BANA
BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

Fall 2026



Special Feature

BEFORE WE CALL IT TERMINAL

What Stakeholders Told Us About Anorexia, Treatment And Hope

ALSO IN THIS ISSUE:

Finding Your Community:
The Healing Power of Community

LaSalle HangOut For Youth
A Place To Go. A Place To Grow.

WHAT SIMILARITIES EXIST
between lucky scoops and gambling?

Finding Her Rhythm:
Interview With Author/Advocate Olivia Pillai Quinney

BANA BOOK REVIEW
Novel:
Catch Drive Release Recover

Confessions. Corrections & Curiosities
I Thought I Was Building An Instagram Page. I was Building Something Else Entirely.

Comfort Changes Everything
The Story Of Transition To Betterness

Recovery Road
Sixty Days. Sixty Drawings.

I Was 4 When Food Became Math
Living With Type 1 Diabetes

My Journey Back To Wellness
Finding Room To Breath, Rest, And Reconnect Through Spinal Flow Sessions

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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.



Finding Your Community

The healing power of connection

By Patrick Kelly

"Sometimes healing doesn't begin with finding the right answer. Sometimes it begins with finding the right people."

There is something remarkably convincing about loneliness.

It has a way of making us believe our experiences are unique, that our struggles are ours alone to carry, and that everyone else somehow received a map for navigating life that we never did.

Whether we're facing a mental health challenge, caring for someone we love, grieving a loss, navigating a major life change, or simply trying to make sense of circumstances we never expected; isolation has a way of becoming an unwelcome companion.

We begin to withdraw.

We stop sharing how we're really doing.

We convince ourselves that no one else could possibly understand.

Yet one of the most powerful moments in many people's journeys doesn't happen because life suddenly becomes easier. It happens when someone else quietly says;

"I've felt that too."

Not because their story is identical. But because, for ever so brief a moment, we realize we are no longer alone.

Because We Were Never Meant To Do This Alone.

Whether we realize it or not, every one of us longs for connection. We celebrate together, grieve together, learn from one another, and often discover our greatest strength through the people who walk beside us.

Yet when life becomes difficult, many of us do the exact opposite.

Stress can become isolating.

Trauma can make trust difficult.

Burnout can disconnect us from the people and activities we once loved.

Caregiving, chronic illness, financial hardship, relationship breakdowns, or major life transitions can all affect our mental well-being.

The circumstances may be different, but the loneliness can feel remarkably similar. And those feelings rarely arrive all at once. Instead, it grows quietly—one declined invitation, one unanswered message, one conversation we decide not to have. Until one day, our world feels much smaller than it used to, and we're not quite sure how we got there.

And yet, somewhere beyond that isolation, there is often a place where someone is willing to listen.

Finding The Courage To Reach Out.

Reaching out is rarely easy. In fact, it may be one of the hardest things we ever do. Many people worry they'll be judged. Others fear becoming a burden. Some simply don't know where to begin—or even where they want to go.

We often believe we need to have everything figured out before asking for support. We think . . .

"I should be able to do this." or "You wouldn't understand."

But connection doesn't require perfect words. Sometimes it begins with a conversation. An email. Walking into a support group. Calling an old friend or simply sitting beside someone who listens without trying to fix everything.

The smallest step can become a significant turning point.

Think about a campfire. The people sitting around it don't necessarily know one another's stories. They haven't lived the same lives. They may be carrying completely different things. But there is warmth. There is conversation.

There is the comfort of not sitting in the dark alone; and perhaps most importantly, knowing there is always room for another chair.

Sometimes finding community is nothing more complicated than finding the courage to take it.

Community Doesn't Require Matching Stories

One of the greatest misconceptions about finding community is believing everyone needs to share the same story.

They don't.

One person may be living with anxiety. Another may be rebuilding after trauma. Someone else may be navigating an eating disorder, addiction, grief, chronic illness, or challenges no one else can see.

Their experiences may be very different. Their emotions often aren't.

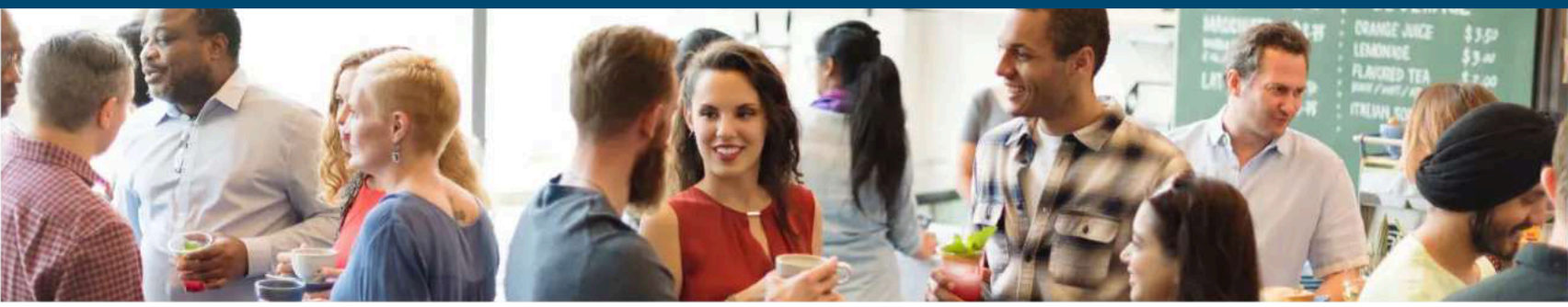
The fear.
The hope.
The shame.
The uncertainty.
The resilience.
. . . The desire to be understood, are all what makes us innately human.

A community isn't built because everyone's experiences match. It's built because someone recognizes something familiar in another person's humanity.

Nobody should have to earn belonging by having the "right" diagnosis or the "right" story.

A healthy community simply says, "You're welcome here." And sometimes, that's enough to begin healing.





More Than Just A Support Group

When many people hear the word community, they picture a room full of folding chairs and stale coffee. Now support groups can be incredibly meaningful; offering safe places where people can speak openly, listen without judgment, and realize they aren't facing life's challenges alone.

But community is much bigger than any one room.

It may be found while volunteering.
At a neighbourhood event.
In a book club.
An art class.
A walking group.
A place of worship.
Or on a park bench.

It may be the co-worker who notices something isn't quite right. The teacher who asks one more question. The coach who believes in someone before they believe in themselves.
Sometimes healing begins long before we realize it.

A community can begin with just one person. That's often all it takes.

For example; take a woman who once attended a support group and spent the entire evening quietly listening.

She never introduced herself.
Never shared her story.
She simply came back the following week.
Then the week after that.

Months later, she was now the first person greeting newcomers at the door. She knew what it felt like to walk into that room for the first time. So she made sure there was a chair waiting. Welcoming and free of judgment.

The Quiet Strength of Grassroots Communities

Some of the strongest communities begin at the grassroots level. They are built by neighbours helping neighbours. Volunteers giving their time. People with lived experience choosing to walk alongside someone who is just beginning their own journey.

Grassroots organizations create spaces where people are welcomed before they are understood.

Where questions are encouraged.
Where education replaces stigma.
Where hope is shared freely.

These organizations remind us that supporting mental health isn't solely the work of healthcare professionals.

It also belongs to families.
Friends.
Schools.
Employers.
Community leaders.
Volunteers.
To all of us.

Some people build communities by creating programs.

Others build them by showing up.

By keeping the doors open and the lights on.

And yes, making sure there is a chair available when someone needs it.

And sometimes, the person who once needed that chair becomes the person who pulls one out for someone else.

The Ripple Effect of Belonging

Something remarkable happens when people feel like they belong. They begin to realize their voice matters.

That they matter.

One conversation may even encourage someone to seek professional support for the very first time.

That's how community works.

Kindness travels farther than we imagine.
Belonging creates confidence.
Confidence creates courage.
Courage creates change.

. . . And change rarely stops with one person.

It ripples outward through families, workplaces, schools, and entire communities. The person who was once sitting quietly beside the fire may eventually become the one tending it.

Keeping it warm.
Making room.
Leaving a chair open for whoever comes next.

Finding Your People

If you're searching for connection, know this:

You don't have to wait until everything feels better before reaching out.

You don't have to explain every chapter of your story.

You don't have to find the perfect words.

You simply have to begin.

A real community doesn't ask, “What's wrong with you?”

It says, “Have a seat. We're glad you're here.”

Because healing isn't always found in having every answer. More often then not, it's found in discovering people who remind us we don't have to search for those answers alone.



A volunteer organization.
A circle of friends.
A neighbourhood gathering.
A healthy online community.
A professional who knows how to help.
Or simply one trusted person willing to listen.

. . . And it doesn't have to look a certain way.

It doesn't have to be large.
And it doesn't have to begin with a crowd.
Sometimes it begins with one person.
One conversation.
One empty chair, waiting to be filled.

We all need relationships where we can be honest.

Places where we can be imperfect.

Somewhere we can laugh, cry, ask questions, celebrate progress, and begin again, because none of us were ever meant to journey through life alone.

And sometimes, the greatest discovery isn't finding where you belong. It's realizing that belonging was never something you had to earn.

All you needed was to find the place where someone has already left a chair open for you.



Patrick Kelly has been with the Bulimia Anorexia Nervosa Association (BANA) since 2007, currently serving as their Public Relations and Communications Lead as well as the Editor-in-Chief and Creative Director for the Be Yourself Magazine. As a communications and creative professional, he is dedicated to amplifying stories that matter—particularly in the mental health and eating disorder recovery community.

In Canada if you or someone you know is in immediate danger or needs urgent medical support, call 9-1-1.

General Crisis & Suicide Support:

Suicide Crisis Helpline: Call or text 9-8-8 (Toll-free, bilingual, available 24/7/365).

Talk Suicide Canada: Call 1-833-456-4566 or text 45645 (Available 24/7). [1, 2]
Support for Youth & Young Adults

Kids Help Phone: Call 1-800-668-6868, text CONNECT to 686868, or visit Kids Help Phone for 24/7 support for ages 5 to 29.

Good2Talk: Call 1-866-925-5454 (Post-secondary student support in Ontario and Nova Scotia). [1]

Community & Social Services
211 Canada: Dial 2-1-1 or visit 211 Canada to find local, non-emergency community, social, and government support services near you



Before We Call It Terminal:

What Stakeholders Told Us About Anorexia, Treatment, and Hope



By Sara Robb, MSW RSW
Anita Federici, PhD, CPsych, FAED

In 2022, Dr. Anita Federici reached out to me after reading a recently published article by Dr. Jennifer Gaudiani and colleagues proposing a definition for a concept they labelled "Terminal Anorexia Nervosa (T-AN),".

Anita asked whether I wanted to collaborate on a project that brought more voices into the conversation as she was concerned about the process by which this language and criteria were being described.

We knew from the start that we wanted to hear from a wide range of people affected by this proposed category, including clinicians and other service providers, family members and loved ones, and, most importantly, people living with eating disorders (EDs) themselves.

Together, we have worked in the ED field for more than two decades. Our experience spans both outpatient and hospital settings. Anita has spent her career developing treatments and programs designed to better meet the needs of people living with complex, often co-occurring, EDs.

Over the years, we have seen first-hand how the language used in our field, and the assumptions behind that language can profoundly affect the people we care for.

Anorexia Nervosa (AN) is a serious mental illness with significant physical and psychological consequences. For some people, it becomes a longstanding illness and can ultimately lead to premature death.

