From Theory to Practice

–

It's Time for Change

Post-Conference Report

May 25-27, 2023

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Overview

The From Theory to Practice - It's Time for Change conference was established as a learning opportunity for researchers, advocates, and clinicians in the eating disorder field to share their expertise in an effort to co-create approaches that work - for our patients, our communities, and ourselves. The conference vision was to improve eating disorder care for people with underrepresented identities by identifying challenges and associated opportunities for actionable change.

All identity-focused sessions (e.g. Gender, Class, etc) began with a breakout portion for smaller group discussion – available both in person and via breakout rooms on Zoom. This was followed by a larger group discussion to bring those ideas together on a larger scale and create connected themes and action items. Designated scribes cataloged ideas for visual learners to enable continued reflection and conversations post-conference. A Daily Digest was provided to all participants as a repository for all resources during the conference.

In all identity-focused sessions, attendees were asked to answer the following questions in breakout groups –

1. What is working well in eating disorder care as it pertains to **[session topic]**?
2. What needs to be improved?
3. How do we make those improvements?
    a. Care Delivery
    b. Organizational Policy Change
    c. Social Awareness
    d. Other Avenues

Schedule

Thursday, May 25th: Patient Care

- Gender
- Food Break
- Class
- Disability & Neurodiversity

Friday, May 26th: Patient Care

- Race
- Food Break
- Body Size
- Reflections & Community Discussion

Saturday: May 27th: Provider Care

- Somatic Liberation
- How We Deal With Industry Harm + Strategies for Institutional Change
- Food Break
- Collective Dream Mapping
- Feedback and Closing Activity

Session: Gender

"When asked what was going well, there was a collective sigh."

What's working well in the eating disorder space as it pertains to gender?

1. **Humility:** General increased awareness & desire to change current approaches. Recognition of shortcomings and willingness to engage in growth-oriented conversations. Providers in the space are better able to name trauma, and acknowledge how ongoing trauma and its contribution to eating disorders.
2. **Language:** More inclusion of gender pronouns in introductions (e.g. emails, nametags). In family-based treatment, there's increased respect for pronouns and names asserted by patients, regardless of pushback from parents/guardians.

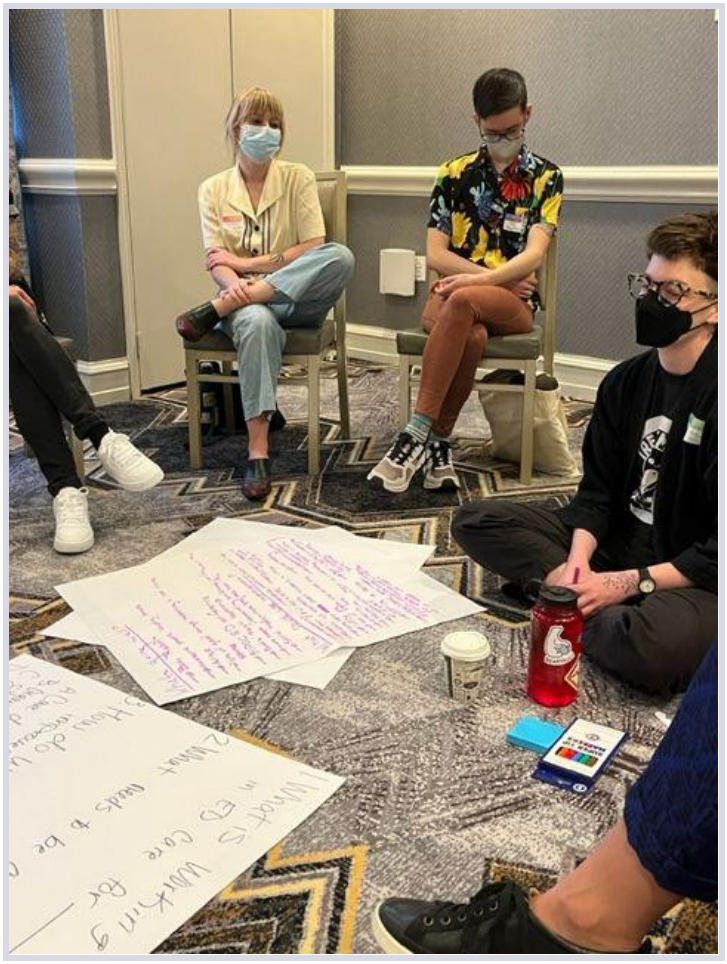

Image Description: Half-circle of chairs in a room, showing 2 people sitting in chairs and one person sitting cross-legged on the ground. There are poster-papers filled with purple notes on the floor.

