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Background: Compassion is defined as participation in the emotions, ideas, or opinions of oneself or another person, which empowers people to take overt action toward alleviating suffering. Compassion stems from a corporeal, affective ability to empathise, but experience

developed and experienced through its personal, relational, institutional, and cultural practices. Thus, compassion is a feeling and practice that can be extended toward the self and others. Though it has received very little empirical attention, has become increasingly acknowledged as critical to well-delivered and effective health care. Explicitly addressing compassion in education is a priority for any professions that uphold values of caring and healthy equity. Dietetics is one of many health professions that purports to hold compassion as an important value. There is currently very limited literature examining compassion in nutrition and dietetics among or toward students, practitioners, or clients. However, research on the professionalization process of dietetics education indicates that the focus on objective knowledge, evidence-based learning, and competition for internship placements may generate conflict, disembodiment, isolation, and contribute to intrapersonal and/or interpersonal disconnect among students. These relational experiences run in direct contrast to what indicates a compassionate culture.

Purpose: The primary purpose of this research was to explore my embodied experience of compassion as an undergraduate and graduate student in Canadian dietetics education. This research was guided by the following research questions: 1) How, if at all, did my experience of dietetics education inform my embodied understanding of compassion toward myself and others? In what ways?; 2) How, if at all, did my experience of dietetics education inform my embodied expression of compassion toward myself and others? In what ways?; and 3) How might my personal experience of dietetics education reflect how the dietetics profession frames compassion?

Methods: Autoethnography was used to explore my meaning, development, and performance of compassion toward others and myself during my Canadian dietetics education. Autoethnography is a qualitative method of inquiry in which the researcher is the primary source of data, utilizing the conventions of research, story, and method to connect the autobiographical and personal to the cultural, social, and political. An in-depth first-person study was chosen as an appropriate exploratory method given that there is little to no current research on compassion or self-compassion in dietetics. Likewise, there is no research on how the lived, embodied, relational experience of dietetics education influences the personal meaning, development, and performance of compassion. An embodied, feminist relational theoretical framework directed data collection, analysis, and interpretation of resulting narratives, poetry, or personal artifacts for meaning and patterns that reflect my embodiment of compassion, and the overarching socio-cultural value system within dietetics education.

Findings: This autoethnography presents an embodied, relational experience of dietetics education that affirms, dismisses, and/or subjugates the lived experiences and identities of its students. The socialization process of Canadian dietetics may have specific intrapersonal and

relational implications, possibly augmenting issues such as social inequities, self-fragmentation, judgement, comparison, shame, isolation, distrust, alienation, and hierarchy among its students. Therefore, the culture of dietetics may discourage self-compassion, self-awareness and growth; exclude and subjugate different perspectives, propagate harmful power dynamics, and disempower its students. These concerns stand in contrast to what would indicate an institutional culture of compassion. Likewise, these harmful relational dynamics reduce the likelihood of practitioners who are empowered to care for themselves, provide compassionate care to others, and challenge social inequities. Dietitians would benefit from acknowledging and discussing the relational harms of dietetics education and actively challenging the oppressive and inequitable nature of dietetics education. Likewise, they would benefit from prioritizing student lived experiences and perspectives, supporting critical, embodied reflexivity, integrating subjective knowledge such as emotions and feelings as part of dietetics knowledge, and grounding personal and professional experience in its social and historical contexts. Finally, students should be provided with consistent opportunities for authentic, non-judgemental, and non-hierarchical connection between students and their peers, as well as between student and their educators.

Conclusion: Canadian dietetics education as a culture, whether purposefully or incidentally, does not provide the necessary relational conditions for compassion to develop and thrive in its students and future practitioners as a relational, embodied attribute. However, I believe dietetics education is at a point of potential where recognizing these concerns and speaking truth to them from personal experience gives dietitians the opportunity to find a new way of being as students, educators, practitioners, and people.

To my supervisor, Daphne Lordly, for your knowledge, patience, and oddly unwavering confidence. Thank you for believing in my abilities enough to both start me on this project and let me meander my way to the finish line. Thank you to my committee members, Jennifer Brady for all your energy, guidance, encouraging pats on the back, and mysteriously abundant snacks; and to Debbie Norris, for accidentally setting me on this path in the first place, for your kind little check-ins and wisdom
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The concept of compassion can be further broken down into aspects of kindness, awareness of common humanity, mindfulness, and wisdom (Leary et al., 2007; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007; Neff & Vonk, 2009; Shepard & Cardon, 2009; Thompson & Waltz, 2008). Kindness is the act of treating others kindly in the face of suffering, rather than reacting with criticism or punishment (Leary et al., 2007; Neff, 2003; Neff et al., 2007; Shepard & Cardon, 2009; Thompson & Waltz, 2008). Common humanity is the understanding that every person suffers, and nobody is alone in their suffering, which contrasts with the human predisposition for believing that suffering is a solitary and isolating experience (van der Cingel, 2009). Mindfulness is a critical aspect of compassion for others, that allows individuals to experience strong emotional states without becoming overwhelmed by them (Ladner, 2004; Shepard & Cardon, 2009; Wada & Park, 2009). It is through mindfulness that compassion enables understanding and action to relieve suffering, rather than being overcome by emotion (Reyes, 2012). Wisdom is the final aspect of compassion and is often a life-long pursuit. Wisdom includes the ability to evaluate, develop insight into, and have a non-judgemental attitude toward human behaviour and its influences through the accumulation of personal experience (Ferrell & Coyle, 2008; Neff, Hsieh, & Dejitterat, 2005; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007; Shepard & Cardon, 2009).

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Chapter 3: Theoretical Framework

Embodiment is a concept that reintegrates the body as indissociable lived experience and physical object, where bodies can not be separated from their knowledge. It is the idea that perception, thinking, feelings, knowledge, and desires (the way we behave, experience, and live in the world) are contextualized by our being active agents in a particular kind of body (Taylor,

we have is a precondition for our having the kind of

situated in a human environment that is socially and culturally constructed and undergoes historical changes (Muller & Newman, 2008). The mind is connected to socially constructed goals, tasks, and activities rooted in daily life (Scholnick & Miller, 2008). Embodiment contrasts with disembodiment, a purposeful segregation of the mental and physical, that has been a basic metatheoretical background assumption dominating much of philosophy and biomedical theory for centuries (Muller & Newman, 2008). This Cartesian, rationalistic, empirical framework both

l that we do not even know that it is

in which the body is situated are also hidden and ignored. Embodiment, therefore, seeks to reveal

the lived body as the source of our feelings, emotions, and agency, and serves as a basis for placing us into social identities (Scholnick & Miller, 2008).

Feminist Relational Theory

The fundamental premise of feminist relational theory is that as human beings we live in, and are constituted by relationships (Nedelsky, 1989). Relational theory challenges the inadequacies of liberal and neoliberal social theory, which characterizes people as primarily individualistic (Downie & Llewellyn, 2011), isolates the individual from personal relationships

constituting the very identity and natu 1989, p. 275). Feminist relational theory asserts that not only do human beings enter into and live in a range of relationships that influence and shape their identities, but connection is inherently essential to

-conceptualization, health, and wellbeing. The self is established only in and through relationships with others (Whitbeck, 1989; Llewellyn and Howse, 1998; Llewellyn, 2011), and our social context is formed through us. The way we see, understand, and relate to the world is developed through our interactions with others. This perspective contrasts with the conceptualization of the self as a free, rational, and individual chooser whose aim is to maximise personal satisfaction without any influence by others.

