

BUT HONEY, YOU DID THIS TO YOURSELF

by

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ABSTRACT

But Honey, You Did This to Yourself, is a documentary film-installation that discusses the importance of representation in available eating disorder research. I argue that due to current misconceptions, the urgency to investigate eating disorders in relation to social, biological and cross-cultural determinants is insufficient. Using interview-based research, statistical analysis and by examining cross-cultural healthcare systems, my project challenges the view that the risk of developing an eating disorder exists exclusively among predominantly white women within affluent Western society. My research also indicates that sole emphasis on body-weight and shape, stigmatizes the eating disorder experience for a person who is not underweight, which leads to the dismissal of time-sensitive medical intervention.

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PART I: PROJECT DESCRIPTION

Introduction

My documentary focuses on the link between the disregard for eating disorder cases as health concerns, and the need to broaden research to include diverse populations beyond the eurocentric framework, aiming to dismantle limited perceptions of these illnesses. I argue that the fixation on Western culture with respect to eating disorder research, reinforces misconceptions and invalidates the experiences of individuals living with an eating disorder, who do not fit the standard criteria for a diagnosis.

But Honey, You Did This to Yourself is an approximately 30-minute film-installation that provides a case study of people struggling with eating disorders in Ontario, Canada. As an installation, my work revolves around three personal narratives which highlight eating disorder experiences that are not a personal choice, but rather, a demonstration of losing control. Each story delves into eating disorder experiences that are explained beyond simple issues such as a dislike for food, or a desire to conform to an aesthetic ideal, which are often where the general population assume that eating disorders might stem from. Including personal details and accounts allows me to demonstrate how a single illness can emerge as a response to various traumas, sense of identity, and loss. Having an eating disorder is shown to be uncontrollable and therefore, not a personal choice.

While each participant in this documentary project was able to receive treatment, due to current limitations in diagnostic criteria, there is a large population of people struggling with this disease who remain undiagnosed. In my research, I discovered that 80% of eating disorder cases

go undetected, with 92% of frontline clinicians in North America admitting to “missing” an eating disorder diagnosis.¹ The diagnostic criteria for eating disorders are highly limited in scope, despite the wide range of experiences. Many people suffering from eating disorders could be more readily treated through enhanced research which underscores the need to expand efforts to gain a deeper understanding of these conditions.

What is an Eating Disorder?

“Eating disorders are complex mental illnesses with physical manifestations. A number of factors can contribute to the development of an eating disorder, including genetics and mental health as well as cultural factors. This is called the biopsychosocial model.

While eating disorders are serious and can have life-threatening complications, they are also treatable illnesses.

In the Canadian health system, feeding and eating disorders are diagnosed by medical professionals (physicians and nurse practitioners) or psychologists. These diagnoses are guided by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. The manual is revised periodically with input from professionals in Canada and the United States. The most recent version (DSM-5) was published in 2013, with revisions to the feeding and eating disorders section intended to be inclusive of a wider range of disordered eating, to aid in the identification of males affected, and to facilitate earlier identification of eating disorders.”²

¹ Leah Kuntz, “A Life and Death Measure: Eating Disorder Treatment,” Psychiatric Times, October 15, 2021, <https://www.psychiatrytimes.com/view/a-life-and-death-measure-eating-disorder-treatment#>.

²“Eating Disorders & Treatment,” NEDIC, 2022, <https://nedic.ca/eating-disorders-treatment/>.

Context/Geographical Background

I spent the past two years examining available data for eating disorder cases in countries including Canada, the United States, Australia, the United Kingdom, Pakistan, Fiji, sub-Saharan African nations, and Japan. I discovered that there has been a correlation between funding research on eating disorders and funding treatment alongside the upward trend in cases. The case studies I reviewed drew similar conclusions regarding the study of eating disorders to be in its infancy, and that awareness is cross-culturally required to enhance expertise in the medical profession, as well as for the greater public. Some example statements that aligned with this conclusion outside of Canada include:

1. Africa (2016):

- a. “The prevalence rate of bulimia nervosa in women in Africa is within the range reported for western populations.”³

2. Japan (2020):

- a. “Findings reveal that restrictive EDs were present as early as the 18th century; Japanese patients may present with both “typical” and “atypical” forms of AN; ED symptoms can persist in the absence of Western influence; and sociocultural factors, such as gender-specific stressors and family dynamics, may contribute to EDs for Japanese populations.”⁴

3. Sudan (2016):

- a. “Lastly, diverging opinions between government and healthcare professionals indicate the need for improved communication regarding ED

³ Daphne van Hoeken, Jonathan K. Burns, and Hans W. Hoek, “Epidemiology of Eating Disorders in Africa,” *Current Opinion in Psychiatry* 29, no. 6 (2016): pp. 372-377, <https://doi.org/10.1097/ycp.0000000000000274>, 372.

⁴ Yoshikatsu Nakai, Kazuko Nin, and Neha J. Goel, “The Changing Profile of Eating Disorders and Related Sociocultural Factors in Japan between 1700 and 2020: A Systematic Scoping Review,” *International Journal of Eating Disorders* 54, no. 1 (2020): pp. 40-53, <https://doi.org/10.1002/eat.23439>, 41.

and other MH (mental health) issues. A number of recommendations for ED in Sudan can be made:

- i. Improve communication and support between MH professionals and governmental bodies.
- ii. Conduct more research on the magnitude of ED.
- iii. Increase education and awareness amongst the public,
- iv. healthcare professionals, and the government.
- v. Expand the School Health Program as planned by the
- vi. government.”⁵

4. The UK (2020):

- a. “However, research on eating disorders is remarkably scant. The most recent National Institute for Care Excellence (NICE) guidelines on the recognition and treatment of eating disorders 4 find that the evidence-base for both psychological and pharmacological therapies used to treat eating disorders relies on a few small studies, and that many areas remain under-researched.”⁶

5. The US (2020):

- a. “Further research required to understand and estimate the additional costs of eating disorders that may be attributable to structural racism and other structural oppressions in the U.S.

