



NO ONE SHOULD TALK TO THEMSELVES THAT WAY.
If you're struggling with an eating disorder, we're here for you.



NATIONAL EATING DISORDERS
AWARENESS WEEK

February 1st to 7th 2022
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SEMAINE NATIONALE
DE SENSIBILISATION AUX
TROUBLES ALIMENTAIRES

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AN INITIATIVE OF

ACTIVITIES GUIDE FOR PEOPLE WITH EATING DISORDERS AND
THEIR FRIENDS AND FAMILY

EATING DISORDERS AWARENESS WEEK

FREBRUARY 1 TO 7, 2022

"No one should talk to themselves that way. If you're struggling with an eating disorder, we're here for you."

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ACTIVITIES GUIDE FOR PEOPLE WITH EATING DISORDERS AND THEIR FRIENDS AND FAMILY

Getting back to a balanced routine

After two highly unusual years, returning to a healthy social life that includes sitting around the dining room table can be frustrating and anxiety-producing. Getting back to a balanced routine and putting our helping strategies to work can be challenging for those with eating disorders and their friends and family.

However, we must all eventually and gradually adjust once more to a more normal pace of life in 2022. For some, this is good news, for others it means a lot of work. For those with eating disorders, it can mean exposure once again to anxiety-producing situations, such as meals in restaurants, outings with friends, school, in-person work, family suppers, etc. For friends and family, providing support in these situations while themselves having to adjust to new routines can be demanding as well.

This is why this activities guide focuses on activities that provide tools and preparation for the road to recovery from an eating disorder. Step by step, recovery is possible. You just have to take the first step.

ACTIVITIES GUIDE FOR PEOPLE WITH EATING DISORDERS AND THEIR FRIENDS AND FAMILY

The eating disorder's voice

This year, Anorexie et Boulimie Québec (ANEB) and the Maison L'Éclaircie would like to take a closer look at the eating disorder voice, that is, the obsessive thoughts associated with eating disorders. These obsessive thoughts are often in connection with body image, eating and physical activity. These thoughts, this voice, can easily become very invasive and cause immense suffering, almost drowning out the healthy voice within us, our real, our own voice. In fact, eating disorders are rarely unambivalent: people with eating disorders often feel soothed by their disordered behaviours, but they also want to put an end to the suffering these behaviours cause. This ambivalence can be experienced as a "battle" between two inner voices.

The eating disorder voice is not directly present to friends and family, but it has an indirect harmful impact on them nonetheless. Friends and family may also struggle with an unhealthy internal voice, frequently related to feelings of guilt, unfairness and frustration. Seeing someone you love suffer from a mental illness can sometimes become as painful as experiencing it yourself.

No matter what role you find yourself in, it is important to learn to distinguish your voice, your own thoughts, from all the other voices and to make it work for you. This guide suggests activities that explore this topic for those with eating disorders as well as their friends and families.

ACTIVITIES GUIDE FOR PEOPLE WITH EATING DISORDERS AND THEIR FRIENDS AND FAMILY

How the guide works

In keeping with this year's theme, the activities guide suggests activities for tackling the eating disorder voice to get on the road to recovery. The guide includes three different activities. The first is for everyone and anyone experiencing difficulties, whether or not they are related to an eating disorder. The second is for people living with an eating disorder. The third activity was developed to help friends and family of people with eating disorders, and it can be done alone or in a group, say a family, that includes the person with the eating disorder.

For each of the three activities, there is a description of the activity, instructions for doing it and a list of supplies required. Everything you need for the activities is included in the appendixes. We recommend doing the activities with an open mind. And don't hesitate to ask for help from friends and family. If you feel especially uncomfortable after doing the activities, we recommend that you contact the resources below for support.

ACTIVITIES GUIDE FOR PEOPLE WITH EATING DISORDERS AND THEIR FRIENDS AND FAMILY

Resources

The Maison L'Éclaircie

☎ 418-650-1076

✉ info@maisonclaircie.qc.ca

🌐 www.maisonclaircie.qc.ca

Serving : People age 14 and older in the Capitale-Nationale et Chaudière-Appalaches region (except for helplines and live chatting). Services for people experiencing behaviors associated with anorexia and bulimia, and their friends and family.