Yet there is still no clear consensus about how to define severe or longstanding AN, what constitutes appropriate care in these circumstances, and if or when palliative or end-of-life care may be appropriate. In an effort to define the latter, T-AN was proposed by Gaudiani and colleagues in 2022.

Their proposal included four criteria: a diagnosis of AN; being age 30 or older; having engaged in high-quality, multidisciplinary care; and consistently expressing that further treatment is futile while having the capacity to make medical decisions.

The proposal, which included three cases involving Physician - Assisted Death (PAD), sparked significant debate within and beyond the eating disorder field.

At the same time, people with lived experience have had relatively little opportunity to shape how longstanding AN (including the proposed T-AN) is defined, understood, and treated, particularly when it involves potential end-of-life.

That absence raises important ethical questions about who gets to define the boundaries of illness, when treatment is considered futile, and what meaningful collaboration with patients and families should look like.

Those questions were at the heart of why we began this project. We wanted those perspectives to help shape the conversation from the outset.

What began as a side project in 2023 took longer than we anticipated! But we felt a responsibility to be as thorough as possible and to collect as many perspectives as we could. Over the course of 3 years, we carried the voices of those who participated in the research through the data collection, analysis, writing, and editing processes, ultimately publishing the article this past July.

The Ongoing Conversation around T-AN and End of Life in Anorexia

In the time it took us to complete this project, the conversation around T-AN continued to evolve.

Several op-eds and articles were published in response to the original proposal, although few included data collection and widespread input from the people most directly affected.

During this period, a systematic review examining assisted dying in EDs was published by Roff and Cook-Cottone in 2024, while in Canada, legal and public debate continued around whether PAD (called Medical Assistance in Dying or MAiD in the Canadian context) should be available to people whose sole diagnosis is a mental illness.

Then, in 2025, Gaudiani, lead author of the original paper, published a follow-up commentary disavowing the term "Terminal Anorexia Nervosa" following substantial public and professional critique, while not abandoning the underlying concern that some individuals with longstanding AN may choose a palliative approach to care. These evolving conversations are important.

At the same time, the original 2022 paper has not been retracted and remains part of the medical literature.

As of September 11, 2026, Springer Nature reports that it has received approximately 125,000 accesses, reflecting the extraordinary attention the concept has received.

Since its publication, clinicians, researchers, and people with lived experience have raised serious concerns about whether we can reliably determine that a person with an ED is beyond the possibility of recovery. Yet the original article, and the language and ideas it introduced, remain widely accessible.

This matters because ideas about who can recover do not stay confined to academic journals. They can shape clinical decisions, treatment environments, and, perhaps most importantly, what people come to believe is possible for themselves.

Should we differentiate longstanding Anorexia?

If-so, how should we understand and define this experience?

When, if ever, should treatment be considered futile?

And who should have a voice in making those decisions?

In Canada, MAiD for people whose sole underlying medical condition is a mental illness has been repeatedly deferred and remains the subject of ongoing consultation and debate. It is federally banned until March 2027.

In June 2026, a special parliamentary committee recommended that Canada place an indefinite exclusion on MAID for mental illness.

The government is reviewing this advice, and an official response is expected. The conversation about defining end-of-life in EDs, especially as it can relate to accessing assisted death is timely and relevant.

The issue of end-of-life or PAD is complicated in EDs. The results of Roff and Cook-Cottone's systematic review of PAD in EDs underscore considerable gaps in the reporting of assisted death in patients with psychiatric conditions and raise substantial concerns about oversight and public safety in current applications.

As per Roff and Cook-Cottone, out of the cases of people with EDs are reported to have undergone assisted dying internationally, only a third of those cases included published case summaries.

Questions have been raised about the strength and consistency of the clinical reasoning behind some of those decisions.

For us, these ongoing developments reinforce why it is so important to slow down, move thoughtfully, and listen carefully. When language has the potential to influence whether someone is offered treatment, palliative care, or the possibility of assisted death, how we define that language, and whose voices shape those definitions, matters enormously.



Summary of Key Findings

Due to the fact that our article was not published with open access, we wanted to share some of the key findings in more accessible ways.

The results from this project were eye-opening and illuminated overarching themes. Rather than focusing primarily on each specific criteria proposed for T-AN, the majority of respondents engaged with questioning the legitimacy and usefulness of the concept itself. Across the dataset (ranging between 152-182 total survey responses), five broad themes emerged.

1 Treatment problems, inequities, and iatrogenic harm as drivers of chronicity and distress.

Many respondents viewed long-term illness and distress less as evidence that AN has a terminal pathway and more as a reflection of gaps in the healthcare system.

Importantly, their concerns were not limited to whether treatment was available. Respondents also questioned the quality, appropriateness, and potential harms of the treatment people had received.

They described systems that can be rigid, overly focused on weight and symptom restoration, insufficiently individualized, and poorly equipped to address trauma, neurodivergence, co-occurring conditions, or the functions an eating disorder may serve in a person's life.

For some, repeated treatment had not simply failed to help; aspects of treatment itself had contributed to distress, disengagement, or hopelessness. Repeated exposure to treatment is not evidence that every meaningful treatment possibility has been exhausted.

They pointed to chronic underfunding and under-prioritization of ED care compared to other physical and psychiatric conditions , leaving people without timely access to effective, inclusive, and evidence-based treatment. These gaps did not affect everyone equally. Respondents highlighted the additional barriers faced by people from low-income backgrounds, racialized communities, and LGBTQ2S+ communities, among others highlighting stark inequities in our current ED programming.

Rather than defining some people as 'terminal,' respondents called for better and more flexible treatment options, including approaches that foster hope, affirm diverse identities, address co-occurring needs, prioritize quality of life, and emphasize compassion and collaboration throughout care.

2 Prognostic uncertainty and rejection of deterministic labels.

The variability of AN and the uncertainty of its course was raised repeatedly. Respondents emphasized that recovery and meaningful change can occur even after many years or decades of illness, pointing to research documenting long-term improvement after 20 years.

Many participants pushed back against comparisons between AN and illnesses such as cancer, arguing that the trajectory of AN is different and that prolonged illness does not necessarily mean that change is no longer possible.

A key finding was the notion that individuals could experience periods of deterioration, improvement, renewed hope, disengagement from treatment, and re-engagement many times over the course of their illness, without it always following progressive stages.

For respondents, this variability raised a fundamental prognostic problem: we currently lack a reliable way to determine when, or whether, an individual's longstanding ED has become irreversible.

3 Harms associated with "terminal" framing

The possibility of harm from the word "terminal" was one of the strongest concerns raised by respondents. Many worried that applying this label to someone with AN could deepen hopelessness, reinforce the belief that recovery is no longer possible, or inadvertently validate the illness's own message that change is futile.

Others expressed concern that a terminal designation could lead to premature conclusions about prognosis, shaping how clinicians, families, and patients themselves understand what remains possible.



These concerns carry particular weight in a disorder where hopelessness, ambivalence about recovery, and a desire to escape profound suffering may already be part of a person's experience.

Respondents therefore questioned whether introducing a clinical label that signals an inevitable endpoint could amplify these experiences, narrowing the future at precisely the moment when a person may have difficulty imagining one.

4 Ethical unease around applying terminal frameworks to eating disorders.

Many participants rejected the concept of "T-AN" outright, raising ethical concerns about applying a terminal-illness framework to an ED without sufficient evidence that such a framework is appropriate or reliable.

A recurring question was simple but fundamental:

Is calling someone's illness "terminal" actually necessary or helpful?

Several respondents pointed out that people have the right to refuse treatment without requiring a terminal diagnosis. That is true across many areas of medicine, and participants questioned why AN should be treated differently.

Ultimately, many respondents felt that the field simply does not yet know enough to ethically predict, at an individual level, who will die from AN, who will recover, and who will find a sustainable and meaningful quality of life while living with the illness.

5 Autonomy under constraint: balancing self-determination, capacity concerns, and safeguards

Autonomy was one of the most prominent and complex issues in the responses. Across the dataset, comments addressed self-determination, decision-making, capacity, or the need for safeguards.

These comments did not represent a simple endorsement, or rejection, of autonomy or PAD. Instead, a much more difficult question emerged:

What does meaningful autonomy look like when someone has lived with anorexia for many years?

Many respondents emphasized the importance of respecting a person's right to make decisions about their own life and cautioned against assuming that every preference is simply a symptom of illness.

Some described circumstances in which respecting a person's wishes, following extensive treatment attempts and careful assessment, could be understood as compassionate and responsive care.

At the same time, others raised serious concerns about assessing decision-making capacity in the context of prolonged malnutrition, the ego-syntonic aspects of AN, ambivalence about recovery, and co-occurring conditions such as depression or trauma.

They questioned how to distinguish a sustained and autonomous wish to die from thoughts and preferences shaped by the illness itself or psychiatric distress that may change over time and with nutritional support.

Many therefore called for strong safeguards, including multidisciplinary and independent capacity assessments, protections against provider burnout and therapeutic nihilism, and processes that allow clinicians to carefully consider whether a person's wishes remain consistent over time.

Taken together, these responses reveal a tension that cannot easily be resolved between respecting autonomy while also upholding the ethical position of not doing harm.

Participants wanted to respect self-determination while also recognizing that AN can profoundly affect how a person experiences their choices, their future, and their desire to live.

Rather than a simple debate about "autonomy," what emerged was a more nuanced concept: autonomy under constraint.

The challenge was how to honour a person's voice without overlooking the ways illness, vulnerability, prior treatment experiences, and gaps in the healthcare system may shape that voice.



Conclusion and Future Directions

These are difficult and deeply personal questions. We do not expect one study to resolve them.

Our hope, instead, is that bringing more lived experience and stakeholder perspectives into the literature can help broaden the conversation and ensure that decisions about the future of ED care are informed by the people most affected by them.

Our findings are not an argument against conversations about MAiD, death, suffering, or autonomy.

Our findings also raise more fundamental questions:

What does it mean to say that treatment has been exhausted?

Is treatment truly futile if someone has never had equitable access to high-quality care?

And what if the care they did receive was poorly matched to their needs, repeatedly interrupted, overly narrow in its goals, or experienced as harmful?

Participants pointed not only to limited access, but to short-term models of care, an overemphasis on weight and symptoms, inadequate attention to co-occurring conditions and individual differences, and a lack of sustained support.

Before concluding that a person's illness is untreatable, we need to ask how much of what we call "treatment failure" may actually reflect the limitations, and sometimes the failures, of the systems providing that treatment.

Participants called for continued development and research of new treatment models, including approaches that incorporate harm reduction, prioritize quality of life, and broaden our understanding of recovery.

They emphasized longer-term support and the importance of addressing anosognosia, ambivalence, and hopelessness as treatment targets, the latter of which was important also for families, clinicians, and care teams

At the same time, respecting autonomy remains essential. Clinicians should not dismiss a person's wishes simply as "the eating disorder."

And yet, autonomy in AN can be complicated, particularly when severe malnutrition, illness-related beliefs, ambivalence, or co-occurring conditions may affect decision-making.

Participants called for clearer and more consistent approaches to assessing capacity, including careful attention to the difference between illness-driven suicidality and a sustained, informed, and autonomous wish to die.

