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#EDAW2023

Visual signature : Cossette
Adaptation : Andréanne Duchaine

SEMAINE NATIONALE
DE SENSIBILISATION AUX
TROUBLES ALIMENTAIRES

AN INITIATIVE

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ACTIVITY GUIDE FOR EVERYONE
TEACHERS AND PRACTIONERS, PEOPLE STRUGGLING WITH AN ED AND FAMILY AND FRIENDS

EATING DISORDERS AWARENESS WEEK

FREBRUARY 1 TO 7, 2023

Regardless of who you are, an eating disorder can make you feel trapped. Let's break down barriers so that those who suffer can seek professional help.

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TABLE OF CONTENTS

ACTIVITY GUIDE FOR EVERYONE

Introduction to the NEDAW of 2023

Regardless of who you are, an eating disorder can make you feel trapped. Let's break down barriers so that those who suffer can seek professional help.

This year, the theme of the NEDAW emphasizes that an eating disorder (ED) does not discriminate. We also want to illustrate how an ED can imprison an individual in their body, their being.

With this 2023 theme, we wish to break certain stereotypes that are associated with EDs, for example, that the illness can only touch young Caucasian girls.

Certain individuals belonging to diverse and minority groups such as the LGBTQ2S+ community, people with developmental disabilities, visible minority groups and other people in our society such as men and seniors, may not seek specialized help for their EDs.

Since an ED is a mental health problem, the illness requires specialized and professional help. We wish that people who suffer from an ED and their friends and family members, feel comfortable to seek the help that they require. It is our belief that in helping to break certain stereotypes, we may reach more individuals who suffer.

In this NEDAW Guide, you will find activities suitable for everyone from people who suffer and their loved ones and for counsellors and educators. We hope to open a discussion on EDs diversity.

Happy reading and enjoy the activities,

Josée Lavigne, Education and Prevention Coordinator at ANEB Quebec
Élisabeth Nolan, Social Worker at la Maison l'Éclaircie

Resources

The Maison L'Éclaircie

418-650-1076
info@maisoneclaircie.qc.ca
www.maisoneclaircie.qc.ca
Serving : Individuals aged 14 years and older in the National Capital and the Chaudière-Appalaches region (except for helplines and live chatting). Services for individuals 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.

Anorexia and Bulimia Quebec (ANEB Quebec)

1-800-630-0907 ou 514-630-0907
info@anebquebec.com
www.anebquebec.com
Serving : Individuals aged 12 years and older across the province. Services for people who are struggling with body image issues and eating disorders and their loved ones.
Services : Help and reference line, texting and chat individual counselling services, group chats, open and closed support groups for individuals suffering and their loved ones , conferences, kiosks, webinars and training sessions.

For a full list of our partners or for other references in the province, please visit the NEDAW website at live.semainesemainetroublesalimentaires.com or anebquebec.com website.

EATING DISORDERS AND THEIR CHARACTERISTICS

Introduction : Dysfuntional Relationship with Food as a Continuum

Anyone can display dysfunctional eating behaviours without having an actual eating disorder. Some experts like to think of eating disorders as existing on a continuum. One end of the continuum represents full-fledged eating disorders and a distorted view of body image, and the other end represents healthy eating attitudes and views of body weight and shape. We're all likely, at one time or another, to have a somewhat unhealthy relationship with food and our bodies. Acting quickly and asking for help in such situations can curb the development of dysfunctional behaviours. For that reason, we at ANEB welcome anyone who needs help, no matter where they are on the continuum.

Characteristics of eating disorders

Anorexia nervosa is characterized by :

- a deprivation of food or restriction of energy intake;
- an intense fear of gaining weight that is not alleviated by weight loss (in fact, concern about weight gain may increase even as a person's weight falls);
- a distorted perception of body weight and shape;
- significant and rapid weight loss achieved through risky behaviours, such as drastic dieting, fasting, purging, laxative misuse, and excessive exercise;
- several consequences, including extreme fatigue, slowed metabolism, excessive concern with food and weight, and social isolation.

EATING DISORDERS AND THEIR CHARACTERISTICS

Bulimia is characterized by :

- frequent episodes of binge eating, i.e., eating far more food than most people would eat in a given period of time under similar circumstances. These episodes are often experienced in secret and followed by feelings of shame and guilt;
- a sense of lack of control over eating during the binge-eating episode;
- recurring inappropriate compensatory behaviours following binges to prevent weight gain (such as fasting, self-induced vomiting, misuse of laxatives/diuretics, and excessive exercise);
- distorted negative body image;
- self-esteem that is unduly influenced by body weight and shape.