3. **Support:** FEDUP Collective & Center for Body Trust now exist as supporting organizations. Sand Chang's training offerings include Internal Family Systems (IFS) for transgender populations. Support groups offered which are led by people who share underserved gender identities.
4. **Investment:** Treatment centers are hiring dedicated providers to have complex conversations around gender and offer case consultation (e.g. Center for Discovery; Equip; Walden's Rainbow Road).
5. **Education:** Increased training in gender affirming eating disorder care. More awareness and sensitivity to gender identity development in adolescents.

What needs to be improved in the eating disorder space as it pertains to gender, and how can we do it?

Theme	What to Change	Recommendations
Humility	Treatment centers should move away from punitive models that hinder healing and safety, particularly for trans and nonbinary individuals who face high levels of violence.	• Recognize that clients are experts in their own body, mind, and lives. • Be open to feedback and constructive criticism.
Language	Many eating disorder providers don't appropriately acknowledge or respect trans and nonbinary identities.	• Receive training on - and mandate the use of - inclusive language that acknowledges and respects trans and nonbinary identities (e.g. use of correct pronouns in both provider-patient interactions and marketing materials).

Support for Transgender/Non-Binary Clients	Many treatment centers are not actively addressing the surge of anti-trans legislation – this can exacerbate eating disorder behaviors. Furthermore, advocacy should not solely be the responsibility of individuals seeking care, as it can be challenging or impossible for some.	• Expand access to gender-affirming care and address gender bias in healthcare settings. • Increase awareness, stigmatization, and screening for men, including those typecast as "gym bros", who may have eating disorders without realizing it. • Learn about and utilize harm reduction approaches (particularly those uplifted by transgender folks), and proactively share them with your clients. • Create space for your clients (if they so choose) to discuss and practice gender joy and euphoria. • Center intersectionality in your treatment approach. • Offer explicit skills groups and family education. • Provide more grief groups and resources for basic needs, coping, and relationships. • Educate yourself on the cross-section of intersex people and medical trauma. • Understand the safety issues that belie the experience of many transgender people when they do not have the "ideal body". • Although diagnosis & ICD coding may be necessary, remove it from the center of treatment decisions. • Check that clients have access to basic needs and important relationships, instead of assuming they have support resources. • Refrain from framing the ED as maladaptive – a. Instead, ask *"in what way is this helpful/unhelpful?"* and other open ended questions.
Virtual Treatment	While virtual treatment can be beneficial, it may not be sufficient for some individuals, and it can	• Create stopgaps and other types of check ins ○ Co-build support structures with clients, by helping them create or find safety and critical resources. This can look like helping them fill out a form for housing or a

	be more challenging to maintain accountability.	scholarship program.
Representation in Providers	Lack of diverse gender representation amongst staff.	• Invest in training, recruiting, and equitably hiring trans and nonbinary individuals. • Create fair pay structures and opportunities for career advancement.
Investment in Staff	High-levels of staff burnout.	• Prevent burnout among staff (e.g. proactive and generous PTO policies). • Include and support trans femme individuals and trans women. • Provide or increase funding for higher education for those with marginalized identities.
Equity (Affordability and Infrastructure)	Lack of equitable access to care.	• Examine fee-for-service models for affordability and fair compensation. • Establish policies, systems, and environmental support for gender-affirming care. • Expand insurance coverage. • Hire case managers or build capacity for case management. • Support organizations that prioritize trans and nonbinary voices.
Education	Dearth of gender-inclusive education and practice.	• Increase awareness of how gender and eating disorders intersect. • Differentiate between body image and body safety (e.g. recognize and teach that safety risks can impact one's body perception – and that is not inherently body image distortion). • Address gender dysphoria without solely attributing it to eating disorders. • Fund and mandate regular gender-inclusive care education for staff. • Provide comprehensive education on nonbinary

		experiences and health. ● Create new ways to teach about eating disorders and body image in schools. ● Screen for eating disorders at healthcare centers serving queer communities. ● Share more recovery stories from trans and non-binary people.
Research	Little gender-expansive research.	● Move away from relying on a gender binary framework in screening, diagnosis, and research tools. ● Conduct more research on the connections between eating disorders and gender identity.
Advocacy	Harmful insurance practices.	● Advocate for changes in insurance policies that create barriers to accessing care.
Other		● Provide cultural somatics (connection and cultural context of ED). ● Share power. ● Promote and invest in community care models, particularly from those in the community who are already doing the work (e.g. community meals). ● Consider and address financial barriers for trans and non-binary individuals in treatment programs. ○ Direct clients to size- and gender-inclusive clothing swaps during or post-treatment.

Session: Class

What's working well in the eating disorder space as it pertains to class?

1. **Community Care Systems:** Emphasis on community care as an effective approach, along with a growing availability of peer coaches (although financial barriers still exist).
2. **Stigma:** Efforts to reduce shame associated with purchasing foods perceived as less nutrient-dense or more processed, as they often meet basic needs effectively.
3. **Insurance Availability:** Increasing acceptance of insurance plans, which broadens access to care.
4. **Funding:** More availability of scholarships and low/no-cost care options.
5. **Education:** Increased access to education and information for clients and providers through the internet.