Ultimately, this work is **a call for better care before we conclude that care can no longer help**. If the field continues to explore questions of treatment futility and end-of-life care in anorexia nervosa, those discussions must be grounded in evidence, humility, compassion, and meaningful stakeholder involvement.

We need to prioritize access to robust, collaborative, and hopeful care wherever possible before we decide that hope has run out.

To see the journal publication, visit here:
https://doi.org/10.1080/10640266.2026.2691119



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Dr. Anita Federici, PhD, C.Psych, FAED, is a clinical psychologist, educator, and Founder of The Centre for Psychology and Emotion Regulation. She is internationally recognized for her contributions to the treatment of eating disorders, DBT, trauma, and multidiagnostic health presentations, with a particular focus on translating evidence - based interventions into accessible, person-centred systems of care. Dr. Federici serves as Adjunct Faculty at York University and as an Expert Clinical Educator with the Ontario Provincial Eating Disorders Training Program, and provides consultation and training to multidisciplinary teams internationally. She is co-author of Treating Eating Disorders with DBT: The MED-DBT Protocol (Guilford Press, 2026).



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LaSalle Hangout for youth



A PLACE TO GO. A PLACE TO GROW.

By Jodi Pearce

In the heart of LaSalle, tucked away at 1400 Front Road, sits a building that serves as more than just a destination—it's a lifeline.

What started in 2015 as a humble initiative in a church basement has blossomed into the LaSalle Hangout for Youth (LHFY).

Celebrating its 10th anniversary last year, the Hangout has evolved from a nomadic project into a permanent sanctuary for youth aged 12–18.

While LaSalle is often seen as a picturesque community, the statistics tell a more complex story: many local youth face barriers like food insecurity, isolation, and a lack of stable, safe environments once the school bell rings.

Filling the Gap

For many at-risk youth, the end of the school day—and especially the arrival of summer break—marks the disappearance of stability. The Hangout steps into that void, providing:

- Academic Support: Adult-supervised homework help and tutoring.
- Essential Nutrition: A hot dinner every night and a food pantry that provided 220 meals in 2025 alone.
- Professional Care: Access to mentoring and professional counselling in a tolerant, safe environment.

"We never turn a child away," the organization maintains.

Whether a teen is struggling with mental health, transportation, or family stability, the doors are open to any youth who walks through them.



A Community Raising a Community

The Hangout's "staff" is a unique blend of heart and expertise. The face of the daily operations is a 'graduate' of the hangout and the sole part-time employee who was once a Hangout youth himself. His journey from participant to leader provides a consistent, relatable presence that is vital for at-risk teens, who has since moved on to build on future endeavors.

Supporting the hangout is a powerhouse roster of volunteers—students from the University of Windsor's VIP program and St. Clair College's Child and Youth programs. This partnership ensures that while the youth receive support, the next generation of social workers and educators receives invaluable front-line training.

"We are a community raising a community."

The Power of Partnership

The Hangout isn't just about providing a seat; it's about providing a future. Through collaborations with FIRST Robotics, the center brings STEM to the forefront. Looking toward the Summer of 2026, the Hangout is tackling the digital divide head-on by teaching safe AI usage and digital media skills.

Life skills are also a priority. Working with partners like New Beginnings and the Youth Wellness Hub, the Hangout offers workshops on:

- Food literacy and healthy living.
- Financial management.
- Peer support and community referrals.

Your Investment at Work

As a registered charity, LHFY operates on a unique model. While Centreline Limited generously donates the rent, every other cent—from the internet to the electricity to the food—comes from community donations.

When you donate, your investment goes toward two critical areas:

- Summer Programming: During the summer, hours extend from 12 PM to 8 PM. For kids who don't have the means for travel sports or camps, the Hangout provides field trips to explore their own backyard, ensuring the summer is a time of growth rather than isolation.
- Barrier-Free Access: Your support funds "Emergency Food Kits." Since local food banks often require an adult to be present, these kits provide youth with immediate, no-questions-asked access to food when they are hungry.

A Call for Renewal

After a decade of heavy use, the facility is showing its age.

The Hangout is currently seeking support for a facility reinvestment. This isn't just about fresh paint; it's about creating a modern, professional-grade environment for counselling and study—a space that reflects the respect and dignity the youth deserve.

By supporting the LaSalle Hangout for Youth, you aren't just keeping the lights on; you are ensuring that every kid in LaSalle has a place to be seen, to be fed, and to belong.

As a community partner we are always looking to connect with youth, families and people. Whether you are in need of help or in a position to help we would like to get a conversation started. Reach out and lets talk.

Contact Information
contact@lasallehangout.org
(519) 970-9629
1400 Front Rd. Unit #2,
LaSalle, Ont N9J 2B3



Jodi Pearce is a health promoter with the Windsor Essex Community Health Centre and a recipient of the Lifetime Achievement Award from Health Promotion Canada who is currently serving as the Chair Person for the LaSalle HangOut.



What similarities exist between Lucky Scoops and gambling?

Prepared by the YMCA Youth Gambling Awareness Program (YGAP)

Lucky Scoops are an online shopping trend where sellers use spoons or ladles to scoop a random mixture of small items from bins.

Buyers pay in advance for a certain number of scoops, with no control over the kinds of products they'll receive.

These mystery bundles are usually items like stationery, cosmetics, jewellery, hair accessories, household objects, and toys.

Surprise, suspense, and unpredictability are the main attractions

To build suspense, sellers sometimes hide prizes inside plastic capsules or mystery balls. They also might use colour-coded beads or tokens to represent different categories of goods.

The scoop reveals the category instead of a specific product. For example, a purple bead might mean stationery, while a blue bead represents cosmetics.

The format may vary, but the core business model stays the same. Buyers pay for scoops and receive a random selection, with surprise and unpredictability driving the appeal.

Similarities between lucky scoops and gambling



The YMCA of Greater Toronto's Youth Gambling Awareness Program (YGAP) defines gambling as risking something of value without knowing if you will win or lose. Gambling involves three core elements, and lucky scoops share these characteristics:

- **Wager:** Buyers pay money up front for a set number of scoops, putting that payment at risk.
- **Risk/Chance:** The outcome of each scoop is unknown. Consumers have no control over the type, size, or colour of the items they receive.
- **Prize:** The items vary in value and appeal, and part of the excitement comes from not knowing what they'll get.

Risks for youth

Lucky Scoops combine shopping, entertainment, and game-like mechanics that create specific risks for consumers, especially youth.



Repeated purchases: Lucky Scoops use the same variable reward pattern found in slot machines. The outcome is uncertain, so consumers might keep buying to get a preferred item.

Features that reinforce this dynamic include:

- Random rewards and limited information about odds. The number, type, and value of items are only revealed after the scoop is made.

- Tiered pricing and minimum purchase expectations. Buyers are encouraged to spend more because it may lead to larger or "better" draws.

Consumers anticipate a reward, experience excitement when the scoop is revealed, and may spend more to repeat that feeling. For youth who are still developing impulse control and decision-making skills, this can normalize risky spending and reinforce habits associated with gambling

Many Lucky Scoop purchases are revealed during live-streams or recorded videos. In some cases, buyers can pay an additional fee to have their scoop filmed and shared online.

These formats can increase excitement and encourage people to buy more scoops.

- Excessive spending on low-value items: Lucky Scoops can encourage people to spend more than they intended. The focus on novelty and quantity may lead buyers, especially youth, to buy several scoops at once and end up with many low-value items. Because buyers don't know the contents, odds, or value beforehand, it's difficult to judge whether a purchase is fair or worth the cost. The total value of the items received may be less than the amount spent, and this uncertainty encourages repeated spending.

- Early comfort with gambling-like mechanisms: The Lucky Scoop business model allows sellers to move low-cost inventory by offering buyers a random assortment rather than specific items. Optional add-ons, such as filmed scoops or themed packaging, make the experience more exciting. Pricing tiers also create the impression of better value through larger or multiple purchases.

For youth, this model is particularly risky because it uses elements that strongly appeal to children and teenagers, including:

- Bright, colourful visuals, and novelty items
- Playful presentation and low-cost entry points
- Items such as toys, stationery, cosmetics, and accessories
- Fast-paced social media reveals and algorithm-driven content
- Child-like voices or storytelling that increase relatability

Lucky Scoops are part of a larger trend that includes mystery boxes, blind boxes, video game loot boxes, and collectible card packs. These products bring chance-based rewards into everyday shopping experiences.

When young people are regularly exposed to games where rewards are based on chance, the uncertainty may begin to feel normal and exciting.

Social media can amplify this effect. Frequent posts and algorithm-driven content help these videos reach more viewers and keep people watching.

Over time, youth become more comfortable spending money on similar experiences and may develop gambling-related problems.

Supporting youth in navigating chance-based purchases:

Adults can help youth approach Lucky Scoops and similar products in a safe and informed way by:

- **Explaining randomness:** Help youth understand that outcomes are unpredictable, and spending more doesn't guarantee better rewards.

- **Setting limits:** Set spending budgets and monitor online purchases.

- **Encouraging critical thinking:** Discuss how visuals, social media trends, and add-ons are designed to be appealing.

- **Promoting alternatives:** Encourage activities that provide fun and excitement without spending money (such as drawing, DIY projects, sports and physical activity, or volunteering in the community).

- **Modelling thoughtful spending:** Show how to compare value and think carefully before buying.

Adults can also watch for signs that a child or teen may be developing risky spending habits. These may include frequently buying chance-based products, becoming preoccupied with unboxing or scoop videos, or having strong emotional reactions — such as frustration, excitement, or anxiety — when outcomes are uncertain. If these signs appear, contact ConnexOntario for confidential support and guidance.

For more information, strategies, or workshops about gambling-like products and chance-based spending, contact YGAP at ygap@ymcagta.org. You can also watch recordings of YGAP's past webinars and presentations, including one on 'Lucky Scoops'.

(YGAP YouTube)

or visit YGAP's Blog page at
https://www.ymcagta.org/blog/tags/gambling-awareness-program



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Finding Her Rhythm:

An Interview with Author and Advocate Olivia Pillai Quinney





In her poignant young adult novel, Catch, Drive, Release, Recover, author and advocate Olivia Pillai Quinney delivers a deeply personal exploration of youth, identity, and mental health. The semi-autobiographical story follows thirteen - year - old Amardeep, a young rower grappling with cultural belonging, family pressures, and a secret, harrowing battle with an eating disorder. Pulling back the curtain on the hidden realities of adolescent struggles, Quinney weaves a heartrending yet ultimately hopeful tale about the messy process of unlearning toxic habits and finding a path toward genuine healing.

BANA Magazine sat down with Olivia Pillai Quinney to discuss the personal lived experiences that inspired Amardeep's journey, how she balanced raw vulnerability with safe storytelling, and her ongoing mission to dismantle the stigmas surrounding eating disorders.

As a board member with the National Initiative for Eating Disorders (NIED), you bring deep advocacy and expertise to this issue. What made you decide to turn to young adult fiction—and specifically a semi-autobiographical format—to share this story?

It actually started during COVID, through a discussion with my therapist. I told her I was depressed, and she recommended that I write down my feelings. Instead, I sat down and wrote a short story.

I have ADHD and a short attention span, and I'm also highly critical of myself not so much physically anymore, but more when it comes to the things I create and do. The fact that I actually liked the story that I had written surprised me. The theme was about feeling different and was based on my own experiences.

I liked the story so much that I emailed it to a couple of publishers I had found through Google and entered it into a literary contest with Annick Press.

