

# BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

Winter 2026

SPECIAL  
FEATURE:

## EATING DISORDER AWARENESS WEEK EDAW 2026

FEBRUARY 1 - 7

*Health  
doesn't  
have a  
Look*

### FEATURED STORY: EDAW 2026

- From Desperation to Miracles: What made my Brain Switch Gears
- Building Healthier Communities: How weCHC is Transforming Black Health Supports
- What Got Lost: Making Sense of the Gaps Between Intention and Action
- Faces of Recovery (WWEDC)
- How to Protect Your Mental Health During Uncertain Times
- History of Western Body Ideas Part 5: The 1970's to Today
- When Grief Meets the Body: Understanding the Connections Between Loss, Eating, and Healing

# TABLE OF CONTENTS

EDAW 2026 National Partners .....	3
EDAW @ BANA 2026 .....	6
From Desperation to Miracles: What made my Brain Switch Gears ....	7
Building Healthier Communities:	
How weCHC is Transforming Black Health Supports .....	9
It's Ok to Interrupt .....	11
What Got Lost:	
Making Sense of the Gaps Between Intention and Action .....	12
Faces of Recovery (W/WEDC) .....	17
How to Protect Your Mental Health During Uncertain Times .....	18
History of Western Body Ideas Part 5: The 1970's to Today .....	20
Finding the Connection Beyond the Table:	
Navigating Food-Centered Events with Care and Compassion..	31
Weight Centric Care ~vs~ Weight Inclusive Care .....	33
When Grief Meets the Body: Understanding the Connections	
Between Loss, Eating, and Healing .....	34
Health is More Than How You Look .....	38



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### Please Note:

All contributions and editorials are provided on a volunteer basis.

### Publisher's Note:

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



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

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

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

Sincerely, Luciana Rosu-Sieza, Executive Director

### DISCLAIMER\*

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



# EATING DISORDER AWARENESS WEEK

# EDAW 2026

Eating Disorders Awareness Week (EDAW) is a national movement from February 1st to 7th each year dedicated to raising awareness and fostering understanding about eating disorders while challenging the stigma and barriers that prevent access to care.

Eating disorders affect people of all genders, sexual orientations, ages, socioeconomic classes, abilities, races, and ethnic backgrounds. That is why eating disorder groups across Canada unite to mark EDAW with a national week of action aimed at educating the public, highlighting available supports, and advocating for meaningful change.

EDAW is a collective effort from coast-to-coast-to-coast. Participating organizations across the country will host local events, light landmarks in purple, and engage in public education campaigns to raise awareness and foster understanding about eating disorders.



The Body Brave community has grown quickly and is a thriving beacon of hope for people struggling with eating disorders as well as their families and friends. What matters most is understanding what people need to help them break free from an eating disorder. We are always listening, co-designing and learning from the voices of people who have struggled with eating disorders as well as their families. Our support groups are led by clinical experts and integrate education, insight development, motivation, and skill-building. Drop-in and Closed groups are available. Registration is required.

Website: <https://www.bodybrave.ca>  
Contact: [info@bodybrave.ca](mailto:info@bodybrave.ca)



The Bulimia Anorexia Nervosa Association (BANA) is a not-for-profit, registered charity, community-based organization servicing Windsor-Essex County in Ontario, Canada. Since 1983, we have been committed to the provision of specialized treatment, education and support services for individuals affected directly and indirectly by eating disorders including a Centralised Intake Process, Outpatient Treatment, Intensive Outpatient Treatment, Health Promotion and Education.

Website: <https://www.bana.ca>  
Contact: [info@bana.ca](mailto:info@bana.ca)



Eating Disorders New Brunswick is a not-for-profit organization dedicated to raising awareness, challenging stigma, and providing meaningful support to individuals and families impacted by eating disorders. To achieve these goals, we work in collaboration with other organizations. Through advocacy, education, and community outreach, we strive to foster understanding, promote early intervention, and ensure that those affected have access to the resources and care they need. Our mission is to create a compassionate and informed society where no one feels alone in their journey toward recovery. We are dedicated to promoting awareness, advancing prevention efforts, and advocating for comprehensive treatment options.

Website: <https://www.ednb.ca>  
Contact: [info@ednb.ca](mailto:info@ednb.ca)



The Eating Disorder Foundation of Newfoundland and Labrador (EDFNL) is a leadership advocacy group dedicated to promoting research and providing public support services and information about matters related to eating disorders, including information on available treatment services for individuals and families who experience disordered eating. We offer an array of programs and services including, Client and Family Consultation, Emotion Focused Family Therapy for Families and Caregivers, Emotion Focused Family Therapy for Professionals, and more.

Website: <https://www.edfnl.ca>  
Contact: [info@edfnl.ca](mailto:info@edfnl.ca)



## EDSNA

EDSNA offers professionally-facilitated support groups to people over the age of 18. Groups serve those affected by eating disorders/disordered eating, and caregivers (parents, partners, and loved ones). We also maintain lists of resources, public and private-healthcare providers, and other tools that might be helpful as you navigate -or help someone navigate- eating disorder recovery.

Website: <https://www.edsna.ca>  
Contact: [info@edsna.ca](mailto:info@edsna.ca)



EmbodyBC (formerly known as Jessie's Legacy) equips parents and

professionals with trusted resources to support young people before they develop an eating disorder. EmbodyBC is a provincial program of Family Services of the North Shore, and one of the six BC Partners for Mental Health and Substance Use Information. We provide tools and resources to address disordered eating, body image, mental health, weight stigma, and self-compassion for children and youth of all ages. We create original content, based on current research, and feature stories from people who've been there. We can also help you find more support, if you need it.

Website: <https://embodybc.comb.ca>  
Contact: [embody@familyservices.bc.ca](mailto:embody@familyservices.bc.ca)



## Looking Glass

FOUNDATION FOR EATING DISORDERS

The Looking Glass Foundation exists to decrease isolation, instill hope, and support lasting recovery for anyone affected by an eating disorder. Our programs are designed to be accessible, low-barrier, either free or low-cost, and no diagnosis or referral are needed. We offer three peer support programs, low-cost counselling, education and awareness initiatives, and trusted resources and referrals. We welcome all genders, are weight inclusive and proudly 2SLGBTQIA+ friendly. Above all, we strive to ensure that everyone who reaches out feels seen, supported, and safe, and can find immediate access to help.

Website: <https://www.lookingglassbc.com/>  
Contact: [info@lookingglassbc.com](mailto:info@lookingglassbc.com)



National Eating Disorder Information Centre

NEDIC is Canada's source for eating disorder education and support. We guide people to trustworthy information and resources relevant

to their situation. NEDIC first opened its doors on December 2, 1985. To celebrate 40 years supporting Canadians affected by eating disorders, we invited people who have been associated with NEDIC through the years to share their reflections on their work, what it meant to them, and how it has shaped their lives since. Together, those stories form an archive showing how NEDIC has contributed to the eating disorder community in Canada and beyond.

Website: <https://www.nedic.ca>  
Contact: [nedic@uhn.ca](mailto:nedic@uhn.ca)



Education. Understanding. Action.

NIED exists to give hope and support to the caregivers of individuals with an eating disorder and their loved ones. NIED develops and shares educational resources and information, conducts and participates in research, and takes action to address the needs of Canadians impacted by eating disorders. NIED'S Initial Point of Connection, Caregiver Support Groups, and Peer Support Programs aim to provide essential support for caregivers. #LetsNotWaitToCare

Website: <https://www.nied.ca>  
Contact: [Karen@nied.ca](mailto:Karen@nied.ca)



Ontario Dietitians in Public Health  
Diététistes en santé publique de l'Ontario

Ontario Dietitians in Public Health (ODPH) is the professional association of

Registered Dietitians working in the Ontario public health system. We are recognized leaders in public health nutrition representing local public health agencies across Ontario. We work collaboratively through our workgroups and with community partners to inform and influence public policy across all levels of government. Established in 1977, ODPH is a not-for-profit organization registered with the Province of Ontario and complies with Ontario's Not-for-Profit Corporations Act, 2010 (ONCA).

Website: <https://www.odph.ca/>  
Contact: [info@odph.ca](mailto:info@odph.ca)



[NEDIC.CA/edaw](https://www.nedic.ca/edaw)



Eating Disorders  
Awareness Week  
#EDAW2026



**SHEENA'S PLACE**  
Support for eating disorders

At Sheena's Place, we offer group-based support to people aged 17+ affected by an eating disorder or disordered eating. Our professionally-facilitated groups are completely free of charge and participants do not require an eating disorder diagnosis or referral to register. We are committed to inspiring hope, reducing stigma, raising awareness and offering meaningful help and information at all stages of recovery..

Website: <https://sheenasplace.org>  
Contact: [info@sheenasplace.org](mailto:info@sheenasplace.org)



The UBC Student Recovery Community (SRC) is a safe, confidential, and inclusive space for students who are in

recovery or curious to explore their relationship with substances. The SRC also offers support for non-substance, addictive behaviours such as disordered eating, eating disorders, pornography, gaming, gambling, and more. Rooted in peer-to-peer support and evidence-based practices, the SRC is a non-clinical resource that aims to empower students with lived/living experience and to offer support across all pathways to recovery, from harm reduction to abstinence, and beyond.

Website: [students.ubc.ca/health/ubc-student-recovery-community](https://students.ubc.ca/health/ubc-student-recovery-community)  
Contact: [src.recovery@ubc.ca](mailto:src.recovery@ubc.ca)

# EDAW 2026

Health  
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[NEDIC.CA/edaw](https://NEDIC.CA/edaw)



Eating Disorders  
Awareness Week  
#EDAW2026



Local events have been organized to spread awareness, educate, and inspire others to take action in supporting those impacted by eating disorders.



# Eating Disorders Awareness Week

February 1st-7th, 2026

## About Us

The **Bulimia Anorexia Nervosa Association (BANA)** is community-based organization servicing Windsor-Essex County. Since 1983, we have been committed to the provision of **specialized treatment, education and support services** for individuals affected by eating disorders.

## Where can I get more information?

### online

[www.bana.ca/edaw](http://www.bana.ca/edaw)

@banawindsor



### by phone

office:  
519-969-2112

Intake Requests:  
1-855-969-5530

### in person

1500 Ouellette  
Avenue #100  
Windsor, ON  
N8X 1K7

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BANA's services and programs are free of charge

# From Desperation to Miracles

## What made my brain switch gears



By Amy and Wendy Preskow

*I have been sharing my/our story for 13 years publicly since I founded NIED in 2012. However, our lives had already been impacted by Amy's eating disorder for more than 20 years. You may have seen me or know me as a 'caregiver'/Amy's mom.*

*Having lived the ugliest and worst moments and times imaginable, I am now jumping for joy. I cannot describe how it feels to have a happy adult daughter who has conquered the biggest obstacles and challenges that thankfully none of us should EVER have to endure.*

*Amy has been 'reborn'. She's content and thriving. HOW did this all happen? WHEN did it begin? and WHAT made her brain switch gears? - Wendy Preskow*

AMY ....

(Re: 'What made your brain switch gears?')

### Seven years old:

I was standing patiently by my desk in Mrs. Yetman's grade 2 classroom eagerly with my peers for the go-ahead to come sit on the carpet to listen to her recite, by heart, the story of Rapunzel. Her story telling enraptured me every time, no matter how often she retold each fairytale.

It was at that moment when, apropos of nothing, a sudden thought flashed across my mind:

*"I will never be able to be an adult. I won't be able to do it like everyone else."*

I felt a sick pit in my stomach.