⁵ Charlotte C. Lau and Elena Ambrosino, “Risk of Eating Disorders in a Non-Western Setting: An Exploratory Study in Khartoum State, Sudan,” *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity* 22, no. 4 (2016): pp. 649-656, <https://doi.org/10.1007/s40519-016-0311-7>, 655.

⁶ Francesca Solmi et al., “The Shrouded Visibility of Eating Disorders Research,” *The Lancet Psychiatry* 8, no. 2 (2021): pp. 91-92, [https://doi.org/10.1016/s2215-0366\(20\)30423-5](https://doi.org/10.1016/s2215-0366(20)30423-5), 91.

- b. More research needed to estimate cost-effectiveness of stepped, integrated care models to reduce the burden of eating disorders.”⁷

The above statements, along with similar conclusions found in my research, indicate that eating disorder knowledge requires further development if greater awareness is to be achieved throughout diverse populations.

Canadian Perspective

From this preliminary research, I was drawn to the idea of dismantling stereotypes associated with eating disorders. I wanted to be able to highlight the global impact of my findings, but realized that Canadians face the same setbacks of funding and allocating resources to support individuals with an eating disorder.⁸ Therefore, my documentary is aimed towards addressing the concern locally before developing some of the connections I made with researchers, social workers, eating disorder awareness advocates and medical professionals around the world. My film focuses on the lived-experience of three individuals living in Ontario, Canada.

Participant # 1: Jeffrey

I connected with Jeffrey after volunteering remotely with TrueFaux Films and Mount St. Vincent University as a research assistant behind their *Wicked Bodies* series. In this series, Canadians identifying as part of the 2SLGBTQIA+ Community, told their stories about experiences with an eating disorder, as part of one demographic in Canada underrepresented in eating disorder research. Having worked on some of the research underpinning the creative work, it was meaningful to attribute an identity to substantiate the statistics. We screened the film

⁷S. Bryn Austin, “PDF” (Boston, 2020), 22.

⁸ National Initiative for Eating Disorders, “Eating Disorders in Canada,” NIED (National Initiative for Eating Disorders, 2020), <https://nied.ca/about-eating-disorders-in-canada/>.

together before sharing it with the public and Jeffrey caught my attention as a Torontonion gay man. Jeffrey had a comfortable onscreen presence as he shared his honest experience with an eating disorder.

Statistics regarding eating disorders in men are scarce.⁹ As more men in popular culture are coming out to tell their stories, the data remains limited. Jeffrey's narrative adds a perspective needed for my film, as he also represents an ethnic minority and identifies as a gay man.

Participant #2: Nicole

I connected with Nicole when I first began thinking about this project. Born in Toronto, Ontario to Chilean immigrants, Nicole's experience resonated with me, due to the intricacies of her childhood and current occupation as a fitness instructor.

Nicole is a friend of mine prior to my enrolment at TMU, who presents herself as outgoing and well put together. I remember her as a joy to be around, especially being a person like myself, who is naturally reserved. I knew about her eating disorder when she spoke to me in 2015 about having to return to a Toronto hospital for symptom-interruption. Although time had passed, we remained in contact.

When I approached Nicole with this project, she acknowledged the need for greater awareness and was willing to provide her support through her involvement. I asked her to be as

⁹ NATIONAL EATING DISORDERS ASSOCIATION, "Eating Disorders in Men & Boys," National Eating Disorders Association, 2018, <https://www.nationaleatingdisorders.org/learn/general-information/research-on-males>.

candid and organic as possible, and with limited prompts, Nicole granted me access to what she had harboured in her mind regarding her diagnosis and her treatment process.

Nicole also spoke to me about the industry in which she works, and how given her experience, she is able to notice symptomatic behaviour among clients and members of her gym. Her observations worry her and I hope that my film allows others to recognize when to intervene in a person's life when they may seem to be struggling with an eating disorder.

Participant # 3: Joyce

Joyce was a roommate of mine in 2015. Since we first met, she always kept herself busy academically and in her artwork. She currently works at Women's College Hospital in Toronto, Ontario in geriatric research. I know that academia for Joyce had been of utmost importance, and it was insightful to hear the correlation between self-discipline, life expectations and having anorexia nervosa.

In the interview Joyce spoke about her standards of excellence as stemming from childhood trauma, a desire to please her parents, and her time as a competitive dancer. To minimize herself in traumatic situations involving childhood verbal and physical abuse, she found control in "shrinking away" and focussing on her academic and extra-curricular aspirations.

Achieving control amid chaos was a recurring theme between Jeffrey, Nicole and Joyce, which contrasts the misconception that eating disorders are solely based on an aversion to food

and the desire to look thin. While body image is of concern for each participant, the root of their illnesses describe a mental discourse beyond appearance, with their internal and external environment playing a stronger role than diet-culture alone. Diet is one symptom that is well known to the general public, but through these interviews, my goal is to broaden that narrow perspective.

Representation

Despite my effort to source a variety of underrepresented populations in eating disorder research, the limitations of availability and privacy became known to me as some of the participants I initially proposed my project to, due to such circumstances, chose to no longer be part of the film. Given the subject matter, I understood the need for privacy. Nevertheless, it is important to note that in Canada, Black and Indigenous Peoples with eating disorders are subjected to the same stereotypes and misconceptions as the underrepresented populations presented in my documentary.

