BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

SPRING 2022

A Mental Health and Wellness Magazine

Also In This Issue:

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- My Journey to Self Acceptance
- Facing Your Fears: Gradual Exposure
- Cognitive Dissonance or Just a Coincidence?
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...And More

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Hosting & production of this publication are thanks in part to the support of the **Paradise Charitable Gaming Association**.

BANA Be Yourself magazine is delivered virtually to community members, businesses and organizations throughout the Windsor-Essex Region, and is also available online at www.bana.ca/magazine. Direct email subscriptions are available by request to info@bana.ca.

Owned and operated by the Bulimia Anorexia Nervosa Association, 1500 Ouellette Ave, Suite 100, Windsor, Ontario, Canada, N8X 1K7.

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Publishers 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 of Patrick Kelly and Sara Dalrymple and all of the contributing writers and photographers.

With so much uncertainty, with daily reports on new cases of COVID-19, new measures to protect us, new restrictions, it is frightening- and it is ok to feel that way. However, we must also maintain community and social cohesion in the midst of this physical distancing. We hope this publication helps.

Thank you in advance for the support, we are looking forward to bringing you many more issues in the months to come.

Be kind to yourself, generous with others, and stay healthy during this time.

Sincerely, Luciana Rosu-Sieza, Executive Director

4 Ways To Stay Encouraged Throughout Recovery

By: Stephani Fenkanyn

Photo Credit: Bessi via Pexels

The journey of healing from an eating disorder has its ups and downs. No experience is the same, and it's important to acknowledge that it will look different for everyone.

However, one thing we know is true for all is that recovery is never linear. In a perfect world, we would see a straight line towards a final destination. In this ideal situation, rainbows, butterflies, and streams of sunshine would be waiting and a harpist would come out to serenade us and give us accolades.

Wouldn't this be nice? We know it doesn't work this way. Recovery looks more like a mix of sunshine, rain clouds, clear skies and large thunderstorms. There is no destination, but rather, it is made up of consistent effort. Not to mention the playlist would probably not be a harp melody, but perhaps a mashup of all genres of different tempos - from fast heavy metal to slow pop ballades, depending on the day!

All that being said, there is hope in getting to a place that feels like peace to you. It does get easier. You get stronger and more adept at utilizing newly learned coping strategies. You add more to your mental health toolkit and prioritize yourself with strength each day. You release what you can when you are ready.

The small wins and adaptations you make as you progress will add up. Along the recovery journey, it is completely normal to feel like you've reached a point where you can't go on, you're exhausted, or you feel you've heard it all. It is normal to have those days. The most important factor is to steadily keep going.

Here are 4 suggestions that may help you stay motivated throughout recovery:

1 Continue to express your emotions regularly

Continue to express your emotions regularly
You may be feeling stable or have found yourself in a good place. Nevertheless, it is still important to talk to someone you trust on a regular basis. This could be your therapist, friend, peer, family member or others.

Although you may be asymptomatic one day, the internal process is still underway. Given eating disorders have such roots in emotion, we need to have periodic check-ins, just as we would for physical ailments. The more you discuss and discuss it, the more unearthing and healing that will take place.

2 Slow down and be kind to yourself

Keep in mind that you're going through periods of deep learning. Your mind and body need rest. Take it step-by-step and recognize that progress happens even when it doesn't feel like you are being productive.

Productivity can, at times, be a distraction when we aren't being mindful about slowing down. Remember that you won't have it all figured out in one day. Give the healing process time and really place your attention on it while you are working on it, so that it won't interrupt your day-to-day activites in a bigger way going forward.

3 Surround yourself with supportive people and those who make self-care a priority

Positive energy and encouragement are contagious. Be aware of who makes you feel uplifted and hopeful. You need to fill yourself up, rather than be around those who might further drain you.

Think about qualities you like in certain people and make time to be around their positive influence.

4 Relish in activities that help you connect to yourself

Throughout recovery, you may find out things about yourself and gain more clarity of who you are. Nourish this new you with activities and hobbies you enjoy.

This could be as simple as reading a book before bed, learning about gardening online, or listening to music while sitting outdoors. Embrace this new you. Whatever it is, make sure you end it feeling happy, calm and satisfied, like you've just fed your soul.

Stephani is a Regional Health Educator with the Bulimia Anorexia Nervosa Association (BANA) in Windsor, Ontario, Canada

My Journey to Self Acceptance

With BANA

By: Cosmina Bala

Photo Credit: Olia Danilevich r via Pexels

It was the summer of 2018, and I was on yet another restrictive diet that promised to give me that "perfect body" I was diligently chasing. This time it would be different, I told myself; this time it would work. At this point, I had hit a new level of desperation and I was willing to pay the price tag of $500 US dollars for an online trainer to motivate me into losing the weight. Me. The budget queen, perpetual saver, and won't-pay-for-anything-full-price, me.

This was a new low for me that, at the time, I didn't realize was a red flag or that I had a big problem. This new regime would have me measuring, weighing, tracking, and packing away all my food.

It was my new mission until my 7-year-old daughter uttered the 8 words that would forever alter the way I thought about food and dieting, and would start the journey that would lead me into a healthier and happier life.

"Do I need to weigh my food too"? . . .

With those 8 words the reality of what I was doing hit me like a ton of bricks. I had the clearest awareness at that moment that I had not experienced before. I realized what I was setting my daughter up for. What she was learning from me. What I was modeling and normalizing for her.

The thought occurred to me that she could inherit all the same negative beliefs about food and her body from me. My thoughts would be hers. That was unacceptable to me. I couldn't imagine my daughter talking about her body the way I had talked about mine for the last 20 years, since the age of 10.

It broke my heart, and I knew at that moment I needed to change. I didn't know what that would look like or where to start, but I knew the way I was living could not go on for one more second of one more day. The stakes were too high now.

It's the smell of cabbage soup that reminds me of the first inkling of dieting in my own young brain. The giant pot on the stove was my mother's main sustenance for another miserable week. I remember seeing the soup and wondering if I should eat it too. I remember the fruits and veggies that were allowed on days 2 and 3. The nights of jogging in the steam-filled bathroom to sweat the fat away. The endless criticism of her body being too this or too that.

The seed was planted in those moments. Those little seeds would be planted along the way in my life. By society, by family, by trauma. Those tiny seeds that were insignificant on their own, would take root in the garden of my beliefs and bloom to full-grown disorder in my early thirties.

No one would be able to tell by looking at me how much I was struggling. I felt like I was screaming inside but no one could hear me. It was a silent scream of pain, fear, anxiety, and depression.

The disordered eating became a warm blanket that covered those screams. It made me comfortable at that moment, but the pain was still there under that warm comfort – the pain of my need to control something in my life.

It's no surprise that I wasn't aware that I had a problem because all around me there were only encouraging voices and praises of "I don't know how you do it".

There wasn't a single person that suggested that I might be suffering from disordered eating. Losing that baby weight, making it to the gym 5 days a week, and tracking your food were all badges of honor, not red flags that indicated an eating disorder.

I thought I was doing it the healthy way. I wasn't starving myself like my mom; I was taking the advice of a personal Trainer.

You don't know what people are hiding under the surface (did you start singing "Under the Surface" from Encanto too?). It was growing pressure for perfection. It was self-criticism that would never be satisfied.

If anyone had looked under the surface, they would have found deep insecurities, crippling self-doubt, unresolved trauma, functional anxiety, and deep depression. You can't read all that from a person's smile. A smile's not always a reflection of what is happening inside.

That was the case for me, and no one would have known by looking at me because I gave the appearance of someone who had it all together, but I was hanging on by a thread.