I felt paralyzed with a slam of fears I could not name at that age.

The thought went as quickly as it came.

But. It stayed with me. It slowly metastasized into canyon sized pit of terror that quietly, insidiously, nestled in the core of me.

Fear of life and, on the heels of that, feelings of insecurity and inferiority, **were the root cause of my eating disorder.** 7

In order to release myself from the imprisonment of my eating disorder (and my own brain), the endless disparity of staying within the "comfort" of my eating disorder had to become **more terrifying** to me than Life and all of its frightening Unknowns.

And, after 2+ decades, it did.

So, what changed?

*I wanted to get better more than I didn't want to get better.*

Here's the thing . . .

I could NOT will myself into that.

I wanted to get better with my heart, not my mind. And you cannot think your heart into feeling any type of way because it feels what it feels organically.

Logic doesn't count when it comes to what our hearts feel.

Logic is, in fact, pretty meaningless when it comes to both what the heart feels and recovering from an eating disorder.

You cannot Logic someone into getting better, because no.

Just no.

Nor does hitting "rock bottom" jostle someone into recovery. People who do not live within the confines of this relentless, brutal illness, tend to think that a person with an eating disorder will "come to their senses" when that person hits their lowest of lows, or when a major life altering event occurs, like the death of a loved one that "should put things into perspective" and snap them out of illness.

But no. Just no.

Reaching rock bottom and/or external life altering events **only make someone with an ed more fearful of life, which in turn makes them retreat further into their illness.** as their eating disorder is a "safe place" that enfolds and protects them from the world.



Because, again, logic doesn't count when it comes to the workings of someone's heart.

Throughout the duration of my ED, there were times when NO part of me wanted to get better.

There were also times - brief periods of time - when I **did** "get (quasi) better" ... but knew in my gut it wasn't over. I knew I'd eventually go back because it was with my head that I got better, not my heart.

It was with my **heart** when I came to realize, well into my 30's, that my eating disorder no longer felt safe. It felt menacing, threatening, and fatal ... which, of course, everyone else "Logically" knew, but that's not how it feels when your eating disorder is the only consistency in your life.

It wasn't a drastic shift between the ratio of wanting to get better and not wanting to get better that saved my life. It was a one percent difference. 50% of me did not want to get better, but 51% of me did. **And that one percent shift in the right direction is what set me free.**

*No amount of therapy or treatment in the world could have made that shift for me. It had to come 100% from me.*

And now 100% of me wants, with my whole heart, to live.

That's how i know in my gut and to the core of me and from every corner of my heart and the depths of my soul that there is 0% chance of me going back.

I look back sadly at that scared little seven-year-old I was who grew into a scared adult, and I think that although life is still very terrifying, and although my life vastly steered off course, I now believe I can "do life" like everybody else. Although . . . The truth is nobody can do life the way anybody else does. And that's OK.

That's more than OK.

A year ago, I had a beautiful text exchange with my former therapist. I was updating her on my newfound freedom.

She said:

*"What a phenomenal journey you've been on, Amy. Brought back from the brink many times. Someone must have been watching out for you, saying "Wait! There will be rewards in your life, when the universes align."*

And my reply was:

"In previous years I was brought back from the brink BUT placed into a holding cell until the ed came raging back.

This time i was brought back from the brink, placed into a cell, realized the bars weren't locked, and **walked out by myself, free and excited to live."**

A very kind woman whom I don't even personally know said the most exquisite thing to me recently. I was briefly telling her about the eating disorder. I lost over 20 years of my life from.

She said, *"Maybe instead of thinking you lost 20 years of your life, maybe you can think you were investing 20 years into a new and beautiful life."*

And wow. Just wow. And yes. Just yes.

- Amy Preskow



# Building Healthier Futures:

## How weCHC is Transforming Black Health Supports

By Shelby Colarossi and Nadine Manroe-Wackerell



Across Canada, Black families continue to face systemic barriers when it comes to accessing timely, culturally responsive health care. These barriers are not new — they are rooted in generations of systemic racism, discrimination, and inequitable access to services that reflect the lived realities of Black communities. The impacts are deeply felt, particularly in mental health outcomes for Black children, youth, caregivers, and parents.

Research consistently shows that Black Canadians experience disproportionately high rates of unmet mental health needs. Yet only 38% of Black Canadians who require mental health services are able to access them. At the same time, 60% of Black Canadians report that they would be more likely to seek support from a Black therapist, highlighting the importance of culturally safe and affirming care.

*These statistics tell a clear story: when care does not feel safe, relevant, or reflective of one's identity, people are far less likely to reach out — even when support is urgently needed.*

Windsor Essex Community Health Centre (weCHC) is responding to this reality through the launch of Black Health Coordinated Supports — a comprehensive, Afrocentric approach designed to support Black families as early as possible and across the lifespan.

### A Coordinated, Culturally Responsive Approach

Black Health Coordinated Supports brings together a range of culturally responsive services focused on early intervention, mental wellness, and community connection.

The program is grounded in the understanding that health outcomes improve when care is not only accessible, but also culturally affirming, strengths-based, and delivered by providers who understand the social and systemic factors affecting Black communities.

*"This work is about more than individual programs," says Nadine Manroe-Wakerell, Clinical Director, weCHC. "It's about acknowledging where systems have fallen short and intentionally designing care that responds to the lived experiences of Black families. When people feel seen, respected, and understood, they are far more likely to access support — and that leads to better outcomes for everyone."*

This coordinated model includes mental health services and navigation supports for Black children under the age of 12, as well as youth and young adults up to age 29. By offering support early in life — and continuing it through critical developmental stages — the program aims to address challenges before they escalate, while building resilience, trust, and long-term wellbeing.

Equally important is the program's focus on prenatal and postnatal mental health care for Black mothers. Research shows that Black mothers face significantly higher rates of mental health challenges related to pregnancy and the postpartum period, often compounded by experiences of racism, dismissal within the healthcare system, and lack of culturally competent care.

By prioritizing mental wellness during pregnancy and early parenting, Black Health Coordinated Supports helps ensure children get the strongest possible start in life — emotionally, physically, and socially.

### Supporting Children, Youth, and Caregivers

For Black children aged 7–12, services include counselling, early intervention, and connections to community-based supports. These services recognize that children's mental health is shaped not only by individual experiences, but also by family systems, school environments, and broader social conditions.

Providing support early can help children develop healthy coping skills, emotional awareness, and confidence — tools that last well beyond childhood.

*For youth and young adults aged 12–29, weCHC hosts the AMANI Program, a long-standing, community-based mental health initiative rooted in Afrocentric values.*

AMANI offers group programming, counselling, case management, caregiver support, and addiction services tailored to the needs of Black youth. The program emphasizes healing-centred, anti-oppressive, and anti-racist practices, while uplifting cultural identity, strengths, and self-determination.

Caregivers are also a central focus of Black Health Coordinated Supports. Parents and caregivers can access counselling, parenting support, and community connections designed to reduce isolation and build confidence. Supporting caregivers strengthens families — and when caregivers are supported, children benefit.

### Why Early, Culturally Safe Care Matters

The need for culturally responsive care is especially urgent when considering broader health outcomes. Studies show that 76% of Black immigrants assess their health as poor compared to other racialized groups. Black Canadians also face higher mortality rates from conditions that are more prevalent within their communities.

These disparities are not the result of individual choices, but of systemic inequities that limit access to preventive care, early intervention, and culturally safe services.

*"When families encounter barriers early on, the effects compound over time,"* Manroe-Wakerell adds. *"By investing in coordinated, culturally responsive care — especially for children and parents — we are helping to interrupt those patterns and create healthier pathways forward."*

When care is delayed or avoided altogether due to mistrust or previous negative experiences, outcomes worsen. Black Health Coordinated Supports seeks to break this cycle by meeting people where they are — emotionally, culturally, and practically — and by building relationships rooted in trust, dignity, and respect.

### A Community-Driven Vision for Change

At its core, Black Health Coordinated Supports reflects weCHC's broader commitment to equity, collaboration, and community partnership.

*"The program is not about one-size-fits-all solutions,"* explains Manroe-Wakerell. *"Instead, it is about listening, responding, and working alongside Black families to co-create care that feels meaningful and effective."*

Through partnerships with community organizations, schools, and service providers, weCHC is helping to build a growing network of culturally safe health and community supports led by Black providers. This coordinated approach reduces barriers to care, improves access, and creates clearer pathways for families navigating complex systems.

The long-term goals are clear: earlier intervention, reduced stigma around mental health, improved mental health trajectories for children and youth, and increased trust in the healthcare system. These outcomes do not only benefit Black communities — they strengthen the health and wellbeing of the entire region.

### Looking Ahead

Black health care services are not optional or supplemental — they are essential. When Black families have access to care that honours their identities, experiences, and strengths, the ripple effects are profound and lasting.

*"We're committed to strengthening and expanding Black Health Coordinated Supports so Black children, youth, caregivers, and parents feel supported at every stage of life,"* says Nancy Brockenshire, Executive Director, weCHC. *"This is about care that's accessible, culturally responsive, and truly rooted in community."*

To learn more about Black Health Coordinated Supports, the AMANI Program, or other services available through weCHC, visit [wehc.org](http://wehc.org) and follow Windsor Essex Community Health Centre on Instagram and Facebook for updates and resources.

Together, through coordinated, culturally affirming care, we can build healthier futures — starting early, supporting families, and empowering communities to thrive.



Nadine Manroe Wakerell is a Director of Clinical Practice at Windsor-Essex Community Health Centre (weCHC), providing leadership to interdisciplinary teams and advancing equitable, culturally responsive, client-centred care, including supports for Black youth and their families.

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



# EDAW 2026

## IT'S OKAY TO INTERRUPT

**Interrupting Unsafe Conversations about Bodies, Food and Movement:  
At home**

[NEDIC.CA/redaw/](https://nedic.ca/redaw/)



Eating Disorders Awareness Week  
#EDAW2026

**If you hear:**

"He shouldn't eat that cookie; it's not good for him."

**Try saying this:**

"I know you care about his health, but comments like that can make him anxious about food. Could we talk about how all foods can fit into his day?"

**Or this:**

"We're teaching him that all foods can be enjoyed as part of a nourishing diet. Maybe you can ask him about his favourite cookies instead?"

**Interrupting Unsafe Conversations about Bodies, Food and Movement:  
In Physical Activity Spaces**

[NEDIC.CA/redaw/](https://nedic.ca/redaw/)



Eating Disorders Awareness Week  
#EDAW2026

**If you hear:**

"You really need to cut carbs if you want to tone up faster. That is probably the reason you're not seeing results."

**Try saying this:**

"I'm working on my relationship with food for my overall well-being and performance. Can we stick to discussing my exercise program and strength goals instead?"

**Or this:**

"Athletes need a variety of different foods. It's important to have enough energy to perform well. It's easy to get sidetracked by ideas about how an athletes body "should" look."

**Interrupting Unsafe Conversations about Bodies, Food and Movement:  
At School**

[NEDIC.CA/redaw/](https://nedic.ca/redaw/)



Eating Disorders Awareness Week  
#EDAW2026

**If you hear:**

"I'm developing an assignment for my class where students will keep a food and activity journal for a week and then calculate their BMI"

**Try saying this:**

"Students may not be comfortable tracking their food or sharing their BMI. What if we planned an alternative assignment that looks at overall health? I have a few ideas!"