Image Description: A group of 7 people in the foreground, standing close together in a restaurant and smiling. The person in the center is wearing a black shirt, and is holding up two peace signs with their fingers.

What needs to be improved in the eating disorder space as it pertains to class, and how can we do it?

Theme	What to Change	Recommendations
Class perception and actual class status impacts "worth"	Treatment structures do not work for people without class privilege.	• Seek/maintain socioeconomic cultural competency among providers. • Center providers with different class backgrounds to provide representation and understanding of client needs.
Financial access to treatment and insurance coverage	Care is prohibitively expensive, and insurance companies often disengage from eating disorder recovery.	• Prioritize expansion of insurance coverage and mandates to cover treatment at all levels of care. • Support elimination of barriers to care by providing supplemental financial resources, in addition to scholarships (e.g. childcare, grocery, and housing stipends)
Location Accessibility	Treatment is expensive and/or scarce depending on location.	• Address physical accessibility to your location and associated costs for clients (e.g. provide ride-share stipends, shuttles, etc). • Consider public transit accessibility when creating new treatment center locations.
Considerations for food insecurity	Providers treat food access barriers as personal unwillingness to recover.	• Incorporate considerations for food insecurity in treatment plans. • Screen and provide access to social services (e.g. food stamps and housing).

Increasing awareness and challenging stereotypes	Too much focus on awareness has led to little actionable change.	• Take direct action steps beyond awareness, such as donating to organizations providing access and supporting individuals directly.
Community efforts and mutual aid	Lack of survival resources.	• Uplift community care organizations and mutual aid efforts (even those “unrelated to eating disorders, such as housing, etc). • Develop comprehensive discharge planning. • Co-foster relationships and care webs for and with your client.
Disparities in publicly funded care and private pay care	Discrepancies in access and quality of care.	• Decrease disparities in publicly funded and private pay care.

Session: Disability and Neurodivergence

What's working well in the eating disorder space as it pertains to disability and neurodivergence?

1. **Accomodations:** Increased awareness of overlap between eating disorders and neurodivergence – some clinicians and facilities have taken steps to be more accommodating to these needs.
2. **Community Care Systems:** Strength of peer support in navigating sensory issues and finding alternatives when safe foods become unavailable or inaccessible.
3. **Education on Diversity in Eating Styles/Needs:** Increasing acceptance of differences in eating, along with an expansion of our perception of what normal eating is/what meals look like, although this often still excludes those with ARFID.
4. **Harm Reduction:** More promotion of harm reduction approaches, and a push to seek and consume nourishment in various ways, without a perfectionist or ableist mindset.

Image Description: A circle of people sitting in chairs, speaking. There is a service dog with a rainbow-colored vest and tail lying on the floor.

What needs to be improved in the eating disorder space as it pertains to disability and neurodivergence – and how can we do it?

Theme	What to Change	Recommendations
Access to Diagnosis/Support	Accessibility to diagnosis and support for physical issues/chronic illnesses.	• Provide comprehensive assessments that consider comorbidities and the impact of physical symptoms. • Prioritize resources and build for disabled and neurodivergent individuals in treatment.
Treatment Trauma	Care-rationing mentality, trauma responses, and oppressive forces.	• Foster a compassionate and supportive environment that validates trauma responses, and decreases replication of oppressive forces in treatment plans (e.g. extremely hierarchical care, surveillance).
Intersection of neurodivergence and eating disorders	Overlap of neurodivergence (e.g. ASD/ARFID) and eating disorders.	• Recognize and address the intersection between eating disorders and neurodivergence/disabilities in treatment plans. • Define appropriate boundaries for refeeding in the context of neurodivergence.

Accessibility	Inaccessibility of treatment spaces, lack of accommodations, physical rigidity	● Make treatment spaces more physically accessible and accommodating. ○ Offer fidget toys. ○ Be mindful of the physical spaces that can contribute to sensory overload, or too little sensory stimulation. ● Offer flexibility in treatment approaches that respect individual needs – and, when in doubt, consult with (and learn online from) disabled and neurodivergent practitioners. ● Increase accessibility through virtual programming and expanded resources.
Acceptance & Awareness	The feeling of burden that providers often place on clients with disabilities.	● Promote a culture of acceptance and welcome. ● Reduce rigidity and punishment in treatment approaches. ● Acknowledge with your client where you may have been wrong, and create a plan to move forward.
Body Image & Disability	The ED space has a general “I don’t see disability” mentality.	● Address ableism in body image discussions.
Advocacy & Research	Advocacy efforts, funding, cross-training, research	● Advocate for widespread accessibility and accommodations in treatment. ● Increase funding for research on the intersection of neurodivergence and eating disorders. ● Support informed consent and individualized care.