After doing some research, I found out about BANA and the services they offer. I, like many others, had the impression that intervention was for truly sick people.

I had an idea in my mind about what someone with an eating disorder looked like. I had only seen mention of eating disorders in a movie we watched in health class about someone with anorexia, but I didn't look like that so I thought I wasn't sick.

I found out that eating disorders don't have a look, and they are much more to do with mental health than with any body type or weight. Eating disorders, after all, are not about weight. They are a serious mental health condition and should be taken seriously no matter what the person looks like from the outside.

Being in a society and peer group that glorified weight loss at any cost prevented me from receiving much-needed help earlier in my life. It was my daughter's question that got me thinking about what I was doing.

I'm so thankful to BANA and the services they provided for me. They made me feel welcomed every step of the way and I was able to make big improvements in my mental health. The dietitian was instrumental in teaching me how to eat again.

It had been so long that I didn't even know how to eat normally, or even what "normal" was. Her guidance put me on a path that connected me to my body, to my hunger cues, and to the intuitive eating way we are all born to eat.

I can't thank my clinician enough for all her support and guidance on this journey. I tell people all the time that therapy is the best thing I have ever done. I want to shout it on the mountain top and tell everyone how beneficial it truly is to live a holistic and peaceful life. I'm sure that in another life we were soul sisters, but in this life, she was my guide in reaching a level of awareness I didn't even know I had.

I can't describe how much more at peace I am today. Some days I have to pinch myself because I'm happy and it seems so surreal. This is the main reason I wanted to write this article.

I know others are suffering out there because I was one of them. I was just like you reading similar stories and thinking, "yeah, that's great but that could never be me".

I know that voice and it's not your true self. It's not your true inner spirit. That inner spirit is a fighter and it will keep fighting for you. There is a light at the end of the tunnel; there can be better days ahead for you too.

Take that first step in that healing and allow your true self to live the life you were meant to live. A life of love and peace.

- Cosmina Bala

Photo Credit: Any Lane via Pexels

Facing Your Fears: Gradual Exposure

By Sara Dalrymple

Photo Credit: Kellepics via flipbook

Throughout the decades of research on psychological techniques, one method for challenging anxiety that has shown to be effective and reliable is exposure.

Very simply put, exposure is a means of facing your fears in a way that is planned and strategic.

While there are many different forms of exposure, BANA utilizes gradual exposure frequently in treatment for challenging eating disorder behaviours and maladaptive beliefs.

Gradual exposure is the process of facing your fear in a series of steps; each step becomes incrementally more complex than the latter. By focusing on one step at a time, gradual exposure allows you to grow confident in your ability to cope with your anxiety at a pace that is not overwhelming. But how does exposure work, and why is it effective?

HOW DOES EXPOSURE WORK:

There are two very important elements of gradual exposure. The first is to repeatedly face the fear, as frequently as possible (research typically recommends at least 5 times a week).

Secondly, while facing the fear, the individual must prevent themselves from trying to escape or avoid it. Repetition paired with full engagement during the exposure episode has been typically shown to yield the best results.

Exposure is an effective way to overcome your fears for four main reasons.

Habituation, or acquired extinction. These words are quite clinical; therefore, we suggest that exposure is effective due to the fact that it desensitizes you to the stimulus you fear.

The concept here is that the more you are exposed to what you fear, the less fearful you become because you get used to it.

For example: when starting nursing school, some students may cringe when having to give injections. Overtime, the student may get used to having to use a syringe and the act of giving injections becomes second-nature; the cringe reaction eventually goes away. When it comes to eating disorder treatment, that stimulus is typically food or your body.

Fearful predictions are disconfirmed. The nature of our anxiety causes us to anticipate the worst-case-scenario in many situations where our fears our present. When we actually face our fears, we have the opportunity to realize that our worst-case scenarios often do not come true.

We can learn that although sometimes (rarely) our fears are supported, more often than not our predictions are wrong and bad does not always happen. An eating disorder treatment example is eating a "forbidden food" (a food that is feared, and tends to be of low-nutritional value) and weighing oneself. While weight-gain can occur overtime with consistently eating highly processed foods with low nutritional value, less frequently eating these foods will not impact weight in a noticeable way.

However, one would need to eat the food with curiosity in order to see what truly happens to one's weight – this would be exposure.

It allows you to process the feared stimulus. Hypothetically, we can make all of the assumptions we want regarding what will happen, and what the feared stimulus will be like. However, we will never know for sure unless we are exposed to it. In order to process this information, we need to face our fears. An example of this could be when your parents told you as a child not to do something due to repercussions, but you went ahead and did it anyway because you were curious. Our parents may have had good reason to warn us against that action, but we wanted to see for ourselves just how right or wrong they were.

We may have thought "their experience is probably going to be different than mine," or "everyone goes through things differently".

In order to make sense of it on our own, we wanted to experience it first-hand. If we take the same approach with our fears, we will get more accurate information about the situation/object/person/place – information that is not skewed by our anticipatory anxiety.

It increases your feelings of confidence, mastery and/or self-efficacy. Often when it comes to our fears, we underestimate our ability to cope with what could happen. We believe that we will be faced with our fear and be weak, or incapable of handling whatever is thrown our way. Exposure allows us to realize that we are stronger than we think, and more skilled in handling difficult situations than we ever could have imagined. However, the only way we will know this is by trying.

Every time you engage in the exposure, you learn that you can get through it.

You also develop stronger coping skills in the moment – skills that can be applied to every consecutive exposure episode. Overtime, this confidence and these coping skills will cumulatively weaken how fearful you are of the stimulus at hand.

HOW TO BREAK DOWN FEARS INTO STEPS: HIERARCHIES

As noted above, facing fears can become much less overwhelming when broken down into steps. Each step becomes incrementally more difficult due to gradually becoming more and more exposed to the feared stimulus. This process of breaking fears down into steps is often referred to as a "hierarchy".

GENERAL RULES:

Because you are facing a fear, anxiety, distress and discomfort are inevitable. If you are comfortable, you are not changing. Expect distress, and plan for a positive activity after the exposure episode is complete in order to deescalate and distract from your emotions.

Keep a journal or chart of your anxiety/distress before and after engaging in the exposure episode. By doing so, you will be able to track your progress and know when you are ready to move on to the next step.

Do not stay in a step that you have grown comfortable in. Once your distress has diminished by about 50% within a given step, you should move on to the next. Otherwise, you risk getting stuck and further avoiding.

Do not start an exposure episode and stop halfway through – this can reinforce your anxiety and avoidance of the feared stimulus. Stay present the whole way through.

Be on the lookout for "safety behaviours" – these are behaviours that you may use to avoid during the exposure episode to alleviate some of the distress. These behaviours are not helpful, as they reinforce your avoidance and anxiety, and prevent you from fully "facing" your fear.

In an example of facing a fear of snakes, a safety behaviour could look like covering one's eyes, looking at one's phone to distract, holding your breath, looking away, etc.

Come prepared with self-talk or mindfulness activities that can help you stay engaged and get through the full exposure episode.

STEP ONE:

Make a list of situations, people, objects or places that involve your fear. It may be helpful to group items with similar themes together. Consider your "worst-case-scenario" and add this to the list – this will likely be your last step.

Also consider a situation that is only incrementally more difficult than how you face your fear now.

This could likely act as your "step one" in the hierarchy.

STEP TWO:

Build a hierarchy by ranking your list from step one. Ask yourself how much anxiety you have for each item, and rank them from least-to-most feared/anxiety-provoking.

You may want to add different "features" to each item to further break down complex or highly distressing steps.

Consider the following:

Length of time: for example, talking to someone for 30 seconds is probably less scary than talking for five minutes.

