BANA
BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

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Photo Credit: One Inch Punch

SPECIAL FEATURE

Ending Well: Rethinking How Eating Disorder Treatment Finishes

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Be Yourself Magazine

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Publisher's Note:

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

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

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

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

Sincerely, Luciana Rosu-Sieza, Executive Director

DISCLAIMER

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

Thank You

On behalf of the staff and board of the Bulimia Anorexia Nervosa Association, we can't thank the Chamber of Commerce's BEA committee and judges enough for honouring us with their 2025 **Pillars of the Community Award.**

We'd also like to acknowledge our fellow finalists, the WindsorEssex Community Foundation and the United Way/Centraide Windsor-Essex County; we could not have been in better company.

A special thank you to our award sponsor: the Motor City Community Credit Union.

After 42 years of service provision we are humbled by this recognition. This award truly means a lot to us; we feel so lucky to have such an amazing community.

-BANA

The Pie of Life

By Francis Beck

Photo Credit: awawien

LIVED EXPERIENCE

ED can be loud and pull you away from the present moment, your friends, family, and work. It shouts at you about your body shape and size.

It whispers in your ear about calories and food choices. It even convinces you to avoid social situations or change parts of yourself to fit in.

And wow, there are so many tools, exercises, strategies and methods that have thankfully been developed over the years and proven to be effective in disrupting ED and treating it.

One such approach that really seemed to pull me in (and thus pull me out of ED) was focusing on PIE. No, not apple or blueberry (although quite delicious), but my own personal pie chart of my life.

Fairburn (2008) used the pie chart to help people identify important aspects of their life through self evaluation. As you can see below, one chart features an overevaluation of weight, size, and diet, while the other is a little more evenly distributed across multiple areas of life.

Image Source:
https://www.chalkhillpsychology.com/recover-from-binge-eating-disorder/#Identity_pie_chart

Reflect on Your Pie Chart

These images show the important aspects of life one might engage in and how much time or mental energy we dedicate to each aspect.

Unfortunately, ED sometimes takes over sections, erasing them, wiping them out, leaving you forgetting what you used to love, or perhaps even not exploring potential new loves, opportunities or exciting adventures.

Instead of climbing mountains or learning a new skill, you might be at the gym for hours, weighing every ounce of food or spending hours picking apart your body in the mirror. And those things were very much a reality for me for years.

What woke me up to life was, unfortunately, the death of a parent. It really made me consider time, the gift of life, and how I did not want to be stuck like Sisyphus pushing the same boulder up a hill over and over. I did not want to be stuck in ED my whole life.

Treatment and my commitment to it at BANA offered me a way out of bearing the weight of ED.

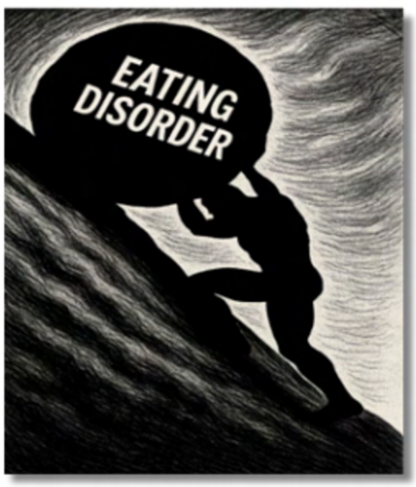


Figure 1. Sisyphus pushing a boulder labeled "Eating Disorder." Adapted from OpenAI (2025)

Explore Old and New Loves

In treatment, the pie chart had me consider what I was missing in my life as well what things I wanted to explore more. A book called *The Artists Way* had me reflect on what I had been ignoring and encouraged me to take myself on a weekly date alone to explore what I loved or could love (Cameron, 2002).

I bought a cheap membership to the art gallery and went there. It felt like the world opened up to me. Social justice, inclusivity, playfulness, and transformations were things evoked within me on those walls, within those paintings.

The art itself reflected back to me pieces of my pie that had become tiny crumbly slivers and were begging to grow, to take up more space. Creativity rebloomed within me because of the art studio where I could colour, draw, paint, cut, and glue whatever I wanted. It translated into me doing some drawings of bigger bodies and appreciating the curves, lines, and diversity within them.

And my ED thoughts around bigger bodies softened and became less judgmental. Paired with curating an Instagram account that focused on more diverse body representation, my brain was being trained to see diversity and body autonomy as the norm, rather than one body type and way of living.

Art by client

Find Joy and Purpose

As previously mentioned, death was something that altered my life greatly. And because of that I took to books and therapy to feel and understand how people survive grief and hard times. In the book *Man's Search for Meaning,* Frankl (2006) recounts how he was able to survive in a concentration camp during the Holocaust.

In addition to a sense of community, comedy, and humour, he also focused on finding purpose, repeating 'Those who have a why to live can bare any how' (Frankl, 2006).

I got to work on my pie chart, thinking about things I used to enjoy that I had left behind and what might bring me a sense of purpose - such as sport. I had retired from a sport due to injury years ago. I had never considered that I would want to play a different sport that was safer for me.

I found so much joy again connecting with friends outside all summer at beach volleyball. It was something that made me laugh and focus on what my body could do rather than how my body looked.

Choose to Give Back

As I got back into sport and reflected, I realized that although I was not able to play the sport I had played all of my life, I was in a place where I wanted to give back to it; to make it better. I felt inspired watching the Olympics where players talked about leaving the game better than they found it and inspiring the next generation (Ewing, 2023).

For me that meant beginning to coach and helping make sports better for young females.

Do I think about my body while coaching? Yes, I sometimes still do because those habits don't just go away suddenly.

But gradually as pieces of the pie got bigger, the other shape and size focused pieces took up less space in my brain. I needed more space for drills, tactics, and hilarious memories created with the humans I was working with.

The humans who didn't have me in their lives because of how I looked, but because of how I connected with them; I had found a way to expand a piece of my pie chart and focus on some big dreams and long term goals.

I had heard a podcast by Mark Groves (2022) where he said you chose your way into your current situation, so you have to choose your way out of it.

It's not to say that everything is your fault in your life, but that you have the power to choose a different story one little step at a time.

I began choosing to put myself into new spaces and opportunities and little by little I gained momentum towards my coaching goals and it felt really good to have a sense of purpose tied to what I valued: helping to develop resilience and a life long love of sport in youth.

Focus on Self Mastery and Growth

My choices then became about finding mentors, leaders, and other inspiring females in sport that I could look up to and learn from. And as I did, I reflected on the fact that their bodies had zero to do with how inspiring, memorable, or wonderful I thought they were. In fact, upon meeting one of my favourite professional athletes, the thing I had noticed the most was not her body, but how present, respectful, and kind she was.

This was definitely some challenging evidence against ED for sure.

The more I became immersed in the world of women's sports, the more I found that many successful athletes and coaches focused on self-mastery. This meant that they believed they had inner strength, motivation, and values to make decisions, guide their lives, and overcome obstacles (Mahfoud et al., 2023). They could commit to expanding their pie charts and follow through.
For me this meant coaching and beginning something new again.

Being a beginner at something can be intimidating because you can fail, receive negative feedback and be your own worst critic - or worse, even want to quit.

However, self-mastery is intentionally choosing uncomfortable growth for yourself. It's conscious and you have to balance it out with spaces or activities that also make you feel confident and grounded in who you are. For me that is body movement, such as yoga and weightlifting.

Those are not things I do to change the aesthetics of my body, but things I do that help me feel strong, mentally tough and like I have the ability to persevere long term.

It took me about 8 years to find the courage to try to kick up to handstand. In all of my learning and research, I realized one day that all I simply had to was choose to do it, imagine a positive outcome, breathe, and commit to it.

This is the same practice I take for lifting weights again and again. I use the term practice here because it is just that—a practice I am constantly refining and adjusting for the rest of my life.

Make Goal Setting Fun and Visual

Over the years I've found writing my goals down in a journal did not work that well for me. I would write them down and put my journal away.

This year, to help me focus my goals a little more, I took out my markers and got a piece of paper and created a bingo card for the year of things I wanted to do. I colour-coded them based on areas of my pie chart, gave myself a free space, and also wrote down some fun things to balance out the card.

It took me about 3 weeks to decide what to put on the card because I had to really think about what it was I valued, what I wanted to dedicate my time and resources to, and how I wanted to grow. I was able to fill the card with the things that mattered to me because 'when you know your values, your decisions are easy'. I knew that I wanted to be a better coach and educator, to spend time with friends, to expand my community and to meet people who inspired me.

