

## **WomenatthecentrE Present**

### WE Webinar: The Intersectionality of Fat Phobia and Gender Based Violence

May 6, 2021

1:00- 2:30pm EST

Welcome to WomenatthecentrE's WE Webinar Series where today we will be discussing the intersectionality of fat phobia and gender based violence.

#### **Panelists for the webinar include:**

**Dianne Fierheller:** Co-Lead of the Family and Child Health Initiative and a PhD Candidate at McMaster University, School of Social Work.

**Lynn Lavallee:** Strategic Lead, Indigenous Resurgence in the Faculty of Community Services at X (Ryerson) University.

**May Friedman:** Faculty member in the School of Social Work at X (University) and in the graduate program of Communication and Culture at X (Ryerson)/York University.

**Samantha Abel:** A social worker, artist and occasionally an academic.

#### **Facilitator:**

**Nneka MacGregor:** Co-Founder and Executive Director, WomenatthecentrE

#### **Co-Hosts:**

**Michelle Rolfe:** WomenatthecentrE placement student

**Shakila Joudaki:** program coordinator at WomenatthecentrE

WomenatthecentrE has over 4,000 members worldwide who are all engaging in work to improve the lives of women-identified survivors of gender-based violence. If you are interested in becoming a member or want to learn more about what it means to be a member please see: <https://www.womenatthecentre.com/forms/1>

## WELCOME!

### **Michelle**

Welcome everyone! My name is Michelle Rolfe. My pronouns are she and her, and I'm currently a Master's student at X (Ryerson) University. I've had the privilege to complete my placement at WomenatthecentrE and I'm so excited to be sharing this space with all of you today. So thank you so much for joining us today.

WomenatthecentrE is a survivor-led organization and we work to ensure survivors voices are at the centre of research, education and policy reform. The body positive movement is loudly used on social media, by social media influencers and in corporate branding. It was founded by and for people living in marginalised bodies, particularly fat, Black, 2SLGBTQ+, and disabled bodies. From the healthcare system to the criminal legal system, fat phobia exists as a site of harm for survivors, and is used to validate oppression and violence, especially against bodies that are Black and Indigenous. The panellists today will be bringing their experiences and their work to deconstruct fatness, and how fat phobia exists in systems and in survivors daily lives. We hope that this introductory webinar will begin to unpack and challenge your understanding of fatness, fat phobia, and how it intersects with gender based violence, racism and how it is embedded within systems that survivors navigate for support. So, welcome! I will now pass it over to Shakila Joudaki who is a program coordinator at WomenatthecentrE to begin our land acknowledgement.

### **Shakila**

Thank you Michelle. I will now do the land acknowledgement. So, too often land acknowledgements are presented as something to cross off a checklist or done performatively to be 'politically correct', so it is important to take time to honour and recognize each of our individual relationships with the land, otherwise the words we speak in a land acknowledgement hold no meaning. It is important to remember that only certain people have the right to welcome you to this land, but anyone can do a land acknowledgement. WomenatthecentrE asks you all to take a moment to think about your own relationship with this land, whether settler or arrivant, and your responsibilities to honour this land and Indigenous Peoples. WomenatthecentrE acknowledges that the land on which we operate is the territory of the Huron-Wendat, the Anishnaabe Nation, the Haudenosaunee Confederacy, Métis, Inuit, and the Mississaugas of the Credit, and was taken without consent. Today, this land is still home to many First Nations and Indigenous Peoples from across Turtle Island. We recognize the inherent connections

between ongoing colonialism and all forms of violence, including racism, sexism and over-policing that disproportionately impact Indigenous communities, particularly Indigenous women, girls and two-spirit people. WomenatthecentrE actively works to break this pattern of ongoing violence because it is crucial to our work of dismantling the embedded impacts of colonialism.

### **Michelle**

Thank you so much Shakila. Just some housekeeping before we start. Due to the nature of content assessed, we are offering an activation warning as this presentation involves discussions around gender based violence, and fat phobia. Please only listen if you're able to do so. If while listening you need some support, please reach out to your local support network.

In relation to Zoom, for those who are unfamiliar with Zoom webinar, attendees are automatically muted and videos are kept off during the duration of the webinar. We will be recording the presentation and we'll be distributing it to the attendees via email next week. So please look out for this email. You will receive a post webinar survey that will ask for feedback from today's event via email and in the browser once the webinar ends. We hope that you can take some time to complete this survey for us as it will support our work going forward. You will notice a chat box at the bottom of your screen, so you can chat with all attendees. Feel free to let us know where you're tuning from right now so we know where everyone's located. You will also see a q&a icon at the bottom of your screen. This is where you can type a question that will be posted, or that will be posed to our presenters and panellists to be responded to. However, we ask that you please hold all questions until the presenters have finished. And we will have a q&a period right at the end. Next slide please.

Just a little blurb of where you can find us. So you can find us and our future webinars on Facebook on Instagram and Twitter. So please be sure to tag us and use the hashtag hashtag #wewebinarseries so we can see where you're posting from.

## **INTRODUCTION AND BIOS**

**Michelle**

So just wanted to give a little introduction to our panellists today:

So first, in no particular order **Dianne Fierheller**. Dianne is currently the Co-Lead of the Family and Child Health Initiative, a community based research program at the Institute for Better Health, Trillium Health Partners. She has worked for 20 years addressing gender based violence as a social worker in community based and paediatric healthcare setting. Dianne is a PhD Candidate at McMaster University, School of Social Work.

Next, we have **Lynn Lavallee**. Lynn completed a Bachelor of Arts in Kinesiology and Psychology, Master of Science in Community Health and Doctorate in Social Work. She started her career as an assistant professor at Ryerson University in the School of Social Work in 2005. She has taken on governance and administrative leadership roles including chair of the Research Ethics Board, associate director and interim director of the School of Social Work, senator, as well as many other service activities while focusing on the goal of advancing Indigenous peoples and knowledges in the academy. Lynn served as University of Manitoba's first vice provost of Indigenous engagement in 2017. She resigned from this position after 16 months and returned to X (Ryerson) University and currently holds the position of strategic lead, Indigenous resurgence in the Faculty of Community Services. Her research expertise lies in the area of Indigenous research ethics, Indigenous research methodology, and Indigenous health and well-being with a specific focus on advancing traditional healing practices particularly in the area of addictions and mental health. Lynn achieved full professor status in 2019.

Next is **May Friedman**. So May Friedman's research looks at unstable identities, including bodies that do not conform to traditional racial and national or aesthetic lines. Most recently much of May's research has focused on intersectional approaches to fat studies considering the multiple and fluid experiences of both fat oppression and fat activism. Drawing on a range of arts-based methods including digital storytelling as well as analyses of treasured garments, May has explored meaning making and representation in relation to embodiment and experience. May works at X (Ryerson) University as a faculty member in the School of Social Work and in the X (Ryerson)/York graduate program in Communication and Culture.

And **Samantha Abel**, so Dr. Samantha Abel is a social worker, an artist, and occasionally an academic. Her social work practice focuses on mental health, gender-based

violence, refugee settlement, disability advocacy, and fat acceptance. Sam's academic research explores weight discrimination in therapy and plus-size fashion. You can see more of her artistic work @saucy.nudles.

Perfect. So that's a little bit about our presenters today. So make sure you have a snack, grab a drink, get cosy wherever you are, and I will pass it over to our incredible Executive Director, **Nneka MacGregor**, who will be facilitating today's discussion. Thank you so much.

