BANA BE YOURSELF

A publication of the Bulimia Anorexia Nervosa Association

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A Mental Health and Wellness Magazine

SPECIAL EDITION: EATING DISORDERS AWARENESS WEEK (EDAW) 2022

Special Guest Columists:

Dr. Harshi Dhingra
Associate Professor in Pathology
Adesh Institute of Medical Sciences & Research, Bathinda, India

Dr. Anita Federici,
Fellow, Academy for Eating Disorders
The Centre for Psychology + Emotion Regulation, Ontario, Canada

Also In This Issue:

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Publisher:
Luciana Rosu-Sieza
BANA Executive Director

Editor-in-Chief/Contributing Writer:
Patrick Kelly
BANA Communications and Office Administrator

Associate Editor/Contributing Writer:
Sara Dalrymple, MSW, RSW
BANA Clinical Therapist

Volunteer Community Reviewers:
Dr. Syed Sameer Hussaini
Stephanie Souliere

Guest Columnists:
Dr. Harshi Dhingra,
Associate Professor in Pathology
Adesh Institute of Medical Science & Research, Bathinda, India

Dr. Anita Federici, Clinical Psychologist
Fellow, Academy for Eating Disorders
The Centre for Psychology + Emotion Regulation, Ontario, Canada

Dr, Nikita Yeryomenko, Clinical Psychologist, Windsor, Ontario

Shelby Colarossi,
Development and Public Relations Coordinator, weCHC

The 2022 EDAW Working Committee

Mackenzie Kovaliv

JS

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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. This issue marks our one year anniversary! 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

What is EDAW?

EATING DISORDERS AWARENESS WEEK 2022

EVERYONE HAS A ROLE TO PLAY

Eating Disorders Awareness Week or EDAW is a collective initiative for agencies from coast-to-coast-to-coast hosting local events, lighting notable landmarks in the colour purple, and engaging in public education campaigns to bring great understanding, support and awareness to Eating Disorders.

Looking back to its humble beginnings, in 1986 a group of 40 people gathered from all over the United States, Canada and the UK to talk about the need for a unified movement. Amongst them were representatives of 3 Canadian organizations NIED, BANA and NEDIC.

From this meeting the grassroots of an international Eating Disorders Awareness Week (EDAW) was born. It was decided that attendees would go back to their cities, states and provinces to push to get EDAW recognized. Unfortunately, they found that getting even a day declared as EDAW was not as easy as they had hoped.

In Canada, by 1998 NEDIC had become the national coordinator for the EDAW initiative as various advocacy groups, professionals and treatment centres across Canada started recognizing the campaign each year during the first week in February. Over the next two decades EDAW slowly started to be officially recognized by municipalities, provinces and territories across the country. The governments of the Yukon, British Columbia, Alberta, Saskatchewan, Nova Scotia, Newfoundland & Labrador, and most recently Ontario have all proclaimed February 1st-7th EDAW.

Eating Disorders affect people of all genders, sexual orientations, ages, socioeconomic classes, abilities, races, and ethnic backgrounds. That is why every year, Eating Disorder groups across Canada continue to unite to commemorate Eating Disorder Awareness Week (EDAW) with a unified national message of action.

The time has come to escalate awareness of the impact of Eating Disorders, the dangerous stereotypes and myths, and the supports available for people living with or affected by them. The past year has taught us all how fragile mental health can be, and how important education, early intervention, and support can be.

Please join us and organizations around the country as we are set to host local events, light notable landmarks in the colour purple, and engage in public education campaigns. For more information about EDAW, Eating Disorders and how you can get help or get involved visit www.nedic.com or one of our participating groups and organizations below.

Alyssa Stevenson Eating Disorder Memorial Trust

aneb Anorexie et boulimie Québec

Body Brave

BridgePoint Center for Eating Disorders

BANA Est. 1983

Danielle's Place

Hope Always Eating Disorder Foundation of Newfoundland and Labrador

eating disorders Nova Scotia

EDSNA

F·E·A·S·T

Hopewell Eating Disorder Support Centre

jessie's legacy Eating Disorders Prevention + Awareness

BC Children's Hospital Kelty Mental Health Eating Disorders

Looking Glass Foundation for Eating Disorders

nedic National Eating Disorder Information Centre

NIED National Initiative for Eating Disorders www.nied.ca

Sheena's Place Support for eating disorders

Silver Linings Foundation

WWEDC

Waterstone Foundation for Eating Disorders

whc women's health clinic

#EDAW2022

EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

People With Lived Experience

Talking to someone about an eating disorder or disordered eating can be quite difficult. When supporting someone there are a few important things to note:

Reaching out for help looks different for everyone.
First off, acknowledge the strength it takes to recognize that you are struggling. Asking for support makes you stronger and will restore your willpower to overcome your disorder.

Find a safe space and time to discuss your experience (more on that below). Find the person (or people) you trust. This will allow them to be aware of environmental factors and triggers that may harm your health and recovery journey.

Knowing where to start is important.
Eating disorders services are not created equally across Canada. Often where they do exist, wait times are long and staff resources are limited. If you are interested in local services, there are many resources available by phone or online:

If you are unsure of services in your area visit the national directory at https://nedic.ca/find-a-provider/ or . . .
- https://nedic.ca/help-for-yourself/
- Kids Help Phone - Canadians aged 5 – 29 www.kidshelpphone.ca
- 24/7 Toll-free: 1-800-668-6868 Or text: CONNECT TO 686868
- Crisis Services Canada Suicide prevention & support www.crisisservicescanada.ca 24/7 National Toll-Free: 1 833-456-4566 24/7 Quebec Toll-Free: 1866-APPELLE (1-866-277-3553)
- Hope For Wellness: Immediate mental health counselling and crisis intervention for all Indigenous peoples across Canada. www.hopeforwellness.ca 24/7 Toll-free: 1-855-242-3310

Eating Disorders are complex and multi-faceted.
The brain and body require time to heal after periods of prolonged disordered eating. Saying things like "just eat" or "if only you'd stop overeating" is not helpful advice and oversimplifies the nature of Eating Disorders. These types of comments can be off putting and make someone feel as though they have to justify their behaviours.

Eating Disorders aren't all about a drive for thinness.
There is no single cause for any eating disorder. There are many genetic, environmental, and sociological factors that contribute to eating disorder development.

Eating disorders come in all shapes and sizes and they do not discriminate.

Let's take comments about appearance off the table. Comments such as, "You don't look like you have an eating disorder" or "You're too old to have an eating disorder" could jeopardize the critical momentum someone has acquired on their recovery journey.

These comments invalidate the individual's experience and feelings of worth in reaching out for help; often leading to questions regarding whether they are "sick enough" to receive treatment (which could be life saving). The reality is most people with an Eating Disorder are not underweight and like many other mental illnesses you cannot tell whether a person has an Eating Disorder just by looking at them.

Remember language matters.
Although questions and comments show concern it is important to think about how these are worded. For example, consider the difference between the following phrases:

"You don't have an eating disorder, do you?" vs. "Do you think you may have an eating disorder?" The former question alludes to judgment or accusation, as if the person has done something wrong.

Here's another example:
"You're worrying me." vs. "I'm worried about you." In the first phrase the blame is placed on the person, as if their behaviour is wrong, whereas the second phrase shows genuine concern.

It can be difficult and intimidating to approach someone you care about if you suspect an Eating Disorder. Keep in mind that showing concern without judgment goes a long way. If someone confides in you, ask them, "thank you for trusting me with this information, How can I support you?"

Don't get caught in the comparison trap.
While Eating Disorders Awareness Week can spark hope and celebration of healing it is important to recognize it is also a time for comparison. It can be hard to not compare your recovery journey to others - remember to have self-compassion. Change takes time, recovery is not linear and each journey is deeply personal.

You deserve to go through life experiencing the pleasure, social connection and positive opportunities that a healthy relationship with food offers. Often people struggling with their eating feel like they aren't "sick enough," however, there is no scale to determine that. If someone has a hard time with their relationship to food, they deserve treatment and support.

Photo Credit: Cottonbro via Pexels

EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Friends and Colleagues

As a friend or colleague, you might be hesitant to approach someone you know with an eating disorder. You may be worried that you'll say the wrong thing, or you may feel that it's not appropriate for you to step in if you're not a health or mental health professional. However, as a friend or colleague, you play a vital role in eating disorder prevention and recovery for those around you.

Your words and actions have the power to foster positive body image and self-esteem in others, which can help prevent the development of an eating disorder. By showing your friends and colleagues support and compassion, you can help them feel less alone in their eating disorder, which is a huge predictor of recovery.

You might also be thinking "I don't have any friends or colleagues with an eating disorder". While this is a possibility, it's quite likely that a friend or colleague of yours is flying under the radar. Due to stigma and feelings of shame, folks with eating disorders may go to great lengths to hide their symptoms. Consider the following tips to guide your discussion with a friend or colleague who you are worried about:

Before Approaching a Friend or Colleague:

• Become informed: Learn about signs and symptoms, risk factors, myths, and where your friend/colleague can go for support. (Visit www.nedic.ca)

• Avoid making assumptions: You can't tell if someone has an eating disorder, or what symptoms they have, based on what they look like.

• Be prepared: Your friend/colleague might react with denial or anger when you approach them due to stigma and feelings of shame.

While Approaching a Friend or Colleague:

• Choose a private and comfortable setting (e.g. not during a meal).

• Speak from the "I" perspective (e.g. "I am worried about")

• Let them know that you are willing to help, while keeping your limits in mind

• Encourage them to seek support if they are ready

Other Tips for Supporting a Friend or Colleague:

• Avoid commenting on weight or appearance - theirs, yours, or others'. Doing so validates unhelpful beliefs about physical appearance being a reflection of a person's worth. Instead, compliment them on personality, skill, and non-body traits.

• Don't force them to eat and avoid commenting on their food choices. Instead, offer to eat with them or ask them how you can be supportive around food.

• Keep the relationship alive. Engage in activities and conversations that are unrelated to food and exercise.

• Examine your own attitudes about food, weight, size, and shape. What biases might you have and how might you be conveying them to others? How do these impact your own well-being?

Remember: Everyone has a role to play! #EDAW2022

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RESOURCES

Where can someone you're worried about seek support for their Eating Disorder?

• Encourage them to speak with their family doctor

• Hospital-based Eating Disorder treatment, with a doctor's referral

• Private treatment program or therapy (via NEDIC directory)

• Free or subsidized community-based support:
  - Sheena's Place (Ontario)
  - Body Brave (Ontario)
  - Hopewell (Ontario)
  - Eating Disorder Support Network of Alberta
  - Silver Linings Foundation (Alberta)
  - Eating Disorders Nova Scotia

Where can you, as a friend or colleague, obtain support for yourself?

• Sheena's Place - Offers a weekly Family, Friends & Partners Support Group that is free to attend for those living in Ontario

• Eating Disorders Nova Scotia (EDNS) - Offers a monthly Family & Friends Support Group that is free to attend to anyone living in Canada

• F.E.A.S.T. - Advocacy, Resources & Support

Where can friends and colleagues learn more about supporting people with Eating Disorders?

• National Eating Disorder Information Centre (NEDIC) - A Guide for When a Friend Has an Eating Disorder

• National Eating Disorders Association (NEDA)
  - How to Help a Loved One
  - Eating Disorders in the Workplace
  - Eating Disorders Victoria - Eating Disorders and the Workplace
  - Mental Health at Work - "I've Had an Eating Disorder My Entire Working Life - Here's How You Can Help" by Rachel Egan

EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Caregivers

Imagine a journey you never planned on taking, one that would take you out of your comfort zone and lead you into the unknown; where you have to become an advocate for your child; where family relationships suffer; where many of your friends disappear: where you have to leave work; and where you feel alone in a world few understand.