At the time of writing, my bingo card is currently half complete and I could not be more proud of myself for trying new things and working hard.

This does not mean I don't have ED thoughts or behaviours.
I still do. But they take up less space and they are a lot quieter now because my mind is more occupied with things that matter deeply to me, like writing this article in hopes of helping others become unstuck.

Yet, the opportunities and experiences that result from leaning into what you value and find meaningful are not easy. They include moments of intentional uncomfortable growth that bring momentum. However, like anything else, these are best balanced out with the other parts of the pie chart, to come full circle, so to speak.

Ending Well:

Rethinking How Eating Disorder Treatment Finishes

Photo credit: Spooh

All treatments have a beginning, and an ending. Yet, in eating disorder (ED) care, endings are rarely given the attention they deserve. Discharge can be abrupt, confusing, and sometimes even traumatic.

But what if, instead of being a painful rupture, endings could offer an opportunity for growth, liberation, and dignity?

This article invites clinicians, patients, carers, and professionals to reconsider how ED treatment ends.

Drawing on both clinical expertise and lived experience, it outlines a framework for co-creating more compassionate, transparent, and effective conclusions to care.

Why Endings Matter

Treatment endings are pivotal moments, not just logistically, but emotionally and psychologically. Yet most services lack structured discharge protocols, let alone evidence-based practices that help patients feel supported through transition. It is puzzling, then, that we were unable to find much published research on the subject of treatment endings when approaching writing about this subject.

The need for greater insight into how clinicians and patients experience the end of treatment, and how it can be done better, is even more pressing when considering the dropout rates from ED treatment, which can be as high as 50%.

Therapists and clinicians know how crucial endings can be in therapeutic relationships, but often struggle with the reality. There can be fear—of letting go, of making the wrong call, of being blamed if things deteriorate post-discharge.

Patients may feel punished or discarded rather than healed or empowered if treatment ends without clear communication or mutual agreement. Both clinicians and patients alike might believe they have failed in their roles.

Poorly handled endings risk undoing months or years of progress, and in the worst cases, can contribute to relapse or entrenched disengagement from services altogether.

These high stakes demand a reorientation in our approach to treatment, as Dr Federici explains;

> ***There is more attention given to the onboarding or beginning stages of treatment than to explaining or preparing patients for how that treatment might end. This gap in focus means many patients face discharge with little guidance, little collaboration, and sometimes, little hope."***

A Systemic Problem, Not Just a Personal One

Treatment outcomes in EDs are far from ideal. Research remains underfunded and narrowly focused. Services are often overburdened, under-resourced, and inflexible.

Patients - especially those from marginalized backgrounds - can find themselves labelled "too complex" or "not motivated enough" for care that was never designed with them in mind.

In this context, it's no surprise that endings suffer too. They're not just the result of individual decisions, but of system-wide constraints: long waiting lists, strict programme criteria, limited timeframes for treatment, and funding pressures.

The questions of when and why patients are discharged are often answered by the needs of services rather than patients themselves.

Even in cases where treatment has gone well, the way it ends still needs attention and care. James reflects;

> ***"When I have been ready to leave treatment, I've still felt pain and confusion around its ending. I felt like there was an assumption that I should feel ready, or grateful, but discharge has still felt like a severance. I haven't always been given space to work through what it means to have accepted help from another person, and how to move on from relationships which I no longer need. These are things I struggle with greatly, so this has felt like a missed opportunity"***

Re-Framing the Concept of Endings

Rather than thinking of endings as fixed cut-offs, where someone is deemed "well enough" on the one hand, or no longer "compliant" on the other, it may be more helpful to understand endings as transitions.

This means recognizing that even in cases where treatment "hasn't worked," how it ends still matters.

Language itself gives us clues. The word discharge comes from the Latin discarricare: to unload. To be discharged can mean being released, liberated, unburdened in letting go. But it can also mean rejection, removal, or expulsion.

We wonder, which version is being enacted in ED services as they exist today?

Is there a possibility that it will always feel like a bit of each—both an untethering and a loss—but that we need to recalibrate practices that too often feel publishing?

We believe that endings can become powerful, even healing, moments. But this requires the greater foregrounding of collaboration, transparency, and kindness than is currently the norm. Endings should not only be safe exits from care, but openings into something else, whether that's a return to life beyond services, or preparation for re-engagement down the line.

In the following sections we outline ways of thinking about and practicing treatment endings that we see as necessary to create a shift towards a more compassionate culture of care.

An Ethical Foundation to Ending

Ethical practice is just as important at the end of treatment. This means that the principles of medical ethics need to be applied to the discharge process as well:

- Autonomy: Patients should have meaningful input into when and how treatment ends.
- Beneficence: Endings should promote wellbeing, not just protect services.
- Nonmaleficence: The harm of poor discharge must be acknowledged and avoided.
- Justice: All patients deserve equitable and inclusive treatment endings.

As Dr Federici explains, negotiating the ethics of treatment endings often involves balancing competing tensions and finding a middle way that is always rooted in compassion:

"Even in the case of someone who is medically and cognitively compromised, staying dialectical, upholding dignity, and helping them navigate in a way that extricates them from feeling powerless first and foremost is often an underutilised and maligned approach."

This reframing treats endings not as abandonment or failure, but as part of a process of care—an opportunity to affirm human worth, not withdraw

Photo credit: FatCamera

A Framework for Ending Well

Informed by this ethical and dialectical thinking, we outline a four-part framework for treatment endings. This is offered less as a practically-implementable guide for providers, and more as a therapeutic orientation:

1. Sharing Power with Empathy

Discharge decisions are often made unilaterally. Terms like "non-compliance" or "administrative discharge" can feel like labels used to shift responsibility away from systemic or relational failures. Instead, decisions should be mutual, honest, and reflect the full context of a person's journey.

Services can move away from punitive models like "three-strike rules" and towards shared planning, even when there's risk or complexity involved. This responds to long-standing calls from those with lived experience for a culture shift: from being "fired" from treatment to being respected as experts in their own recovery.

As James describes;

> ***"I've been told I'm care-seeking or dependent, when in fact, asking for help at all has been one of the hardest things I've ever done. Collaborative endings allowed me to reclaim my sense of agency - not just in treatment, but in life after treatment."***

2. Collaborative and Consensual Beginnings

Endings begin at the beginning. Informed consent must include honest discussion of what treatment can and can't offer, what progress looks like, and what might lead to an early ending. This kind of transparency builds trust and ensures that treatment is truly a shared journey.

It's not enough to explain the logistics. Consent is not the same as merely orienting a patient to a treatment schedule and program rules. Patients benefit from understanding the treatment model, the evidence behind it, the pros and cons of engaging with it, and understanding the alternatives without judgment or coercion.

Modalities such Dialectical Behaviour Therapy (DBT) build in efforts to set this out clearly from the start in the pre-treatment stage.

3. Willingness to Work with Difficulties

Not all endings arise from success. Sometimes treatment stalls. Rather than jumping to blame, these moments can be used to reflect on what isn't working.

Is the approach effective?

Is the system limiting flexibility?

Is the therapeutic relationship safe?

Adopting a curious, collaborative stance allows space for learning, even if the ultimate decision is to end treatment.

Transparency, and a focus on the transactional nature of relationships, reduces shame and self-blame, and supports more inclusive decision-making. The tendency to focus predominantly on what the patient or family is doing to "interfere" with treatment progress is problematic and inaccurate.

Treatment is always an interaction between client and therapist, patient and organization, parent and provider. A focus on transparency and transactions creates room to ask important, sometimes uncomfortable questions - about whether the treatment being offered truly fits the person's needs, whether the environment feels safe enough to explore change, or whether structural constraints or lack of training in diverse presentations and clinical needs are forcing premature closure.

> ***When providers and patients are both willing to look together at what's getting in the way, even stalled treatment can become an opportunity to clarify needs, learn what matters most, and preserve the relationship, whether or not care continues in the same form.***

Working through difficulty, rather than around it, can protect patients from the long-term damage of abrupt or alienating endings, and help ensure that even imperfect treatments leave something reparative behind.

