



# Entry Level Background Reading for the Well Now Course

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## Warm Ups (Ice breakers)

Use liberally! These are an opportunity for you to facilitate state change in the group. Importantly, they also help learners take a break from being cerebral ie. 'thinking with the brain' to bring the whole of the body more fully into the picture. And they're fun.

**In general it's good practice to use an ice breaker at the beginning of each session. However, fitting one in in Session One is difficult time-wise so the first activity is designed to get people chatting.**

Ideas for ice breakers include:

- People bingo.
- Introduce the person next to you and what part they would play in a pantomime/play (as appropriate to group).
- In a circle throw [a woolly food item] to someone saying their name – as they catch they say their favorite pudding, or how they are feeling.
- More established group – sit in circle, everyone takes it in turns to write their name on a piece of flip chart paper on floor in the centre of circle, saying a bit about why it was chosen (and illustrating too if they like).
- More established group - each person writes something unusual others won't know about them. The paper gets folded and put into a bowl that gets passed round. You pick out a piece of paper and guess who wrote it.
- Buddy up – talk to a partner about an event or person that has had a positive impact on your life. Feed back to the group each other's story.
- Team CV – as a group write a group CV to submit for a commission to run eg. a Well Now Week across Leisure Centres, Shopping Malls, Schools etc.
- As a group, create a group symbol representing what has been valuable to group members from attending.

## Ideas for Energizers

Use energizers to change state when necessary.

- Ask people to stand in a line based on how far they travelled to be there today; or how far they live from where they were born.
- Ask people to stand in a line according to the month of their birthday – without speaking. (You can then split people into groups along the lines.)
- In a circle throw a woolly food item – as you catch it say your name then your favorite pudding.
- In a circle, one person starts a movement and then the person next to them copies it. Everyone carries on doing the movement until it come back round to the second person who then starts another movement.
- In a circle, right hand palm up, left hand finger poised above neighbours' right palm. You try to grab your neighbour's finger and avoid being caught yourself when an elected person says 'cheese'. The elected person may say *cheddar*, *chunk* etc to confuse things.
- One person hums a short phrase and the person next to them hums it .. and so it goes round the circle, changing when it arrives back at the person after the one who first started humming.
- Circle Sentence – one person says a word, the person next to them says one and so on, so that a recognisable (if meaningless!) sentence is created by the time the last person has spoken.
- Just a minute – have a card per person, or more, with a selection of words on, turned face down. They can be random or linked to the session. People pick up a card and speak for up to a minute on the topic.
- Use guided visualisations, breathing exercises, short movement routines (including the simple suggestion to 'lift your heart') to change the group to a calm and more resilient state.

## Putting People into Groups

Aim to be creative and have some fun as you put people into groups. Incite people to come up with their own ideas – please share these!

- Pass round a gorgeous/quirky draw-string bag [start collecting now!] with eg. buttons grouped into colours or shapes to match the format of the groups you require.
- Ask people to stand in a line according to month of birthday – without speaking – and divide people into groups along this line.
- Give people cards from suites matching the group format you require eg. 3 clubs, 3 hearts, 3 diamonds. Tell people not to look at their cards but to hold them to their forehead, and get into groups without speaking.
- With people sat in a circle label them ‘fabulous, divine, awesome, fabulous’ consecutively and you have three groups.
- People line up alphabetically according to e.g. where they went to school, divide people along this line.
- Somebody asks a question eg. “have you ever had a brown pet?” Anyone who says yes is in a group; cut off in order of response. Then someone not chosen asks another question eg. “did you have a nick name as a child?” People are split into groups as they can answer yes to the question posed.
- Give folk pictures of animals. They have to find who else is in the same animal group by miming!

## Keeping the Body in Mind

Because the Well Now course is based on discussion there's obviously a lot of talking. Sometimes the body can get forgotten among all the words, and a light sprinkling of gentle body-centred practices is recommended to help ground people in the moment in their physical, feeling self. Remain alert to the group state –if people are tapping toes and shifting about a lot it's probably time for a break or an energizer.

Don't worry if you're not used to leading these type of activities. You can keep them short and simple and you'll learn what works best when as you go along. However much experience you have, make sure you ask if there's any expertise within the group already, and feel free to draw on this person/s' skills to lead a short body-centred activity if appropriate.

We can change state, and develop skills in mindful awareness by bringing our conscious attention to our bodies, including our breathing, and by touch.

These activities act as 'time out' breaks from being in our heads, and help move us towards bodyself trust and integration. Safe touch (holding hands, a massage, cuddling a pet, our own touch) can trigger the release of oxytocin and calm us. Deep and/or focused breathing can aid relaxation and reduce anxiety. Spending time just noticing, and not judging, what's going on for us in our body and thoughts can bring us into the present and is the basis of mindfulness practice. For more theory see Linda Graham's book '*Bouncing Back: Rewiring your brain for maximum resilience and well-being*', and work on self-compassion (by eg. K Neff, J Doty), from which some of these activities are adapted.

Example exercises include:

- ♥ Ask the group to sit quietly, close their eyes if that's comfortable, and then **lift the heart**. How does that feel? What do they notice about how they hold their body?
- ♥ Use your fingers to gently massage your scalp, forehead, nose, jaws and ears for 2 minutes. A **head rub** like this will lower your blood pressure and calm your mind.
- ♥ Sitting quietly place your **hand on your heart** and feel the warmth of your touch. Breathing gently and deeply into the heart conjure feelings of peace, gratitude, ease, trust. Bring to mind the feeling of trust you get from unconditional love – a friend, partner, pet, wise figure in your life. Sense and savour the feelings you get from being with the memory of safety and love. Once the feeling has seeped in, let the image go and stay with the positive feeling for thirty seconds.
- ♥ Sit still and lift the heart, get comfortable. Close your eyes and breathe through your nose. Then, breath in for a count of two... hold the breath for a count of one... exhale gently, counting out for four... and finish by holding the breath out for a count of one. Keep your breathing even and smooth. Lead the group through this **breathing cycle** a few times. As the course continues gradually try increasing the breath lengths to 4 in and 6 out, or 6 in and 8 out, with the exhale longer than the inhale. But make people do what's comfortable and easy for them. It's not a competition! How does it influence people's mood afterwards?



- ♥ Ask people to sit or lie down and lead them through a **progressive muscle relaxation**. Starting with a deep breath, holding it, exhaling forcefully ... then tensing and relaxing muscles starting from the scalp down to the feet. Finish by bringing people back to alertness as they wriggle and move their body, becoming aware of the room and others in it again.

There are lots of scripts available on the internet that you can use to write your own; a short version will suit the format of the course best:

<http://www.innerhealthstudio.com/free-relaxation-scripts.html>

<http://www.the-guided-meditation-site.com/relaxation-script.html>

[http://www.traumacenter.org/resources/pdf\\_files/relaxation\\_exercises.pdf](http://www.traumacenter.org/resources/pdf_files/relaxation_exercises.pdf)

<http://mindfulpathways.com/script-for-mindful-meditation/>

- ♥ Visit this site for a variety of short downloads. Originally written for students these will give you ideas for scripts to use with the group:

<https://itunes.apple.com/gb/itunes-u/aspiration-well-being-development/id503293648>

- ♥ Search You Tube for **Gratitude Mediations**

- ♥ <http://www.getselfhelp.co.uk/gallery1.htm> Cheap audio downloads of many different visualisations and meditations by Jon Kabat-Zin

- ♥ **To Go** suggestion: Is there somebody you can share a **full-body hug** with? This length (20 seconds) of safe contact activates the release of oxytocin.