For Indigenous Peoples in Canada and Indigenous populations around the world, colonization was the source of disruption to a balance between environmental and human life. In her research paper, “First Nations Elders in Northwestern Ontario’s perspective of health, body image and eating disorders,” Lakehead University’s Taslim Alani-Verjee outlined the transformation of Indigenous views on acceptable body image under colonialism. Her research examines how colonization dismantled a functional system of holistic balance when children were removed from their homes and relocated to residential schools, and how existing practices such as “living off the land” to maintain health and physical activity, as well as “doing the work”

of hunting and sourcing what was consumed to ensure appreciation for the land's natural sustenance, were ended or augmented. Participants in this study express where the "disconnect" between themselves and purpose emerged, as a result of colonialism.¹⁰ Growing up with conflicting cultures manifested into an understanding of health with greater emphasis on appearance of the body, rather than functionality and purpose. In addition, the attempted erasure of one's identity introduced a redefined way to exist as a person dealing with trauma.

Food insecurity is another way eating disorders develop among Black and Indigenous populations. With Canada's low-income population being disproportionately Black and Indigenous, access to food exacerbates eating disorder symptoms, as a result of added anxiety and being susceptible to overeating or binge eating when finally able to feed oneself.¹¹ The uncertainty of eating again may lead a person to a greater desire for sustenance. Recent data is introducing food insecurity as an eating disorder source even though food shortage has been a subject of socio-economic disparities among Black, Indigenous Peoples and People of Colour for years.¹²

The National Eating Disorder Information Centre states:

"The scarcity of informational resources specific to eating disorders in Black, Indigenous, and People of Colour (BIPOC) communities leaves many individuals affected with eating disorders who belong to these groups with unmet support and treatment needs. Eating

¹⁰ Taslim Alani-Verjee et al., "Northwestern Ontario's - Journalindigenouswellbeing.Co.Nz," Journal of Indigenous Wellbeing, June 2017, <https://journalindigenouswellbeing.co.nz/media/2022/01/68.57.First-Nations-Elders-in-Northwestern-Ontarios-perspectives-of-health-body-image-and-eating-disorders.pdf>, 82-83.

¹¹ Public Health Agency of Canada, "Government of Canada," What is known about the prevalence of household food insecurity in Canada during the COVID-19 pandemic: a systematic review - Canada.ca, May 11, 2022.

¹² Vivienne M Hazzard et al., "Food Insecurity and Eating Disorders: A Review of Emerging Evidence," Current psychiatry reports, October 30, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7596309/>.

disorders in BIPOC individuals are frequently unrecognized and undiagnosed. Even when they are identified, many BIPOC individuals encounter multiple barriers to receiving support and treatment. Within the majority of the eating disorder resources and services currently available, factors that influence the ways in which members of BIPOC communities experience eating disorders are not adequately addressed, if they are at all.”¹³

Upon reading NEDIC’s statement, I was prompted to enhance my effort to source Black and Indigenous participants for my documentary. Unfortunately, I was unsuccessful in accomplishing this goal, but hope my work instigates a greater will to address underreported causes of eating disorders.

PART II: METHODOLOGY

PRE-PRODUCTION:

Initial Vision

I started this project in order to question why so little is known about the causes of eating disorders and who they affect. For many people without direct experiences of eating disorders certain assumptions remain prevalent. For example, that eating disorders exist primarily among selfish, affluent, and superficial white women living in North America or Europe. This reductive misconception leaves behind overarching characteristics manifested as symptomatic behaviour in some eating disorder cases, including the experiences shared by Jeffrey, Nicole, and Joyce.

Throughout my research, I noted milestones in research relating to eating disorder discoveries. These milestones in research include biological contributors to developing an

¹³ Anonymous, “BIPOC Initiative,” NEDIC, accessed April 4, 2023, <https://nedic.ca/bipoc-initiative/>.

eating disorder and hereditary implications that also play a role. In doing so, I recognized disparities and conclusions stating that more research is needed regarding a given scientific or anthropological breakthrough. Disparities in eating disorder research compounded by long standing misconceptions led me to propose a Call-to-Action documentary project directed towards research funders, healthcare professionals, and underrepresented demographic populations who have experienced the disorder. The goal of my project is to advocate for additional financial support to enable more robust research in order to create more accessible resources for those impacted by eating disorders.

At the start of my process, I knew that I wanted this to be a project that relied on personal experiences shared by individuals affected by eating disorders directly or indirectly. Initially, I proposed to film participants from around the world and include their personal footage along with limited narration. However, taking on the global perspective proved to be beyond my limitations of time and budget. While I was in conversation with several potential global participants, in the end, many asked to support the project in ways other than being featured in the film itself. This is an understandable setback, given the content of the film and level of comfort in revealing one's personal story.

Research and Development:

Over the summer, I completed additional research into the gaps in current knowledge around eating disorders. Deloitte's case study on the cost of eating disorder treatment in the United States explains the true cost of affordable care, why such a program does not

currently exist, and why this is a fatal concern to the American public.¹⁴ The study notes that despite the growing number of eating disorder cases, accessing treatment remains expensive, which exacerbates the illness. Those unable to receive a diagnosis spiral downwards waiting for help, or cannot sustain their recovery when there are limited resources available for follow-up treatment. Healthcare policy in Canada and the United States at present does not allocate enough funds to account for the number of eating disorder cases. Deloitte's study states that the limited research on eating disorders has in turn limited the progress and development of healthcare for those suffering from the disease.

Having read the study, I contacted Harvard's STRIPED (Strategic Training Initiative for the Prevention of Eating Disorders) and spoke with the leader of the Harvard-Deloitte research, Dr. Bryn Austin. In our conversation, Dr. Austin defined "strategic science" as a means of addressing gaps in eating disorder research to inform the policy decisions that play a role in the way Americans are, for example, covered by their health insurance. Austin argues that the cost of eating disorder coverage for the average American exceeds what may be covered by many insurance plans. This is due to the lack of urgency to support individuals living with an eating disorder. Austin's argument aligns with my thesis, as she supports the idea that insufficient funds result from limited research. Once greater eating disorder knowledge is established, policy should and must change.