Session: Race

What's working well in the eating disorder space as it pertains to race?

1. **BIPOC-Centered Spaces:**
    a. Body Reborn is a community care space exclusively for BIPOC individuals, focusing on anti-oppressive education, and building intersectional healing through self-designed healing plans, and connections to critical resources.
    b. ASDAH (Association for Size Diversity and Health) has undergone an overhaul and is now being led by fat BIPOC individuals who are reviewing HAES (Health at Every Size) principles.
    c. Arise is an online eating disorder treatment program providing support and resources specifically tailored to BIPOC experiences.
2. **Funding:** BIPOC scholarships exist to support access to treatment and education.
3. **Increased BIPOC Visibility Representation:** More visibility of BIPOC individuals and providers in the field. There is a BIPOC providers group that caters specifically to BIPOC clients.

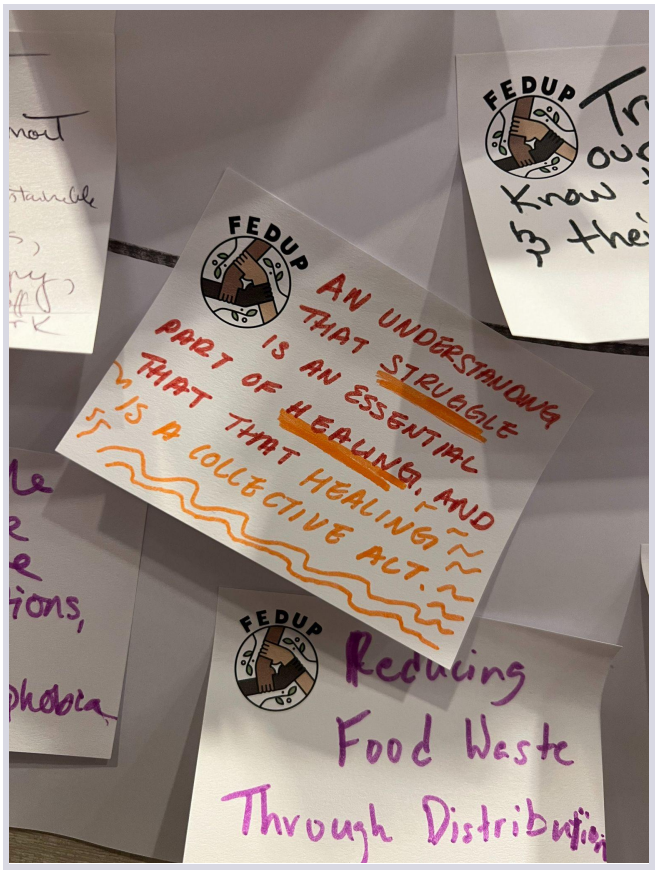

Image Description: A group of post-it notes during an activity. The post-it in the foreground says in red and orange lettering "an understanding that struggle is an essential part of healing, and that healing is a collective act".

4. **Education and Resources:**
    a. "Fearing the Black Body" and "Belly of the Beast" are highlighted as central texts that emphasize the centrality of anti-Blackness in understanding and addressing eating disorders.
    b. Increase in thought leadership and books that contribute to the understanding of BIPOC experiences and perspectives in the field.
    c. The BIPOC Eating Disorder Conference provides a platform for practitioners to gain and share knowledge and experiences.

What needs to be improved in the eating disorder space as it pertains to race, and how can we do it?

Theme	What to Change	Recommendations
Cultural Sensitivity and Contextualized Care	Dearth of culturally sensitive care, and inclusion of culture-specific foods and practices.	• Ask about, emphasize, and include cultural foods in treatment plans, and consider the impact of cultural practices on eating behaviors. • Receive training on and provide culturally sensitive care that addresses generational trauma, food scarcity, model minority pressures, assimilation, and cultural stigma. • Understand that increasing proximity to whiteness can be a safety seeking measure – and work to identify and address it in your relationship with BIPOC clients. • Uplift workshops, affinity groups, and training sessions that address colonization, white supremacy, and the intersectionality of eating disorders. • Promote cultural humility, center relationships, and take into account the impact of white supremacy culture on the work. • Consider the impact of dispossession from ancestral land in treatment discussions. • Read texts that contextualize culture and body image by authors such as Sabrina Strings, Sonya Renee Taylor, and Da'Shaun Harrison.