**Or this:**

"Asking students to track and compare food intake could be harmful, but an assignment that focuses on enjoying a variety of foods based on their needs, preferences, culture, traditions and budget could work well"

FOR MORE DISCUSSION VISIT US AT [NEDIC.CA/EDAW](https://nedic.ca/redaw/)

# What Got Lost?

## Making Sense of the Gaps Between Intention and Action

By Dr. Anita Federici, PhD, CPsych FAED



Photo credit: Atakan

*"I swear I wanted to do it. I was going to eat. I meant to rest. I planned to use that skill... I just didn't."*

If you've ever worked in eating disorder treatment, or lived through recovery, you've heard this refrain. It's one of the most painful realities of the healing process: the moments when you had a plan, or you knew what to do, or you wanted to do it, and yet somehow... it doesn't happen. You forget to eat. You skip the supplement. You cancel the appointment. You promise yourself you'll try harder next time.

And when "next time" comes, you're right back where you started.

In Dialectical Behaviour Therapy (DBT) and its adaptation for eating disorders, MED-DBT (Multidiagnostic Eating Disorder-DBT), we don't see these moments as failures or signs of resistance. We see them as missing links; crucial points in the chain of behaviour that went unnoticed, invalidated, or unsupported. When identified and understood, these missing links often hold the key to moving from stuckness to change, and from shame to self-compassion.

### What Is a Missing Link Analysis?

In DBT, we talk a lot about behaviour chain analysis - the systematic process of examining what led up to a behaviour we are trying to change. We map out the prompting event, the thoughts, emotions, body sensations, and actions that built up to the moment someone, say, purged after a meal or skipped dinner.

A **missing link analysis**, on the other hand, focuses on what didn't happen - the behaviours or steps that were absent but needed for success.

Missing link analysis is the treatment's way of saying: "Let's figure out why the skill, behaviour, or intention didn't occur - not to assign blame, but to uncover what was missing so we can figure out how to do this differently."

It's a deceptively simple tool that embodies one of the most radical assumptions in MED-DBT: clients are doing the best they can, and they can learn new ways to do better, be more effective, and change the outcome.

The missing link analysis helps bridge that gap, not by pushing harder, but by understanding more deeply.

### A Real-Life Example: When the Meal Doesn't Happen

Let's use a scenario that almost everyone touched by eating disorders recognizes, whether you're the person struggling, someone who loves them, or a clinician supporting them.

A client, loved one, or perhaps you yourself sits in session and says:

*"Yes, I'll eat lunch tomorrow."*

The intention is real. The motivation is there. You talk through a plan. It feels collaborative, hopeful.

But the next day? Lunch doesn't happen.

- Sometimes nothing gets eaten at all.
- Sometimes a "safe food" gets picked at.
- Sometimes full dissociation hits, & suddenly it's 4 p.m.
- Sometimes shame in the moment wipes out every skill discussed the day before.

*Everyone feels discouraged.*

The person struggling might think: *"What is wrong with me?"*

A parent thinks: *"Why didn't they just eat?"*

A clinician thinks: *"We made such a good plan... what fell apart?"*

From a MED-DBT perspective, what happened isn't defiance, resistance, or lack of trying. It's a missing link; something essential got lost between the intention ("I will eat") and the action ("and I didn't").

### What might those missing links be?

- The person didn't actually know what "eat lunch" meant in concrete terms (What food? Where? With whom? What portion? What skill would support it?)
- Executive-function challenges blocked follow-through (ADHD, autistic inertia, poor working memory after malnutrition, task initiation difficulties)
- The environment was unsafe (comments about weight, conflict at home, sensory overload, fear of being seen eating)
- Interoception was disrupted (no hunger cues, nausea, "time blindness," or sudden dissociation)
- The skill didn't show up in the moment (not because they didn't want to use it, but because stress knocked the skill offline)
- Oppression entered the room (weight stigma, racism, transphobia, or medical trauma ... any of which can instantly shut down the nervous system)
- Body distress was overwhelming (fullness fear, digestive pain, or the terror of inhabiting a changing body)

When you view the "missed lunch" through this lens, the conclusion is no longer "they didn't care" or "I can never get better". It becomes: "Of course this was hard! Look at everything happening inside and around this individual." Once we know what was missing - clarity, safety, connection, compassion - we can add those pieces in.

"Meals aren't avoided because someone doesn't care, they're avoided because something made eating impossible in that moment."

### Repairing the Chain

Once the missing links show up, you can rebuild the sequence together:

- Clarify the specific meal plan with anchoring details.
- Break it down into smaller steps.
- Pair meals with structure, co-regulation, or a supportive person.
- Use external reminders instead of relying on memory.
- Reduce sensory or social overwhelm (eat in a calm, safe place, use a weighted blanket).
- Plan for body distress (sensory-soothing tools, anti-dissociation skills).
- Respond compassionately to yourself/your loved one ("this is very difficult, and I am here if you'd like my support").
- Identify one single skill to practice in that moment, not seven.

Suddenly the path forward is clearer, doable, human.

### And What About Skills?

The same dynamics appear when someone says, "I'll use my skill," but freezes later.

It's never because they're "not trying."

It's because the body, brain, or environment knocked the skill out of reach.

Skills require:

- safety,
- emotional bandwidth,
- memory,
- predictability and practice,
- access to the skillful means,
- and trust

... all of which are compounded and deeply impacted by neurodiversity, trauma history, and marginalization.

A missed skill isn't a sign of unwillingness. It's a sign that the moment demanded more support than the person had access to.

That's the heart of missing link analysis: we look for the function of behaviour (or inaction), not its appearance.

## The Science Behind Stuckness

By the time we reach this point in the article, you've likely noticed something important: the distance between intending to do something and being able to do it is bigger than it seems. And that gap isn't a personal flaw . . . it's biology, stress, learning history, trauma, neurodiversity, and the environment all at play at the same time.

It's easy to assume that if someone "really wanted" to eat lunch, rest, or use a skill, they would. But eating disorders can disrupt the very systems that allow intention to turn into action. Malnutrition dulls cognitive functioning. Rigidity increases. Sensory sensitivities intensify. Interoceptive cues (hunger, fullness, nausea, time passing) become scrambled.

Layer onto this the invalidation so many people experience:

- *"You just need more willpower."*
- *"You don't look that sick."*
- *"Why can't you just eat?"*
- *"You aren't trying hard enough"*

. . . and you have a perfect storm of internal and external barriers that make change incredibly hard.

From the MED-DBT perspective, every behaviour, eating or avoiding, attending or skipping, using the skill or freezing, makes sense in context.

When we adopt this stance, the question shifts from: "Why aren't they doing this?" to a "What problem is this behaviour solving - biologically, emotionally, socially, or culturally - in this moment?"

That shift turns recovery from a tug-of-war into a collaboration.

## Missing Links Are Everywhere

When you begin to see behaviour through this lens, missing links start showing up in everyday moments:

- Someone plans to eat lunch but forgets to build time into their schedule.
- A young person truly wants to attend therapy but doesn't go the session.
- A client promises to use a skill and then dissociation wipes the thought from their mind.
- A clinician feels frustrated when a client doesn't follow through and forgets to check their own assumptions about readiness, accessibility, or overwhelm.
- A parent interprets "not eating" as refusal rather than fear, sensory overload, or shutdown.

Each moment is not a failure - it's part of the larger map. A clue.

An opportunity to understand the patterns shaping the behaviour.



One client discovered through several missing link analyses that her purging episodes almost always happened on days when she ate foods that triggered severe GI distress (e.g., bloating, cramping, pressure, and nausea) that she described as “excruciating and all-consuming.”

*For years, every provider had framed her purging as “body image-driven,” and even she had internalized the idea that it must be about calories or weight.*

But when we slowed everything down using missing link analysis, a very different story emerged.

The problem wasn't body image.

... It wasn't “control.”

... It wasn't “resistance.”

It was pain - sensory, visceral, overwhelming pain and physical discomfort.

By the time the nausea peaked, she could no longer think clearly enough to use skills. Her nervous system was overwhelmed. Purging wasn't a “choice” so much as the only thing she knew that reliably stopped the sensation long enough for her to breathe.

The missing link wasn't motivation.

... It wasn't willingness.

... It wasn't even insight.

It was a combination of:

- **Interoceptive confusion** (she couldn't detect early fullness cues)
- **Sensory overwhelm** (pressure, tightness, nausea became intolerable)
- **A history of being dismissed** by providers (“It's just anxiety,” “You're exaggerating GI symptoms”)
- **Rigidity under distress** (once triggered, she couldn't access her skills)
- **A lack of alternative strategies that addressed the physical reality** of her experience

Once these missing links were identified with compassion, not correction, everything changed. Together, we shifted the treatment target from “stop purging” to “reduce sensory overwhelm and GI triggers before the crisis starts.” That meant:

- Pacing meals differently to reduce rapid intake
- Using grounding tools for sensory distress
- Exploring safe foods that didn't inflame her GI tract
- Validating the physical suffering rather than pathologizing it
- Creating plans for “early intervention” before nausea spiraled
- Pairing meals with co-regulation and aftercare

Over time, her purging didn't stop because she tried harder, it reduced because the conditions that made purging feel necessary were finally understood and supported.

*Missing link analysis didn't shame her into stopping. It helped her see that her behaviours were logical responses to unbearable sensations and that together we could build alternatives that met the same need without harming her.*

This is what missing link analysis does best:

... It makes invisible barriers visible.

... It reveals that change rarely fails because of a lack of desire; it fails because the scaffolding wasn't built in.



## The Function of Understanding

Something profound happens when people - clients, clinicians, caregivers - begin to see missing links through a compassionate lens. Shame softens. Harsh self-judgment loosens.

### Instead of:

"I blew it again" they begin to say: "Oh... that's where things fell apart." That gentle moment of recognition can be enough to spark renewed hope.

In MED-DBT, we often come back to three core questions whenever something doesn't happen as planned:

1. Did I know what was expected? ("Did I actually know the steps?")
2. Did I have the skills or capacity to do it? ("Could I do it in that moment, with that nervous system, in that environment?")
3. Were the conditions supportive enough for success? ("Was I safe? resourced? regulated? affirmed?")

These are not questions of blame, they are questions of context.

And they apply just as much to clinicians, parents, and supports as they do to clients.

... Did we give clear instructions?

... Did we scaffold enough?

... Did we underestimate the level of overwhelm, pain, or dysregulation the person was living with?