Binge-eating Disorder is characterized by :

- frequent episodes of binge eating, i.e., eating far more food than most people would eat in a given period of time under similar circumstances. These episodes are often experienced in secret and followed by feelings of shame and guilt;
- a sense of lack of control over eating during the binge-eating episode;
- no compensatory behaviour;
- an obsession with food and dissatisfaction with the body;
- self-esteem that is unduly influenced by body weight and shape.

EATING DISORDERS AND THEIR CHARACTERISTICS

Avoidant/Restrictive Food Intake Disorder (ARFID) is characterized by:

- **an apparent lack of interest in eating or food**;
- avoidance of eating based on the sensory characteristics of food;
- concern about aversive consequences of eating;
- persistent failure to meet appropriate nutritional and/or energy needs associated with one or more of the following:

1. **significant weight loss or failure to achieve expected weight gain** or faltering growth in children;
2. **significant nutritional deficiency**;
3. dependence on enteral feeding or oral nutritional supplements;
4. marked interference with psychosocial functioning.

Orthorexia (an obsessive-compulsive disorder) is characterized by:

- **an obsession or fixation with eating foods considered healthy**;
- refusal to eat or discomfort with eating foods perceived as unhealthy;
- weight loss or thinness is not necessarily the desired goal;
- excessive fear of developing an illness as well as feelings of anxiety or shame when the person deviates from their dietary restrictions;
- an obsession or fixation with planning, choosing, preparing and eating food for health reasons rather than for pleasure.

EATING DISORDERS AND THEIR CHARACTERISTICS

Bigorexia (or **muscle dysmorphia**) is characterized by:

- **preoccupation with the idea that the body is insufficiently lean or muscular**;
- social isolation and withdrawal from important social, occupational and/or recreational activities may be consequences of the person's desire to maintain a strict routine of physical or dietary activities;
- the likelihood of social avoidance to prevent exposing one's body to others;
- a pattern of persistent behaviours due to preoccupation with the body despite significant physical and psychological consequences. These behaviours may include regular workouts, dieting, and/or taking performance enhancing substances;
- the likelihood of experiencing high levels of anxiety and distress.

Unspecified eating disorders: Unspecified eating disorders include issues that do not meet the full criteria for specific eating disorders like anorexia nervosa, bulimia and binge-eating. However, people struggling with an unspecified eating disorder can suffer from low self-esteem, have an obsession with body image, and experience significant distress.

EATING DISORDERS AND THEIR CHARACTERISTICS

Specified Eating Disorders

Pica: A DSM-5 classified eating disorder characterized by an irrepressible and persistent urge to consume non-food substances.

Rumination: A DSM-5 classified eating disorder characterized by the voluntary regurgitation of food into the mouth which may then be re-chewed.

It is also important to mention the following eating disorders and current issues :

Alcohorexia: The practice of planning periods of restricted eating in order to consume large quantities of alcohol without gaining weight.

Mummyrexia (or pregnorexia): A form of anorexia observed in pregnant women, in which the woman goes on a strict diet during pregnancy to avoid gaining weight at all costs for fear of having difficulty losing it after delivery.

Diabulimia: A form of bulimia among people with type 1 diabetes, in which the person binges then engages in the compensatory behaviour of restricting insulin in order to lose weight.

ACTIVITY 1

The Impact of Preconceived Notions

Objective

The purpose of this activity is to make teens aware of the diverse range of people grappling with eating disorders (EDs), by dismantling some of the preconceived beliefs, stereotypes and prejudices surrounding EDs.

Supplies

- Post-it notes and sticky paper;
- Pencils;
- Annex 1.1 and 1.2.

For

YOUTH 15 to 18 years old

Description of the activity

To appreciate diversity in eating disorders, it's important for us to look at the preconceived beliefs we might hold about ED sufferers. The stereotypes and prejudices we perpetuate can have disastrous consequences for more vulnerable people. So it's vital that we dismantle our prejudices and renew our thinking about people living with eating disorders.

Instructions

1. Ask a student to volunteer to go up to the front for this activity;
2. Ask the other students to raise their hands and state the preconceived beliefs, stereotypical views or prejudices they have about people living with eating disorders. Ask them if they have heard such notions expressed by family or friends, the media or society at large. If need be, you can explain the difference between preconceived belief, stereotype and prejudice using **Annex 1.1**;
3. Ask each student to write down his or her preconceived belief, stereotypical view or prejudice on a Post-it note and go up, one at a time, to stick it on the person at the front. Continue this exercise until every student's beliefs, stereotypes or prejudices have been stated, noted, and stuck on the person at the front;
4. Ask the students why they think you've done this activity. You can reflect on the fact that our beliefs, stereotypical views and prejudices prevent us from seeing a person as a whole;
5. Then review and dismantle the beliefs, stereotypes and prejudices indicated in **Annex 1.2**. Do the same thing with each of the stereotypes indicated on the Post-it notes stuck on the person at the front until all the notes are removed from that person.

