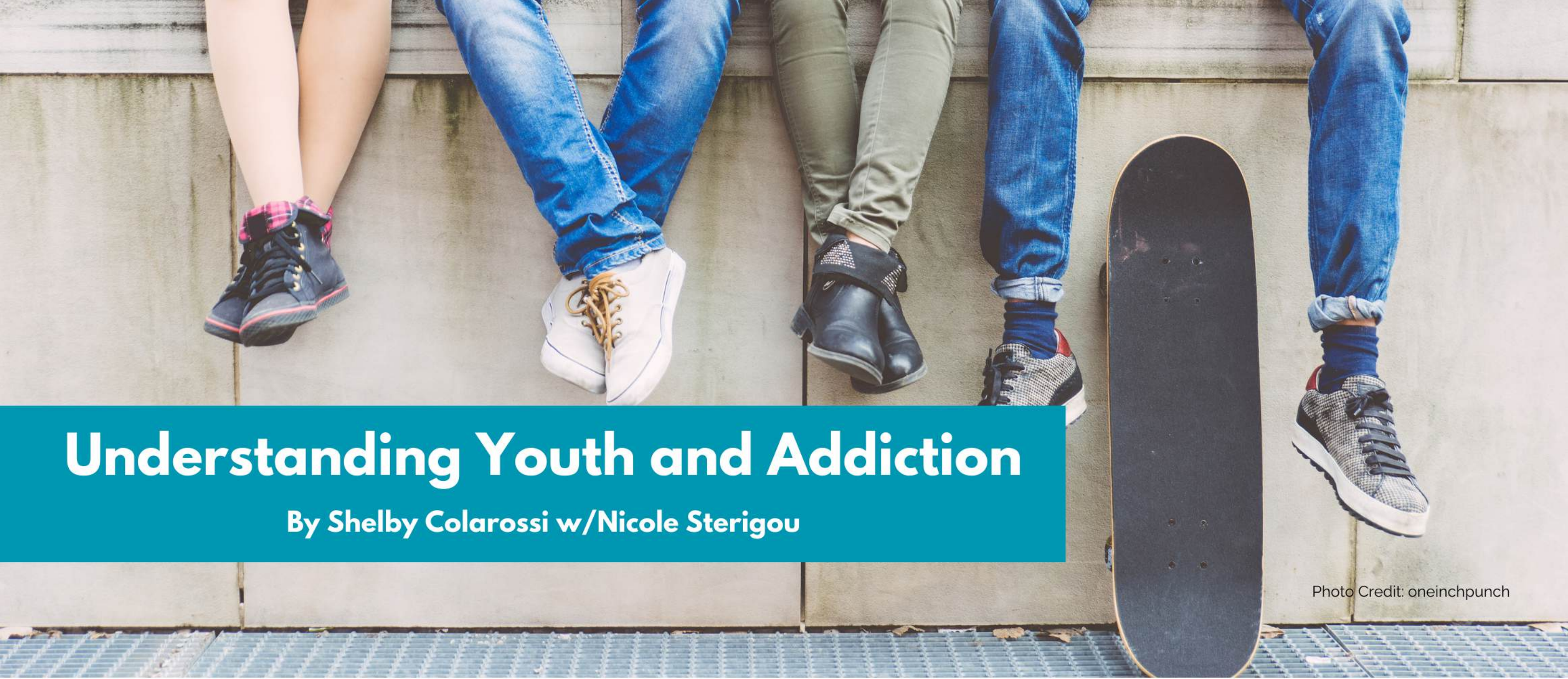


Photo Credit: oneinchpunch

Understanding Youth and Addiction

By Shelby Colarossi w/Nicole Sterigou

Addiction is a complex issue, particularly among young people, where the brain becomes fixated on a strong desire for substances or behaviors. This could involve a dependency on drugs, alcohol, gambling, or even excessive gaming—activities that can lead to serious harm. The urge to indulge can be overwhelming, negatively impacting the body, mind, and personal relationships.

The teenage brain is still developing, which increases vulnerability to addiction. Research shows that the brain doesn't fully mature until around age 25, and many adults struggling with substance addiction began using during their teenage years.

Why Do Teens Experiment with Substances?

There are several reasons why teenagers may turn to alcohol and drugs:

1. **Curiosity:** Adolescence is a time of exploration and risk-taking.
2. **Social Pressure:** Some teens use substances to cope with insecurities or to feel accepted within their peer groups.
3. **Escapism:** Many seek the pleasure and euphoria that drugs can provide or use them to manage stress, anxiety, or emotional pain.
4. **Sleep or Energy Needs:** Teens might use substances to help them stay awake or to fall asleep, thinking it's a quick fix for their struggles.
5. **Weight Control:** Some may misuse substances in an attempt to lose weight or boost confidence.