The contest provided feedback and suggested that the theme was too heavy for a picture book and that I should consider turning it into a middle-grade novel.

Initially, I dismissed the idea. I knew how difficult it would be for me to commit to the process and the amount of work involved. Then, one day, I received a letter from a publisher I had submitted my book to. They were going to publish it.

I literally cried tears of joy. I felt a sense of pride that I hadn't experienced before. Unfortunately, after a quick phone conversation with the publishing house, I realized there had been a mistake. They thought I was a ten-year-old who had submitted a story for their children's anthology.

The heartbreak was real - but along with it came the realization that I had found a new goal, one that I actually wanted to achieve.

Then came the procrastination and the tears. My fear of failure became so overwhelming that it kept me from doing anything at all. My therapist recommended that I hire a book coach who could teach me how to develop a plot and, just as importantly, provide some accountability. I took her advice, and within six months I had a middle-grade manuscript.

The story came relatively easily because so much of it was true; I simply changed the timelines. I took my life story, including my relationship with my quadriplegic husband, Jake, and turned it into a year in the life of a teenage girl. I wanted to take what I had learned through therapy and share it with others.

Most importantly, I wanted the focus of the book to be on recovery rather than the eating disorder itself.

Again, I submitted the manuscript to the Annick Press Mentorship Program, along with an application to another mentorship program with We Need Diverse Books. Again, I was rejected by both.

But each rejection came with feedback, and I applied what I learned and kept going. After three years of rejection, in 2024 I was accepted into a year-long mentorship with We Need Diverse Books.

I was paired with published author Margeaux Weston, who helped me develop the story further. It was during that time that we incorporated the rowing aspect into the story to help move the plot forward. And, once again, it was something else I had discovered during COVID that found its way into the story.

Amardeep navigates being "brown enough to be confusing" as the daughter of a Polish mother and Pakistani father in a small, predominantly white town. How much of Amardeep's struggle with body image and belonging was informed by your own lived experience with identity and culture?

All of it. The protagonist's name was originally Olivia, but my publisher thought it would be best to change it. I grew up in Waterdown, Ontario, and in the '80s, my elementary school had only three visible minorities: my sister, myself, and my Filipino teacher, Mr. Mabini.

At the time, I was very aware of being different. But looking back now, I realize that many of my classmates were struggling with some of the same feelings, even though our experiences and backgrounds were very different.

I began to see that these struggles are, in many ways, universal. They can come from not understanding our emotions, and from growing up in a society that often teaches us to seek acceptance and validation through external measures rather than giving us safe spaces to understand and process difficult emotions.

The title Catch, Drive, Release, Recover draws directly from the rhythm and phases of a rowing stroke. How does the metaphor of rowing mirror Amardeep's journey through control, performance, and recovery?

I think the rowing metaphor works because, at first, Amardeep believes everything is about control and performance. Rowing is about rhythm, repetition, discipline, and pushing yourself to go farther.

Those can be positive qualities, but they can also become dangerous when you start believing you're only as valuable as your performance.

The four words in the title—Catch, Drive, Release, Recover—mirror where Amardeep is emotionally.

She is constantly trying to catch up to some version of herself she thinks she should be, driving herself harder and harder, but she doesn't know how to release the emotions and expectations she's carrying. She hasn't learned that recovery requires rest, compassion, and letting go of control.

That's why, at the end of the book, I wanted to reclaim the mantra for her. Instead of using it to harm herself, she changes it to: Catch my negative thought, drive it towards compassion, release the tension, and recover my breath.

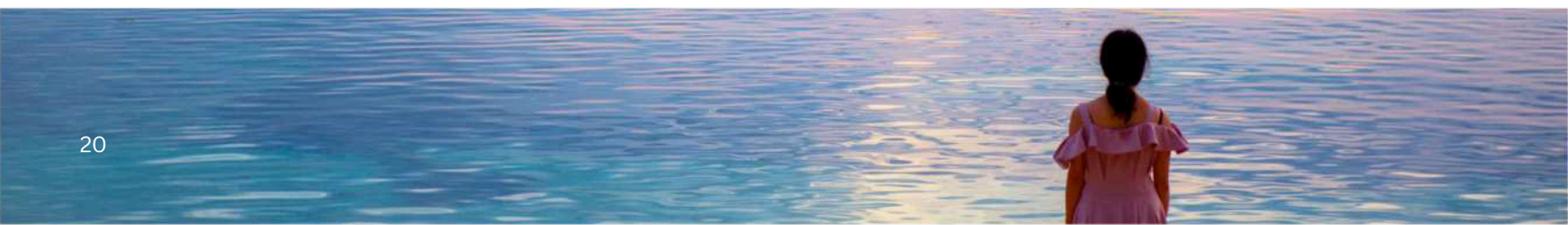
For me, that is really Amardeep's transformation. The rhythm hasn't changed, but what she is using it for has. She is no longer using discipline to fight against herself; she is learning to use it to care for herself. I think that's what recovery can look like—not becoming a completely different person, but learning to take the things that once hurt you and give them a different meaning.

From thumb-sucking and security blankets to stuffing bras and managing secret family conflicts, Amardeep's internal voice is intensely authentic and vulnerable. How did you tap into the raw, unpolished mindset of a 13-year-old so effectively?

Truthfully, I think that's just my authentic voice. I actually find it harder to sound polished. That might also explain why the first publishing house I submitted to thought I was a kid, which, at 46, I'm choosing to take as a compliment!

Other than stuffing my bra, all of those things are still very much a part of my life. I'm 46, and I still suck my thumb, I still have a security blanket, and I'm still navigating family drama. The difference now is that I'm not ashamed of those things, and I have a support system around me.

I wasn't really trying to recreate the mindset of a thirteen-year-old. I think I was just giving myself permission to be honest about the parts of me that never completely grew up.



The novel paints a complex portrait of home life—a mother fixated on Weight Watchers and running, a father wrestling with unfulfilled potential and alcohol, and unspoken generational burdens. How do family environments shape a young person's relationship with food and self-worth?

Personally, I think the environments we grow up in have a huge impact on us. Our families help shape how we understand the world and develop our schemas, our ideas about what is normal, valuable, or worthy of acceptance.

If something as normal as aging or gaining weight is consistently portrayed as negative, we can learn not to trust our bodies and to see them as something we need to control or fight against. Those messages can become deeply ingrained, especially when they come from the people we look to for guidance.

I believe all food has a place in our diet and that food has no moral value. Food isn't "good" or "bad"; it's food. I also think we live in a society that constantly teaches us that we are somehow not enough—thin enough, young enough, successful enough, attractive enough—and then sells us the products and solutions that promise to fix that feeling of inadequacy. In many ways, I think that cycle is incredibly profitable.

For me, part of breaking that cycle is learning to trust our bodies, understand our emotions, and recognize that our worth was never meant to be measured by the way we look.

Amardeep's fracture with her best friend Alex stems from a classic adolescent dilemma—doing what's right versus feeling betrayed. What were you hoping to show young readers about the messy, complex nature of teenage friendships?

All relationships are hard and complex. People, like bodies, are inherently different and require different things. Being a kid is especially difficult because you simply don't have a lot of life experience yet. You tend to believe the things you think because life hasn't given you enough experience to challenge those beliefs.

I wanted to show that friendships aren't always about one person being right and the other being wrong. Sometimes people hurt each other, misunderstand each other, and make choices they regret. Communication is key to understanding one another, and vulnerability isn't a weakness—it's actually a sign of strength.

I also think doing the right thing is hard. Being a bystander is much easier. For a long time, I didn't have the confidence to speak up in situations where I should have. Lately, I've been trying to speak up more, and honestly, it hasn't always gone well for me. But at least I no longer carry the shame of knowing I stayed silent when something mattered to me.

It may have cost me some things, but I've learned that there's a certain peace that comes from knowing you stood up for what you believe in. For me, that's what Amardeep's friendship with Alex is really about: learning that doing the right thing doesn't always mean doing the easy thing, and that growing up means learning to live with the messiness of both.

You explicitly detail Amardeep's behaviors—such as purge episodes, laxative use, and the toxic mantra she adapts from rowing "Catch myself eating; Drive my fingers down my throat...". Given your work with NIED, how did you navigate the delicate balance between depicting the harsh reality of an eating disorder authentically without creating a "how-to" or triggering vulnerable young readers?

I worried about this a lot, actually, especially because so many things can be triggering for someone with an eating disorder—sizes, weights, numbers, specific behaviours, even certain language. I tried to be very conscious of that and avoided those details wherever I could.

I was particularly concerned about the toxic mantra in the book. After a discussion with my editor, though, I came to understand that it was important to the story because it reflected the distorted thinking and compulsive nature of bulimia, rather than being something I wanted to sensationalize or instruct the reader in. At the same time, I was very aware of the responsibility that comes with putting those experiences on the page.

Ultimately, I tried to focus the story on Amardeep's emotional experience and, most importantly, her recovery. I left out anything that wasn't essential to understanding her journey.

For me, the goal was to tell the truth about what an eating disorder can feel like without giving it unnecessary power or providing a roadmap for the behaviour.

Organizations like NIED are important to me because they create a space where people can engage with difficult conversations in a way that respects their individual experiences, boundaries, and readiness. Their mission is to provide eating disorder caregivers and their loved ones with tools, resources, and support, while recognizing that everyone's experience is different.

Whether it's a board meeting, public symposium, or community conversation, care is taken to create an environment where people can make choices about what they participate in and how they engage. When a discussion brings up difficult emotions or feels triggering, professionals are available to offer support without judgment and to help individuals determine what they need at that moment.

To me, being trauma-informed means recognizing that we don't always know what someone is carrying with them into a room. It means creating space for people to step back, ask for support, or simply listen when that feels safer. We can have honest and meaningful conversations about eating disorders while still prioritizing dignity, choice, and emotional safety.

Eating disorders are often misunderstood as purely physical or vanity-driven, rather than complex mental illnesses. What misperceptions about eating disorders are you most hoping Catch, Drive, Release, Recover helps dismantle?

Truthfully, it took me a long time to understand these misconceptions myself, even long after I had moved past my eating disorder. I think the mind has a way of reframing things, and recovery isn't always as simple as stopping a particular behaviour.

Even though I was no longer purging, I was still very fixated on what my body looked like. Whenever I felt negatively about my body, my instinct was to try to fix it rather than stop and ask myself what I was actually feeling. I had changed the behaviour, but I hadn't necessarily addressed what was underneath it.

I think that's one of the biggest misconceptions I hope the book helps dismantle: eating disorders aren't really about food or weight. They can be ways of coping with emotions, control, shame, anxiety, or a feeling that something about us isn't enough.

And I've learned that real confidence has very little to do with weight or appearance. I think confidence comes from learning to sit with difficult emotions, work through our emotional roadblocks, and understand that we don't have to change our bodies in order to be worthy of acceptance.

If a young person reading your book—or reading this piece in the BANA Magazine—and recognizes their own secret habits or negative self-talk in Amardeep, what is the first thing you want them to know?

I want them to know that they are not alone, and that they don't need to beat themselves up for the thoughts, feelings, or behaviours they're struggling with. I still have to remind myself of that. My therapist has taught me to be compassionate and curious with myself—to ask, "Why am I feeling this way?" rather than immediately judging myself for feeling it.