Access and Representation	Limited access for marginalized communities.	• Provide financial support, address wealth disparities, and improve insurance coverage. • Increase the number of BIPOC providers and ensure diversity among staff in treatment centers. • Highlight models, organizations, and groups that specifically address the impact of racism and colorism on eating disorders (e.g. Body Reborn, Sage and Spoon). • Identify and share social media platforms of BIPOC providers online, who may provide valuable recovery insight – particularly when there is no racial representation on a client's treatment team. • Incorporate social determinants of health and experiences of ongoing exposure to racism in treatment approaches.
Community Support and Mutual Aid	Need for increased mutual aid and support networks.	• Encourage the establishment of mutual aid networks to provide support for individuals with similar identities and experiences. • Create paid peer mentor roles to enhance access to support for BIPOC individuals with lived experiences. • Uplift and attend events like the BIPOC Eating Disorder Conference to provide a platform for sharing knowledge and experiences.
Education and Awareness	Lack of widespread education on anti-fatness and anti-blackness.	• Increase understanding of anti-fatness and anti-blackness in the field. • Encourage research that is more inclusive and values existing expertise from BIPOC communities.

Systemic Change and Accountability	Lack of diversity and representation in the field	• Support and amplify BIPOC voices and perspectives. • Advocate for the hiring of BIPOC individuals and increase diversity among providers, researchers, and the ED workforce. • Validate lived experiences and incorporate them into treatment approaches. • Engage in anti-racism work outside of work, so you can bring the same philosophy into your role. • For those with financial and racial privilege – challenge and reimagine the current systems and structures, even if it means risking jobs and finances. • Center BIPOC voices and move out of the way for BIPOC in leadership positions and decision-making processes. • Factor cultural expertise into pay/salary. • Learn about and practice non-hierarchical and anti-carceral care. • Advocate for unionizing to promote collective power and change.

Session: Body Size

"When is it supportive to challenge clients discussing the intersection of their experience and anti-fat bias?"

What's working well in the eating disorder space as it pertains to body size?

1. **Positive Changes and Awareness in Size-Inclusive Care**
    a. More fat/people of large body size on staff in treatment centers.
    b. Increased nutrition courses led from weight-neutral and fat-positive lenses.
    c. Increased visibility, discussion, and awareness of Health at Every Size (HAES).
    d. Availability of more trainings and resources (e.g. Body Trust).
    e. Growing recognition of the harms of the BMI.

What needs to be improved in the eating disorder space as it pertains to body size, and how can we do it?

Theme	What to Change	Recommendations
Workplace discrimination	Forcing support staff to eat meals.	• Strong stance against weight bias and stigma.
		• More support in treatment centers for fat clients to receive needed care without stigma (e.g. accessible spaces, support during recovery).

Meal Support	Lack of access to diverse and supportive foods.	• Provide variety and true individualization of meal plans.
Lack of diversity in in-person programs	Feeling othered by staff and participants.	• Advocate for systemic, organizational change (especially among those with thin privilege).

Body image work in treatment	Centering conversations on smaller bodies.	• Individualize your approach to body image work.
		• Educate PCPs and medical providers more broadly on body image and anti-fatness.
		• Prioritize decreasing harm caused to those in larger bodies in group discussions.
		  ○ Shut-down fatphobia in a way that is productive and still supportive of clients that experience anti-fatness.
		  ○ Receive training from organizations (e.g. Center for Body Trust, Body Reborn) on how to address these topics.

	Harms of BMI for people accessing surgery and fertility treatments.	• Advocate for weight-related criteria revisions in DSM and medical practices.
Medical dismissal due to body size and intersectionality	Intersections of anti-fatness, anti-Blackness, and transphobia.	• Create safer spaces for conversations about living in a fat body without distilling everything into a single “activist” message. • Recognize the obligation to challenge anti-fat bias while holding space for fat clients to express their feelings about their bodies.

Barriers to access and discrimination against fat providers	Anti-fatness within the ED community.	• Provide support and resources for fat ED providers. • Invest in education and hiring of more providers in larger bodies. • Provide training on unlearning internalized anti-fatness among staff.
Weight-related criteria in ED treatment and diagnosis	Weight stigma influences diagnoses and treatment criteria.	• Advocate for the removal of weight criteria for ED diagnoses. • Address the discrimination and criteria in insurance policies, such as BMI-based coverage and less coverage for larger bodies. • Adopt weight-inclusive models of care. • Challenge the use of exchanges in ED meal planning. • Accommodate different body sizes in treatment center facilities (e.g. chairs, doorways, elevator size, etc). • Include body worth and liberation in the curriculum. • Create policies and legislation for accessibility to care. • Prioritize the representation and perspectives of fat individuals in advocacy and education.

Social Change Ecosystem Map

"What does it mean as a person in the ED space if I'm not everything to everyone all the time? If I don't sacrifice almost every meaningful part of myself to serve other people?... It means that you are someone who may be able to actually *sustain* this work"

Purpose: To identify our role(s) within eating disorder care, and to re-frame eating disorder work as social justice work.

Activity: Attendees reviewed each role, and placed sticker(s) or their initials by each role that they identified with. During the session, attendees discussed the roles one-by-one to further define and gauge how many people occupied each space.

The virtual jamboard can be found here.