## General Responsibilities as a Facilitator

As facilitators you will need to keep abreast of key aspects of current, relevant legislation that impacts your training including, but not limited to, health and safety, equal opportunities, child protection and data protection.

Together with your co-facilitator, employer or funder, you'll want to be clear on responsibilities and boundaries in planning, managing and delivering the Well Now course. Have fun putting together ice breakers and state change activities as part of course preparation.

### Code of Ethics

You will need to decide what code of ethics you will adopt. Health practitioners will have professional codes of conduct and overarching ethical codes they already adhere to in all aspects of their work. People whose primary role is in formal or informal community education, fitness or leisure, and/or who are joining in a volunteer role, will need to select an ethical code if they don't already have one they work within.

It supports a culture of care and accountability if facilitators inform group participants of the ethical codes their work is governed by. You will also need to figure out how you will address confidentiality. Typically, codes of practice mean that we agree not to share any personal information and this non-disclosure clause is overridden when the person is at risk of harming themselves or others.

### Health & Safety

This crosses over with the principle of looking after learners' comfort and state. When selecting a venue consider:

- Are the chairs suitable for everyone, including fat people?
- Is the layout of the room suitable?
- Do the acoustics of the room work for the group?
- Is there adequate ventilation/heat/light?
- Can you provide drinking water?
- What are the first aid arrangements?
- What is the fire drill?
- Are the toilets accessible?

### Professional Development

Continuing professional development is personally rewarding and benefits those you build relationships with in your working day. Can you think of ways of reviewing your own progress and performance in your role as a facilitator?

Alongside attending courses reflective practice and critical reading can enhance your growth as a practitioner/facilitator. These topics provide pointers that you can put to use straight away:

## Equality

Equality and inclusiveness are central to the Well Now course philosophy. In fact, strictly speaking, it's written to advance equity rather than equality. Equality would mean treating everyone the same. The need to consider difference and be inclusive is evident in the teaching method used for Well Now. Equity means aiming for equal outcomes, not giving everyone the same input. Paying attention to learning styles and individual differences in learning for teaching effectiveness overlaps with a key concern regarding equality and inclusion.

Attention to equality and equity is explicitly written into the Well Now course materials in discussion on appropriate use of language around weight, and around social justice.

Some aspects of inclusiveness are supported by law - a notable exception is size. Well Now is delivered in the spirit of mutuality rather than to meet minimum legal requirements. We can do this by committing to criticality and keeping ourselves abreast of issues affecting non-dominant communities.

Despite best intentions, and efforts to educate ourselves, there are going to be times when we get it wrong or haven't been able to meet everyone's need. How would you like to respond? From past experience, is there a discrepancy between how you want to respond and how you in fact respond?

What is your gut reaction to a section on equality? Perhaps you are jaded and feel it is included as a paper exercise. Alternatively, maybe you're bristling because it is given only several short paragraphs and you feel it hasn't been taken seriously enough.

A useful introduction to equality and diversity suitable for trainers, dated but with helpful reflective exercises is:

*The Equal Opportunities Handbook. (2000) Phil Clements and Tony Spinks. Third edition. Kogan-Page, UK.*

An excellent book combining social analysis and facilitation skills is:

*Becoming an Ally: Breaking the Cycle of Oppression in People. (2002) Anne Bishop. Second edition. Zed Books, London.*

## Transformative Learning

If you're mainly familiar with traditional teaching styles you might be wondering what the point of the various activities is – all that extra work in preparation and what for?!

Two key points to answer that are:

- the value of drawing on people's experience and expertise in teaching supporting knowledge co-creation
- the benefits of using whole-person learning

An implicit assumption in the Well Now course (drawing on Jung's work) is that we have an innate healing drive, for the psyche as for the body. Activities are designed to create a safe environment where people can learn to trust and access their own wisdom.

Further support for non-didactic learning is found in the literature on expressive arts. Although it is primarily developed within the one-to-one therapeutic relationship this work nevertheless offers useful theoretical insight into the benefits of body awareness and whole-body learning in transformative teaching. Wilson and Pearson (2009) outline several focal areas of expressive arts practice that have some overlap with principles embedded in the Well Now course. Two of these are:

- **Building Connection**

Discussion questions, body awareness exercises and the non-threatening format of 'making activities' can all act as a stimulus for connection.

- **Developing Self-Awareness**

This is achieved by creating opportunity for inter-personal (emotional) learning. Helping people learn the skills of exploring internal change rather than them focusing on diversion, or becoming embroiled in judgment, is an important part of enhanced self-awareness. Activities are designed to help people become more alert to body responses, for example by relaxation, more skilled at recognizing emotions, and more aware of their beliefs through critical thinking, all of which strengthens their self-awareness.

The group setting also provides opportunity for people to give and receive support, and can highlight the role of stereotype and assumptions in informing our thinking.

Whole-person learning is supported by using creative and imaginative learning techniques. The principles of creative and imaginative learning have been summarised under the following headings:

- Keep it real!
- Facilitate creation not consumption.
- Honour uniqueness.
- Make it rich and multisensory.
- State is everything (well ... almost!).

*(List taken from Hare, Kimberley and Larry Reynolds (2002). The Trainer's Toolkit: Bringing Brain-Friendly Learning to Life (Carmarthen: Crown House Publishing), p. 11. Used with permission.)*

## Session One

A key thread throughout this session is to bring to the fore people's experiences of dieting and refer to this to demonstrate how much they already know. The aim is to help people learn to trust their body knowledge and their own narratives, and to bear witness to their strengths and struggles.

Why would somebody embark on a diet knowing their last ten attempts failed? Helping people learn to value what they know, and keep in perspective outside knowledge, is crucial to the critical thinking that is a hallmark of a Well Now approach.

General points to keep in mind when eliciting people's ideas and experiences:

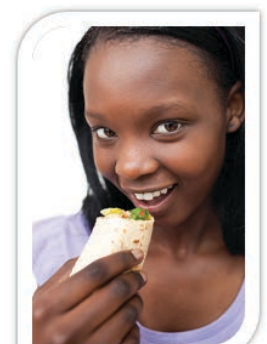
- prompt for **'both sides of the coin'** and any 'inbetweenness' eg. ask explicitly about benefits of dieting – this indicates you're not about to judge people for dieting, and that it's ok – desirable in fact – to talk about conflicting emotions including those that seem to contradict Well Now . (We're not trying to tell people what to think – so it's any judgement that would be non-Well Now ).
- ask about thoughts, feelings, sensations – to bring the body in and bridge the body-mind disconnect
- when we hear people's stories it's an opportunity for us to validate these, which in itself can be healing

### Discussion - what do you know about diets and dieting?

People already know a lot about dieting – or weight loss behaviour. You may want to supplement this or clarify with some of the following.