I learned about the economic impact of eating disorders in my conversation with Dr. Austin, who later pointed me to the same research developed in the UK and Australia. Dr. Austin also connected me with Amanda Raffoul, Canadian Institute of Health Research

¹⁴ S. Bryn Austin, "Social & Economic Cost of Eating Disorders in the United States," *Deloitte Access Economics*, June 2020, https://www.rpsych.ac.uk/docs/default-source/members/faculties/eating-disorders/eating-disorders---bryn-austin-conference-presentation---noveember-2020.pdf?sfvrsn=9d2185ae_4.

postdoctoral fellow, who had plans to create the same study adding the COVID-19 impact as another variable in the economic formula. This study was proposed to examine the associations of stress, financial strain, anxiety and loss brought on by the COVID-19 pandemic in relation to the number of dietary supplements, binge eating, and anorexia cases that increased at the same time.¹⁵ This research is in progress, but aims to address the cost of eating disorder care in Canada before, during, and after the pandemic. This research underpins my focus on urgency and the fact that it took a pandemic to motivate the study and highlight the global problem.

Another area of research/demographic investigated in support of my thesis is the undiagnosed population. I spoke with a University of Montana Assistant professor and researcher Caitlin Martin-Wagar about individuals who do not know that they have an eating disorder, because of the standardized criteria at present, as well as the stigma attached to eating disorders. Martin-Wagar's research shows that men and women living in larger bodies, as well as those with a "healthy" BMI who exhibit eating disorder behaviours, often do not seek a diagnosis. These individuals believe that they are well or not sick enough. These individuals do not fit the eating disorder ideal and this is problematic, as a person's quality of life is compromised by any level of the disease. My film explores this concept of not being "sick enough" as Jeffrey, Nicole, and Joyce describe their conflicting thoughts about when and if they require care.

PRODUCTION:

Interviews

¹⁵ S Bryn Austin, Destiny A Jackson, and Amanda Raffoul, "Financial Precarity, Food Insecurity, and Psychological Distress Prospectively Linked with Use of Potentially Dangerous Dietary Supplements during the Pandemic in the US," *Frontiers in public health*, March 2, 2023, <https://pubmed.ncbi.nlm.nih.gov/36935695/>, 1.

Leger Grindon describes the fundamental elements of interviews in *Poetics of the Documentary Film Interview*.¹⁶ I read his assessment to demonstrate interviews as a necessity in documentary filmmaking, whether included in the film or not. The value of what is revealed in an organized dialogue can span from strictly linear, to things that are more organic and spontaneous. Nevertheless, the interviewer may have the opportunity to discover a multi-dimensional understanding of their subject.

Interview-based research therefore, plays a critical role in allowing me to understand textual references, statistics, and legislative procedures. While my use of interviews transformed as the project evolved, I remain consistent in my use of interview-based research to inform the narrative structure, as well as the text excerpts which appear on screen as intertitles.

My decision to create an immersive installation of my film was greatly influenced by my reading and interview with Rebecca Lester, author of *Famished*.¹⁷ As an eating disorder survivor and anthropologist, Lester provided information about her own treatment. In her book and in our conversation, Lester described the separate spheres of treatment that are flawed by virtue of their very structure. She explained to me that when in-patient treatment ends patients often relapse and return because of the lack of out-patient care. Long term therapy has a cost that is unaffordable to many, but the follow up support remains necessary to the recovery process. Lester further highlights that inpatient weight-restoration is not enough to deem a person healthy or cured. This insight corroborates what participants Joyce

¹⁶ Grindon, Leger. "Q & A: Poetics of the Documentary Film Interview." *The Velvet Light Trap* 60, no. 1 (2007): 4–12. <https://doi.org/10.1353/vlt.2007.0014>.

¹⁷ Lester, Rebecca J. *Famished: Eating Disorders and Failed Care in America*. Oakland, CA: University of California Press, 2021.

and Nicole revealed in their discussion of eating disorder treatment and the cyclical pattern of treatment. This led me to imagine my film as a cyclical discourse, where the film continues to play on a loop, and no resolution is ever achieved.

The installation has a multichannel, multi screen structure. Each interview takes over either the left, right, or centre screen, creating a circular set up that mimics a group-therapy session and creates a cyclical experience for the audience. Viewers are prompted to shift their focus between the three screens as Jeffrey, Nicole, and Joyce occupy their own space in the gallery. As the film progresses, the audience engages in the circular experience of viewing, embodying a revolving door which is similar to how the subjects describe their encounters with both treatment and recovery. I considered this approach to presentation, even while still keeping a single-channel presentation in mind.

PATHS NOT TAKEN

Archival Footage

Research-creation methods employed throughout the preliminary process included visual and sensory ethnography, interviews, and statistical analysis. I also referred to David Alamouti's framework for transnational ethics to ensure a duty of care to my audience and participants. These strategies aimed to be beneficial to my supporting paper and establish a data-driven reality that determines the experiences of impacted individuals.

As a means to situate participants with lived eating disorder experience I referred to Cuevas, Efrén Cuevas' *Home Movies as Personal Archives in Autobiographical Documentaries*. Collecting participant archives would enable me to study each participant in

moments of unfiltered honesty. Though one is never certain of a person's authenticity in film, home-videos by virtue of their lack of professionalism bring the viewer a seemingly uncensored depiction of experience. Home-videos retain a documentary truth, and yet they are only accessible to and understood by the participants and their close friends and family. In research, viewing archival video shines light on the intimate relationships kept from public view. In this way, a researcher or viewer outside of the family or the subject's inner-circle, can become a privileged viewer witness to what is often private.

To gain more insight into the experiences of my subjects, I considered using Sarah Pink's strategy of immersive research explored in *Walking with Video*. Pink values the discourse between the subject and filmmaker that takes place when the researcher is able to share a physical space with the subject in their environment.¹⁸ In bringing participants to a well known environment, the filmmaker establishes a sense of comfort and familiarity which in turn enables more authentic expression from the subject. Once again, the interviewer is able to gain access into personal insights of the subject by building trust between the filmmaker and subject.