Thus, personal experience in its social context is a key concept in feminist theory (West, 2005); it has been a crucial concept for critiques of objectivity and neutrality; questioning who knows, what can be known, what valid knowledge is, and the relationship between ontology (what we know) and epistemology (how we know) (Harding, 1987; Haraway, 1988; Maynard & Purvis, 2013; Stanley, 1990; Stanley & Wise, 1990). These ideas challenge the assumption of the value-free, objective scientist, and the all-seeing theorist by acknowledging the social embeddedness of identities that are shaped by complex intersecting social determinants, such as class, race, dis/ability, sexuality, and gender (West, 2005). Likewise, feminist relational theory asserts the importance and centrality of relationships, where the focus is on the dynamics or characteristics of relationships, including the full range of public and private relations which influence the self. Relationships are not inherently good or bad, they simply are, whether they contribute to the flourishing or oppression of people within a given context. In this perspective, people can come to know what is needed for equality and mutuality in a relationship by what is clearly missing from the unjust or unbalanced relationships around us (Llewelyn & Llewelyn, 2015).

Writing stories from the first-person perspective is a method employed to create an embodied narrative, improve access to emotionality, and possibly increase connection in those who write, or are subsequently exposed to, the creative piece. In addition, first-person narrative functions to unpack the multiple identities of both the writer and reader, by questioning dominant narratives and allowing a space for critical self-reflection (Weems, 2013).

Autoethnography

The body is traditionally erased from published studies, though the research may pertain to the human form and condition, as is particularly true for health disciplines (Ellingson, 2006). Even with the rise of postmodernism, scientific reports remain largely disembodied as the embodied research is either absent or relegated to theorizing the body (Sharma, Reimer-Kirkham, & Cochrane, 2009). Autoethnography has increasingly appeared in a variety of academic and professional literatures, including anthropology (Oakley and Callaway, 1992),

sports sciences (Sparkes, 2000; Holt, 2003), nursing and health care (Ellis, 1993, 1998), design (Duncan, 2004), creative art (Bochner & Ellis, 2003), political science (Burnier, 2006), and more recently, dietetics (Alotaibi & Lordly, 2016; Brady, 2011; Gingras, 2006; Gingras, 2012; Rochefort, Senchuk, Brady, & Gingras, 2016; Ting Tan, 2011). According to Carolyn Ellis (2004, p. xix), autoethnography is

> and personal to the cultural, social, and political. Autoethnographic forms feature concrete action, emotion, embodiment, self-consciousness, and introspection portrayed in dialogue, scenes, characterization, and plot.

In short, autoethnography is a method of inquiry in which the researcher is the primary source of data, seeking to achieve resonance with others over producing a universal, objective truth. The ultimate goal of autoethnography is to use an arts-
(Pelias, 2004). This method can be produced in various forms, such as short stories, essays, poems, novels, plays, performance pieces, or other experimental art forms. Autoethnography may or may not incorporate fiction into autobiographical accounts from an author. When fiction is employed, it is often as a means to protect identities, emphasize particular partial truths, reveal social meanings, evoke a particular mood or emotionality, and link experiences of individuals to larger social, cultural, or institutional contexts (Leavy, 2009). This method can be used to address a variety of research questions, endeavouring to illuminate new knowledge or perspectives related to a specific experience, including those that concern personal or social trauma, grieving, spirituality, the life cycle, major life events, or topics surrounding organizational life, illness, stigma, power differentials, and other experiences of difference

(Leavy, 2009). Importantly, this form of writing allows for the communication of raw experience, emotion, and intimate details that may otherwise be removed from research data. Furthermore, it eliminates the traditional gap maintained between the insider and outsider within institutional research and serves to question the assumption of a researcher as the unbiased observer of the other.

, i.e. describing cultural phenomena from the point of view of the subject(s) under study, to explore cultural understanding where the researcher acts as the subject (Austin & Hickey, 2007; Starr 2010). Evocative autoethnography generally leaves itself open to interpretation through resonance with the reader and relies on the uniqueness of each reader to create their own meaning (Holquist, 2002). Analytic autoethnography also includes the analysis of the researcher, using explicit to the pure narrative portion that achieves emotional resonance (Ellis, 2004). In contrast to the evocative format, analytic autoethnography does not end with the production of a narrative, but instead accesses theoretical frameworks to develop interpretations of the narratives within the specific socio-cultural context (Struthers, 2014). Which form an author chooses to use appears to be a matter of preference and based on the research objectives. A variety of techniques may be used to gather and represent the data within these two general forms of autoethnography. Of the specific techniques used, data w reW6q0.00000912 0 612 792 rgen data w re of preference, with nodata olutedasteps or specified (Wall, 2006).

When writing an analytic autoethnography, ta w theoretical frameworkdaserves to guide the research and open up the data n w ideas and alternate meanings regarding autoethnographic

narratives. This can occur on different levels of analysis, such as on the micro, personal level, versus a macro, cultural theory perspective. Utilizing theories which represent both the smaller and larger perspectives can allow for new insights into an experience (Tenni, Smith, & Boucher, 2003). When choosing theoretical frameworks for autoethnographic research, it is necessary to choose an interpretation that is congruent with the general methodological design, epistemological and theoretical viewpoints of the research, and research objectives (Leavy, 2009).

Feminist relational theory is the primary guiding theoretical framework to focus my data collection, analysis, and interpretation on embodied descriptions of emotion and behaviour that may indicate the ways in which compassion was informed or manifested, toward others and myself during my dietetics education. In practice, this meant focusing on salient emotions, feelings, thoughts, and experiences in my memories that represent aspects of relationality, such as belonging, connection, disconnection, empathy, power, and judgement; also, pinpointing particular moments that impacted my relations with myself and others. This theory was used to frame my analysis of narratives and artifacts for meaning and patterns that reflect my embodiment of compassion, and an overarching socio-cultural value system within dietetics education. In other words, how, if at all, did my experience of dietetics education inform my understanding and expression of compassion, and what does that mean for how compassion is framed within the larger dietetics culture?

Based on the literature review, compassion is conceptualized as an amalgamation of cognitive, corporeal, and relational experiences, expressions, and conditions bound by its social context. Thus, compassion is an experience and practice comprised of kindness, awareness of

common humanity, mindfulness, and wisdom directed toward the self and others (Leary et al., 2007; Neff, 2003; Neff, Kirkpatrick, & Rude, 2007; Neff, Rude, & Kirkpatrick, 2007; Neff & Vonk, 2009; Shepard & Cardon, 2009; Thompson & Waltz, 2008), as embedded in its physiological foundations (McCraty & Childre, 2004; Waddington, 2014), our relational conditions (Halifax, 2012; Waddington, 2014), and the overarching culture of behaviours, practices, or structures that actively enhance or undermine compassion for the self and others (McConnell, 2015a; 2015b; 2016; Waddington, 2014). In sum, compassion is an embodied, personal experience and collective practice grounded, manifesting, and flowing reciprocally between the self and others, as influenced by small- and large-scale social contexts. This definition allowed for a preliminary framework of compassion but did not necessarily preclude additional personal meanings or understandings of compassion as an embodied experience, formed through inductive analysis.

Finally, and related to the definition of compassion, a lens of mental health is included in this autoethnography. Throughout this research project, it has been necessary to incorporate my experience of mental health and/or mental illness, as it directly contributed to my current critical perspective of dietetics education, understanding of compassion, and need to more fully develop this understanding within dietetics. Without having experienced mental illness, I would not have been driven to examine dietetics education or my meaning and performance of compassion at all. Schatzki (1996) notes that having a body is only ever made evident in situations of breakdown, malfunction, and discomfort within a given social field. Embodied experience and knowledge can be a direct window into exploring unquestioned assumptions, values, and cultural norms. Behaviours are produced as a result of cultural rules and unspoken norms which are applied differently to different bodies. Thus, the body is a primary site of cultural discourse, and the

disobedient body acts a field of struggle within boundaries of normalcy. This is particularly the case in regarding bodies of difference, defined through social processes that construct, reproduce and maintain categories of social relations and differences between individuals, which are in turn used to assess the members of such categories (West & Fenstermaker, 1995). The feeling of difference occurs when the body can no longer be ignored or dismissed within a system that supports the interests of a dominant group at the structural, economic, legal, political, social and cultural institution level (Ellingson, 2006). In this case, my ongoing experience of outside looking in mostly occurred due to the perceived malfunction of my body, due to my mental health, within the system of dietetics education. Therefore, it is necessary to acknowledge and articulate how mental health has been understood in this research.