Time of day: for example, driving over a bridge in the middle of the afternoon versus evening rush hour.

Environment: for example, swimming at a local pool versus swimming in a lake.

Who is with you: for example, going to the mall with your spouse versus alone.

STEP THREE:

Begin to face your fear by following the hierarchy.

Remember to make note of your anxiety before, during, and after every time you engage in the exposure exercise.

We also recommend rewarding yourself after you have gotten through each episode – this will help to positively reinforce the change, and build on your feelings of pride and self-efficacy.

OVERVIEW:

Exposure is an effective way to overcome fears and anxieties, and it is a method commonly used in eating disorder treatment. If you are a client of BANA awaiting treatment, you will have the benefit from working with your clinician and dietitian on exposures in a guided and supported manner. However, exposure is not specific to therapy. You can develop exposure exercises for yourself at any time, as exposure can be applied to a vast array of concerns.

If you want to get started on an exposure exercise, we recommend visiting the Centre for Clinical Interventions Website. They have a range of "Looking After Yourself" workbooks on different topics/areas of concern, many of which include modules that guide you through developing and completing an exposure.

For article resources visit: https://bana.ca/magazineresources/

Sara Dalrymple, is a Clinical Therapist at the Bulimia Anorexia Nervosa Association (BANA) and Associate Editor of the BANA Magazine

Cognitive Dissonance or Just a Coincidence?

How I rescued myself from feeling left out during a family tragedy.

By Chris Carlone

Photo Credit: Shvets Productions via pexels

I keep finding myself in an uncomfortable situation.

I get blindsided by traumatic news which I then begin to wonder if I should have been prepared for.

In these circumstances I end up doubting my attentiveness — did I already know this was coming? Should I be so surprised? No one else seems to be.

I also doubt my importance —if I was not informed sooner, then why not? Why was I last to know?

These negative thoughts in a time of mourning are a waste of energy that could be used to process the pain of loss and to support others. This is the key to a healthy passage through difficult times.
Taken by surprise.

It was a July morning and I was just settled in at my desk, when I received a Facebook message from my uncle.

"Chris, Paul died today. Please let your brother know."

I had no context for this information. My cousin Paul was a few years older than me, married, with two kids who were either in or finishing high school. The family had moved to the west coast years earlier and we mostly communicated with Christmas cards.

"I'm shocked," I typed into the messaging window. "Is there any more information I can give?"

The response was something along the lines that the ALS had gotten worse, of late, and that it had finally taken its toll.

"The ALS."

I didn't know about any ALS.

I fought the urge to ask more questions and wrote a message to my brother. I relayed the shocking news about Paul's passing, and the apparent suffering he'd been enduring with Lou Gehrig's Disease.

"Yeah, you didn't know about that?" my brother responded. I'd hosted a birthday party for my wife a few months earlier and that was where he said he'd learned about the illness from another cousin. "He said he was pretty sure he'd told you about it, but he couldn't be certain," my brother added. "I've been meaning to bring it up, but there never seemed to be a good time to have that kind of conversation."

I don't remember exactly how I responded, but I'm quite sure I made a point to confirm that it was a complete surprise.

Something like this had happened once before.

While I thought hard about whether I may, in fact, have been told about my cousin's illness, and perhaps forgotten, I recalled a situation a few years earlier that had caused me similar consternation.

A friend I was very close to in high school, but with whom I'd largely lost touch, called to tell me that his sister had died.

I don't recall a lot of detail about the conversation. I think I can safely presume I offered my condolences. I do remember something he said that confused me.

When I asked him what had happened he said, "Last time I went home, my parents were acting like everything was normal."

I had no idea what he meant by this. I had some inkling that his sister had returned to live with their parents after an attempt at working in another country but, other than that, I really knew nothing about her situation.

From time to time I would reflect on this conversation with my friend and wonder if I was attentive enough, during the call and in the preceding days, months or years to his sister's passing.

When I next saw this friend I offered a sort of amend. There had been a long period of time where I was quite caught up in my own stuff. I wasn't present much of the time. The thought occurred to me that I could very well have been told about his sister's illness during a time when, we'll just say, I wasn't remembering things very well.

I told him that when he called to share the news of his sister's passing, I was in a difficult time, perhaps distracted, and I hoped that I'd offered the appropriate support. When I asked him, again, how she had passed, he made reference to 'the eating disorder'.

This was news to me, but the way he spoke of it I had the feeling he thought I'd known.

I later found out from mutual friends that he had told some of them about it at a reunion that I did not attend. This might explain my confusion.

My friend's comment in the initial phone call that his parents were acting like nothing was wrong was in reference to his sister visibly wasting away, soon to perish from the affliction.

I again offered my friend sympathy. I saw no point in telling him I'd not known about the illness. Had I known she was sick while she was alive, I'm not sure it would have made a difference.

Likewise with my cousin.

Turning the searchlight away from myself.

With several years of addiction recovery behind me, I've learned that people around me not only have feelings, but . . they also have their own lives to live. Most importantly, I've come to understand that neither of those things revolve around me.

In the past, when faced with a difficult situation or feeling I would have simply spoken or acted out of impulse. "Your son just died? Well, I didn't even know he was sick!"

I'm grateful to say that I'm no longer, as often, a victim of the compulsion to say such things in times of discomfort.

On the morning my uncle reached out to inform me of my cousin's passing, I immediately started reminding myself that people were in mourning. I desperately wanted to express the exasperation I was feeling at the shock of the loss of my cousin and also at being left out of the loop by so many family members.

Other than the comments I'd already made to my brother, and sharing the surprise with my wife, who also didn't know, I decided I would keep it to myself.

I chose to focus on seeing how I could be helpful, rather than making my cousin's passing be about me. This decision led to catharsis.

I sent a quick note to my uncle to let him know that I would also pass the sad news onto some of the other cousins and he thanked me. As a result I learned that I wasn't the only one who hadn't been let in on the 'secret'. Instead of nurturing a resentment toward family members in a time of mutual mourning, I was able to open a dialogue with a distant cousin that led to a series of wonderful conversations.

I gave it a few days before calling my cousin Adrian to acknowledge the loss of his big brother. I found him calm, much more so than during his call to me when my mother died, a few years previous.

He asked me if I knew Paul had been sick. I'd now had days to process this and I assured him right away that it didn't matter. He informed me Paul had not taken visitors. I was better off not knowing.

I told Adrian about how other members of the family, even though we couldn't gather in person because of Covid restrictions, were, in fact, gathering around Paul in other ways. We were having conversations, reflecting on the family and offering each other support.

I think he may have liked hearing that Paul's passing was fomenting conversation among the other cousins, most of whom rarely talk.

Was there cognitive dissonance?

Was I aware of my cousin's illness while living life as if he was perfectly well? I can't be sure if I was ever told about the illness of my friend's sister or that of my cousin.

Facts seem to point to me never being told, but part of me still occasionally riffs on the scenario where I was, but I didn't pay close enough attention. Adrian assured me that was probably not the case. More likely, he just didn't tell me his brother was sick. I can't imagine it would have been easy for him to have done so.

In the end, it was probably just a coincidence that these two events transpired the way that they did.

Is my mind blocking difficult situations from my memory to make life easier for me to navigate? Evidence would suggest otherwise if I consider the numerous other challenging times I have no problem remembering.

The most important takeaway for me is that I managed, in these situations, to stay in the present, not over-inflate my importance, and offer help when I could. I sought opportunity to be of service. This got me out of myself.

If I find myself focused on whether I may have been slighted by those who are reaching out for help, I'm a complete waste of space. I feel lonely at the precise moment I'm being embraced.

When I notice someone seeking assistance, I best not overthink it. I have to go ahead and offer support. Otherwise, I'm on the path to destruction.