ACTIVITY 2

Body Image Dissatisfaction and Eating Disorders in Seniors

Supplies
- see Annex for tools and recommendations

For
ADULTS (counsellors and family and friends)

Objective

The goal of this activity is to educate the population on body dissatisfaction and eating disorders in Seniors. Some tools and recommendations will be included to help build a healthier relationship with food in senior citizens.

Description of the activity

When we talk about body image dissatisfaction and eating disorders (EDs), we must not forget that these issues can affect anyone, regardless of gender identity, sexual orientation or age.

Physical changes, whether caused by the normal course of aging or by degenerative diseases, can make it even more difficult to detect an ED in the elderly. It's **i**nevitable for a person's body to change as they age. These changes can cause body image dissatisfaction and affect eating behaviors.

The bereavement that seniors experience in terms of their body image and the particularities related to this period of life can become precipitating factors in the development of ED. It is possible to observe several sources of bereavement during the aging process: a decline in social relationships, retirement, loss of life partner, loss of driver's license, sale of house for living in a retirement home, illness or physical disabilities requiring more effort to move around, etc. These bereavements are often accompanied by depression and/or anxiety that may contribute to the onset of an ED. The feeling of being a stranger to one's own body - of not recognizing one's own reflection in the mirror- can lead to dysmorphophobia in some cases. People that suffer from dysmorphophobia often believe that they have one or more cosmetic defects, which in reality may be mild or even non-existent.

Body Image Dissatisfaction and Eating Disorders in Seniors

Over the years and as we age, memories accumulate situations as remembrances, and they form our taste and smell repertoire. Aromas that are familiar to us always send us back in time and are never neutral. Both taste and smell play an important role in appetite management. These senses, when stimulated, activate a gratification area in the brain, triggering hunger signals. While other issues can contribute to the desire (or lack thereof) to chow down, an impairment of one of these senses can make eating downright unpleasant for some people. Remember the last time you had a cold or congestion, and how all food became tasteless and disagreeable to eat.

The perception of taste decreases after the age of 70. This is attributable not only to fewer and smaller taste buds, but also to the natural aging of the brain and memory. These changes can lead to dietary modifications and/or aversions and, in some cases, for significant weight loss.

APPETITE: A QUESTION OF MEMORY AND TASTE!

We speak of taste as a multi-sensory impression, meaning that it includes several senses at once. Flavor is the combination of taste and aroma. Since the perception of flavor fades after four or five bites, we need to pay special attention to it. Illness, medications, food texture and memory all play a role in the quality of taste perception.
Taste memory, like intellectual memory, changes with age. Older people can't perceive saltiness, sweetness and bitterness as keely as they did when they were younger. There may also be a reluctance to eat foods that are not enticing. The person may remember a childhood event and not find the taste associated with the food they ate at that time. They'll consciously or unconsciously seek that particular taste that reminds them of that particular event, place or time.

Even though elderly people are generally less hungry and feel full more quickly, it's important to remember that they need a healthy and varied diet. Appetite will then be more often linked to pleasure, so the person will be more likely to seek out the positive emotion experienced when eating a particular food or meal in the past.

Body Image Dissatisfaction and Eating Disorders in Seniors

SIGNS THAT AN OLDER ADULT MAY HAVE AN ED

1. Changes in behavior (e.g., , using the bathroom immediately after eating)
2. Greater sensitivity to cold
3. Dehydration and dry skin
4. Hair loss, gastrointestinal problems, oral health problems
5. Desire to eat alone rather than with friends or family
6. Significant weight loss with no known medical reason

ACTIVITY 3

Beauty in Diversity : What are My Values?

Supplies

- A list of values (see Annex)
- A table to identify my values (see Annex)
- A pencil or a pen
- highlighters or colored pencils (optional)

For

ALL AGES -individuals suffering from an ED

Objective

The main objective of this exercise is to learn to trust your own feelings and to try to better understand who you truly are.

Description of the activity

You may feel as though you are defined by comments made from other people on your appearance, your qualities, your faults, your activities and sometimes even by your eating disorder.

To fully understand what values are, ask yourself the following question: What are my core beliefs that influence, motivates, and guides my needs? They are responsible for the constant choices you make in your life which then influence your behaviors and actions. Diversity is a value, as are equality and inclusion.

For this activity, we hope that you will discover what motivates you and what your core values are.

Instructions

1. We invite you to read the list of values that is provided in the Annex and to circle or highlight the 10 that you prefer. They can be the values that are most important to you or others that you hold dear. Be careful to choose the values that resonate most with you and not your surroundings.