I also planned to use both archival footage and observational footage of participants moving within their home environment in order to humanize them as subjects in counterbalance to the statistical information and data-driven content that is also important in the film.

Maha:

Early in the process, I developed a connection with Maha Khan who was one of my first

¹⁸ Pink, Sarah. "Walking with Video." *Visual Studies* 22, no. 3 (2007): 240–52. <https://doi.org/10.1080/14725860701657142>.

proposed participants. Maha is a British-Pakistani philanthropist, who had been prepared to work for the United Nations before being diagnosed with anorexia nervosa herself. Maha's illness hindered her career aspirations, however, through her recovery process, she decided to be an advocate for eating disorder awareness in the Muslim World.

After talking with Maha on a regular basis about eating disorders among muslim men and women, Maha asked these individuals for permission to share their conversation with me for this project. Maintaining anonymity, Maha began to send me conversations she had with Muslims in the UK, Canada, Turkey, and United States, who were presently living with an eating disorder.

The footage I received was low-quality, so in order to address this concern, I sent Maha a new video-camera, complete with an auxiliary mic and 4K capabilities. Together we agreed that she would, at her convenience and with the permission of participants, send me video-diaries to include in the film.

This step has been most helpful to my film-production. Maha provided a personal diary, her interviews in the UK, Turkey and Pakistan, where she spoke about her goal to build an eating disorder treatment hospital or wing in Pakistan that was close to being approved until the overthrow of the past Prime Minister. With a new Prime Minister, Maha now understands that her initiative will change. She is hoping to write a book on eating disorders faced in the Islamic World, a case study I aimed to include as a crucial demographic left out of present eating disorder research/awareness.

In the Fall, my goal was to continue to transcribe the interviews with Maha, as well as the Zoom calls and Maha's video-diary submissions to formulate the narrative structure of my film. I also planned to film symbolic imagery to pair with audio clips and transitional moments in the piece.

Testimonies

While receiving footage from Maha, I conducted three studio interviews with participants based in Toronto. I interviewed Jeffrey, Nicole, and Joyce, where each of their stories tracked the discourse of their eating disorder experience that while unique, shared thematic alignment with respect to a narrative structure. Their illness emerged from childhood trauma and persisted as a means of control that suppressed their fears of disappointing those around them. Despite each enjoying the support of a circle of friends, these individuals share a sense of loneliness while they are in the throes of their eating disorder.

Once I completed all of these interviews, I tried to weave in the footage Maha had provided. While the content aligned, the visuals were much too different, and I struggled over the idea of combining the interview and vlog or creating two separate films. I screened each piece to my colleagues and supervisors who noticed the juxtaposition between video quality. I received feedback both for and against combining the films. Personally, I imagined the potential to create a longer piece incorporating both styles, but this would require a strong narration to guide the audience through a more complex structure.

Nevertheless, I spent a large part of the Fall semester going through different versions of my piece with and without combined films. As previously mentioned, I struggled coming to a decision as I wanted Maha's case study on eating disorders in the Muslim World to be brought to light.

In order to reconcile my conflict, I determined that the strongest Call-to-Action would come from a succinct, concise film, focussed on participants in one location. I concluded that trying to speak about eating disorders on a broad international scale would risk doing a disservice to my central thesis. Therefore, I made the difficult decision to make a stronger, shorter film focussed on participants in Toronto and create a film focused on Maha's work as a second, separate work.

POST-PRODUCTION

Narrative Structure and Scriptwriting

In the past few weeks, I have been cutting down and shaping my interviews. I have noticed a train of thought that works to produce a thematic narrative structure in all three participant's accounts.

1. Childhood experience as a risk factor of developing an eating disorder
2. The experience of living with an ED and an inability to make an accurate judgement of illness severity.
3. Treatment, underfunding research and healthcare resources, representation in demographic data about eating disorders and their variants.

4. Does recovery exist? What happens next? What should recovery look like? In piecing together each experience, I was compelled to focus on each person directly, which has led me to the decision that the associative b-roll may reduce the impact of what each person is describing.

In my research, I considered the associative imagery used in journalism and in cinematic works. The representation of this structure in news content, appears to be a rudimentary effort to provide viewers an idea of what is being said. Portrayals with human subjects look staged, whereas environmental shots leave little room for the viewer to have authentic emotions. This effect, for my intentions, is too conditional. I want viewers to contemplate personal emotions and empathize with the testimonials presented.

Editing Testimonies

Due to limited access to the archival content I had planned to gather from Jeffrey, Nicole, and Joyce, I came across personal moments during the structured interviews that I decided to emphasize by keeping the camera on during question transitions and instances where the participants had the chance to break their composure on set. My objective was to document unfiltered gestures and reactions when the atmosphere shifted from composed to tense. Whenever I sensed tension as the filmmaker, I utilized associative imagery to extend those subtle seconds.

To maintain this process at the editing stage, I allowed silent frames to linger after Jeffrey, Nicole and Joyce were finished speaking. Spending seconds with each speaker after they have spoken, gives viewers a chance to recognize small gestures of unease,

disappointment, humour, and even confidence. These subtleties are hidden or unnoticed until they are pointed out and interpreted. I bring emphasis to the details by manufacturing a kino-eye and developing a magnified version of what the rolling camera recorded in interview-nuance.

Co-Editing

In reviewing the work of Errol Morris, I appreciate the pacing of his films and how they work effectively with associated imagery. My initial goal was to create a similar style, however the testimonial content in my film lacks variety and dynamism. This is why I questioned my ability to draw inspiration appropriately from the work of Errol Morris. At the same time, I did not want my audience to feel that I have exhausted testimonial imagery.