Debrief:

- Attendees discussed the impact of being in survival mode and how it influences their ability to adapt and occupy different roles. Some participants expressed a sense of grief and limitation in wanting to occupy multiple roles simultaneously. They acknowledged the challenges and the drain that can come from juggling various responsibilities, while others mentioned feeling restored when taking on multiple roles, highlighting how each role can embody a philosophy that extends beyond the context of eating disorder work.
- Overall, the conversation shed light on the complexities of roles within eating disorder care and the potential for reframing this work as social justice work. Participants acknowledged the challenges of navigating multiple roles and the need to find a balance that allows for personal restoration and self-care. By recognizing the importance of setting boundaries, understanding the philosophy behind each role, and prioritizing their own needs, participants aimed to create a more sustainable and fulfilling approach to eating disorder care that aligns with the principles of social justice.

Session: Somatic Liberation

Purpose: To center provider care through a body-based, collective activity.

Activity: Attendees engaged in a Somatics activity, led by Phillippe Citrine.

Image Description: A screen-capture of Phillippe Citrine (ze/zir), the facilitator of the Somatics activity, speaking on Zoom. Phillippe has ombre dark brown to medium blonde hair. Ze wears a no-sleeve black tank-top, a chain-link necklace, and have black outline tattoos around zir neck and both shoulders. In the background stands a green plant on the right, along with a glass-sliding door on the left, overlooking a beige porch and garden.

Session: How We Cope with Industry Harm + Strategies for Institutional Change

Purpose: To identify clear, actionable moves toward systemic change post-conference, with a focus on provider care.

Activity: For 5 minutes, attendees individually brainstormed and captured ideas on post-it notes. On each note, they were asked to: (a) identify an industry harm; and (b) write idea(s) for the most promising strategies to move forward from that harm. After, virtual and in-person attendees reconvened to answer “what are the most pressing harms that we must solve, and how do we do it?”

Debrief:

- One of the identified pressing harms was the need for the incorporation of groups that focus on socio-political harm for staff. Participants emphasized the importance of centering identities and not treating them as an afterthought, as the current system tends to fall short due to its defaults. They expressed the need for therapy and time off for staff when a client passes away, recognizing the emotional toll it takes.
- Furthermore, participants highlighted the importance of establishing guidelines for treatment competency, such as certifications for specific eating disorder diagnoses like ARFID (Avoidant/Restrictive Food Intake Disorder). They also expressed concern about treatment centers boasting about the number of lives they save while simultaneously hiring clinicians with their own eating disorder history, but then placing unrealistic self-care expectations on them.
- Participants stressed the significance of eating disorder providers and companies engaging in the policy space and advocating for systemic change. They recognized the need to address the broader structural issues that perpetuate harm and the importance of using their expertise and influence to bring about meaningful changes in policies and practices.

- Participants called for a more inclusive and comprehensive approach that acknowledges the socio-political dimensions of harm. They emphasized the importance of providing support and resources for staff, implementing guidelines for treatment competency, and challenging the existing norms and defaults that hinder progress. Participants also emphasized the need for eating disorder providers and organizations to actively engage in policy advocacy to bring about systemic change.
- By addressing these pressing harms and taking proactive steps towards transformation, we aimed to create a safer and more effective environment for individuals with eating disorders and the professionals who support them.