Using drugs during these formative years can have lasting effects on brain function, making it more challenging to learn, concentrate, and remember information. As a result, students may face academic difficulties, leading to lower grades and increased absenteeism.

Signs of concern include mood changes, withdrawal, irritability, shifts in friendships, and academic struggles. If these signs appear suddenly or intensively, it's crucial to take notice.

The Rise of Gaming Addiction

Gaming can also be a significant concern for youth. While video games are a popular and entertaining hobby, they can become an obsession, interfering with daily life. For many, gaming serves as a way to connect with others in a virtual community, which is particularly valuable in an age that can be marked by loneliness.

Yet, moderation is key. Excessive gaming can lead to neglecting responsibilities, relationships, and health. Balancing screen time with real-life activities is essential for well-being.

Social Media

Social media addiction is an increasing issue among youth, characterized by excessive and compulsive use of platforms like Instagram, TikTok, and Snapchat. For many young people, these platforms offer a sense of belonging and validation through likes and comments, which can create a cycle of dependence. As they seek approval and connection, they may prioritize online interactions over real-life relationships and responsibilities, leading to feelings of isolation and anxiety when offline.

This constant engagement can disrupt sleep patterns, hinder academic performance, and contribute to a distorted self-image, as young users often compare themselves to curated online personas. Recognizing the signs of social media addiction—such as neglecting hobbies, academic decline, or irritability when not online—is crucial for parents and educators to help guide youth toward healthier digital habits.

The Dangers of Vaping and Smoking

Vaping and smoking are often seen as less harmful alternatives. However, both can lead to addiction and serious health problems. Nicotine impacts brain development, affecting attention, learning, and mood.

The appeal of flavored e-cigarettes may increase overall usage. There is growing evidence linking vaping to increased anxiety and depression among adolescents, exacerbating existing mental health challenges; not to mention, many vaping products contain unknown substances and harmful chemicals, which can pose additional health risks that are not fully understood.

Experimenting Does Not Equal Addiction

It is important to recognize that not all teenagers who experiment with drugs or alcohol develop an addiction. Adolescence is a critical developmental stage characterized by exploration and risk-taking behaviors, which can include trying substances.

Trends indicate that the majority of teens who try drugs or alcohol do not go on to develop substance use disorders; however, early exposure can increase the likelihood of future problems.

Photo Credit: George Rudy



Factors such as mental health issues, family history of addiction, and social environment play significant roles in determining whether experimentation leads to addiction.

Therefore, while experimentation does not equate to addiction for every teen, it is crucial for parents and educators to foster open communication about the risks associated with substance use.

Recognizing When Help Is Needed

It's essential to recognize when activities like substance use, gaming, or social media engagement become problematic.

If a young person dedicates excessive time to these activities—neglecting school, jobs, or personal relationships—it may signal an emerging issue. Financial strain from spending on substances or gaming can also reflect unhealthy dependence.

When these behaviors disrupt daily life and well-being, seeking help is vital to prevent further escalation.

Support for Youth and Families

The Windsor Essex Community Health Centre offers vital support for youth ages 12-17 dealing with addiction issues, whether personally or through a loved one. Our counsellors work collaboratively with clients to set attainable goals, prioritizing optimal health and well-being.

Clients who are seeking this kind of help can call weCHC Teen Health at 519.253.8481. There is often no wait time for these services and sessions are designed around a harm reduction model of care.



Shelby Colarossi is the Development & Public Relations Coordinator at the Windsor Essex Community Health Centre



Nicole Sterigou is a Social Worker at the Windsor Essex Community Health Centre - Teen Health Site

Girls in Sport

By Sara Dalrymple, MSW, RSW

In many countries and cultures, the sports world tends to be dominated by males. For women/girls and other genders, this has implications.

For these genders, there is a lack of representation in sports media (ie: players, coaches, broadcasters)—when there are more genders at the table, they are more highly criticized in contrast to their male counterparts. There are fewer opportunities for sports (ie: fewer leagues and teams to sign up with), and persistent gender constructs often exacerbate this (ie: pushback in schools or official leagues on allowing women to play a specific sport, such as football).

At times, this adds extra pressure for women/girls and other genders, as though they need to “prove themselves” in these settings.