Chris Carlone is an aspiring novelist, sometimes nutritionist, fledgling minimalist who works his writing muscle posting articles and stories on the Medium website.

He lives in Toronto where he enjoys being a hobby musician and playing disc golf with his wife or anyone else who'll join him. You can read his work at cdoriancarlone.medium.com.

Dear Me, Love, Me.

An Interview by: Patrick Kelly

Every once in awhile you come across an idea that seems so simple, yet warms the heart and makes wish that you had thought of it yourself. I had one such experience not that long ago, and it was, in all places on instagram. There I was, scrolling along and there, in the middle of the screen came four simple words . . . **"Dear me ~ Love Me".**

Now the average adult see 4,000 to 10,000 ads on social media platforms each day. At some point, we all begin to screen these message out, we ignore brands and content with nothing more than a glance and a swipe. But this one was different. I don't know if it was the start of our second pandemic year, or just the gentle urgency in the phrase, but I just knew there was something about this post . . . and so I stopped and read the post's message . . .

Does anyone else feel like we could use more love right now ?

We've got the perfect way to share lots of love with others and even yourself. "

Well, Hello . . . what's this? Having spent the past 2 1/2 decades in media I could feel the cynic in me gearing up. I was waiting for the sales pitch, the next fad, the solution on how to make my life better for one low-low price . . . and then read on . . .

We have a charming little writing desk in the shop where you can have a seat and all the supplies are there to write a love letter or message to yourself or someone you love.

Once the letter is tucked in its little envelope, you can bring it with you or add the address info and we will mail it to you on an unexpected day in the next few months."

Gulp. Pause. Gulp again. I felt like the Grinch on Christmas morning with my heart growing three sizes that day. My journalistic curiosity was peaked so I contacted Lauryn, Jodi & the team at Terra Green Gardens in Amherstburg, Ontario and asked them to tell me more...

On To The Interview . . .

So Terra Green Team, the first thing I learned from your website is that you consider the shop to be a space to build connections with yourself. What does this mean to you and, what do you hope it will mean to others?

Terra is a Latin term that means earth. Terra Green's meaning and purpose is to encourage connections and to ground within the beautiful community that surrounds us. Our hope is that those who interact with our shop and products are able to reconnect and find inspiration through scent, art, self-care and elements of nature.

The past few years has been especially difficult for independent retailers, yet you've taken it upon yourselves to use this time to give back. Can you tell us about your **Dear Me, Love Me** project and how it came about?

In the past few years, we have all experienced an influx of emotions. Each of us has had to adjust to uncertainty, unexpected changes and we are all still in that process now. The idea of this campaign began with the sole objective of sharing love.

This project serves as an outlet and a positive coping tool to connect and take care of yourself and those you love. We launched it at the end of January as part of our week-long activities to celebrate the one year anniversary of our little shop in Amherstburg and 8 years of being in business. Since then, we've decided to extend it and keep this campaign going as an added experience within the shop.

So then, how does it work? We know from your post about the writing desk and that you can take the letter with you or leave it to be send at a later date (I love this BTW) but does someone need to bring their own supplies? Do they have to do anything special?

We provide stationary, a little writing pencil, envelope and also a print of writing prompts of ways to celebrate all the wonderful things that make you, YOU.

And yes, once you've completed your letter, you can either take it with you, or mark down an address on the envelope and the Terra Green Team we will mail it in the following few months. The hope with this is to have a surprise for yourself or someone you love in the mail on a day when you least expect it or really need a boost of love and inspiration.

That sounds amazing. You sound like ambassadors of self-kindness, what a creative idea.. and this is open to anyone? There's no catch, you don't have to buy anything?

Anyone and everyone is welcome to participate in the campaign and it is all offered complimentary. We'd love for any locals or businesses to spread the word using the hashtag (#dearmeloveme) so as many as possible can benefit!

We also have a section on the homepage of our website (www.terragreengardens.com) with an image gallery and a description of the campaign.

What has been the reaction, both online and in person?

We are so delighted to have had positive and heartwarming reactions from our community both online and in person. Although the letter-writing station is an in person activity, participants are encouraged to spread the love even further on social media and online platforms. We've even had a few that came to browse one day, and come back the following weekend simply to add their letter to the mix.

What do you hope people get out of the experience?

We are all special and worthy of love and admiration from ourselves and those around us. We want participants to experience warmth and love at a time when we all need it. This is our hope with the Dear Me, Love Me campaign.

We hope to get as many of our community involved in participating in this project and spark love first, when writing the letter and again when receiving it at a later date.

What advice/encouragement can you give to other businesses that might want to inspire self awareness in their communities?

After the last few years, we have all had to deal with a roller coaster of emotions and many moments where we were isolated. We all need healthy ways to cope and create a wholesome sense of self.

As businesses and members of the community, we can write a love letter to each other and create energy and connection in our community. Let's all get on another type of roller coaster and let the good times roll!

To find out about this initiative visit:

Terra Green Gardens
264 Dalhousie St,
Amherstburg, ON
www.terragreengardens.com
FB: @terragreengardens
IG: @terra_green_gardens

Patrick is the Editor-in-Chief of the BANA Magazine and Public Relations and Communications Lead for the Bulimia Anorexia Nervosa Association.

He has in media roles in Mental Health and Corporate Services for more than two decades and well as working as an instructor at the post-secondary education sector in the fields of advertising and marketing.

Alzheimer Disease and other Dementia's:

It's What You Know That Can Help

By Cindy Keo, Alzheimer Society of Windsor-Essex

Photo Credit: Felix Mittermiter via Pexels

Dementia is an umbrella term used to describe symptoms that affect memory, communication, and the ability to perform daily activities. Living with dementia changes how a person experiences the world and results in losses.

Dementia affects everyone differently. Many people will experience symptoms including the loss of memory, sound judgment, and reasoning, as well as changes in mood and behavior.

The most common type of dementia is Alzheimer's Disease, which destroys memory, thinking skills, and the ability to complete the simplest tasks. Alzheimer's Disease severs memories and interrupts our connection to the world; it changes how a person experiences the world. Although the onset is gradual, Alzheimer's Disease eventually affects all aspects of a person's life including mental abilities, their emotions and the ability to carry out daily activities like eating and grooming themselves. Alzheimer's Disease is irreversible, causing thinking ability and memory to deteriorate. Currently, it is estimated that locally there are 8,310 people in Windsor & Essex County over the age of 40 living with Alzheimer's Disease and other forms of dementia.

People living with dementia may become confused, frustrated, frightened, and unable to communicate. Here are some dementia friendly communication strategies that you can use:

1) **Approach the person from the front and get into their line of sight.**
2) **Identify yourself and if possible, remove anything that can cover or shade your face.**
3) **Maintain eye contact and move slowly.**
4) **Find a quiet place where they can concentrate with fewer distractions.**
5) **Speak slowly and clearly. Do not shout or yell.**
6) **Present one idea at a time and give the person time to respond: use the six-second rule.**
7) **Ask simple and brief questions. Allow time for a response.**
8) **Back up your words with actions. Use both words and physical cues .**
9) **Give the person space if they are getting agitated and try re-approaching.**
10) **Join them in their reality. Create a comfortable and safe environment for them**

Our hope is that we can create an environment where people living with dementia will feel confident and continue participating in community life.

Dementia is not a normal part of the aging process, and it also looks quite different for different people. Typical aging can include occasionally having difficulty with finding words or worrying about memory loss, however, the people closest to the affected individual are not concerned. Signs of dementia include more frequent pauses and substitutions when communicating, and the people closest to the individual are worried. However, the affected individual is not aware of any problems.