That's what happened to my family, and when it did, I had to learn how to navigate our new reality and become a caregiver to an ill child - a responsibility that came to consume all my energy over the course of the next few years.

Prior to my daughter developing an Eating Disorder (ED), I had no idea that EDs were so complex, nor the critical role that parents and families play in their recovery. Like many, I thought EDs were a choice and didn't impact families like mine. Some questioned my decision to leave work to care - and advocate - for my child and for a diagnosis, hospital-based treatment and access to programs. I was exhausted and scared, but I knew I couldn't stop fighting for her. She is doing well, but as a parent, there's always a small part of me that is on guard for any signs.

At the beginning of our journey, I had no idea what an ED was. I couldn't have imagined that my family would be impacted by this serious illness - after all, at the time I thought "that only happens to other families, and we're not like that". When her health began to deteriorate, we reached out to our family doctor. He ran every medical test he could think of, but never asked the questions that could have led to the diagnosis of an ED. It wasn't until she was at the hospital for what we thought was an unrelated medical test that one of the doctors recognized the signs.

Even though she realized an intervention was required, my daughter hadn't yet reached the point where her physical health was at risk, and thus she was sent home.

How could someone not be "sick enough" for help? How could she be sent home when she could barely walk? How could a medical professional recognize someone needed help, but not provide it? What is an ED, and how could I help her? I had all these questions, and more.

I remember driving home from the hospital on numerous occasions and not remembering how I got there. I was exhausted and scared. Her friends had abandoned her - they didn't understand why she couldn't just "get better".

My experience with the healthcare system was frustrating, but I always believed that the medical professionals were doing the best they could given the limited resources they had. I believe that medical schools should spend a significant amount of time teaching about EDs, including the parent/caregiver perspective, so that each individual has appropriate support and is given the best chance at recovery.

Everyone has a role to play. I am a Mom and Caregiver.

TIPS TO CONSIDER:

1. **Don't blame yourself.** Parents often feel they must take on responsibility for the Eating Disorder, which is something they truly have no control over.

2. **You're Going to Get Things Wrong - That's OK**
   - Being a caregiver is an on-going learning experience.
   - The more you know, the better equipped you'll be to help your child avoid pitfalls and cope with challenges.

3. **Advocate!**
   Advocate for your loved one, even if doctors and other professionals are telling you "no" or closing the door. Trust your gut.

4. **Be patient, supportive and empathetic**. Don't give up if your child shuts you down at first. It's important to open the lines of communication.

   Make it clear that you care, you believe in them, and that you'll be there in whatever way they need, whenever they're ready. Even if you don't understand what they're going through, it's important to validate their feelings.

Take care of yourself. Supporting a loved one in their recovery is a long journey, with ups and downs. It may not be possible to care for yourself in the ways that you're used to. Don't put pressure on yourself.

When times are really difficult, finding time for a 5-minute walk may be enough. At other times, self-care may come more easily. Don't hesitate to get professional support if you think that it would help.

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EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Mental Health Providers

Photo Credit: Cottonbro via Pexels

Mental health professionals are a vital link in the circle of care for individuals with eating disorders. Here are some ways you can play a role:

Screening

A useful tool is the Screen for Disordered Eating,* which is comprised of the following questions:

1. Do you often feel the desire to eat when you are emotionally upset or stressed?
2. Do you often feel that you cannot control what or how much you eat?
3. Do you sometimes make yourself throw up (vomit) to control your weight?
4. Are you often preoccupied with a desire to be thinner?
5. Do you believe yourself to be fat when others say you are thin?

A "yes" response to 2 or more questions is a positive screening result and indicates that further evaluation is warranted. As individuals with eating disorders often downplay or hide their symptoms, it is essential to be vigilant and to ask questions about weight, food, and dieting in a sensitive manner

Ensure Medical Monitoring

Eating disorders are dangerous illnesses. It is important to ensure that your client is being medically monitored by a primary care provider.

Watch out for the following warning signs:

- Ask about episodes of dizziness, fainting, chest pain, heart palpitations, and GI symptoms (e.g. vomiting blood or blood in stool)
- Ask about the frequency and severity of symptoms and note any changes in severity of the client's condition
- Assess for psychiatric risk – depression, anxiety, substance abuse, and self-harm are common among individuals with eating disorders, and a significant proportion of deaths in clients with AN are due to suicide

Provide Validation, Non-Judgment, and Trauma-Informed Care

People with eating disorders are often ambivalent about getting treatment. Eating disorder behaviours can serve as ways of coping with distress (perhaps painful emotional experiences, confusion about identity, a need for control) – so for your client, the idea of getting free of the eating disorder can be frightening.

Validating your client's ambivalence yet encouraging a proactive approach to treatment is important. Using a motivational interviewing approach can help to address ambivalence and build motivation for recovery. Apply harm reduction principles and work with your client to develop safer, alternative coping strategies.

Help your client feel safe, understand that their distress/experiences are real by using trauma-informed practices. Provide choice whenever possible and don't make assumptions based on your client's identity - people of all demographics experience all types of eating disorders.

Use a Weight-Inclusive Approach

Eating disorders are linked to broader socio-cultural issues such as diet culture, racism, and poverty. Reflect on your own beliefs and biases about food, bodies, and health. Learn about frameworks including Body Liberation, Body Neutrality, and Health at Every Size and apply these to your practice. Use language that does not apply morality to food, eating, or movement.

Collaborate

A team-based approach is the gold-standard for eating disorder care. Communicate with physicians, dietitians, and external treatment organizations to support your client's recovery. Engage your client's family members and loved ones, as they can be a vital part of recovery (if desired by your client). Know your limits and refer out as needed.

RESOURCES

Where can mental health providers go if they want to learn more about supporting people with Eating Disorders?

- Training in DBT, RO-DBT, ACT
- Body Peace Collaborative - Eating Disorder Sensitive: Education for Social Workers & Psychotherapists
- Centre for Research on Eating Disorders at Oxford (CREDO)
- National Eating Disorder Information Centre (NEDIC) - Webinars
- Silver Linings Foundation
- Centre for Clinical Interventions - Eating Disorders Self-Help Resources

Where can mental health providers refer clients if they need additional Eating Disorder support?

- Hospital-based Eating Disorder treatment, with a doctor's referral
- Private treatment program or therapy (via NEDIC directory)
- Free or subsidized community-based support:

  - Sheena's Place (Ontario)
  - Body Brave (Ontario)
  - Bulimia Anorexia Nervosa Association (Ontario)
  - Anorexie et Boulimie Québec
  - BridgePoint Center for Eating Disorders (Saskatchewan)
  - Eating Disorder Support Network of Alberta
  - Silver Linings Foundation (Alberta)
  - Looking Glass Foundation (British Columbia)
  - Eating Disorder Nova Scotia
  - Eating Disorder Foundation of Newfoundland & Labrador

EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Educators

The school environment has a critical role in shaping the mind and body. Despite the recognized importance of educators in fostering mental and physical health, educators often do not receive the training needed to confidently address concerns related to eating or weight in their classrooms. As a consequence, it can be challenging to facilitate positive and supportive discussions around food, activity, and weight.

To foster a positive mindset and promote healthy habits, educators should be mindful of weight-focused dialogue in the classroom. This can include assertions about one's or other people's weight, references to the caloric content of food or weight, and using language that assigns moral values to food.

Instead, educators can incorporate a more weight-neutral approach and tackle weight bias, stigma, and discrimination.This can take place by incorporating discussion and activities that enable students to develop their self-concept based on their personal strengths and values, rather than their body or appearance.

When discussing healthy eating, it is important to provide an open discussion around eating and nutrition. Learning around diet and nutrition should acknowledge its complexity, rather than ascribing or inferring there is any "right way" to eat. What is nutritious for one is not nutritious for all. Be aware and cautious of how your own personal relationship with food or students' relationship with food affects classroom dialogue surrounding nutrition.

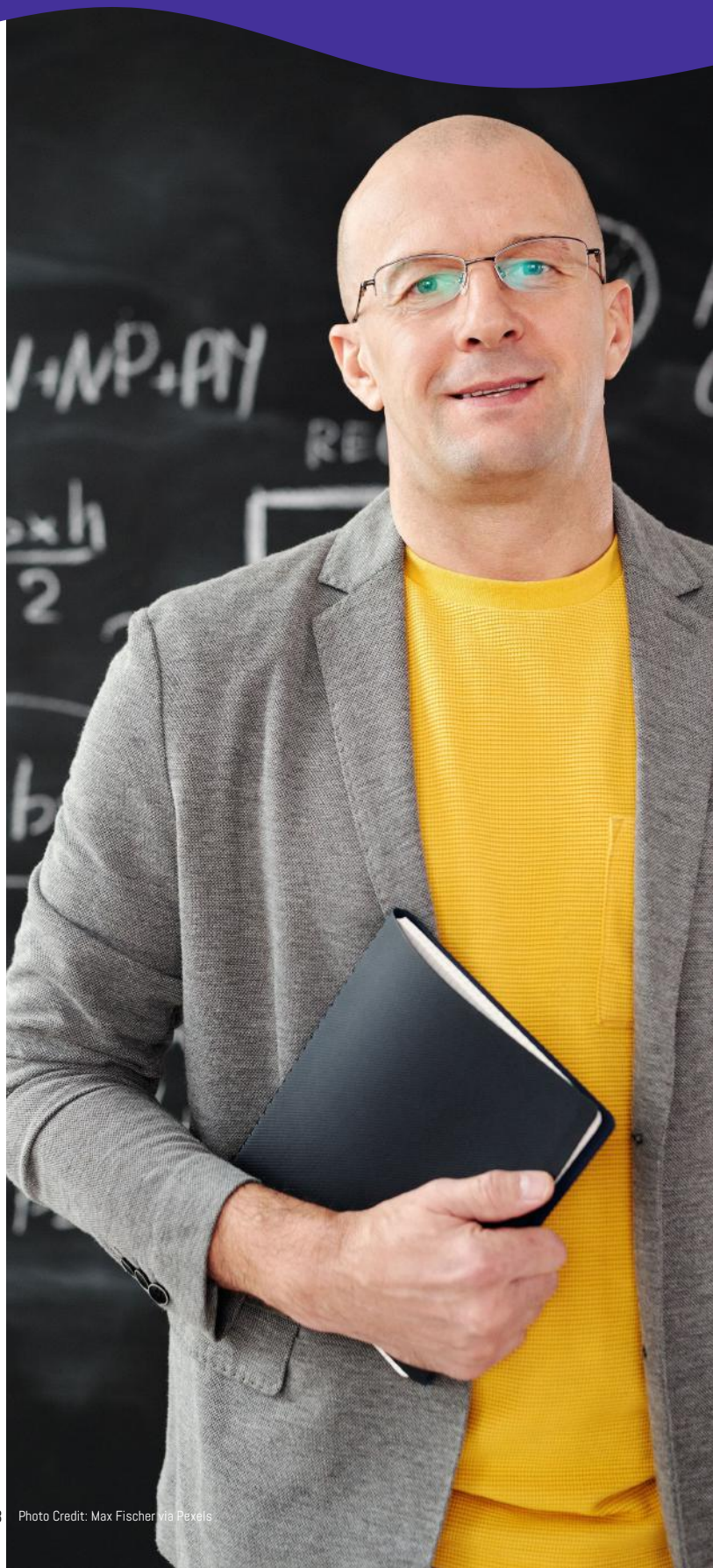
Highlighting food neutrality, it is beneficial for students to understand that there are no "good" or "bad" foods rather it is just different kinds of nutrition and fuel. Furthermore, the influence of various factors including access, availability, cost, and acceptability of foods must be acknowledged, as it can reflect one's culture, circumstances, and values.