Photo credit: Alena Shekhovtsova


Photo credit: Shironosov

4. Gentleness

Ending treatment can be emotionally charged. For both patients and clinicians, it can stir up fear, frustration, or grief. Yet, handled gently, these moments can affirm the therapeutic relationship and leave lasting positive impact, even if recovery isn't complete.

James describes from his experience:

> *"I've had treatments that didn't help, but, even then, how they ended made the difference. When my therapist sat with me, acknowledged what had and hadn't worked, and treated me as an equal, I didn't leave feeling like a failure. I left with dignity."*

Gentleness means validating all the truths present: the patient's experience, the team's limitations, the wider systemic barriers. It avoids rigid definitions of success and failure and centres dignity over compliance.

5. Making Room for Re-Entry

Many services operate within a rigid "treatment window," offering patients what can feel like a single, make-or-break opportunity.

If treatment doesn't lead to recovery within that allotted time—or if a person disengages, relapses, or struggles to meet expectations—returning can be difficult, delayed, or altogether unavailable.

This scarcity-driven model is not only demoralising; it's fundamentally incompatible with the reality of eating disorder recovery, which is rarely linear.

It places enormous pressure on patients to "get better" quickly and in a particular way, and may deter people from being open about setbacks for fear that doing so will jeopardise their place in treatment.

The result is a precarious dynamic in which patients feel compelled to perform recovery, suppress ambivalence, or push through trauma responses, just to stay in care. When that pressure becomes overwhelming, the risk of dropout, disengagement, or self-blame increases.

The effort to comply and suppress needs also contributes to practitioners misunderstanding their patients and mislabeling them as unmotivated or unwilling to change. And for those who leave or are discharged, the prospect of re-accessing care can feel impossibly far away.

To address this, services must be willing to think beyond rigid discharge thresholds and create more permeable boundaries, where re-entry is seen not as failure, but as part of the recovery process.

This could involve structured "check-in" points post-discharge, re-referral pathways without long waiting lists, or a shift in service design to accommodate recurrence, return, and re-engagement as normal, not exceptional.

Recovery is not a straight line. Interestingly, although the field recognizes the importance of motivational interventions and the role of ambivalence in any change process, most front-line ED treatments operate from an action stage of change and leave little room to build the skill of commitment.

People need space to pause, reflect, try again, and change course, sometimes more than once. Offering this flexibility is not only more realistic; it's more compassionate, and ultimately, more effective.

Final Reflections

Treatment endings are more than administrative decisions. They are relational moments, charged with meaning, shaped by power, and capable of leaving lasting marks, whether healing or harmful. Yet too often, they are handled as an afterthought: a unilateral or forced exit rather than a shared turning point.

Throughout this article, we've argued that the manner in which treatment ends matters just as much as how it begins. Endings can affirm autonomy or fracture trust. They can honour progress or magnify shame. They can offer space to return, or signal a closed door.

When services operate from a place of scarcity, pressure replaces collaboration, and rigid thresholds replace relational care. In this climate, patients are asked to recover on a deadline, to succeed within systems that may not be equipped to meet their needs, and to accept discharge as a verdict rather than a dialogue.

But it doesn't have to be this way.

What if we treated every ending as a chance to ask:

What has been possible here?

What hasn't?

What's needed now?

What if services made space for not-knowing, for ambivalence, and for return?

What if discharge was not about deciding who is worthy of continued care, but about supporting someone to move forward, on their terms, in their time?

None of this requires perfection. It requires presence. It requires clinicians who can sit with difficulty and systems that are brave enough to be flexible.

It requires honest conversations, shared decisions, and the willingness to stay human in the face of complexity, even in the messiest, most uncertain moments. When these conditions are met, endings don't have to feel like collapse. They can be a pause, rather than a full stop, which leaves space for continuity and the beginning of something else when the time is right.

Ultimately, attending to endings with the same care as beginnings isn't just a matter of good practice. It's a matter of justice, dignity, and hope.

When we do this, we don't just improve treatment, we restore trust, renew possibility, and remind people that even in ending, something meaningful can begin.

Photo credit: Roberto Hund

Anita Federici
PhD., CPsych., FAED

Anita Federici is a Clinical Psychologist and the Owner of The Centre for Psychology and Emotion Regulation. She serves an Adjunct Faculty position at York University and is a distinguished Fellow of the Academy for Eating Disorders (AED). Internationally recognized for her expertise in eating disorders and Dialectical Behavior Therapy (DBT), Dr. Federici has delivered over 400 lectures, workshops, and invited talks. Her work focuses on helping those who have been misunderstood and under cared for in addition to team training, implementation support, and program development. Her work has been presented at international conferences and published in peer-reviewed journals and invited book chapters.

James Downs
RCPsych

James is a mental health campaigner, peer researcher and expert by experience in eating disorders. He has held various roles with the NHS, the Royal College of Psychiatrists, and a number of universities and charities—all of which focus on developing collaboration across a range of professional and personal perspectives to improve mental health for all. James has written extensively about his own experiences, from textbook chapters and peer-reviewed research to blog posts and mainstream media features. He is also a yoga, dance and mindfulness teacher.

For the Love of Food

by Maryum Chaudhry, MPH

Food. It's waking up to the smell of fresh parathas in the morning, the warm cup of chai offered at every family gathering, and the satisfaction of biting into a crispy samosa at sunset during Ramadan.

Despite Pakistani food connecting me to the people I love, I have always had a love-hate relationship with it. Growing up, I was continuously exposed to the narrative that South Asian dishes were "unhealthy". I remember my mom packing me lunch for school, and I wouldn't eat it—not because it didn't taste good, but because I didn't want to be seen as "too brown" or othered in any way. As I grew older "Indian food" became popular, which forced me to challenge the narratives I had internalized. It took time, but I eventually realized that my cultural food is something to be proud of.

The Joy of Cultural Food

When I was younger, if my mom asked what I wanted for dinner, the answer was always "curry." In the Western world, "curry" is a broad term. But in my home, there is only one kind of curry: yellow, with pakoras, and what I imagine home would taste like if it was a flavor. My mom would always make fresh roti to eat with my curry, and I loved watching her prepare it just for me. She made it look so easy, so I was under the impression I could make roti easily, too. I quickly learned I was wrong—my first attempt was a disaster.

My dad still ate my mediocre roti and very earnestly said it was delicious, but I knew the truth; I had tasted it and my taste buds did not lie.

This highlighted to me how easy it looked to make a food that likely took years to perfect.

Food has always been how love is expressed in my family. When I was young, my mom would make biryani for my dad's birthday every year. We would wait as a family for my dad to come home from work and we would be so excited to eat together.

My mom would light candles for the table and we would giggle while anticipating my dad's reaction as he walked through the door, as if he didn't know we were surprising him with this feast just like we did the year before, and the year before that.

Once I moved out of my family home, I was so homesick. The best way for me to stay connected to my family was learning to cook the foods my mom used to make for me. I eventually started seeing food as more than just something to eat—it was a way to stay connected to my roots.

Making Pakistani dishes on my own became a bridge between my two worlds, connecting me to home even though I was 5000 km away.

Letting Go of Food Guilt

For many cultures, including my own, food carries deep emotional and cultural meaning. But it can also come with conflicting messages about what we "should" be eating. I remember hearing conversations about how traditional foods were "too heavy" or how cutting out rice was the key to being "healthy." I was so conflicted; I loved my mom's cooking, but if I ate it, did that mean I was subscribing to an unhealthy diet?

The truth is, South Asian cuisine has always been full of nourishing ingredients: lentils, vegetables, whole grains, and aromatic spices—our food is naturally rich in flavor and nutrition.

Only once I learned to question the way cultural food was portrayed in the media was I able to let go of the guilt that came with enjoying a home-cooked meal.

Food as Connection

Growing up in Windsor, Ontario means having friends from different ethnicities and being exposed to a multitude of foods. It means trying a moon cake during Lunar New Year or having a Pączki right before Lent.

It's inviting friends over for dinner during Ramadan and everyone starting their meal with a delicious date. It's trying bubble tea for the first time with your new friends from the University of Windsor or trying your first taste of sushi at Tenko.

Here, we learned to love our own roots and appreciate each other's. Here, we learned that food is something to be shared.

When I was 18, I had Korean food for the first time with my best friend on a cold, snowy day at Windsor Seoul. We ran in through the doors, cheeks flushed from the cold, and slid into a booth. We ordered some tteokkbokki and listened to the Korean music the restaurant played, talking about everything that mattered back then—family, fears, and the future.