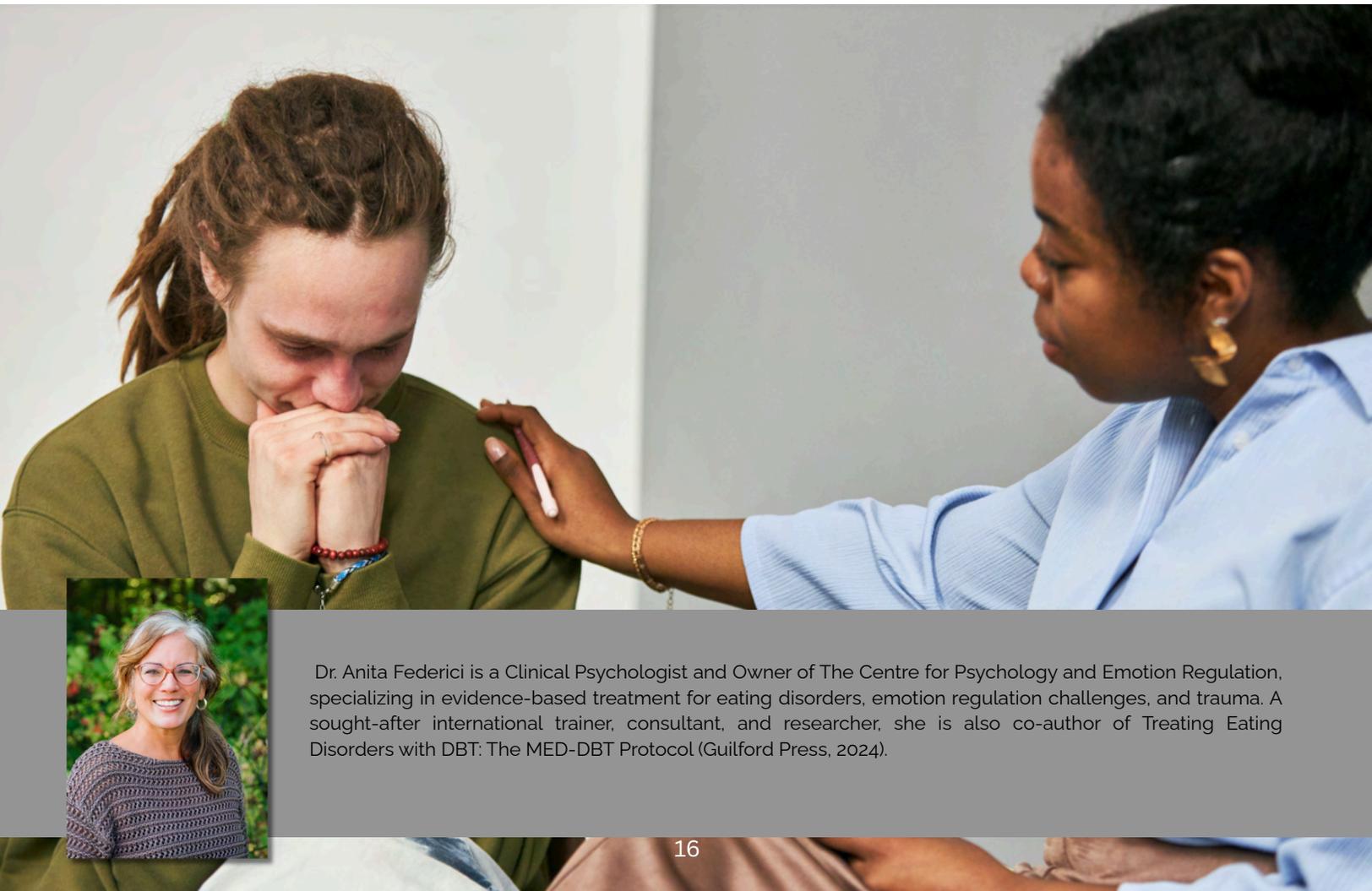
... Did we miss the impact of neurodiversity, trauma, or marginalization on this particular moment?

Holding ourselves to the same compassionate curiosity strengthens relationships and reduces polarization. It keeps everyone on the same team.

## From Gaps to Growth

Missing link analysis isn't about perfection, it's about precision. It helps people build the ability to understand their actions clearly enough that new choices become possible.

That shift, from self-blame to self-understanding, is one of the most powerful outcomes of MED-DBT.



Dr. Anita Federici is a Clinical Psychologist and Owner of The Centre for Psychology and Emotion Regulation, specializing in evidence-based treatment for eating disorders, emotion regulation challenges, and trauma. A sought-after international trainer, consultant, and researcher, she is also co-author of *Treating Eating Disorders with DBT: The MED-DBT Protocol* (Guilford Press, 2024).



# FACES OF RECOVERY

*The Waterloo Wellington Eating Disorders Coalition (WWEDC) is hosting its annual Faces of Recovery FREE virtual event in February 2026.*

Faces of Recovery features a panel of individuals who are on their recovery journey, those who are in recovery, and family members who have supported their loved ones along the way. Attendees will have the opportunity to hear personal stories, learn about local and regional resources and support groups, and ask questions to help them feel more informed and supported.

Faces of Recovery aims to highlight diverse perspectives, validating the challenges of eating disorder recovery while also celebrating the moments of connection, support, and hope that make recovery possible. This virtual event is designed to offer individuals and families encouragement, community, and insight, while introducing resources and perspectives they may not yet be aware of.

The Wellington-Dufferin Guelph Eating Disorders Coalition was established in 2000. This Coalition amalgamated with the Waterloo Eating Disorders Awareness Coalition in 2015. The WWEDC was formed to provide individuals affected by eating disorders, as well as their families, with hope, connection, and support.

The coalition collaborates with stakeholders across the eating disorder continuum, including treatment providers and individuals seeking to learn more about eating disorders both professionally and personally.

WWEDC fulfills its mission through community engagement and education, including events such as International No Diet Day, Eating Disorders Awareness Week, the WWEDC Conference, educational presentations, and its annual virtual Faces of Recovery event.

In recognition of Eating Disorders Awareness Week, Guelph City Hall will be illuminated in purple during the first week of February. Purple symbolizes passion, inspiration, and calmness, qualities essential to recovery. The lighting serves not only to raise awareness, but also to highlight the need for meaningful, strategic action moving forward.

Join us for our FREE virtual event on Wednesday, February 4th at 7-830pm EST.

*Link to get tickets can be found here ->*



*For more information about our organization and missions, you can visit:*

<https://www.eatingdisorderscoalition.ca>



**WWEDC**  
**Waterloo-Wellington**  
**Eating Disorders Coalition**

# How to Protect Your Mental Health During Uncertain Times

By: Angela Rozema



Economic downturns and political unrest don't just shape markets and headlines — they affect our bodies, sleep, relationships, and increase our risk for anxiety, depression, and even suicide.

*This probably comes as no surprise, but recent studies show clear links between financial hardship, political instability, and mental-health distress.*

Social disruption often occurs during this time, adding strain on mental health and well-being. When we're exposed to political conflict, there is a link to increased rates of post-traumatic stress, depression, and anxiety.

However, studies show the way people cope during these times can make a difference. When individuals have supportive relationships, a sense of purpose, and active coping strategies, it is associated with better mental health outcomes.

So, what can you do to help improve your mental health and wellbeing when the world feels unsteady? Research highlights several practical strategies that I summarize below.

## 1 Strengthen Your Social Network

Feeling connected to others is one of the best protections against stress. If you haven't done so (and even if you have), reach out to your friends, family, and community groups for emotional comfort and practical help.

Social support has been shown to reduce loneliness and help regulate the stress response. Sometimes, even a brief check-in, such as a quick message, a meal together, or joining a virtual group, can improve or restore a sense of belonging.

## 2 Focus on What You Can Control

When life feels chaotic, stress tends to rise. While we can't fix the economy or political climate alone, small concrete steps can reduce daily uncertainty.

Examples include:

- Setting or adjusting your budget (ex. reducing the number of meals eaten out). Making small adjustments can have a big impact on the ability to pivot during times of decreased buying power.
- Accessing benefits you qualify for (ex. therapy, massage etc.). By taking advantage of covered benefits, you can improve your health with decreased impact on your budget.
- Setting up automatic bill reminders or payments. This reduces stress and ensures the continuation of services.

Research shows that social policies like unemployment insurance (EI) help reduce the mental-health burden of economic downturns. This occurs due to the knowledge of its existence, and as an individual, proactive steps can offer similar relief.

## 3 Social Media Detox

Constant exposure to negative news can heighten anxiety and uncertainty, exacerbating the impact during times of economic instability. A 2024 review on coping during socio-political unrest found that limiting news consumption, choosing reliable sources, and setting intentional times to check updates reduced distress (El Khoury-Malhame, 2024). Try creating a "media window" — a set time to check news — and turn off notifications to reduce constant stress.

## 4 Build Your Stress-Reduction Skills

Cognitive-Behavioural Therapy (CBT) is known for helping people develop healthy coping strategies. If therapy isn't accessible, apps like MindShift CBT (created by Anxiety Canada) can help.

These tools teach you to identify unhelpful thoughts, build better coping habits, and reduce symptoms of anxiety and other mental health challenges. These skills can help you maintain internal resilience during external turmoil.

# 5

## Take a Mindful Moment

Mindfulness means focusing on one thing at a time — a rare habit in our multitasking world. Whether it's a breathing exercise or a walk where you tune into sights, smells, and sounds, mindfulness can help calm your mind.

The act of focusing on one thing can reduce stress experienced when the world is in disarray. If you're curious or new to the practice, mindfulness.com offers a helpful Beginner 101 guide.

# 6

## Create Small Daily Routines

In chaotic times, small routines can anchor your life. Research shows that stabilizing routines helps regulate mood and sleep, boosting resilience. Try to maintain consistent habits like:

- Sleep and wake times
- Regular movement
- Enjoyable activities

These small activities can help you feel calmer and more in control when life feels out of control.

# 7

## Try and Find Meaning or Acceptance

Searching for meaning and learning to accept things we cannot change is sound advice. It's

even supported by research. Studies have shown that those who are exposed to political conflict have better outcomes when they accept or find meaning in what is happening, versus avoiding or denying it. Things like journaling, praying, and reflecting on one's values can help us make sense of things that are outside of our control.

## Beyond Individual Strategies: The Role of Policy and Community

Mental health is shaped not only by personal choices but also by economic and political structures. Countries with stronger social support systems experience more stable rates of depression and suicide, even during tough times.

When individuals come together to advocate, volunteer, or build community organizations, it fosters a sense of agency. Choosing empowering activities — rather than overwhelming ones — can help reduce stress and drive change.

Uncertain times can leave anyone feeling overwhelmed. But research shows there are effective ways to care for your mental health:

- Strengthen social ties
- Take proactive steps where possible
- Limit news exposure
- Practice stress-reduction skills
- Maintain daily routines
- Cultivate acceptance
- Engage in community

No strategy can erase uncertainty, but these approaches can help you find steadier ground.

In the words of Louisa May Alcott from *Little Women*, "I am not afraid of storms, for I am learning how to sail my ship."



Angela Rozema is a Registered Psychotherapist with extensive experience supporting individuals and families in navigating mental health challenges. She holds a Master of Arts in Counselling Psychology and has specialized training in anxiety, trauma, and depression, including work with diverse age groups. Currently, Angela owns and operates her private therapy practice. Her professional insights are informed by her compassionate approach and dedication to empowering children and their caregivers.

# The History of Western Body Ideals

5 Part Series

Reflecting on Influences Over Time

By Heather Leblanc, MSW, RSW



## Disclaimer

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

# Part 5: The 1980's to Today



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

Over the years that I have been doing this work, I have found that while my clients were making powerful changes in their recovery journey, they were still struggling to challenge their deeply embedded anti-fat bias.

This was not shocking considering that the society we live in promotes a relentless pursuit of thinness. While traditional CBT tools were invaluable, they didn't quite get to the core of what was maintaining this fear of fatness. This became a consistent struggle for myself, and I often felt that a core maintaining mechanism was going unaddressed in therapy.

Through conversations with clients, I found that the same messages kept coming up, echoing common myths about folks in larger bodies. I set out on a journey of personal exploration to see where these myths came from and why they were so embedded in our social consciousness.

What I discovered was that our current beliefs were enmeshed in racist, ableist, and classist ideals originating centuries ago that were reinforcing the idea that some bodies are inherently "wrong". What resulted from this research was the creation of the following timeline.