I hope that if a young person recognizes themselves in Amardeep, they'll reach out for support and know that asking for help is a sign of strength, not weakness. I also hope they can begin to develop the tools to sit with uncomfortable feelings instead of feeling like they have to change themselves physically to make those feelings go away.

You don't have to hate yourself into becoming someone you're proud of. Sometimes the first step is simply learning to listen to yourself with a little more compassion. Also there are other places to receive support: NEDIC, NEID, BANA, and Sheena's Place all offer programs.

Recovery isn't a simple line, and unlearning disorder mindsets takes time. What does true "recovery" look like to you, both for Amardeep and for the youth you advocate for every day?

Truthfully, I think recovery is a lifelong, daily practice. It's learning to question your thoughts rather than automatically believing everything your mind tells you. It's learning to sit with hard feelings instead of immediately trying to fix them or make them go away

For me, recovery also means respecting your own boundaries, learning to trust yourself, and understanding that looking to other people or outside things for approval will ultimately leave you unfulfilled. No amount of validation, no matter how much we receive, can fill a space that we haven't learned to fill within ourselves.

For Amardeep, I think recovery is about beginning to understand that she doesn't have to change her body to change how she feels about herself. For the young people I advocate for, I hope recovery can mean something bigger than simply stopping a behaviour. I hope it means learning how to live in your body, understand your emotions, and build a life where your worth isn't dependent on how you look or what other people think of you.

I don't think recovery means you never struggle again. I think it means you have more tools, more self-compassion, and more awareness when you do.

Are there any plans to continue Amardeep's story into adulthood so the readers can see how she's doing?

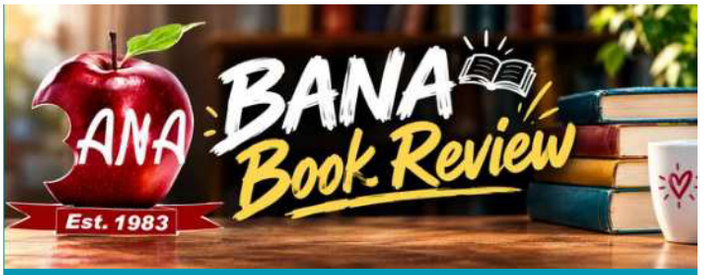
I'm actually trying to convince my husband, Jake, to collaborate with me on a book from his perspective. Jake was one of the catalysts for Amardeep's transformation in the story—a quadriplegic she meets in the hospital who challenges the way she sees herself and the world around her.

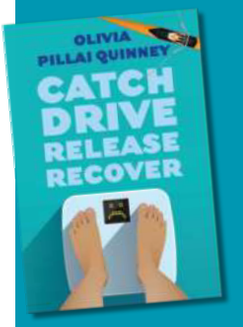
I think it would be really interesting to tell that part of the story through his eyes and explore what was happening beneath the surface for him while Amardeep was going through her own transformation. So, while I don't have a sequel to announce just yet, I'm definitely working on the idea—and working on convincing Jake!



Olivia Pillai Quinney is an author, an educator, and a volunteer with the National Initiative for Eating Disorders. She was a mentee for the 2024 We Need Diverse Books Mentorship Program. In her freetime, she loves to travel, scuba dive, and play pickleball. Catch, Drive, Release, Recover is her debut novel. Quinney currently resides in Stirling, Ontario.

Catch, Drive, Release, Recover is available at Chapters, Indigo, Barnes and Noble, Amazon and any Independent book store.





Trigger Warning:
This book includes detailed descriptions of eating disorder behaviours inclusive of restriction, compulsive exercise, weight loss and purging. Parents of young readers and readers with lived experience may wish to consider if this book is right for them at this time.

Olivia Pillai Quinney's Catch Drive Release Recover is a compassionate middle-grade novel that explores what it's like to be a teenager struggling with body image concerns, perfectionism, and an eating disorder.

14 year old Amardeep is a talented rower who begins to struggle with body image and the pressure she puts on herself to fit in. In the midst of her struggles with family, friendship and fitting in, what initially begins as an attempt to gain control gradually develops into a dangerous eating disorder. Amardeep's eating disorder affects her rowing, her relationships and her physical health eventually leading to hospitalization and treatment.

One of the book's strengths is its portrayal of recovery as a journey. Readers follow Amardeep through learning to navigate strong emotions and developing a more compassionate understanding of herself. The story also emphasizes the seriousness of eating disorders and highlights the importance of seeking treatment and support systems.

Catch Drive Release Recover emphasizes the importance of connection and hope and reminds readers that recovery is possible and that no one needs to face an eating disorder alone.

Confessions, Corrections & Curiosities



I thought I was building an Instagram page.

I was building something else entirely.

By Megan Piper

I hit a milestone this past August. Not one that anyone else would celebrate. No — this one's all mine.

I reached two hundred posts on an Instagram page I created three years ago. Those numbers might not mean much to anyone else. To me, they're significant.

That's two hundred times in the last thousand days that I interrupted a belief that had quietly followed me for most of my life —the one that insisted I had no business pretending to be a writer, an artist, or a creator and — despite better judgment— kept posting.

I made a promise to myself: prioritize creativity and self-expression, show up online the way I show up in real life, and talk about everything —not just the highlights.

It didn't come naturally. Many times it felt like pushing a wheelbarrow full of concrete up a rocky mountain incline.

I resisted, procrastinated, and made excuses. There were days where fear won —and it still does.

Recently, while scrolling through the thumbnails of posts from three years ago, I came across this:



Around that same time, I completed a life coaching certification and hired a badass business coach (shoutout Karli Davies). She challenged me to stop hiding behind a watered-down version of myself.

The funny thing is, authenticity was never difficult in our coaching sessions —I knew exactly who I was. Honesty wasn't the obstacle, it was pressing POST.

I had no idea what I was doing. Technology had never been my thing and I didn't know what was trending, how hashtags worked, or how to edit. My posts got all of ten likes and a couple hundred views for almost two years.

Were some of those posts driven by performance? Absolutely. I know my ego has made a few. Still does. Surely will again. (My ego is not my enemy —and there will be more on that in an upcoming essay).

But performance wasn't the whole story. Not even close.

The first person I had to convince wasn't the algorithm — it was myself. Every insecurity I had came roaring to the surface. I'd watch my videos back and cringe, reread captions and wince, question every song, every poem, every opinion.

"Who the @#%! do you think you are?" That question came often. But there was another answer quietly growing underneath it. I didn't know exactly what I was doing, but I knew who I was becoming: the version of me that had always existed. I just had to let her out.

During this wobbly and timid beginning, I lived between what felt like a dizzying unraveling, and at the same time, what felt like a homecoming. Oddly enough, and as uncomfortable as it was at times —it always felt strangely right.

My “ride-or-dies” kept me going through what my nervous system perceived as embarrassment in the beginning. You know who you are. The handful of besties who tell you they scroll through your page sometimes while they’re stoned at night thinking, “Oh my God, these videos are LIT,” —and then tell you the next day. Or all the comments from my East Coast, hometown friends for the last three years that have meant more to me than they will ever know .

The people who scream KEEP GOING without ever having to.

Hitting POST isn’t where the reel ends. It’s where the “reeling” begins. There’s an aftershock.

Your body goes a little numb. Vulnerability in motion. Everything feels tingly in the way it does when you’ve willingly surrendered control.

Maybe it’s the fear of falling from grace. Maybe it’s an ego death. Or maybe it’s the realization that you’ve never felt more empowered in your life.

Coming from the music world, it’s like stepping onto a stage in front of hundreds of strangers, only this time you can’t see their faces. You just wait. For a heart. For a comment. For someone to understand. Or nothing at all.

You play the performance over, and watch it again, wondering if you should delete it, or if you said too much. You wonder if you were too much — or maybe not enough? That’s what doing something afraid feels like.

But in addition to the tried, true and tired undertones of fear — there was always a relief after I posted something risky.

The relief of self-trust. It’s warm. Except it’s not necessarily a “safe” feeling — it’s almost the opposite. It feels like choosing carelessness where there used to be an unhealthy amount of concern, fear and freezing.

Personally I think it’s the feeling that’s on the other side of courage. You know when you finally blurt out something, even if imperfectly, after needing to, for a long-ass time? That’s the relief — and what a rush it is.

The “I cannot believe I just trusted myself enough to do that!,” type-rush. For a thirty-something year old woman, that kind of relief almost felt wrong. Or maybe not altogether wrong — just foreign, because it sure as hell wasn’t wrong.

Maybe it’s what it feels like after spending most of your adult womanhood swallowing your opinions instead of speaking them. Never chiming in, never adding to the conversation because somewhere along the way you picked up the belief that your voice couldn’t add anything of value.

No one ever came out and directly said, “your voice isn’t worthy.”

They didn’t have to. I just rarely met women who lived as though theirs were.

What was supposed to become a coaching business slowly became something entirely different.

I went looking for coaching clients and somehow hit the mother-lode of the thing I’d been after for a decade. Liberation. It morphed into a steady and consistent creative practice. A place for my all of my confessions, corrections, and curiosities.

This practice has carried me through messy toddler meltdowns, financial ruin, family emergencies, mental health struggles, a separation, and even a relapse.

Throughout what were arguably some of the hardest years of my adult life — the practice of posting gave me something that belonged entirely to me: purpose.

Not because anyone handed it to me, or needed it from me, but because I made it.

People assume this comes naturally — it doesn’t. But talent and skill aren’t the only thing needed in the beginning — devotion and passion are. Historically, fear has cancelled more opportunities in my life than I’d like to admit — and it wasn’t for lack of talent, it was for lack of trying.



I can see now that this was never about Instagram likes, or followers. It was about trust. Could I trust myself enough to speak before anyone applauded?

Then March of this year happened.

A few reels went viral. Hundreds of thousands of views. Thousands of new followers. But honestly, it wasn't the numbers. It was the resonance.

People started messaging me to tell me they'd needed to hear exactly what I'd said, and that felt different, not like success — but like recognition and the thing I crave the most — resonance.

It was like all the years of quietly showing up, had finally echoed back.

Sometimes I scroll back through those two hundred posts, but I don't see content anymore.

I see women — and they are all me.

Megan the mother.

Megan the wife.

Megan the artist.

Megan the coach.

Megan the recovering addict.

Megan the twin.

Megan the musician.

All of them allowing themselves to indulge in their want to be witnessed.

I've let all of them have airtime. I've let grief write, I've let resentment speak and I've let joy sing.

Hell — I've even let boredom make a few reels.

I want it to be a place where my curiosity gets to wander — and a place where my real and resonate audience can hear and read more.

I thought I was building an Instagram page, but I was actually building trust with myself while simultaneously building a creative practice and documenting my own becoming.

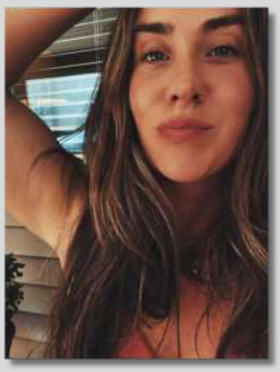
And somewhere between the ten-like posts, the false starts, the embarrassing videos, the drafts that never made it out, and the ones that somehow reached hundreds of thousands of strangers, I can finally see what I was doing.

I was reclaiming my own voice.

Two hundred posts.

Two hundred tiny acts of defiance against the part of me that believed I had nothing worth saying.

I went looking for coaching clients — instead I found liberation.