The kind of conversations that live a long time in your heart and guide you through difficult moments in life. We didn't know at the time how often we would find ourselves back at this booth over the next decade. And every time we sat there with the smell of tteokkbokki reminding us of who we used to be, it reminded us of our growth and the versions of ourselves we left behind. And, maybe, over the next few decades, we will find ourselves sitting in that booth looking back on today.

Food is strange like that. You think you're just hungry, but then it unlocks something in you. A memory, a feeling, a person. It reminds you of who you were, who you loved, what mattered. It's how we return to people who are gone. It's how we say what we never had the words for. It's how we remember each other when the years have made us forget.

Because in the end, food doesn't just feed the body—it feeds the bond we have with people we love and reminds us of the people we used to love. It reminds us how far we've come and how much there is still left to do.

Maryum Chaudhry is a Health Educator with the Bulimia Anorexia Nervosa Association (BANA) and has a B.Sc. in Behaviour, Cognition, and Neuroscience from the University of Windsor and a Master of Public Health from Simon Fraser University.

About HealED

By Grace Querbach, HEALED Founder

HealED is a university-affiliated club at the University of Windsor that was founded in August 2023. I started this club because I felt that eating disorders were both underrepresented and misrepresented, not just on campus, but in society as a whole.

I created this group to help change that. I wanted to support a local organization that shares the same values while creating a safe and supportive community on campus, one where students who are struggling, have struggled, know someone that may be struggling, or simply want to make a difference, can come together to support this cause.

HealED was built around three main goals: first, to spread awareness of eating disorders and help reduce the stigma that surrounds them. Second, to support the Bulimia Anorexia Nervosa Association's incredible work by raising funds and sharing information about the services they offer. Third, to promote holistic wellness, including both physical and mental health.

We work towards these goals through various initiatives including fundraisers, wellness events, educational seminars, interactive information booths, and our educational Instagram page.

Through fundraisers, such as donut sales and charity raffles, we have raised about $2,100 to support the Bulimia Anorexia Nervosa Association (BANA). These fundraisers have also given us the opportunity to raise awareness of BANA and spread information about their services, eating disorders, and physical health. This is accomplished by displaying resources generously provided by BANA.

During all fundraisers, various students visit our booth to obtain informational pamphlets and posters created by BANA, and some students even ask questions about BANA and the services they provide.

Wellness events have also been a big part of what we do. We have hosted many hot yoga classes, allowing us to support BANA while creating a space where students can move their bodies in a relaxing and fun way.

In collaboration with BANA, we have hosted educational seminars and interactive information booths at the University of Windsor to spread awareness about eating disorders and help students and faculty better understand the signs of eating disorders and how to support those struggling.

These events have been very impactful. I have even had students reach out to me and thank me afterwards, telling me these events have been informative, enjoyable, and empowering.

Our Instagram page has allowed us to connect with students, and spread information about eating disorders and resources available to those struggling with them. It has also helped us promote upcoming events, allowing for high attendance at all initiatives previously mentioned.

Additionally, we post wellness challenges on our Instagram that encourage students to take part in daily wellness activities for a set number of days.

HealED has grown into a supportive community of students dedicated to making a difference. In the future, HealED will continue supporting BANA and raising awareness of eating disorders through hosting past initiatives as well as new ones that we're excited to implement. I am so grateful that HealED can collaborate with an organization as amazing as BANA, and I am excited to see what the future holds for HealED.

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, cisheterosexism, misogyny, and misogynoir.

Part 3:

Laws to the Roaring 20's

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.

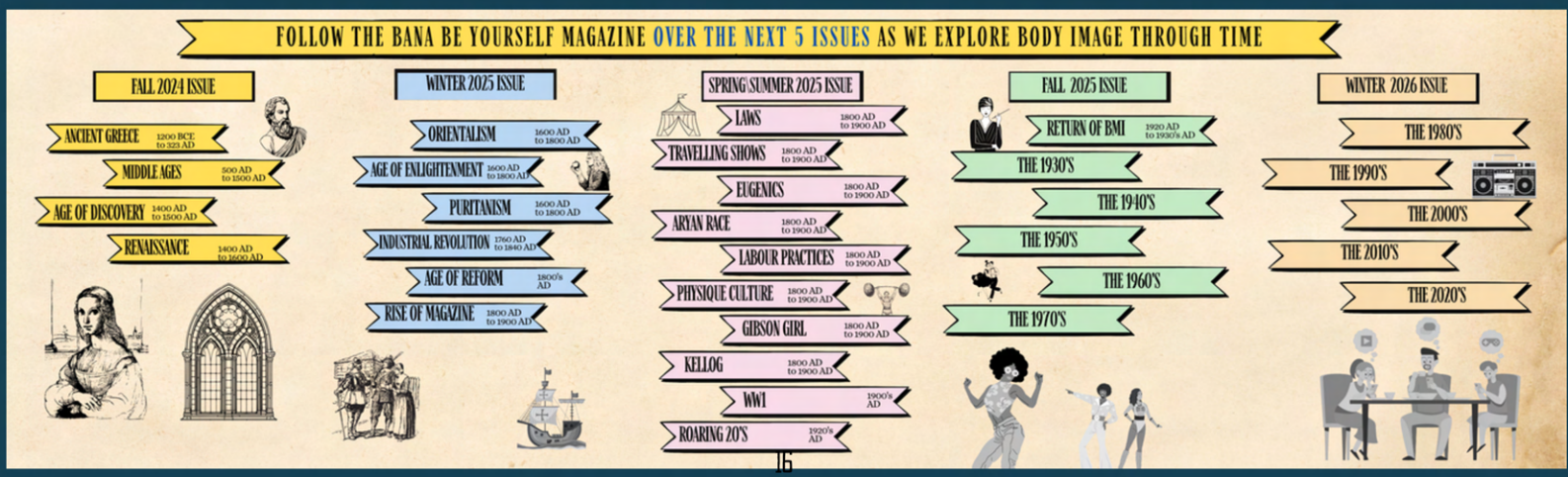
This timeline was constructed in an attempt to present hundreds of years of information in a digestible format that would open up the opportunity for conversations, critical reflection, and learning.

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.

Quote: "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".

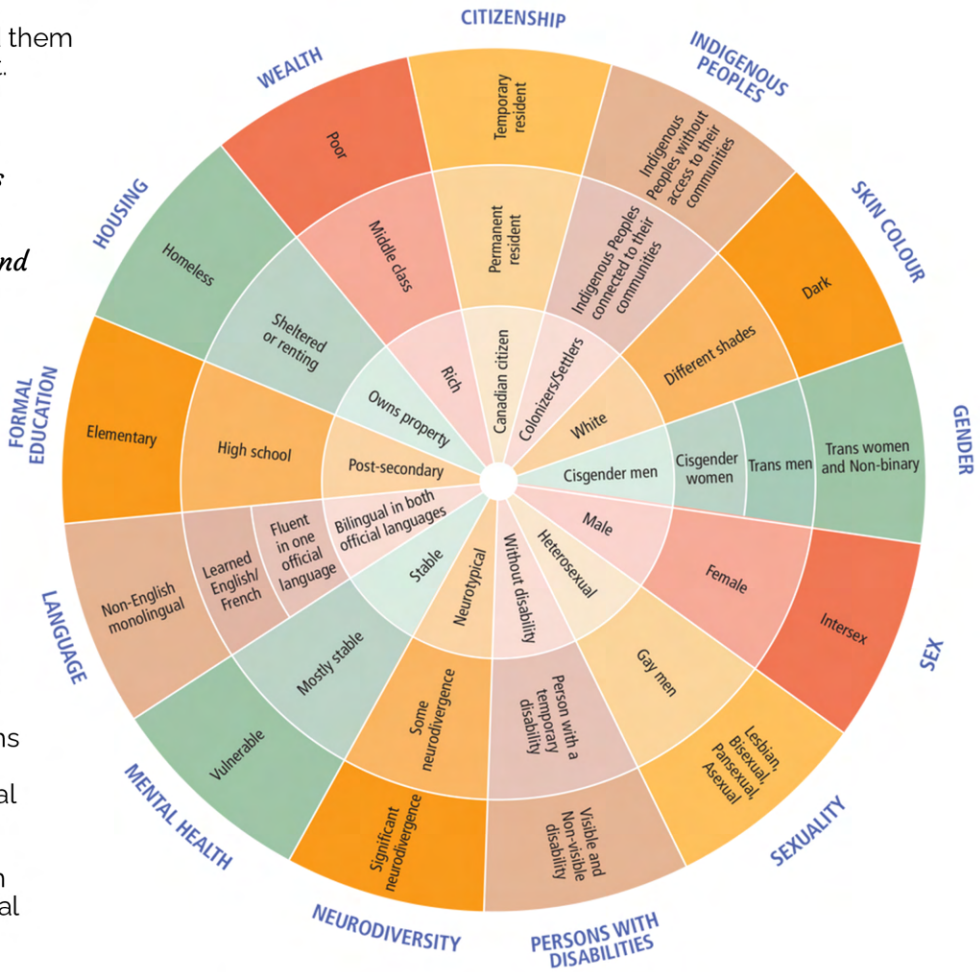
Therefore, the aim of exploring the sociocultural and political impacts of Western body ideals through the timeline is to create dialogue and empower people to divest from these narratives.