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

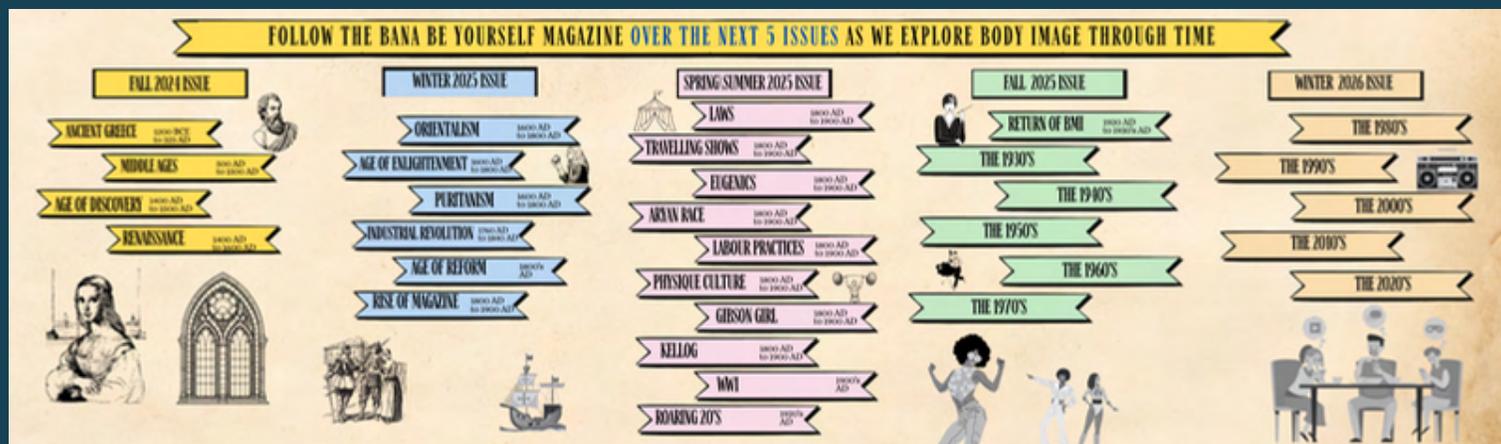
Since having presented some of this information in sessions, what I have heard from my clients is that understanding the origins of anti-fat bias has empowered them to divest from it and its influence on their everyday lives.

The Be Yourself magazine will showcase this timeline over the course of 5 issues. Please note, the content you will be reading is an incredibly condensed delivery of what is intended to be explored over months of in-depth conversations in a therapeutic setting.

The timeline has been dissected and presented in a way to serve as a starting point of various historical events that have laid the foundation for our modern society and views. Please browse the attached list of reading recommendations to continue your learning.

This timeline would not have been possible without the work of Black and Brown authors and researchers as well as the work of fat activists and fat liberationists. The information that I am sharing with you, the reader, has come directly from those with lived experience, such as Aubrey Gordon, Sonya Renee Taylor, Da'Shaun L. Harrison, Esther Rothblum, and Sondra Solovay.

I would like to especially highlight the work of Sabrina Strings and her book "Fearing the Black Body: The Racial Origins of Fat Phobia", which proved to be a seminal piece of literature which transformed my understanding of anti-fat bias and anti-Black bias and is what started this entire research journey. Soon after reading it, I began weaving in her knowledge into my sessions and I found that clients were taken by it, just as I was when I was first introduced to her research.



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

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

When reading the following article, I encourage you to first reflect on intersectionality and your unique identity (please use the attached Wheel of Privilege). Coined by Kimberlé Crenshaw, intersectionality refers to a way of understanding the various identities people may hold and the effect on how they experience the world.

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

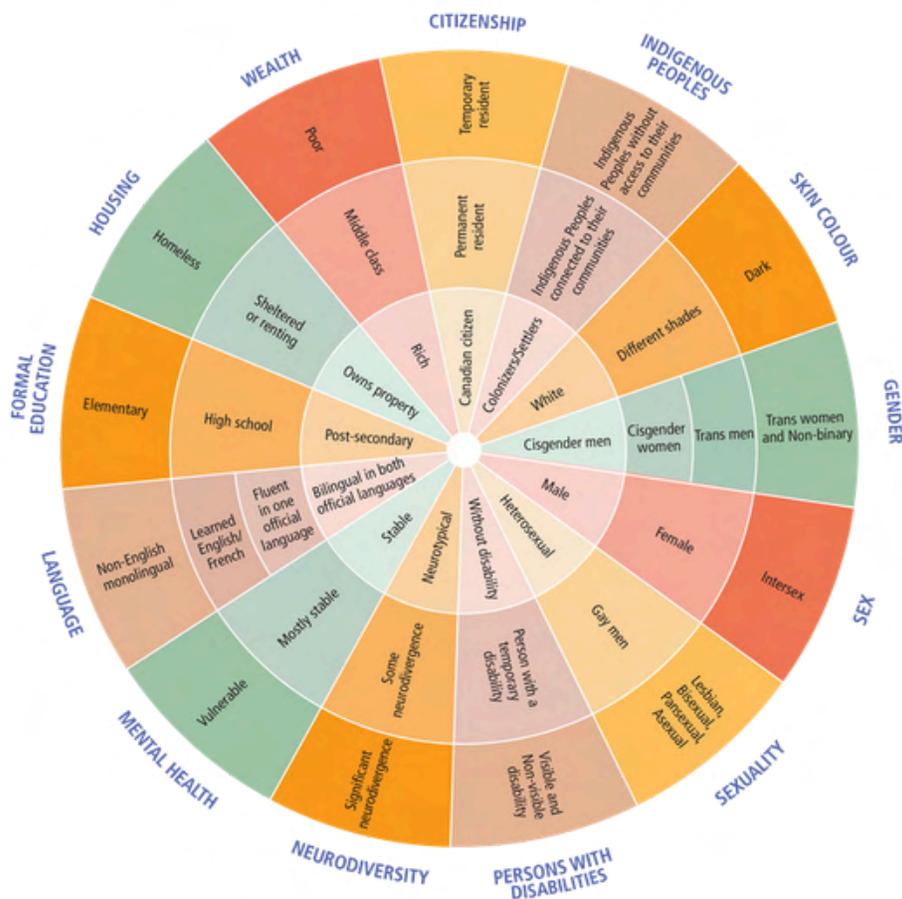
We do not exist within a vacuum, exempt from society at large. It is crucial to understand social identities within a broader framework as they interact on multiple levels and cannot be analyzed in isolation from one another.

Inevitably, the ideals we have internalized throughout our lifetime are not only influenced by what we experience in the present day, but also by the historical dominant power structures that have directly led to the structure of today's society. Despite the degree of privilege some identities and positionalities are afforded, we are all negatively impacted by issues such as racism, misogyny, ageism, and anti-fat bias.

These forms of oppression serve to subjugate those deemed as "other" and "inferior" while also controlling those who are not "othered". Therefore, the aim of exploring the sociocultural and political impacts of Western body ideals through the timeline is to create dialogue and empower people to divest from these narratives.

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

## WHEEL OF PRIVILEGE AND POWER (the closer you are to the centre, the more privilege you have)



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

The way I interact with and share this information will be colored by these factors and may be similar or different to the experiences of those reading this.

Please critically reflect on these systems of oppression for yourself.

In our past four issues, we explored body image ideals from Ancient Greece all the way to the 1970s. If you have not yet had the time to read those issues, I urge you to do so before beginning this article. The sociocultural and political events that occurred during those time periods are crucial to understand as they prove to be integral to the narratives that continued during the following decades.

As we continue to move through the 20<sup>th</sup> and 21<sup>st</sup> centuries, we see the continuation of using what is socially determined as "attractive" as a form of social currency. Ideas about the body and race become even more deeply entangled with national identities, scientific racism, and gendered anxieties. While earlier policies and performances attempted to control and commodify marginalized bodies, this next period continues its focus on refining and elevating the ideal body – one that was increasingly coded as white and physically "perfect".

Ultimately, the body continues to be a battleground that demonstrates how race, gender, class, and power were policed, idealized, and politicized, shaping not only who was seen as "fit" to belong in society, but who was pushed out of it entirely.

## THE 1980'S

- The 1980s start off with a struggling economy, and political leaders try to restore national confidence (ex: Reagan's famous "Make America Great Again" captures this push for strength).
- This time period becomes known as the age of austerity, with major cuts to social programs and a "pull yourself up by your bootstraps" mindset shaping public policy.
- This period also marks the BMI entering everyday conversation, thanks to major reports from the U.S. Department of Health and Human Services.
- While prominent health departments began illustrating health disparities rooted in social and environmental factors, they largely blamed individual choices, shifting responsibility onto people rather than systems.
- Folks began to hear prominent figures in government telling people to manage their own health through diet and exercise instead of looking to medical providers or broader social support.
- With leaders like Reagan, Thatcher, and Mulroney promoting neoliberalism, society moved toward a strong sense of individualism. This meant social determinants of health were often ignored, which played a major role in the devastating spread of the AIDS crisis.
- There is a push toward exercise, toning, and aerobics, along with the rise of the supermodel as a cultural icon. People leaned heavily into diet pills and shakes, believing these were key to maintaining the ideal body.
- Health and fitness became things you had to buy into through fee-for-service weight-loss plans, home exercise programs, and other products that excluded many marginalized communities.
- While all of this is happening, the widespread and misleading idea that "obesity" simply comes from eating more calories than you burn, ignoring the complexity of metabolism and biology, becomes more cemented.



## THE 1980'S

**CONSUMERISM**

**ERA OF EXCESS**

- The decade exploded with industries built around muscular male bodies: Chippendales, Men's Fitness, Men's Health, and iconic Calvin Klein underwear ads. The 1980s were commonly known as the bodybuilder decade, fueled by steroid use and public training spaces like Muscle Beach, where men visually compared physiques (echoing the gyms of Ancient Greece from issue #1).

- For the first time to this degree, shirtless and hyper-muscular men became a common media image, showing up in ads, films like Conan the Barbarian and Rambo, and fitness culture.

- Researchers often connect this muscular ideal to Reagan-era messages that emphasize self-reliance, toughness, and traditional masculinity. With economic insecurity and shifting job markets, the cultural narrative leaned heavily on the idea of men as strong protectors – a role visually reinforced by the decade's obsession with muscular bodies.

- As HIV/AIDS spread, the drive for muscularity took on a new facet – it became a way to signal you were healthy and not sick. Many people worried about appearing too thin, since thinness began to be associated with illness and social rejection.

- Media narratives increasingly portrayed people with HIV/AIDS as undesirable, asexual, or unable to fully participate in society, reinforcing harmful ableist ideas.

- Gay men, already facing discrimination, often felt pressure to distance themselves from anything associated with HIV/AIDS. Many did this through grooming, fashion, steroid use, and intense fitness routines, all aimed at appearing "healthy," "virile," and socially acceptable. This created a painful overlap of homophobia and ableism.

- As the 1980s continue and Baby Boomers enter adulthood, consumerism skyrockets. People embrace an era of excess, especially in fashion, with big shoulders, power suits, and bold silhouettes symbolizing strength and authority.

## THE 1990'S

- The 1990s are the decade when the World Health Organization declares "obesity" its global enemy, intensifying fear-based messaging around body size.

- BMI categories (already arbitrary and not grounded in robust medical evidence, as explored in previous issues) are shifted downward so that more people fall into "overweight" or "obese" categories. Despite the American Medical Association raising concerns with the new cutoffs, they went through. Important to note, the task force influencing these new BMI cutoffs was funded by companies selling new weight-loss drugs, raising major conflicts of interest.