Megan lives in Chilliwack, BC. with her husband David and two children Matthias and Eden, and has devoted her life to supporting others in overcoming life's challenges and adversities.

You can follow Megan on social media at:

Substack: confessions-corrections-and-curiosities

Facebook: megan.piper.37604

Instagram: megancpiper/

When I first started grasping for people's approval?

Like straws.

I assume it began in childhood, as most people pleasing tendencies do.

I'm an identical twin sister, and we were complimented often.

People always stopping to stare and ask, are they twins to which my mom would apply? Yes, they are.

They are so beautiful! The comment that would usually follow?

I remember liking the way the compliments felt. Remember being obsessed with this idea of beauty?

From a very young age and having been told countless times that I was in fact beautiful, I began to rely on those compliments and comments to feed and fuel my confidence and self-worth.

I began to rely on the significance that we've seen in me by other people to inform me of my importance and status in the world.

And when I didn't get it, I began outsourcing. I dabbled and I experimented with substances at the age of 16, not stopping until I was 26.

They led me further away from my desires and dreams.
But here, I am 11 years later.

There's no more wondering, there's no more second guessing. I've spent thousands of hours in mirrors, primping, priming, fixing, and trying to get my face to look the way I want it shapewear to cover my bulges.

But beauty has nothing to do with how we adorn our faces or our bodies.

Because when a woman finally accesses her true beauty, you'll know it.

She's not going to be asking you if she's acceptable the power of a woman who chooses expression over comfort, curiosity over complacency, speaking up instead of staying muted.

The beauty that you seek?

Is at the bottom of your gut.

I'd rather choose truth over makeup or beautiful clothing any day. Because truth is the only thing that lasts.

The only thing that sustains I don't want people to say. When they remember me, she always looks so beautiful.

I want people to say she was so beautiful because she loved herself so much, and it was evidenced in the way she bravely and boldly took up space.

You could tell she knew
she was worth it.

Your beauty longs to be
heard and expressed.

It's tired of being snuffed out.

So unleash her, unlock the cage. Let her out, let her rage.

A woman who has made peace with her inner chaos won't need you to tell you that she's beautiful.

She already believes it.

So step aside, let her breathe because she's waited too long to feel like this.

-Megan Piper

Comfort Changes Everything:

The Story of Transition to Betterness



For nearly 30 years, a local Windsor–Essex charity has been transforming the hospital experience—one comfort bag, one song, one welcoming space and one compassionate moment at a time.

A hospital can be a place of healing, but also one of uncertainty, long waits and life-changing news.

For patients and families facing serious illness, familiar routines can suddenly disappear. A warm blanket, a comforting song, a cup of coffee or a welcoming place to gather may seem like a small thing, but during a difficult moment, it can mean everything.

That understanding is at the heart of Transition to Betterness, better known throughout Windsor–Essex as T2B.

T2B is a grassroots charity dedicated to providing comfort, dignity and human connection to patients and families affected by life-altering illness. Its programs do not replace medical care. They surround it with something equally human: compassion. From two hospital rooms to a community movement.



T2B began in 1997 with two local women, Doris Lapico and Tania Sorge. While supporting loved ones through cancer, they witnessed firsthand the challenges patients and their families face during long hospital stays.

Although exceptional medical care was being delivered, Doris and Tania recognized needs beyond treatment. Hospital rooms could feel clinical and impersonal, families spent long hours away from home, and patients needed warmth and reassurance as well as medicine.

Inspired to make the hospital experience more comfortable, compassionate and supportive, they began with a modest goal: to refurbish two oncology rooms.

They formed a volunteer committee, organized the first T2B Gala and began raising funds.

What started with two rooms became a community movement.

Nearly 30 years later, T2B supports 17 ongoing programs and major projects across Windsor Regional Hospital, Hôtel-Dieu Grace Healthcare, Erie Shores HealthCare and the Windsor Regional Cancer Centre. More than 100 volunteers help bring its mission to life, and T2B reports that its work has comforted more than 100,000 patients and family members.

Behind those numbers are thousands of local stories: a patient feeling less alone, a child finding a moment of play, a family remaining together and a caregiver receiving support when it is needed most.

Comfort from the beginning of treatment

T2B's largest and most costly ongoing program is the Dr. Michelle Prince Comfort Care Tote Program.

Every patient beginning chemotherapy at the Windsor Regional Cancer Centre receives a thoughtfully assembled comfort bag filled with practical and reassuring items selected to ease some of the physical and emotional challenges of treatment.

The tote is more than a collection of products. It is an expression of compassion placed in a patient's hands at the beginning of an unfamiliar journey. It delivers a powerful message: your community is thinking about you, and you do not have to face this alone.

The program honours the legacy of Dr. Michelle Prince and the compassion she brought to those around her. Because every new chemotherapy patient is eligible to receive a tote, sustaining the program requires significant ongoing community support.

Healing through music and space

For approximately 20 years, T2B's Music & Medicine Program has brought the therapeutic power of music to patients in palliative and hospital care.

With the support of a credentialed music therapist, patients may listen to familiar songs, sing, play instruments, reflect on meaningful memories or create legacy music for their families.

Music can reach people in ways conversation sometimes cannot. It can offer emotional and spiritual support, encourage expression and help patients reconnect with who they are beyond illness. For families, these musical moments may become cherished memories.

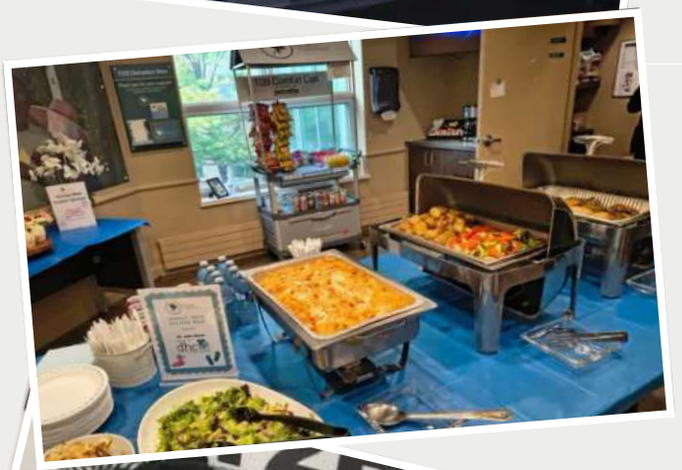
T2B's impact can also be experienced in thoughtfully designed spaces. The Stephanie & Barry Zekelman Atrium at Windsor Regional Hospital was reimagined as a serene, welcoming place where patients and families can gather, rest and remain connected.

In 2013, the T2B Palliative Care Unit—The Stephanie and Barry Zekelman Wing—opened at Hôtel-Dieu Grace Healthcare. The 20-bed unit was designed to bring elements of home into the hospital while supporting comfort, dignity and family-centred end-of-life care.

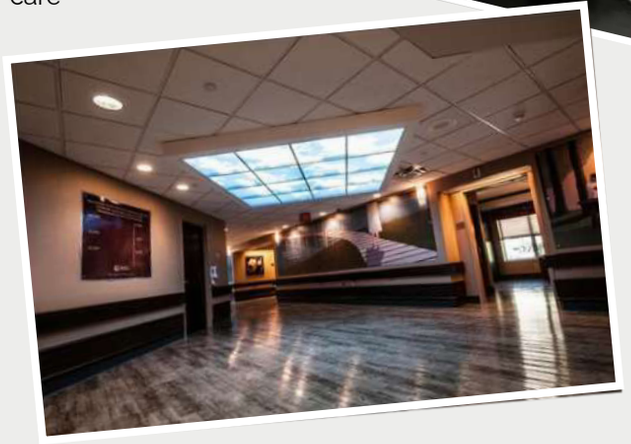
Other T2B programs meet needs that can easily go unnoticed. Handmade Comfort Blankets provide warmth. Comfort Carts and the Hospitality Café deliver refreshments and essentials.

Holiday meals bring families together, while parking passes reduce financial pressure during extended palliative stays. Through Connecting for Comfort, iPads help patients communicate with loved ones and care teams.









Transition to Betterness

Helping children remain children

For a child facing illness, the hospital can be especially frightening. T2B's paediatric programs create moments of comfort, creativity and normal childhood within a medical environment.

Back the Pack provides children entering paediatric oncology with personalized backpacks filled with age-appropriate educational and comfort items.

The Paediatric Art Cart brings creative activities to children confined to their rooms, while medical teaching resources help prepare them for procedures in less intimidating ways.

T2B also helped establish Windsor's first Paediatric Oncology Satellite Unit in 2006, allowing more children to receive oncology treatment locally and reducing the need for families to travel long distances during an already difficult time.

The community makes it possible

T2B operates without government funding. Its programs are sustained by people, families, volunteers, businesses and organizations that choose to invest in compassionate care close to home.

A donation may provide a Comfort Care Tote to someone beginning chemotherapy, fund a music therapy session, place a blanket around a palliative patient, fill a backpack for a child or help a family with parking. The impact is tangible, immediate and local.

There is no single way to support T2B. Community members can make T2B their charity of choice when planning a golf tournament, fitness challenge, car show, school activity, birthday or neighbourhood gathering.

Businesses and organizations can sponsor an event or program, create an employee-giving initiative, organize a workplace challenge, volunteer as a team or direct proceeds from an existing event to T2B.

Individuals can also contribute through one-time or monthly donations, memorial and celebration gifts, volunteering or a legacy gift in their estate plans.







The Gala Returns

That spirit of community will take centre stage on January 30, 2027, when T2B brings back its signature Gala.

"I Want My T2B" draws inspiration from the unforgettable Music Television era and will take guests on a journey through the decades of Transition to Betterness. The evening will celebrate nearly 30 years of compassion, community and local impact while raising essential funds for T2B's comfort-based programs.

Guests, sponsors, businesses and community partners will all have an opportunity to become part of T2B's next chapter.

Looking toward 2027

As T2B approaches its 30th anniversary, Director of Operations Jeanine Jodoin sees an opportunity to welcome even more people and organizations into its mission.



"Our community is filled with generous people and great ideas, and there is no single way to support T2B," says Jodoin. "You might organize an event, create a workplace challenge, volunteer with your team, sponsor a program, make T2B your charity of choice or bring us an idea we have never considered before. Whatever your capacity, you can help us bring comfort to local patients and families."



T2B is looking to expand community-led events, employee engagement, organizational partnerships, program sponsorships, monthly giving, volunteer opportunities and legacy gifts.

"We know the next great idea may come from someone in our community," adds Jodoin. "Our door is open. If you have an idea that could bring people together and create meaningful local impact, we would love to hear it."

The next chapter belongs to all of us

Doris Lapico and Tania Sorge began by believing that two hospital rooms could be better. Their idea grew because other people believed it too.

Today, T2B's presence can be felt in a chemotherapy patient's comfort bag, a meaningful song, a child's backpack, a welcoming Atrium, a shared meal and a volunteer's quiet companionship.

Nearly three decades later, T2B continues to prove that comfort is not an extra. It is an essential part of caring for the whole person.

When a community chooses to care together, difficult moments can become a little warmer, a little gentler and a little better.

Become part of the T2B story:

Explore T2B's programs, discover volunteer opportunities, organize a fundraiser, review the many ways to give or contribute through T2B's online donation page.

www.t2b.ca | 519-944-5143 | info@t2b.ca

RECOVERY ROAD

Sixty days. Sixty drawings.