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

Please critically reflect on these systems of oppression for yourself.

WHEEL OF PRIVILEGE AND POWER

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



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

Timeline

In our past two issues, we explored body image ideals from Ancient Greece all the way to the mid to late 1800s.

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 centuries.

As we move into the late 19th and early 20th centuries, ideas about the body and race became 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 focused 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.

LAW AND LABOUR PRACTICES 1800 AD to 1900 AD

- This time period is marked by various laws and practices that shape the bigger picture regarding how people are forced to show up in the world. People are required to "mask" their traits or employ strategies to alter their appearances to gain basic privileges as well as social advantages (e.g., income, social and political currency, freedom from violence, etc.). These efforts to conform are deeply rooted in systems of exclusion and exploitation, where marginalized identities were commodified, policed, or erased for the benefit of dominant groups.

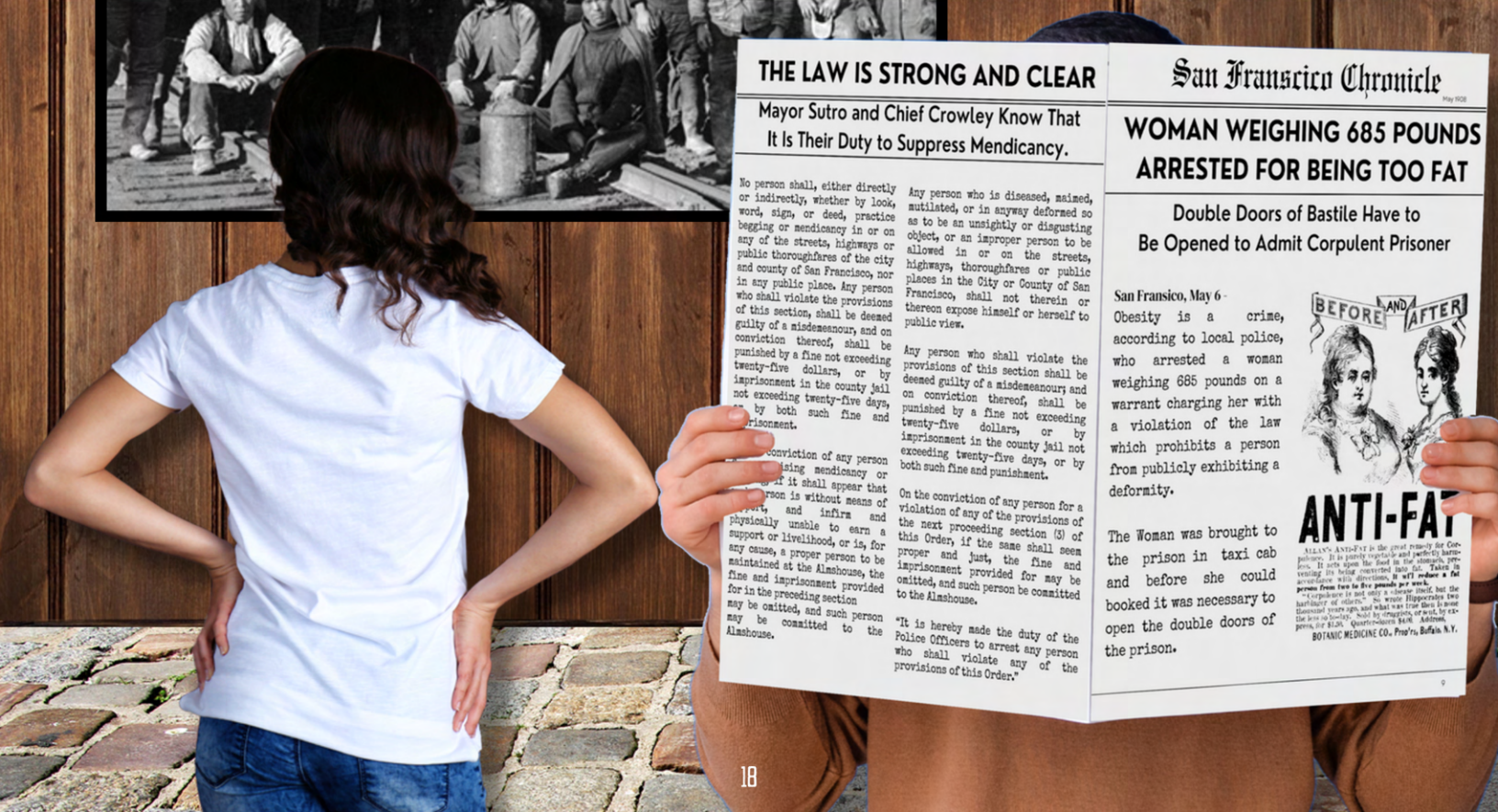
- We see the introduction of the "Ugly Laws", which criminalized the presence of individuals deemed "unsightly" (e.g., BIPOC, disabled, unhoused, poor, diseased) in public spaces. These laws targeted anyone deemed "other" and institutionalized the erasure and policing of marginalized bodies from public life. These laws ran until 1974 in some parts of the United States.

- During the same period, we also see exclusionary policies in the Canadian and American Immigration Acts, which still have an influence on modern day immigration policies. These acts noted that immigrants with any physical or mental disability would not be allowed in the country. Should they arrive by ship, the ship owner would then be charged a penalty and be held responsible for their care, dissuading them from helping immigrants.

- This era was also defined by deeply entrenched racialized policies that weaponized systemic violence against those deemed "other." Indigenous peoples were subjected to cultural genocide through the residential school system, and Chinese laborers were exploited for life-threatening work during the construction of the Canadian Pacific Railway, only to be forcibly excluded and legislated against once their labor was no longer needed.

- Those who did not fit the colonial ideal were deliberately erased from the national vision of a "White Canada," treated as disposable tools rather than as people with rights, histories, and futures.

From 1881 to 1884, nearly 16,000 Chinese landed in Victoria on their way to work on the Canadian Pacific Railway in British Columbia's interior



THE LAW IS STRONG AND CLEAR

Mayor Sutro and Chief Crowley Know That It Is Their Duty to Suppress Mendicancy.

No person shall, either directly or indirectly, whether by look, word, sign, or deed, practice begging or mendicancy in or on any of the streets, highways or public thoroughfares of the city and county of San Francisco, nor in any public place. Any person who shall violate the provisions of this section, shall be deemed guilty of a misdemeanour, and on conviction thereof, shall be punished by a fine not exceeding twenty-five dollars, or by imprisonment in the county jail not exceeding twenty-five days, or by both such fine and imprisonment.

conviction of any person sing mendicancy or if it shall appear that rson is without means of port, and infirm and physically unable to earn a support or livelihood, or is, for any cause, a proper person to be maintained at the Almshouse, the fine and imprisonment provided for in the preceding section may be omitted, and such person may be committed to the Almshouse.

Any person who is diseased, maimed, mutilated, or in anyway deformed so as to be an unsightly or disgusting object, or an improper person to be allowed in or on the streets, highways, thoroughfares or public places in the City or County of San Francisco, shall not therein or thereon expose himself or herself to public view.

Any person who shall violate the provisions of this section shall be deemed guilty of a misdemeanour, and on conviction thereof, shall be punished by a fine not exceeding twenty-five dollars, or by imprisonment in the county jail not exceeding twenty-five days, or by both such fine and punishment.