ACTIVITY 3 (continued)

Beauty in Diversity : What are My Values?

Instructions

2. Then, take each value that is on your list and write beside it, if that value is very important, reasonably important or least important in your life. You can also add a number (1= very important, 2= reasonably important, 3= least important).

3. Next, identify and keep 5 values that are very important in your life.
1._____, 2._____, 3._____, 4._____, 5. _____.

4. On the table provided in the Annex:

1rst column on the left : list five values and place them by order of priority.

2nd column in the middle: write down what each value signifies for you.

3rd and last column : you can find 2 to 3 ideas and actions that you may take to prioritize this value in your life. If you wish, you may draw the idea. There is a variety of different ways to put forth your values and make your life meaningful!

Lastly, remember that your values define who you are as a person and which makes you unique. There is no good or wrong value : that is the beauty of being human and of all of the diversity that can be found among us!

ACTIVITY 4

What would you do?

Objective
The purpose of this activity is to help participants realize that prejudices can hinder our ability to offer support to the people in our lives.

Supplies
- Paper;
- Pencil;
- Annex 4.1, 4.2, 4.3

For
EVERYONE. We particularly recommend this activity to the friends and family of ED sufferers.

Description of the activity
Eating disorders are very often stereotyped, and this can influence the way we provide help to ED sufferers. This exercise presents scenarios that will help you become aware of your stereotypes so you can deconstruct them. It also offers recommendations on what to do when someone close tells you they have an ED.

Instructions
1. Read the first scenario in **Annex 4.1**;
2. Read the questions under it, and answer spontaneously;
3. After answering, look carefully at the character in the scenario;
4. Learn the characteristics associated with this character;
5. Read and answer the questions below the character;
6. Repeat the above steps for the second scenario in **Annex 4.2**;
7. Complete the activity by reading the conclusion in **Annex 4.3**.

ACTIVITY 5

QUIZ on diversity in EDs : Let's break down some stereotypes

Objective

The main objective of this quiz is to break down stereotypes about eating disorders to better understand the illness.

Supplies

- Pencils and paper
- chalk and blackboard (if possible)
- The quiz and answers to the quiz (in Annex)

For

EVERYONE (youth and adults), counsellors and school teachers

Description of the activity

This quiz, made for youth and adults alike, and which is done ideally in a classroom or a community space, will help participants have a better understanding of body image issues and eating disorders.

Instructions

1. The teacher or counsellor reads aloud the questions one by one while the participants write their answers on a piece of paper.
2. Once the quiz is done, the teacher or counsellor writes down on the blackboard, if possible, the answers, while saying the answers and providing the explanation for the answer that is provided in the Annex.
3. An open discussion on certain stereotypes and EDs is then suggested.

ANNEX

ANNEX 1.1

Definitions

Preconceived belief: An opinion or idea that is formed prior to obtaining adequate information or evidence. A preconceived belief can be positive or negative.

Stereotype: A specific belief or assumption about individuals based solely on their membership in a group, regardless of their individual characteristics. Stereotypes, when overgeneralized, are applied to all members of a group.

Prejudice: A negative attitude or feeling toward an individual based solely on his or her membership in a particular social group.

References

Merriam-Webster online dictionary. https://unabridged.merriam-webster.com/collegiate/belief

L.D. Worthy, T. Lavigne and F. Romero. *Culture and Psychology: How People Shape and are Shaped by Culture*, https://open.maricopa.edu/culturepsychology/chapter/stereotypes-prejudice-and-discrimination/

ANNEX 1.2

Preconceived Beliefs, Stereotypes and Prejudices about Eating Disorders

1. "Eating disorders affect only women."

Correction: Eating disorders can affect both men and women. About 10% of people with EDs who seek assistance from Maison l'Éclaircie—an alternative centre in Montreal that temporarily accommodates people with mental health issues—are men. There is likely a higher percentage of men with eating disorders in the general population. However, men are ashamed to admit to an ED because of this stereotype. As a result, their numbers remain underreported.

2. "Eating disorders affect only young people."

Correction: Anyone's mental health can deteriorate. While 17% of the people welcomed by Maison l'Éclaircie were between the ages of 18 and 25 in 2021 to 2022, many other age groups sought their help for EDs. Here's a breakdown by age group of those who relied on the organization's assistance, according to its 2021-2022 activity report:

- 14 to 17 : 7%
- 18 to 25 : 17 %
- 26 to 30 : 8 %
- 31 to 40 : 8%
- 41 to 50 : 5 %
- 51 and older : 3%
- Unknown age : 52%

3. "People with anorexic behaviour are underweight while those with bulimic behaviour are overweight."