If you believe you have a student struggling with an eating disorder, focus on attitude and personality changes in lieu of appearance-based changes, speak to changes you observe, including increased withdrawal and isolation and decreased mood and energy (e.g., less energy, not playing with peers as much).

Be open to dialogue and don't push the student past their area of comfort. It is important to acknowledge the courage and strength associated with asking for help. Educators can often provide an additional safe space for students outside of the home, so it is helpful to be a trustworthy and comforting presence to students.

Sources such as **www.dietitians4teachers.ca** and www.nationaleatingdisorders.org are great resources for educators looking to inform themselves and influence their teaching. Provincial teacher's associations can also connect you to local eating disorder and mental health resources centres.

You can also connect parents with resources such as your local children's hospital, **www.canped.ca**, and the Kids Help Phone 1-800-668-6868. For students in post-secondary education local colleges and universities offer on-site health services and counselling.



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EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Fitness Professionals

We know that physical activity can keep our bodies healthy. One might presume that the more exercise, the better; however, there is a point when too much exercise can give rise to health consequences. Exercising too much can especially impact relationships and mental well-being.

As exercise increases individuals can become increasingly irritable, depressed, and preoccupied with their exercise regime. Furthermore, individuals may find that exercise becomes the priority, over relationships, work, hobbies, and other activities. Paradoxically, excessive exercise can decrease performance, underscoring the importance of incorporating time to rest into an exercise routine.

It can be difficult to decipher at which point exercise may be more harmful than helpful; afterall, every individual benefits from movement and activity differently. However, there are some general indicators that might signify that over-exercising is an issue. Some key indicators can include working out even though one is injured or unwell, skipping rest days, and feeling guilty for missing workouts.

In addition to the frequency and intensity of exercise, it is important to consider the reasons underlying exercise and other forms of physical activity. For example, understanding the motivation behind working out is an important part of developing a healthy relationship with exercise.

If someone is exercising solely for losing weight or changing their appearance, it may be time to re-evaluate and recommend some shifts in one's exercise regime.

There are many benefits to exercise, so finding ways people like to move may help heal their relationship with exercise. One thing people could try is bringing up childhood activities; like jumping on a trampoline or jumping rope.

Also, it's never a bad idea to find someone to exercise with, and in this day and age, they don't even have to be in the same city! Everyone is just a FaceTime away. Yoga is another example of a way to incorporate joyful movement, with the focus being on breathing, balance and flexibility.

If gym members find themself struggling or feeling like they "have" to exercise it may be time to reach out to someone they trust. Shaming one into working out can have dire consequences and it's unsustainable. It may be a good idea to approach them or suggest they talk about this with someone. Could be a family member, loved one, doctor or just someone they trust.

The National Eating Disorder Association has a helpful toolkit for trainers and coaches that you may find useful to have in your gym; it includes warning signs, symptoms and prevention tips. The InsideOut Institute for Eating Disorder also has guidelines for everything from marketing to warning signs.

Please remember, eating disorders are no one's fault. They can happen to anyone, anywhere at any time. They do not discriminate based on age, size, shape, gender, sexual expression or race. We all have a role to play in supporting people who are struggling with eating disorders or disordered eating.

Photo Credit: Cliff Booth via Pexels

EVERYONE HAS A ROLE TO PLAY

EATING DISORDERS AWARENESS WEEK 2022

Medical Providers

Photo Credit: Rodnae Productions via Pexels

Primary Care Providers play a vital role in the circle of care for people with eating disorders. Here are some ways you can play a role:

1. Screening

A useful tool is the Screen for Disordered Eating,* which is comprised of the following questions:

Do you often feel the desire to eat when you are emotionally upset or stressed?

Do you often feel that you cannot control what or how much you eat?

Do you sometimes make yourself throw up (vomit) to control your weight?

Are you often preoccupied with a desire to be thinner?
Do you believe yourself to be fat when others say you are thin?

A "yes" response to 2 or more questions is a positive screening result and indicates that further evaluation is warranted. As individuals with eating disorders often downplay or hide their symptoms, it is essential to be vigilant and to ask questions about weight, food, and dieting in a sensitive manner

2. Medical Monitoring

Eating disorders are dangerous illnesses. It is important to ensure that you medically monitor your patient. Frequency of monitoring depends on the severity of the condition.

Here are some important tips for monitoring patients with eating disorders:

Monitor postural vital signs and ask about episodes of dizziness, fainting, chest pain, heart palpitations, and GI symptoms (e.g. vomiting blood or blood in stool)

Ask about the frequency and severity of symptoms and note any changes in severity of the client's condition

Order electrolytes, creatinine, and an ECG at least monthly in patients with active BN

Assess for psychiatric risk – depression, anxiety, substance abuse, and self-harm are common among individuals with eating disorders, and a significant proportion of deaths in clients with AN are due to suicide
For more, please check the resource link below.

3. Take a Validating, Non-Judgmental Approach

People with eating disorders are often ambivalent about getting treatment. Eating disorder behaviours can serve as ways of coping with distress (perhaps painful emotional experiences, confusion about identity, a need for control) – so for your patient, the idea of getting free of the eating disorder can be frightening. Validating your patient's ambivalence yet encouraging a proactive approach to treatment is important. Using a motivational interviewing approach can help to address ambivalence and build motivation for recovery.

4. Collaborate and Refer

Do not wait until your patient becomes unstable. Early intervention has been shown to result in better outcomes. Most treatment programs will get your patient in for an assessment fairly quickly, even if there is a long wait list for the treatment itself. The assessment can help you monitor the patient while on the wait list.

For further information please refer to the NEDIC Guide for Primary care providers below:

DOWNLOADABLE RESOURCE:

I SUSPECT THAT MY PATIENT HAS AN EATING DISORDER: WHAT NOW?

VISIT:
https://nedic.ca/download-file/1567718980.871799-142/

EDAW in Windsor Essex

What does BANA have planned for EDAW 2022?

BANA will be hosting our Eating Disorders Awareness Week events mainly virtually this year. The week of February 1st-7th, 2022, we will be posting and running various virtual educational events online to help spread awareness, educate and inspire others to take action in supporting those impacted by eating disorders.

One of BANA's main goals this year is to make the voices of our community and those with lived experiences heard. We aim to do this through our 'I Wish' campaign.

We're asking our community to submit a voice note or written submission and answer one of the two following questions:"What do you wish people knew about Eating Disorders?" OR "What do you wish people knew about YOUR Eating Disorder?"

We will be featuring the 'I Wish' submissions on our social media channels throughout the week of EDAW 2022. We hope together, by sharing our voices, we can educate the public about the realities of eating disorders, and provide hope, support, and visibility to individuals and families affected by eating disorders.

There is still time to make your submission! Extra details on how to have your voice heard can be found by visiting our website: www.bana.ca/iwish

This year, you can also expect us to be on our social media channels, @banawindsor, with special guests and additional eating disorder awareness information the week of EDAW. The full schedule of BANA's EDAW events can be found on our website: www.bana.ca/edaw

On our Instagram account, look out for a special giveaway for those who show their support for this cause!

Want to donate? We accept donations!

To help support local services in Windsor-Essex, visit this link: https://bana.ca/get-involved-donate/ to give back to BANA.

Another way you can support us is to buy a BANA 'Be Kind To Yourself' T-shirt for $10 to support BANA by emailing us at info@bana.ca.

WEEKLY SCHEDULE FEBRUARY 1-7TH

TUESDAY
Happy EDAW 2022! Join our IG live at 9am to learn more

WEDNESDAY
Visit Windsor City Hall and Ceasars Windsor to see it lit up purple!

THURSDAY
Visit @banawindsor on Instagram to enter our local giveaways!

FRIDAY
Join us on Instagram Live to find out how to reach out for help

SATURDAY
Tune in to our Panel Discussion: 'What I wish people knew about Eating Disorders'

SUNDAY
Visit our social media outlets to find out how to advocate

MONDAY
EDAW wrap up, giveaway winners drawn!

Dear Food Police

(An article requested by BANA clients.)

By Sara Dalrymple

Photo Credit: August DeRichelieus via Pexels

*Please note: in the case of Family-Based Treatment for adolescents with eating disorders (the Maudsley approach), parents are often engaged in the treatment process, and may be directed by the clinician to encourage or prompt their teen to eat. These cases would not be considered "food policing", as it may be part of the therapeutic process

``**Food Police**`` is a term that often refers to when people in our lives overstep our boundaries around eating by making unwelcome comments on types of foods eaten, perceived "quality of food", portion sizes, the pattern of eating, eating rituals or behaviours, and/or the need to diet or lose weight (or in some cases, the need to gain weight). The "food police" may have strict rules or strong beliefs around food themselves, and might impose them on others. Unfortunately, despite the "food police" often having positive intentions, their commentary can often create a sense of guilt and shame around eating and body, as well as reinforce the concept that some foods are "good" and some are "bad".

Food policing can occur onto individuals of all ages. It tends to occur in – but is not limited to - the home environment with loves ones; in workplace breakrooms where diets are discussed and compared; at doctor offices, where dieting tends to be the primary recommendation for improved health; or at gatherings with extended family.

In a study that sampled 455 college-aged women who reported weight and shape concerns, as well as completed an online eating disorder prevention program, it was found that more than 80% reported having received negative comments from parents or siblings regarding their eating or body (Taylor, Bryson, Doyle, Luce, Cunning, Abascal & Wilfley, 2006).

It is important to note that the term can also be used to refer to internalized "diet-culture", which cause individuals to self-shame regarding food intake. Diet culture can be internalized through receiving or overhearing external comments about eating/food; observing media messages; or inheriting familial, social and cultural norms. Internalization can happen consciously or subconsciously, and the external messages do not have to be directed at the individual; observing or overhearing these messages indirectly can still be negatively impactful. For the sake of this article, we will focus on external "food police".

ACTIVITY:
At your next family gathering or in your breakroom at work, try to be mindful of food policing. Notice the implications that may come from labelling certain food types or portions as being "bad". Are people talking about having to stick to "clean or healthy eating", thereby rejecting offers made for certain types of food? Are others making recommendations to one another that may not have been asked for? Do you notice people commenting on each others' food choices or portions? Notice if some individuals are vocalizing judgments about their own eating that could be observed and internalized by others present.

How Is It Harmful?
Food policing can be harmful on many levels, each so intricate they could have their own article. For our purposes today, we will focus on Food Policing as connected to the "thin-ideal", and will briefly list additional ways it can be harmful below.

Many societies and cultures place a clear value on thinness, suggesting it is the optimal way for a body to both look and function. Bodies that fall outside of this standard are typically seen as "bad" or "unacceptable" and needing to be changed. However, most bodies fall outside of this standard (contrary to what the media would like you to believe). We see many images of "ideal bodies", but often overlook the screening, editing and manipulation that goes into them; we see these images so frequently that we forget this "ideal" is not actually the norm, and does not represent most people.

How does this relate to food? Well, let me pose the following questions to you:

When you are unhappy with your weight or body, and turn to professionals or the public for advice, what are you typically told to do?

Diet.

What happens when you choose not to follow the advice given?

You are shamed for your "lack of effort" and blamed for your body dissatisfaction.

We as a society tend to claim a direct causal connection between what we eat and how our bodies look. However, it is not so black-and-white.

Food policing has become a common means to encourage others to do what you (or society) think is THE achievable way to be thin. But what about our uniqueness? Do our bodies all operate the same, have the same genetic makeup, and have the same needs and vulnerabilities?

Perhaps an even more important argument is: why only thinness? WHY -- when there are countless examples of diverse body shapes and sizes, and limitless examples of people in "larger bodies" with optimal health who have very balanced lifestyles? As well as examples of individuals in "thin bodies" who have complex medical concerns, or life-dissatisfaction? Why limit ourselves to one-size-fits-all, when we know attractiveness is subjective, beauty trends are ever-changing, and people of all bodies can exemplify healthy relationships and positive lives?