On the conviction of any person for a violation of any of the provisions of the next proceeding section (3) of this Order, if the same shall seem proper and just, the fine and imprisonment provided for may be omitted, and such person be committed to the Almshouse.

"It is hereby made the duty of the Police Officers to arrest any person who shall violate any of the provisions of this Order."

San Francisco Chronicle

WOMAN WEIGHING 685 POUNDS ARRESTED FOR BEING TOO FAT

Double Doors of Bastile Have to Be Opened to Admit Corpulent Prisoner

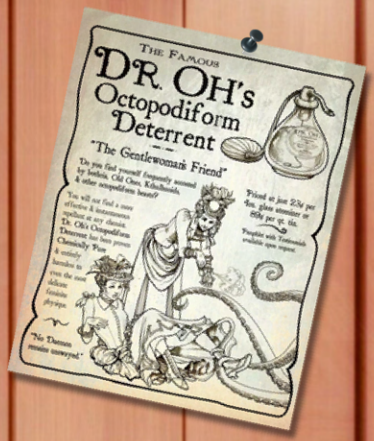
San Fransico, May 6 -

Obesity is a crime, according to local police, who arrested a woman weighing 685 pounds on a warrant charging her with a violation of the law which prohibits a person from publicly exhibiting a deformity.

The Woman was brought to the prison in taxi cab and before she could booked it was necessary to open the double doors of the prison.

TRAVELLING SHOWS

1800 AD to 1900 AD



- There is a rise of traveling "medicine shows" where physicians and performers sold "patent medicines," often with dubious or fake credentials. These shows exploited disabled individuals and BIPOC communities—either as subjects to be "cured" or as exoticized figures (e.g., Indigenous knowledge being appropriated for products, which then gave rise to the term "snake oil" as a synonym for scams).

- Most notably, P.T. Barnum's shows became popular and displayed people with disabilities and diverse body types as public spectacles. Although exploitative and ableist, for many disabled people, these performances were among the few ways to secure employment.

EUGENICS

1800 AD to 1900 AD

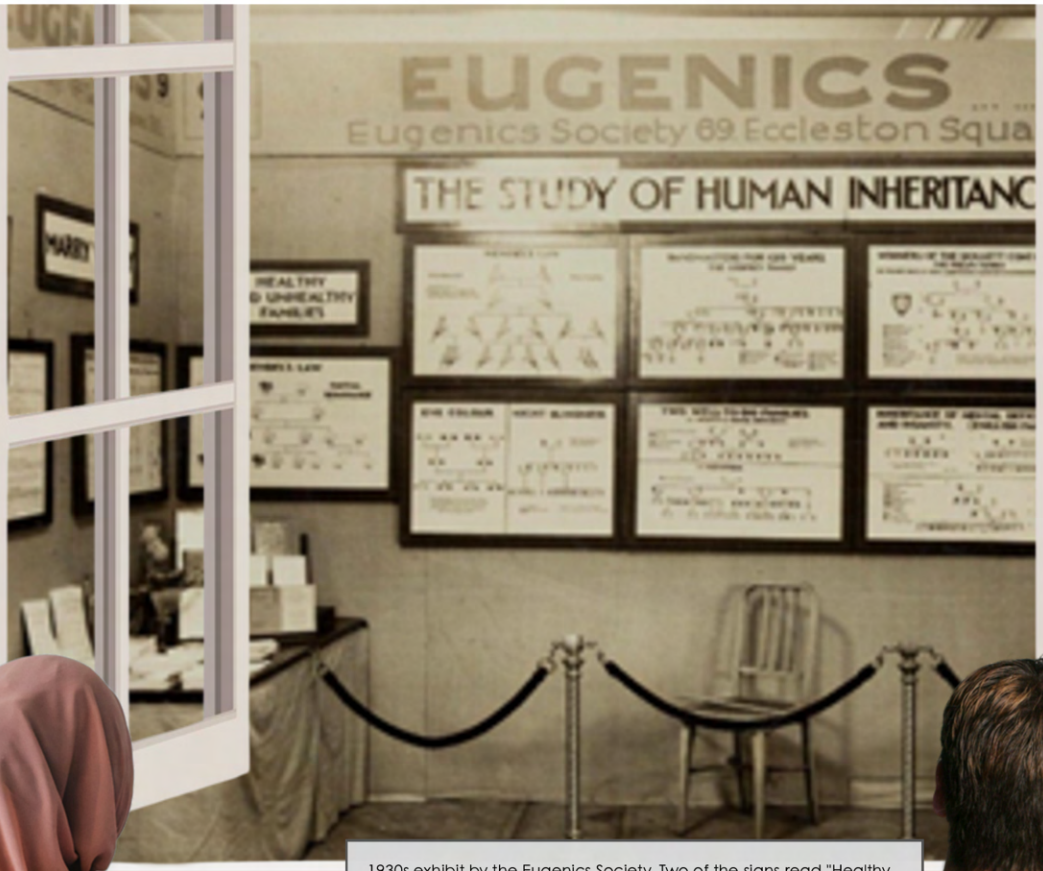
- Although these racial categorization systems are now seen as pseudo-science, their impacts have been devastating, which we will see throughout the remainder of the timelines.

- We then see the rise of eugenics, coined by Francis Galton (cousin of Charles Darwin), which was the pseudoscientific belief in improving the human race by selectively breeding people with “desirable” traits.

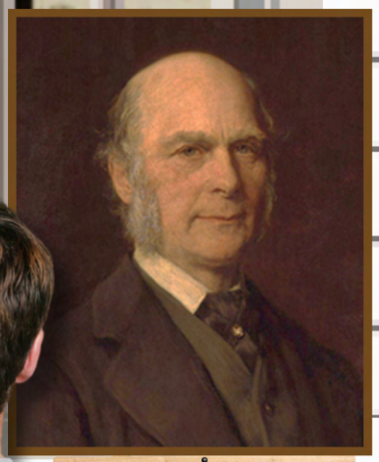
- Galton’s theories were influenced by Quetelet’s Index (please see the last issue), which sought to define the “average” or “ideal” human body—a concept that fueled discriminatory practices.

- The goal was to eliminate disease, disability, and so-called undesirable characteristics, which often meant targeting marginalized communities as eugenics was rooted in white supremacist ideology, aiming to “perfect” humanity by promoting whiteness as the ideal.

- Tactics included forced sterilization, institutionalization, and segregation of those deemed “unfit.”



1930s exhibit by the Eugenics Society. Two of the signs read "Healthy and Unhealthy Families" and "Heredity as the Basis of Efficiency"



1882 portrait of Galton by Gustav Graef

THE ARYAN RACE

1800 AD to 1900 AD

- Another shift in racial categorization occurs and we see the rise of the Aryan race.

- Irish immigrants, once racialized and discriminated against, were no longer deemed "foreigners" as their immigration rates declined and they became assimilated into society. Their physical and cultural traits were reimagined to align with the dominant Anglo-Saxon ideal, and they were reclassified as part of the "Nordic" or "Aryan" race.

- With an increase in immigration from Southern and Eastern Europeans, social tensions shifted and, once again, body diversity was used as a racial marker. Immigrants were labeled as "hybrid" people, racially white but culturally and biologically "closer" to African and Asiatic groups – thus reinforcing racism, xenophobia, and antisemitism.

- This shift upheld a racial hierarchy where Northern and Western Europeans were positioned at the top, while Eastern and Southern Europeans were racialized as "lesser whites," further entrenching white supremacy within white populations. This association made them undesirable additions to the American and Canadian populations.

- Publications like Cosmopolitan reinforced these ideas by praising "Aryan beauty" —emphasizing thinness, whiteness, and "purity" as uniquely American ideals. These media narratives celebrated the supposed superiority of white American women, rooted in their Anglo-Saxon lineage.

- Galton's eugenics movement, mentioned above, provided the pseudoscientific foundation for these racial hierarchies.

- Eugenics and racial science thus worked hand-in-hand with media, immigration policy, and beauty standards to exclude, other, and devalue anyone whose bodies or ancestries disrupted the white North American ideal.

PuCOPY OF THE NAZI-ISSUED NUREMBERG LAWS: September 1935, German Jews stripped of their citizenship, reducing them to "subjects" of the state

March 1894 issue of The Cosmopolitan

PHYSIQUE CULTURE

1800 AD to 1900 AD

- The modern Olympics were introduced, reviving the cultural ideal of the “perfect Greek body” as a symbol of athleticism, discipline, and national pride.