According to Keyes (2002; 2010), mental health and mental illness are two interacting experiences based on environmental influence and available social and/or individual resources; one can experience four combinations of mental health and mental illness with different gradations of personal functioning. An individual may experience mental illness, but depending on their situation, could be actively suffering or thriving. Likewise, an individual may have no symptoms of mental illness, but could be suffering or flourishing within their environment. Thus, rather than the traditional scientific prerogative that upholds the prevention, treatment, and eventual curing of mental illness, this model sees mental illness as a personal and social issue, proposing that individuals may strive for well-being (i.e. flourish) while still having a mental illness. Keyes (2010) further views mental health as including a sense of personal well-being, where an absence of mental illness does not necessarily imply mental health or wellbeing. This continuum intersects with compassion in that compassion appears to be directly associated with improvements in mental health, greater resilience, a reduction in the symptoms of mental illness,

and general well-being (Neff, 2003; Neff, Rude, & Kirkpatrick, 2007; Neff, Kirkpatrick, & Rude, 2007; MacBeth & Gumley, 2012; Shapiro, Brown, & Biegel, 2007).

Research Design

I chose to complete an analytic autoethnography of my experience of dietetics education to explore the embodied understanding, development, meaning, and/or expression of compassion during my undergraduate and graduate dietetics education. This study relied on a framework provided by embodiment theory and feminist relational theory to frame and describe how I navigated my dietetics education and developed as a person and future professional through different social contexts. Feminist relational theory articulates that human growth occurs through and toward relationships influenced by context (Comstock et al., 2008). It also emphasizes connection that occurs at a sociocultural level, because social contexts are the core of human growth and development (Jordan et al., 2004). Autoethnography based on feminist relational theory as a theoretical framework supported me in understanding how my embodied development and expression of compassion was affected and nurtured by the situations and people I have encountered as I lived, worked, communicated with, and learned from them within dietetics education.

Personal narratives. In completing this project, I chose to explore and record memories based on meaningful experiences and events relating to relational concepts described above (i.e. experiences that stand out in my memory and have some personal meaning to me) that occurred between September 2012 and April 2018. This time frame encompasses most of my dietetics education up to the time that I conducted this research, including my undergraduate nutrition degree, most of my graduate human nutrition degree, and my dietetics internship. Before writing

any narratives, I recalled any relational experiences or events during my dietetics education that stood out in my memory as important. Memory recall was further assisted by reviewing personal artifacts (e.g. journal entries or assignments) that were created during the same time period. The goal was not specifically to seek instances of compassion within my lived experiences, but instead to recall any experiences with salient relational dynamics such as shame, guilt, comfort, togetherness, comparison, power, or vulnerability. I created a chronological list of these memories with small summaries before deciding which narratives felt most relevant to my purpose, and which narratives diluted the primary aims of this research. Any narratives that did not seem to align with the research aim were removed from the list. I then recorded a first draft of each narrative, following the chronological list, to ensure that I would not accidentally miss or skip a memory. Following the completion of these first drafts I read through each memory and once again considered how or whether they actively contributed to the research purpose or if they shifted the focus away. Any narratives that did not seem to contribute to the research were then discarded. Finally, more comprehensive drafts of the narratives were completed, specifically written to be evocative and rich in sensory details to achieve embodied writing which represented my thoughts, feelings, and behaviours in the moment. These narratives were focused thematically through the intersect between my personal experiences, relational concepts, and my dietetics education to access those moments of relationality within my personal development and my daily life in dietetics culture. Through this process and focus, I was able to converge on moments that I felt contributed to my development, meaning, and performance of compassion to myself and others. Throughout writing, the narratives were partially fictionalized to protect identities or to better access a particular truth, keeping in mind that over-fictionalization would hinder authentic data collection. The final narratives were ranked by

importance to determine inclusion in the final manuscript and chronologically sequenced to provide structure (Chang, 2008). Any final narratives that could possibly implicate or identify an individual were reviewed and accepted through a consent process designed for implicated others (See Appendix A).

Poetry. The emergence of poetry as a research tool has been steadily growing in popularity, especially among postmodern, feminist, critical thinkers. Poetry can act as a method to achieve the direct embodiment of written word, via accessing otherwise unspoken bodily

present. During this research, I was also concurrently recording any reactive poetry as a further method of accessing experience, connecting with emotion, and achieving embodied writing. This was less a purposeful or organized process and more a readiness to write if the need arose. I

autoethnography, dedicated time to reading and making sense of them as a collection, and eventually used many of the fragments to create one larger poem that encapsulated much of the unspoken embodied knowledge I held on to during my dietetics education (Fraser, 2019). This poem allowed me to access and share many of my more visceral, difficult to articulate, experiences of dietetics education. This was an important tool when attempting to access my lived experience, as knowledge may not always be accurately represented by explicit moments in time or memory.

Personal artifacts.

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artifacts can be valuable to the autobiographical process as they represent a snapshot that is not directly influenced by current perspective in its production. These may include old journal entries, official documents, letters, essays, poems, or other items which were created during the period of time under investigation. Artifacts may serve two purposes: 1) helping to support the narrative itself; 2) eliciting further narratives which may have otherwise been forgotten. During the process of writing this autoethnography, I reviewed any journal entries, essays, assignments, projects, previously recorded poems, and other artifacts from September 2012 April 2018. These artifacts were included in my analysis if they contributed meaningfully to the research aims and/or were used to elicit further narratives.

Self-reflective journal. Throughout the writing and analytic process, I kept an introspective, reflective, journal of thoughts and feelings that occurred while writing this autoethnography. This practice was intended to include the self and maintain critical reflexivity in the research process. This activity also serves the purpose of maintaining methodological distance, providing interruptions which prevent over-absorption in the process, and supporting the development of themes (Chang, 2008). This reflective journal helped me to process emotions and feelings resulting from producing narratives, identify preliminary themes as they occurred, recognize my own personal impact on the narratives, and develop possible implications for my findings. The insights produced through the reflective journal were eventually merged with developing themes throughout the results and discussion of this autoethnography.

As the narratives, poems, and artifacts were collected, they were labelled with a date/location/topic identifier in order to help with data analysis and interpretation. Labelling and organizing the final collected data allowed me to observe whether more data was needed, where

there was repetition, and where data could be discarded (Chang, 2008). In addition to labelling each separate narrative and artifact, I chose to combine all remaining 63 narratives, poems, and artifacts enabled me to read the entirety of my data as a cohesive narrative, and better identify which narratives, poems, or artifacts were more meaningful before analysis and interpretation of the final data set began. Chang (2008) suggests ten strategies to help with data analysis and interpretation. I adopted the following strategies: 1) searching for reoccurring themes, topics, or patterns, 2) look for cultural themes, 3) identifying noteworthy events, 4) critically analysing what is included and what is omitted during the process, 5) connecting the past with the present, 6) analyse relationships between self and others 7) contextualizing to the sociocultural, and 8) framing analysis with theories. Though also suggested by Chang (2008), I did not compare my experiences with other cases given that this research is quite novel, and I did not specifically attempt to compare my results with a broad range of social science constructs or ideas given this work is already grounded in a social theoretical framework. These strategies were meant to balance the fracturing of data with deriving cohesive meaning, along with allowing for the parallel examination of personal and sociocultural contexts. My data analysis and interpretation were framed by my previously feminist relational theory provided a theoretical lens for guiding data production, analysis, contextualizing emerging themes, and relating them to broader socio-cultural practices. During this autoethnography, the data collection process was often intertwined with data analysis and interpretation; they often took place concurrently and informed each other in a cyclical process. For instance, my criteria and framework for analysis influenced which narratives I recalled and chose to write, and likewise the narratives influenced the final interpretation in a dynamic process. Once the data had been