With this challenge failing to leave my creative process, I considered moments of pause, a black screen and textual information.

I consulted with a colourist and editor to polish my current cut. We had conversations about the use of associative imagery to enhance the experiences shared on screen. Together we reviewed a printed and time coded script to brainstorm scenarios and images that came to mind in relation to what each speaker was saying.

Errol Morris's *Thin Blue Line* came to mind again and rather than include day-to-day activities, my co-editor and I thought we'd experiment with reenactment so that the audience would take pause to visualize what may have been going on in Jeffrey, Nicole or Joyce's mind as

they spoke of their eating disorder experience. Without explicit parallel action, we discussed mental states, and what came to mind when imagining trauma, abuse, religion, and isolation.

Use of Text:

Along with associative imagery, I chose to add two styles of text on screen: eating disorder insights provided by eating disorder advocacy groups in and outside of Canada, and a collection of phrases previously described as statements each participant has come across about eating disorders and the misconstrued understanding of these illnesses. Factual content is aligned to the left and quotations of what has been said to or about a person with an eating disorder, appear in the centre of the frame to distinguish between the abrupt centre quotes and slower progression of fact made for viewers to contemplate. My intention was to contrast the reality of eating disorders with the reductive understanding expressed by the general public. The texts are derived from both my research and interviews, which make them a valuable inclusion to validate my overall call-to-action.

PRESENTATION

From Cinema to Film-Installation

While this work exists as a single channel film, it is presented in such a way as to replicate a group-therapy session so that viewers are immersed in a similar environment as the individuals in the film. These channels are to be played at the same time to present the entire piece. However, each screen corresponds to a different speaker. This is the way the audience will maintain engagement with each speaker and turn their heads towards the corresponding screen.

Throughout my research, treatment was often expressed as a “revolving door” and recovery, as a “non-linear journey.” My intention is to capture that cyclical discourse in this presentation.

PART III: DOCUMENTARY RELEVANCE

Theoretical Inspiration and Purpose

The objective of this film-installation is to challenge widely embraced conventions, biases, and preconceived notions associated with eating disorders which often oversimplify the complexity of individual experience. I chose to focus on the limited awareness of eating disorders affecting men and women outside of white affluence, who represent one of the most documented populations in eating disorder research. I argue that this incomplete understanding of eating disorders creates a lack of motivation for better research and greater funding for enhanced research. This film-installation is therefore a call-to-action, to diversify the faces, bodies, and identities in the research so that underrepresented populations around the world can access the knowledge and informed care they require to address their encounter with an eating disorder.

The audience of my documentary is indirectly being asked to question their own understanding of eating disorders, which is the purpose of adding three quotes that encapsulate misconceptions individuals with an eating disorder have heard throughout their diagnosis. “Stubborn, selfish, spoiled,” “Just a phase,” “Not a *real* illness,” “Not sick enough,” and the title of the piece are cited as part of informal conversations I have been part of and from what Jeffrey, Nicole, and Joyce have stated to be comments made about eating disorders. These quotes serve as prompts for viewers to contemplate their own beliefs surrounding eating disorders if they have not been impacted by these illnesses. To juxtapose the familiar phrases, each speaker follows the text to share their story that provides deeply rooted sources of their eating disorder, further challenging the misconceptions.

Having assessed the work of Ariella Azoulay, Marta Zarzycka, and Domitilla Oliveri, who discuss the importance of presenting the unfamiliar to elicit an activist response, I remain drawn to what Azoulay refers to as “active spectatorship,” through the use of imagery. Focussing on facial expressions and direct eye contact with Jeffrey, Nicole, and Joyce, my hope is to provide a reason to be an “active spectator” by putting a face to the destruction that is wrought by living with eating disorders.¹⁹

Furthermore, Zarzycka and Oliveri inform my approach to steer the audience away from the recognizable status quo which these authors describe as an unchallenged society. I attempt to create an uncomfortable sensory experience as viewers stay fixated on the faces of participants as they share their story. The audience has an opportunity to look eye-to-eye with each speaker as if they are in the room with them, directly present for their plea for greater support. The discomfort I would like to impress upon my audience is rooted in questioning what is assumed to be the reality of eating disorders, *who* is being denied adequate care for their illnesses and *why* this is the present reality.²⁰

The narrative voice of participants will contextualize the imagery and serve as the soundscape recorded clearly and spaced out by environmental ambient sounds to provide an immersive audio space for the audience. In the absence of human portrayals or narrative content, I plan to have viewers engage in the film meditatively as presented in Brett Story’s, *The Prison in Twelve Landscapes*.²¹ The strength of visual representations are what captivates the audience,

¹⁹ Ariella Azoulay, “Citizenship Beyond Sovereignty: Towards a Redefinition of Spectatorship,” in *Documentary*(Cambridge: MIT Press., n.d.), pp. 130-135, 133.

²⁰ Marta Zarzycka and Domitilla Olivieri, “Affective Encounters: Tools of Interruption for Activist Media Practices,” *Feminist Media Studies* 17, no. 4 (2017): pp. 527-534, <https://doi.org/10.1080/14680777.2017.1326546>, 530.

²¹ *The Prison in Twelve Landscapes*, film (Canada: Oh Ratface Films, 2016).

while ambient sounds motivate the audience to reflect and think critically about prior scenes that had been highly informative and character-driven. In my film, I hope to have visual representations that provoke a pensive pause and opportunity to digest prior content that had initially taken the audience outside of their level of comfort.

Confessional Interview

When I began this project, I wanted to steer away from the talking-heads approach, however, from the experience I had filming, I recognize that the value of my work relies on this style. For the audience to be engaged with participants as if to bear witness to their testimony, generates an intimate audience-to-subject relationship that supports my goal to emphasize experiences of eating disorders an audience may never consider without having a personal connection to draw from.