## **Nneka**

Hello, hello, hello. Thank you so much, Michelle. Welcome everybody to our webinar. I want to say a special thank you to all of you who have joined us this afternoon. Honestly, a special thank you to my team, especially Michelle, who coordinated these incredible, incredible folks who you're going to be hearing from shortly. And I want to say a really great hello, and thank you to the panellists who are going to completely dazzle, dazzle everybody with their brilliance and their insight into this very, very important subject.

I am Nneka McGregor and I'm the co-founder of this amazing organization that was created by and for women and trans survivors. We do our work in a really, we call it a sisterhood. Right? The way we try to engage, the way we try to support, the way we try to nurture and the way we hold space. We create space so that these really challenging conversations can happen. I just want to say a quick two seconds about my, my gratitude for being on Indigenous land. And to acknowledge that yesterday was Red Dress Day, right, the the National Day for Missing and Murdered Indigenous Women and Girls in Canada. And I talk about, well, the whole organization, how important it is for us to stand in solidarity with our Indigenous sisters, and not give up until and unless there is accountability on everybody's part, around the experiences of Indigenous peoples. And again, the rent that I pay for being on this land is one of solidarity. So thank you all for coming.

This is going to be, I told the panellists, this is a conversation where, you can see behind you is my kitchen. So we're all going to imagine that we're all sitting in my kitchen today, this is tea that I am actually drinking. But yeah, it's going to be a really casual conversation. Even though the conversation is casual, the content is critical and important. And I want to start by asking each panellist to do your own introduction. Michelle did a fantastic job but I want people to hear who you are, from your own mouth,

in your own words. And I am going to start actually alphabetically so Dianne is the first as your name is D. So introduce yourself!

### **Dianne**

Thank you, Nneka. I really appreciate it. And I love the idea of us all sitting around with our drinks, our teas or coffees whatever drink of choice and having a conversation. And thank you to the team for inviting me to be a part of this wonderful conversation today. I'm going to start by introducing myself. So I'm Dianne, a mom is one of my roles. And I have two boys that are currently homeschooling upstairs. They're on break right now, I tried to keep them occupied. But I want to ahead of time let you know that that's part of my world and the life that I'm living. And they might be noisy at times, so I apologize in advance.

Secondly, as mentioned, I am a social worker by background. So I've been practising as a social worker for almost 20 years now in community and primarily paediatric healthcare spaces. So at SickKids hospital and Trillium Health Partners, which is in the Peel Region, gender based violence has intersected with much of the work that I've done working alongside children, youth, families, caregivers, primarily mothers, which is a big part of the work that I have always done. Whether being at the bedside or working in the clinic space oftentimes the caregivers that are there providing support are moms. And so when I think about sort of, when we're thinking about gender based violence and those pieces around care giving, I think that's a really important piece to mention.

In 2016, I returned back to school after working in a paediatric weight management clinic for about five years and I was really wanting to explore care giving and mothering and those experiences that I had learned working alongside families over that time. And at that time, I was working in that paediatric weight management clinic and I started at McMaster School of Social Work, which is a critical social work school, and really started having conversations critically about the paediatric weight management space. And while I had trained at X (Ryerson) many years ago, did my BSW about 20 years prior, and from an anti-oppressive perspective, also at Carleton, anti-oppressive, fat phobia weight based discrimination, having these conversations were never a part of my education, and my learning. And what I also come to this conversation with is my thin privilege within all of this, working within the medical system, and really being blinded by a lot of the conversations that we are going to open up and engage with today.

So I went back to school and I had the pleasure of meeting Dr. May Friedman, who is to my right at the moment, and really May created a space. She opened her world and

shared her own mothering experience in her own lived experience and gave me a safe space to be able to start to critically think through these conversations, to think about the time that I had spent over so many years with children, youth, families, mothers, and start to think about this word obesity and this medical discourse differently. And thinking about fatness and what that means and thinking about lived experience and how it really intersects with so many parts of our everyday lives, including gender based violence, which we're going to talk a little bit more about today. And how I came to fat really started many, many years ago.

It's been a journey, like I've explained, and identifying as a cisgender, girl and woman growing up in Western society, stories of fat and weight, were always present in my life. I can't remember a time when they really weren't. But they were different, and fat in my household, and within my community, where I grew up was something to fear. It was something to not become, and to make sure that I watched my body, very particular. You know, my mom had her scale in her bathroom that she weighed herself once a day. And really sort of that was a piece that was really instilled in me, that fatness was something to fear. And I think what I really learned along this journey, being introduced to May and also learning alongside so many mothers, children and families over the years is to think about fatness differently, and to really open up my mind and my self reflection. And think about our clinical spaces, whether it's our medical space, whether it's the therapeutic space, whether it's the education system, but really start to think about fatness differently. And so I'm not done learning, I'm still on the journey. And part of that is really engaging with amazing individuals like we are today so that I can continue to open my mind and to learn. So thank you very much for having me. And that's a little bit of my story.

### **Nneka**

That was brilliant and really, really inspiring. Thank you so much, Dianne. Next alphabetically is Lynn. Hi, Lynn over to you.

### **Lynn (17:11)**

Miigwech. **Need Lynn to help out with the names here please!** Sudbury Indigebas. Anishabee Metis Qwe endow down Nindeway maga Ninh dog, nude Dubai, Swan Lake Timiskaming, in Timmins. And I introduced myself with my spirit name, my clan, and where my people are from. So I'm Lynn Lavallee and registered with the Metis Nation of Ontario, Anishabee Qwe. And I introduced myself intentionally talking about my people and where they come from, and the last names, and I do that because that's what we do, right? When we meet each other, we simply say, hey, where are your people from? Am I

related to you? But you know, I do this also because I occupy a position in the academy that's an Indigenous specific position. And I've been doing this before the more recent conversations about cultural fraud and, you know, race, race shifting. So, you know, I talked about I was born in Sudbury. My mom was born in Timmins and her mom last names are Labelle and Lafond were from Gracefield and Maniwaki in Quebec, and my grandfather was from Swan Lake and Manitoba. And there the last names are Godon, McIvor, to name a few. And my dad and many generations are from the Timiskaming region on both sides of the river. And they're some of the last names are Lavallee, Gauthier, Pepin, Caya/Cada, Richard, Taylor to name a few. So that's kind of who I am, who my people are.

And I, you know, when I think about the topic that we're going to discuss today, I get a bit nervous because obviously, the topic is really connected to who I am personally, not just who I am from an academic sense and for me, those two things are, I can't separate them, right? I can't separate who I am and how I walk. And you know, I came into academia really through kinesiology, I wanted to be a PhysEd teacher way back in the day but didn't think I could ever go to university and came to university as a mature student. But I was still interested in helping, so I was interested in massage therapy. I took a Kinesiology degree, as well as a Psychology degree and I focused on athletic therapy, treating athletic injury.