collected, refined, and finalized, analysis involved a thematic analysis (Braun & Clarke, 2012) of were examined alone and compared. The analysis of my narratives, artifacts, and poems required a dual coding and interpretation process. Firstly, I used MAXQDA (VERBI Software, 2018) to complete a detailed breakdown of each piece of data into smaller coded and categorized components that were then used to help develop broader themes. Following this detailed analysis, I immersed myself in the whole narrative by re-

reflective journal, to develop a broader sense of the themes beyond the smaller codes. The final thematic interpretation was the merger of these two analytic and interpretative processes, developing over-arching meta-themes, cultural meanings, and broader implications beyond my individual experience (Chang, 2008). These themes and interpretations were both refined and expanded through discussion with my thesis supervisor, identifying which themes could be collapsed, and which themes carried greater significance to the overall narrative as embedded in feminist relational theory. Likewise, it was critical to discuss these developing themes to identify any possible ethical concerns regarding vulnerability of the author, and to ensure a balance between the more evocative and analytic aspects of autoethnographic writing. In sum, analysis and interpretation occurred simultaneously, beginning early during the data writing and collection process, and continuing through the act of reading or reviewing the items separately and together. Finally, more salient and meaningful narratives were chosen to be integrated into the results and discussion, as meta-themes continued to be refined and confirmed through the act of writing and constructing a more fluid and cohesive interpretation of the data. Given that analytic autoethnography must not only represent a qualitative analysis, but also act as a meaningful piece of storytelling, this last step was both challenging and crucial.

These methods allowed me to explore issues such as how my bodily experiences and actions reflected the environment and culture of dietetics education. This approach also

Ontology and Epistemology

Given that this project accesses my body both as the only participant and author, I need to acknowledge my own impact on this writing before delving fully into an autoethnography. Primarily, this requires a description of my own epistemological and ontological assumptions. Ontology is the study of what exists, or rather the human relationship to what does or does not exist; there are two main views within the philosophical realm of ontology: 1) Realism, which theorizes that there is a material world that exists fundamentally outside the perception of an observer; 2) phenomenology, which holds that a fundamental world may or may not exist, but regardless is seen through the perception and interpretation of observers. Epistemology is the study of how people come to know, or what it is that people can know. There are two main epistemological views: 1) Objectivism, which holds that people have direct contact with reality through our senses, and can therefore obtain objective, logical knowledge of the world; 2) interpretivism, which holds that our knowledge base cannot be an accurate representation of the external world, as our interpretation is based on perception and social context (Kalof, Dan, & Dietz, 2008). Both realism and objectivism are subsumed under the ideology of positivism, while phenomenology and interpretivism are incorporated under the ideology of constructivism. My personal ontological and epistemological assumptions follow the worldview of constructivism; specifically, I currently consider myself a feminist post-structuralist, wherein the concept of a

duals carry conflicting

tensions with multiple identities or roles), meaning making is dependent on an individual's own personal concept of self, intended meaning is secondary to the meaning that perceives, and it is useful to utilize a variety of perspectives to create a multi-faceted interpretation of a text, even if these interpretations conflict with one another. Therefore, meaning making is not a neutral,

singular, objective, or reproducible process that applies to every individual human, but rather depends on context and/or perception. This does not negate the value of science as a process of knowledge building, but rather acknowledges that there are multiple ways of understanding, which are all informed by personal and social context.

Furthermore, I am a white person. Being a white person has afforded me the privilege of fitting more easily into dietetics, which is a profession dominated by white women, and by whiteness. My unearned social privilege helped me to fit in seamlessly based on physical appearance, and thus reflects power. My experience within dietetics would have been different if I had been from another racial or ethnic group, because I may have been viewed differently and/or my response to being viewed differently would have changed my behaviour and perception of dietetics education. For example, in her review of the imposter syndrome in higher education, Parkman (2016) noted that imposter syndrome scores are higher for minority student populations compared to majority student populations. This shows that racialized students, and those from different ethnic backgrounds, are more likely to feel like an academic or professional fraud from the start, which would greatly influence their experience of dietetics compared to white students.

I am a queer person who was socialized as a woman. I currently identify as queer, non-binary. Though this does not necessarily alter my physical appearance or result in being perceived or treated differently within my particular social context, it has influenced my perception on heteronormativity and femininity. This identity has ultimately changed the way I perceive the dietetics role, given the dominant heteronormative way of knowing and understanding the world in dietetics, and the conformity of dietetic practice to gender and sex

binaries (Atkins & Brady, 2016). Therefore, it is possible that my queer identity may alter the way I write this autoethnography compared to someone with a non-queer identity.

I have grown up in a low-income household with a single parent. I have continued to be low income since then, so this will directly impact how I perceived my dietetics education and the relationships therein, as hierarchy and power dynamics are integrally connected to wealth status. Though there is no data on the socioeconomic statuses of dietetics students, it is reasonable to assume that socioeconomic status has an impact on dietetics education. For instance, Jury et al. (2016) found that low SES university students face greater psychological barriers in comparison with their high SES peers, including experiences of emotional distress, issues of identity, and negative self-perception. As a profession requiring higher education, in addition to the competition required to gain an internship (Ruhl & Lordly, 2017), dietetics is likely to be prone to these issues.

Finally, I have lived with different mental health conditions at varying intensities. These conditions continually influence my perception of the world, and cannot be disentangled from my personal actions, writings, thoughts, feelings, or general behaviours. Likewise, they cannot be removed from how I am perceived, acted upon, or responded to within any given social context. Dis/ability is a socially constructed phenomenon, in which what is considered disabling depends on the political, social, economic, historical, and cultural climate (Oliver, 1996). People of able-body/-mind construct the world, language, culture, and belief systems to maintain this norm as superior. Everyday environments match the template of able-
and insulate the able-
diagnosed with seen or unseen medical conditions outside of what is considered part of

ty (McLean, 2011). This occurs regardless of whether the affected person or group of people considers themselves to have a disability. I do not feel defined by mental illness, but I can not pretend it has not or does not influence my perception and has not altered the perception of others toward me. These experiences will alter my writing.

Validity, Reliability, and Transferability

Autoethnography carries specific issues which need to be considered; first, the major criticism of autoethnography as a method is a lack of trustworthiness and objectivity when measured against conventional definitions of validity and reliability. However, this concern is based on a positivist lens of knowledge, which presumes the existence of an ultimate truth or external reality, and silences different ways of knowing (Leavy, 2009). Every act of science is a political one, which structures power relationships to serve the dominant status quo, push a value

r (Lincoln & Guba, 1989). Challenging the dominant positivist paradigm has been made possible with the rise of postmodernism, which acknowledges the arbitrary nature of the context-dependant identity and premises that many ways of knowing are legitimate without any one being privileged over the other (Wall, 2006). Several researchers have highlighted issues of researcher rhetoric, prejudice, and experience in the interpretation of observations and numbers and the way in which they simply construct one interpretation from among many that could be consistent with their numerical data analysis. They have also revealed how reportedly objective data can be socially constructed (Bloor, Goldberg & Emslie, 1991; Garfinkel, 1967; Gephart, 1988; Knorr-Cetina, 1991). This has been instrumental in questioning presupposed ideas of objectivity in the positivist paradigm and supporting the equality of research which uses a more explicitly subjective methodology, such as autoethnography (Wall, 2006). Therefore, positivist criteria are

differs from the traditional assessment of validity. In addition, because each autoethnography differs on epistemological and ontological assumptions relevant to each individual, using traditional criteria in judging the value of a personal text makes no functional sense (Sparkes,

analysed and categorized but as

on how appropriate the criteria are to each individual research piece, the measures of a valid autoethnography may include an arts-

this account work for us? Do we find it to be believable and evocative on the basis of our own

also suggested viewing autoethnography according to the standards of ontological authenticity, educative authenticity, and catalytic authenticity in order to establish trustworthiness in the design. Therefore, when writing or judging an autoethnography, it is important to consider

if it is believable, whether it has an ultimate purpose, and whether it contributes to educative and/or social change (i.e. does it feel true and does it add to our knowledge base?). Leavy (2009)

-size-fits- aluation. In her viewpoint, the success of a research project is contextually bound to the research purpose, and how well the methodology has facilitated research objectives and communicated research findings.