Food policing reinforces all of these unhelpful beliefs, whether or not the intent is to do so. The quantities and qualities of food become scapegoats for telling others to change how they look. When deduced, food policing could be seen as body policing. This is not to bully those who engage in food-policing, but rather help bring awareness to the unintended-harm that could result from those comments and behaviours.

Other subliminal impacts that food policing could cause:

• Makes others feel their eating is the center of attention, which can bring about negative emotions (ie: embarrassment)

• Encourages someone to ignore their own body's needs and cues

• Causes others to conduct excessive self-surveillance with eating and their bodies, which can be preoccupying, time-consuming and disruptive to functioning

• Creates more confusion about food and eating, something that is already quite inundated with conflicting information

• Cause individuals to draw inaccurate conclusions about how the food they eat impacts their weight and shape (keep in mind, body weight fluctuates daily due to factors beyond food or fat)

• Creates mistrust, distance or resentment in the relationships in which food policing is occurring

• Increases unhelpful and often degrading comparison-making

• Reiterates gendered and cultural stereotypes

The food police can be triggering to many individuals, especially those who have an eating disorder.

Consider the following case studies below:

Dear Food Police:

What Our Clients Want You To Know

The below statements are direct comments and feelings expressed by BANA clients.

"When you comment on my food or eating, it benefits you in no way but for me, it could throw off my entire day".

"I wish I could tell you to stop commenting on my eating, shape or weight without it turning into a debate or confrontation".

"If your pattern of eating works for you, that is great and I am happy for you. But my pattern of eating is mine, and may be unique to my needs".

"I miss being around family and feeling accepted. It just feels like I am under a microscope, and my body is the hot topic that everyone else can't stop thinking about".

"Just because dieting is common doesn't mean it's what I want to do, or that it works for everyone. You don't think I've tried to diet already? That's the first thing I tried".

"As innocent as the comments may seem to you, and even though they aren't coming from a harmful place, they sit differently in my mind than yours".

"I just want to have a meal in peace".

Case Study #1: (Note: names used are pseudonyms)

Mahalia (she/her) is 27, has a diagnosis of Binge Eating Disorder and would be considered in society as "above-average" weight. Her family is originally from the Philippines, and immigrated to Canada when Mahalia was still a child. Growing up in Canada, Mahalia noticed many cultural differences regarding food, shape and weight between her Filipino family and Canadian societal norms. Mahalia noticed at family gatherings, members of her family would often comment on her body and how much she was eating.

Mahalia knows her family does not have ill-intent, and only make comments out of concern for her health; however, the more the comments occur, the more she feels her self-worth is defined by her weight, shape and eating patterns. She began to believe if she wasn't "eating healthy" or meeting societal appearance ideals, she was not worthy as person. After all, if those closest to her notice she is "fat" and "out of control", won't everyone else?

Mahalia would receive comments about how she should "eat less" or "exercise more" to lose weight. Even if there was no evidence that Mahalia was gaining weight, others would often hover over her during meals and snacks to criticize her choices if they were not "low fat" or the "diet-version". Eventually, even comments on portion sizes of "healthy/clean" foods became frequent. Overtime, Malahia stopped eating deserts or treats in front of her family, and would only wear baggy clothing, as she feared judgement and hoped to avoid comments on her body. Sometimes Mahalia would skip family events or choose to eat alone in her bedroom, socially withdrawing from her family due to shame and embarrassment.

Throughout her teens and early 20's, Mahalia had attempted every popular diet, and would sometimes try to go as long as she could without food in hopes that it would help her feel in control of her eating. But not eating enough during the day would cause her binging to become more frequent.

Sometimes she would feel hopeless, and think there was no point in trying to gain a sense of control over her eating. This thinking allowed Mahalia to surrender any structure she may have had around her eating, and to stop attempting to overcome urges to binge. As her binging increased, so did her weight, and so did the comments.

Case Study #1: Things to Point Out:

• Mahalia's culture may have played a role in how openly her family spoke about eating, food, weight and shape. Cultural norms may have understandable justifications for their development and should still be respected, but this does not mean they cannot be hurtful to some living within and outside of that culture.

• In North America and many other countries, thinness is seen as the ideal. Mahalia is considered "above average weight", so it is likely she received countless recommendations to lose weight not only from family, but from peers, professionals and the media as well. Throughout her life, she was led to believe she needed to change in order to stop having negative attention drawn to her body.

• Mahalia's family may have been concerned about the risk of potential health consequences of Mahalia's weight; their way of showing concern was to encourage changed behaviour. However, Mahalia may have interpreted this as "it's all that they can talk about, so maybe my weight is all that I am", or "they want me to change because the way I am now is not acceptable".

• Mahalia responded to feeling out of control with eating and her body the way that most people would: dieting. Mahalia – and most of the general public – do not realize that dieting can perpetuate binging, and binging can perpetuate weight gain. Mahalia found herself stuck in the "vicious cycle of dieting".

• Mahalia felt "doomed if she did", "doomed if she didn't". She tried to change her body in more ways than one – dieting included. Like all diets, Mahalia was unable to sustain hers; when this happened, others inferred that she was lazy or didn't try hard enough. Rather than blaming the diet, she blamed herself for failing. But diets don't work; a simple fact: they cannot be maintained long-term. Mahalia didn't know that she was never the problem – the diet was.

Photo Credit: Angela Roma via Pexels

CASE STUDY #2: (Note: names used are pseudonyms)

Ahmed (he/him) is an 18-year-old Muslim who was born in Canada. Ahmed would be considered by "BMI standards" to be on the low-end of a "normal weight". Ahmed does not have a diagnosed eating disorder, but as time progressed his eating and exercise behaviours became more and more disordered.

As a teen, Ahmed spent most of his time hanging out with friends. Many of his friends were avid gym-goers, and their body-types typically reflected those of muscular male athletes. Ahmed first started noticing how his body was different from those of his friends through the dating-scene; it seemed as though girls were more eager to flirt with his friends than with him. Ahmed began to feel as though he was missing out.

Soon, Ahmed's friends began to playfully tease him about not being manly enough to get girls. When they went out to eat together, his friends would encourage him to eat larger portions or up his protein intake for "bulking season". He would receive comments, such as "come on man, you need to beef up". At the gym, Ahmed's friends would make remarks on his body, such as "look at those twig arms", "how can you even walk with those stick legs", and "can you even lift, bro".

Ahmed would try to convince himself that his friends were "just kidding"; after all, they would follow comments up with statements like "it's just a joke, man". Ahmed would laugh it off, but inside he became more and more self-conscious about his eating pattern and his weight/shape. When out with friends, he started over-ordering and would push himself to keep eating even when he was full.

He started wearing long-sleeved shirts and full-length tights under his shorts when going to the gym in an attempt to subtly reduce the attention drawn to his arms and legs.

Ahmed began doubling his visits to the gym, exercising longer and harder than he previously would. Ahmed stopped taking rest days even though his friends still did, and would justify this by telling himself "they're already jacked; I need to catch up". Sometimes he would feel light-headed and weak, but felt the exhaustion was a sign to show how hard he was working. Some days, Ahmed was so sore from his workout the day before that he struggled to bend over to tie his shoelaces; however, he had always been told "pain is progress" or "no pain, no gain", so would still go to the gym despite his body needing rest. It did not take long before Ahmed tore a hamstring.

Ahmed did not realize that his behaviours were beginning to mimic symptoms of bulimia nervosa.

Everywhere Ahmed went he saw or heard messages that he was "not man enough" unless he was bigger, bulkier. In his mind, he needed to gain weight in order to be accepted by his peers and attractive to girls. This meant he needed to eat more and more; he needed to become the "ideal" – muscular and toned – in order to "be a man".

Photo Credit: Rodnae Productions via Pexels

Case Study #2: Things to Point Out:

• The fit-spo community often masks and normalizes disordered behaviour. Just because "everyone is doing it" does not mean it isn't harmful to some.

• Eating to "bulk up" or workout cheat days can often look like binge-eating. Pushing someone to eat past the point of fullness encourages them to ignore their body's cues and can lead to harmful eating behaviours.

• Yes – contrary to popular belief, men have body dissatisfaction as well. Encouraging men to gain weight or muscle can still result in a preoccupation with weight and shape, which could push someone to use disordered behaviour to achieve the ideal.

• Ahmed perceived that his friends were receiving positive attention due to their body-type; this indirect learning reinforced the idea that in order to be liked, he had to look a certain way. Being teased by his friends only furthered this conclusion. So Ahmed began to try to make his body look this "certain way" by ignoring his body's needs (ie: rest and stopping at fullness), and used extreme eating and exercise – both of which can be harmful.

• The public is often aware that calling someone "fat" is mean or wrong, but will excuse critical comments on thin bodies because "thinness is the preference". However, comments relating an individual to a twig or toothpick, or telling someone they are "skin and bones, and need to eat more" is still scrutinizing, and can trigger shame, disordered eating and body dissatisfaction.

• Sometimes there is truth behind a "joke", and sometimes there is not. Using the excuse that "it was just a joke" does not eradicate the potential harm within the comment. Further, the individual may always wonder if you meant what you said. In the words of a BANA client: "Why do YOU get to decide that I'M the punch line?" Consider using humour that does not come at the expense of others.

Three Simple Solutions:

1. Do your best to reduce how much you discuss your own diet, or criticize your own weight and/or shape around others.
2. Don't comment on what or how much others are eating.
3. Don't comment on others' bodies. Period.

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

What commenting on my body after I lost weight really told me.

By J.S.

Photo Credit: Hassan Ouajbir via Pexels

When I was 16 years old, I started my first diet. I was ridiculed for my body my whole life; I was told that certain parts of my body were not good enough and I was not loveable to some people because my body was not appealing to them.

As I sat in diet support-groups - meeting after meeting with women older than me who were told their whole lives to shrink their bodies - I learned my purpose. I learned that I was born into a body that does not align with what others find beautiful, and my purpose was to spend the next 6 years of my life shrinking because "nobody loves a fat girl".

After years of trying to 'stay on track' with whatever diet I was on, vicious cycles of binging and restricting, engaging in excessive exercise day-in and day-out, my body had shrunk but I did not recognize myself anymore. I had always been known as the 'fat girl' - only ever complimented on my "light", my "beautiful soul" and anything that was not related to my "unpleasant body".

But now who was I? After years of shrinking, I was praised by family and friends who only saw the 'positives' of my weight loss: a more acceptable body.

I was approached by an old classmate in the grocery store - where I was buying the foods that I would use to punish myself with - and was told that I looked "SO GOOD". I smiled and said thank you and she proceeded to tell me, "No, you look SO good. So much better than before".

Although I do not think she meant to hurt me with these words, emphasizing 'so much better than before" just reinforced every negative thought I had about myself. It justified the anguish. What this told me is that all of the energy, time and pain that went into shrinking my body was worth it because now it is acceptable to others.

When you comment on someone's body, especially after a drastic and fast weight loss, you are sending a message to who they were in a larger body; the message being they were not worthy of your love until they were smaller.

It sends the message that if your body ever shifts back, others will notice and judge negatively, and once again you won't be worthy. For me it reinforced every negative message that had ever been sent to the "fat girl". At that moment, all of my disordered beliefs and habits were justified. I learned that I needed to do whatever it takes to keep the shrunken body I had harmed myself to achieve. All of the pain and suffering I had endured was somehow worth it.

Now, I look back on that moment and see a turning point. Larger or shrunken, my body is mine to love, mine to cherish and mine to accept. My body does not need to be acceptable to you. If you are waiting for your "fat friends" to lose weight before you can commend their bodies, reflect on why.