Some of the effects of weight loss behaviour are that it can:

- ✓ cause food preoccupation
- ✓ disrupt normal eating
- ✓ lead to disordered eating
- ✓ erode self-esteem
- ✓ encourage size prejudice and judgemental ways of thinking
- ✓ put your life on hold
- ✓ lead to poor nutritional intake
- ✓ decrease bone mass
- ✓ lead to lower or excessive exercise
- ✓ be harmful for cholesterol levels
- ✓ make it harder to concentrate
- ✓ encourage social withdrawal
- ✓ lead to self-blame



- ✓ have a detrimental influence on children's attitudes to food and size
- ✓ be expensive
- ✓ involve a big investment of effort, emotion and time
- ✓ fundamentally disrupt your sense of self and your relationships as it encourages judgemental thinking across all areas of life

It can also:

- ✓ offer a sense of hope
- ✓ enable a sense of group belonging
- ✓ give a structure to days
- ✓ inject a sense of purpose
- ✓ help someone feel they are taking their health seriously
- ✓ help distract someone from a painful situation or difficult feelings
- ✓ get well-meaning people off your back
- ✓ give a sense of achievement

## Weight and Health

A second aim of the session is to untangle beliefs about the links between weight, health and health behaviours.

“Researchers point out how fatness serves as proxy for a range of factors. Some of these include: that fat people are more likely to experience discrimination in health services and in society; they are more likely to have weight cycled (which is associated with increased mortality (4), and to have used slimming drugs that have subsequently been withdrawn as unsafe. As Marmot's (13) work on 'status syndrome' shows us, any group marginalised by society will have poorer health outcomes that cannot be attributed to differences in eating and exercise behaviours. Of course some fat people are unhealthy, but to assume that their poor health is primarily due to weight is unscientific.”

*(Aphramor, L. www.NHDmag.com December 2011 / January 2012 - Issue 70 p11)*

A quick look at the last two Olympic games shows plenty of athletes who fell into the 'overweight and obese' (sic) categories. See here for fat athletes in the 2004 Olympics:

<http://www.dietandfitnesstoday.com/bmiathletes.php>

Some of the ways that fatness can be associated with poorer health are through under-prescribing of antibiotics and chemotherapy drugs, missed diagnosis, delayed screening, sub-standard treatment, denial of surgery on non-medically justifiable grounds and of course living with stigma. Be sure to practice explaining the nuance between fatness being associated with poorer health and fatness itself causing poorer health – association and causation are not the same thing. As a parallel, the example that having a yellow stained finger is associated with lung cancer, but doesn't cause lung cancer, can be useful.

<http://www.sciencedaily.com/releases/2008/07/080723201231.htm>

There is no justification for denying fat patients knee replacement surgery:

“Around 55,000 knee replacements are performed every year in England to relieve the pain and disability of knee osteoarthritis. But in some parts of the country the surgery is offered only to patients who are not clinically obese (body mass index (BMI) below 30 kg/m<sup>2</sup>), on the grounds that obesity is itself a risk factor for knee osteoarthritis. The research team monitored the progress of 325 people over the age of 45 for around six years after they had had knee replacement surgery. Their progress was compared with that of 363 general practice patients, matched for age and sex, who had not had knee replacements. “The long term improvement in physical function ... is striking when set against the decline that occurred in [the comparison group],” say the authors. “These benefits extend to patients [who are obese] and, provided appropriate selection criteria are applied with regard to fitness for surgery, there seems no justification for withholding [knee replacement surgery] from patients who are [fat],” they conclude.”

BMJ-British Medical Journal (2008, July 28). No Justification For Denying Obese Patients

## Weight Science - waist circumference

In a group of 244 African – Caribbean women in Dominica, West Indies, drawn from a systematic sample of households, high levels of internalized racism were associated with larger waist circumference measurements. There were no differences in BMI between the groups. In addition, there was a significant relationship between internalized racism and abnormal fasting glucose levels which may have been mediated through abdominal fat.

Ref: *Butler C, Tull ES, Chambers EC, Taylor J (2002). internalised racism, body fat distribution, and abnormal fasting glucose among African–Caribbean women in Dominica, West Indies. Journal of the National Medical Association 94: 143–148.*

It has been suggested that measuring waist circumference could give a more useful indication of health risk than BMI, with ‘pear shape’ people faring better than ‘apple shaped’ people.

If this was true, could the finding result in improved treatment options? Hint ... are there any reliable ways to alter waist circumference?

Use the research above and explain that if the group was split in two, and one half had more stress – such as from racism, than another – then they would have a bigger waist circumference but, their



BMI's would be unchanged. This means the change can't be down to surplus calories from comfort eating. Something is happening metabolically, influenced by stress, not food intake.

Given that there is current interest in waist circumference and health, what would an appropriate research response be?

Emphasize the role of diet, exercise, poverty, respect, opportunity in determining health. So, someone's post code likely tells us more about someone's health than their weight. Weight does not capture dieting history, it's just a snap shot of a person's size at that moment; by itself it doesn't tell us what someone is eating or whether they are active, smoking, very stressed or so on. So we looked earlier at the fact that there are health benefits that come with nutrition and exercise that have nothing to do with weight.

We've also now untangled the myth that thin = healthy, and fat = unhealthy.

V

Prompt questions to "what influences adult weight?":

- are there health conditions associated with weight change?
  - NB medication – eg. steroids, anti-psychotic medication; insulin resistance and weight gain; likely to gain weight if undiagnosed coeliac disease is treated
- why might siblings be very different weights?
  - maternal nutrition impacts adult weight so if a mother is undernourished or unwell while carrying a foetus the child is likely to be fatter than siblings carried while she was well-fed. Research on pregnancy outcomes after the Dutch Famine show how early stage famine has a very marked impact on adult weight.
- dieting
- hormonal changes
- unknown reasons
- increased shift work
- virus
- comfort eating
- - NB This does not imply that only fat people comfort eat, or that we should judge people for comfort eating, or that all fat people are fat because they comfort eat, or that reducing comfort eating will necessarily lead to weight loss, it might do, and it might not.
- gut bacteria
- effect of some antibiotics
- sleep patterns



It can also be interesting to consider why populations might be gaining weight. Some of the putative reasons are:

- increased rates of dieting
- increased amounts of Persistent Organic Pollutants (POPs) in the food chain (endocrine disruptors) which are linked to increased fat storage
- synthetic oestrogens entering food chain
- increased maternal age
- decreased smoking
- older population
- increased anti-depressant use
- increased percentage of people from minority ethnic groups in a population
- increased use of air conditioning

Some of these factors operate outside of anything to do with 'energy balance'. It is worth reminding the group that we're concentrating on weight here, which isn't synonymous as health.

### References for Variables Impacting Weight Increase

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<http://www.ncbi.nlm.nih.gov/pubmed/21829159>
- Critique of energy balance: <http://www.aeonmagazine.com/being-human/david-berreby-obesity-era/>
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<https://www.nytimes.com/1990/05/24/us/where-fat-is-problem-heredity-is-the-answer-studies-find.html>

## Introducing Well Now

It's useful if you can give some background on the Well Now course and how it fits with other non-diet approaches, particularly if people have heard of the HAES movement.