Services : Helpline and live chatting, individual and group meetings (psychosocial and nutritional), individual and group meetings for friends and family, referrals, workshops, kiosks, prevention workshops for schools and conferences.

Anorexie et Boulimie Québec

☎ 1-800-630-0907 ou 514-630-0907

✉ info@anebquebec.com

🌐 www.anebquebec.com

Serving : People age 12 and older across the province. Services for people with eating disorders and their friends and family.

Services : Helpline, live chatting, texting services, group meetings, conferences, kiosks, referrals, support for friends and family.

Centre de crise du Québec

☎ Different number for each region. Use this link to find the number for your region:
www.centredecrise.ca/listecentres.

🌐 www.centredecrise.ca

Services : telephone support, temporary housing and post-crisis follow-up, support for friends and family, mobile services, partner services.

211

☎ 211

🌐 www.211quebecregions.ca

Services : helpline and referral to the right community and social resources.

ACTIVITY 1

That's not my voice!

Objective

Reduce the power of the eating disorder voice or other negative thoughts.

Supplies

- The chart in Appendix 1.1
- The worksheet in Appendix 1.3
- Post-its or adhesive paper
- Pencils and highlighters
- Stickers and other craft materials (optional)

For

Age 14 and over.

Description of the activity

The negative, irrational thoughts expressed by the eating disorder voice are what we call cognitive distortions. Sometimes these thoughts appear only occasionally, but they can also become obsessive. Cognitive restructuring is a technique used to address and reverse these cognitive distortions. Cognitive restructuring helps you change negative thoughts by challenging them with reality and eventually taking away their power.

Instructions

1. Read the chart in Appendix 1.1.
2. Identify the cognitive distortions you struggle with daily with the help of the chart in Appendix 1.1.
3. Enter these cognitive distortions in the worksheet in Appendix 1.3, entering thoughts as you experience them in the lefthand column and the type of cognitive distortion they are in middle column.
4. Restructure your cognitive distortions with the help of the examples in Appendix 1.2., and enter your restructured thoughts in the righthand column of Appendix 1.3
5. When the eating disorder voice is loud and strong in your head, stand in front of the mirror and say your new restructured thoughts out loud. Challenge the accuracy of the eating disorder voice with facts. You can also write your restructured thoughts on post-its and stick them on a mirror, or anywhere else in your home where you can see them without invasion of your privacy.

ACTIVITY 2

My Road to Recovery

Objective

To begin reflecting on your road to recovery, mapping the obstacles and successes along the way and understanding that each individual follows their own unique path to recovery.

Supplies

- Coloured pencils
- Scissors
- Glue or adhesive tape
- Path to recovery worksheet (Appendix 2.3)
- Thought bubble cutouts (Appendix 2.4)

For

All ages, everyone struggling with an eating disorder.

Description of the activity

Recovering from an eating disorder is a unique and personal process. There will be successes as well as setbacks, all normal parts of the journey. It's a journey that is different for everyone. This activity gives you an opportunity to map your journey to date and reflect on it. The map is your record of your journey so far, of the progress you have made. It will help you to see how far you have come, no matter where your journey started.

Instructions

1. Read Appendix 2.1.
2. Answer the questions in Appendix 2.2 to help you start thinking about your personal road to recovery before beginning to map it.
3. Check out Appendix 2.3 to give you an idea of what your map might look like or use it to map your road to recovery.
4. Put the things you are proud of on your map, your achievements and successes as well as your challenges and the difficulties you have experienced (don't be afraid to be visually creative).
5. Cut out the bubbles in Appendix 2.4
6. Place the bubbles along the path and use them to indicate your internal dialogue and where it occurred on your journey.
7. Now identify the parts of the dialogue that are the eating disorder voice and those that are your own voice.

ACTIVITY 3

The Ball of Emotions

Objective

Cette activité va permettre aux participant(e)s d'identifier leurs émotions à l'aide de la liste des émotions et d'apprendre à les vivre sainement.

Supply

- Paper
- Pencils

For

All ages. Especially recommended for friends and family of people with eating disorders who want to support them through recovery.

Description of the activity

Living with an eating disorder, it can be difficult to express freely emotions. Accumulating them can lead to feeling unwell or to psychological distress, an overflow of inappropriate emotions or to social isolation. This activity is a way to discuss emotions in a healthy and secure way.