Here are some tips to help with "age-associated memory impairment:"

- **Having a routine (Ex. Go to bed and wake up at the same time every day)**
- **Repeat names (Ex. When meeting someone for the first time, repeat their name when they introduce themselves, and at the end of the conversation confirm their name with them again)**
- **Involve all the senses (Ex. Try new foods, or cook with different textured foods)**
- **Sleep (Ex. Sleep is particularly important and 6-8 hours are recommended for older adults)**
- **Put items in the same spot (Ex. Keys/purse should be put in the same spot each time you walk through the front door)**
- **Use a calendar/day planner (Ex. Whether it is a paper or electronic calendar, record all appointments, special events, and vacation dates so that you have something concrete to recall information from)**

Know the 10 Warning Signs of Alzheimer's Disease and other Dementias

Memory loss. It is okay to forget things occasionally, but when it becomes increasingly frequent, it should be taken very seriously. Memory loss looks like struggling to retain new information, and/or having trouble following instructions.

Difficulty performing tasks. Difficulty performing tasks may look like confusion about what to do next, having trouble getting dressed in the morning, or having trouble preparing a meal.

Problems with language. People living with dementia are often confused when asked a question, and they have trouble finding words to express their thoughts. You will often hear them repeat themselves and have difficulty explaining or telling a story. They may misremember facts and have a challenging time describing items that are right in front of them.

Impaired judgment. Impaired judgment may look like saying or doing something inappropriate, dressing inappropriately for the weather, or the loss of social inhibitions.

Problems with abstract thinking. Problems with abstract thinking which may include having trouble understanding the meaning of an image, struggling with symbols, difficulties planning and organizing, and it may be difficult for an affected person to manage money.

Misplacing things. Misplacing things may look like losing personal items, not knowing where these items are, and suspecting that someone stole these missing items.

Changes in mood and behaviour. Changes in mood and behaviour may look like difficulty learning new things, becoming flustered very easily, and pronounced changes in emotional control and social skills.

Changes in personality. Personality changes may look like behaviour that is out of the ordinary for that person, they may become over-emotional, they may seem disinterested in others, and they can be easily distracted.

Loss of initiative. Loss of initiative may look like increased absences, self-isolation, decreased enthusiasm, increased fatigue, and the use of pessimistic language.

These warning signs are just that - warning signs. Please keep in mind that every person who experiences this disease will have their own individual experience.

You play a huge part in reducing the stigma associated with Alzheimer's disease and other dementias. Please keep the conversation going. This will demonstrate your commitment to social responsibility and foster goodwill within the community. We want to promote environments that support persons living with dementia and their care partners. Not only will the person living with dementia benefit from this, but their care partner will also feel confident within the community.

My call to action for all of you … Keep educating yourself and encourage others to do the same. Refer your circle of family and friends to our services. Support our local events and fundraising campaigns. And please remember that dementia journeys can look and develop very differently for different people.

For article resources visit: https://bana.ca/magazineresources/

Cindy is the Special Projects and Communications Coordinator at the Alzheimer Society of Windsor & Essex County. Cindy creates and implements social programming for our Clients and Care Partners. Cindy is also a part of our Fund Development Team. She keeps all of our friends on social media up to date on our current events and campaigns.

Cindy is also our Dementia Friendly Communities Coordinator. In this role, Cindy connects and educates our community with helpful advice and tips on how to make work places more dementia friendly.

Photo Credit: Felipe Cespedes via Pexels

Choosing Yourself

I grew up a very quiet, shy child, existing in a body significantly larger than all my friends and family. I was teased for the way my body looked throughout my childhood.

Everywhere I turned, I was being told my body was wrong. At school, at home, or in the media, I was told either explicitly or implicitly, that to be a correct person was to be small and thin.

So, I did what any young child would do, I spent hours researching the best diets or regimens that would help me lose weight, and suddenly fix all my problems!

"I should do keto! I should go vegan! I should cut out dairy! Forget chips! Forget chocolate! Stop eating fast food! Try intermittent fasting! Sugar is bad, stop eating fruit! Carbs are the problem, never go near them again!"

Being so young and impressionable, I listened to these messages and attempted to "fix" myself.

Born in the late 90's, I became familiar with the internet just as the rest of the world was - so fascinated by the possibilities that social media brought, and so obsessed with being instantaneously connected with others. I found a lot of comfort in social media. Being a shy child, turning to strangers on the internet felt safe, and para-social relationships couldn't hurt me.

What I didn't realize at the time was the impact social media would have on my younger self, and my relationship with food and body image.

Fast forward almost a decade, it was winter during a global pandemic, and I had been isolating myself out of safety for myself and my family for nearly a year. I knew that I was struggling immensely with food and body image.

I was binging, restricting, exercising, binging, restricting, exercising - a never ending cycle of unhappiness and complete confusion. Thoughts of food and my body were all that occupied my mind. I hesitantly contacted BANA in hopes of finding help.

It was the best decision I have ever made. I could not have asked for a more encouraging group of professionals to work with. My Clinical Therapist and Dietician with BANA were the first people to validate my thoughts and emotions surrounding my disordered eating.

I had spent the better half of a decade being bombarded with negative messages about my weight and body, especially via social media. I never once had I considered that diet culture is an industry anticipating my failure.

In an age of constant misinformation, seeking reliable help from professionals was imperative to my recovery. Looking back, I was a victim of following information created by individuals on the internet who had no legitimate credentials.

he professionals I worked with at BANA helped me finally build a healthy, normal relationship with food and movement. This journey to recovery was by no means easy.

Eating disorder treatment is difficult and painful, but it is also transformative and tremendously rewarding.

Choosing Recovery

Five Things I Learned from My Time At BANA . . .

1. **Food Has No Moral Compass**: There is no such thing as "good" or "bad" food. These are simply adjectives used to create arbitrary rules. There is no dietary restriction that determines if you are a bad or good person.

2. **Diets Are Designed to Fail**: Despite what every diet company will promote, they are for-profit organizations. They are cyclical in nature, and they do not genuinely care about your well-being. They are hoping to see you again as a returning customer.

3. **Reject the Status Quo**: Most of our knowledge and understanding about food begins in early childhood when our parents or guardians set a precedent from information they have at that time (which may now be outdated). But do these beliefs serve your present self? Begin to dismantle and question the notions you grew up hearing about food or body.

4. **Eating Disorders Are Prevalent:** Approximately 1 million Canadians meet the criteria for an eating disorder ("Statistics Canada, 2020"). Your struggles are valid, and there is an entire community of people who will understand your thoughts and feelings.

5. **Make Social Media a Space for Healing:** In the thick of my eating disorder, I struggled immensely with comparison online, and I still do today. Block or mute accounts that do not honour a healing relationship with food and body image. Or, perhaps try distancing yourself from social media for days, weeks, or even months. Developing new boundaries is critical to recovery.

- By S.R.