“Dietitian Lucy Aphramor started developing their approach in 2004 and gave conference presentations about the need for a non-diet approach that paid attention to how social factors impact health and wellbeing. They were also interested in exploring teaching methods based on critical thinking and bringing in the body. Two years later they had written these ideas into the Well Now course and the first Well Now course was run in the NHS in Coventry in 2006. Ten Well Now courses were run across NHS Highland in 2012/3 and many more since as Well Now informs the NHS Highland health and weight policy.

To start with, Lucy was calling Well Now a HAES approach as both were non-diet approaches advocating acceptance, size diversity and internal regulation. However, when Lucy became more familiar with HAES they realized there were also significant differences. Chief among these are that HAES practice did not theorize social determinants, taught a weight-neutral approach and that most HAES practitioners talked about body image rather than body respect. In contrast, Well Now theory embraces social factors from the outset, and teaches weight-equity and body respect.

An aha moment for Lucy was realizing the trap of binary thinking. The current knowledge base had constructed two paradigms: a diet approach and a non-diet approach. Well Now definitely wasn't diet, which in binary thinking, left only a non-diet option. Lucy realized that they needed to step out of the binary and name a new, distinct, third approach – health-justice.

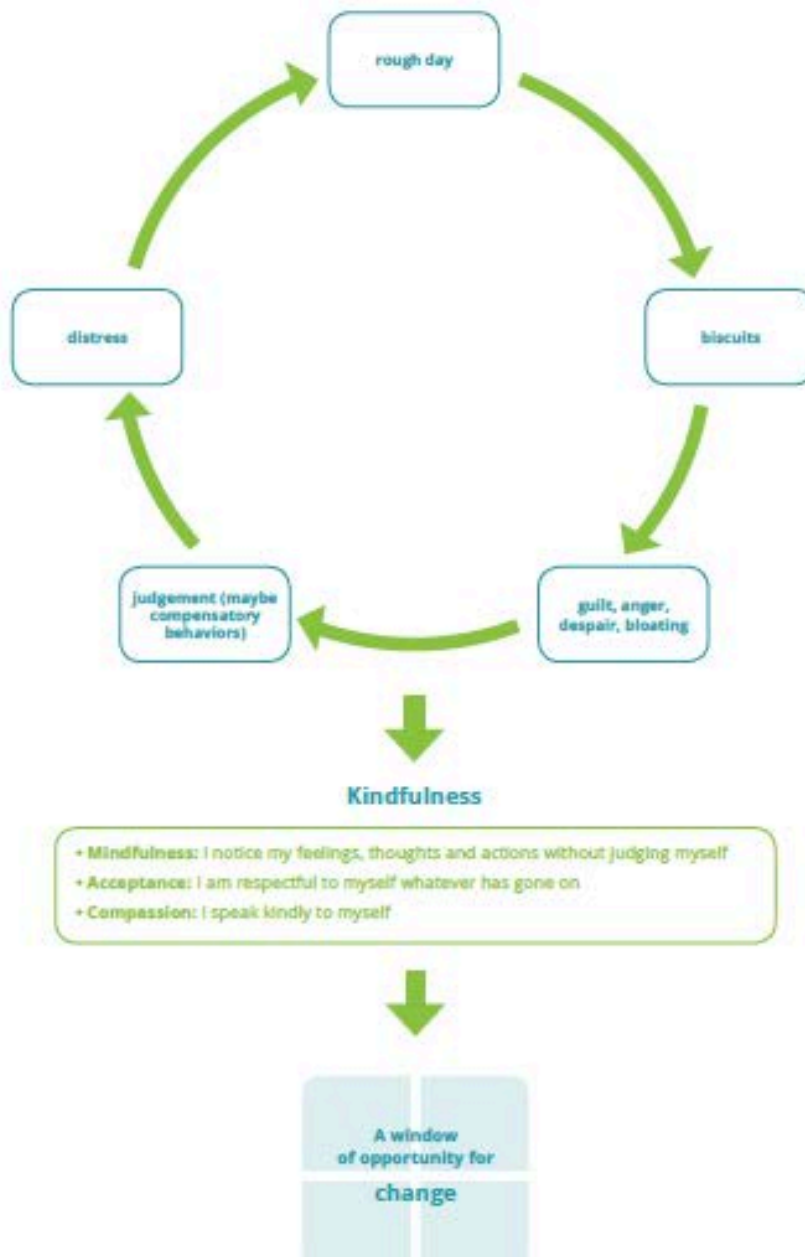
Well Now is a health-justice approach teaching health-gain and body respect – and actively dismantling binary thinking. Importantly, Well Now challenges the idea of neutrality as possible or desirable and so does not advocate for weight-neutrality but weight-justice or weight-equity.

(Anyone who has read the Body Respect book might well be confused! This is because Lucy wrote a lot of Well Now theory into the book before making the distinction between the two approaches, so their contribution reads as if Well Now was HAES. In fact, while theory informed by allostasis, status syndrome, relationality and so on is integral to Well Now, it was new ground for HAES, as reflected in community commentary.)

# Introducing Kindful Eating – self-nurture in practice



The Well Now Kindful Eating Diagram



## What is happening in the dieting cycle?

### The World of Dieting

It's really hard being caught up in the dieting cycle. The early days can promise so much and be exhilarating. Then there's the crash and all the feelings of failure and self-blame flood back, not to mention the confusion around eating and looking after ourselves. In the dieting cycle we get into a way of thinking in which we judge ourselves (listen out for those shoulds and shouldn'ts). As it happens, it is this judgment that fuels the destructive cycle of self-blame and shame. Imagine that we eat because we are angry or otherwise upset. If we are then angry, guilty or frustrated because we have eaten we are in a cycle that beats up on ourselves when we were already in distress. We may even try and 'fight back' against our anger-eating by starving ourselves, but soon enough we'll eat because we're so hungry, or still struggling to manage our emotions. This creates more difficult emotions and amplifies the suffering.

In Kindful Eating, contrary to getting angrier with ourselves for eating because we were angry, we can instead notice our anger, and our distress, and that we feel bloated, and try and comfort ourselves.

Kindfulness helps us to accept and stop judging ourselves. It means treating ourselves as kindly as we would treat a friend in distress. It means dropping the judgment so that we no longer classify emotions as good or bad. Emotions aren't inherently good or bad, they just are. Take anger for instance, this has energised great social change. Thank goodness Nelson Mandela knew anger.

Emotions help us build up a picture of what is going on for us. Certainly, some emotions are easy to sit with and some are painful. Even so, emotions are not right or wrong.

The essence of Kindful Eating is found in this noticing and non-judgement.

Ask the group how they would respond to friend who was distressed. Use the word compassion, and kindness, and other synonyms, to explore the idea of a compassionate response to ourselves when/after we are eating from distress.