Correction: A person's weight is determined by a variety of factors, including heredity, gender, diet, stress, illness, physical environment, and the use of medication. Weight is not necessarily an indicator of an eating disorder. In fact, there is no specific body weight associated with a distorted body perception, food obsession, or restrictive diet. It's therefore untrue that anorexic people are excessively thin.

4. "Dietary fats are bad for your health."

Correction: Dietary fats are essential for our bodies and play a vital role in protecting our bones and organs, helping us maintain adequate body temperature, produce various hormones, and give us reserves of energy. They thus fulfill many functions crucial to our survival, in addition to adding flavour and texture to our foods.

5. "The thinner you are, the healthier you are."

Correction: According to the WHO, health is not merely the absence of mental illness or physical disease, but rather a state of complete mental, physical and social well-being. A healthy life style, which includes a balanced diet, adequate sleep and stress management, helps promote mental and physical wellness. Weight is only a small part of the broad definition of health.

ANNEX 1.2

Preconceived Beliefs, Stereotypes and Prejudices about Eating Disorders

6. "It's impossible to recover from an eating disorder."

Correction: People can recover from an eating disorder, even if that goal might seem unachievable at times. The first step is to recognize and accept the situation, which can take a long time, depending on the individual. However, it is possible to recover, and organizations like Maison l'Éclaircie and ANEB Québec see it happen every day. The support of a healthcare professional can prove very helpful and may even be of the essence in some cases.

7. "It's easy to lose weight. Fat people simply need to eat less and get more exercise."

Correction: Weight is determined primarily by factors beyond our control. About 70%, on average, of the difference between two people's weight is due to genetics. The remaining 30% is attributable to variables like age, pregnancy history, physical activity, sleep, stress, diet, illness, an individual's physical, dietary, family and social environment, microbiota, use of medication, dieting, in utero events, and endocrine disruptors. Thus, weight is conditioned mainly by factors that cannot be controlled.

8. "To recover from an eating disorder, people simply need to eat."

Correction: If people struggling with an eating disorder consume more, they may see positive effects on their body. However, it's not easy for them to increase their food intake, and their psychological suffering doesn't go away. Many aspects of an eating disorder—such as the person's body image, perception of food and, obsessive thinking about body image and food—need to be addressed in order to strive for recovery. What's more, an eating disorder can develop as a result of a problematic situation (a traumatic event or difficulty managing one's emotions, being assertive, coping with painful comments or societal pressures). It's important to look beyond disordered eating behaviour, to understand the function of the ED and to work toward recovery.

9. "An eating disorder is not a mental health problem."

Correction: An eating disorder is a mental disorder that is listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and can be diagnosed by a psychologist or physician. There are many types of eating disorders, the most common being anorexia nervosa, bulimia and binge eating.

10. "Athletes are not at risk of developing an eating disorder."

Correction: The prevalence of eating disorders is higher among top-level athletes. According to Maison l'Éclaircie (2021), more than 30% of female athletes and 15% of male athletes suffer from eating disorders. Body weight and image are often emphasized in sports, particularly in artistic sports like gymnastics, dance and figure skating.

ANNEX 2

POSSIBLE SOLUTIONS AND REFLEXIONS TO PROMOTE A HEALTHY RELATIONSHIP BETWEEN SENIORS AND FOOD

• When eating together as a family, please consider the senior's food preferences (temperature, texture and taste).
• A well fitted denture plays an important role in making mealtime a pleasant experience, rather than a painful one !
• Dysphagia, a swallowing disorder that is quite common in the elderly, can sometimes precipitate the onset of an eating disorder. It is important to consult a doctor when a senior mentions swallowing difficulties, because there are ways to reduce the discomfort and the fear of choking.
• Encourage seniors living alone to participate in activities to break the social isolation that can contribute to appetite loss.
• Finger-food is shaped and made to be eaten without utensils. The pieces should be small, eaten in one or two bites, and the texture can be adapted to suit individual needs. Finger food is ideal for people who have difficulty holding utensils or eating unassisted, or who have tremors.

Toolbox

- **Writing a book containing their favorite recipes** can be an activity that helps maintain memory, share culinary knowledge with family members and instill a taste for good food.
- **Being a senior doesn't always mean having your meals prepared for you**. Elderly people are remaining more and more capable of cooking for themselves and their loved ones.
- Boredom and fatigue can make meal preparation more difficult. When you help seniors cook ahead of time and with good company, **you can prepare several portions and freeze them to be enjoyed on a low-energy day.**
- **It is important to accept the senior's grief and never trivialize their suffering.** Tell them their emotions are valid, and be available for just talking.
- **Avoid encouraging the person to eat, offering rewards for eating,** or discussing sensitive topics over a meal.
- **Meals on Wheels is a home delivery service** that allows some people to remain in their homes and gives their caregivers a break. https://www.popotes.org/

The ability of seniors to express their experiences and emotions, a warm living environment, family and social support, an active role in the community and easy access to support resources are all ways to reduce the suffering associated with the grief they're experiencing.