I ran track, so body image was you know, always at the forefront and I never fit the mould. I never did you know, I'm a bit more muscular. I carry fat really easily. And you know, even though I was very athletic, I faced constant comments about being too fat, running track, and my Coach saying you need to lose weight. Right? So, you know, that being imposed upon you and interpreting that and internalising it as a violence towards myself. Right? So that's my personal journey. And then, you know, a lot of the work that I've done has looked at health and holistically: physically, mentally, emotionally, spiritually, but how illness begins with spirit injury, right? So our physical injuries are a result of spirit injury. And so with, with the work that I've done, and projects that I've been on, we really mould to what our funders want. And our funders want to focus on obesity. That's it, right? And to behavioural risk pattern, right? Behavioural risk pattern that incorporates shaming and blaming. It's your fault that you're obese, it's your fault that you have diabetes. And, you know, I've always, you know, pushed back on that. So I published something quite a while ago, I think it's 10 years now, in a diabetes journal about, don't just tell us we're fat. Because that's the first thing you hear and then you shut off and you don't go back to the doctor. Right? And so, you know, I've worked with colleagues who you know, what they do when we go travel up north, they're going for a

jog. Well, I ran, and I ran faster than them and I could beat them in taekwondo, right? But I wouldn't run with them, you know, because just the way they made me feel. But in our communities, and this is where you know, the stereotypes come in. I'm going into answering some of the questions, so I'll stop there. But that's kind of how I come to this position. And really now focusing on holistic health and traditional healing. So, Miigwech.

### **Nneka**

Beautiful, absolutely spot on. Thank you so much, looking forward to that. Next, we're going to go to May.

### **May**

Hi, everybody, thank you so, so much for having me here. And for making space for this important conversation, it's so close to my heart and it just means so much to me, to be able to have this time with these amazing people and to think through some of these ideas. My name is May Friedman, I come to this topic, both personally and politically. I'm a faculty member in the School of Social Work at X (Ryerson). And a lot of my research and my studying has been around fat studies. But it's really motivated from a very personal place. To locate myself, I'm a settler on this land. I come from a family with a history of both forced migration and voluntary immigration. And I think that that's essential to how I understand myself in this space. I come from a very small Arab, Jewish minority, ethnic, minority ethnic and religious minority. And so also understanding myself as kind of an impossible body, somebody whose story is not a mainstream story, I think has also really informed how I understand how bodies take up space and move through space and of course, that's what brings me to thinking about fat as well.

When I started as a faculty member, you know, coming from feminist spaces where talking about fat wasn't really kind of an everyday practice and suddenly I was finding I was in a really progressive school where we were talking a lot about racism, we were talking a lot about transphobia, and homophobia. We were talking a lot about, you know, all sorts of things. But somehow there was an absolute silence about weight stigma. And for me, this was really hard to understand, because, of course, I was experiencing this in such an intersectional way. These questions were coming up in my scholarship, but they're coming up very much in my body. As I got fatter, I got browner, I got perceived as more racialized. As I had babies, somehow the embodiment of being a fat brown mother let me be taken up in a certain way, both in my children's classrooms, but also in my own classrooms. As a faculty member, the way that I got engaged with by my

students shifted, and suddenly, you know, there was there's just a real intersection in the ways that my body's stories got taken up. And so for me, I think we can't hive off any of this, we have to be able to think about fat across everything that we do. And that's very much how I have come to sort of live and work.

I think the other thing that has struck me is the amount of time we spend thinking about food and movement and size, no matter what our embodiment might be. And that's I think the biggest lesson that I've come to in doing this work for basically the last decade, is that when I go and I speak in spaces, or I teach in spaces, or I just have community conversations, or even just end up chatting with other people in the park, understanding how much this is holding in people's hearts and bodies and cells. I'm so just shocked by that afresh every single time because I keep thinking I'm gonna know who this matters to. But the level of preoccupation, I think we as a society across every intersection hold, with our bodies, with food with movement and with how we, you know, how we take up space is just unbelievable. And so I can't stop talking about it, because I see that it's relevant in kind of every single thing that I do. And I've talked to third graders, and I've talked, you know, to doctors and everything in between, and it doesn't stop being important. And so that's kind of how I come to this. And come at it, you know, from all my different parts of myself. So thank you so much. It's such a joy to be here.

### **Nneka**

Excellent. Excellent. Excellent. Thank you so much May. And our final panellist is Sam, over to you.

### **Sam**

Thank you, Nneka. So, so many amazing things have already been said by everyone else. I am a social worker at Flemington Health Centre. I did my Bachelor's of Social Work and my MSW at X (Ryerson), I was taught by both May and Lynn in my BSW and MSW. I completed my PhD at York University and May was my PhD supervisor. My doctoral research was about how fat phobia manifests in a therapeutic space. And I've been thinking through a lot in terms of my personal, you know, how my personal and professional mesh when it comes to bodies, like everyone has already been saying. I am queer, I am mixed race and I think that one of the things I've been thinking about recently is, as May was talking about, you know, as you get fatter, you get browner.

My mother is a refugee from Uganda, and I am white-passing in most contexts. And I think her preoccupation with my weight has been something about whiteness,

something about having a body that is perceived as more white. And so these are things that I continue to think about. I think I came to fat originally, on social media, I would say it was maybe 12 plus years ago. I started finding people who were talking about fat activism, and talking about fat acceptance and it really helped. I think, up until that point in my life, I had a bad body. So everything that was happening to me was my individual fault, because my body was bad. And it really helped me to reframe that this is actually a systemic issue. These are issues of systemic barriers, and, you know, privilege and visibility and hyper-visibility, but also invisibility. And so that really helped me to start to reframe.

At the same time, I was getting out into the field and one of the first social work jobs that I had was working for a clothing bank. One of the things that I noticed was we got a lot of clothing, bulk donations that were in sizes extra extra small, extra small and small. And those clothes sat in the clothing bank for forever. But then anytime we got anything plus size, it was snapped up immediately. So just thinking about how we were and weren't meeting the needs of the communities that the clothing bank was serving. And also, even I started to think about the physical space of the clothing bank, it was a very narrow room, it was hard to navigate. The policing that we were doing in terms of people having to sign in the number of times they were allowed to come. I started thinking about all of that in the context of bodies as well. And as I moved on into the field I was thinking about, and have subsequently written about how we really associate body deviance with mental deviance.

So in the context of me, I work in a health care system. I'm concerned like, I am theoretically a healthcare professional, but I don't really get seen that way. I think my body precedes me into the room. And people really don't think that I'm qualified to speak on health or wellness or mental health, because they are also seeing me as deviant in different ways, just based on my body. So I think that is how I really arrived here. And I'm thrilled to talk about all these things with you today. Thank you.

## **Nneka**

Wow. I said at the beginning that this is you know, it's a fascinating subject matter that we're going to talk about. And it's personal and political, right? And when we talk about how fat intersects with all aspects of life, I want us to shift it sort of directed at fat and violence and fat and gender based violence. So can you talk to us a little bit about how in fact violence has intersected in your own work, as well as in your own lives, if you're comfortable going there as well. I'm going to open it up, whoever wants to jump in first. And if not, I will call people in, who wants to go in? May.

## **May**

I just want to, I have been thinking about this a lot and I want to start by saying fat phobia is violence, just in its very essence. You know, not being able to get adequate medical care, because you know, that when you show up for a bunion, you're going to be told it's because you're overweight. You know, not having seats that fit, you know, being elbowed on the subway, being yelled at and cat called. You know, all of it, not being able to get adequate employment, not being able to find clothes to wear to the interview, to get that adequate employment, being told that your body is the problem. That you are an unworthy and failed human, failed citizen, failed subject, at every turn, that is violence. And it sets us up for more violence.