- This renewed fascination with Ancient Greece, particularly among Germans, inspired a widespread physical culture movement that emphasized nude male exercise and bodily perfection. In Germany, this movement was deeply tied to nationalism and the Aryan race, with thinkers like Friedrich Nietzsche linking the German identity to the strength, aesthetics, and supposed lineage of the Ancient Greeks.

- The revival of the Olympic Games and renewed admiration for Ancient Greek aesthetics symbolized a return to classical ideals of strength, beauty, and racial superiority.

- These ideals were actively used to reinforce white supremacy, particularly through the lens of the “ideal” Aryan body, and to exclude anyone who didn't fit this mold.

PHYSIQUE CULTURE

1800 AD to 1900 AD

- Simultaneously, women were gaining unprecedented social power, provoking widespread anxiety and backlash among men. In response, society saw a surge in hypermasculine ideals, linking muscularity to moral strength and manhood. The imagery of the Greek body being the pinnacle of manhood was co-opted to reinforce this trend.

- Bernarr Macfadden, a key figure in early bodybuilding, launched the Physical Culture magazine and promoted the belief that physical strength was a man's personal responsibility, equating weakness with moral and social failure.

- Men were encouraged to reclaim dominance through hypermasculinity, discipline, and physical transformation, reinforcing the idea that a man's worth was visible on his body.

- Scholars hypothesize that this obsession with reasserting masculinity was a coping mechanism for men experiencing instability in their traditional roles due to changing gender dynamics.

GIBSON GIRL

1800 AD
to 1900 AD

- In the early 1900s, the Gibson Girl emerged as America's new beauty icon. The Gibson Girl was a fictional, highly stylized depiction of a tall, slender, white woman. Marketed as the century's "New Woman," she gained national popularity, even in regions where body diversity was more common.

- The Gibson Girl was a sketch, not a real person, yet she was portrayed as the ideal woman. Her exaggerated, unattainable proportions set a physical standard that women were expected to emulate. We can view her today as a predecessor to Barbie.

- Charles Dana Gibson, the artist behind the image, claimed her beauty was the result of centuries of "purebred" European procreation, tying beauty standards to white supremacist ideologies.

- Publications circulated the Gibson Girl's exact waist and weight measurements, encouraging women to compare themselves directly to this fictional ideal. As women began fixating on weight, the scale was introduced to doctor's offices. Whereas it was once only accessible if admitted to a hospital, women increasingly turned to doctors for self-monitoring as they pursued these unrealistic standards.

- Over time, the home scale was introduced and became a common household item.

- Some scholars point to this as the birth of modern diet culture as we know it, rooted in racialized and classist ideals of beauty, and driven by the pressure to physically conform to a socially constructed image.

Gibson Girls (1898) illustration by Charles Dana Gibson

iconic Gibson Girl portrait by its creator, Charles Dana Gibson, circa 1891

KELLOGG

1800 AD
to 1900 AD

- Western medicine intensified its fixation on body size, health, and morality, laying the groundwork for many of the biases still entrenched in today's medical system.

- This period saw a clear call back to Ancient Greece, whose philosophies on bodily balance, purity, and discipline deeply shaped centuries of medical thinking. The idealized Greek body continued to function as the prototype for what health, beauty, and morality should look like.

- Medical journals began increasingly pathologizing higher-weight bodies, often based more on physicians' personal opinions than on empirical evidence.

- John Harvey Kellogg, the famed cereal inventor, was also a physician and sought to refine the American body and diet in service of preserving the so-called Anglo-Saxon race.

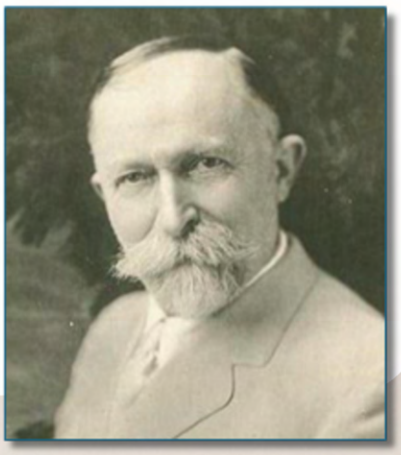
- Drawing inspiration from early Greek ideas of bodily control and moral health, Kellogg viewed indulgence, especially in food and bodily pleasures, as sinful. His health crusade focused on discipline through diet, promoting bland foods like cereal and graham crackers to suppress appetites and maintain racial "purity."

- Under the guise of promoting "health," Kellogg helped entrench anti-fat bias in the medical field.

- Thinness became a symbol of morality and control, especially for women. While Kellogg noted it was desirable for women to have some curves, especially in relation to fertility, fatness was demonized and associated with being "savage", reinforcing both sexist and racist ideologies.

- Kellogg also founded the Race Betterment Foundation and played a major role in early eugenics and racial science.

- As an early and influential member of the American Medical Association (AMA), Kellogg's work was widely disseminated among American physicians by the 1910s. His ideas became embedded in institutionalized medicine and significantly contributed to the dominant discourse on race, gender, and body regulation across the country.



Dr. John Harvey Kellogg
1915

WORLD WAR I

1900's AD

- In the early 1900s, North America saw an intensification of both racialized immigration policies and the growing belief that bodily control was a marker of moral and civic worth.

- These developments reinforced the idea that health, appearance, and character were intertwined and that only certain bodies were worthy of national belonging.

- The 1906/1907 Immigration Acts in Canada and the U.S. heightened earlier exclusionary policies, requiring would-be immigrants to undergo medical examinations to determine whether they were "desirable." The term “undesirable” referred not only to those with disabilities or illness but also to individuals with the “wrong” race, ethnicity, religion, or body size.

- Authorities feared that “undesirable” people might "contaminate" North American bloodlines or be unemployable due to their appearance or assumed inferiority.

- Social practices such as the “paper bag test”, where individuals were judged on whether their skin tone was lighter than a brown paper bag, reinforced white supremacy and determined who could access basic social privileges.

WWI

1900's AD

- During World War I, the government intensified its rhetoric around food restriction, urging citizens to ration in solidarity with soldiers. The U.S. Food Administration's slogan "Victory over Ourselves" linked self-discipline to patriotism and moral virtue.

- Overeating, or even simply eating enough, was framed as selfish and shameful. This period cemented the belief that willpower determined body size, and that fatness was not just unhealthy but a failure of moral character.

- Together, these developments reveal how bodies were politicized and policed, through immigration policies, wartime propaganda, and social norms, reinforcing the idea that only certain people, in certain bodies, were fit to be part of the national image.

ROARIN' 20'S

1920's AD

- The 1920s marked a period of immense social anxiety and transformation, which triggered efforts to regain control, particularly over women's bodies, autonomy, and reproduction. As women began claiming more public space and power, the backlash took many forms (e.g., medical, political, aesthetic, and racial).

- Periods of societal upheaval often result in control over marginalized groups, particularly women, who were still viewed as second-class citizens in Western society.

- In response to World War I and shifting gender dynamics, the "flapper" counterculture emerged, where upper-class white American women sought political and sexual freedom, pushing against traditional norms. However, this form of rebellion was not accessible to most women, particularly BIPOC and working-class women.

- Medical publications of the time emphasized bodily control for women, reinforcing racialized standards of not being too thin to damage fertility, but not being too fat to bring shame upon the white population. Being perceived as "too fat" or "too thin" was not simply about individual choices but was also influenced by one's social position within a system of power and privilege.

- Fashion reflected these tensions. Women began wearing shapeless frocks and binding their breasts to create a flat, rectangular look.

- Androgynous style was also a subtle form of queer expression, especially among lesbian women, who adopted cropped hair, suits, vests, and top hats to signal identity in a socially coded way.

ROARIN' 20'S

1920's AD

- Doctors and eugenicists were especially concerned about white women's fertility, fearing that too much weight loss, independence, and new fashion trends would interfere with reproduction.

- Meanwhile, men's fashion shifted toward stronger, tailored silhouettes, reinforcing ideals of tall, lean masculinity.

- Hair removal became tied to whiteness and class. Advertising campaigns framed body hair as embarrassing and unclean, especially underarm hair, suggesting that smooth, white skin was the new standard of femininity. Hairiness was linked to immigrants and lower-class women, reinforcing xenophobic and racist beauty norms.