It starts from a place where everyone is worthy of respect and kindness, already, as they are, right now. That means everyone, of every shape, size, fitness level, attitude towards health, or dieting history. Whatever you have done or not done. You. You are worthy of respect. Right now, all the time. And you always were. Well Now practice starts from a place where everyone is worthy of respect and kindness, already, as they are, right now.

Anyone fed up with dieting for whom the eat-judge-distress cycle hasn't worked, might like to give Kindful Eating a go. This sets up another, alternative cycle to the 'feel bad' one, which the is one we have stuck with for years to try and stop binge/comfort eating and after all hasn't worked, so why not give compassion a go? Explain: when the old thoughts of failure, guilt, shame, visit you, you don't need to fight them. You can tell yourself **"I accept myself as I am"** or **"I respect my emotions"**. This means you're not judging this person – you - who is trying really hard to take care of themselves. Acceptance isn't resignation, or positive thinking, it's allowing ourselves to be present with what is going on. It doesn't mean we always like how we feel. We may very well want to change how we are or how we feel. Acceptance means noticing all this - the difficult emotions, the desire to be different and so on - and not judging ourselves. Feelings and emotions cannot be usefully divided into 'good' and 'bad'. It may be painful and difficult to feel guilty but it is not wrong or bad, it's our ability to feel a whole range of emotions that helps us build healthy relationships and is part of our being human. If somebody wants to give it a go, help them choose a phrase that's right for them. Other ideas are **"I am one with the power of good"** or **"I am one with the power of love/god"** depending on your beliefs and what feels right for you. If you're struggling with the personal focus How about **' I accept and respect myself and all others'**. If by saying "I accept myself as I am" we immediately counter with another thought of "No, I don't! I feel guilty" Then we can say "I accept feeling guilty" and so on.

Alternatively, you could suggest that someone pauses and then takes a moment to physically **lift their heart**, which can help soothe and ground us.

Why choose kindful eating? Because it's a gentle approach to you, food and health. Because you are, and always were, worthy of respect.

## Step Back

One of the strategies Well Now participants are introduced to is the idea of taking a step back. This concept is basically a re-packaging of the principle of non-attachment, also known as witness in consciousness, or the Observer Mind drawn from mindfulness and Buddhist/yogic teaching and put into everyday language. You can introduce it as a 'pause for breath' too.

Taking a step back can be a useful strategy for anyone who feels : caught up in their emotions that they feel all consuming. This leave us with little room for clear thinking, so rather than the emotional sta providing useful information for decision-making, we feel stuck and the mercy of our emotions. Taking a step back – that is, pausing for moment so that we notice and take note of our emotions but exist one remove from them – can start to provide a space for clarity.



In fact, you may already have noticed the pause for thought that is integrated into the title "well, now ...."!

It can also be helpful for us to remember that it's not wrong to feel emotions, and to practice self-compassion and acceptance when we are struggling with difficult emotions or just having a hard time of things generally.

I've included this in the Facilitator's handbook because it can be a really useful strategy for you as a Facilitator and help you to maintain a safe learning space if things get uncomfortable for you. This is because it can help us respond from a place of compassion rather than a place of hurt or fear that can lead to defensiveness.

## Sense of Agency

When someone can access their emotions, maybe they stop judging them, or start to return to their body, or both, it can help them feel much more in control of how they respond to events. So too, gaining a sense of having real choice around food puts someone back in the driver's seat of their own eating behaviours. One way of describing this is to say people get a sense of agency, that is, they feel able to act in their own lives, and their own behavior becomes more meaningful and predictable to them. This is a much more relational and compassionate way of talking about self-care than blaming people with talk of 'personal responsibility' that misses context and doesn't offer anything constructive of helping people find ways to look after themselves.

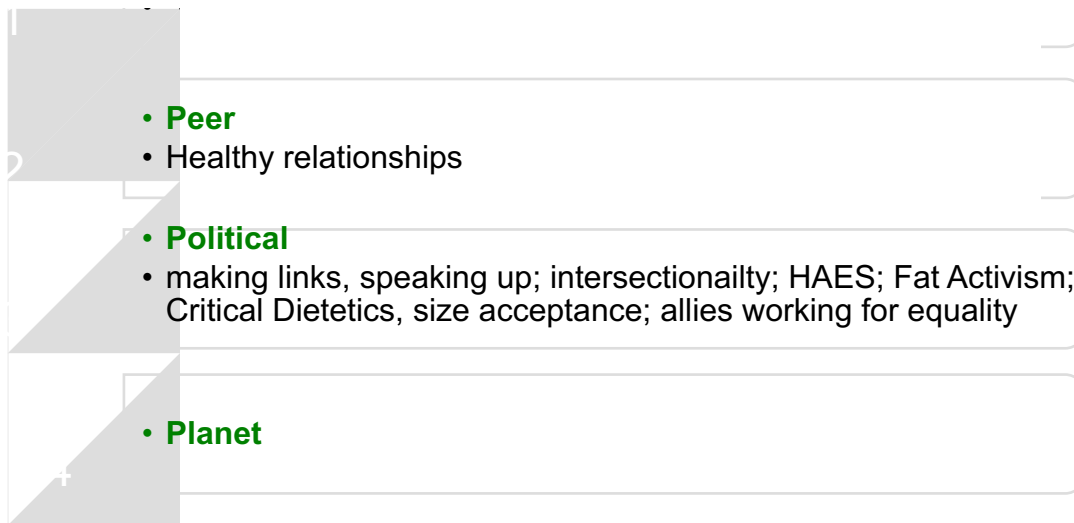
## Four P's

The 'Four P's' is a framework you can use throughout when you teach the Well Now course and it shapes the course materials. While it's mostly the first three that get used it's helpful to have the fourth to keep the bigger picture, and the fact that everything is connected, in sight. The Ps refer to:

- personal
- peer
- political
- planet

It's a way of keeping to the fore the links between that issues influence us in different arenas of our lives. You'll be using it again and again to help dialogue on a topic hone in on the personal and then broaden out to include everyday relationships and structural and social (including environmental) factors.

This approach can help groups think about the different impact of internal and external oppression. It prevents us from oversimplifying the experience of living with discrimination as we acknowledge the personal emotional cost and the real social disadvantages that occur when people are stigmatized.



This is a really useful model for thinking things through, especially as you're finding your feet explaining how Well Now theory links between self-care and social justice in everyday situations.

*You can sense the consternation in Ralph's voice. He says that he gets that it's not to be prejudiced about weight, and he's been surprised to learn just how much it impacts people's health – and the relatively minor impact of diet and activity. But, on the other side, it seems to him that Well Now is ignoring the practical realities of living in a world where fat is stigmatized. Take shopping for example, even once he's braved the hostile glares on the shelves, he still has to contend with the shop assistant's sneers or embarrassment and it's a daily inconvenience not being able to walk into a high street shop to buy a T-shirt.*

It's start off by validating Ralph's frustration and outrage, and ask if there's anything he's found useful to protect himself in the minute if he receives insults or stares, and what his response either to challenge the perpetrator (personal) or to nurture himself (political) – is there someone he can speak to? (peer) It is deplorable that fatphobia exists and that he is confronted by it every day (political awareness – he is not alone, bias is, seen in people's behavior and policies that don't allow for a large range of sizes to be stocked). We would also acknowledge his lived reality, the practical frustration with shopping plus how it makes him feel like an outsider. Has he ever been across the fatshionista sites on the web? Are there any for men? Reiterate that discrimination is always wrong – we may find ways to endure it, but ultimately we should prevent it.



