

BODY EQUITY: SELF-ESTEEM IN THE BALANCE

NEDIC CONFERENCE HIGHLIGHTS • APRIL 16 & 17, 2015

“Interesting. Informative. Engaging. Relevant. Real. Loved it!”

These are just some of the words delegates used to describe NEDIC’s 5th bi-annual body image and self-esteem conference “Body Equity: Self-Esteem in the Balance.”

The 2-day program offered a rich and diverse line-up of speakers who shared their latest research and real world experiences with eager clinicians, dietitians, educators, health care practitioners, students and parents from as far away as British Columbia and Newfoundland, Northwest Territories and Washington.

NEDIC would like to thank our volunteer steering committee who worked tirelessly to make this year’s event a huge success. Thank you to Dr. Karin Jasper, Dr. Lorayne Robertson, Karen Murray, Kori Kostka, Heather Thompson and Lisa Naylor.

Thanks to our presenting sponsor, Dove Canada and the Dove Self-Esteem Project, for their contributions over the past 10 years. With their support, NEDIC has been able to develop and deliver programs like our web-enabled media literacy curriculum for grades 4 to 8 - Beyond Images. Thanks to our conference partner, the University of Toronto: Faculty of Kinesiology and Physical Education for their continued support and presentations. Thank you to our nutritional sponsor the Dairy Farmers of Canada and to our sponsors Sick Kids Foundation and the OTIP Community Fund.

A special thanks to the dozens of volunteers who so generously gave their time and energy to ensure that the conference registration and presentations went smoothly.

Lastly, we want to thank each of our delegates for taking time out of their busy schedules to commit to learning more about body image, self-esteem and eating disorders. Through these shared insights, inspirations and personal connections, let’s continue to celebrate body equity and embrace our diversity.

Sincerely,
The NEDIC Team



Kathy Kater



NEDIC team



Linda Bacon

Our keynote and session presenters represented a strong program of individuals with expertise in, connection to, and actions on the real world desires and struggles that individuals have with body image, self-esteem and food and weight issues. Below, are some of the highlights gathered by our session moderators and social media volunteers.

OPENING KEYNOTE PREVENTING EATING DISORDERS THROUGH THE PROMOTION OF MENTAL HEALTH – FINDINGS FROM A 17-YEAR PROGRAM OF INTERVENTION RESEARCH

Gail McVey, PhD, provided an update on eating disorders prevention research. She particularly emphasized the importance of mental health promotion in school based-prevention efforts.

KEY HIGHLIGHTS:

1. **Prevention starts with adults in all roles.** Adults are influencers, and as such require resources and coaching to do so effectively.
2. **Adults need to begin with examining their own biases.** Professional development for educators might include sensitivity training. Front line workers want/need coaching and training.
3. **It is important to pay attention to cues and comments within one's environment.** Teasing and weight bias affect children everyday. Early adolescence is a key stage of development and mental health concerns are on the rise.

FULL-DAY WORKSHOP ADJUSTING LENSES: CRITICAL MEDIA LITERACY IN THE CLASSROOM

Carol Doyle-Jones, PhD and M.Ed graduate student Joli Schiedler-Benns, explored children and youth's interactions with today's media and unpacked the influences it has on body image development. The workshop also examined media messages that built resilience to the mediated ideal body type.

KEY HIGHLIGHTS:

1. **Underneath media images are messages about expectations, values and ideals. This is why media literacy is important:**

- Body-based dissatisfaction is linked to eating disorders, depression and other mental health issues.
 - Use of the internet by 9-16 year olds is becoming individualized, privatized and mobile. They spend on average 88 minutes per day online.
2. **Adults can help children and adolescents uncover the hidden messages.**
 - Society needs to go below the surface and give students, teachers and parents the tools to think more deeply about media messages.
 3. **We need to make some changes in order to help students become critical thinkers!** There is a difference between "Media Literacy" and "Critical Media Literacy":
 - Media literacy is "the ability to understand and use the mass media in an active and critical way".
 - Critical Media Literacy means to "adopt a critical stance, asking what view of the world the text advances and whether they find this view acceptable".