Another criticism of autoethnography is in the danger of an unbalanced inclusion of self (auto) versus others (ethno) (Jones, 2005). Bruner (1993, p. 6) warns that the risk is putting the

narcissistic and egotistica

the autoethnographic method, care must be taken by the researcher to use self-disclosure as a tool

wider concepts, rather than being simply for presenting the vulnerable self. This issue of

h questions, theoretical

frameworks, and maintaining a support team which serves to offer feedback throughout the writing process (Leavy, 2009). The transferability of autoethnography lies in this careful balance between self-revelation and exploration of the wider sociocultural context, and in achieving resonance with its audience.

Chapter 4: Results and Discussion

and we have much in common
more than differences can bind us or break us
into schismed incisions across landscapes or ideological divides (Fraser, 2019)
[Poem, 2018]

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My disordered eating only seemed to gain momentum during the first year of my nutrition degree. The rules for eating had been laid out in my textbooks and I strictly followed them, overlooking the two pages dedicated to eating disorders, because these theoretical women were clearly out of control, and I was simply adhering to standards which allowed me to better manage my own eating. Up until the exhaustion set in, I genuinely had only perceived my behaviour as ultimately beneficial and maybe only a little extra compulsive. Moreover, my

obsessive behaviour was not that different from many of my peers, and this was also around the time that collegial debates began to crop up about increasing longevity through calorie restriction, so I could very easily dismiss any concerns I occasionally had through reams of scientific evidence I built up to the contrary. I readily learned the tools that dietetics gave me, with advice built on body or food control, and the unspoken tenants of being effortlessly perfect, and I used them to my full advantage to obtain or maintain the social status and acceptance I so desperately needed and was terrified to lose. Thus, my prior social experiences and identities . Each reinforced and influenced the other to create a personal understanding of food and bodies, as enacted through and on my body. It has become clear to me through reflection and examining the written experiences of my time as a dietetics student, that even though my subjective experiences were not often explicitly acknowledged, and how I felt or experienced my education on a personal level was often omitted, my body was still a direct expression of the experiences I brought to the context of dietetics education. In other words, my body acted as a vehicle of identity expression through its characteristics and behaviours, establishing who I was in relation to my peers, based on how I had previously learned to move through the world, such as through my physical appearance, abilities, and embodiment of prior experiences.

daisies laid down for dignity and every body
that does not fit the mass indexed definition of worthy (Fraser, 2019)
[Poem, 2018]

It was moments like this, where I was able to speak about and project my own subjective experiences on to the challenges that other people face, that planted the initial seeds in me to develop a more compassionate framework in viewing clients and the general population. Seeing my own struggle in others, and questioning individual blame, allowed me to let go of some of my judgement toward others. Being able to see glimpses of the larger social system at work allowed me to see others in a different light. It was only a rough beginning, but it was clearly there in at least one of my reflections:

However, though I began to grasp foundational aspects of a more compassionate view toward others from the perspective of a health professional, grounded in my ability to seek out and resonate with the material concerning certain social issues, I simultaneously struggled with giving myself the same level of understanding. Not only because I had little experience seeing myself compassionately as someone who developed with a lower social status, but because my performance as a dietetics student and ability to become a dietitian were under threat through that very lack of income and resources.

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[6] in dietetics, was also a prominent

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social identity throughout my narratives. My prior experiences as someone who has had a fat and thin body[7], and my consequent attention to fear of judgement regarding my body, informed my attention to this issue during my dietetics education. I had previously experienced the cultural reality of having a larger body as someone assigned female at birth, where one is perceived and treated as though they were less valuable compared to thinner women. In addition to the fundamental increase in social status that is secured with a thinner body, it felt even more important that my body size be smaller as a dietetics student, as some visible, measurable

knowledge of fatness as undesirable merged with the implicit imperative for having a thin body as a feminized dietetics student, making the realization of a thin body incredibly important to

my eating patterns were harming me, as they closely matched other diets under discussion, down

comfort of having a more acceptable, thin body. As time went on, even though I recognized that I wanted to form a more nourishing relationship to food, I still could not get beyond the fear of not being thin, because having a larger body felt so threatening as a dietetics student. The underlying pressure to maintain a thin body shape became interconnected to the social status of having a thin figure as a potential dietetics intern. I was increasingly preoccupied by my body shape throughout my undergraduate degree, and though students did not always talk about it,

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there was a noticeable, collective fear of being in a larger body. I, and many students like me,

avoidance superstitions.

Body weight, and food as a means to prevent or control body weight, was a prominent topic within my dietetics education; this included debating whether or not being healthy was possible as a fat person, measuring and constructing calorie-restricted diets for the bodies of

educational purposes. Even when not an explicit topic, body size was pervasive. It became clear, even with one or two competing messages questioning the clinical utility, ethics, and effectiveness of weight loss, the subjective reality was that having a fat body meant you were less valuable than someone in a more acceptably thin body (as long as it was not too visibly thin,

directly tied to personal worth as a potential dietitian. This terror of weight gain and having a larger body was a reality for me, as well as other students.

Even having been exposed to select material in a couple classes that attempted to disentangle body weight from the concept of health, as well as eating from dieting (which originally provoked my first attempt at recovery), the majority of my own dietetics education highlighted the fat body as both unhealthy and out of control, and this manifested as a continuing preoccupation with my body shape and a desperate need to control my body shape, against my own needs or good intentions to the contrary. The value of having an appropriately thin body, and the fear of being perceived as unhealthy, overrode my attempts to recover from disordered eating by the time my final year, and internship selections, had come around. The anxiety was real, visceral, and gripping:

Ultimately, I was placed in another contradictory position where my body was implicated as the enemy and I felt ashamed of my own behaviour. I could not attempt recovery without

maintaining a sense of personal control over food and exercise. I also felt as though I could not be the required body shape without having strict control of my eating according to standards of

even as I was

self-loathing

and self-blame, as well as my distrust and wariness of others around me. In addition, this anger, distrust, and automatic comparison of others made me feel as though I must once again be a bad person for feeling that way about people who had not directly harmed me. In many ways, I also felt I had failed in my potential as a dietitian, due to my apparent lack of control over food, my body, and emotions. So much of my perceived worth as a potential dietitian rested on my ability to demonstrate c

demonstrates their knowledge, their expertise, their control, in their own life. Rather than

understand my struggles as a canary in the coal mine of dietetics rhetoric, in that perhaps our core messaging about nutrition was not sustainable in practice, I saw myself as a malfunction. Regardless of the fact that other students may have been living a similar struggle with food based on how the theory of dietetics interacted with their embodied knowledge, I still did not feel safe enough to open up about my experiences until after I had completed my undergraduate degree, for fear of being deemed a bad dietetics candidate. I stayed silent and ashamed for much of the time I experienced disordered eating, not only for the general silence on personal experiences such as disordered eating in students, but also for the normalization of it all:

Finally, the last major identity and collection of experiences that gave way to a sense of incongruence and relational disconnect within dietetics centered on dis/ability. In my own case, I will be referring to mental health and productivity. Though I do not necessarily feel that having a mental health condition(s) should be a defining identity, nor do mental health conditions need to be defined as a disability, experiencing both short-term and chronic mental health conditions gave me particular insight into norms regarding ability, productivity, performativity, and health within dietetics education. Likewise, societal stigma against mental health conditions contributes to the feeling of mental illness as a defining character trait regardless of whether mental illness

Thus, mental health, and ability, are a form of identity as juxtaposed against the norms and expectations of being able-bodied within the context of dietetics education.