So if I think about the context of gender based violence and intimate partner violence, what does it mean? You know, think about how many sitcoms have the joke of the fat person who couldn't possibly be seen as the love interest, the blind date and you show up, and the person is, is really big, right? And how often over and over and over again, we set up fat bodies as unworthy of love as unworthy of sexual desire, as hyper-sexualized, and like, embarrassing, right? So how do you engage in your intimate life in a way that is bound up in worthiness when you're being told that you're unworthy right at the get go, and when that's being echoed across every other part of your life? Economically, you know, work wise, school wise, family wise, you know, many of us are policed by the people that we love by our families of origin, right? Then you walk around with this deep seated sense of unworthiness that I think makes you vulnerable. So it's sort of a double violence, it's the violence that's being done to you every day. And then it sets you up to be more vulnerable to violence, because you are already, you know, sort of wracked with shame. And so I think that it's a bit inescapable, there's just sort of no way to talk about this without threading violence through it. And of course, that's only exacerbated by every other intersection that we have.

And the last thing I just want to quickly say is how much violence there is around fat and trans communities in particular, in the ways that gender and placement of fat. The way we hold fat is so connected that we can't, you know, we can't talk about this without also exploding what we think of gender, because fat becomes such a presence in those spaces too.

## **Sam**

And I mean, if I can jump into - thank you, May. So I was saying that my research was about fat phobia, and the therapeutic space. But when I conducted that research, one of

the main themes that came out of it was gender based violence and intimate partner violence in particular. And I think that this is something that I see in my research and this is something that I see in my practice, as well, when I'm working with people. And we know, especially during the pandemic, that intimate partner violence has become even more of an issue than it was before, and that many people are struggling right now. And I think when we're looking at intimate partner violence we talk about financial control and we talk about social control but we don't talk about body control as much, or at all. And the way that someone who is abusive can use their partner's body to further assert control, diminish resistance, and to break down someone's self worth. I think that this is, this comes up all the time in my work.

There is a fat scholar called Samantha Murray, and she has a quote that I think about a lot, which is that in the mainstream sexual marketplace, fat bodies are not marketable commodities. And I think that this kind of echoes what May was saying, which is like when you are not, when you are a deviant body, how do you navigate that terrain? And how does that get exploited against you? And one of the things that I've heard again and again, is that people expect fat folks or fat women to be so grateful for any attention that they are getting, that they are willing to put up with all kinds of abusive behaviour, just to get that attention.

### **Lynn**

Can I, I'll just add in, it's really just springing off, I might not be answering the question directly, but for me the intersectionality, and I already referred to that violence towards self. So how society sees us, and I won't say what I said to myself because even for me to speak the words out loud is hard, and it'll hit other people, right? But I remember speaking about the rounder you get the browner you get, right? I went up north with my sister and we were in a storm on Highway 17. And, you know, that's where all my relatives live in along that road. So in certain places I'm definitely perceived as Indigenous. And so in that space I am and, you know, we were in a store and I was treated a certain way. And when I came out, I was so mad. I'm like, they're seeing me like a blank, blank, blank, right? And I'm like, look at me, like, like, I can't escape how people perceive me. But the rounder you get, right? One time I had a black eye, I wasn't beaten up by a partner necessarily, but like, well, you look more Native now, because I had a black eye. So it's those stereotypes that people have that we internalise.

So, work I did quite a while ago... I'm trying to just find the quote, because it just came to me, but it was with the Anishabee Symbol-Based Reflection method that I used in my PhD. But there was a person who talked about their undeservingness, right? that

internalisation. So "Anishabee Qwe as a woman, my undeservingness this as a woman. I'm understanding through our informal healing circles in the bathroom and the strength that I get when I walk through these doors that my undeservingness is a symptom coming from our long history of how we unlearned our ways to respect women." That was something, a quote that came out like, I think it's almost 15 years now. But, you know, it's that internalisation, and this happened to be the taekwondo program at the Native Canadian Centre. And in that circle, my body is normal, right? My weight is welcomed. I, you know, I have a black belt and I've sparred, and I've sparred in Indigenous competitions, and usually have a weight category. And you can't fight anybody outside of your weight category in your age category. Well, that goes out the door in Indigenous competitions, we just fight whoever. But your weight is welcomed. And so it's kind of a balance. Because in certain places, it's seen, you know, as Dianne was saying, right? Like that striving to be thin and you know, that pressure. And in other places it's an advantage, right? So those are a couple of things that struck me.

### **Dianne**

Thank you, everyone. And I'm just going to jump in thinking with everybody's thoughts and their stories already. As I was thinking about this question, the piece that really sort of came to mind, for me was the word bully, especially working with young people, and then also working so much with care givers and mothers specifically. But when we think about gender based violence, you know, bullying, violence, we know it's a part of everyday lives for many, many people and many of the stories, and there's too many for me to share, and I'm not going to go into every story, but you know, everyday lives of the young people and mothers that I was working with, sharing how being at home is often not a safe space.

And I'm thinking a lot about that intergenerational piece that we've been speaking to. And many of the mothers that I spent many days with, lots of time with, spoke to the own violence that they experienced within their own family homes, from their own family members, whether it was their mothers, fathers, extended family members, and then becoming mothers themselves and trying to make sense of all of this. And Lynn you spoke really well to that piece and just trying to you know, internalising. And then being able to parent and make sense of it, wanting to change, wanting to try and do things a little bit differently, but oftentimes continuing to go back to the ways of learning about bodies, whether it was restricting food, locking up the fridge, locking up the cupboards, forcing someone to weigh themselves, you know, those are just some examples. And really, you know, trying to navigate, and how messy it can be when we think about the systemic violence that May you spoke really well to when you were

talking about both spaces. But you know, that systemic violence that we accept so much, especially within the medical space, and that we think is normal, and that it's okay to restrict food that you need to restrict food you need to be excessively moving your body and how that is somehow equated to health and how much of people's stories are lost when we only focus on that specific piece. And that systemic violence is such an important part of this conversation and I'm hoping that we can continue to engage over the next little bit about that.

### **Nneka**

I love this. I really, really love this. Two things come came to mind as you're all talking. I'm Nigerian, I'm African. And in my culture, big women is actually celebrated. It's a sign of health, ironically, in comparison to the Western model. And I'm interested in how you folks sort of weigh how Western ideology has shifted so many cultures perceptions of the body. That's number one, right? And then the second part is, I'm curious, I think May said it and Lynn you said it as well, around the rounder you get the browner you get. I've never heard that and I'd really like to learn some more because I don't know whether that has racist undertones. I don't know how it's sort of stuck in my body. But I'm really curious to learn some more. So over to you.

### **May**

I think at the present moment, we can't talk about fat without talking about race. I would argue the obesity epidemic and the inflation of that as discourse over the last 20/30 years is just a new iteration in race wars. It's just a new way to police, you know, Black, Indigenous and people of colour bodies. And so I think that it's a way that you're kind of failing at whiteness, you know, and so if you're fat, then you get marked more visibly. And that leaves you open to provocation in a different kind of way.