- The 1990s see the catwalk becoming the pinnacle of what's chic. Women are pushed toward extreme thinness, often turning to cigarettes, drugs, and severe restriction to stay as slim as possible. Men experience similar pressures, encouraged to be very lean but still toned, creating a narrow and demanding version of the ideal male body.

- This decade sees one of the highest recorded rates of anorexia nervosa, reflecting how intense these pressures were.

- Curves, especially "big butts", become undesirable again, reinforcing an ultra-thin ideal.

- Although mainstream body ideals continue to favor thinness, the 1990s do bring some progress in representation. RuPaul's MAC Viva Glam campaign becomes a landmark moment and a significant move toward queer and gender-diverse visibility in beauty advertising.

- Additionally, the term Two-Spirit is formally acknowledged during this decade, giving broader recognition to Indigenous gender identities as well as transgender studies emerges as an academic discipline, signaling institutional shifts in how gender diversity is understood and studied.



## THE 2000'S

- The 2000s mark the official beginning of the so-called "obesity epidemic," a period where fat bodies are heavily demonized in public health messaging and media. This renewed focus relies on the racially biased BMI, weaponized to paint BIPOC communities as the "most diseased" or lacking self-control. This revives long-standing racist stereotypes around fatness, morality, appetite, and discipline.

- In terms of body ideals, the 2000s swing back to a focus on strength, unlike the ultra-thin 1990s aesthetic. Televised events like the Victoria's Secret Fashion Show help define this aesthetic, showcasing models' intense and often unattainable workout routines.

- Low-rise jeans become wildly popular, specifically to show off toned stomachs.

- The decade also sees a rise in yoga classes, personal trainers, gym culture, and a general fixation with "healthy" strength.

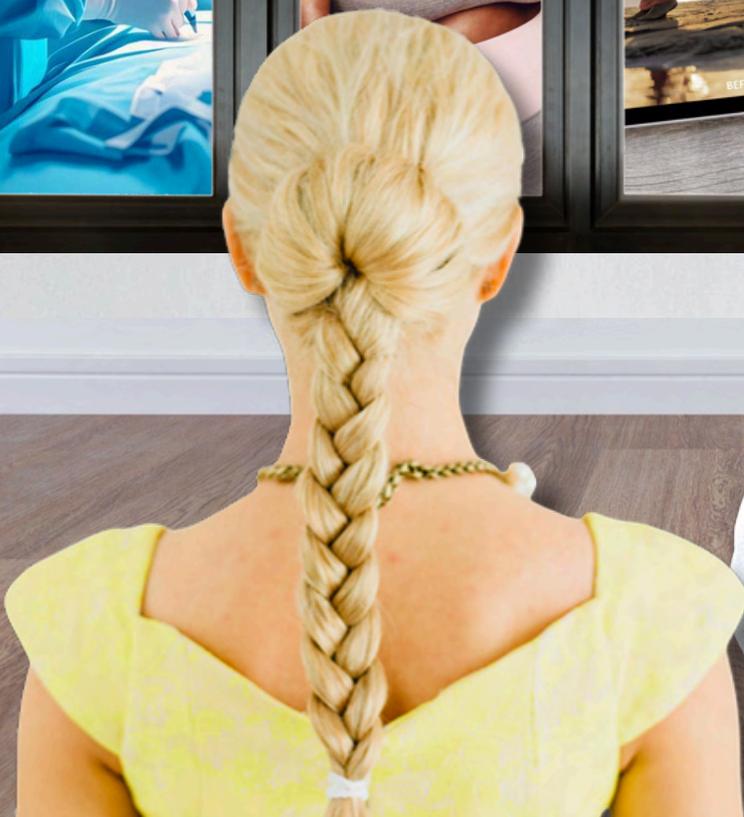
- Cosmetic practices like spray tanning and surgical procedures such as liposuction and tummy tucks surge in popularity as low body fat is put on a pedestal. Programs like Weight Watchers and Jenny Craig experience major membership increases, reinforcing the era's emphasis on dieting and body control.

- The rise of reality TV intensifies unhealthy appearance standards and public shaming. Shows like The Biggest Loser and America's Next Top Model create extreme, unrealistic expectations around weight loss, fitness, attractiveness, and "perfect" bodies.



## THE 2010'S

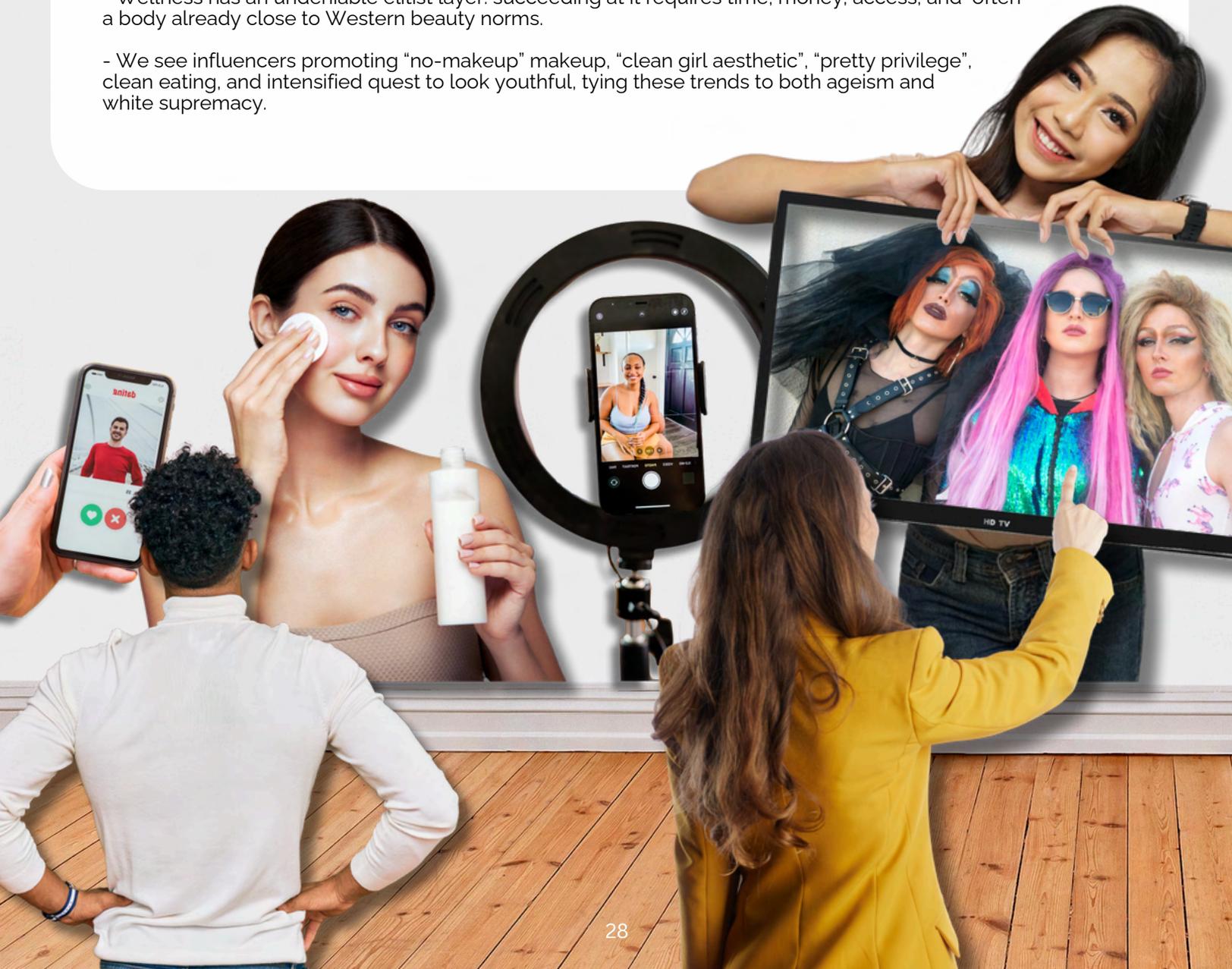
- The 2010s bring back the desire for curves, but in a very narrow, selective way; highly emphasized butts and breasts, with the rest of the body expected to stay small and toned.
- We see a major rise in plastic surgery, including butt lifts, breast augmentations, and contouring procedures.
- Photoshop and digital editing become standard in advertising and social media, further distancing beauty standards from reality.
- Social media becomes a new "third place" where identity is performed in front of an audience, often pushing people toward conformity, perfectionism, and enhanced appearance management.
- Rapid advances in phone cameras, filters, apps, and targeted ads feed a constant sense that your face and body should be optimized.
- Men experience a renewed push toward muscularity, particularly the "barrel chest" look: broad, built, and defined from top to bottom. The trend demands visible muscle definition, reinforcing a hyper-fit, superhero-like ideal.
- Throughout the decade, the media continues to amplify fear around the so-called "obesity epidemic," keeping fat bodies framed as risky, unhealthy, and socially problematic.
- In 2013, epidemiologist Katherine Flegal conducts a landmark analysis reviewing decades of medical research on weight and mortality, offering findings that challenge mainstream beliefs. Even though the findings were backed by extensive data, public backlash was intense, fueled by deeply ingrained anti-fat attitudes.



## THE 2020'S

Although we are still in this decade, some trends have become apparent.

- Influencer culture has truly taken off, with social feeds becoming highlight reels that intensify comparison.
- As dating apps continue to rise in popularity, people are increasingly pressured to present themselves through carefully curated photos, a setup that amplifies comparison, insecurity, and rejection sensitivity. For 2S LGBTQIA+ users, these platforms often push reductionist labels, encouraging people to flatten themselves into stereotypes.
- Reality TV regains huge cultural influence, often showcasing manipulated or surgically modified bodies (Love Island, Too Hot to Handle, Drag Race, Botched, etc.)
- Additionally, over the past few years, weight-loss drugs have risen sharply in visibility.
- We are also seeing a significant shift back into wellness culture (as discussed in the last issue). Wellness markets itself as an active pursuit of health, longevity, and self-enhancement, emphasizing individual choice, discipline, and responsibility.
- As explicit dieting falls out of social favour, wellness culture becomes its more socially acceptable successor: still promoting thinness, muscularity, and "ideal" body shapes, but now repackaged as "lifestyle choices."
- Wellness has an undeniable elitist layer: succeeding at it requires time, money, access, and often a body already close to Western beauty norms.
- We see influencers promoting "no-makeup" makeup, "clean girl aesthetic", "pretty privilege", clean eating, and intensified quest to look youthful, tying these trends to both ageism and white supremacy.



## THE 2020'S

- Wellness culture equates health with moral goodness, creating a hierarchy where people who appear "clean," "natural," or "glowing" are seen as superior.
- After years of surgical procedures like BBLs and breast augmentations, many celebrities begin reversing plastic surgery. This has been framed as a return to "authentic health," reinforcing that a certain kind of natural beauty equals virtue.
- Often, for women, wellness is sold through cleanses, spiritual auras, and Eastern-influenced rituals. Whereas for men, it's framed as engineering, optimization, and peak performance, a scientific quest rather than a spiritual one.
- We are seeing tech elites promote "biohacking" as a way to optimize productivity and push the body beyond natural limits (ex: intermittent fasting, ice baths, extreme routines, supplements, gadget-driven health monitoring).
- These practices are reminiscent of early philosophers and ascetics who believed self-denial could bring enlightenment, but now they're sold as tech innovation. Biohacking culture has become an exclusive club marketed primarily to men, reinforcing old patterns of misogynistic gatekeeping around "higher knowledge."
- There is also a rise in young men feeling as if they must constantly "perform" masculinity or risk shame and social exclusion. We can see this in the "gym bro" culture, hustle mindset, and the alpha/beta male dichotomy.
- Prominent male influencers are offering simplified solutions to men's anxieties by promoting hypermasculinity and discouraging men from seeking mental health support. These pressures have been shown to contribute to risky and disordered behaviours, like steroid use, extreme dieting, and compulsive exercise.
- Alternatively, there has also been a clear increase in diverse body representation across media. We can see more diverse stories being funded and promoted in film and television. We are also seeing an increase in body diversity campaigns. This shift often coexists with rainbow capitalism and tokenism, which is representation as a marketing tool rather than a structural change and there is still progress to be made.