## Session Two

### Exploring Connected Eating

#### Why Well Now doesn't teach Mindful Eating or Intuitive Eating

Can you remember when you first came across the idea of intuitive eating, or a time when you've tried to explain it to someone? I've found that, at least in the UK, 'mindful eating' often conjures up pictures of people eating in very peaceful settings with no distractions, totally focused on their experience of the meal. Now, I don't know about you, but I'd be pretty daunted if I thought that was where I aiming to be most of the time. Some folk do really appreciate the suggestion of taking 'protected' time out for themselves to eat, setting the table, turning off the TV and so on, and may use this as a stepping stone to reconnect with their body so they're more present when eating in a less structured environment in future, or they may decide to continue to eat like this whenever possible. But for other people it's not where they want to be, or it's just not going to be possible most of the time. The term 'intuitive eating' seems to embrace the reliance on body signals whatever the environment more than does the term mindful eating, but it leaves out context. For example, I might eat a slice of a truly delicious birthday cake even though I'm full because of the social occasion. Would you consider this intuitive? Or, more pertinently, "does it help us explain what we mean by a healthy relationship with food and how to support people on the journey?"

To be clear, there is some cross-over in ideas between Connected Eating and intuitive/mindful eating but this doesn't mean they are the same. Well Now includes body signals, and mindfulness, but it rejects theories of mindful eating and intuitive eating. You can read more here <https://medium.com/@lucy.aphramor/does-your-approach-to-treating-eating-disorders-aim-at-prison-abolition-d27e64fcef0d>

Well Now teaches Kindful eating to help people break the distress-eat-judge-distress cycle. Then it teaches **Connected Eating**. Connected Eating brings in body signals, intellectual knowledge, values and circumstances. Connected Eating helps people move to a place where they are confident in eating to appetite, and this is emotionally effortless. Some hallmarks of everyday eating like this are given below.



## A Healthy Relationship with Food and Eating

Some ideas around hallmarks of relaxed, everyday (Connected) eating are:

- ♥ Listening for and responding to hunger/fullness/appetite/satisfaction
- ♥ Feeling ok with eating more than you feel/think you physically need at times
- ♥ Being comfortable at times not eating as much as you feel/think you physically need
- ♥ Allowing food to meet a range of needs – psychological, cultural, nurturing, nutritional etc
- ♥ Making food selection choices based on a range of factors - availability, time, taste, cost , values
- ♥ Being at ease with comfort eating
- ♥ Feeling like you have a meaningful choice about what you eat in company/when offered food
- ♥ Keeping in a variety of foods that you enjoy, including snacks and ‘treats’
- ♥ Giving yourself permission to eat freely of all foods (while respecting medically essential restrictions)
- ♥ Eating more of foods you really like sometimes, including times ‘just because it’s there’ and for sheer deliciousness – and feeling comfortable with this
- ♥ Knowing you don’t have to finish or ‘tidy up’ the foods you really enjoy as you can have them again when you choose to (or freeze/throw them away)
- ♥ Paying attention to your mind/body, emotions and body signals, and understanding what might influence these e.g. trauma
- ♥ Keeping health, and ‘healthy eating’, in perspective
- ♥ Acknowledging food dread and food panic and reassuring yourself as you experience the feelings
- ♥ Finding ways to connect with others to talk through, or read/blog about, things that are bothering you about food (or in general, as this impacts on your eating and wellbeing too) so you are no longer alone with your struggle.

## Connected Eating vs diet mentality and cognitive restraint . . .

Cognitive refers to the process of cognition, or thinking, so cognitive restraint describes how we use our thinking to try and restrict food intake. It involves a disconnect between mind and body. So we can also think of **restrictive or restrained eating** as **disconnected eating**: here, choice-making is a process that most relies on what goes on in our head and doesn't include what our body is communicating. Also, it teaches us to rely on the thinking of 'outside experts' even when that contradicts what we know is true for us. So for example, most people who diet already know from experience that diets don't work in the long term, yet they ignore their own knowledge and go ahead anyway. In contrast, **Connected Eating** blends different ways of knowing, encouraging us to pay attention to body knowledge, information from experience and context (budget, time, relationships). Connected eating recognizes that for some people body signals may not be safe, reliable or available.



When we're out of touch with body signals and emotions, or just plain famished, we are more prone to **disconnected eating** that is **reactive** eating – that is, eating in reaction to an advert, to food availability, to emotional cues, rather than responding in a way that means our choices make sense to us.

Just to note, although the data shows that cognitive restraint is damaging because it disrupts people's relationship with food and disempowers them, Well Now isn't against us using our heads. In fact, the Well Now way is of course a very rational choice to start with because it brings people peace, improves health, tackles oppressive narratives and is cost effective. What Well Now does seek to do is to correct an over-reliance of 'living in our heads' and challenge the idea that intellectual knowledge isn't itself impacted by our bodies and experience. It does this by putting us back in touch with body knowledge, exploring how this is constructed rather than innate, and factoring in relationships and context, something that we're not widely taught to value in this society.