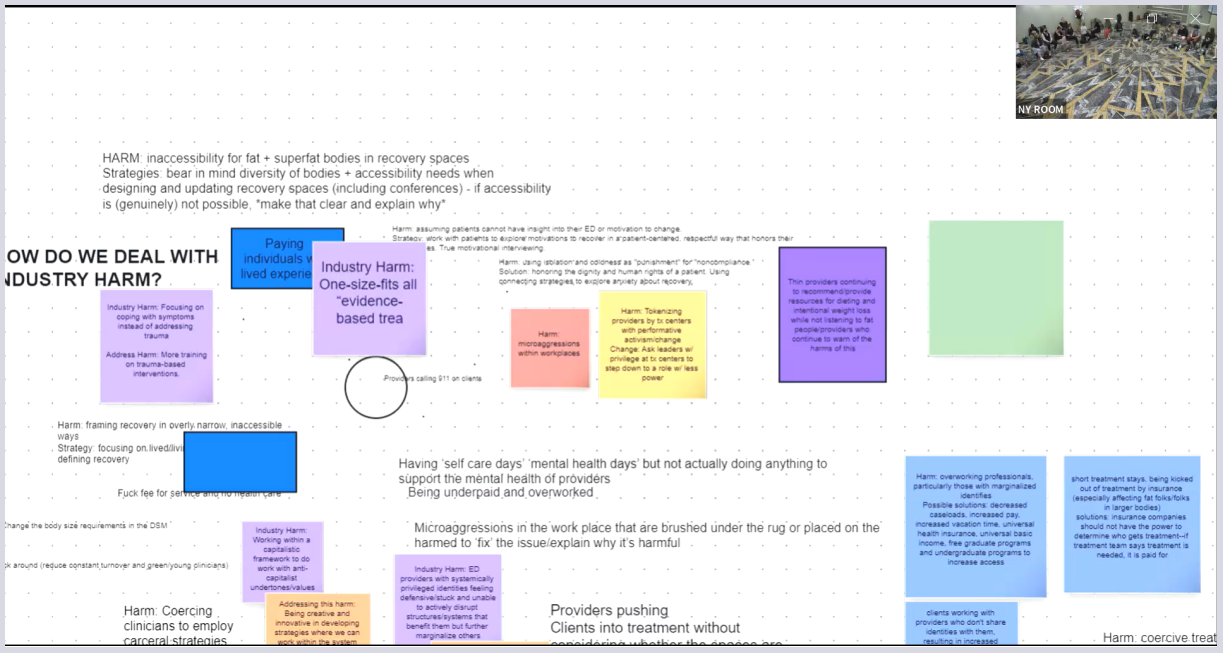

Image Description: A screen-capture of a virtual whiteboard with square-shaped notes, detailing answers to the question “How do we deal with harm?”. There is a picture of a room with individuals sitting in a semi-circle in the top right corner.

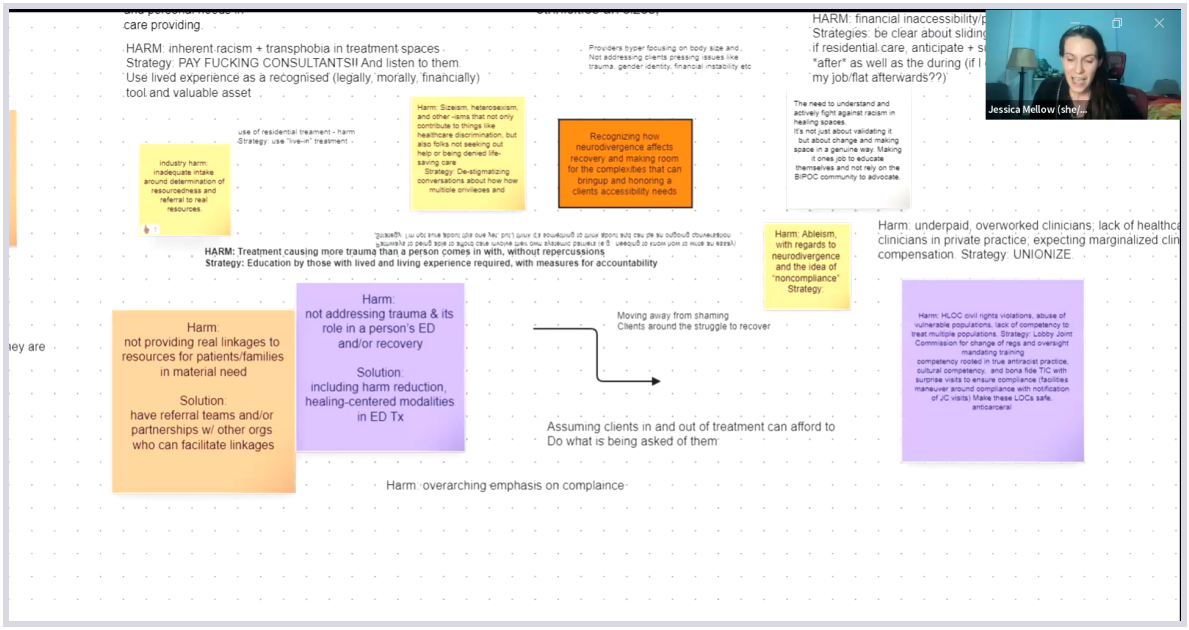

Image Description: A screen-capture of a virtual whiteboard with square-shaped notes, detailing answers to the question “How do we deal with harm?”. There is a picture of a woman with dark hair, sitting in a blue room in the top right corner of the screen.

Session: Collective Dream Mapping

Purpose: To shift away from what's going wrong, and dream of what can be "right".

Activity: For 15 minutes, attendees were asked to individually share: (a) what words come to mind when you hear "liberation"?; (b) a time when you felt cared for/centered in the eating disorder space; and (c) our collective interests, and what they are driven by. After, virtual and in-person attendees reconvened to debrief.

The virtual jamboard can be found here.

Debrief:

What words come to mind when you hear "liberation"?

Image Description: Screen capture of a virtual whiteboard with answers to the question "What words come to mind when you hear 'liberation'?"