SESSION 1 ON THE BEARABLE LIGHTNESS OF BEING: BOYS AND THE AESTHETICS OF MELANCHOLIA

Dr. Michael Atkinson, PhD, unpacked five years of interview-based research, which was collected on young men who prefer to live on the margins of "acceptable thinness" in Canada. His discussion built upon and addressed both a generational melancholia and shifting set of aesthetic preferences by young men who are actively 'thin'.

KEY HIGHLIGHTS:

1. **There are many misconceptions about what it means to be masculine.** We are using hegemonic masculinity as a stand in for all masculinity. It is important to take into consideration the fact that young men today have differing experiences when it comes to masculinity.

2. **Boys and young men are questioning the culture of masculinity.** Boys are challenging the absurdity of other people labelling and defining them by their body shape. Internal conflict that arises may lead to anxiety, depression and withdrawal from society.
3. **We need to talk to boys and be more receptive to their problems.** Boys have a lot to say if they are given the opportunity to do so. It's important to encourage individuals to think about boys and help boys understand they can be any size they want and enjoy their bodies.

SESSION 2 NOURISHED BODY: EAT, PLAY AND BE MINDFUL

Kori Koskta, RD and Certified Personal Trainer, Michelle Pitman shifted the conversation related to weight, food, exercise and health away from the external rules that constantly dictate our lifestyle choices.

KEY HIGHLIGHTS:

1. **We each have different set points for a reason.** Our bodies have evolved over time, with genetic differences suited to our environments. We can't and shouldn't all look the same.
2. **Letting go of a rigidly controlled diet and exercise regime allows us to gain greater qualities of life and better overall health. Dieting causes weight gain and, too often, leads to eating disorders.**
3. **Nourishing your body means honouring your hunger and satiety cues, and engaging in physical activity that feels good, and isn't simply 'good for you'. Engaging in mindful eating and playful, fun activities are great ways to engage in this practice.**

SESSION 3 "FAT TALK": ADDRESSING NEGATIVE BODY-RELATED CONVERSATIONS

In order to adequately address eating disorders, we need to critically examine the way that individuals in society talk about their bodies. Sarah Royal, PhD, explored fat talk and discussed ways to address it.

KEY HIGHLIGHTS:

1. **People fat talk because:**
 - It draws attention to their imperfections (before others can).
 - It displays vulnerability and helps seek reassurance from others.
 - It is used for bonding/support/inclusion.
 - It is incorrectly assumed that fat talk will increase positive body image.
2. **Fat talk has negative consequences for both the speaker and the listener.**
 - Even if we don't engage in it, hearing it can impact us. Studies have shown that across the BMI scale, fat talk increases body dissatisfaction.
 - This has also been proven in terms of "old talk" (speaking negatively about aging).
3. **We must:**
 - Implement "no fat talk" into school policies, starting in elementary school.
 - Identify barriers to behavioral change (e.g. pressures to fit in).
 - Discuss the pros/cons of engaging in fat talk.

AFTERNOON PLENARY GENDER, BULLYING AND BODY-SIZE: BARRIERS AND SOLUTIONS TO SUPPORTING YOUTH OF ALL SHAPES AND SIZES

Elizabeth Meyer, PhD, shared research on gender, bullying and body size including incidences, impacts and interventions. She also identified barriers to addressing these issues effectively in schools and communities and proposed solutions for educators, parents and youth workers.

KEY HIGHLIGHTS:

1. **LGBT and students of colour are disproportionately affected by bullying.**
2. **64% of treatment seeking youth report weight based victimization. 4 out of 5 experience it over 1-5 years.**
3. **Teachers are often personally motivated to intervene but barriers (e.g. administration or school culture) can often lead to inconsistent interventions.**
4. **We need to change explicit and implicit values celebrated in schools in order to change the paradigm and overcome barriers to preventing bullying.**
 - Policies need to be updated and followed by administration.
 - Curricula need to teach critical media literacy and think beyond binary.
 - Professional training must reflect research, model/practice appropriate language, critically examine norms, inform of policies.

SESSION 4 LGBTQ PEOPLE AND BODY IMAGE

Loralee Gillis, Research and Policy Coordinator at Rainbow Health Ontario (RHO) and PhD candidate Kinnon MacKinnon, shared relevant research on body image and body practices from a fat-friendly perspective.