Words & Artwork by Joanna Roselli

In 2021, I spent 60 days in inpatient treatment for an eating disorder.

At the time, I wasn't thinking about an art exhibition. Drawing gave me somewhere to put what I was experiencing when I couldn't quite explain it in words.

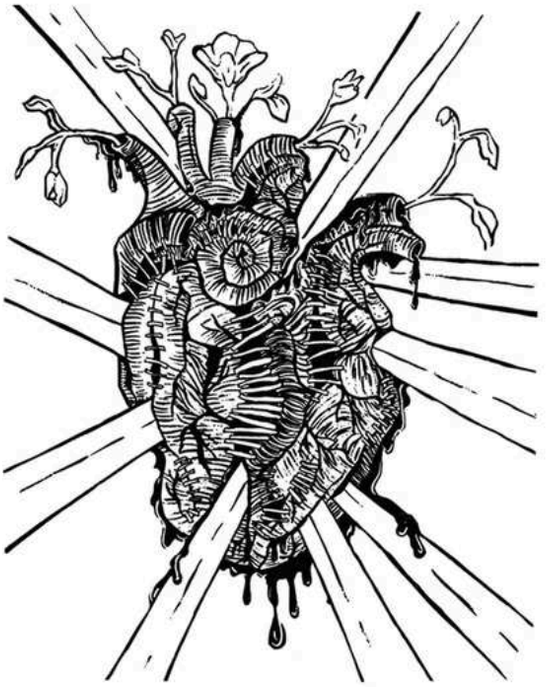
By the end of those 60 days, I had filled eight sketchbooks.

For years, I've had these books but done nothing with them. Each drawing held a moment from a time in my life that was difficult to revisit, but also important to remember. Each page helped me work through my recovery in a way that was challenging to explain, but easy to draw.

That is where Recovery Road began.

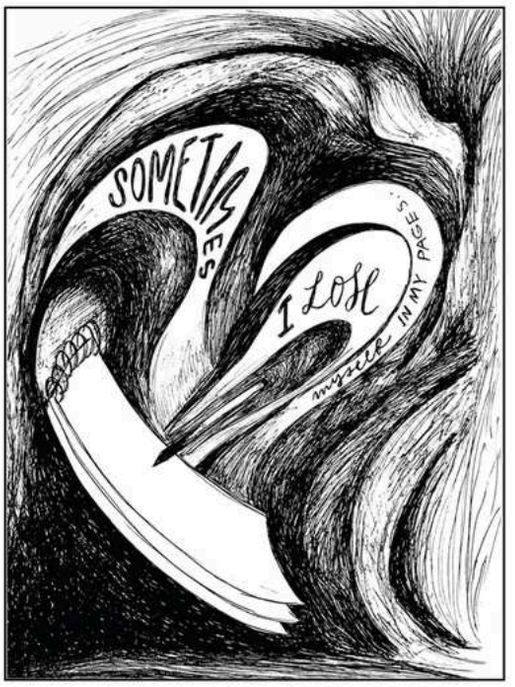
This art exhibition brings together 60 pen-and-ink drawings from my time in treatment. They aren't illustrations of a linear journey from being sick to recovered. Recovery did not happen in a straight line, and I didn't want the exhibit to suggest that it did. Similar to a road, recovery changes along the way, branches off, and sometimes circles back.

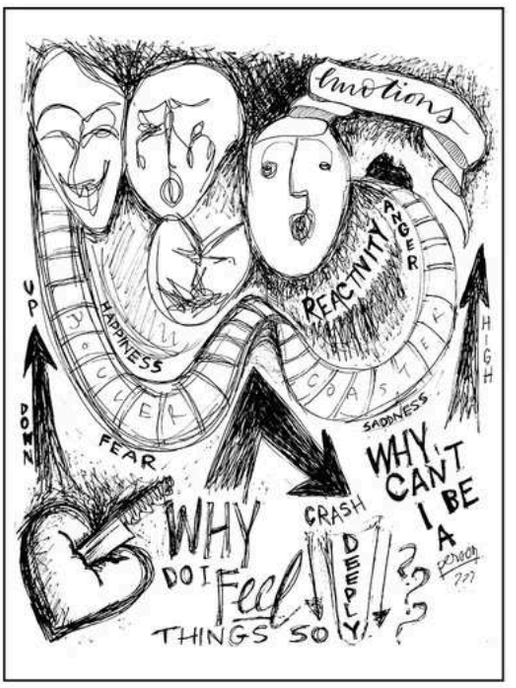
In this exhibit, a hand-drawn road will connect the pieces across three walls. Visitors can follow it from drawing to drawing, seeing the work as a collection and also as individual moments. I hope the path encourages people to pause with each piece instead of looking only for a beginning and an end.



"Recovery is not a straight line."







"When our wounds cease to be a source of shame, and become a source of healing, we have become wounded healers."
- Henri J. M. Nouwen

Making the drawings public has been a very vulnerable decision. These pages began as something private, created while I was in treatment. Putting my pen to paper became my lifeline while I was working through my recovery. There was never a thought that anyone else would one day see them. But I've come to believe there is value in showing what a process can look like from the inside.

Art has given me a way to express and process big emotions. These drawings, similar to the human experience, can be messy, dark, funny, uncertain, or hopeful. They can hold feelings that don't fit neatly into a sentence. I think that honesty is part of what connects us to other people's work: we recognize something of ourselves, even when our experiences are different.

My hope is that someone walking through *Recovery Road* feels less alone. You don't need to have experienced an eating disorder to understand what it means to face a hard day, or to wonder whether you're moving forward. And if you are in recovery, I hope you see that your path is allowed to be your own.

These drawings began in eight sketchbooks, one day at a time. Five years later, I'm placing them together on a wall and inviting others to walk beside them. I don't know what each person will take from the exhibit. I only know what making it has shown me: those days were part of my story, and there is room for me to tell it. I believe that there is power in vulnerability, community, and true beauty in imperfection.

TORONTO, ON NOVEMBER 15TH RECOVERY ROAD

An Art Exhibition by Joanna Roselli

Taking place
Sunday, November 15, 2026,
From 12-8 p.m. at
190 McCaul St in Toronto.
Tickets are pay-what-you-can.



I Was 4 When Food Became Math:

Living with Type 1 Diabetes

By Kat Spargalo

I Was 4 When Food Became Math...

After 3 decades of counting every bite, I finally believe a cure for Type 1 Diabetes is within reach. Canada just has to step up and fund it.

I was 4-years-old when I learned that food wasn't just food. It was a number, and if I got the number wrong, I could end up in the hospital.

That was the year I was diagnosed with Type 1 Diabetes (T1D). I haven't eaten a single meal since without doing math first. Every slice of toast, every piece of birthday cake and every late-night snack gets weighed against a dose of insulin.

More than 30 years later, I still do it several times a day, every day. There are no days off.

T1D is an autoimmune disease. My immune system destroyed the cells in my pancreas that make insulin. Nothing I did caused it, and nothing I do can reverse it. Today's technology helps me manage it better than ever, but it doesn't end it.

The part nobody sees...

People think of diabetes as a physical condition. What they don't see is how much of it lives in your head.

As a kid, I didn't want anyone to know I had it. I felt different and isolated. I was the one who left class for finger pricks, I was sitting in the principal's office when my blood sugar was low; I was hiding it the best I could.

I was scared to eat too much but also scared to eat too little. Scared to eat the wrong thing. When your relationship with food starts with rules and consequences before you can even read, it really shapes you.

Girls and women with T1D are at higher risk of eating disorders than their peers. A Toronto study followed girls with T1D at The Hospital for Sick Children for 14 years. By their mid-20s, about 1 in 3 met the criteria for an eating disorder (Colton et al., 2015).

Some people with T1D skip or cut back insulin to lose weight, which is sometimes called "diabulimia." It's what can happen when a disease turns every meal into a test. No child should have to live their life this way.

T1D has such a massive effect on your mental health and I think this is the biggest consideration that no one sees or talks about enough.

T1D took my grandfather and my uncle, so I grew up firmly believing I was going to die young, and that belief put an asterisk on every plan I made.

Why I went to Parliament Hill...

This year, that gloomy outlook on my own life started to change.

I joined nearly 30 advocates from across the country in Ottawa for T1D on the Hill, organized by Breakthrough T1D Canada. We asked elected officials for one thing: $62 million over 5 years to fund the Breakthrough T1D Network for Canada (BTNC).

The network would connect researchers, clinicians, hospitals and industry so cure research can move from the lab into clinical trials faster.

T1D is now considered one of the diseases closest to a curative breakthrough in regenerative medicine.

Cell and gene therapies designed to replace the cells my body destroyed are already in clinical trials. For the first time in my life, a cure doesn't feel like a fantasy.

But other countries are already hosting those trials and attracting the scientists who run them. Canada discovered insulin more than 100 years ago, and stem cells were first identified here. We risk watching the next chapter happen somewhere else.

And yes, Canada does a lot to support T1D research already, through institutes like the Canadian Institutes of Health Research (CIHR), but what the BTNC does is different. It actually connects all of this research together, so we are stronger and more organized when it comes to actually rolling out clinical trials and working towards a cure.

Over 300,000 Canadians live with T1D.

Diabetes cost Canada's health-care system an estimated $18.25 billion in 2024 alone (Diabetes Canada, 2024). Next to that, $62 million over 5 years is a small investment with a huge potential return, for people like me and for a health-care system every Canadian relies on.

Yet the Canadian Government still won't take action and continues to leave Canadians with no hope for a cure, and a very broken healthcare system.

What you can do...

You don't need to have diabetes to help. Contact your MP and ask them to support BTNC funding in this year's federal budget.

Breakthrough T1D Canada's website has a ready-made letter and tips for meeting your representative. I've been reaching out to mine, and every message counts.

Although budget applications closed on September 8th, that doesn't mean you still can't send an email asking for support of the BTNC.

If you live with T1D and your relationship with food feels complicated or out of control, you are not alone, and it isn't a personal failing. Talk to your diabetes team or reach out to BANA. Support exists.

I spent most of my life believing I would die young. Now I'm fighting for a future where no 4-year-old has to learn that food is math, and all of Canada needs to step-up and make sure the Canadian Government takes this seriously and funds the BTNC this year.





Kat Spargalo is a creative strategist based in Ajax, Ontario, who has lived with Type 1 Diabetes since she was 4-years-old. She is an advocate with Breakthrough T1D Canada and joined T1D on the Hill 2026 to push for federal investment in cure research.

My Journey Back to Wellness:

Finding room to breathe, rest, and reconnect through Spinal Flow sessions

LIVED EXPERIENCE

By Jennifer Creed, Founder of The Rested Body

For a long time, I thought the goal was simply to **get out of pain.**

Now, I want more than that: *I want to feel at home in my body: room to breathe, the ability to move without restriction, rest without guilt, and the energy to enjoy my life.*

Getting there began with a journey I never expected.

After leaving a very stressful job, I thought I would feel better. Instead, I was left with radiating pain in my low back and right hip. It affected my sleep and how I woke up in the mornings.

For about 18 months, I dealt with daily, recurring pain through my low back, hip, and SI joint. Initially, I continued doing what I thought I was supposed to do: early morning walks or runs, exercising, stretch and mobility work, changing my routines, and paying attention to my mindset.