ANNEX 3.1

BEAUTY IN DIVERSITY : WHAT ARE MY VALUES?

A LIST OF VALUES

MY VALUES

Accepting	Flexibility
Adaptability	Generosity
Altruism	Friendliness
Ambition	Gratitude
Self-discipline	Honesty
Independance	Humility
Caring	Integrity
Compassion	Liberty
Competent	Social Order
Understanding	Peace
Conformity	Patience
Cooperation	Sharing
Courage	Pleasure
Creativity	Politeness
Sensitivity	Proactivity
Determination	Prudent
Dignity	Reciprocity
Discernment	Respect
Discretion	Restraint
Availability	Rigour
Diversity	Wisdom
Listening	Simplicity
Equality	Sincerity
Empathy	Solidarity
Engagement	Spontaneity
Justice	Success
Family	Tenacity
Reliability	Team Work
Loyalty	Usefulness

ANNEX 3.2

BEAUTY IN DIVERSITY : WHAT ARE MY VALUES?

A TABLE TO IDENTIFY MY VALUES

VALUE	SIGNIFICANCE	ACTIONS

ANNEX 4.1

Scenario : Kilian

Kilian's situation

This morning, you've planned to go for lunch with your friend Kilian. It's been planned for 2 weeks now. You go to the usual restaurant and take a seat at a table, waiting for Kilian. He arrives about ten minutes later and you notice that he looks worried. A waiter places a menu in front of him and he begins to scan it frantically, looking uncomfortable. You ask him what he would like and he says he'd really like the pancakes—his usual—but they have way too many calories. Instead, he orders something he thinks will be lower in calories, after asking the waiter to bring him the nutritional information about the meal. When your plates arrive, Kilian remarks that you were bold to order the pancakes and that he can't eat them anymore. At the end of the meal, you notice that Kilian has only eaten half of his plate, which is not his habit. You ask him about it and he admits that for the past two months he's been eating only one meal a day. He also takes care not to exceed the number of calories he's set for the day.

Question 1

Spontaneously, what would you say to your friend? What would your reaction be in this situation?

ANNEX 4.1 (FOLLOWING)

Scenario : Kilian

About Kilian

- Kilian is a 27 year old male;
- He's been playing soccer for over 10 years;
- He's been called "Fat Kilian" since childhood;
- By medical standards, Kilian is overweight..

Question 2

Now that you know Kilian's characteristics and have seen his physical appearance, would you answer the same as in question 1? Has your perspective changed? If so, why?

ANNEX 4.2

Scenario : Noa

Noa's situation

You've noticed that Noa, one of the people you're closest to, has been confiding in you less and less. You sometimes invite her to do things with you—having dinner at her favourite restaurant, or going shopping. Each time, Noa tells you she really can't because the activities you suggest conflict with the training she's planned. Several months ago, you saw that Noa refused the cakes, chocolates and cookies offered. But you've noticed other things. For example, a couple of times a week, Noa eats several pieces of cake in a short time. She may also devour a whole box of cookies, or eat some other food that she normally refuses to eat. You've also noticed that the next day, Noa will not eat lunch or dinner. She'll then go to the gym and stay an hour longer than usual. One day, Noa comes to you and tells you she's been doing research and thinks she's experiencing behaviours associated with bulimia.

Question 1

Spontaneously, what would you say to Noa? What would your reaction be in this situation?

ANNEX 4.2 (FOLLOWING)

Scenario : Noa

About Noa

- According to medical standards, Noa has a healthy weight;
- Noa has a personality disorder;
- Noa has an active lifestyle as defined by social norms;
- Noa has been hospitalized three times for mental health.

Question 2

Now that you know Noa's characteristics and have seen her physique, would you give the same answer as in question 1? Has your perspective changed? If so, why?

ANNEX 4.3

Conclusion and helping attitudes

The purpose of this exercise was to elicit the idea that, because of prejudices, we sometimes have a tendency to trivialize the problems experienced by those around us. Our vision can easily be obscured by our preconceptions, so that we no longer see the real problems experienced by the people in our lives. Most importantly, weight is not an indicator of an ED. Our vision is often tainted by the prejudices engendered by fat-shaming and the diet culture.

It's perfectly normal to have prejudices, and everyone has them. We just need to be aware of them and understand them in order to become better informed and exercise our judgment in a constructive way.