KEY HIGHLIGHTS:

1. **The language used to describe people's weight and sexual orientation often overlaps.**
 - There are links between queer and trans oppression and size oppression. Although this oppression has been institutionalized, it is being challenged and gains have been made over the last forty years.
2. **The "invisible knapsack" of privilege – heterosexual, white and thin.**
 - There is increased pressure for trans people to conform to gendered body standards in order to "pass". The gay and lesbian communities have challenged fat phobia.
3. **Gay, bi and trans men have elevated risks of EDs and anti-fat stigma.**
 - They may experience higher rates of depression and anxiety due to discrimination.

SESSION 5 SPOTLIGHT ON THE BODY: EXPLORING SELF-CONSCIOUS EMOTIONS

PhD Candidate, Eva Pila, explored experiences of body-related emotions, identified high-risk situations that cause these emotions and discussed evidence-based cognitive behavioural strategies that can reduce the negative impact of body-related emotions on health and well-being.

KEY HIGHLIGHTS:

1. **Self-conscious emotions are central to behaviour, health and well-being.**
 - They are relevant in discussions of body weight and appearance. Different individuals will have different styles and reactions/emotions to different situations.
2. **It is important to identify and challenge high-risk contexts.**
 - There are certain situations in which an individual is more likely to experience negative self-conscious emotions (e.g. exercising with mirrors, wearing revealing clothing).
 - It is important to be able to recognize these situations and recognize when individuals are considered to be at higher risk to develop these emotions.
3. **Guilting and shaming does not work. Self-compassion works.**
 - Some individuals might use guilt and shame to try to motivate others (or themselves) to change their appearance. Research shows that this can be very harmful and does not lead to healthy self-conscious emotions.
 - In order for a person to truly feel motivated, their motivation must be intrinsic and internal. Research is looking at self-compassion as a way to combat negative self-conscious emotions.

SESSION 6

OUR BODIES: EXAMINING THE HELPING PROFESSIONAL'S SENSE OF EMBODIMENT

Robyn Legge, PhD, highlighted the importance of professionals understanding their own lived experiences in their own bodies.

KEY HIGHLIGHTS:

1. Working with patients suffering with eating disorders is emotionally draining and can affect the ways in which we live our lives.
- Support your colleagues in their struggles and accept support from them.
- Outside of work, try and be aware of increased weight preoccupation and increased body analyzing.
2. Remember that practicing what we preach is not "normal"
- Most of us probably struggle with our own body image, and that's okay!
- Remember that your body does not represent your worth and your values.
- Don't be a container for your patient's body preoccupation – they will dump a lot of negativity on you surrounding their body, and you must learn to "empty it out" at the end of the day.
3. Separate our own embodiment struggles from our clients
- Try and separate your personal life from your work life.
- Some eating disorder therapists can end up eating for their clients at the end of the day. After a long day of trying to get someone to eat, food preoccupation can sometimes come up for us.

OPENING KEYNOTE REBOOTING EATING DISORDERS: EDUCATION, PREVENTION AND RECOVERY

Catherine Steiner-Adair, EdD explored ways in which The Digital Age presents challenges and opportunities for cultivating resilience among those who are vulnerable to eating disorders.

KEY HIGHLIGHTS:

1. Technology will answer any child's question but will not love, protect or raise your child.
- The Internet is a world without a concern for safety which includes dangers such as pro-Ana sites.

- Clinicians should familiarize themselves with these sites so they can see what their clients are dealing with.
- 2. Technology magnifies body dysmorphia, dissatisfaction, etc.
- We need to teach digital citizenship and media literacy at the primary prevention level.
- 3. Technology allows us to connect to one another in a meaningful way.
- We need to learn to outsmart our smart phones and stop compulsively checking our phones.
- Texting has replaced talking and we've lost the essential tool for relationships – the ability to sense the emotion that accompanies the words.
- We thrive when we have healthy connections to people who care about us in real life.

FULL-DAY WORKSHOP 2 FIND YOUR VOICE FOR BODY RESPECT: HOW TO CHALLENGE RESISTANCE AND TALK PERSUASIVELY ABOUT SIZE ACCEPTANCE

Linda Bacon, PhD, provided delegates with the tools to speak with both authority and compassion when advocating for size acceptance.