## PART 5 REFLECTION

Across this five-part timeline, one truth becomes increasingly clear: whenever marginalized communities gain visibility, agency, or political ground, society responds by tightening the rules around whose bodies are allowed to be seen as valuable.

Beauty, health, and fitness standards have long been tools of social control, codified through cisheterosexism, white supremacy, ableism, and anti-fat bias, to keep people in line.

As Da'Shaun L. Harrison (2021) notes, we are taught from birth what our bodies must look like if we want to belong, and we are policed relentlessly when we diverge from those expectations. But recognizing this pattern gives us power.

When we understand that these body ideals were constructed, we can finally begin to refuse them. Divesting from these narratives is an act of resistance.

As we collectively unlearn the narratives we were handed, we open up room for all bodies, fat, disabled, queer, trans, racialized, and otherwise marginalized, to exist without surveillance, without justification, and without shrinking.

That is the invitation this timeline leaves us with: to not only understand how body norms have constrained us, but to imagine, and build, a world where every body is allowed to be fully human.

To read the whole 5 part series visit previous issues of the magazine online at [www.bana.ca/magazine](http://www.bana.ca/magazine).

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



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Make a plan for support. If possible, bring a trusted friend, someone who may know what you are going through, and who can help support your goals. You might agree on a signal or a short phrase that lets each other know that you need a break. Even a quick hand signal, a pat on the back, or a text can help you feel less alone.

Allow yourself some flexibility. You don't owe anyone explanations for how you participate. It's okay to step outside for a few minutes, to choose not to eat, or to leave early if that's what you need. **The goal isn't to meet others' expectations — it's to respect your own boundaries.**

*Check out our "Conversation Starters and Stoppers" here.*

[nedic.ca/conversation-starters-stoppers](https://nedic.ca/conversation-starters-stoppers)

When the event is over, take time to decompress, do something small to care for yourself. Reflect on what went well. Maybe you stayed longer than you expected, or managed to enjoy a genuine laugh. Those small wins deserve recognition — they represent resilience and progress, and deserve to be celebrated.

### 3 How To Be A Supportive Host

*Key Message 3: Small, thoughtful actions create welcoming spaces.*

**Inclusivity is not about perfection – it's about presence. When we care enough to notice, we create spaces where everyone can breathe a little easier, and feel a little comfier.**

While guests navigate their feelings, hosts and planners have their own opportunity to lean in, to learn, to help shape spaces that are built on compassion and not assumption. Inclusivity doesn't have to be perfect – but it can be intentional.

If you are a host or a planner, your actions can make a bigger difference for someone who is struggling. **You don't need to have all the answers – just a willingness to think beyond the plate.** Consider offering a food-free event that centres around a craft or an activity instead. It's a great idea to offer an option for feedback with your invite:

*"Is there anything else that I can do to make this event accessible, and inclusive for you? Please don't hesitate to let us know."*

This sends a signal that you are open and willing to provide a safe space for your guests.

Provide options: This might mean a range of foods, or making it clear that guests can opt in or out of food-centered parts of the event. Build in variety: Include games, art, music, fidgets, or conversation prompts that don't revolve around food.

That way, participation doesn't depend on what's on someone's plate. A host might say, "We'll have snacks available if anyone wants them, and there's plenty to do if not." That simple sentence removes pressure and opens space for choice.

Be mindful of language: Words like "dig in", "don't be shy", or "you have to try this" may seem friendly but can add pressure.

Try saying "There's food if you'd like." or "Help yourself whenever you're ready." Language can be inclusive while shifting the focus from eating.

Respect boundaries: If someone chooses not to eat or participates quietly, that's okay! They are still part of the event in a way that feels right for them.

**Remember:** You don't have to anticipate every need to make a difference. Small, thoughtful gestures – like labelling foods clearly, offering quiet seating areas, or simply checking in with a gentle "How are you doing?" – can make guests feel safe and seen.

### Closing Reflection

*At the heart of every gathering is connection – the reason we celebrate!*

*When we remind ourselves that connection matters more than food, we make room for joy, compassion, and belonging in all its forms.*

For those navigating food- and eating-related challenges, your presence matters more than your plate. For those hosting, your thoughtfulness can transform an event from stressful to safe.

Together, we can build spaces where everyone can show up, connect, and feel welcome.



# EDAW 2026

## WEIGHT CENTRIC CARE ~VS~ WEIGHT INCLUSIVE CARE

Focusing on weight in healthcare harms everyone – not just those with eating disorders.

Weight-inclusive care helps prevent disordered eating and reduces weight stigma.

This Eating Disorders Awareness Week (EDAW), let's broaden our understanding of health beyond weight, shape and body size!

FOR MORE DISCUSSION VISIT US AT [NEDIC.CA/EDAW](https://nedic.ca/edaw)

WEIGHT CENTRIC CARE

Based on your size, it doesn't look like you have an eating disorder.

I came here for help, but now I feel worse about myself than when I arrived.

~VS~

You really need to work on improving your diet and increasing your physical activity to address your weight and improve your health.

I'm scared to be honest with them... I know they'll just blame me for not trying hard enough.

~VS~

It's good to hear that you're avoiding sweets. They're bad for you anyways...

Are they trying to shame or scare me into changing my body and eating habits? That never works.

~VS~

WEIGHT INCLUSIVE CARE

Rather than cutting out foods, expanding on the variety of foods we eat can support well-being. What's something you'd like to try adding in?

They actually trust me to care for myself!

Thank you for trusting me with that. I know eating disorders don't discriminate and can affect anyone.

Okay, they're taking this seriously but not judging me.

Your weight is not the sole or most important indicator of your health. Let's focus on the concerns and goals that matter most to you.

They want me to be "healthy" by my own definition. I feel validated and supported, not shamed.



[NEDIC.CA/edaw](https://nedic.ca/edaw)



Eating Disorders Awareness Week  
#EDAW2026

# When Grief Meets the Body: Understanding the Connection Between Loss, Eating, and Healing

By Belinda Bruce



photo credit: Pixelshot

*This piece explores the often-overlooked ways grief can affect eating patterns, body perception, and physical well-being. Drawing on the lived experiences of bereaved individuals within our community, the article reflects a whole-person understanding of grief — one that honours both emotional and embodied responses to loss.*

*To inform this work, Julien's House conducted an anonymous, voluntary survey with guests and volunteers, inviting participants to share how grief affected their relationship with food and their bodies. All responses were collected ethically, with care to protect anonymity and to ensure participants could share only what felt safe for them. The direct quotes included in the article are shared with consent and without identifying details.*

Grief affects more than our hearts. It can change how we eat, rest, and care for ourselves. Julien's House explores how loss can shape our relationship with food and self-care, and how healing begins through understanding and connection.

Grief affects every part of who we are — body, mind, and spirit. It can disrupt routines, change the way we see ourselves, and alter how we connect with the world around us — including how we eat. At Julien's House, we often witness how deeply loss touches all aspects of life, including physical well-being. Grief isn't only emotional; it lives in the body, too.

That truth was echoed by members of our community who participated in an anonymous survey exploring grief, eating, and body experience. Many shared that their relationship with food changed after loss — often fluctuating over time rather than moving in one clear direction.

*"It's different still each and every day... some days I eat more than I should and others I hardly eat at all. I still have not found a new normal."*

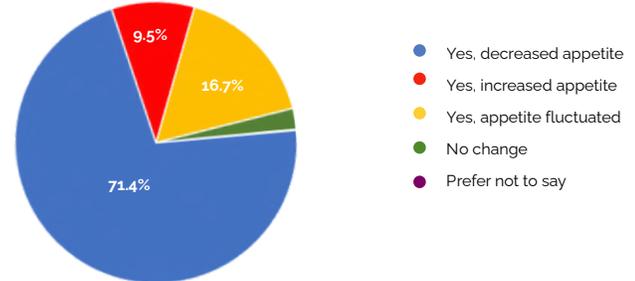
— Survey participant

*"Initially for the first week I had no appetite and lost about 7 lbs. However, after the funeral my appetite started to return and I did a lot of emotional eating. It's been just over three years since my son died and I still use food at times to cope with my emotions and grief."*

— Survey participant

## Did you notice any changes in your appetite after your loss?

42 Responses



Many respondents reported appetite changes that fluctuated over time, reflecting the unpredictable nature of grief.

## The Body's Response to Grief

When we experience loss — of a loved one, a relationship, or even a sense of stability or identity — our bodies react as though they are under threat.

Appetite can fade or intensify. Sleep patterns shift. Our nervous systems, designed to protect us, can blur the lines between hunger and emotion, between physical and emotional pain.

Participants described grief as a deeply physical experience. Many reported fatigue, brain fog, nausea, digestive distress, and body tension — symptoms that often made eating feel difficult or unimportant.

*"The knot in the pit of my stomach and nausea, physical symptoms of grief, severely impacted my desire to eat. I forced food down only to fuel my body — definitely not eating for pleasure."*

— Survey participant

Others shared how exhaustion and cognitive fog disrupted even basic nourishment.

*"I could go all day without eating. It wouldn't bother me at all."*  
— Survey participant

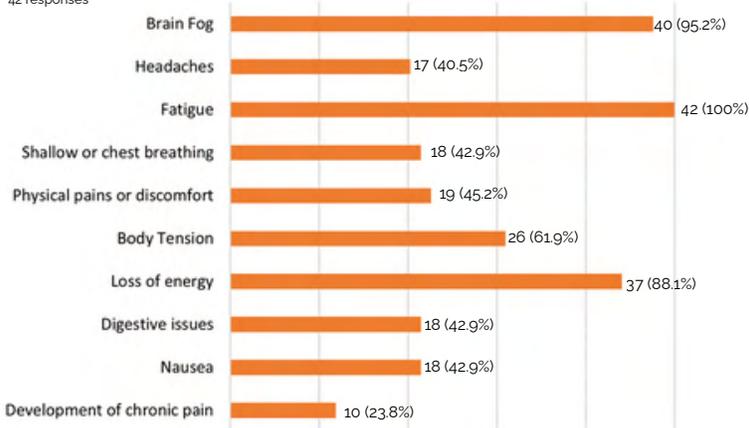
For some, food became a source of comfort or a way to numb emotional pain.

*"I just want to stuff my face so I can numb it all out... I feel like junk food will give me this moment of joy."*  
— Survey participant

*"I ate my emotions."*  
— Survey participant

These responses are not signs of weakness. They are expressions of a body doing its best to cope with overwhelming loss.

Did you experience other body sensations and experiences during your grief? (Check all that apply)  
42 responses



Grief was commonly experienced as physical fatigue, cognitive fog, and bodily tension — highlighting its impact on the whole body.

## Claudine's Story



Claudine lost her husband, David, in July 2024. Her eating habits and self care started to change before his death, when he was sick in hospital.