Finally, here are some helpful attitudes that can be adopted to support someone who's experiencing ED behaviours. The following tips are taken from the Maison l'Éclaircie toolbox for friends and family.

- Believe. Believe what they say, and believe in recovery.
- Put responsibility for recovery back on the ED sufferer.
- Support and accompany the person, rather than doing it for them.
- When communicating, choose an appropriate moment and use "I" language.
- Try to separate the person from the ED and its characteristics. In other words, remember that beyond the ED, there's a human being who is suffering and deserves to be listened to without judgment, especially if they have the courage to open up to you.
- Avoid mentioning body image. This includes all comments about your own appearance, as well as the appearance of the person living with an ED and other people in general.

Above all, we have to take care of ourselves. Sometimes situations experienced by our loved ones can overwhelm us and take over our lives. It's especially important to set boundaries as a loved one and recognize our own needs. It's a matter of reclaiming the right not to forget oneself and to take time for oneself. In other words, maybe it's time to stop, understand the situation and take the time to adapt. That said, resources are also available for friends and family.

ANNEX 5.1

QUIZ ON DIVERSITY IN EATING DISORDERS

1- Which of the following eating disorders require specialized help for a full recovery?

1. Anorexia
2. Bulimia
3. Binge eating
4. ARFID (avoidant/restrictive food intake disorder)
5. Bigorexia (muscle dysmorphia)
6. Unspecified feeding or eating disorder
7. Diabulimia
8. Orthorexia
9. All of the above

2- Which groups of people are most vulnerable to developing an eating disorder? (check as many answers as you like)

1. Children between 4 and 12 years of age
2. Adolescents
3. People with developmental disorders
4. Members of the LGBTQ12SNBA+ community
5. Athletes
6. Artists
7. Models
8. People in their fifties

3- Which of the two following eating disorders are more or almost as frequent among men as among women?

1. Anorexia
2. Orthorexia
3. Bigorexia
4. Pregorexia
5. Diabulimia
6. Binge eating

4- Athletes who practice which of the following sports are at greatest risk of developing an eating disorder?

1. Dancing
2. Swimming
3. Racing
4. Gymnastics
5. Cycling
6. All of the above

ANNEX 5.1

QUIZ ON DIVERSITY IN EATING DISORDERS

5- True or false?
People with a specific eating disorder such as anorexia suffer more than those with an unspecified eating disorder.

6- True or false?
People age 65 and older can suffer from eating disorders.

7- True or false?
Hospitalization is mandatory for anyone with an eating disorder.

8- True or false?
The primary cause of eating disorders are beauty standards.

9- True or false?
It is not possible to be cured of an eating disorder.

10- Select the correct answer:
The incidence of eating disorders among Canadian children is _____ times greater than the incidence of type 2 diabetes

1. 1-2 times greater
2. 2-4 times greater
3. 4-6 times greater

11- Select the correct answer:
According to Ste Justine Hospital, up to ___ of boys suffer from eating disorders.

1. 2%
2. 4%
3. 10%
4. 20%

12- Select the correct answer:
The most common eating disorder in today's society is ...

1. Orthorexia
2. Bigorexia
3. Binge eating
4. Bulimia

ANNEX 5.1

QUIZ ON DIVERSITY IN EATING DISORDERS

13- True or false?
Eating disorders are an issue found only in developed western countries.

14- True or false?
When someone has an eating disorder, there are life consequences for that person alone.

15- Select the correct answer:
According to the Trevor Project survey conducted in collaboration with the National Eating Disorders Association (NEDA), what percentage of the members of the LGBTQ12SNBA+ community present symptoms of or have been diagnosed with an eating disorder?

1. 25%
2. 55%
3. 75%

16- Select the correct answer:
What percentage of transgender people have been diagnosed with an eating disorder?

1. 22%
2. 36%
3. 52%
4. 71%

17- True or false?
Everyone with an eating disorder has body image issues.

18- True or false?
People living in larger bodies cannot develop anorexia.

ANNEX 5.2

ANSWERS TO THE QUIZ ON DIVERSITY IN EATING DISORDERS

1.The correct answer is 9) All of the above. When someone is diagnosed with an eating disorder and wants to be cured, specialized help is crucial. The help offered may vary depending on the severity of the disorder, but specialized help is highly recommended so problems common in eating disorders can be addressed.

2. Of the groups listed, the following are at greatest risk of developing an eating disorder: 2) adolescents; 3) people with developmental disorders; 4) members of the LGBTQ12SNBA+ community; 5) athletes; and 7) models.

There are many reasons why members of these groups are more susceptible to developing an eating disorder.