Instructions

1. Read the list of emotions in Appendix 3.1.
2. Identify one or more emotions on the list that you are experiencing at the moment.
3. Answer the questions about the emotion or emotions you are experiencing on the worksheet in Appendix 3.2.
4. Take a sheet of paper and write your emotion or emotions on it. You can also draw your emotion, describe it in a few words or sentences or just name it. Do what feels right to you.
5. Express the emotion or emotions you have identified out loud to yourself, or to your family if you wish.
6. Take your sheet of paper and scrunch it into a ball. Now truly try to transfer your emotion to that balled up sheet of paper.
7. Now throw that ball of emotion away. Throw it as far as you can. Tear it up. Crush it. Burn it (be careful and make sure young people have help).
8. Complete the worksheet in Appendix 3.2, writing down your thoughts about the emotion or emotions in your ball of emotion, and then end the activity by reading the conclusions in Appendix 3.2.

APPENDIX 1.1

Types of Cognitive distortions and definitions

Types of cognitive distortion	Definitions
All-or-nothing thinking	Viewing things in absolute terms, with no room for complexity or nuance: you are either a success or a failure; your performance was totally good or totally bad; etc. Also known as black and white thinking or polarized thinking.
Overgeneralization	Seeing one bad experience as the start of a series of bad events and drawing overarching conclusions.
Magnification or minimization	Blowing negative experiences out of proportion (magnification), or making those that are positive appear insignificant (minimization).
Mind reading	Assuming you know what others are thinking about you without any evidence of what they actually think.
Fortune telling or catastrophizing	Predicting the worst and convincing yourself it will happen.
Labeling/mislabeling	Reducing things and people, including yourself, to a single characteristic (label) and being unable to see them outside this narrow, restrictive box.
Should statements	Thinking in terms of what "should" or "ought" to be said or done instead of listening to our real needs. Often accompanied by guilt.
Personalizing	Believing you are to blame for something even though you had little or nothing to do with it.
Disqualifying the positive	Treating positive events like they don't count, dismissing them as flukes even when your daily life demonstrates otherwise.
Jumping to conclusions	Drawing negative conclusions when there is no evidence confirming your interpretation and when mind reading and catastrophizing have played a role in coming to these conclusions.
Mental filter	Homing in only on the negative aspects of a situation and ignoring the positive ones.

Source : Isabelle Soucy, ph.D psy.

<https://www.isabellesoucy.com/wp-content/uploads/2021/04/Tableau-des-distorsions-cognitives-et-restructuration-avec-exemples.pdf>

APPENDIX 1.2

Examples of cognitive restructuring

Cognitive distortion	Restructuring
<p>"I shouldn't have eaten so much. My stomach is huge now."</p>	<p>I ate that amount because I felt like it. It gave me pleasure, and I deserve it. One meal isn't going to change my body image in the long term. It feels like my stomach is bigger because it's filled with food. Once I've digested the food, my stomach will go back to its normal size. The feeling of bloating is normal and necessary to the digestive process. It will go away all by itself.</p>
<p>"I'm so ugly."</p>	<p>I feel ugly today, but that doesn't mean I'll feel ugly tomorrow, or the next day. Beauty is a very personal thing. I might be unconsciously comparing myself to ideals of beauty. I could try to be more neutral instead of seeing myself so negatively by naming the things I like about myself and reminding myself of everything my body does for me.</p>

APPENDIX 1.3

Cognitive Restructuring Worksheet

Thought	Type of distortion	Restructured thought

APPENDIX 2.1

What is recovery?

Recovery is a process that can take months or years. It took a long time for your eating disorder to develop, and it can take just as long to go away. Recovery is a process of deconstruction and reconstruction. The road to recovery is never a straight line: it can be long and winding, full of ups and downs, good days and bad, successes and setbacks—all part of the process and nothing to be concerned about.