*"David spent six weeks in hospital before he died. I would work all day, take care of our dog and then leave for the hospital until visiting hours were over. I was too tired to cook and hadn't prepared anything so I would pick up food at drive-thrus close to or between home and hospital. Weekends were a little better, but I would spend all day at the hospital with only a few quick breaks to let the dog out."*

*After David died, I lost my taste buds. Food no longer tasted the same. I was eating out less but still turning to foods of convenience. Why spend money on good food when you can't taste it?*

*I felt disconnected — like my body wasn't a priority. My weight ballooned and it's taken almost a year to regain my interest to prepare foods. Some foods still lack flavour but hoping to find the focus to get back on track and enjoy the food I used to eat and cook and fit into the clothes I used to love wearing!"*

A few months after David's death, Claudine found Julien's House and began attending our peer-led Spousal Loss Support Group for her grief. Recently, she has also started seeing a social worker to help her change her habit of eating for convenience. She muses, "Someone should come up with a griever's diet."

She goes on to say, "Grief does produce physical symptoms not just emotional or spiritual ones. Eating the right foods at the right time and making smarter choices might have given me more focus."

## Body Image, Disconnection, and Embodiment

When grief touches the body, it can also alter how we relate to it. Rather than dissatisfaction with appearance alone, many people described feeling disconnected — numb, unfamiliar, or distant from their own bodies.

*"I don't recognize my face in the mirror anymore."*  
— Survey participant

*I never sleep so I'm exhausted to the point of zero energy. I just sit around, eat and numb out. I am far more dissociated.*  
— Survey participant

This distinction matters. Healing in grief may be less about changing the body and more about gently reconnecting with it — learning to inhabit it again after profound loss.

## Loris's Story

Loris lost his wife, Geri, four years ago to a rare disease. After her death, his appetite waned and he found it difficult eating alone.



*"I lost interest in food, and very much felt in a daze most days. It was just very difficult to function normally. My wife and I used to share the cooking. She, being the more talented cook, would prepare meals during the week, while I would do the honours on the weekend."*

*We would have a glass of wine and converse during supper. After she passed, cooking simply became a chore, and for some time afterwards I would just snack instead of eating well balanced meals.*

*It was also difficult sitting down to eat, when I remembered to eat, without my wife beside me. Being at the table alone was a painful reminder of her death. During those early months I cried a lot when I did sit down to eat. Mostly, I was not at all hungry, and as a result I lost about 20 pounds.*

*My eldest daughter chastised me, and I will never forget her words to me during this time. She said, 'Dad, I need you to take better care of yourself because I can't handle losing you too!' Those words helped me begin to get past my depression."*

While Loris does now cook regularly, he still sometimes finds it hard to sit at the kitchen table for supper. Some days when he's struggling, he will plop in front of the T.V. and eat.

*"I am functioning much better now than shortly after Geri died," he says, "thanks to therapy and a support group, but sitting by myself at the table is still a difficult experience.*

*I talk to Geri often to help me get through the day. I also regularly thank God that I was blessed with her in my life for over 45 years."*

This year, Loris joined Julien's House as a Volunteer Support Group Facilitator for Spousal Loss, providing hope and compassion for other bereaved hearts.

## **Healing Through Connection**

At Julien's House, we believe that healing begins in connection. Through peer-led support groups, compassionate conversations, and restorative activities, we provide a safe, welcoming space where people can share their stories and feel less alone in their grief.

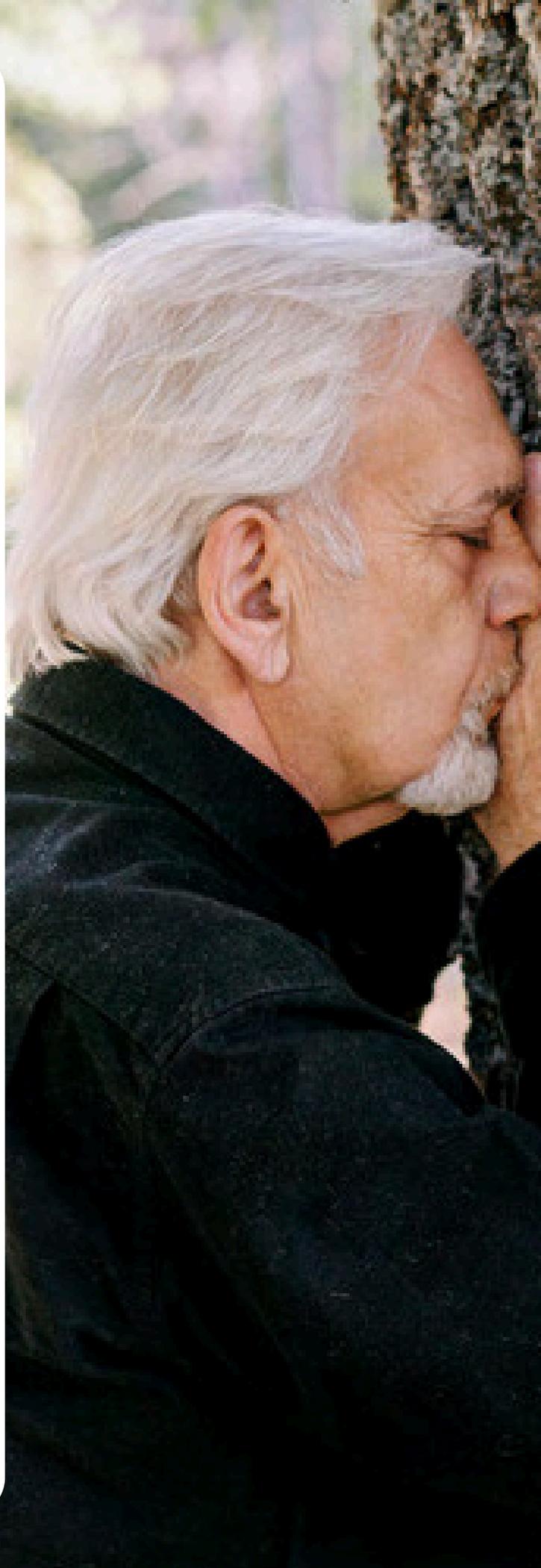
Participants reflected on how support — when it was available — made a difference.

*"Participating in a grief support group slowly helped me get back into life."*

— Survey participant

*"I treated myself as if I had the flu."*

— Survey participant



Others found relief through movement, mindfulness, or simply allowing themselves rest and gentleness.

*"I am pushing myself to rest when needed, to take care of myself and be kind to myself."*

— Survey participant

We believe that the Bulimia Anorexia Nervosa Association (BANA) shares this belief in holistic care. Just as grief impacts the body, eating challenges often carry deep emotional and physical roots.

We hope to shed light on how these experiences intersect — and to remind people that care for the body and care for the heart are deeply intertwined.

## Why These Conversations Matter

When grief and eating intersect, it's not simply about food — it's about finding balance, safety, and self-compassion in a time of upheaval. Many survey participants emphasized this message when reflecting on what they wished others knew.

*"Meeting yourself with self-compassion is KEY."*

— Survey participant

*"You are not crazy. Grief can overcome you and make you behave in ways you don't understand. Be kind to yourself."*

— Survey participant

*"Grief affects everything aspect of our lives and certainly our bodies. Getting support from others is essential - other people experiencing grief, counsellors, groups, your family doctor, friends, etc."*

— Survey participant

Normalizing these experiences helps reduce shame and makes it easier for individuals to seek the support they need — whether through grief companionship, counselling, or nutritional care.

## A Message of Compassion

If you or someone you love is struggling — with grief, disordered eating, or both — please know that help is available.

*"These bodily and eating issues are a normal part of grieving."*

— Survey participant

Healing after loss takes time and care — and it begins with nourishment, not just for the body, but for the soul.

## Summary: What Our Community Shared

- Most respondents reported changes in appetite after loss, often fluctuating rather than moving in one direction
- Fatigue, brain fog, and loss of energy were among the most common physical experiences of grief
- Many participants described feeling disconnected from their bodies, rather than dissatisfied with them
- Open-ended responses emphasized the importance of self-compassion, gentleness, and patience during grief

These insights remind us that changes in eating and body experience during grief are common — and deserving of understanding, not judgment.

Julien's House offers a safe, welcoming and inclusive place where people affected by the death of a loved one can come for compassion and support throughout their personal journey.

Through peer-led grief support groups, one-to-one companionship, and specialized programs for adults, we create pathways for healing that honour each person's unique story.

Visit [julienshouse.ca](http://julienshouse.ca) to learn more about our grief programs and community supports.



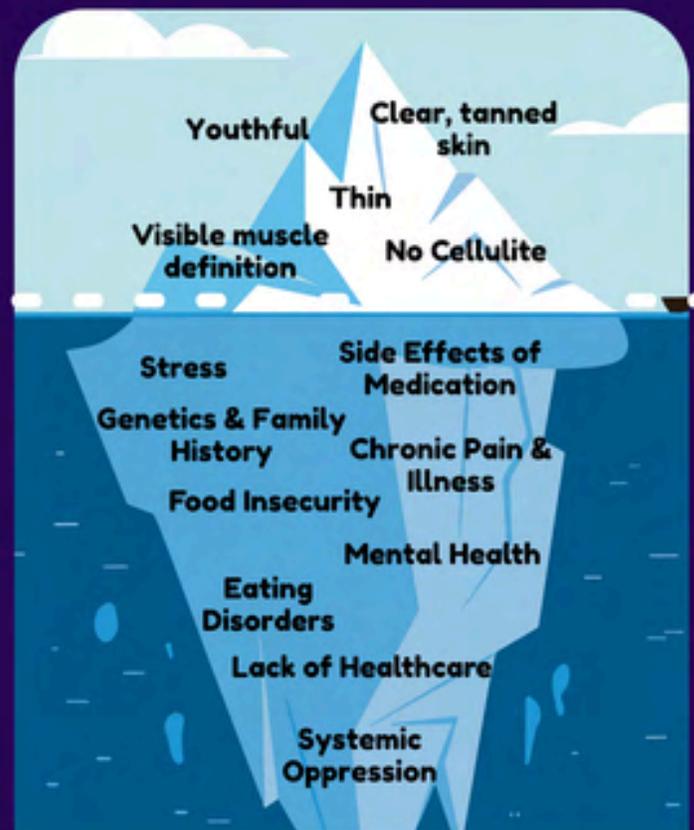
Belinda Bruce is a writer and musician with a background in journalism and communications, and the Volunteer Coordinator at Julien's House, where she is deeply engaged in supporting grief-informed community care.

# Health Is More Than... How you look

Health doesn't have a look.

“Good” and “bad” health can both exist in a range of body sizes.

**Visible:** What people think healthy looks like.



For more information,  
scan the QR Code

**Invisible:** Factors influencing health that we cannot see.

- We often assume that health has an appearance. However, **true indicators of health aren't always visible**
- Many important influences **lie beneath the surface**, such as social & environmental factors, genetics, and behavioural factors. You can't tell how "healthy" someone is just by looking at them
- Instead of focusing on appearance, **try tuning into how your body feels**. This can look like practicing respect rather than making comparisons, wearing clothes that feel comfortable, listening to your body's needs for food, rest, and movement, and seeking support when needed.

If you see this poster,  
snap a picture and tag  
us! @the\_nedic



Eating Disorders  
Awareness Week  
#EDAW2026



VS



FEBRUARY 24, 2026 7:00PM TIP-OFF



# CLASH AT THE COLOSSEUM V



“You are never  
too old to set  
new goals or  
to dream a  
new dream.”

---

- C.S. Lewis



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