KEY HIGHLIGHTS:

1. Your Story: Think about your personal stories and how they inform your ideas.
- Whether you are fat or thin, a professional or a layperson, your perspective as someone who has been affected by size acceptance issues will be your biggest asset. Without bringing in your humanity, your message will not get far.
2. Force your audience to enter a world of compassion and fortify your defenses by developing your confidence, educating yourself, meditating and engaging with others in the size-acceptance community.
3. Craft Your Argument using these five steps:
 - Identify the problem.
 - Empathize with those suffering.
 - Point to an opportunity for change.
 - Explode myths that stand in your way.
 - Give the Body Respect Solution.

SESSION 7

"AIN'T I A WOMAN TOO?" BODY IMAGE AND EATING PROBLEMS AMONG RACIALIZED WOMEN AND GIRLS

PhD candidate, Jill Andrew, unpacked pervasive myths surrounding body image and eating problems and discussed the negative impacts these assumptions can have for some women and girls of colour who are seeking support.

KEY HIGHLIGHTS:

1. Legacies of distrust in medical environments and other social institutions can act as a barrier to disclosure.
- Women of colour are more likely to disclose their eating issues with others who are most like themselves.
2. There is often great misconception that Black women are impervious to eating disorders and body image issues due to stereotypical assumptions.
- This discourse and way of thinking prevents countless women from receiving the care and services they need to recover.
3. The Social Determinants of Health framework (Raphael, 2009) is a tool that can be used to explore the interconnected and systemic links between body image, eating problems and multiple identities and the systemic barriers created.

SESSION 8

BODIES TALK: THE INTERSECTION OF DISORDERED EATING AND EXERCISE, FROM RECREATIONAL PHYSICAL ACTIVITY TO ELITE SPORT

Catherine Amara, PhD and PhD Candidate, Sarah Gairdner, discussed the paradox of physical activity and the multiple ways in which the body, eating and exercise intersect.

KEY HIGHLIGHTS:

1. Nutritionally supported exercise programs for patients with Anorexia Nervosa (AN) are associated with improvements in quality of life and strength and do not necessarily compromise weight gain or worsen symptoms.

- Psycho-education helps modify dysfunctional exercise beliefs in patients with AN.
- 2. There is lived experience shared by those in recovery from AN and retired elite athletes.
- Both have experienced bodies in transition and in some cases may share dysfunctional attachments to food and exercise behaviours.
- 3. Health education and ED treatment should include learning about how nutrition and physical activity can compromise health and the way(s) in which they might be adapted to support health.

SESSION 9

BODY CHECKING AND AVOIDANCE IN EDS: THEIR POTENTIAL IMPACT AND TREATMENT STRATEGIES

PhD Candidate, Danielle MacDonald, shared specific cognitive and behavioural interventions that could be applied to help individuals become less preoccupied with weight and shape.

KEY HIGHLIGHTS:

1. Body checking (repetitive scrutinizing of your body) and body avoidance (avoiding seeking/ touching your body) are unhealthy behaviors. Ideally, we want to fall somewhere between the two, where exposure to your body doesn't cause distress/anxiety and yet we are not spending excessive time checking our appearance in the mirror.
2. Since body checking and body avoidance are linked to anxiety, therapies that are used to reduce anxiety (like exposure therapy) are effective in reducing these behaviors.
3. Body checking and avoidance are behavioral expressions of weight-based self-esteem. Ultimately, the goal is to disconnect our self-esteem from our weight/shape entirely.

SESSION 10

BODY ACTIVISM IN THE CLASSROOM

PhD Candidate, Carrie Cox examined the dissemination of body norms in the classroom.

KEY HIGHLIGHTS:

1. Teachers can help to model the healthy behaviors they hope their students will embrace.
- Examples include refusing to engage in fat talk and letting their students see them eating treats in the classroom.
2. We need to shift away from the problematic restrictive health pedagogy in schools and move towards healthy body image, enjoyable balanced eating and exercise.
3. Teachers can use the following tools to integrate body activism into their classrooms:
 - Teach students media literacy to pull apart body norms.
 - Challenge understandings of the term "fat".
 - Attempt to create educational spaces that embrace all bodies.