Recovery demands patience, perseverance, motivation and resilience. The goal is to restore mental health, as defined by the World Health Organization (2007): a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

According to the Maison L'Éclaircie, you can consider yourself recovered from an eating disorder when:

- Physically: your weight and vital signs have stabilized and returned to normal;
- Behaviour: compensatory behaviours have disappeared and your eating behaviour has normalized;
- Psychologically: the obsession has disappeared. A concern with food may remain, a desire to stay healthy, but it is no longer invasive and disorganizing:
 - You have recovered a quality a life that you yourself have defined;
 - You have a positive perception of your body;
 - You feel able to take control of your life and your choices
- Socially: You are able to perform your social roles (student, worker, parent, etc.):
 - You are able to fulfil the responsibilities of a citizen of your age and status
 - You are once again part of a healthy and rewarding social network

APPENDIX 2.1

What is recovery? (continuation)

The road to recovery is full of challenges. It's important to understand that eating behaviours are symptoms of eating disorders, but eating is also a basic need and we depend on eating food to stay healthy. Treating an eating disorder is not like dealing with addiction, because you can't just eliminate food. Recovery from an eating disorder is a huge challenge because you are constantly confronted with the symptoms of your disorder.

We can't eliminate food. We have to work on our relationship with food so we are adequately nourished while developing a healthy relationship with our body image. It's one small step at a time, which makes it difficult to see progress at any particular moment.

We need to look at where our journey to recovery started to see what we have achieved. Recovery is anything but a straight line. There will always be challenges, successes, relapses and accomplishments along the way.

What is most important is to believe in it and to take one step towards recovery every day.

APPENDIX 2.2

Thinking about my path to recovery

Some thoughts before doing the exercise:

- How do you envision your recovery?
- What are your fears and concerns about the recovery process?
- What would be the benefits of recovery for you?
- What are your strategies for starting the healing process?
- What do you feel are your strengths and your particular challenges in negotiating the road to recovery?

APPENDIX 2.2

Thinking about my path to recovery

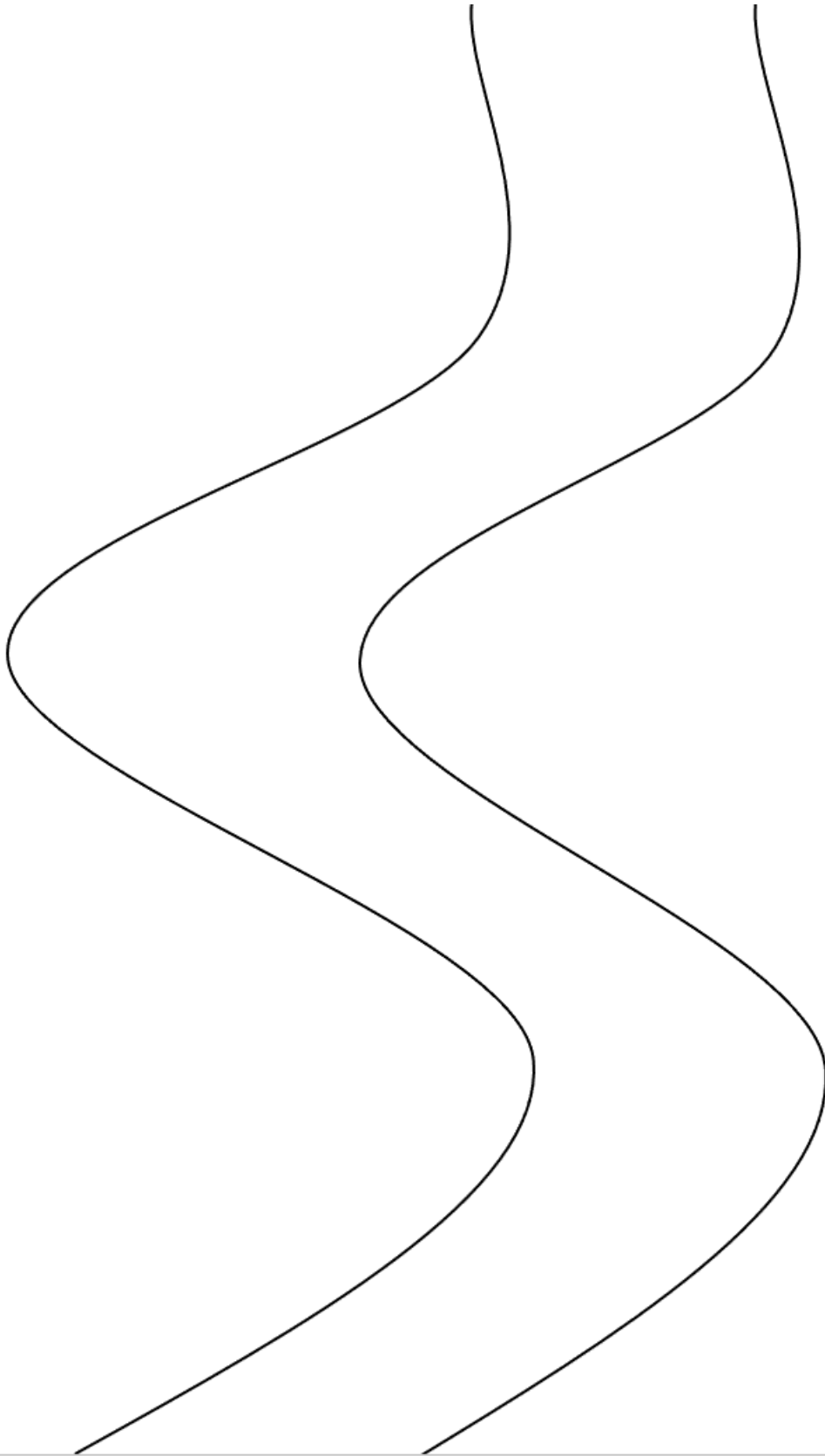
Some thoughts after doing the exercise:

- What did you realize by mapping your unique road to recovery?
- Are you satisfied with journey so far?
- What were the challenges you faced?
- What were your accomplishments?
- What are you proud of in how you approached your recovery?

APPENDIX 2.3

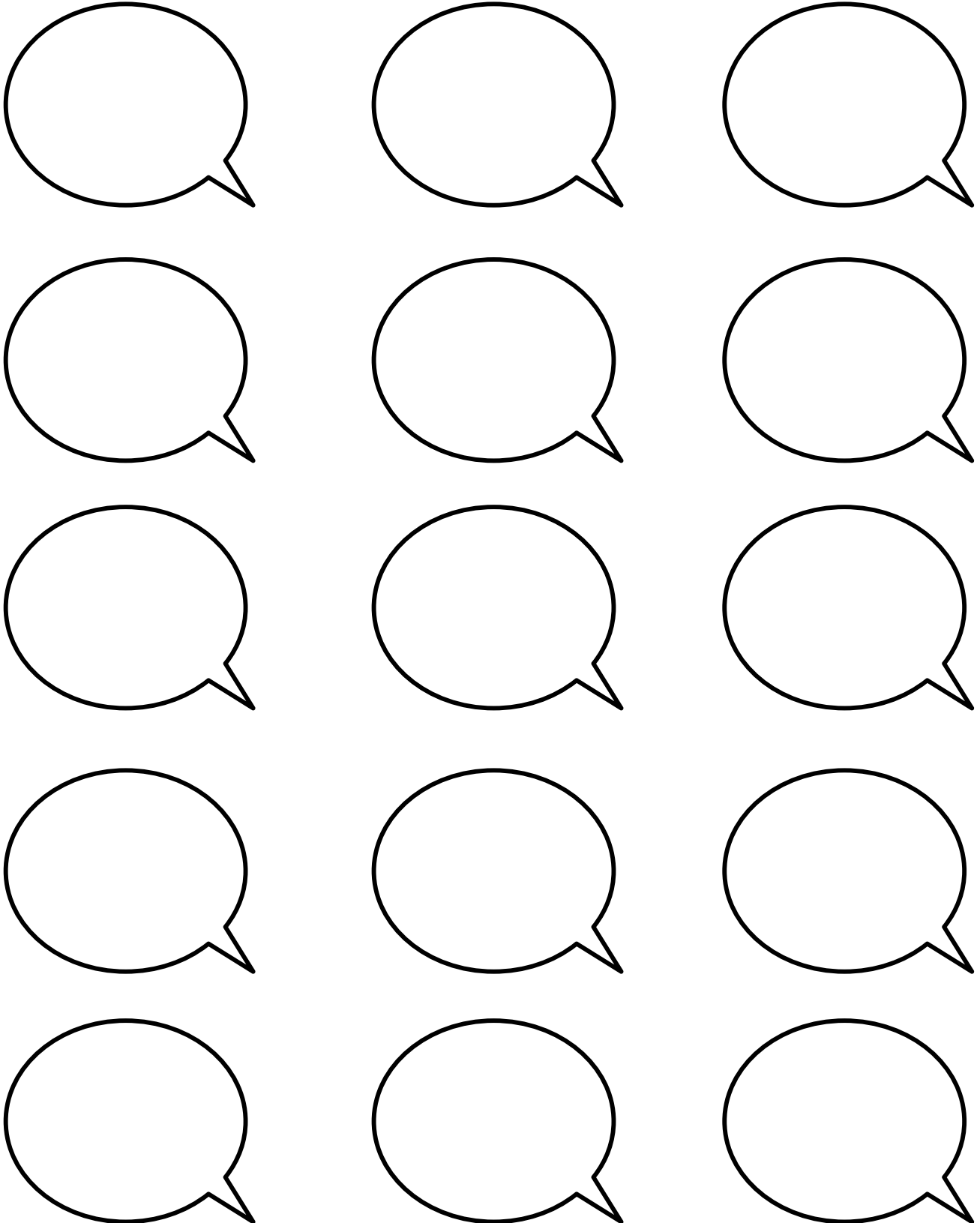
Mapping my road to recovery

Illustrate your personal path to recovery. Place along the path the obstacles and successes you have encountered or that you expect to encounter along the road to recovery.



APPENDIX 2.4

Thought bubble cutouts



APPENDIX 3.1

Vocabulary of emotions

Happiness	Caring	Depression
Delighted	Adoring	Alienated
Ebullient	Ardent	Barren
Ecstatic	Cherishing	Beaten
Elated	Compassionate	Bleak
Energetic	Crazy about	Dejected
Enthusiastic	Devoted	Depressed
Euphoric	Doting	Desolate
Excited	Fervent	Despondent
Exhilarated	Idolizing	Dismal
Overjoyed	Infatuated	Empty
Thrilled	Passionate	Gloomy
Tickled pink	Wild about	Grieved
Turned on	Worshipful	Grim
Vibrant	Zealous	Hopeless
Zippy	Admiring	In despair
Aglow	Affectionate	Woeful
Buoyant	Attached	Worried
Blurred	Fond	Awful
Disconcerted	Fond of	Blue
Disordered	Huggy	Crestfallen
Disorganized	Kind	Demoralized
Disquieted	Bugged	Devalued
Disturbed	Chagrined	Discouraged
Dizzy	Dismayed	Dispirited
Foggy	Galled	Distressed
Frozen	Grim	Downcast
Frustrated	Impatient	Downhearted
Misled	Irked	Fed up
Mistaken	Petulant	Lost