Reflect on what your core beliefs are telling you about what bodies are and are not acceptable. Reflect on what subliminal messages you may be sending others through your compliments or critiques. Do not wait for them to fill your – or society's - ideals to love their bodies. Find a way to praise or compliment who they are as a person, and support whatever makes their eyes light up when reflecting on the body they house.

Six years later, I am at a point in my life where I have grown and changed in ways that have nothing to do with my body. I am in a career that I love; I bring my passions of social justice and activism everywhere with me. After surrounding myself with individuals who love me for more than my body, I have unlearned so many negative beliefs that diet culture taught me as a young girl. My shine, my light and the inner parts that make me who I am have not changed, but my body has and that is okay.

A Submission by Amy Prestow:

My Eating Disorder is not....

It's not a diet nor a lifestyle or a senseless teenage phase
It's not stupid it's not silly nor the latest weight loss craze

It's not a passion, not a hobby and it is not some twisted game
It's fatal, yes it's DEADLY, it's an illness of the brain

It's not fun and it's not funny, not intentional not a choice
It kills you slowly everyday and overtakes your voice

It's not my fault it's not intentional, not some spiteful slight of hand
It's an anxiety driven fear based disease that too few understand

It's not a joke and it's not selfish, it is the FURTHEST thing from vain
It's a drastic telltale of no self-esteem and unparalleled burning shame.

It's not malicious nor dismissive, not distinct to middle class white girls
It's a disease like any other, ensnaring EVERY age, class, and race 'round the world

It's not uncommon, it's not weird it dates back CENTURIES, nothing new
It's the single most fatal mental illness, which all statistics prove to be true.

Telling an anorexic to "JUST EAT" is like expecting a deaf person to JUST TALK
Telling a binge eater to "JUST STOP"
Is like demanding a paraplegic to JUST WALK

Telling a bulimic to "just eat normally" is cruel, ignorant and frustrating
Telling an exercise addict to "just sit down" is like telling schizophrenics just STOP hallucinating

This illness is biological, and genetic, it's like cancer of mind and thought
It doesn't come from nowhere, you are either born susceptible or not.

If you think this is a ridiculous phase or that we'd be fine if we "just tried"
Then explain to me the shocking rate of sufferers committing suicide

If E.D.'s were just a stupid choice or you think that we're just lying
Then why are millions desperate for help while millions more are dying?

Photo Credit: Tima Mirshnichenko via Pexels

Do we have to should?

By Dr. Nikita Yeryomenko, Clinical Psychologist

What a curious word, should, and words like it. I should budget my money better, I absolutely need to make sure a certain person approves of me, I must clean out my room, I have to be acknowledged for the hard work I have been doing, I can't fail this task. Demands we place on ourselves and others generate a tremendous amount of pressure, and a tremendous amount of internal resistance. I don't know about you, but whenever I want to do something and someone tells me I should do it, I don't want to do it anymore, even if the person telling me I should is myself. I think it's natural. No one likes being bossed around. And so the laundry piles up, unfinished projects stare at you from the distance, and the book you started reading with excitement is now covered by a gentle coating of dust.

Quite a few people believe that without demanding things of themselves they won't accomplish anything. If I don't have to clean up, won't my room get piled up with takeout containers? I suppose, but the garbage police won't arrest me, and I can choose to live in a pigsty if I want. If I don't have to show up at work, won't I get fired? Well, there is a curious case of a man in Spain who collected pay for 6 years without showing up to work, and no one noticed until he won an award. And sometimes, people show up at work diligently and still get fired. Even so, I don't have to show up, and they don't have to keep me on the payroll, so the freedom of choice cuts both ways. Well, shouldn't I follow my hopes and dreams? Strictly optional. Many people give up on those and move on with their lives.

So maybe demands don't work so well after all. Whenever we should on ourselves, as Dr. Albert Ellis would say, deep down we know that it is not exactly true. We need to eat and drink, or we die. If I throw an apple up in the air, it should fall back down. The sun must set in the west. We can't fly without aircraft. I have to make that important call, but I just can't. Wait a second! One of these is not like the others. Unless a demand is backed by laws of nature, it's most likely fiction. Even human laws don't have a very impressive track record. Everyone knows that theft is illegal, and people shouldn't steal, but that didn't get rid of theft, and thieves aren't always caught or punished. Of course I don't have to make that call, I've been avoiding it for weeks and getting away with it. And it's not that I can't, because my phone is working and my hands aren't tied up with a rope. It's that I don't want to. This is more honest, and more difficult to admit.

The life-sucking power of demands can be overcome by realizing that most of the time they are a magician's trick, smoke and mirrors that fool us into an anxious stupor. The irony is that being unwilling to let go of demands makes it near-impossible to see things clearly and make better choices to make the desires of our hearts come true. Yet we can let go of internal demands without letting go of what truly drives us — our desires. Once we do, we can see things for what they are, and not what we desperately demand they be. Then we take steps to make our desires a reality, knowing full and well we may not succeed, and that's ok. As much as we would like to, we don't always have to get what we want. We can keep trying if we choose to.

So give that a try, change your have to into want to and notice what that feels like when you say it to yourself, right there, in the center of your body. If that feels right, the world is your oyster. And if it doesn't quite feel right, then maybe you are onto something very important that you may want to reflect on. That, too, is strictly optional.

Dr. Yeryomenko is a clinical psychologist in private practice in Windsor, Ontario. He is interested in the diagnosis and treatment of a range of common psychiatric disorders presenting in adulthood and has a particular interest in bipolar-spectrum disorders.

Photo Credit: Tima Mirshnichenko via Pexels

Должны ли мы обязываться?

By Dr. Nikita Yeryomenko, Clinical Psychologist
(Russian translation)

Какое интересное слово, должен, и родственные ему слова. Я обязан лучше следить за расходами, мне нужно одобрение такого-то человека, мне необходимо навести порядок в комнате, я должен быть признан за свой тяжкий труд, я не могу провалить это задание. Требования, которые мы к себе предъявляем, создают колоссальное давление и внутреннее сопротивление. Я не знаю насчёт вас, но когда я хочу что-либо сделать, и кто-то мне говорит, что я должен это сделать, моё желание сразу же пропадает, даже если я говорю это себе сам. Я думаю, это естественно. Никто не любит, когда им помыкают. И вот начинают расти груды грязного белья, незаконченные проекты, и книга, которую вы начали читать с воодушевлением, покрывается тонким слоем пыли.

Многие верят, что без требований к себе нельзя осуществить практически ничего. Если мне не нужно наводить порядок в комнате, разве она не зарастёт контейнерами еды на вынос? Возможно, но мусорная полиция меня не арестует, и вообще я могу жить в свинарнике, если сильно хочу. Я не обязан появляться на работе, но разве меня за это не уволят? Любопытный случай произошёл с мужчиной в Испании, где он не появлялся на работе 6 лет и продолжал получать зарплату, и никто не заметил, пока он не получил премию. И иногда люди приходят вовремя на работу и трудятся изо всех сил, а их всё равно увольняют. Так или иначе, мне не обязательно появляться на работе, а им необязательно мне платить – свобода выбора. А разве я не обязан следовать своим надеждам и чаяниям? Строго необязательно. Многие от них отрекаются и продолжают жить дальше.

Так что возможно требования не очень-то хорошо работают. Когда мы повсюду обязываемся, как сказал бы д-р Альберт Эллис, глубоко внутри мы знаем, что это ложно. Нам нужно пить и есть, или мы умрём. Если я подброшу яблоко в воздух, оно обязано упасть. Солнце должно заходить на западе. Человек не может летать. Мне необходимо позвонить этому человеку по очень важному делу, но я просто не могу этого сделать. Погодите-ка секунду! Один из этих примеров не похож на другие. Если ваше требование не подкрепляется законами природы, скорее всего это фикция. Даже человеческие законы не имеют такой абсолютной силы. Все знают, что воровство противозаконно, и что люди обязаны не воровать, но это не избавило мир от воровства, и воры не всегда оказываются пойманы и наказаны. Конечно я не обязан звонить, я избегал этого неделями и мне сошло с рук. И не то чтобы я не могу, потому что мой телефон работает и мои руки не связаны верёвкой. Всё дело в том, что я не хочу. Так честнее, но сложнее в этом признаться.

Высасывающую жизнь силу требований можно превозмочь осознанием того, что большую часть времени они оказываются иллюзией фокусника, дымом и зеркалами, вводящими нас в тревожный ступор. Ирония в том, что нежелание отказаться от требований делает осмысленный и трезвый взгляд на вещи практически невозможным, так же как и более верный выбор в соответствии с желаниями сердца. И всё же мы можем отказаться от внутренних требований не отпуская того, что движет нами на самом деле – наши желания. И когда мы это делаем, мы видим вещи такими, какими они являются, а не такими, какими мы отчаянно требуем, чтобы они были. И тогда мы можем предринять шаги, чтобы воплотить наши желания в реальность, осознавая, что мы можем не достичь своей цели. Но это не так плохо, потому что нам не всегда необходимо получать то, что мы хотим. При желании всегда можно продолжить прилагать усилия, чтобы достичь цели.

Так что попробуйте поменять свои должен/должна на хочу, и почувствуйте, как оно ощущается где-то там, в вашем сердце, когда вы произносите это вслух. И если оно чувствуется правильным, то мир у ваших ног. А если ваше хочу ощущается ложным, возможно вы наткнулись на нечто очень важное, о чём вам стоит подумать. Но это, конечно, тоже строго необязательно.

Eating Disorders Treatment within Indigenous Communities:

Challenges and Opportunities

By: Anita Federici, PhD CPsych FAED

Photo Credit: Felix Mittermiter via Pexels

My training in the assessment and treatment of eating disorders began in the late 1990s in Ontario, Canada. Over the course of two decades, I was supervised by leading international experts, worked in some of the top teaching hospitals in Toronto, and attended/presented at the annual international conference on eating disorders (ICED).

Over the years, I developed expertise in CBT-E, FBT, DBT, and worked with incredible clinicians to adapt DBT for the treatment of EDs. Though I largely worked in urban centers in both Canada and the USA, I can only recall a handful of articles or discussions related specifically to eating in First Nations, Metis, and Inuit peoples.

In 2015, I moved to Midland, Ontario, located on the traditional territory of the Anishinaabe, Ojibway/Chippewas and Pottawatomi people, and the ancestral home of the Huron-Wendat Nations. As I started to build a clinic to treat eating disorders and emotion dysregulation in this rural community, my lack of training and knowledge in Indigenous history and culture became abundantly clear.

"a new client to our clinic checked in with admin and then left minutes later. The client later disclosed that she did not feel safe as there was no indication in our office that we were culturally aware of, or accessible to, the needs of Indigenous people."

It was naïve of me to think that offering mainstream eating disorders treatment within an Indigenous community would be acceptable or even accessible. Researchers have highlighted that the interactions between the discipline of psychology and Indigenous communities have long been marked by tension and mistrust.

Although the intention is to help, we have to keep in mind that our idea of helping by way of using or imposing Western treatment models is viewed as unsafe, threatening, and as a means of perpetuating neo-colonialism (Fellner, 2016). This isn't to say we shouldn't offer ED treatments, rather, we have to co-create them, collaborate with the Indigenous community, and work together to develop and assess treatment effectiveness.

This article highlights some of the key things I have learned (and continue to work on). The information here is based on several research studies as well as my own clinical experience.

1. There are very few studies that have looked at eating disorders and body image issues in Indigenous communities, especially in Canada. Up until recently, the most common assessment measures and treatment protocols are predominately based on trials involving white, western girls and women. While we talk about CBT-E or Family-Based Treatment as "gold standard" treatments, we really mean that these treatments have shown to be effective for white, middleclass, heterosexual females living in urban centers. We do not know how these treatments fare in rural and remote Indigenous communities that are additionally struggling with many socioeconomic barriers.