Unfortunately, it is also true that these genders are more likely to have their appearances critiqued or objectified in sport-settings—sometimes to the point of being outwardly teased, or even disrupting a sense of safety.

In fact, one study even found discomfort and body-shame in adolescent girls attending a girls-only PE class, suggesting the internalization of the “male gaze” is also a barrier (Evans, 2006). This factor alone commonly leads to withdrawal from sport, or avoidance of sport in the first place.

Research has shown that engagement in sports and sports-achievements have a positive correlation with self-esteem and identity-development in adolescent girls (Pedersen & Seidman, 2004).

Role models and mentors of the same sex, increased sports opportunities for women/girls and other genders, and efforts to educate and solve problems around gender stereotypes (possibly even breaking these constructs altogether) are all ways to help women/girls and other genders feel more comfortable in sports, thereby increasing their participation.

For a list of article resources visit:
<https://bana.ca/magazineresources/>



Poem by: Gabriela Sieza
Grade 10
Holy Names High School
Windsor, Ontario, Canada



I AM JUST A
GIRL

On the soccer field, where dreams take flight,
I see the girls play with all their might.
With every dribble, each pass and run,
We give our all under the sun.

Yet often boys get all the cheers,
While our hard work falls on deaf ears.
We play with heart, we play with soul,
But recognition is not our goal.

One day, we'll break through every wall,
Our talent known, admired by all.
For girls in soccer, our time will come,
When we are the stars, the number one.

The Moriarty Way

Creating a path for future generations



In the Summer 2021 issue of our magazine we reported on the passing of BANA founder Dr. Richard (Dick) Moriarty. Dr. Moriarty was a guiding light to those in the eating disorder world and it was his compassion, sheer determination and love that built the very milestones that our foundation now stands on. His dedication to BANA was second only to his commitment to the University of Windsor Athletics department and now we're asking you to help keep his legacy alive.

Upon graduation from high school, Dr. Richard (Dick) Moriarty left his home and family in Rochester, NY and moved to Windsor, Ontario to pursue a post-secondary education at Assumption College/ University of Windsor. Here he met his wife Mary Tilden Murray and they had four children together. They grew their family and career together along with a community legacy.

Sadly, their elder daughter Erin was lost to an eating disorder at the age of 20. Not to let her be forgotten and with a desire to spare other families such grief, Dick and Mary founded BANA. Little did our community know the profound legacy that Dick would have in sport, in the spectrum of sport influences on individual well-being and on the role that sport can have to bind a community. The efforts of Dick and Mary have had far reaching benefits for so many through the birth and nurturing of BANA.

Dick was able to combine his teaching, research and community outreach at the University of Windsor's Faculty of Human Kinetics – Sport Management to study eating disorders. He and Mary became experts on all aspects of disordered eating—they travelled globally to share their knowledge and to learn from others. While this piece of his life became central to his academic life, Dick functioned in many other capacities at the University of Windsor over his 42 year career. He was the founding Athletic Director and served in athletic administration for 29 years. He was a proponent for 'education in educational sport' and his values never waivered from that philosophy.

We lost Dick on June 23, 2021. The University of Windsor and Dick's colleagues would now like to recognize Dick for his extraordinary legacy.

An initiative to honour Dr. Moriarty has been designed to establish naming rights for 'Moriarty Way', a walkway plaza adjacent to the Faculty where our students learn, leading from College Ave. to the entrance of the Toldo Lancer Centre.

We have a BANA bench of reflection that will be placed along the pathway. This site is where our Lancer athletes train and compete and all students engage in recreation. The cost of the naming rights is \$500,000. In recognition of Dick's leadership and his distinguished service, the University has agreed to contribute \$300,000 towards the project. For the same reasons, the Faculty of Human Kinetics will match externally raised funds up to \$100,000.

As a result, we only need to raise \$100,000 to make this \$500,000 project a reality, and in doing so, honour this remarkable man and his family in perpetuity. We believe that this dual-purpose project that ties Dick's values to the pathway, combining integrity in academics and athletics for the delivery of educational sport, is a fitting tribute.

The Moriarty family provided the roots of what we, BANA and the community, have today and did so at great cost personally and professionally. They did it for the love of community and the health of so many.

This project is both a thank you to the Moriarty family as well as a reminder to all as they journey Moriarty Way that community health is built upon the health of each individual. If you would like to contribute to honouring this legacy, you can do so by making a donation to the project. This can be done online through the following link:

<https://tinyurl.com/MoriartyWayDonation>

Or by sending a cheque, payable to the University of Windsor and mailed to:

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