The talking-heads approach I recently encountered in Nicolas van Hemelryck and Clare Weiskopf's film *Alis*, presents a collection of interviews among young Colombian girls living in the same group-home.²² The interviewer asks each of the girls filmed to imagine a friend named Alis. From this prompting question, different stories emerge. Each of the girls interviewed are situated in the same room and framed uniformly throughout the film. A sense of safety in sharing personal and painful experiences between the filmmakers and participating residents made an impression on me, and I admired the apparent level of comfort the young girls had with the filmmakers, which made the memories they shared more engaging and meaningful.

²² *Alis* (Colombia: Casatarántula, 2022).

I structured my interviews similarly, by maintaining standard questions and prompting discussions about the metaphorical appearance of an eating disorder for each individual. Having watched *Alis*, I felt motivated to maintain my initial goal to include abstract images to operate as transitional moments in the film. From what the interviewees describe using their imagination, I draw similarities between descriptions and formulate a visual storyline to move with the talking-heads narrative.

A departure from his usual academic historiography, Ken Burns' recent docu-series on youth mental health is another work that resonated with me. *Hiding in Plain Sight: Youth Mental Health*, was composed of formal interviews, family archives, and reenactment similar to what Erol Morris uses in *The Thin Blue Line*.²³ There are small segments of transitional scenes, in which the action being described is captured within the frame as a slow-motion depiction of faceless characters living out what the subject describes. I was inspired by this combination of imagery and chose to use a similar style of reenactment through my film. In order to add visual dynamism to my work, I included footage to accompany a recollection of past experiences described by each participant. It was important for me to let my assistant cinematographer and editor understand my intention to capture the silhouettes, hand gestures, and actions of participating actors. While I had the assistance of my editor to film actor portrayals, I developed a detailed outline to ensure that the audience maintained a visual representation of Jeffrey, Nicole, and Joyce, rather than the actors themselves. This would be to maintain engagement with the participant and the story they were telling as the reenactment was taking place. I focussed on darkness, shadows, and suggestive actions such as nail-biting, pen-tapping, and searching for an exit during Joyce's description of trauma, to emphasize a somber tone. I achieved that through the

²³ *Hiding in Plain Sight: Youth Mental Illness*, film (USA: PBS, 2022).

use of slow-motion, and sharp contrasting colours as well.

Against Victimization

Since starting this project, it has been important for me to portray each participant with lived eating disorder experience outside the confines of victimhood. Removing stigma and sense of otherness was essential to me. I also intended to take power away from the illness itself, to show that the people I interviewed were real people, looking not just for sympathy but rather real solutions. With this in mind, I drew inspiration and further motivation to reject standard depictions of victimhood from reading the work of Brian Winston, Susan Sontag and John Berger.

In the second chapter of Brian Winston's *Tradition of the Victim*, Winston discusses the Grierson approach to filmmaking that supports a political agenda. The "victim" in such films, becomes the tool used by the filmmaker to elicit an audience response aligned with the filmmaker's view. This, as Winston argues, removes the rights of the individual depicted in the film who participates under the impression that telling a personal story or showing an authentic self will be of service to the public. While this may be true, the filmmaker in this regard defines his or her subject as no more than a tool or character device to provide an added human element to their film; viewers want to save, to agree with, or to become emotionally invested (negatively or positively) in this character.²⁴

I find this Griersonian tactic difficult for filmmakers to avoid, especially with respect to political and emotionally charged content. However, I believe that in victimizing the subject, the

²⁴ Brian Winston, "Tradition of the Victim in Griersonian," in *Tradition of the Victim* (Los Angeles: University of California Press, 1988), pp. 270-276, 275.

filmmaker is preserving the sense of otherness I directly want to dismantle in my own film.

Susan Sontag in, *Regarding the Pain of Others*, and John Berger in, “Photographs of Agony,” criticize the use of imagery used by artists to make viewers “feel the suffering,” of those who are photographed or filmed.²⁵ This use of imagery takes the audience outside of the reality of a particular event captured and leaves them at a distance. This in turn, cultivates a false understanding for the audience who then claim to *know* what is observable and outside of the frame. The viewer then indirectly looks down upon the subject as a victim in need of a saviour. This presupposes a hierarchical stance that suggests that the audience and filmmaker have the power to give or take away freedom from the individuals on screen; saving the subject is for the viewer, within their power, rather than at the liberty of the person presented.

Berger goes further to state that audiences feel that they can accomplish their goal as a saviour through financial donations and performative actions. Nevertheless, I believe that these individuals are not without a voice, so filmmakers, photographers, and viewers would not be granting a voice to others when acting upon them as their hero.²⁶

Jill Godmilow unpacks this power imbalance in “Kill the Documentary as We Know It.” Godmilow states that filmmakers are limited in their presentations of authenticity, as viewers are only made aware of what is presented to them. Knowledge of a character or subject is limited as a result. Therefore, it would be presumptuous for filmmakers and viewers to consider themselves knowledgeable about the experiences of the subject filmed beyond what is captured within the frame. Perhaps an education is provided by the filmmaker, but the perspective and story told,

²⁵ Susan Sontag, “Chapter 5,” in *Regarding the Pain of Others* (New York: Farrar, Straus and Giroux, 2003), pp. 74-94, 77.

²⁶ John Berger, “Photographs of Agony,” in *About Looking* (New York: Vintage, 1972), pp. 279-281, 280.

through reproduction and editing provides a version of truth filtered through the perspective of the filmmaker. This version of truth is accessible to an audience as a predetermined point of view, argument, and characterization of what their work is supposed to communicate to viewers. Documentarians hold a hierarchical power over their subject that may further pursue a personal agenda, rather than empower the subject.