Eventually I started chiropractic care, massage, physiotherapy with acupuncture and cupping, traction, lacrosse-ball release, breathwork, and then osteopathy. Some things helped but only for a couple days at most. It was all temporary. Some treatments felt intense. Gentler approaches worked better, but I still felt as though I had to keep managing my body constantly.

Mornings were the hardest part of my day. Sometimes it took 15 minutes just to get out of bed. Lying on my back or side, I would pull my knees toward my chest to stretch out the stiffness in my low back and hip.

It took time to work my way upright. I remember wondering if the pain would ever go away. I couldn't accept that this would be the rest of my life.

Waking up without negotiating with my spine felt like an impossible dream. I was determined to find relief, whatever it cost.

That is what eventually led me to **Spinal Flow**.

The session began with an assessment. We went over the treatments I had tried, my struggle, and how desperately I wanted to feel better. Then the practitioner invited me to lie down, relax, and let go—to trust the process and do my best to quiet my mind.

Turn it off? Okay, I thought. I'll do my best.

I was face down on the table, fully clothed and all I had to do was breathe. She made gentle contact with specific points along my spine, head and feet and waited for my body to respond.

I simply lay there and received. For once, I didn't have to work harder at healing.

After my first session, I noticed deeper breathing, as though there was more air in my chest. After my second session, I got out of bed in 30 seconds, without tension and had minimal ache. By my third, my neck felt looser. After several sessions, my body felt softer, freer, and more like mine again.

I even remember wanting to hula hoop because I suddenly felt so much freedom in my body. That feeling meant everything.

This experience changed the direction of my life and eventually led me to establish The Rested Body. It also changed how I understood wellness. I began paying attention to how I felt throughout the day, beyond the place that hurt.



When emotional strain has a physical presence

When emotional strain shows up in your body, it can become difficult to ignore.

Perhaps your mind is exhausted, but your body will not settle. You notice a clenched jaw, raised shoulders, shallow breathing, or the feeling that you are always preparing for something. You might feel restless, overwhelmed, disconnected, or simply worn out.

Stress can affect sleep, digestion, muscle tension, and how we experience our bodies. These experiences deserve attention and compassion. **They are not a personal failure.**

Whether you are living with depression or anxiety, working through grief, navigating eating disorder recovery, or recovering from addiction, you deserve care that respects your whole experience.

At **The Rested Body**, my intention is to offer a gentle space for rest and re-connection. Spinal Flow is the bodywork approach I use, with a focus on light touch, awareness of the body's responses, and time to settle.

You do not need to explain every painful chapter of your life to deserve kindness. You can share what feels useful, tell me what you need, and move at a manageable pace.

What makes Spinal Flow different?

One of the most common questions I hear is whether Spinal Flow is like chiropractic care.

Spinal Flow is a separate practice with its own assessment framework and light-touch technique. A session does not involve spinal adjustments, forceful manipulation, or attempts to produce a crack or pop.

I make gentle contact at specific access points, primarily around the sacrum and head, and observe breathing, movement, and other responses to guide the session.

Within the Spinal Flow approach, the practitioner guides and the body leads. My role is to pay attention, respond, and give you space.



Understanding the seven gateways

The seven gateways assessment is an important part of a first visit.

In the Spinal Flow framework, these gateways correspond to regions from the head to the tailbone:



Awaken at the cranium

Pause at the upper neck

Passion through the remaining neck

Centre through the upper and middle back

Power at the lower back

Foundation at the sacrum

Base at the coccyx

The assessment looks at posture, movement, and areas of tension or restriction. It gives us a starting point and a way to notice changes over time.

The Base Gateway, at the tailbone, has particular meaning within Spinal Flow's teaching around grounding and survival. This language offers a way to discuss feeling guarded or disconnected.

This gateway is often connected to nervous system issues, mood and nervous system instability, chronic neurological conditions and so on.

Each gateway holds the nerve bundles which operate different organs in your body and when the practitioner notices a blockage in the spine, we can often connect it with the issues and other symptoms going on in the front and rest of the body.

Your story matters more than a label. The assessment guides the bodywork; it does not diagnose conditions, it addresses them and when you believe your body will heal, this mindset will accelerate your healing.

You do not need to explain every painful chapter of your life to deserve kindness.

What actually happens during a session?

When an approach is this gentle, it can be difficult to picture what happens on the table. Here is a walk through, from arrival to the time afterword.

Before the session: arriving and settling in

The room is prepared with soft lighting, a treatment table, clean linens, and gentle music.

Comfort is personal. If quiet is better than music, or you are sensitive to fragrance, please say so. We can discuss what helps you feel comfortable.

You are welcome to arrive exactly as you are. There is no expectation to be cheerful, calm, or ready to share everything.

Step one: the intake conversation and assessment

Your first visit begins with a conversation about your history, symptoms, what you have tried, and what you hope to experience.

We also discuss sleep, stress, and the broader context of your life. Together with the seven gateways assessment, this helps me understand your needs and guide the session.

At follow-up visits, we check in on what has changed, what felt helpful, and anything you would like approached differently. Questions are always welcome.

Step two: getting comfortable on the table

You remain fully clothed. Comfortable, loose clothing, such as soft pants and a shirt, works well. Thick clothing or restrictive jeans can make contact and positioning less comfortable.

You lie face down, with your head supported. Once you are settled, contact begins gently.

You do not have to control your breathing, create a movement, or make something happen. You can simply rest and allow your body to be in charge with no expectation of anything.

Step three: gentle contact at the access points

I make light, sustained contact at selected access points and observe how your body responds.

The contact is much lighter than massage pressure. I may remain at a point while noticing changes in breathing or movement, then choose another point.

No two sessions are identical. What you share, what the assessment shows, and how you feel help guide the work.

Spinal Flow describes this process as encouraging the body's natural capacity to release tension and express a spinal wave. The intention is to support ease and rest. The body already knows how to heal itself, we are just reminding it of its inate ability to do so.

For you, the experience may be much simpler: a chance to stop doing, notice your body, and receive gentle care.

What you might feel

Experiences vary. People may describe deeper breathing, warmth, lightness, or a sense of softening. Some feel sleepy. Others remain alert or notice very little.

My first noticeable change was in my breath. That was meaningful to me, even before I understood what the experience would become.

There is no correct response. Falling asleep, feeling an emotion, or noticing movement is not required for a worthwhile session.

Sometimes an emotion comes up. You are welcome to express it, but there is no expectation to relive an experience or push through distress. If anything feels uncomfortable, we pause and respond to what you need.

Step four: the spinal wave

A distinctive part of the Spinal Flow framework is what practitioners call the spinal wave: movement that may arise through the body during contact.

This is not a movement I force or ask you to perform. Some people notice it clearly; others do not. Its presence or absence does not measure your willingness, emotional progress, or the value of your experience.

Step five: closing and integration

As the session ends, I bring contact to a close and give you time to settle before getting up.

Table time is typically around 25 to 40 minutes. An initial visit, including conversation and assessment, generally takes 45 to 60 minutes.

We discuss what you noticed and any questions you have and take a moment before returning to your day.

Afterward: listening without pressure

You might notice changes immediately, later, or not at all. Pay attention with curiosity rather than searching for proof that something happened.

For a guarded body, the first session becomes an introduction for the body to feel safe and the next two sessions allow the body to feel that safety and begin to let go of the stress and tension.

For some, holding onto that tension is the bodies way of feeling safe. We may need a few sessions to remind the body there is a better way to feel safe. And seeing that the tension is causing blockages, which create pain, and letting go feels good again.

This is why I do the work I do for my clients. They need examples of safety. They need reminders that **it is okay to let go.** And they need an environment they can gently let go in. They leave each session with a new awareness and some questions to think about for our next session.

How does your breathing feel?

Is your body comfortable?

What do you need now?

My hope is that **The Rested Body** offers a place where you feel heard, your preferences matter, and rest becomes something you allow yourself to receive.

Making room for care

My own experience unfolded over several sessions. Other people's experiences and needs will differ.

Further visits can be discussed according to your goals, response, availability, and budget. You deserve clear choices and the freedom to decide what feels useful.

What I love most about facilitating sessions is seeing someone smile afterward and hearing them describe more room in their body—more room to breathe, soften, or simply be.

For someone carrying emotional strain, a moment of ease can matter. It can sit alongside counselling, medical care, recovery services, supportive relationships, and the daily practices that help them move forward.

My journey began with pain. It grew into a different relationship with my body and a desire to offer others a gentle place to pause.

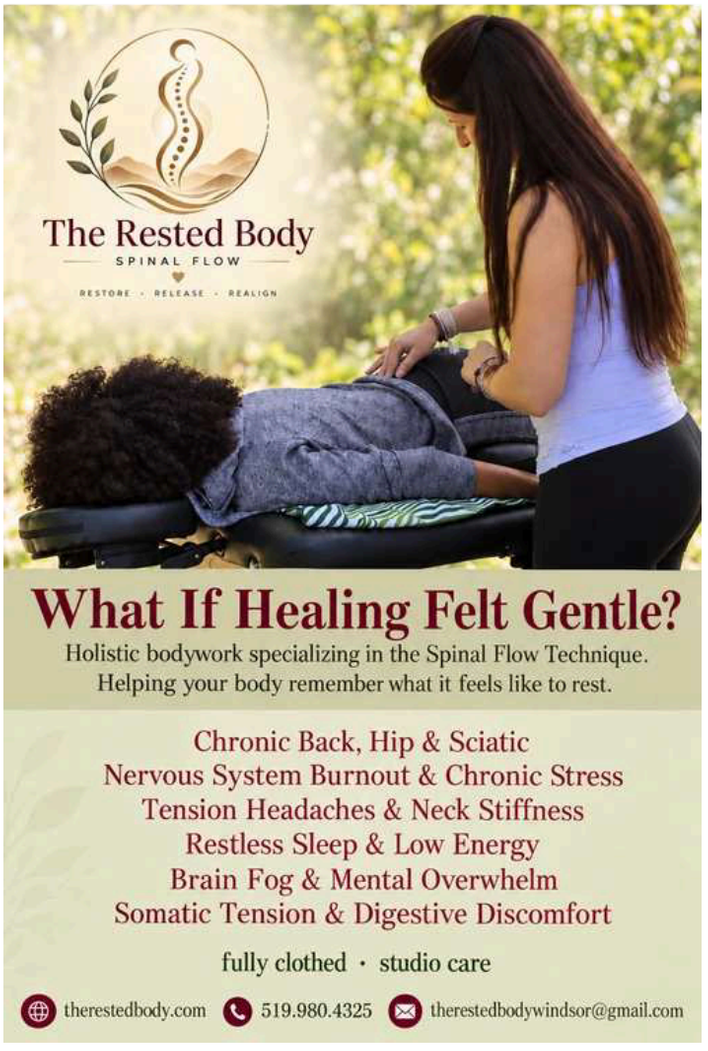
Finding The Rested Body

The Rested Body has locations in Amherstburg and Windsor.

To learn more or arrange a free discovery call, visit
https://therestedbody.com
call 519-980-HEAL (4325),
or email therestedbodywindsor@gmail.com.
You can also find me on Instagram at
@therestedbodywindsor.

A discovery call gives you space to ask questions, share what you are looking for, and decide whether a session feels like a helpful next step.

You deserve support while you are finding your way forward. There is room for rest along the way.



"Someone is sitting
in the shade today
because someone planted
a tree a long time ago."

— Warren Buffett

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