2. Eating disorders are increasing among First Nations, Metis, and Inuit adolescents and adults. We need more information here as well, however, several studies have shown higher rates of ED symptoms and body dissatisfaction (Marchessault, 2004) in adolescent girls. In my experience in Midland, Ontario, we work with a number of adolescents and adults (mostly women) from the First Nations, Metis, and Inuit community with anorexia, bulimia, binge eating disorder, and more. I remember one woman said to me

"I wish you could come and speak to our community because nobody ever talks about eating disorders."

It is so difficult to know actual prevalence rates because many do not want to identify as having an eating disorder and/or do not want to participate in studies that are coordinated solely by non-Indigenous researchers.

3. Urbanization and acculturation impacts body image ideals in some indigenous populations and may contribute to higher rates of EDs. Mainstream definitions of health and healing, prescriptions of "normative" eating, and concepts related to body image, weight, shape and beauty are all rooted in Eurocentric theories and experiences. Body image is much more comprehensive in traditional Indigenous teachings; the concept of the body and having gratitude for the body far exceeds physical appearance.

It is my growing understanding that, in Indigenous communities, body image is holistic and deeply connected to spirituality, community health, and pride in one's cultural identity (Poudrier, & Kennedy, 2008). From one article where an Elder was asked about defining beauty, he said:

"Holistically they were beautiful. As a human being, they're beautiful. You know? It wasn't what shape, form or size you are, you're beautiful, you know?"

One young Inuit woman I worked with told me that she struggled when she left her band to attend school in a large city. She explained that the connection she had to her culture and its teachings was replaced by fat shaming, bullying about "looking and being different than the white kids", and getting wrapped up in diet culture.

In a 2014 study the authors found that speaking one's native language and having a strong identification with one's culture served as protective factors (e.g., McHugh, Coppola, & Sabiston, 2014). This highlights for me that ED treatments must integrate Indigenous culture, teaching, and community involvement..

4. Treatments must be culturally sensitive and trauma informed, including in-depth knowledge of intergenerational trauma. Our focus on eating disorders must also integrate the unrelenting stigma and discrimination First Nations People report by Western medicine and society. In Alani-Verjee's article (2-17) one Elder described how hard it is to access help:

"It is very difficult when the messages are: "everybody is large'; 'everybody's overweight".

ED psychoeducational and prevention materials need to counter such stigmatizing attitudes in healthcare, schools, and in our communities.

5. Eating Indigenously. ED programs tend to cater to Western food practices and most are not culturally sensitive. For example, Indigenous communities are connected to hunting, harvesting, and eating from the land. The notion of processed or refined foods can be foreign and viewed as another form of oppression.

Although not related to eating disorders treatment, Dr. Reinhardt at Northern Michigan University, advocates for programs that educate, promote, and preserve traditional food preparation and consumption as a way to empower Indigenous peoples and maintain strong healing connections to their cultural identity. It is important that ED dietitians work closely with First Nations, Inuit and Metis partners to develop culturally appropriate nutritional and feeding recommendations.

Attention to socioeconomic barriers including low-income households and food insecurity is addressed in treatment planning.

6. Our ED treatments can be more relevant when there is a holistic focus that emphasizes health promotion as the goal (as opposed to the absence of illness as the aim; Fellner, 2016). One of my associates suggested asking new clients what important things about their culture they wanted me to know as we got started. I find this question creates space for clients to share what they view as culturally relevant and for us to think about integrating those elements into the treatment plan.

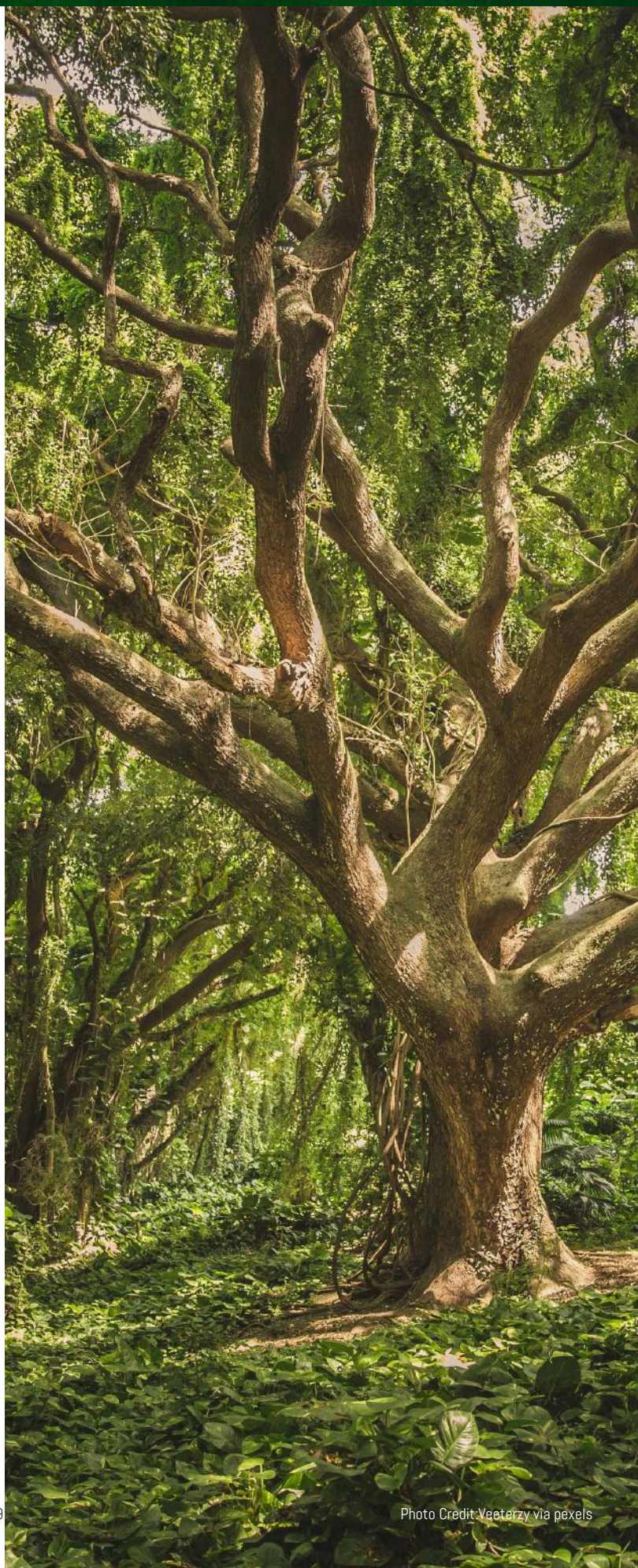
My clients and I will integrate the Medicine Wheel, smudging, community circles, or other traditional Indigenous healing practices in the treatment of eating disorders. ED treatments such as CBT-E or FBT don't address spirituality. In my experience, working with clients to integrate their deep spiritual traditions has been a key factor in recovery.

7. Therapists providing service to Indigenous clients require access to culturally relevant clinical support. I recommend starting with training in cultural safety such as the San'yas Indigenous Cultural Safety Training: http://www.sanyas.ca/ and attending conferences that are emphasizing cultural diversity and awareness in the workshops and presentations, such as the upcoming Academy for Eating Disorders annual conference happening in June 2022: ICED 2022 - Academy for Eating Disorders (aedweb.org).

For me, my ongoing education and awareness involves collaborating with Indigenous partners in my community, co-creating treatments with First Nations, Metis, and Inuit clients, and staying connected to the researchers around the world who are helping to close this gap.

Dr. Anita Federici is a Clinical Psychologist and the Owner of The Centre for Psychology and Emotion Regulation. She holds an Adjunct Faculty position at York University and is a distinguished Fellow of the Academy for Eating Disorders. Dr. Federici also serves as the elected Co-Chair for the Suicide and DBT Special InterestGroup for the Academy for Eating Disorders.

Contact Info:
267 King Street Midland Ontario L4R 3M4
Office. (249) 492.2673 Fax. (249) 492-2640 Email: Anita@MidlandDBT.com
Web: www.psychology-emotionregulation.ca Instagram: @dranitafederici



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Doctors: Look for These Warning Signs of Eating Disorders

By Dr. Harshi Dhingra, Associate Professor in Pathology, Adesh Institute of Medical Sciences and Research, Bathinda India

It's heartbreaking that one million Canadians have an eating disorder (National Initiative for Eating Disorders, 2020), and about 10 to 15 percent of them will die from it. Recognizing the condition is often the most challenging yet most important part of the process of treatment.

Eating disorders include bulimia nervosa, anorexia nervosa, binge-eating disorder, as well as a few others. There can also be unique features and symptoms of each disorder, such as "diabulimia" (National Eating Disorders Association, 2018), where diabetics drastically reduce insulin intake to lose weight. People suffering from eating disorders may not show obvious symptoms.

And, as eating disorders tend to co-occur with substance abuse issues (Piran & Gadalla, 2007), the secretive behavior common to both disorders may mask the symptoms, making it even harder to recognize the issue.

So how do you tell if your patient is suffering from an eating disorder?

How do you tell if it is an eating disorder if the patient is only outwardly displaying one symptom?

Signs and Symptoms of Eating Disorders

The signs and symptoms will significantly depend on the eating disorder a patient is struggling with. There are also similarities and differences between them.

It's worth noting that people struggling with eating disorders may not show any symptoms, and displaying some of these signs doesn't automatically mean someone has an eating disorder.

Anorexia Nervosa

Anorexia nervosa, often just called anorexia, is a condition that causes people to have an abnormal fear of gaining weight. This fear results in an obsession with what they eat.

With that said, people struggling with anorexia have an excessively distorted perception of their weight. It's common for patients who weigh well under 100 pounds to look in the mirror and see someone they'd still label as "fat."

People with anorexia nervosa also tend to place an abnormally high value on controlling their weight and body shape. Unfortunately, such a mindset forces them to use extreme efforts that can end up negatively affecting —and sometimes even prematurely ending— their lives. Anorexia is a severe case and those suffering from it may end up depressed if they gain so much as an ounce.

Anorexia symptoms are closely related to signs of starvation. But, concluding that a patient is suffering from anorexia can be difficult. Here are some signs to look for:

- **Extreme weight loss.**
- **Frequent denial of hunger.**
- **Obsession over body weight, shape, and specific areas of the body.**
- **Feeling overweight, even if they're extremely thin.**
- **An obsession over food and the nutrients in it.**
- **Overall body weakness and frequent fatigue complaints.**
- **Drying, thinning, and dramatic hair loss.**
- **Wearing layers of clothing to prevent cold or hide their body.**
- **Excessive and dramatic dieting and exercising.**
- **Avoiding social eating activities.**
- **Lack of menstruation.**
- **Unhealthy-looking skin and brittle nails.**
- **Insomnia**
- **Constipation**
- **Bluish color on the nails**
- **Self-induced vomiting**
- **Rigid food rituals such as spitting food out after chewing**

Anorexia is more common in women than it is in men. Teenagers are also at a higher risk of anorexia than older people because of the way the body changes during puberty. People who have had a significant life transition, like loss of a job or divorce, may also be at an increased risk of anorexia.

If you notice any of the above signs in a patient, you should investigate further. If you conclude your patient has an eating disorder, treatment should be sought immediately.

Bulimia Nervosa

Bulimia nervosa, simply referred to as bulimia, is another common type of eating disorder characterized by binge eating and purging (often through vomiting or abuse of laxatives) to get rid of the calories ingested. Bulimia is often difficult to diagnose because people suffering from it are usually not willing to admit to it.