The power imbalance documentarians are susceptible to, is defined by Godmilow to be “pornography of the real.”²⁷ This is damaging to the practice of documentary, insofar as it separates viewers from the reality of what is observable. Viewers from a distance are thus granted permission to define, analyze and judge subject matter from the comfort of remaining outside its temporal setting, as argued by Sontag and Berger. The individuals on the screen are consequently objectified and “othered,” but accessible to an edited point, in which viewers have the potential to harbour their inferiority when engaging in the real-world. This is where we may see this hierarchy take shape in reality through racial inequity and prevailing stereotypes.. Documentarians tending to present this kind of “pornography,” deny individuals in their film the ability to defend and express a different and unframed point of view.²⁸

In order to address the unavoidable hierarchy of documentary filmmaking, Godmilow advises filmmakers to be aware of their position and make audiences aware, as well by addressing the relationship between the subject and mode of representation itself. Godmilow highlights the need for creators and viewers to be “self-conscious” during the process of documentary filmmaking.

²⁷ Jill Godmilow, “Kill the Documentary as We Know It,” *Journal of Film and Video* (University of Illinois Press, 2002), <https://www.jstor.org/stable/20688376>, 6.

²⁸ *Ibid.*

Since I chose to remove my presence in the film itself, in light of Godmilow's suggestion, I know that in order to avoid victimizing the individuals I interview, I had to be thoughtful with the questions I asked each person. The purpose of my film is to generate eating disorder awareness outside of perceived ideas, but most importantly, motivate actionable problem-solving solutions. Without falling into Berger's understanding of philanthropic endeavours, I hope that my film addresses this flaw by acknowledging it directly, and emphasizing the in-depth stories told by participants enabling each one of them to shape their experience and in turn expand an understanding of eating disorder experiences. During each participant's testimony, what is said organically veers away from simplistic elements of eating disorder such as body shape, weight, and food. This enables viewers to recognize that eating disorders are developed from deeply rooted causes that are manifested into eating disorder behaviours. Participants are given a chance to add dimension to misconceptions and highlight the need for greater knowledge on the subject. While I provide the prompting questions, each speaker tells their own story. I hope to show on film and through my interview structure, editing and image-overlay, that the urgency to address eating disorders exists and requires a process stemming from research and education, all of which affect potential viewers within and outside of North America.

I am also drawn to create work derived from the insight of Trinh T. Minh-ha provided in her essay "Documentary is not a Name," and her conversation with Nancy C. Chen in "Speaking Nearby." Given that the purpose of my project is not to impose a criteria to justify treatment, contrary to the current medical standards for diagnoses, I want to state that for those who think

they may know about what having an eating disorder looks like, there is more knowledge to be had.^{29 30}

The self-conscious act of documentary filmmaking is exemplified in Minh-ha's film *Reassemblage*, as well as in her conversation with Chen. Since the creator does not carry the same history as his or her subject matter, an outsider observing reality without a personal story to align with, does not bear the same authority to claim the experience for the purpose of documentary filmmaking. Objectifying the experience for an audience, reduces its value and denies the complete value of an experience. Attempting to reduce an observation as such, produces the kind of power dynamic Godmilow refers to and what Minh-ha firmly aims to reject.

Concept: the Film-Installation

Artsper Magazine's November 2021 article, "What is Video Art?" explains the role of new media and combination of imagery that I abide by in presenting a film-installation. The article says, "Video Art indeed carries within itself a critique that questions the place of the viewer in relation to this image."³¹

Such a critique is made possible by transforming my original single-channel piece into a three-screen display encircling a gallery space. To maintain audience engagement, a single-channel depiction of three testimonies did not demand the attention of the audience that I

²⁹ Trinh T. Minh-Ha, "Documentary Is/Not A Name," *October* 52 (1990): pp. 76-98, <https://doi.org/10.2307/778886>, 95.

³⁰ Nancy N. Chen, "'Speaking Nearby:' a Conversation with Trinh T. Minh-Ha," *Visual Anthropology Review* 8, no. 1 (1992): pp. 82-91, <https://doi.org/10.1525/var.1992.8.1.82>, 86.

³¹ François-Xavier Trancart, "What Is Video Art?," Artsper Magazine, June 23, 2022, <https://blog.artsper.com/en/a-closer-look/what-is-video-art/>.

sought to maintain. Whereas, watching a three-screen display of different perspectives moving back and forth, prompts the viewer to redirect their attention as each person speaks. This places the viewer in an immersive relationship with the subjects on the screen. In maintaining this relationship, the viewer has an opportunity to reflect upon oneself in relation to the various directions of each speaker, who occupy a particular space in the gallery. As the images move from wall to wall, the viewer has to make an effort to adapt to the changing points of view and therefore, be part of each speaker's world. Using the gallery as part of the documentary work itself, prompts active engagement of the viewer. As a call-to-action piece, my intention to extract a sense of urgency by virtue of keeping up with the redirection of the subjects, provides a physical and contemplative angst given what Jeffrey, Nicole, and Joyce are speaking about.

PART IV: CONCLUSION

"But Honey, You Did This To Yourself," was and remains a call for the world to acknowledge eating disorders as a global health issue. Though I am focusing on my local community in Canada, I intend to bring wider awareness to the fact that dismissal of eating disorders lead to a magnified lack of awareness everywhere. Without adequate knowledge about eating disorders, societies will continue to uphold misconceptions and stigma that bar a person with an eating disorder from seeking and finding support. Enhancing research is one of the ways Canada has the potential to control the narrative of eating disorder care. More insight into eating disorder nuance could expand the eurocentric construct of these conditions and dispel the myths associated with eating disorders.

By examining underrepresented ethnicities, identities, and unexplored science, more substantial evidence will be provided to justify the need for an increase in services to address the course of an eating disorder from diagnosis to post-recovery. This is not a solution to the problem of eating disorders, but rather, an argument proposed to increase efforts to address the health concern at all. My goal is to enliven Canada's place in global health so that Canada has the ability to lead by example and advocate for developing research in other nations who continue to view eating disorders as a societal manifestation of Western culture.

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