I had to take the initiative to seek out material relating to mental health within the context

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focused on mental health and nutrition. I was on a mission to try and fill a very apparent gap

-2014]. I

incorporated everything I could find in researching the link between nutrition and mental health into my assignments, my plans for

tentative research findings into my own daily life. I became focused on eating foods that contained nutrients (e.g. vitamin B6 and B12) associated with reduced levels of anxiety and depression. I naively became convinced that nutrients, as suggested by the dietetics profession as an answer to most ailments, were the up and coming solution to any and all mental conditions, and inadequate nutrition across the life span was one of the primary causes of mental illness.

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Even as I struggled, I felt compelled to hide my mental health condition, being afraid to appear incapable, disorganized, disinterested, anti-social, low energy, sad, unenthusiastic, or in student, intern, or practitioner. My health was ultimately worsened through my attempt to navigate the high standards and norms for dietetics students, as my very body once again felt threatening by its very existence as something unwanted, in that being depressed and anxious or seemingly unfit would be

permanently attributed to my personality, and harm my chances of becoming a dietitian. Even

announcing that I was an unworthy dietetics student. I also had a feeling that when I ultimately did communicate that I was not doing well, it would be held against me somehow, as though I

t the

weight of assumptions against me, as though the resources to be well were even readily available, the very context of dietetics was not itself driving my ill health, the responsibility to be healthy was all on me, and it was that simple to fix. However, if I did take the time and space to care for myself, I was sure that having those needs would also be held against me, because my productivity level and performance of dedication would drop. It was a catch-22, and either way I would be at fault. The ultimate result was an attempted suppression of this experience and shame:

By the time I finished my honours thesis, premised on mental health and social environments as related to dietetics, after having pushed myself to the limit to do so, I felt vacant and washed out. I had the stories from participants that validated my own concerns and feelings about mental health as an invisible, ignored, and generally stigmatized aspect of health. I remember one participant that really touched me with their discussion of humans as inherently valuable beyond how they are limited by the social system. These all resonated with me and helped me understand more of the heavy feelings I was carrying for so long, as well as extending compassion to others dealing with these issues. But by the end of the project, the words I had so carefully written on so much paper did not matter, wanting to advocate for mental health care in dietetics, because it did not change the visceral, painful contradiction of being a dietetics student with mental health challenges. I could not internalize what I had learned from my thesis.

As previously established, these experiences and identities that I carry in and on my body predisposed me to perceive my dietetics education in specific ways and are ultimately different from how others would interpret the same experiences with a different set of social identities and lived experiences. For instance, in hindsight I recognize that having a different skin colour or ethnicity would contribute to a very different experience in dietetics education, which I can not speak to directly. This same pr

access. These absences, far from indicating insignificance to the student experience, highlight the knowledge that different bodies can hold, and that is easy to ignore or dismiss in those who do not experience it.

10

11

> Sitting across from Jenny in the café and sipping my tea, I watched her face flicker through different micro-expressions, and I knew what she had meant again. The word perfect rattled around my head, next to the subtle suggestions of thin, nice, beautiful, healthy, productive, poised, optimistic. And I knew what I meant. But I
>
> lack of words, or maybe it was for fear of admitting the truth and saying it out loud. Then the words might become more real: Bad and perfect.
> Jenny instead sighed into the steam of her unsweetened, black tea, finally settling
>
> [Memory Narrative, 2014]

Though the overt premise of dietetics education is to train expert practitioners in technical nutrition knowledge, dietitians (and dietetics students) are also subjects of that knowledge through their association and participation in cultures that adhere to social norms (Ellsworth, 1997). Education, especially higher education, is where social and cultural differences in power dynamics play out through the bodies of students (Ellsworth, 1997), and ultimately influences how dietitians see themselves in relation to their own or other gender, race, sexuality, social status, ability, religion, ethnicity, and other identities that mean differences in opportunity, health care, safety, sense of self, employment, and quality of life (Ellsworth, 1997).

practice what you preach, or sister tell me a different story,
because I am done with this
breakneck body wrecked bottle-necked cautionary tale against
just another survival of the fittest (Fraser, 2019)
[Poem, 2018]

rth. Whether that

valuable, often in relation to someone else. Particularly within the final year of my program, when students were directly compared to one another as vying for dietetics internships, this feeling of hierarchy became viscerally real in the face of constructed scarcity. Even as our instructors and mentors tried to discuss the internship selection process as an opportunity rather than a competition, this never felt true amid the fear and desperation of student experience. Critically, this need to earn worth was always in relation to other students, requiring an inherent

placement were framed as more successful or better than their peers, leaving student relationships in a precarious place. There was also no clear end goal for achieving student worth, as each achievement seemed to only raise the bar on what was considered an accomplishment, requiring students to always do and be more. No student, within such a continuously competitive environment, could ever be good enough when judged in comparison to other students feeling the same pressure. This precarity of worth made it difficult to be vulnerable and connect with other students, as each potential flaw was a possible failure and each new achievement was less a

groups of friends, to celebrate was to be silent, rather than risk hurting each other. It took active work to push against this sense of threat, and students were not always successful.

The idea of personal worth was also predictably intertwined with matters of identity. Firstly, my lived experiences impacted my experience of self-worth. Having experienced the consequences of being considered less than others, being disempowered in the past, and a lack of safety in relationships, it is much more difficult for me to experience worth outside of this embodied knowledge, i.e. prioritizing how others value me to avoid risk of rejection. This is an important point to understand how identity impacts the dietetics experience. Students who have experienced greater power imbalances or feelings of worthlessness in the past, and do not easily fit the dietetics identity due to their socially constructed identities, are also more susceptible to the harms of relational precarity and embedded social hierarchies. This sensitivity does not indicate weakness, but rather acts as an indicator of oppressive dynamics. My personal worth was implicitly based on how I compared to the desired dietetics identity: I experienced a painful contradiction between my various experiences, identities, and my developing identity as a dietitian. These identities did not feel welcome or heard within dietetics, regardless of the limited

attention that certain aspects (such as poverty) may have received in classes, because I did not feel able to simultaneously hold this embodied knowledge and perform in the way I needed to in order to become a dietitian. As a result, I have continually questioned whether I belong in the dietetics profession, regardless of the support I received from scattered individuals along the way.

> The phone began to ring, and I let it go for a couple beats before answering.
>
> badmouthing an amazing opp
>
> one,
>
> We both

[Memory Narrative, 2018]

Therefore, due to how I move through the world and the way dietetics education is structured, my experience of said education has been imbued with a constant sense of relational precarity. This feeling of precarity was based on a very real fear of possible rejection, both ongoing throughout the program and culminating at the end internship selection process. The structure and expectations of dietetics education, particularly the emphasis on competition between students to determine which students would receive an internship, interacted with my previous experiences of shame and exclusion (based on my lived experiences in a body comprised of specific socially-constructed identities), to result in my anxious preoccupation with

detriment. Consequently, how I saw myself and other students was plagued with judgement and distrust. This precarity of belonging also directly undermined my ability to participate fully in dietetics education due to the potential consequences of being different. Moreover, it took away my sense of self by making me dependant on positive feedback from those who had power over me, and fundamentally undermined my dignity and sense of autonomy as a human being. Never knowing where I stood or whether I belonged in dietetics contributed to my general disconnect and feelings of depression.