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Retrieved April 6, 2022, from: https://nied.ca/about-eating-disorders-in-canada

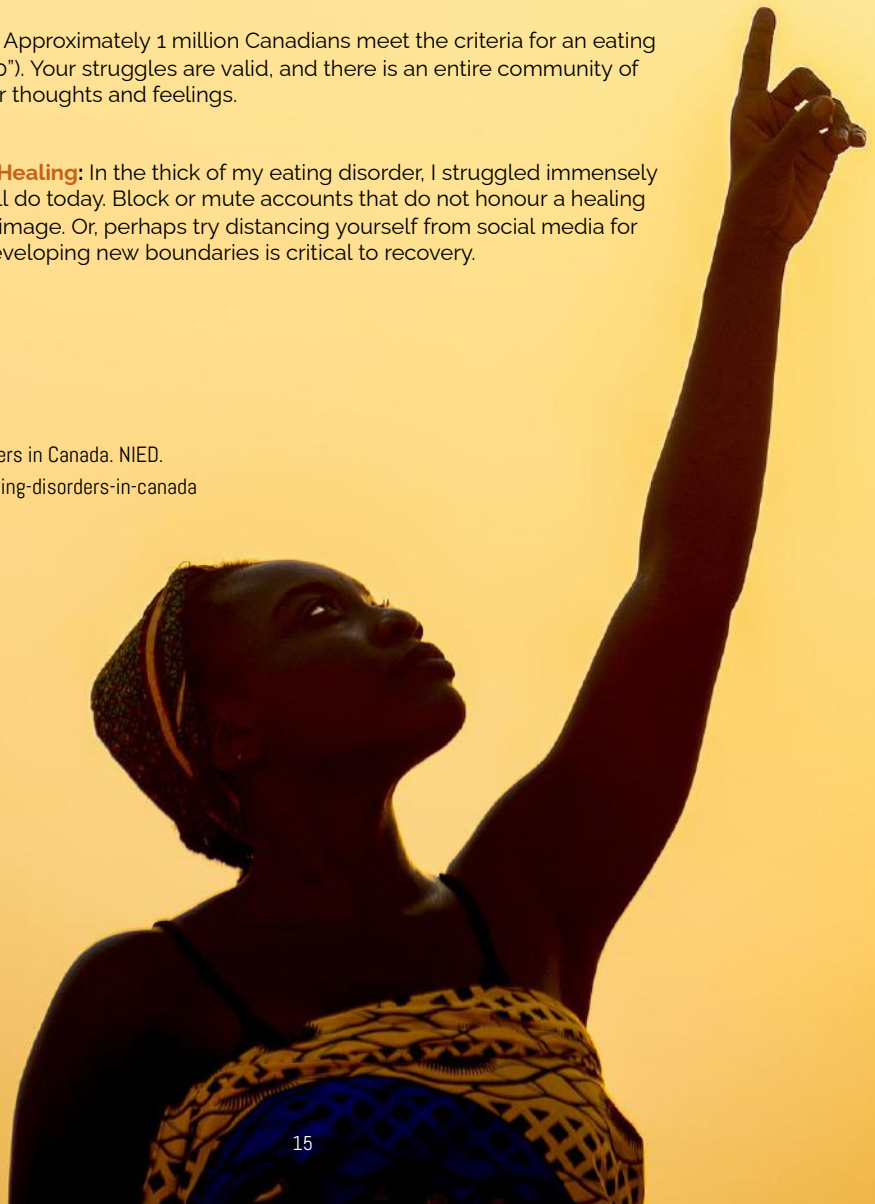


Photo Credit: Clement Eastwood via flipbook

A Century of Body Evolution

THE EVOLUTION OF WOMEN'S BODY STANDARDS

1920s

The 1920's were dominated by the "flapper girl." The ideal body was petite with straight hips, thin legs, and a small chest - often referred to at the time as a "boyish" figure.

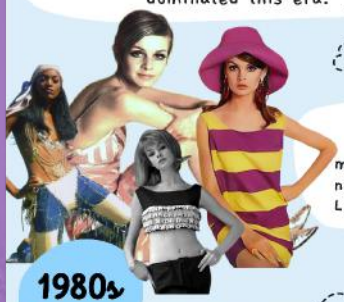
1930s - 1940s

From the 1930s to the 1940s, the ideal female body became a curvier figure with large breasts, hips, and a small waist. Ads that demonstrated ways for women to gain weight were prominent.

1950s

In the 1950s, curvy women continued to be the ideal body type; however, even more accentuated curves were desired. Women such as Marilyn Monroe, who would be considered "plus-sized" today, dominated this era.

1960s - 1970s



The ideal body for women shifted greatly in the 1960s to the 1970s; models had very lean arms & legs with no curves. A renowned model, "Twiggy" Lawson was nicknamed for her thinness.

1980s

In the 1980s, the ideal body shifted from very lean to an athletic figure. There was an obsession with workout videos and a desire to be toned, especially in the arms and legs. Fitness models like Jane Fonda were popular.

1990s - 2000s

The 1990s reinstated very thin as the ideal body type as Victoria Secret Models ruled the runways. The desired body was very tall and lean with a "thigh gap," small or average breasts, and narrow hips.

2010s - 2020s

From the 2010s to the 2020s, exaggerated curves have been emphasized as preferred; an hourglass figure with a slim waist, flat abdomen, large breasts and a very pronounced buttocks is sought-after.

Created by: Maddy Plante

Men's Bodies Through the Decades

1920's

1920's Hollywood shaped the male body ideal. It was thought that camera's added about 20 pounds onto the actors' frame. Because of this, the male ideal body was slim and agile-strong and athletic. Many of the male stars did their own stunts and therefore had to be "in shape". The "Hollywood Icon" body type was born in this era.

1930's- 1940's

By the 1930's, more muscular body types became popular. The "muscular mesomorph" had a strong upper body with more defined muscles, a chiseled face, broad shoulders, and a small waist.

1950's

In the 50's, the focus was less on strong and more on big! The "Exec Bod" became ideal. Broad shoulders and a tall body with a small waist was considered imposing and commanding. A boxier frame was all the rage!

1960's

Fighting "the man", androgyny, and ignoring "machismo" became popular in the 60s. Men often grew out their hair, and obtained a very slim, rocker frame. The body ideal was more about self expression and opinionated ideals rather than muscles.

1970's- 1990's

While the slim frame remained the same for rock-stars, a huge, bodybuilder frame became widely popular in the 70s, 80s, and 90s. Massive muscles with definition, and bulky veins was idealized. This "action figure look" was often depicted in movies and in magazines.

2000's- TODAY

While the ideal male body has changed drastically throughout the decades, today the ideal male body is much more attainable. Large muscles may be preferred by some while others may prefer a leaner body type or a "dad bod". Since the body positivity movement, the idea of the "ideal body" has diminished, and a wide range of body types are now accepted and celebrated!

Created by: Jenna Broad

For article resources visit: https://bana.ca/magazineresources/

Appearance Assumptions Activity

Adapted from "The Body Image Workbook: Chapter 4 – Seeing Beneath the Surface of Your Private Body Talk" by Thomas F. Cash

There are societal standards for one's appearance that we have all heard, and that are often reinforced by the media, professionals, and our peers and loved-ones.

Some examples?

Women must be thin and dainty. They should wear makeup, style their hair and shave their legs.

Men must be muscular and toned. Hairy is okay for men, but only on certain parts of the body.

Many of us have internalized these standards, even though we didn't come up with them ourselves and often wish we didn't have to abide by them. As a result of these standards. we may be quick to blame our appearance for the unpleasantries of life, and/or we may do everything we can try to control our appearance.

But do these standards always hold true? Are they realistic for everyone? Who even meets these standards, and who makes them?

Here are some questions to get you thinking before completing the activity:

Who invented these standards, and is there any evidence that they may be biased, one-sided, or overlook conflicting information?

Can you think of any exceptions-to-the-rule?

Are there other factors that may play a role in these standards, that are not usually considered?

Any examples of people you have met, or seen in the media, who do not align with these standards AND are still healthy and happy?

Does culture play a role in these standards; would they still be true for different cultures?

Do generations and time play a role in these standards; were these standards there decades ago?

Do these standards differ for different genders?

See if you can break away from the status quo, and challenge some of the expectations we have and assumptions we make because of these standards. It may be helpful to explore and brainstorm these with your close friends or family.

1) The first thing people will notice about me is what's wrong with my appearance.