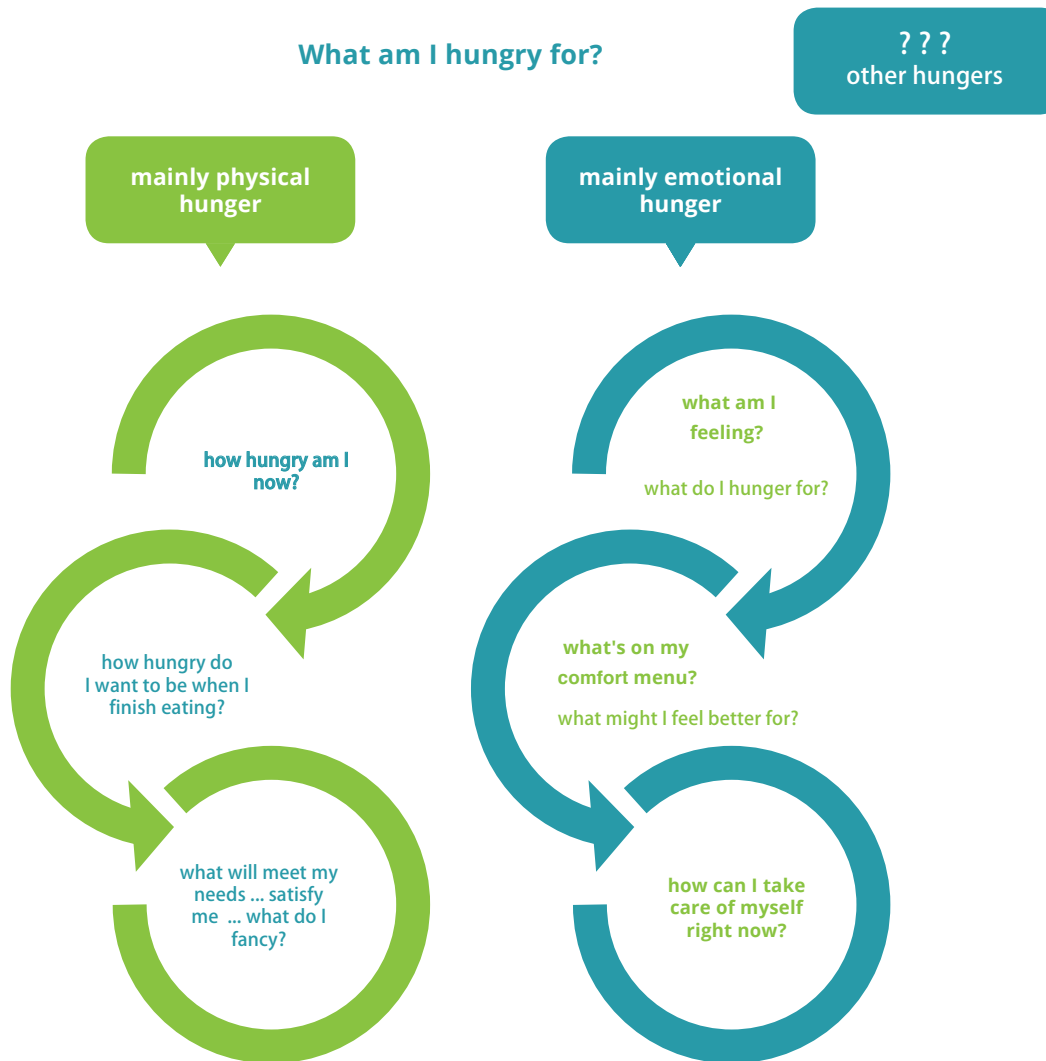
## Abandonment vs Attunement

The fact that Well Now rejects cognitive restraint and teaches people to **legitimize** all foods - 'you can have what want you want' has led to concern among some health professionals. They argue that once you tell someone they can eat chocolate cake whenever they want to that they will then eat practically nothing but chocolate cake. Of course, Paula and Jean's story illustrate that this doesn't hold true. In fact, the desire to eat nothing but chocolate cake is strengthened by the dieting mentality that puts chocolate cake off limits making it 'forbidden fruit'. Eating with abandonment can only happen when there are rules to follow and so rules to abandon, when we break the rules we end up with a 'don't care' attitude and eat from confusion, frustration, rage, despair. Well Now (and other approaches using internal regulation) teaches us to eat with attunement, with a self-care attitude. It teaches us to make the links between what we eat and how we feel. On the one hand, the desire to eat nothing but chocolate cake dissipates when restrictions are removed – think of staff allowed to eat chocolate at Cadbury's factory – and on the other, through tuning in to body signals we'd soon to come notice we would feel better for variety!



Revisit the paragraph on sense of agency. Many restrained eaters eat with abandon – or reactively – and are bewildered by their own behaviour. Using the hunger-o-meter and tuning in to what they fancy, and their emotions, can help switch this confusion to a clarity: they regain their sense of agency, and their behaviours are comprehensible to themselves.

### The Well Now Connected Eating Flowchart



## Session Three

Emotions: you might like to watch this TEDex talk on vulnerability

[http://video-subtitle.tedcdn.com/talk/podcast/2010X/None/BreneBrown\\_2010X-low-en.mp4](http://video-subtitle.tedcdn.com/talk/podcast/2010X/None/BreneBrown_2010X-low-en.mp4)

and this one on listening to shame: <http://www.youtube.com/watch?v=psN1DORYYV0>

and the videos on this site on resilience: <http://lindagraham-mft.net/new-book-bouncing-back/>

Note that while Linda Graham's work is very informative, I find the idea of 'bouncing back' somewhat mechanical. Instead, I use the metaphor of staying afloat (or keeping our head above water, treading water) before we can swim strongly again, and maybe also being transformed by our experiences. This ties in with public health work that talks about us all 'swimming in the river of life', and it aligns more congruently with the Well Now concept of body awareness (previously called active embodiment) than does the rather static idea of bouncing back.



### Integrating Body and Mind

The concept of having a **sense of agency** - or being able to act intentionally in your own life – can be useful in helping people heal body-mind disconnect.

If someone hasn't been parented well enough, then they may never have learnt how to interpret body signals, and, for instance, may 'read' every shift in their emotional state as hunger. They won't be able to make sense of why they feel out of control around food until they recognize what's going on. As they're supported to distinguish between emotions and hunger, and expand their vocabulary of emotions, their own actions will become more meaningful to them. As they're helped to speak

kindly to themselves, and understand the reasons for their struggles, they'll stop labeling themselves lazy or weak willed.

Sense of agency and sense of coherence are linked – and connecting body-mind plays a pivotal role in moving towards clarity.

If children live in safety, and with fairness, and get consistent parenting the world comes to feel predictable and manageable.

Here's a few scenarios where the child is being helped to make sense of their feelings/emotions. As they grow they will be able to read their body signals and emotions well enough to be able to regulate their emotions, respond to physical needs, and know how to soothe themselves.

When children don't learn to make sense of what's going on for them in an embodied way, or live with trauma and oppression, they experience the world as 'white noise', which can lead to apparently erratic and inexplicable self-care and is tantamount to living under conditions of chronic stress.

- Lily had been sat on the rug while her brother and sisters played. Her mum called to her "Lily, have a bit of a run-around, we're leaving in 20 minutes and you'll be sat in the car again for another 2 hours. You'll feel better for stretching your legs first."
- "I'm not surprised you don't feel like much dinner after that party!"
- "It feels like we've eaten stodge for the last few days of this holiday. Make

T

This is a handy suggestion for people who don't know where to begin with tuning in to work out what it is they fancy eating:

Imagine you're walking into an award-winning restaurant. It's buffet might and there is every kind of world cuisine you know of – and some that are new to you. You could choose a meal from your childhood, something adventurous, Malaysian, Ethiopian, south Indian, sweet and sour, Greek salads, hot pot . . . and as for the puddings . . . !!



## Session Four

### Food In Context

#### What if I can't eat foods that would be beneficial?

People with some gut conditions such as Crohn's disease, IBS (irritable bowel syndrome) and diverticulitis, among others, often find that their condition means they need to reduce fibre, or avoid particular fruit and veg to stay well. The key phrase here is staying well.

One purpose of teaching a Well Now approach is to help people find the best way to take care of themselves. For some people this means going against the grain (oops!) of what seems like 'healthy eating'. This can create a real concern for people. Whether or not anyone identifies themselves as restricting their diet like it, explain to the group that if you're worse off for eating veg then it's not healthy eating for you, even if it might make someone else feel great. Remember, how *your* body responds to what you eat is what counts, not what works for other people. If someone has been able to work out what fruit and veg they like that are ok to eat, then that's great. You can't do any more than that. Maybe it helps to remind yourself you are doing your best – wellbeing isn't about measuring up against what everyone else is doing or saying, but finding ways you can best take care of yourself. So just use what's useful. And don't worry if it seems you're missing out on healthy practices: if it doesn't work for you then it's not a healthy practice for you.