Though not every student may experience their education this way, these relational dynamics are likely to impact each student. Importantly, this did not reflect an absence of belonging or acceptance within the dietetics program that I completed, it was simply par for the course that belonging in dietetics was earned through personal attributes, in direct comparison to

identities, but it could be removed at any given moment. This possibility was far more devastating than a lack of belonging in the first place, because it meant a lack of safety and

can easily be compared to the feeling of walking on eggshells one may experience in any harmful relationship dynamic. The implicit understanding was that if becoming a dietitian was

he

fear of losing the chance of being a dietitian, it was fear of losing a hard-won identity and beloved community, and the loss of self-worth predicated on the acceptance from others in that community. These experiences ultimately highlight the suffering that students may experience within the process of dietetics socialization, especially among those who are the most susceptible within an already susceptible group of younger people in a formative stage of development.

Thus, this sense of precarity, anchored to the requirement of students earning their worth, impacted my sense of self as well as my ability to form relationships with other students. In addition, this lack of safety interfered with my ability to respect my own needs and take the steps required to enact self-care. Often, I worked beyond my capacity in order to meet the high expectations for students who intended to apply to the internship program, and I did not feel able

having to ignore my own

suffering. I can not help but wonder if the strong work ethic for which dietetics students and interns are known, is less the result of a thorough education and more the consequence of the systematic exploitation of students desperate for worth and acceptance. Though I may have received encouragement to rest, this did not feel possible among the competition of dietetics, as rest felt akin to slowing down in a race to the finish. I never felt truly able to say no. As I have

discussed above, I experienced an incongruence between what I was explicitly told, and what I was actually capable of doing without repercussions for my future. Similarly, though these feelings were once attached to a specific endpoint (internship), they began to bleed into my other, previously enjoyable, relational experiences.

Dietetics education, as an identity project and relational context, pushes and crosses the boundaries of its students, making it challenging for them to develop or express their own identities with a sense of safety among their peers. Students learn to aim for a higher status than their peers and negate their own feelings to realize the correct way of being, even if this goes against their own needs and experiences. Not only does this have the potential to interfere with

ability to recognize intra- and inter-personal boundaries, due to an emphasis on achieving what is

personal and relational dynamics, while also insidiously never acknowledging the systemic problem. In the end, it is always the problem of the individual student not navigating the socializati

Using a relational, embodied lens, my lived experiences construct a relational reality where students, especially those who embody marginalized social identities that contrast with the normative dietetics identity, are undermined in their ability to develop as a person, connect with their own , and have a sense of belonging in dietetics. This subjective experience of dietetics education, ultimately manifested in my body as anxiety, dread, and distrust via a competition to see who could earn more worth compared to others, and resulted in tangible, harmful consequences for my health, wellbeing, and relationships. This was made especially clear when my own failure, and the potential failure of my friends, presented itself as a distinct possibility. The prospect of not obtaining an internship was absolutely devastating, not only as the final result to up to four years

of extensive financial and personal investment, but also as the possibility of rejection from people with whom students forged relationships under the pretense of a shared identity. Not

of

relationships and the promise of an identity crisis, following years of systemic self-fragmentation and self-suppression. It was the consequence of precarity in our relationships and the end to a promised belonging.

> I was sitting on my laptop, nestled on the couch, scrolling through emails when a
>
> spinning, trying to decide if I should open the email, until my eyes flickered over
>
> stomach and I stared at it numbly, unable to swallow, stock still in disbelief. I did not bother to open the attachment, sitting frozen in place. After a while, I closed the web browser and sat in silence until Julia walked up behind me a few minutes later.
>
> stopped in her tracks and I could feel her whole demeanour change with anxiety. The world had subtly shifted between us. We sat in silence for a beat as we both processed the news.

e any

the teaching assistantship, all while my health is falling apart

But deep down some part of me immediately accepted the result. The soft part of

person they wanted. I thought desperately back to the others who had been rejected

outspoken or brash, not enthusiastic enough, not good enough at taking tests, too

difficult to guess.

Julia suddenly interrupted my ruminating, speaking with some flatness to her

It cut at me like a knife, but my mouth formed the hollow word automatically,

true and trying to swallow the resentful bile bubbling up at the back of my throat.

> Ashamed of my reaction to her happiness, I felt the bitterness pulsating through me and forcefully bit it back.
>
> her.
>
> The tension in the room weakened slightly. I shook my head, angry at the situation,
>
> I said it as an attempt to make it more true, thinking of the other relationships that we had both witnessed slowly fading and fracturing over the previous months.
>
> [Memory Narrative, 2015]

There was a tangible difference in the relationships of students during and following the internship selection process, as a nervous silence seemed to deepen the tension and stretch some friendships to their breaking points. A barrier was constructed between those who were accepted and those who, for seemingly the flimsiest of unexamined reasons, were not. No one questioned why so many of the new interns comprised a sample of similar people, or whether this obvious similarity was not necessarily a good thing. The assumption was that those who were accepted were the best fit, and accordingly, had been selected by those who knew best. Anyone who had

decision without appearing combative or complaining, consequently confirming that decision. Suddenly students who had previously rallied together were ranked apart or were forced to

unavoidably sets up a precarity of belonging, which is directly tied to the bodies of students, as an extension of socially constructed identities, and the subjugation of undesirable identities that do not fit the explicit and tacit aspects of the dietetics identity. This is the acceptance or rejection of certain types of people, and therefore bodies, that did not perform the dietetics imperative

over others due to differences in embodied identities and knowledge (e.g. white, heteronormative, higher income, thin, social support, etc.). Those people will be better able to experience acceptance and belonging, while anyone who struggles to meet these implicit standards, may not. Likewise, and perhaps most dangerously, anyone who questions this process may be automatically ruled out from the profession for having undesirable characteristics, deepening the silence and further perpetuating the problem.

People learn how to engage in relationships directly through relational experiences (West, 2005), so why would the relational experience of dietetics education not have an impact on how students learn to relate with themselves, clients, or other dietitians? If dietitians, as all human beings, learn, develop, and practice through relationships, these findings raise a lot of questions about our individual and collective capacities to learn and enact relational skills such as

And here I am yet again trying to define something
fluctuating, contextual, experiential, relational,
inherently unstandardizable (Fraser, 2019)
[Poem, 2018]

Just as my experiences and identities prior to those in dietetics had predisposed me to perceive my education a certain way, the lingering dissatisfaction I experienced with the process of dietetics education, built on top of my growing interest in general social issues, primed me to search for something outside of dietetics. The first year in my graduate program was mostly completed on autopilot, as I had almost no remaining interest in dietetics and had decided to

complete the degree because I could not think of what else to do after such a huge investment. I spent most of my time reading non-fiction books pertaining to human experience and memories, only completing nutrition assignments as necessary. If I had been honest with myself, I would have admitted that I felt very little connection with my profession anymore, but then I might have to face the anxiety of being an absolute failure as a dietetics student. My self-worth was still paradoxically tied to dietetics, as much as I may have wished otherwise. However, through some serendipity, there was a single class that managed to pique and maintain my interest.

Being introduced to the language of critical theories outside of the tunnel vision of my undergraduate experience had the effect of validating my unspoken concerns, giving me the ability to start naming power dynamics, recognizing my experiences as real, and eventually communicating them to others. For the first time I found the space, time, and ability to put words to my personal experiences as a dietetics student. The intensively individualized nature of dietetics education, being so focused on students performing as individuals separated from their social environment, did not allow me to discuss or see my own challenges as embedded in their social context. Beyond developing a new language, my ability to question dietetic education as a socially constructed entity slowly began to ease up some of the judgement and self-blame I felt

this was a real, normalized phenomenon that others had also quietly experienced. I began to write about my thoughts in snippets, using journals and assignments as a method for recording my haphazard epiphanies. Up until that point I had remained relatively silent on the issue, but I slowly felt the need to share my concerns regarding the dietetic profession and my place in it. It also helped that following graduation from my undergraduate degree, I did not feel as worried about sharing my feelings on the topic, due to a reduction in the usually pervasive fear of

rejection from an internship placement. I think that maybe I was also seeking some sort of balm for my misery, hoping to find consolation with others. However, I remained cautious in conversation with the select few that I chose to trust. The wall of suppression over speaking ill against the dietetics institution still felt quite tangible in the position of a student.