So for me, the attention I was already getting as racialized person became amplified as I as my body grew, because I wasn't trying to pass. Right? And so, and I think that's also true, similar to what Sam said, around my relationship with my family of origin. So I also come from a culture where, you know, all my Auntie's were big and soft and round, and that felt like home to me. You know, I come from 100 Aunts, and like, all of my Aunts, just felt like a home place. Right? But my mother makes our traditional food and like omits all the oil, and then wonders why none of us want to eat it and go grab, you know, Western fast food instead, right? And so there's a real tension there between wanting to be of a bothness. And at least for me, that's been very much my experience, is that it's always wrapped up in whiteness and colonialism, and I don't know how to take it away. And that's, I get very frustrated, because sometimes doing this work I'm told that this is,

you know, this is white girls work that we don't need to think about fat in racialized spaces, because there's so much more size accepting. But I think that does not acknowledge this is not just about aesthetics, it's about medical abuse. It's about, you know, you know, naming that particular practices and particular spaces are, you know, we used to say immoral, and now we say unhealthy. And I would argue it's the same thing with new packaging.

## **Lynn**

I'm thinking about, you know, May, when you're speaking it made me think about, you know, how we grew up and the food we might have eaten. And I think for many Indigenous people, many people in general, racialized, people of colour, have grown up with food insecurity, right? So I remember when I was at university and we travelled to the US. I was the athletic trainer for the track team and I only had a couple of dollars left to make the trip back on the bus. And it was like a 22 hour drive. And I knew that a chocolate bar or, or fat's gonna stay in my body better, like longer, and I won't be as hungry later. So the choices of food that we eat sometimes is really what's available. And, you know, looking at in some communities, like the cost of healthy food, it's not even available at times, right? So, and, you know, so it's not just a choice, it's not just a behavioural risk factor.

I also think about how when you go hungry, when you finally get food, there's a certain behaviour, right? So like, we didn't have, like we grew up with, and now I look back and like, well below the poverty line. You know, they didn't have food banks back then, people like, the neighbour would come and drop a loaf of bread off and a pack of cigarettes for my mom when we were up in Sudbury. So when we got something in the house, oh my gosh, it was gone like that, right? So I think about that, and I think about the fact that that also is internalised, right? And how we behave. So food really, you know, that was the role that it played. And then how that changed over time. Right? Based on my experiences. I think we really have to consider people's relationships with food and how it is impacted by poverty, right? And if you look at people, like Indigenous community. If you look at our average weight and our average height, like obviously, it depends on the Nations that we're from. We have very different body structures across Turtle Island. But there is, you know, there's that issue and it's because of the food choices. It's not like it's a choice, like this is what we have to eat. And it's going in and you know, the creation of diabetes, like the sugars and the flavours. It's kind of that unlearning when a lot of people are going back to, trying to go back to traditional ways of eating.

So like, if someone has a, you know, with my family, people used to go and catch smelts up north, and then everybody shares it. So there'll be a bunch of smelts, I grew up on smelts. I grew up on oxtail up in Sudbury because that's, they almost threw away that food. Right? Liver. Oh, my gosh, we had so much liver. So you know, I think that, I think it'll be an amazing research study. There's got to be one out there. But for people to talk about their childhood foods, right? And what they had to eat. And my partner's from Grenada and, you know, grew up on the exact same food that I grew up on, we might have prepared it differently, but- and now how much is oxtail? It's ridiculously expensive. So. So yeah, these are a couple of thoughts. I think I diverted from the question, but -

**Nneka**

You did not. It was spot on. Digressions are always spot on. Always welcome. Really well said. Dianne any thoughts on?

**Dianne**

Yeah, the piece that really stands out for me, um, so I'm doing my PhD research right now. It's a narrative inquiry into mother's experiences of child weight management. And with narrative inquiry, I get to bring my own self as a researcher. It's, you know, partially auto-ethnography and then partially my co-researchers are the mothers that are working alongside me and sharing their stories. One of my participants did not grow up in Canada, immigrated from another country, and very much speaks to her childhood of being fat, and of being beautiful, and feeling beautiful, and that where she grew up, the bigger, the better. It was celebrated and so much joy, so many stories there, thinking about her family's acceptance, and then the immigration process and coming here to Canada, and how that changed so quickly to shame, to guilt, to unhealthy, to being blamed as a mother throughout pregnancy. You know, her own daughter, and, you know, raising her daughter now. So just through that work, I've been exploring that a lot, very much in line with many of the stories that I've heard over many, many years working alongside families. And so that's really what I think a lot about is, is that shift between the two spaces.

**Nneka**

Brilliant, absolutely brilliant. Sam?

**Sam**

I was thinking about your original question about how Western culture shapes these things. And I think, historically, I mean, what this has always been about is, is financial privilege versus poverty, right? Because we know that historically bigger bodies, even in

Western cultures were valued. Because when you had enough food, when you were affluent, when you were the member of a royal family, you ate a lot and you were bigger, and that was seen as good because you were resourced and that was seen as therefore attractive. And then the shift that has happened in the last century to people who have the time and the money to hire personal trainers to have professional cooks, who are cooking certain ways for them and you know, the people that don't have that. So the body size has changed with resourcing and has changed with that privilege. And I think we are all impacted by that shift.

### **Nneka**

I love this. I have a question around sort of addressing, so we've sort of surfaced some of the challenges and perceptions, what has been your experience in terms of, you know, strategies to address fat phobia? Strategies that are healthy and effective. Who wants to go? You know, Sam, I'm going to go back to you, we're gonna do reverse order this time.

### **Sam**

Okay. So I think that one of the strategies that has been most effective for me but also what I've heard through my research and with my clients is finding your community. So, fat people often don't have a lot of social capital either in the same way as we were talking about not having sexual currency. And I think that community building is a form of fat activism, and surrounding yourself with people who think about bodies in the same way that you do and for whom your body is not a problem and who can think about these things politically and personally. I think that there is, you know, a lot of the participants in my research kind of divided their life into before my fat community and then after, and they really talked about how much that has improved their quality of life, and how that has given them the strength to stand up in situations where maybe that support isn't there. So I think that is really important.

I think the other thing is, I actually I wrote down some notes about this. So I think one of the things that I do in terms of addressing fat phobic micro-aggressions is I have this technique that I refer to as getting pointedly stupid. So if, and I'll give you an example of that. So for example, recently a co-worker of mine suggested to me that I should try the keto diet. And I was like, Oh, I'm actually not epileptic. Where did you hear that I was epileptic? So I find that, yeah, just being deliberately stupid in situations like that kind of opens up the door for me to have those conversations in a way that are challenging for people and that maybe leaves them with something to think about.

But I do find that addressing it, particularly as someone who works within the healthcare system is very challenging. And I think it depends on the people, it depends on the conversations, you know, trying to find your allies or accomplices, as you were saying, is also really important for people that do have that body privilege to maybe say things and get taken more seriously than you will. But it is, it does feel like swimming uphill. And it's an ongoing challenge.

### **Nneka**

That's absolutely brilliant. Absolutely brilliant. May what do you, what do you reckon?

### **May**

Very much in line with what Sam saying. I think having a social media can be really useful and really toxic. So curating your social media feed I think can be worthwhile. I realised that so many of the bodies that I see on Instagram are now because of who I follow. I have just so much more, exposed to a wider array of bodies across all diversities, than I would if I only consumed mainstream media. And I actually think that rewires your brain in really useful ways. We're so stuck on what normal looks like and so exploding that idea of what normal look looks like, I think social media can be really a powerful tool in terms of that, and also a way to find your community, if you're actively seeking it out.