2) Physically attractive people have it all.

3) My appearance is responsible for what has happened to me throughout life.

4) If I could look exactly how I want, my life would be much happier.

These standards shape our lives both socially, and independently. Unchallenged, these standards can impact the relationship you have with your own body, weight, and shape. It is important to think critically and to analyze the information before blindly accepting it. Question first, before aiming for and following specific standards.

To go more in-depth with challenging these and many more appearance-related assumptions, standards and behaviours, purchase "The Body Image Workbook (2nd edition)", by Thomas. F. Cash, cited below.

Cash, T. F. (2008). Seeing Beneath the Surface of Your Private Body Talk. In The Body Image Workbook (2nd ed., pp. 79–104). essay, New Harbinger Publications.

Photo Credit: Ba Tik via flipbook

Chronic Disease Management:
A Community Approach

By Kerra Gallant and Olivia Filipov

One of the hidden gems of healthcare is the Windsor Essex Community Health Centre (weCHC). The Windsor Essex Community Health Centre provides both primary healthcare and health promotion to Windsor and Essex County. It's chronic disease self-management program has programs available virtually and in-person. Through their six locations, weCHC offers equitable, safe, quality care that is client-centred and close to home. Services are free of charge to the community.

Among weCHC's many services are the Chronic Disease Management program and Self-Management program. These include therapeutic exercise programs, education, and support for seniors/adults living with chronic health conditions. Both programs have been in action for over ten years. Even during the global COVID-19 pandemic, the programs were able to convert to an online format to serve all clients safely.

The Chronic Disease Management Program (CDMP) encompasses both group and individual services for seniors/adults living with chronic health conditions. The team behind these services includes registered professionals from various professions, namely physiotherapists, nurses, occupational therapists, kinesiologists, respiratory therapists, registered speech-language pathologists, and certified senior fitness instructors.

Self-referrals, provider and community referrals can be made for these services, and client's are matched with the service which would benefit them and their health the most.

Services include group therapeutic exercise programs, respiratory therapy services, speech-language therapy services, and occupational therapy services. Participants of the group therapeutic exercise programs, which are offered in-person and online, are taught appropriate exercises for their individual needs.

With the help of the weCHC team, clients create personal goals and are taught the importance and benefits of exercise in managing a chronic condition. For weCHC, the main purpose of the therapeutic exercise programs is to assist clients in maintaining or increasing functional fitness to improve the success rate of daily activities.

"***Since going to exercise classes my right arm has improved so much that I now can reach the second shelf in my kitchen!***" Says a client from the upper body exercise program. ***"Thank you!"***

Respiratory therapy services include assessments, medication reviews, action plans, and educational workshops. Additionally, a respiratory wellness exercise program is offered, which is a full-body exercise and education class.

These online classes are specific to clients with respiratory conditions such as Chronic Obstructive Pulmonary Disease (COPD) and asthma.

Photo Credit:Tobias Bjørkli via Pexels

Among the speech-language therapy services are communication groups and education programs. These are designed for individuals living with chronic aphasia who have challenges communicating daily activities. A registered speech-language pathologist facilitates conversations with clients and aims to maintain and improve communication skills by reducing communication barriers.

weCHC's occupational therapy services include fall prevention education, home safety and grab bar programs. The grab bar program is aimed for clients who have socio-economic barriers, are fifty years of age or older who are at risk for a fall or have previously had a fall.

An in-home assessment by an Occupational Therapist, is completed with recommendations for home safety, and falls prevention.

The Chronic Disease Self-Management Program supports both individuals living with chronic conditions and healthcare providers. Self-management refers to the skills and confidence to manage symptoms, treatment, physical, emotional, psychological, financial, and lifestyle changes that come with living with a chronic condition.

The program offers ongoing education and mentorship by offering both in-person and virtual workshops, called Master Your Health. Topics for these workshops include chronic pain, chronic conditions, and diabetes.

"I highly recommend these classes (which, as an extra bonus, have no cost) to anyone living with health issues." Says a client from the Master Your Health: Diabetes workshop. ***"I am sure my doctor will be pleased with my progress at my next appointment, as I have already seen positive results in my glucose and blood pressure monitoring at home."***

The group setting for these workshops allows participants to share their stories and encourage others. Clients have reported having more self-confidence and a higher understanding of self-care.

"I have learned that I can trust people in small groups. I love the smaller groups as I get anxious in larger crowds," says a client who participated in the Master Your Health: Chronic Conditions workshop. Participants are often glad to have met others with similar lifestyles and challenges from living with chronic conditions of any kind.

While healthcare providers are welcome to attend these workshops to better understand their clients, weCHC offers two group workshops for providers specifically: Choices and Changes: Motivating Healthy Behaviour Change and The Empathy Effect. Chronic condition care is a partnership between a client and healthcare provider.

These specific programs are offered to healthcare providers to help increase communication skills to best support their client. The workshops teach how to motivate, support, and help build clients' commitment and confidence in their self-management.

To learn more about the Chronic Disease Self-Management Program, or to sign up for a workshop, call the toll-free number: 1 (855) 259-3605.

For more information or to self refer, regarding the Chronic Disease Management program call (519) 997-2827 ext. 341.

Kerra Gallant is a Registered Kinesiologist with weCHC. Kerra's focus is to prevent and manage injury and chronic disease with her clients and to help them reach peak physical performance. Kinesiologists use evidence-based research to develop programs for people, helping them get and stay fit, and perform at their optimum level. Kerra is part of the Chronic Disease Management Team and wrote this article together with her colleagues and University of Windsor Student co-op Olivia Filipov .

Photo Credit: Ashtoni Shkraba via flipbook

What is Other Specified Feeding or Eating Disorder (OSFED)

Photo Credit: Asasint via flipbook

Other Specified Feeding or Eating Disorder, commonly referred to by its acronym "OSFED", is a clinical category of eating disorders which includes conditions that do not fully fit the criteria of other diagnoses. It is important to note that one does not necessarily receive the diagnosis of "OSFED", as it is an umbrella term that refers to 5 "other specified" presentations. Rather, individuals typically receive a diagnosis outlining the type of OSFED presentation that best suits their reported symptoms.

In the 2018-2019 year, we collected data on our active clients to determine how frequent each eating disorder diagnosis is at BANA. We found that 4.6% of our client population has been diagnosed with some presentation of OSFED.

It is important to remember that individuals with a diagnosis categorized under OSFED can have a range of unique symptoms, and may be commonly overlooked due to their inability to fit clearly into other eating disorder outlines.

The 5th rendition of the Diagnostic Statistical Manual (DSM-5) is the current guideline used in North America to diagnose all mental health disorders. It outlines the requirements that must be met in order to receive any diagnosis within its pages. Some professionals speculate that presentations within this clinical category may receive their own diagnostic title in future renditions of the DSM.

DSM-5 CRITERIA FOR OTHER SPECIFIED FEEDING OR EATING DISORDER

Shared Characteristics of the 5 OSFED Presentations:

- Predominant symptoms characteristic of a feeding/eating disorder, but do not meet the full criteria for any of the other feeding/eating disorder diagnostic classes

- Cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

The 5 "Other Specified" Presentations:

Atypical Anorexia Nervosa -> all of the criteria for anorexia nervosa are met, except that despite significant weight loss, the individual's weight is within or above the normal range

Bulimia Nervosa of Low Frequency and/or Limited Duration -> all of the criteria for bulimia nervosa are met, except that the binge eating and inappropriate compensatory behaviours occur less than once a week, and/or for less than 3 months

Binge-Eating Disorder of Low Frequency and/or Limited Duration -> all of the criteria for binge eating disorder are met, except that the binge eating occurs less than once a week, and/or for less than 3 months

Purging Disorder -> recurrent purging behaviours occur that influence weight or shape (ex: self-induced vomiting, misuse of laxatives, diuretics or other medications) in the absence of binge eating

Night Eating Syndrome -> recurrent episodes of night eating, as manifested by eating after awakening from sleep, or by excessive food consumption after the evening meal. There is awareness and recall of the eating. The night eating is not better explained by changes to the individual's sleep/wake cycle or by local social norms, nor is it attributable to another eating disorder diagnosis, mental health disorder, substance use or health condition.