Outside of the all-consuming imperative to earn worth and conform to the dietetic identity, I was able to gradually develop and engage in reflexive thought about my experiences as a student and human, and how those fit together within dietetics and the general social context. I

was also gifted the ability to start identifying and articulating issues of power through an introduction to critical social theories. Through learning how to view my own personal experience as embedded in my social environment, finding my own voice, and recognizing the socially constructed nature of dietetics, I also gained a greater ability to connect and empathize

dietetics, I felt safe enough to connect with and find commonalities with other students. These were vulnerable conversations discussing our fears, perspectives, and perceived flaws, as well as tentatively voicing concerns about dietetics. These moments of connection eased the pressure and isolation I and other students had felt so strongly before, confirming our experiences and concerns beyond the usual silence or invalidation we encountered. I could not help but notice that we were finding connection and solidarity as humans, not so much through a sense of dietetic community, but in direct opposition to the gaps and harm resulting from the institution of dietetics education.

Through these conversations, I was developing a new sense of self, a recognition of the difficultly I had experienced engaging in self-care, understanding personal boundaries and needs within the academic institution, and even the spark of seeing myself as inherently valuable beyond the merit that was assigned to me. Having slowly developed spaces to think and breathe outside of the pressure of dietetic education, and with the newfound ability to see myself as something other than a problem to be fixed, I managed to complete the first year of my graduate program. I got through the first year fragile and angry, having just skirted my way through the coursework. After much inner turmoil over the decision, I decided to take that summer to invest in my own health. This was not an easy decision or process, because part of me still felt attached to the need to present as controlled and productive, but I knew I did not want to be that person

anymore. It was starting to hurt too much as my health and personal life continued to deteriorate. I also knew that there was a possibility of something else, through reading so many books on the

placing such heavy standards of what would be more or l

engage in how I actually felt as a barometer of my wellbeing. I let myself gain weight without

of the need to be constantly productive all the time. I also continued to move on from the judgement that I had layered so heavily over my personal experience, having only been able to

space away from dietetics culture. In response to a shifting focus away from the rigidity of the dietetics identity, my health began to improve in addition to the vulnerability, empathy, and connection I established with others. The irony of my health only improving in response to shifting my focus and reducing the impact of dietetics education on my life has not been lost on me and has irrevocably impacted how I perceive health care. I began to understand that the relationship dynamics I forged with others and myself were fundamental to my health, much

discussed the issues with the process of dietetics education and practice among my peers and mentors, the more I sought out a different way of thinking or seeing the world beyond dietetics. This was a challenging process that required multiple moments of relapsing, taking stock of what I needed, and trying again. This continued until again by chance, I received an email for a class being offered through my university. It was in the summertime, it had only a vague description of what was to be included, I had no idea who the instructor was, and it seemed highly unconventional compared to what I was used to seeing in nutrition programs. Except, the word

compassion had been casually inserted into the description, so even though I had already finished all of my required coursework, I decided to enroll with a little bit of encouragement from one of my mentors. I was still on the hunt for something different, and my interest was piqued given that this class was being offered not as an alternative to nutrition, but as a nutrition course.

write authentically as a human being who happened to be a dietetics student, so I had not yet experienced the value of acknowledging these emotions, and really letting myself know them as legitimate. This moment brought me in touch with my emotions, feelings, and visceral experiences in a way that my previous education had not allowed me. Really feeling the impact of my experiences on my body was just as critically important as my theoretical knowledge, as it brought me more in touch with my emotions as an important source of information. Moreover, being in touch with these feelings without the anxiety of rejection, allowed me to better connect with others, to really know that their experiences and emotions are just as valid, impactful, and worth discussing as my own. This combination of valuing my own reality and learning to better

better insight into how relationships, by themselves, have the potential to heal. Having been able to take this class, I found a way to reintegrate my values and lived experiences with dietetics again. In essence, I was able to challenge the incongruence that had previously suffused my experience of dietetics education. Having seen myself in the curriculum, I was now better able to tune into the importance of relationships as healing agents and envision myself as someone within the profession. Not by being imbued with value by dietetics, but through knowing that I have value beyond the systems that may judge me and finding healing through a new community. Most importantly, my emotions came closer to the surface, and began to inform my understanding of what does and does not constitute a compassionate and just dietetics practice.

This set of memories represents a confluence of knowledge and experiences, following a period of critical reflexivity, authentic connection with others, and growing self-awareness and

self-acceptance. It was through having been granted a voice to speak, safety in being just one of many flawed human beings, kindness without conditions, and acceptance without the terror of rejection for any possible reason, that I have begun to truly learn how to relate to myself and to others. Having been able to gain insight into my own experiences, connect to my emotional reality, and forge vulnerable, empathetic relationships between myself and others, I found a new outlook on dietetic knowledge, such as its potential for personal and relational implications beyond its ostensibly objective expertise. Specifically, a new understanding of how that knowledge, its learning, and its application, is not objective or stagnant, but instead is grounded in a set of relational experiences, social contexts, and power dynamics. With growing self-

knew the relational impact of dietetics theory and education, and the hierarchy embedded in it. Had I not had these experiences, as well as the time or space to develop as a person through caring interactions outside of the relational precarity of dietetics, I may well still blame myself as

education.

Chapter 6: Summary and Implications

and just another set of reductionist implications
stealing the souls of all our good intentions
asking me 'how do we make this better?'

[Poem, 2018]

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Chapter 7: Conclusion

Chapter 8: Epilogue

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- *Implicated others are asked to review the relevant narrative text which includes a partially fictionalized and anonymized account of them, to give feedback and/or consent for it to be included in the research process.*
- You have been sent a secure link via email which gives you permission to access and review your relevant text.

- After reviewing the text, you have an opportunity to contact the principal researcher to discuss the text and provide feedback.
- If the narrative text has been written to your satisfaction, signing the consent form indicates your agreement to have the narrative text included in the research study.
- If the narrative text has not been written to your satisfaction, the principal researcher will revise the text until mutual agreement is reached.
- Once the thesis manuscript is completed, you will be given access to a copy of the final manuscript for review before final submission.

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Publication

It is my intention to share these research results via conference presentations, journal publications, or poetry. All relevant texts used in the course of this research will be anonymized. Your name and any identifying features will not be revealed in any published forms.

Reimbursement

There are no costs or compensation associated with this study.

Inclusion in the Research

Consenting to be included in this study is completely voluntary. You are under no obligation to consent, and you are free to withdraw your consent without having to give a reason, and without consequence at any time prior to the submission of the final thesis.

Study Title	Exploring Compassion in Dietetic Education: An Autoethnography
Principle Researcher	Kathryn Fraser, MScAHN candidate Master of Science Applied Human Nutrition kathryn.fraser2@msvu.ca Phone: XXX-XXX-XXXX
Research Supervisor	Daphne Lordly, DEd., MAHE, PDt Professor Evaristus 313 daphne.lordly@msvu.ca Phone: 902-457-6259

Consent

I have reviewed all of the information in this consent form related to the study entitled:

Experiences

I understand that by signing this consent form, I will be consenting to the inclusion of a narrative text within an autoethnography. I understand that I have been given the opportunity to review the relevant narrative text, give feedback, and consent to its inclusion in the final data analysis. I have been given the opportunity to ask the researcher any questions I may have about this study. All of my questions have been answered to my satisfaction. I understand that I have the right to ask more questions regarding the study in the future and have the opportunity to receive information on the results.

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