Misunderstood	Resentful	Melancholy
Uncomfortable	Neglected	Miserable
Undecided	Put away	Regretful
Unsettled	Put down	Rotten

APPENDIX 3.1

Vocabulary of emotions

Inadequate	Fear	Confusion
Blemished	Appalled	Baffled
Broken	Desperate	Befuddled
Crippled	Distressed	Chaotic
Damaged	Frightened	Confounded
Feeble	Horrified	Confused
Finished	Intimidated	Flustered
Flawed	Panicky	Anguished
Helpless	Paralyzed	Crushed
Impotent	Petrified	Degraded
Inferior	Shocked	Destroyed
Invalid	Terrified	Devastated
Powerless	Terror-stricken	Discarded
Useless	Remorse	Disgraced
Washed up	Abashed	Forsaken
Whipped	Debased	Humiliated
Worthless	Degraded	Anger
Zero	Delinquent	Affronted
Ailing	Depraved	Belligerent
Defeated	Disgraced	Bitter
Deficient	Embarrassed	Burned up
Dopey	Fretful	Enraged
Feeble	Jumpy	Fuming
Helpless	Nervous	Furious
Impaired	Scared	Heated
Imperfect	Shaky	Incensed
Incapable	Skittish	Infuriated
Incompetent	Spineless	Outraged
Incomplete	Taut	Provoked
Ineffective	Threatened	Loneliness
Inept	Troubled	Abandoned
Insignificant	Wired	Black
Lacking	Anxious	Cut off

APPENDIX 3.2

Debriefing worksheet

Description of the emotion or emotions after the activity

Some questions to help you describe your emotion:

- Do you notice any change compared to your behaviour before the activity?
- Is the emotion still present?
- Has your emotion changed? Why, in your opinion?