ATYPICAL ANOREXIA NERVOSA

The primary difference between atypical anorexia from the classical-presentation of anorexia nervosa is weight. Individuals with atypical anorexia do not meet the low-weight criteria that an individual with anorexia nervosa would present with.

However, a common misconception about atypical anorexia is that these individuals are "just above" the BMI cut-off for anorexia nervosa. While this is still true – and some individuals do fall just above this cut-off – it overlooks the fact that individuals diagnosed with atypical anorexia could be of many different shapes/weights/sizes. This includes individuals who may be considered average to above-average weight.

It is important to note that atypical anorexia may be overlooked on account of weight. Many professionals – or even loved ones and/or the individuals themselves – may "miss" symptoms or disordered thoughts/behaviours due to the individual not meeting the expected "emaciated" and low-weight appearance assumed of anorexia.

Another common misconception about atypical anorexia is that it is not as severe as anorexia nervosa, and that it is a precursor to the classical presentation. It is important to debunk this myth, as everyone's body reacts differently to symptoms and restrictive measures.

As restriction occurs over time, your body adjusts to how it attains energy, and this does not always mean weight loss. While some individuals with atypical anorexia may become underweight with time, this is not always the case.

Therefore, just because someone's weight does not align with the diagnostic criteria for anorexia nervosa, that does not mean that their symptoms and severity are taken any less seriously. Individuals with atypical anorexia still have an eating disorder, and therefore face struggles just as real and as valid as any other.

BN & BED OF LOW FREQUENCY/LIMITED DURATION

The only difference between these OSFED presentations and the diagnoses of bulimia nervosa (BN) and binge eating disorder (BED) is frequency and duration. Bulimia nervosa and binge eating disorder require symptoms to be present at least once a week for three or more months.

OSFED acknowledges individuals who fall outside of this time window; doing so can allow for a treatment plan to be developed, and their symptoms to be addressed before they potentially worsen.

For more information regarding the symptoms associated with bulimia nervosa or binge eating disorder, please see our other articles that cover these diagnoses specifically. **(www.bana.ca/abouteatingdisorders)**

PURGING DISORDER

Purging disorder is another eating disorder that is often misunderstood and overlooked. One of the primary reasons BANA has seen purging disorder "fall below the radar" is due to the lack of binge-eating episodes. Many individuals – professionals included – do not recognize purging disorder due to the fact that purging alone is often not seen as disordered, especially because many of these behaviours have normative uses (for example, exercising for health and vomiting due to illness).

When paired with binge behaviours, purging is more clearly seen as problematic. It is important to keep in mind that reasons behind purging can differ vastly; if the motives for purging are to control one's shape or weight – whether binge eating is present or not – this still aligns with eating disorder criterion.

Purging behaviours are often done in secrecy due to embarrassment, shame and guilt; these behaviours can be hidden from loved ones and professionals, making the disorder difficult to observe. Also, purging disorder is not limited to self-induced vomiting – another misconception about this diagnosis – and can often be overlooked if the individual is purging through other means.

NIGHT EATING SYNDROME

Although the DSM-5 does not provide a distinct set of criteria for diagnosing Night Eating Syndrome, some professionals have proposed criteria based on factors identified in research. The Allison and colleagues suggested the following in their article, "Proposed Diagnostic Criteria for Night Eating Syndrome" (2010):

A. Daily pattern of eating demonstrates significantly increased intake in the evening and/or nighttime, as manifested by one of both of the following:

- At least 25% of food intake is consumed after the evening meal
- At least 2 episodes of nocturnal eating per week

B. Awareness and recall of evening/nocturnal eating episodes are present

C. Presents with 3 or more of the following features:

- Lack of desire to eat in the morning, or omitting breakfast of 4+ days per week
- Strong urge to eat between dinner and sleep onset, and/or during the night
- Sleep onset or sleep maintenance insomnia present on 4+ nights per week
- Belief that one must eat in order to initiate or return to sleep
- Frequently depressed mood, and/or mood worsens in the evenings

D. Features have been present for at least 3 months

Research has demonstrated that Night Eating Syndrome – or NES – commonly co-occurs with other eating disorder diagnoses; research shows anywhere between a 5-43.4% comorbidity with other eating disorders. It appears as though NES has the least overlap with anorexia nervosa; however, reasons for this remain unclear or under-researched.

NES most frequently overlaps with binge eating disorder or bulimia nervosa. Episodes of night eating may be commonly associated with or mistaken for binge episodes, and lack of desire to eat in the morning could be seen as compensatory behaviour. Many professionals still believe that NES is not a distinct diagnosis, but rather a variant of BED or BN.

However, opposing professionals argue that core differences – such as disruption of sleep, underlying behavioural constructs and psychological motives – are what make NES a distinct condition. Our BANA clinicians argue the latter, as we have seen NES to be quite unique from other eating disorders, precisely due to its relation to sleep.

One common misconception about NES is that one needs to feel "out of control" with their eating, and may not have any recollection of their episodes. As we see in the proposed criteria, lack of control is not a defining feature, and awareness of episodes is a criterion that should be met for diagnosis. Regarding control, some individuals with a diagnosis of NES have reported that night eating has become habitual, and they may even report having become accustomed to the disruption eating patterns cause on sleep and mood.

A NOTE ON "IMPORTANCE"

One common misconception about OSFED is that it is not as important or as severe as other eating disorders. This misconception can be dangerous, as some research has shown individuals with OSFED may be just as likely as individuals with other eating disorder diagnoses to face medical consequences from their disorder; to be at risk of hospitalization and/or mortality due to their eating disorder; and to score just as high on measures of eating disorder thoughts and behaviours.

Myths about OSFED being less severe overlook one important fact about humans in general: we are all unique. It is unrealistic to expect everyone struggling with disordered eating and body image to fit perfectly into a small list of diagnostic criteria. OSFED represents the reality that individuals cannot always be deduced to a limited set of categories, and we may all face different struggles and symptoms that are not always so clear-cut.

OVERVIEW

Other specified feeding and eating disorders may be difficult to identify due to the variety of presentations included within the umbrella, as well as their inability to fit "clearly" into other eating disorders' diagnostic criteria.

For article resources visit: https://bana.ca/magazineresources/

Tasks of Mourning

Photo Credit Pixabay via flipbook

After a loss or death, friends and family often face complicated emotions and a new reality without someone dear to them. They must learn how to keep the individual within their hearts, while moving forward in life. The tasks of mourning describe how to adjust to loss in a healthy way.

Tasks may be completed in any order

Tasks may be revisited multiple times

Tasks may be completed at any pace

1 Accept the reality of the loss.

- Accept the loss both intellectually and emotionally.
- Recognize the significance of the loss.

2 Process the pain of grief.

- Name and make sense of your emotions.
- Let yourself feel these emotions, rather than trying to bury them.

3 Adjust to a world without your loved one.

- Make practical changes, such as taking over new tasks your loved ones used to complete.
- Adapt to a changing self-identity and worldview

4 Remember your loved one while moving forward in life.

- Create a place for your loved one in your heart that leaves room for new relationships.
- Find a balance between remembering your loved one and moving forward.

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