People struggling with bulimia often have an "average" body weight, making it difficult to spot during a normal office appointment. Sufferers can also be highly secretive and skilled at hiding their activities, which often fill them with shame.

However, there are red flags to look for, including:

- **Alluding to binge-eating episodes**
- **Smelling of vomit**
- **Self-induced vomiting**
- **Hiding food to eat alone**
- **Irritability**
- **Scars on knuckles and fingers from self-induced vomiting**
- **Frequent complaints about their body weight**
- **Signs of purging, frequent bathroom visits, especially after a meal**
- **Drinking excessive amounts of water**
- **Puffy cheeks**

Diabulimia

The term diabulimia comes from the words diabetes and bulimia, and is a type of bulimia nervosa presentation. Diabulimia is associated with people with type 1 diabetes who avoid taking insulin to avoid weight gain.

Diabulimia is a dangerous eating disorder that can result in serious health problems.

Signs and symptoms include:

- **Frequent skin bacterial infections.**
- **Sugar in urine.**
- **Yeast infections.**
- **Muscle loss.**
- **Staph infections.**
- **Damage to the eye blood vessels.**
- **Abnormal period patterns.**
- **Confusion.**
- **Fatigue.**
- **Depression.**

Like other eating disorders, diabulimia can result in death if left untreated. Treatment usually also includes mental health counseling.

Binge Eating

Patients with binge eating disorders tend to eat unusually high amounts of food.

Signs and Symptoms include:

- **Excessive eating over a short time, such as over two hours.**
- **Rapid eating during binge-eating sessions.**
- **Feeling ashamed, disgusted, guilty, and depressed.**
- **Eating even when not hungry.**
- **Hiding food in unusual places to eat alone.**

Unlike bulimia, where a patient tries to purge to "erase" their binge eating, sufferers of binge-eating disorder may feel compelled to binge again after purging.

Final Words

Eating disorders can be deadly. As a doctor, you need to act quickly if you sense an eating disorder in your patient.

Luckily there are a variety of effective approaches to these eating disorders that can help patients address their symptoms. People struggling with eating disorders tend to hide their activities, and unfortunately, they become very good at it. When you carefully monitor the patients you suspect have an eating disorder, you can intervene before it's too late.

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

Dr Harshi is a licensed medical doctor with specialization in Pathology. She is currently employed as faculty in a medical school with tertiary care hospital and research center in India. She has vast experience of over a decade in diagnostic, clinical, research, and teaching work. She has a strong interest in medical content writing and reviewing. She also has several publications and citations in indexed peer-reviewed journals

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Balancing Recovery and Fitness

By Mackenzie Kovaliv

I love the gym. I love moving my body and challenging what it can do. I'm a pole dancer and I strength train in a powerlifting style. I love hiking, bike riding, rollerblading, yoga, and trying out all different kinds of fitness classes and movement styles. I recently became a personal trainer to help other people learn to move their bodies in constructive, safe, and enjoyable ways.

It hasn't always been this way. I was not an active or athletic kid at all. I was the girl in gym class who would fake period cramps or some kind of illness every day to get out of playing dodgeball. I was out of shape, "overweight", uncoordinated, and sluggish up until my early 20s. It was then that I found out my mental and physical health were becoming at risk, so I made an intentional decision to start taking better care of myself.

This included creating an exercise routine that I would stick to. It took a long time and a lot of consistent effort for me to get past the initial feeling of intimidation at the gym, to really know what I was doing, and to find reasons to actually enjoy the process.

Unfortunately, my love story with exercise doesn't end there. Once I finally got into working out, I began to overdo it. I quickly lost sight of my initial goal to improve my health and got carried away with the aesthetic side of things.

I hired an online fitness coach who made me an intense workout plan, as well as a restrictive meal plan. He specialized in training bikini competitors and bodybuilders, so I started following a lot of these people on social media. Somehow, I became obsessed with becoming just like them.

I started taking pretty extreme measures to become as lean and fit as possible, including buying every supplement on the market; trying to make up any missed workouts all in one day; punishing myself with extra cardio if I ate over my calorie-limit; and skipping out on social events for fear of breaking my diet.

As my coach decreased my calories lower and lower over time, my energy and mood decreased as well. My lifelong struggle with binge eating became harder than ever to control. I thought being my fittest possible self would make me more confident and more likeable, but the harder I worked for it, the more I felt stressed, anxious, and alone.

Everyone could see that I was completely consumed by my new "fitspo" lifestyle and missing the big picture. I was ignoring my grades, my finances, my relationships, and all my other responsibilities in the name of fitness.

Thankfully, I eventually made the decision to reach out for help from BANA. While on the waitlist for my treatment to begin, I was anxious to know what to expect. To get a head start, I started consuming every audiobook, podcast, and Youtube video I could find about eating disorder recovery, body positivity, intuitive eating, and the anti-diet movement.

I quickly learned that the fitness industry is very tightly linked to diet culture and the onset of eating disorders. Most diet plans, coaching services, and weight loss programs are marketed to make consumers feel like our current body or state of health is lacking, undesirable, and unworthy of love.

We then feel bad about ourselves and buy into their services out of desperation, believing our confidence and all of our problems will be so much better if we could just lose the weight or gain the abs. When it doesn't work out, we blame ourselves instead of questioning whether the program or product made any sense in the first place. It's a vicious cycle.

I knew I was going to need to change my perspective and expectations about fitness in order to improve my relationship with food and exercise, but I found many of the alternative movements difficult to make sense of. Many influencers promote intuitive eating instead of dieting, stating we should eat what we crave when we're hungry.

How could that be a good idea if my body was constantly signaling me to binge eat? Many extreme advocates for "body positivity" reject any effort to change our bodies at all, going so far as to shame anyone on social media who posts a gym selfie or progress picture and accusing them of being fat-phobic. How could someone be body positive if they weren't accepting, but rather judging, what another person was doing with their own body? Did people think I was fat-phobic for being into fitness?

I found this all incredibly confusing and unsettling. I was often extremely tempted to just drop off the waitlist at BANA. I could not wrap my head around how anyone could promote and pursue fitness, be body-positive, and be free from disordered eating all at the same time. I imagined that the recovery process would require a complete overhaul of my life as I knew it, including abandoning my passion for fitness.

Thankfully, no one during my treatment suggested that I quit the gym and no one tried to convince me that wanting to be in shape was inherently fat-phobic. Instead, a therapist and a dietitian worked with me to find the happy middle ground between these two extreme ideologies.

It turns out that I didn't have to give up my entire lifestyle as a health-conscious and active person. I just needed to tease out certain aspects of it that were not serving me.

Following a restrictive meal plan was one of the first aspects that had to go. In retrospect, I'm not sure how I expected a stranger on the internet to know what meals my body needed to be properly fueled or satiated. Restrictive meal plans and strict calorie goals do not take into account the many factors throughout the week that can cause our hunger levels and nutrient needs to fluctuate.

I now focus on eating more vegetables, whole foods and including every macronutrient with each meal, while still incorporating "fun foods" in moderation but without restriction. In treatment, I was guided to restructure my eating rituals, re-introduce some "feared" foods, and adopt better coping mechanisms for my uncomfortable emotions - all of which drastically decreased my urge to binge eat.

I have also had to let go of the idea that my life is somehow more worthwhile because I pursue fitness. Although fitness is a great thing to value that offers many rewards, no one who matters in my life is very interested in the size of my shoulders or triceps. Of course, my loved ones want me to be healthy, but abs and bulging biceps are not required to be healthy.

Spending more time in the gym doesn't make me kinder, funnier, or more empathetic. In fact, using fitness to avoid dealing with other responsibilities was only continuing to damage my self-esteem overall. I am proud of my abilities and lifestyle in the gym, but it does not make me a superior person.

In one particularly valuable session, my therapist asked me to describe what about fitness made me feel truly fulfilled. I instantly recalled a number of times when I had learned to do something in the gym that I never thought I would be able to do.

I shared about the first time a trainer had shown me how to do a proper barbell squat without feeling like I was going to fall on my butt. I never avoided the squat rack area again. I remembered the incredible feeling of nailing a move in pole class after thinking "there's no way I can do that" when the instructor had first demonstrated it.

I described the rush of showcase nights when our pole troupes finally got to show off the amazing routines that had taken weeks of choreography and rehearsal. Not a single memory of "hitting a goal weight" I recalled being as prideful or impactful as discovering all the amazing things that my body is physically capable of doing.

Since working with BANA, I have programmed my work in the gym around these truly empowering experiences - increasing my strength, enhancing my skills, bettering my endurance, and improving my mobility. Most importantly, exercise improves my mental health and reduces anxiety. I have shifted my focus away from arbitrary numbers like the inches around my waist or my weight on the scale. The aesthetic changes that come naturally from working out regularly do feel good to see in the mirror, I'll admit.

However, complete manipulation of my physique is no longer a pursuit that I personally find worthwhile. For me, the confidence and improved self-esteem that I thought would come from being "skinny" or "shredded" instead come from the improved stamina, posture, bone density and strength, sleep quality, balance, and metabolic function that I know I am supporting with regular activity.

Nutritionally, I try to make conscious food choices that will support my performance and recovery, but also support my enjoyment. My priority is not to let my thoughts about food interfere with my overall happiness and enjoyment of life. Food is not just fuel. Food is an important part of culture, religion, and the overall human experience. Never again will I skip Christmas dinner or go to bed hungry for the sake of a diet.

I don't have it all figured out by any means. Balancing the best of both the fitness world and the recovery world can feel like a juggling act. It takes daily, intentional practice to recognize intrusive thoughts, correct myself, and choose which actions are appropriate given the context.

It's challenging to understand which days to push myself to move and get active, and which days I need to cut myself some slack. I often worry that I'll make mistakes as a personal trainer. I may lose my way, say the wrong thing, or send the wrong message at times. However, with the support of BANA, I have attained a great number of skills and resources to illuminate the grey areas along my path.

I am excited to continue learning and growing in both my fitness and recovery journey, and I am extremely grateful for the guidance I have had to achieve the peace of mind and confidence I never thought were within my reach.

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The Reality of Going Virtual: Re-engaging our Youth

By Shelby Colarossi

Photo Credit: Julia M Cameron via Pexels

We live in a very different world than we did just two years ago. New realities brought on by Covid-19 such as working from home, temporary unemployment, cancelation of sports/ activities, home-schooling, and lack of physical contact with . . . well everyone . . . has been challenging to say the least.

The social processes and relationships in which young people rely on were abruptly changed when we were restricted to stay at home. Adapting to lifestyle changes like these, managing the fear of contracting the virus, as well as worrying about people close to us who are particularly vulnerable can take its toll on anyone's mental health.

Young people's leisure time and social activities are not bound solely to physical social relationships. These can also take place online. The virtual environment is a key feature of young people's everyday lives.

Gaming online has increasingly become a social activity and playing together with a friend or friends can strengthen feelings of social connectedness. Although the lockdown almost entirely prevented young people from physically seeing each other, it still allowed them to interact online.

A life on virtual platforms quickly became the norm. Schools and workplaces began using Google Meet or Zoom for teaching and meetings. The societal lockdown created a unique opportunity as it normalized online practices, making the cyber world become even more important and acceptable to young people's social lives than before the pandemic.

Saying it's more normal does not mean it shouldn't be controlled. Without rules, gaming can have a serious, negative impact on your child, such as a decrease in emotional and social functioning. In fact, many studies have identified a link between video game addiction and depression, anxiety, suicidality, and social phobia. Video game addiction or "gaming disorder" has become so prevalent that it is now classified as a disease by the World Health Organization.