I think similar sneaky tactics to Sam. You know, I often at the doctor, I've heard from students of mine that they'll say, oh, actually, I just took a really good class on weight stigma and health care provision, when they're asked what they're studying. And that just like, is like a flag to the doctor at the get go. Like don't even, don't even start there. So maybe for all of you being able to say like, actually, one of the things I did recently, is I saw a webinar on fat phobia, just might be give you some kind of something to poke back with.

But I will also say that there are places where I pick my battles. I don't have this conversation with my parents, I don't necessarily always bring up what I study or what I do, even though this is like, this is all I do. This is all I think about. I still have places where I'm a little bit closeted about this. And I, I say that because I think sometimes an unwitting after effect of this kind of conversation is that you go from feeling crappy about your body to feeling crappy for feeling crappy about your body. And I wanted to say I think this is a marathon, not a sprint. And so if you're still you know, embedded in diet culture, if you're still feeling like you're restricting, or you're doing anything, you know, to alter your body, we all are. Nobody is escaping from that, you know, and so to

understand that this isn't something that you're going to solve overnight and that we all are finding places where we can be more or less at home in our skin, then, you know, on any given day.

**Nneka**

Wow, wow. Not a sprint. Fantastic, Dianne.

**Dianne**

I'm thinking a lot about this. And what really stands out for me, especially working in the medical field for so long is the importance of lived experience, you know, is just as important as whatever we learn expert knowledge in our books in our theories. And how much I have learned within this space thinking you know, with gender based violence and fatness but also you know, in many parts of health and wellness. How important lived experience is and we need to take time to listen and to engage and to invite lived experience into the design of systems, like the medical system curriculum, whether it's you know, medical education, whether it's curriculum that happens within a diabetes clinic, really sort of thinking through that with lived experience. I think that's really, really important.

The other piece, when I think of my own transition, and my own learning, my unlearning, and then my, my relearning, I think to my time with May. There was never a time where I didn't feel that I could be honest and open up, and I felt so safe. And it was a trusting space, to be able to talk about things that I had done that, you know, I will say are violent. You know, practices with mothers, as a social work practitioner. You know, now when I think about it, how awful it feels, and the tensions and just the emotional pieces of taking responsibility and being accountable to myself and to those that I was spending time and working with. And I think that's a piece that's so important. When I think about both sides, how do we create these safe spaces within education? Where we can have these difficult conversations and where conflict will arise? And how do we start to continue to talk through? I think that's a really important piece that I've learned, creating those safe spaces where we can have these conversations.

**Nneka**

And those spaces where these conversations happen is really where transformation starts to build. So that's really, really important. Lynn, over to you, what are your thoughts?

**Lynn**

I think about the next generation. And I think about what I've learned from the next generation, and how, at least for me, in my experiences, especially with Indigenous youth, or people who are younger than me, there's a different perspective, right? That diet culture is not really there for a lot of the people that I'm interacting with. So it's a way to keep me in check as well. Like, just to learn, you know, we may be concerned about something... I think for, for me personally, I think that as I age, and my weight's having more of an impact physically on me so I've had to go to doctors, and that's the first thing they say, right? But then there's no support for you to try to be healthier. Not that, like, I have a Kinesiology degree, right? I know about nutrition. But there's so much more to it. And I think that, you know, people aren't looking at this. Someone put in the comments, stress, right? And my area of study with psychophysiology of stress and how, when we're under psychological stress, it releases cortisol in our body. So there's a physiological reaction, right? As well as the environmental everything that's going on. And, you know, there it becomes difficult at times, and I think there's not a lot of support. So I think that looking at the younger generation, that next generation.

And then also I think that in Ontario, we need more women's clinics across- I'm not in the GTA, right? But you know, clinics that take a holistic perspective, that are inclusive of Indigenous peoples, and where, you know, they look at the whole person, as opposed to compartmentalising.

### **Nneka**

Wow. So, mindful of the time, I want to make sure that we leave space for q&a from the participants in the audience. My last formal question to you phenomenal, phenomenal people, is if there is one thing that you want people to take away, right? One thing you want them to know about the movement about fat phobia, about resistance. It could be about anything. One thing, and don't just name it, explain why. This time, I'm going to leave it open who wants to go first? Okay, nobody's going first, so I'm gonna go I'm gonna start with Dianne.

### **Dianne**

I was thinking a lot about this one. I can't just choose one thing. I think for me, be open to learning, always, and learning new ideas. You may have heard us talk about things today that you don't agree with but give yourself time to, you know, why are you having tensions as we're talking about things? And being open to that and also to be accountable. We are all a part of changing the systems and creating better systems for everybody. And I think that's another piece to share, to be accountable as well.

**Nneka**

Excellent. Sam?

**Sam**

I mean, I think if you were to walk away with anything, I would want you to walk away with the idea that you are worthy, regardless of your body size, and you deserve good things in your life, regardless of your body size, and to be surrounded by good people, and to get good care. And so I think, like I was saying before, you know, find your community. And also, I think that, you know, this is making its way into the mainstream more...slowly. It's like, again, an uphill battle. But I think the resources are out there and to take the time to find them and to really find what works for you.

**Nneka**

Excellent. Lynn?

**Lynn**

Sorry. You know, I'm thinking about yesterday being the National Day of Awareness for Missing and Murdered Indigenous Women and Girls, Two Spirit and Trans. And, you know, really, I want to focus on the gender based violence. And, you know, I talked about the undeservingness and the internalisation of that, and the importance of if you're working with Indigenous people, or, you know, that there's, there's stereotypes that you hold in your mind that will impact that person more than what they're doing to themselves. So I think to explain that another way, like, a lot of time we're moving past the social determinants of health, we're moving towards as practitioners and Dianne, you, you spoke to this a bit, what are we doing? And how are the stereotypes that we hold negatively impacting the people we're working with? Right? So rather than thinking about what are they doing, what are you doing that's causing that to happen?

**Nneka**

I love that, the unconscious, implicit biases that people have, and checking it at the bloody door. May?

**May**

So I think on the political level, that if you aren't thinking about that as you're thinking about other areas of justice, you're not thinking about justice. That you have to be able to think about this in everything that you do. On a personal level, that everybody's body is different, and everybody's body is wonderful. And that, you know, our worth is not measured by any of these numbers or measures. And I don't know how else to put it, but

just that I think about the extent to which we enact violence against ourselves. And so to sort of hope that people are able to have as much compassion and kindness for themselves in their own bodies, as they would hopefully offer to the people around them. And that would be one of the things I had hoped we could start to be able to take away.

### **Nneka**

I love that. I love you women, we're going to do this again, we are going to do this again. This has been honestly an educational hour and a half, an hour and a bit thus far. It's also been a really insightful call to action is the way I'm looking at it, right? And it's a call to action especially in, just like in the anti-racism movement, where Black people are calling on white accomplices to step up. It's the same thing to me as thin bodied individuals have to step up right? And and not not support, not be silent. And really as accomplices, and I use that, it's not my word its Jade Peek, brilliant, brilliant Jade Peek. I love you women. I love you all. And I want to, again, once the pandemic is over, you're all coming over to my house. And we're all going to drink more than tea because I've got Chardonnay as well. But in the meantime, I want to open it up to the participants, the audience to see if they have any questions to pose. And I think Michelle is going to facilitate the questions from, is that right? Yes, I'm right. So off you go, Michelle.