For adolescents, part of the reason is that they are still developing and seeking to forge an identity. Among people with developmental disorders, sensory sensitivities are more often at the root of the disorder. In the LGBTQ12SNBA+ community, a variety of factors are involved, among them the ideals of beauty firmly entrenched in this community and the intimidation members of this community experience in our society. Among athletes, performance pressure and anxiety can be precipitating factors. And for models, the highly restrictive beauty standards and extreme focus on external beauty in the fashion industry play a major role.

3.The two eating disorders that are more or almost as frequent among men as among women are 3) bigorexia and 6) binge eating.

Bigorexia, or muscle dysmorphia, also called reverse anorexia, is an eating disorder that affects men and people involved in sports in particular. People with bigorexia may set strict rules for themselves for diet, training (overexercising) and sometimes supplement intake.

Binge eating disorder affects two men for every three women. It is characterized by recurring episodes of consuming large quantities of food over a short period of time. People who suffer from this eating disorder, as with all eating disorders, experience a great deal of physical as well as psychological suffering. As men are less likely to seek help than women, it is important to help and support those with this disorder when we become aware of atypical and unhealthy eating behaviours.

4.The correct answer is 6) All of the above, because the sports listed (dancing, swimming, racing, gymnastics and cycling) are all “lean” sports, that is, sports in which leanness is encouraged in the belief that it improves performance. Athletes practising a variety of sports may be at risk of developing an eating disorder, but the risk is significantly greater in lean sports.

ANNEX 5.2

ANSWERS TO THE QUIZ
ON DIVERSITY IN EATING DISORDERS

5.FALSE: People diagnosed with an unspecified eating disorder suffer as much as those with more specific diagnoses. It is thus very important to take psychological suffering and atypical eating behaviours seriously even if the person does not meet the more specific criteria of other eating disorders.

6.TRUE: People age 65 and older can also suffer from eating disorders. The cause of an eating disorder might be different for an older person than a younger one, but eating disorders can affect everyone regardless of age.

7.FALSE: People with eating disorders do not necessarily need to be hospitalized. The severity of the symptoms determines the type of services an individual with an eating disorder needs to recover. Outpatient services may be provided, or the individual may need to be hospitalized. The health professionals following the individual with the eating disorder will decide what is required.

8.FALSE: Though they often contribute to the development of an eating disorder, beauty standards are not the main cause of the development of an eating disorder. Other determining factors can contribute, including genetics as well as individual and family factors.

9.FALSE: People with eating disorders can recover fully. Factors that often play a role in the extent of the recovery are the severity of the disorder, the type of eating disorder and the stage at which the disorder is treated. If care is provided fairly quickly and the disorder is not extremely severe or restrictive, the chances of a full recovery are very good.

10.The correct answer is 2). The incidence of eating disorders among Canadian children is 2-4 times greater than the incidence of type 2 diabetes.

11.The correct answer is 3). The percentage of boys who suffer from eating disorders is 10%.

12.The correct answer is 4). The eating disorder currently most prevalent in our society is binge eating disorder.

13.FALSE: Eating disorders are not a problem found only in western, developed countries. Eating disorders can affect anyone regardless of culture, ethnic origin or religion. The causes of the disorder may vary for people living in different parts of the world.

14.FALSE: Friends and family of people with eating disorders may also suffer consequences of the disorder. When someone is living with an eating disorder, their thoughts and behaviour change, and this can be very difficult for those close to them. It is thus recommended that close friends and family members seek professional help to obtain the support they need.

ANNEX 5.2

ANSWERS TO THE QUIZ ON DIVERSITY IN EATING DISORDERS

15.The correct answer is 3): 75% of the members of the LGBTQ12SNBA+ community present symptoms of an eating disorder or have been diagnosed with one. It's a huge percentage, and more and more specialized help for eating disorders is being developed to support this population. However, there is still a lot of work to be done to help members of the LGBTQ12SNBA+ community with eating disorders—in prevention and education as well as in the development of available support services.

16.The correct answer is 4): 71% of transgender people have been diagnosed with an eating disorder. As mention in the response to question 15, more and more specialized help is being offered, but a lot of work still remains to be done to support people in the LGBTQ12SNBA+ community.

17.FALSE: It is true that in most eating disorders a negative body image can contribute to the development of the disorder. However, there are some eating disorders where there is no body dysmorphia (negative body image): ARFID (avoidant/restrictive food intake disorder), for example, as well as certain specific eating disorders such as PICA and rumination disorder.

18.FALSE: People in larger bodies can be anorexic. One doesn't have to be underweight to suffer from an eating disorder or to receive help for one. A medical and psychological health examination of the individual that goes beyond appearances is crucial.