Video game developers have increasingly found ways to make their games more compelling. Online games are often the most appealing and addictive due to their interactive nature. These programs allow the player to virtually recreate themselves and combine social interaction with a fantasy world that feels incredibly real. And, because they are interactive, you can't take a break without missing something – gone are the days of pressing pause while you have dinner or finish your homework.

Many parents struggle with how to approach video game addiction. Part of the issue is that kids who are struggling with gaming disorder often lose their connection with "real" and online friends when they stop playing video games. Parents may also be distracted by their own lives and activities, which are often technology-based as well. Frankly, it's exhausting and overwhelming to impose consequences to help a youth rebuild their lives in a video-game-free world.

The goal then should be for video games to become a secondary activity to the "real" activities of life.

It's clear that some youth will need to stop playing altogether in order to get their lives back because they find it too difficult to play in moderation.

Regardless, if you think you can still support your child so they can get a handle on video games, whether that's by playing in moderation or total abstinence, here are some tips:

Create a realistic plan and enforce it

Start by defining wants versus needs. A want is a suggestion and a need must be enforced. Unless needs regarding video games are enforced, we are merely contributing to the problem. Track the amount of time your child currently plays video games.

Come up with an acceptable amount of time that reflects video game playing as a minimal part of your child's life, and enforce that plan. Be in charge of the emotional atmosphere by staying calm so that your child has a better chance of accessing their own rational brain.

Kids need clear structure and limits in order to feel safe and settled. Just because your child may initially be upset when you tell them they MUST stop playing; doesn't mean it's not good for them. If they don't stop playing at the agreed-upon time, then they automatically lose the opportunity to play in the future.

Some families create contracts for these kinds of agreements, which are signed by both the parent and child. The plan and consequences are clearly stated and can be referred back to as needed.

Build in other activities first

The goal of moderation is based on the premise that children will benefit from decreasing the importance of video games as a way to meet their emotional and social needs. Focusing on other activities such as social interaction, physical activity, hobbies, chores, and homework is vital to decreasing video game reliance as a coping strategy.

You can't just take away addictions without replacing them with something else that serves the same function. Explore what function video games primarily serve for your child or children, then help them replace the function of success, connection, emotional regulation, etc., with other activities.

Keeping in mind that the goal is for video game use to become a secondary activity following engagement in the "real" activities of life.

Become more knowledgeable about modern technology. Most of us probably don't know a lot about video games and modern technology in general.

Despite attempts to listen to and absorb our children's descriptions of their games, and to even play with them, it's overwhelming and confusing to watch them play. Kids are smart and will quickly and easily figure out ways to get away with increasing their time playing online without you knowing.

Thankfully, there are many online resources that can help us understand everything from the various types of video games (including how potentially addictive they are), to how age appropriate they are. There is also software available that gives parents control over the amount of screen time their kids can have. We have the choice to either avoid these areas of concern, or to address them head on by taking more control over our kids' wellness and their future.

Family time is more important than ever. Eating meals around the table, going for walks or watching a movie together are ideal ways to spend with your child. Initiating basic conversations and taking a genuine interest in their lives can and will go a long way.

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

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What is Anorexia Nervosa?

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***** Disclaimer:**
The following article includes information derived from our clinical team's impressions as specialized professionals working directly with Eating Disorders in Windsor/Essex County.

Anorexia Nervosa is a complex eating disorder that is often misunderstood by the general public. Some are "fearful" of Anorexia due to the emaciated appearance of many of these individuals, while others brush it off, believing the resolution to be as simple as "just eating".

However, anorexia is not a choice – rather, it is a disorder that is linked to maladaptive compulsions and thought patterns. And although individuals who are underweight have been criticized for their startling appearance, they are not to be feared – they are worthy and capable people who find themselves stuck in a powerful and overwhelming eating disorder cycle.

It is important to remember that Anorexia Nervosa is a psychiatric disorder that is often further impaired by physiological outcomes of low weight.

Due to lack of proper nourishment, individuals with this diagnosis often do not present as themselves, as they get "stuck" in the disorder and become preoccupied by their fears of food and "fatness".

Many of their thoughts and behaviours are much more characteristic of the disorder than they are of the individual's personality. We stress that those supporting someone who struggles with Anorexia Nervosa do their best to educate themselves about the disorder and its symptoms, practice patience and their own self-care, and regularly remind themselves that the disorder is not who their loved one is; rather, it is a condition from which their loved one suffers from.

In the 2018-2019 year, we collected data on our active clients to determine how frequent each eating disorder diagnosis is at BANA. Because Anorexia Nervosa is one of the more "famous" eating disorders, it is often assumed that it is the most frequent. However, our findings indicate that it is somewhat rare, at a rate of 7.7% within our client population.

"ABNORMAL" EATING BEHAVIOURS

Often eating disorders are accompanied by "abnormal" eating behaviours (sometimes referred to as "mealtime behaviours"); these abnormal behaviours are most frequently seen in individuals who have been diagnosed with Anorexia Nervosa. Although these behaviours are still not well understood by the research community, some evidence suggests that they are the result of anxiety around food and eating, as well as caloric intake.

It has also been argued that some of these behaviours are a method of avoidance, and may serve as "rituals" in order to escape uncomfortable or distressing feelings when faced with mealtime. At BANA, we have heard clients describe their reasoning behind some of their abnormal eating behaviours; one example is dicing food into tiny pieces allows the individual to feel as though they are eating more than they are, and have a sense of control over their intake.

Here are some examples of "abnormal" eating behaviours:

- **Dicing/cutting food into small pieces**
- **Inappropriate use of utensils (or no utensils)**
- **Only using certain utensils or dishes**
- **Using smaller plates or bowls to make portions appear larger**
- **Measuring or weighing food**
- **Calorie counting**
- **Nibbling/picking/taking small bites only**
- **Tearing or dissecting food**
- **Inspecting food in-depth/staring at food**
- **Arranging food in a particular way**
- **Chewing food and then spitting it out**
- **Taking long periods of time to eat small portions/slow eating**
- **Only eating within a certain time window; if this window is missed, the individual does not eat**

DSM-5 CRITERIA FOR ANOREXIA NERVOSA

a) Restriction of energy intake relative to requirements, leading to significantly low body weight (defined as "less than minimally normal") in the context of age, sex, developmental trajectory, and physical health

b) Intense fear of gaining weight or of becoming fat, or persistent behavior that interferes with weight gain, even if at a significantly low weight

c) Disturbance in the way in which one's body weight or shape is experienced; undue influence of body weight or shape on self-evaluation; or persistent lack of recognition of the seriousness of the current low body weight

Subtypes: based on the symptoms involved in achieving and maintaining low weight

Restricting Subtype (AN-R):
Presentations in which weight loss is accomplished through dieting, fasting, and/or excessive-exercise

The individual has not engaged in binge-eating or purging behaviours within the last 3 months

Binge-Eating/Purging Subtype (AN-BP):
During the last 3 months, the individual has engaged in recurrent episodes of binge eating or purging behavior (self-induced vomiting, the misuse of laxatives, diuretics or enemas)

***Severity Ratings: based on the client's current body mass index* (BMI)**
Mild = BMI of 17 or above
Moderate = BMI of or between 16-16.99
Severe = BMI of or between 15-15.99
Extreme = BMI below 15

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EFFECTS ON PHYSICAL HEALTH

Out of all mental health disorders – not just eating disorders – Anorexia Nervosa has the highest rate of mortality. It is believed that the effects on physical health, such as starvation of the body and brain, is the reason why Anorexia Nervosa can be the most life-threatening mental health diagnosis.

Refeeding syndrome is a condition in which the individual's body experiences a severe shift in electrolytes and fluid as a response to suddenly increased intake.

When an individual with Anorexia has lost a significant amount of weight and does not maintain proper nutrition, their body can shift into a "catabolic" state, where it attains energy by breaking down body tissues (whereas a nourished body may reflect an "anabolic" state, where the body builds and repairs tissue).

A catabolic state has been shown to decrease the muscle-mass of the heart, causing one's heart to be smaller and more strained. When this individual is refed, but this refeeding is not carefully planned and medically monitored, there can be a cardiovascular collapse and/or cardiac arrhythmias caused by: a sudden change in metabolism: a significant shift in electrolytes; and an increase in blood volume that the smaller-heart cannot handle.

When refeeding syndrome occurs, the individual is at significant risk of death; this is one of the more common causes of mortality within this population. Appropriate weight gain can allow the heart to return to a normal size; however, it is recommended that weight regain and refeeding is done alongside medical professionals. It is for this reason that many individuals with anorexia nervosa are referred to inpatient/medical treatment centers, as most outpatient settings are unable to support the level of care needed to prevent refeeding syndrome.

Weight loss can also affect the heart in other ways, such as a slowed heart rate and blood pressure, and irregular heart rhythms that may cause sudden death. Pericarditis can also occur, which is a condition where fluid accumulates in the sac surrounding the heart.

Anorexia Nervosa has also been shown to damage the endocrine, gastrointestinal and pulmonary systems, with consequences such as:

- **Infertility, or the loss of menstrual periods**
- **Dangerously low blood sugars and electrolytes**
- **Decreased production of both white and red blood cells**
- **Fainting**
- **Slowed metabolism**
- **Delayed gastric emptying**
- **Slowed GI muscles, resulting in constipation or diarrhea**
- **Impaired kidney function from dehydration**
- **Overall muscle deterioration**
- **Difficulty producing and maintaining body heat which can cause lanugo (the development of fine body hair)**
- **Dried and discoloured skin**
- **Hair loss**
- **Bone loss/osteopenia/osteoporosis**

Another health consequence we often see with individuals who have Anorexia Nervosa and a lower BMI is cognitive impairment. Cerebral atrophy – or the shrinking of the brain – can occur, which can impair an individual's ability to think rationally, and make sound judgments and decisions. Cerebral atrophy can also cause peripheral neuropathy – where one experiences weakness, numbness and pain throughout the body as a result of damage to the nerves and disruption to the brain's communication with the body.

BINGING, PURGING & BULIMIA NERVOSA

One of the subtypes of Anorexia Nervosa is the binge/purge subtype. Individuals with this subtype of Anorexia share many of the same symptoms as individuals who have a diagnosis of Bulimia Nervosa. One common misconception is that binging and purging causes weight gain, and is only typical of individuals who are average or above-average weight; however, even individuals of a low weight may engage in these behaviours.

The DSM-5 notes under their "differential diagnosis" section that the main difference between these two diagnoses is weight; if an individual is experiencing these symptoms but does not struggle to maintain a "normal weight", they may be diagnosed with Bulimia. Low-weight is typically seen as a BMI of below 19, but clinical impressions and the severity of symptoms may have some sway, and exceptions can be made if justified. Keep in mind that some individuals who are not of low-weight may struggle with Anorexia Nervosa, and that diagnostic categories of eating disorders are quite fluid.

Binge-eating and purging behaviours are often misunderstood, both in Anorexia and Bulimia Nervosa. There is a lot of confusion regarding what constitutes a binge, or what purging behaviours look like. For more information and discussion on these symptoms, please visit our article on Bulimia Nervosa, at: https://bana.ca/bulimia-nervosa/

COMMON MISCONCEPTIONS

Contrary to popular beliefs, Anorexia Nervosa affects individuals of all ages – often, it is assumed that this diagnosis only exists with adolescents. Furthermore, Anorexia Nervosa affects individuals of all genders, not just females (as the popular media tends to depict).

It is also often presumed that recovery from Anorexia Nervosa is not possible; however, this is not the case. Although it is very normal that some individuals with Anorexia Nervosa require numerous levels of care and may need to pass through treatment programs multiple times before achieving remission, it is still very possible for individuals to recover from this disorder.

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

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1500 Ouellette Ave Suite 100
Windsor Ontario Canada N8X 1K7
P: 519.969.2112 E:info@bana.ca
www.bana.ca

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