- The eugenics movement also escalated in Canada during this period. Compulsory sterilization policies targeted BIPOC, disabled, and low-income people, especially Indigenous women and Latinas, to ensure the "success" of the Anglo-Saxon race. As white women entered the workforce and birth rates declined, eugenicists pressured them to reproduce "for the cause."

- As of 2021, the Canadian Standing Committee on Human Rights acknowledged that forced sterilization still occurs, particularly against Indigenous women, often under the radar due to systemic racism and discrimination.

PART 3 REFLECTION

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

- Was any of this information new to you? Did any of it make you think of experiences you've had?
- Are there any food or body beliefs that you see repeated or recycled in history?
- How do inequitable power structures shape societal perceptions of who is considered the "other," and how do these perceptions influence standards of desirability? In what ways might historical examples inform our understanding of these dynamics today?
- Are there any narratives, norms or standards from these historical periods that we still see today? If so, how have they influenced modern diet culture and body image?
- As you read, did you consider the narratives that are frequently marginalized or excluded from historical accounts, the implications of translation on the interpretation of historical texts, and how some cultures have oral histories opposed to written ones?
- Examine the lens through which you are interpreting this information and how it may influence your understanding of historical contexts.

I hope that you follow along with the next 2 issues of the Be Yourself magazine, with the next one taking us all the way up to the 1970s.

Reflecting on the historical origins of food and body standards can be instrumental in the process of "unlearning." By gaining a deeper understanding of the biases and stigmas that permeate our daily lives, we become better equipped to challenge and discredit the dominant narratives that keep us rooted in body shame.

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

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

World
Eating Disorders
Action Day

June 2, 2025

Ontario Organizations Mark World Eating Disorders Action Day

with Special Breakfast Event at Queen's Park

In recognition of World Eating Disorders Action Day, a special breakfast event was held today Monday, June 2, 2025, in the In Camera Dining Room at Queen's Park.

This global initiative unites grassroots activists, volunteers, and over 200 organizations across 45 countries to raise awareness and inspire action on behalf of those impacted by eating disorders.

With thanks to Michael A. Tibollo, Associate Attorney General (PC) and Vijay Thanigasalam, Associate Minister of Mental Health and Addictions (PC) the event, hosted by the Ontario Eating Disorders Community Alliance.

This coalition of seven provincially based organizations including BANA, Body Brave, NEDIC, NIED, The Recovery Project Foundation, Sheena's Place, and WaterStone Foundation brought together healthcare professionals, mental health advocates, policymakers, and families to:.

1. **Develop a province-wide data collection plan to expand knowledge and measure success**
2. **Implement eating disorder-specific billing codes so we can measure and monitor prevalence and care**
3. **Develop early intervention services, including:**
   - **Self-help tools**
   - **Expanded structured psychotherapy**
   - **CBT-T training for non-specialists**
4. **Provide enhanced training to family physicians and community health workers**
5. **Provide support to caregivers**

Representatives from the PC, Liberal, NDP, and Green Party all brought greetings and support from parliament

As part of a moving speech from Todd and Christie Webster on the loss of their son Geoffrey to ED's they shared the following:

"We are grateful to see the eating disorders community uniting to improve services and support for individuals and families like ours. Our son's dying wish was for better access to care closer to home—in the community of Grey Bruce. We hope this initiative brings that change.

Ontario needs sustainable investment in early intervention and prevention for eating disorders in all communities. Care must be timely, ED-informed, and available in every youth-serving setting—not just specialized clinics. By building on existing efforts, strengthening partnerships, expanding the workforce, and using data to guide progress, we can ensure that more young people get the right care, in the right place, at the right time."

It's important that representatives from across the province work together to find solutions to this crisis," says Luciana Rosu-Seiza, Executive Director of BANA. "A true continuum of care means everyone from lived experience, to service providers to government, all need to be moving in the same direction—towards better services and healthier communities."

WHY THIS MATTERS:

We hope that this event raised awareness about the prevalence and impact of eating disorders and the urgent need for improved access, education, and coordinated care across the province.

What everyone needs to know about Eating Disorders:

1 in 3
Canadians are at risk or facing an eating disorder

Early intervention results in higher recovery rates

Highest mortality rate of any mental illness, after opioid deaths

Less than 1 in 4
cases are treated

Wait times for treatment can be up to one year

Eating Disorders are treatable and with the right care full recovery is possible. The stigma surrounding these conditions often prevents open conversation and effective policy changes. Too many Ontarians struggle to access timely, evidence-based care. We were honoured to host this event and start the conversations for a better tomorrow.

BANA Est. 1983 · BODY BRAVE recovery for every body · nedic National Eating Disorder Information Centre · NIED National Initiative for Eating Disorders Education. Understanding. Action. · The Recovery Project Foundation · SHEENA'S PLACE Support for eating disorders · WATERSTONE Foundation for Eating Disorders

Tips for Navigating Healthcare Settings

By Sara Dalrymple, MSW, RSW

Unfortunately, weight bias and stigma is especially common in medical or healthcare settings, where the dominant medical model argues 'weight equals health'.

Commonly, patients are told to lose weight, diet, or exercise when they feel out of control of their eating or body. Also common is the reality that those in larger bodies are often not sent to further testing or investigation, especially if they refuse to try weight loss first.

For those in larger bodies, it is not uncommon for weight loss to be prescribed for other concerns as well, including sleep difficulties, respiratory complications, pain, and strained mobility.

Self-advocacy in these settings can be crucial for recovery. It is important to know your patient rights:

- **You have a right to understand & agree to any treatments or medical intervention**
- **You have a right to see your medical chart through advanced request**
- **You have a right to decline any part of the appointment (ie: weighing, getting undressed)**
- **You have a right to medical equipment that fits the size or shape of your body**
- **You have a right to ask questions**
- **You have a right to request testing or referrals that you want**
- **You have a right to an interpreter**
- **You have a right to a second opinion**

Tips for Navigating Healthcare Settings:

Research care providers before deciding on one:
Look at reviews, ask around the community, or seek out ED-informed care through the NEDIC Service Provider listing (https://nedic.ca/find-a-provider/)

Be direct & honest with what you are seeking:
Tell the provider you are looking for someone weight neutral, ED informed, & non-diet

Take notes at the appointment to slow down the conversation, allow you to organize your thoughts, keep track of what was not addressed or what you may have lingering questions about, and for reflection after the appointment

You ARE allowed to ask not to discuss weight in your appointment

Don't be afraid to change providers if you do not feel safe, comfortable or heard:
If we cannot be open with our providers, it will negate the purpose of care

Remember . . . self-determination is your RIGHT:
Regulatory colleges outline code of ethics for practice, & require providers to honour a patient's right to choose

Host a discussion with your provider to determine how weight will be (or not be) discussed in appointments (ie: terminology used, whether to weigh-in)

State you're not looking to include weight loss in your treatment & specifically ask for alternative recommendations or tests:

Prepare in advance for this conversation, perhaps by tracking your symptoms, outlining a script to go-off, or writing out goals for the appointment

Examples:
"People with fat bodies are often treated differently or may experience bias from healthcare providers. I want to make sure I feel heard & respected."

"I've read that patients in fat bodies may not be given the appropriate treatment because of their weight. I want to make sure I am getting the right care."

"I heard about someone who did not have something diagnosed in time because her doctor dismissed her symptoms as related to her weight. I want to make sure that doesn't happen to me."

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

Villanova Wildcats Spirit Roars for BANA

On June 4, 2025, Team BANA was honoured to be invited to St. Thomas of Villanova Catholic High School for their Youth Philanthropy Initiative community presentations.

Special thanks to youth presenters in Group BANA—Anna Zhukovska, Meagan Israel, Sophia Bergeron, Ashley Heeley, Marissa St.Pierre (all in grade 10) who gave an outstanding and compassionate report on BANA programs and services.

The competition started with 40 groups and BANA was thrilled to be one of the top five finalists along with Safe Families Canada, Transition to Betterness, A Life Worth Living and the winning group, Fight Like Mason.

Congratulations to all agencies in the competition and to the amazing young presenters. Well done, everyone.

Congratulations

Each year, BANA takes a look at those in our community who are making a difference and whom demonstrate a commitment to the enhancement of healthy lifestyles in the truest spirit of our mission and vision. Please join us in recognizing the following outstanding agencies and individuals as our 2024-25 Community Health Promotion Award recipients.

"Start where you are.
Use what you have."

- Arthur Ashe

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