### **Michelle**

Perfect. I'm just waiting for them to come on in. Okay, so how can folks who are at a bigger size, negotiate their medical care with their care providers so that their care providers don't focus on weight loss as a goal? I believe knowledge is power. So are there any specific studies or anything that can be shown to doctors who insist that we have to lose weight? And how can we do activism in communities aside from building community? That was one of the comments. So whoever would like to take that.

### **Sam**

So I do want to suggest one study that is, like, quite accessible, but also a good one to share with your doctor. And I'll put it in the chat. It's called Weight Science. And it is by Lindo (formerly Linda) Bacon, and I'm blanking someone help me here,

### **May**

Lucy Aphramor.

### **Sam**

Thank you. And so I'll put it in the chat. It's open source, so you can access it without an academic license. And I think it's a great thing to print out and give to your doctor and ask them to really read it, because they talk about a lot of aspects of this issue. So I'm going to look for that now.

<https://nutritionj.biomedcentral.com/articles/10.1186/1475-2891-10-9>

### **May**

So I want to say this is really hard, and I don't have a family doctor. So like, when I say it's really hard, I'm not just talking sideways, like I really mean it, it's really hard. I think that some of those cues that I talked about coming in demanding weight neutral approach, refusing to be weighed, I think that those are important steps. But they get tricky when those are the privileges of reasonably good health. When you have to see specialists you don't necessarily have that luxury. There are many, you know, reasons when people's bodies do need to be weighed in terms of titrating medicine and things like that. So it is definitely an uphill battle. I never feel as countercultural as I do when I talk about fat. Because it really is, the common sense knowledge on this is so entrenched that fat is going to kill you, the butter is the devil. You know, and I think it's a really, it's going to be a life's work to unearth that. And so, yes, having sources that you can bring with you, but also acknowledging, you know, I often think about other things that we, that science proved was true. And the example that I bring up kind of endlessly is that left-handed people were sinister, left-handed people were evidence of the devil, right? And so hopefully, we can unearth this truth. Hopefully, you know, in the coming generations, we can understand that our current focus on obesity, as you know, dangerous in a completely unnuanced, undifferentiated way, is really problematic, but it's not easy. And at the level of the individual interaction, it still often kind of goes south, at least though maybe knowing this, you can zip up your own Teflon suit if nothing else.

### **Dianne**

I also just want to say, and I know this goes back to being in a position of privilege to be able to find a healthcare provider that is open to Health at Every Size, which is the paper that we were speaking to, is open to having these conversations. And that can be very difficult, and it can be very time-consuming and very onerous for the individual who's trying to receive care. There are practitioners out there that are starting to think differently, that are open to new ways of thinking. But again, it does hold a lot of responsibility on the individual person who's looking for care.

### **Nneka**

That's great. Michelle another question?

**Michelle**

Yeah, so another question is, do you have any suggestions for someone wanting to draw more explicit boundaries with friends or family who are consumed by diet and exercise culture?

**Lynn**

That's really tough, because it depends on how close to the family member they are. Right? And, you know, like, as May said, sometimes you choose your battles and you might not engage in that, but if you're constantly being targeted and you know, violence towards you, by someone who you have to interact with on a regular basis, that really becomes tough, right? But I really loved what you said Sam, about finding your community. Right? So yeah, you're experiencing that, you know, might be a parent and, but finding that community to have those conversations.

**Sam**

I think it depends on the person again and your relationship with them, but I have found it helpful with friends to just say, I respect your body autonomy and what you want to do with your body. I would ask that you question maybe why you want to do that. But also that it's not helpful for me to hear about it.

**Nneka**

So very kind and loving and gentle way to tell people to mind their own bloody business. May or Dianne, do you want to weigh in on that one? Or you're good.

**May**

Well, I'm of two minds, because on the one hand, I don't want to hold any one person responsible for being the symptom of what is a endemic cultural problem, right? Because we live in a completely toxic culture. And people are, you know, absorbing and reflecting the culture that we're a part of. The flip side is, I remember a family member who said, how do you deal with people in your life who, with friends who are racist, or homophobic or transphobic? I said, it's easy. They're not friends. That's just, not my friends, right? So if you don't love me, you don't love my family, you don't love, you know, what I'm about then like, no thanks. And so I think, again, to echo it depends on the relationship. And you give people the courtesy of room to pivot, because we do, you know, again, they're just reflecting the messaging that we get everywhere. But anybody who is telling you that the way you live is wrong, I don't care on what axis, that's not, that

person's not, that's not loving, and it's probably not great. So then you find your boundary. I'm not saying that we cut all those people out of our lives, but we find the place where they can be without taking too much of us away from them, from ourselves, you know.

**Nneka**

That's a great point. Dianne?

**Dianne**

I think I'm going to leave that there with what May said, because that was a really amazing way to wrap up that question.

**Nneka**

Agreed, agreed. Michelle?

**Michelle**

Do you have insight on how to shift language that has a negative connotation in relation to body types. For example, I have seen conversations around the word fat needing to be de-stigmatised to be used as body type rather than slur, but how do we navigate that in spaces where people still hold a negative connotation?

**May**

I used to have this conversation with my older kids when they were really little, because we talk about fat all the time in our house. And at some point, I remember having to say like, oh, you can't call other people fat when we're in public, because we mean one thing, but that's not how other people are hearing what you're saying. Because in the same way that they would remark on somebody who was very tall, or you know, whatever else, it might have come out of their mouths and having to unpack that for them and explain that, it's a word that we hear in different ways.

I think it's a word that you can apply to yourself, but that you ought not apply to other people until you know where they hold with that word, because it's in the process of being reclaimed. That said, I do talks with elementary students once in a while, usually after there's, you know, fat bullying going on in a classroom is when I get called, and I think that putting that word in kids mouths in a good way, that it's just, you know, a sign of body diversity, like anything else. I think it is important that we do that, but we have to do it with care, because it still is a word that has so much venom behind it in so many contexts.

**Dianne**

I'm happy to follow May. As you know, working within that medical space, where obesity is the word that we use, that is used within you know, the child weight management clinic, it's the checkbox that's ticked before a child's referred to the clinic, it very much is the language. Being introduced to fat studies and to the work being done by many amazing fat scholars as I was continuing to work in the clinic, I started to use the word fat, fatness, it was a part of the language that I then brought to the other practitioners within the clinic. So it's a multidisciplinary team. And, you know, May talks about sort of that navigation, and I remember people's responses, you know, looking at me, like I had just done something horrendous. That was really the response and even for me to say the word fat within the clinic, the way that I was saying it was difficult. That transition was very difficult for me and it took time, also navigating with families. So I think going back to May's point, really when families are coming to the clinic, they are coming, often times caregivers thinking that, you know, they are being blamed for their child's unhealthiness, their child is at risk. Some are told that their child is going to die if they don't lose weight. You know, this is sort of them coming to the clinic. So also navigating how we use the words that we use and really listening again to that lived experience of everybody that's in front of us and really following their lead as well, which are some of the learnings that I experienced as I've continued this journey.

**Nneka**

Still mindful of time, we've got about five minutes, I'd say, maybe 10 minutes, or five minutes before we wrap up. Any other questions, Michelle?

**Michelle**

One more question. What would you recommend to a person that wants to address strategies of mental and physical health through physical activities?

