

The Naked Dietitian

Here's some of the text of the performance with related information.

Lines in *purple italics* appear in the poem's script.

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"What is it you plan to do with your *one wild and precious life?*" From *The Summer Day* by Mary Oliver <https://www.youtube.com/watch?v=16CL6bKVbJQ>

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Dear dietitian I don't want to look gross at my sister's wedding/ Dear gross teenage eat less and move more This is based on The British Dietetic Association's website for teenagers:

How can I lose weight quickly?

Dear Jane, help! My older sister is getting married in three months time and I need to lose weight to get into my bridesmaid dress. I don't want to look gross at her wedding. What can I do?

Dear "want to look good for the wedding"

Sounds like this wedding is a great motivation for getting fit, toning up and looking good. Eating healthily and doing plenty of exercise will also help to keep your skin looking fresh and healthy.

Start with the basics. Spend a week writing down what you eat every day and how often you are active. Buy a pedometer and measure the number of steps you do everyday.

Then write down what changes you intend to make, such as eating at least 5 fruit and vegetables every day or walking an extra 2000 steps a day. It may be as simple as having smaller portion sizes, always eating breakfast, having fewer takeaways or using less spreading fat and oil or eating fewer foods with hidden fats and sugar in them.

Over three months you are bound to get into better habits as well as achieve that healthier shape and radiance you are looking for. Make sure these positive changes become new habits and try not to slip back into your old ways after the wedding.

Dear dietitian please help me stop bingeing. Dear bingeing boy make a list of alternatives and stick with it. Simple¹.

How can I stop binge eating?

Dear John, I just eat when I am bored, mainly all the things that I shouldn't: cakes, crisps, sweets. How can I train myself not to binge?

Dear "wanting not to binge"

Here's a five-point plan for getting you on track:

1. Set yourself a realistic target – this might be to eat more pieces of fruit and drink more water every day and not so many crisps, chocolate and fizzy drinks.
2. Tell all your friends, family and relatives about your plan and get them to help you. They might want to join in.
3. Make a list of all the things you could do when you are bored. Use this list when you are tempted to keep snacking.
4. Try sticking to your plan for a month. Don't be too hard on yourself if you sometimes have a bad day. This is perfectly normal when you are trying to make new habits. If you do have a bad day try to think about what went wrong and then develop a plan to overcome this next time.
5. Mark all your successes on the calendar and celebrate when you pass 20. How about a visit to the cinema, ten-pin bowling, a sleep-over or just treating yourself to a new download.

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where your theories of hypertension ignore the metabolic consequences of status and discrimination

Theorizing Blood Pressure as if Data Mattered and as if History and Society Existed

Early in my career I wanted to know how early life experiences, including trauma, impact health, and what that meant for me as a dietitian. While researching this, I came across an article that asked 'Did Child Abuse Exist Before 1962?' The title also posed the question: 'Does racism harm health?' This brought racialized and other oppression, into view alongside trauma.

The answer to the latter, by the way, is yes. The prevalence of high blood pressure (hypertension) in African-origin populations in the Caribbean is two to five times lower than among Black Americans or Black Britons – an avoidable discrepancy that can be explained by racism and white privilege³. The article I read was written by epidemiologist Nancy Kreiger²

¹ Accessed 18.7.2016. http://www.teenweightwise.com/your_questions.html#question1-4

²Krieger N. (2003) Does racism harm health? Did child abuse exist before 1962? On explicit

and she has written a lot more on how oppression, such as racism, impacts wellbeing. Kreiger was a researcher in the Coronary Artery Risk Development in Young Adults (CARDIA³) study. In this, over 4000 people were asked about their experiences of racism and their response to unfair treatment across a range of situations. Variables such as fitness, gender, medication, class and relationship status were taken into account. Results showed that racial discrimination and how people respond to this influences patterns of blood pressure in Black Americans and shapes Black-White differences in blood pressure.

This work contributes to a growing data base showing how living with racism contributes significantly to the increased prevalence of hypertension in Black communities: racism devalues people's humanity and curtails life opportunity and this experience of unjust power dynamics has direct metabolic and epigenetic consequences. (Epigenetic refers to changes that are passed on between generation). Power is a relational (non-material) social determinant of health. There can be secondary pathways resulting from a lack of power that also impact health through behaviour. For example, power influences whether someone has enough time to shop for and prepare food, whether they can afford to cook and eat what they'd like to, if they have the time and space to share meals, or have the time/ money/ energy to get to an unpolluted place to take some exercise. Food ways, and routes to physical activity, can be thought of as material variables and, as with power, these are racialized and socially distributed. So, more traditional 'material' factors such as diet and exercise do impact health. But the relational aspects of power imbalance are the overwhelming social determinant of health.

Of course, everyone should have access to nourishing food and the opportunity to be active. But this material and behavioural change will not be enough to rid us of health inequalities. We also need to address power injustice. The relational impact of oppression has a significant, direct impact on health through metabolism. Despite this, public health messages invariably focus on diet, physical activity, smoking and alcohol. It is stress, and not oppression, that might get a mention. This leads to a prescription for relaxation exercises or "stress management". The onus is on the stressed individual to take control and the harmful effects of structural factors and the status quo, as ever, get off scot free. Health professionals' shoddy practice, complicity and self-regard remain intact. ***And the world turns eternal on your studied ignorance and in my favour***

Focusing on salt reduction or weight 'correction' to treat and prevent hypertension amounts to ***toxic disembodied pseudoscientific nonsense***. It completely ignores the data on the corporal consequences of power, including what is known about racism's effects.

In summary: systemic and institutional agents play a much bigger role in causing and preventing hypertension than do behaviours. Not enough health workers, including dietitians,

questions, critical science, and current controversies: an ecosocial perspective. *Am J Public Health*. 93:194-9.

³ Krieger, N. and Sidney, S. (1996) Racial discrimination and blood pressure: the CARDIA Study of young black and white adults. *Am J Public Health*. 86:1370-8.



know this.