SESSION 11

GETTING HEALTHY - SEXUALLY HEALTHY THAT IS

Sexual Health Educator, Lyba Spring, explored skills and strategies that can be used to assist people struggling with eating disorders and sexual and relationship issues.

KEY HIGHLIGHTS:

1. Factors contributing to an eating disorder are most likely going to affect one's sexuality too.
2. Often women with eating disorders experience great anxiety around sexual intimacy and usually avoid encounters altogether.
- Women with eating disorders often lose their ability to negotiate in their sexual relationships with others if they engage in sex at all.
3. Disclosing an ED or the stage of recovery an individual is in, can play into relationships.
- Sexuality is a huge part of who we are and this discussion about sexual health and EDs can be a part of self-care.

SESSION 12

RETHINKING THE INTERSECTION BETWEEN EATING DISORDERS AND PEOPLE WITH DISABILITIES - IMPLICATION FOR TREATMENT

Senior doctoral student, Kaley Roosen, and Dori Zener, MSW, RSW, discussed possible differences in the manifestation of eating

disorders in individuals with both visible and invisible disabilities.

KEY HIGHLIGHTS:

1. Individuals with disabilities experience unique biological, psychological, social and cultural risk factors, which may lead to the development of an eating disorder.
2. It is important to be aware of these risk factors and realize the implications for treatment.
- We need to rethink treatment access. For example, for individuals with autism, group therapy might be challenging due to sensory overload.
3. We need to change the way we think about disability.
- We need to think of it as a human rights model rather than a medical problem/ limitation. This will allow us to see disabilities in a different light and will help with the access of treatment.
- In order to achieve this shift in thought we need more research and more training for healthcare providers.

CLOSING KEYNOTE

HOPE FOR THE FUTURE: TRANSFORMING THE DESTRUCTIVE ASSUMPTIONS OF THIN PRIVILEGE AND WEIGHT STIGMA

Psychotherapist, Kathy Kater, proposed that for the prevention of eating disorders and the universal promotion of health alike, we need to embrace true body equity.

KEY HIGHLIGHTS:

1. We need to change the belief system that results in weight bias.
2. Body dissatisfaction and weight stigma are NOT effective motivators for health enhancing behaviours.
- It is wrong and harmful to make assumptions about someone's health based on their weight/ appearance. We need to teach people to CARE for their bodies instead of COMPARE their bodies.
3. The four toxic myths from weight-focused approaches to health are:
 - Objectification.
 - Denial of bio-diversity.
 - Denial of the predictable results of "dieting".
 - Discounting the value of health.

**DOVE SELF-ESTEEM
LUNCH & LEARN**

Lisa Naylor facilitated a session on how to deliver Dove School Workshops for Body Confidence for all genders 11–14 year olds.

KEY HIGHLIGHTS:

1. Delegates were provided with tools to create their own workshops including facilitation notes, activity sheets and lesson plans.
2. Participants were encouraged to motivate students to be advocates in responding to professional and social media, challenge appearance pressures and make commitments to be champions for change in their peer groups.
3. All information from this session and further resources are available at selfesteem.dove.ca.



Lisa Naylor

IF YOU ARE INTERESTED IN LEARNING MORE ABOUT NEDIC'S PROGRAMS AND SERVICES VISIT **NEDIC.CA** OR CALL **1-866-NEDIC-20 (1-866-633-4220)** OR **416-340-4156** IN TORONTO.

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This year marks NEDIC's 30th anniversary and we are excited to be hosting our annual fundraiser at TIFF Bell Lightbox on Thursday, May 28th. Cityline's Tracy Moore will be our host for the evening, singer/songwriter Candice Sand will be performing live and host bar and hors d'oeuvres will be catered by Oliver & Bonacini. Auction items include a luxury bike trip for two through Puglia, Italy, dinner/theatre tickets and spa packages.

Tickets are \$120 and proceeds go to support NEDIC's national toll-free helpline. Visit NEDIC.ca to reserve your tickets today. If you can't attend, you can support NEDIC and the work we do by making a donation online at NEDIC.ca/donate