**Sam**

I mean, I think I sort of tried to talk about this with my clients as it's good for you to move your body in ways that feel good to you. Right? I'm not against physical activity. But I think that we need to think about the messages that we are telling ourselves as we're doing that physical activity, because I think so often for fat people exercise has been a punishment, it has been a punishment of ourselves. And it has been the way that we, it has been something that we engage in to lose weight, it has not been something that we engage in to feel joy, or to feel positive. And so to, you know, to be really cautious about the ways that we talk about that. And I think also, you know, when you're

a fat person, and you sit down with a health care practitioner or an allied health practitioner, and they say, have you thought about moving more to improve your mental health? I think the first thing that comes to your mind, is that, is that something they're saying to everyone? Or is that a way that fat phobia is coming out? Because they've taken a look at me? So I think it's a challenging thing to dance around. But I think you can definitely talk about joyful movement, in whatever way that works for people, but also to acknowledge a lot of people have chronic pain and mobility challenges and things that make exercise not possible for them.

### **Lynn**

Yeah, I thought when I read this question, I went somewhere else. But you know, I think about the work that I've done, and, you know, what I'll call physical activity and recreation programs or sport programs in Indigenous communities right? Typically, when people are promoting physical activity programming or recreation programming, the goal is not about physical health. The goal is about spiritual health. Right? So and it's about, you know, the impacts of coming together building community. You know, if you're Pow Wow dancing, if you are, you know, going out on the land, right? And even, even with sport, right? The sense of accomplishment.

So like, I did Taekwondo. We're talking about violence, right? If anything, it helped me understand, because I grew up in an environment where I had to physically fight, that was a constant. And when I took taekwondo, it helped me understand, especially when I had to spar because that anxiety would come up. And I remember things that happened in my life where I had to physically fight. And I learned how to, I learned how to, I want to say harness that, but it's the wrong word, but to calm the anxiety that would come into my body when I was under physical threat. Right?

So for me, when I think about physical activity, I don't think about the physical, the impact on the physical body necessarily, I might have done that when I was younger, but there's always these other goals, right? And spirit health is what I think about. And this is something that came out of my doctoral research a long time ago, where people said, when I come into the Native Canadian Centre, where Taekwondo is offered, there's an elder, we get traditional teachings. It's not a physical activity program for obesity, it's a program and we're bringing in our traditional teachings about our warrior systems and people. I think about the the one person who they did, people did art for Anishnabee Symbol Based Reflection to reflect the meaning of, of coming to the Native Canadian Centre, and this person carved a person who was symbolic of him with a long braid and a ball, holding a ball. That was his, his spirit, his chi, his energy. So I think the question

kind of guided me a certain way. And I was like, no, I don't think about it that way. Right? So, so just pulling back. And you'll note that a lot of Indigenous communities want to promote sport, recreation, physical activity, but it's not for, the goal is not obesity. But sometimes we use the obesity to get the funding because that's the language we have to use, right? And then we do what we want.

### **May**

I would add, I think it's important, if somebody you know, if you're having a conversation, like an honest, heartfelt conversation with somebody about how they're using exercise— one of the questions I would want to ask is, how does it make you feel when you do it, but also, how does it make you feel when you don't? Because that, for me, is a bit of a litmus test. If you feel, you know, like the dreads and the shames, if you don't do it, then this might be wrapped up in something that is not really about what I would consider to be health, right? And so I also want to consider the ways that exercise gets used, not just to change the way our bodies look, but also in aid of being a good healthy person. And to just query that a little bit.

So I'm all for moving to make yourself feel better you know, and I think that is really an important part of how we live in the world. But I think that has to mean a lot of different things. And I think hating yourself doesn't really make most of us feel better. So I would just ask kind of, to be a gentle, question into the motivation. And sometimes that doesn't mean you're gonna change what you're doing. But it just lets you kind of just, okay, that's interesting. When I haven't moved for a week, I don't just feel antsy, I feel like a shitty person. What's going on there? Let me just grapple with that a little bit. Even if right now I'm not ready to make any change in what my practice is right now.

### **Dianne**

Do I have time to make one little comment? So I just want to go back to Sam's words joyful movement, that really stands out for me. Finding things that you love to do, you know, regardless of your ability, your body size, your race, your gender, you know, being able to find things that you love to do with movement. The other piece, you know, that really comes to mind for me, as we're speaking, is the systemic discrimination that happens within gym classes and within physical education that is taught within our young children's school system. I have two boys, grade three and six. You know, I know the curriculum very well and just from living alongside young people, and we need to make changes. You know, when I talk about that bullying, that is the space where so much of that happens. And it's actually accepted by many, many educators within our

public school systems. So that's a space where we need to continue this conversation. And we need to try and make some changes.

### **Nneka**

That is a fantastic way to round us up. Which is just to say that we are going to set up a panel that would go on the road doing this to everybody, if you're all in favour, you know, we'll be we'll be sending out your agenda. I want to thank each and everyone of you, Dianne, May, Sam and Lynn, in order that you're on my screen. You have brought insight, you have brought a beautiful gift to all of us today and I don't know how to thank you apart from saying thank you. Really, really, really appreciate all the work that you're doing, to further the movement, and all the time that you've devoted to share your knowledge and expertise with us.

To all of you who showed up to this conversation, thank you. I had a chance to read some of the beautiful, positive feedback in the chats that the participants were sharing. I think you've given them a lot of information, you've given them a lot of knowledge, and you've given them a lot of again, that call to action to actually start doing more and speaking up more when we hear fat phobia in our lives. We have, I don't know, like 25 seconds, about two minutes to just go round and ask each of you what are you going to do for self care at the end of today? Jump in.

### **May**

I'm going to go out into the sun with my babies. I think it'd be fun. I want to just say anybody who has questions we didn't get to I see a few please feel free to reach out to me via email. I don't know if we can make my email address available. But please, I want to make sure we're not leaving anybody's questions in the dust and so-

### **Nneka**

Thank you May. Thank you. And if you're all in agreement, we'll be happy to share your contact information with everybody that signed up if that's okay. Then that's okay. Thanks. Excellent. So we'll do that. And thanks for the offer. Dianne, what are you going to do for self care?

### **Dianne**

We always celebrate at the end of each virtual schooling day and we do like a little party because that's how we get through one day at a time. So we do our little dance party. And it's still sunny here where I live in Milton so I will get outside as well.

**Nneka**

Beautiful, I like the dance party. Sam what do you think?

**Sam**

I think I'm gonna take some time today, I don't know if you can see, but I have these terrariums back here that are full of plants and I have needed to cut them back and kind of redistribute the plants for a while. So I've been thinking about doing that either today or tomorrow because it's very calming for me. And it's just something that I'm doing that's kind of keeping me connected to nature while living in a one bedroom apartment in Toronto. So that's my plan.

**Nneka**

Beautiful. And Lynn finally over to you

**Lynn**

I'm gonna pop up out of this chair that I've been in since nine o'clock. I know I've been moving around a little bit, but I'm getting so sore from sitting. So I need to get up and stretch and I'll go find Isaac. Dianne yesterday I did, I blasted the music and I danced with Isaac because I realised I was getting mad about something and it totally changed my mood. So that's what I'm gonna do.

**Nneka**

I love it, love it, and I will see whoever's outside because that's where I'm heading off to now. So thank you again, everybody. Have a wonderful, wonderful rest of the week, and we'll see you again at our next webinar. Thanks, everyone.

**Lynn**

Thank you Nneka. Miigwech, everybody.

**Nneka**

Thank you. Bye bye.

**Dianne**

Thank you! Bye, everyone!