- Responses included words such as freedom, celebration, expression, sovereignty, abolition, collective, autonomy, agency, access, connection, choices, reframing/reconstructing, changing how we do this work, multiplicity, space, expansion, rejection of the oppressive, complexity, radical risk-taking, social justice, release from stuck ideas/beliefs, rest, and freedom from structures that oppress progress.
- Participants emphasized the idea of liberation as a transformative and empowering process, where individuals are freed from oppressive systems and can fully express themselves and make choices aligned with their own needs.

Share a time that you felt cared for and/or centered in the ED space.

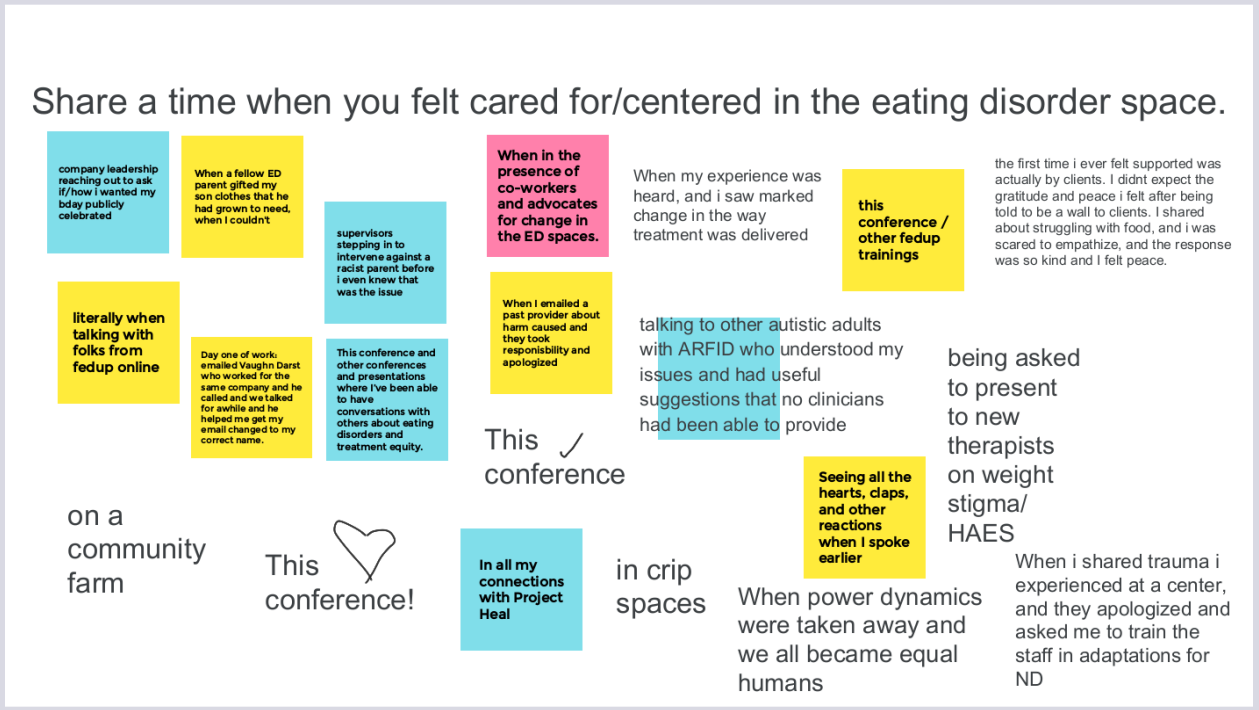

Image Description: Screen capture of a virtual whiteboard with answers to the question "Share a time that you felt cared for and/or centered in the ED space".

- Experiences shared included having access to treatment when needed, being able to run identity-specific groups, being invited to conferences and facilitating

trainings, experiencing providers who listened and critiqued without punishment, being hired by an inclusive organization, therapists who taught boundaries and empowered them to set boundaries, meeting others who understood their struggles, not demonizing relapses, being seen beyond their eating disorder, advocating for clients using lived experience, finding space to unpack trauma, experiencing centered care when harm reduction is used, having easy access to healing services, and finding peer support and community care.

What are our collective interests, and what are they driven by?

- When discussing collective interests and what drives them, participants highlighted several key factors, including: prioritizing patient autonomy and choice, practicing person-centered care, finding ways to nourish themselves and others in an unsafe world, creating safe and accepting spaces for people to live in their bodies, advocating for the abolition of carceral care, promoting body sovereignty in treatment and recovery, ensuring adjustable rates for all eating disorder care, and centering fat-centric approaches.
- These interests were driven by a range of factors, including lived experience, a commitment to social justice, the power of personal narratives, creativity, community, trust in self and others, ensuring food and treatment access, centering the voices of those with lived experience, challenging societal views on fatness, celebrating and embracing body diversity, honoring ancestral and spiritual connections, and the desire to effect change in systems and policies that perpetuate oppression.
- Overall, attendees shared a determination to create a more inclusive, compassionate, and empowering environment for recovery and healing – for those they serve struggling with eating disorders, and themselves.