There is more to wellbeing than what we eat, as we'll see.

#### Food In Context

Do you remember we talked a bit about Well Now being about relationships – such as our relationship with food? Rather than thinking of health, wellbeing, anything really, in a disjointed way we're interested in seeing the bigger picture of how everything is connected. This applies to food and the body too. A good example to illustrate what I mean is to consider the mineral zinc. Zinc is needed for children to thrive, and children without enough zinc don't grow well. You probably won't be surprised then to learn that zinc supplementation improves growth rate in undernourished children. But would have guessed that its effect is enhanced when the children are played with ie. - by psychosocial stimulation (Meeks-Gardner, 2005).

There are anticipatory neural and hormonal responses that food elicits in our bodies before we eat it. These changes are different in troubled eaters compared to content eaters. As we move towards being at ease with food the way our body uses nutrients will change.

**Reference** Meeks Garner J., et al (2005) Zinc supplementation and psychosocial stimulation: effects on the development of undernourished Jamaican children. *American Journal of Clinical Nutrition*. 82(2):399-405. <http://www.ajcn.org/content/82/2/399.long>

## A closer look at blood sugar and sugary and starchy foods

### The science of carbohydrate foods – structure of starch and sugars

Carbohydrate foods are those high in sugars and/or high in starches. Starches are long chain carbs made up of many sugar molecules linked together. So when the body breaks down starches during digestion in the gut you're left with sugar molecules.

It can be confusing because the word 'sugar' is used in an everyday way when we talk about the grains we spoon into tea or coffee or use in baking cakes. But in scientific terms 'sugar' refers to a class of compounds that includes tea-sugar (also known as sucrose) plus sugar in milk (lactose), fruit (fructose), honey and so on. When sugars get linked together they form starch.

Starch molecules are too big to get across the gut wall and into the blood stream where they can be carried round the body for energy. So the fact that we can break them down to sugars is a good thing: remembering this can help us revisit ideas about sugar being a 'bad' thing, or something we should avoid at all costs.

We've mentioned blood sugar on a number of occasions, and how a low blood sugar can a) play havoc with our mood and b) influence insulin sensitivity (if it's consistently low).

When we talk of blood sugar we're actually talking about the amount of glucose in the blood. The blood transports the sugar molecules of glucose around the body and it is taken up by cells/organs that need it. Some cells and organs can use substances other than glucose to get energy, for example, muscles can use fat molecules, but the brain can only use glucose. This makes it really important that there is a supply of glucose in the blood – without it the brain can't function.

If we don't get enough glucose by breaking down carbohydrate from food the body starts to break down muscle to convert this into glucose. This breakdown process releases products called ketones which have a characteristic smell. This is why eating a low carb diet makes your breath smell. When this happens you will lose strength, lose muscle mass and be more prone to infection.

Are all sugars created equal?

Sugars can be found naturally occurring in foods (eg milk, fruit, vegetables, honey) and can be added to foods (sweets, drinks, pastries, sauces, jams etc).



Contrary to popular belief – and a belief promulgated by nutrition scientists and dietitians – it is not true that sugar causes a sudden rise in blood sugar levels. This is far too simplified. It is more accurate to say there are different types of sugars and these have different effects on the blood sugar. We're going to return to this idea soon.

Sugars have different effects on the body in terms of:

- dental health
- blood sugar response
- linked to satiety
- taste

## Are all carbohydrates the same? – Effect on Blood Sugar

We're talking science here – ie starchy carbohydrates – but it's useful to remember all carbohydrate comes from foods.

As with sugar, it is also inaccurate to say that all high fibre foods slow the release of sugar into the blood stream. It is true that all high fibre foods improve digestive health, but they have different impacts on blood sugar release depending on the type and amount of fibre.

People might have come across the term GI or glycemic index, and that's basically what we're looking at here.

NB: For the sake of accuracy, it is worth pointing out possible misunderstanding due to international terminology. In the UK 'wholemeal bread' is made from wholegrains that have been milled. Because the grain is milled, and because of the type of fibre, the sugars in the starch are released quickly into the blood stream. So, wholemeal bread is high fibre and quick release (high GI). If bread is 'wholegrain' there is a percentage of grains that have not been milled. This means the starch takes longer to break down, and so is released into the blood stream more slowly (low or medium GI). Breads that have seeds in are also slow release.

## Omega 3 Notes

NB There are many foods available today where a lot of money has been spent on finding out their nutritional content, such as blueberries and almonds. These can feel like superfoods when we read all the information about how great they are, in so many ways, for health with this anti-oxidant and that phytochemical. There will be some scientific basis for the claims, but by and large, any colourful fruit or vegetable will have a similar nutrient profile, it's just that they don't have the advertising budget for their own spin!

Is omega 3 just another pseudo-wonder nutrient that we don't really need to think about if we eat a varied diet? Well, at least at the moment, it seems as if there is more to it than hype. We do need to remember that research into omega 3 is still in its relative infancy, which means there's not a huge amount of data on which to base recommendations. As studies continue to be done, and more data is made available, what we now think might change.

But for the time being, it seems there are a range of health benefits to be gained from omega 3, and no adverse effect from including more omega 3 foods in the diet. To date the research also suggests that we don't tend to get enough omega 3, no doubt explained by the fact that there are only a few sources in the diet – mainly oily fish.

I've singled it out for attention because our body responds to lack of omega 3 over time. If we compare it to eating veg you'll see why this matters: say we're travelling, or busy taking care of a sick child and we don't eat much fruit or veg all week. Chances are we're going to feel somewhat out of sorts by the end of 7 days, we might even have a strong hankering for salads and steamed veg. When we start eating more veg again we'll start to feel better, less bloated, more like our old selves. Because of this it's relatively easy for us to make the link between what we eat (or don't eat, in this case veg) and how we feel (tip top or sluggish). But with omega 3 we wouldn't notice the difference in the same way because it acts in different ways in the body, and takes about 3 months for our metabolism and mood to respond. So omega 3 is one of those cases where we need to rely on cognitive knowledge because the body knowledge isn't going to do it for us in the short term. Remember to keep weaving in information on plant sources of precursors [a substance that goes before another] and advice for people who are unlikely to obtain adequate omega 3 from their diets.

There are different types and sources of omega 3 oils. Evidence to date suggests that omega-3's (EPA & DHA) from oily fish are used most effectively in body processes. There are no plant sources of EPA and DHA. But the body can convert a type of fat in plants called ALA into small amounts of the more useful omega-3s found in oily fish. You can enhance this conversion rate, and probably meet requirements, by reducing amount of other omega oils (eg. sunflower) and including plant rich sources **daily**, such as:

- Rapeseed, canola, walnut, soya, flax (or linseed) oil
- Ground or crushed linseeds, flax or pumpkin seeds
- Walnuts, pecans, peanuts, almonds
- Soya beans and tofu
- Dark green leafy vegetables, sweet potato & whole grains
- Omega-3 enriched foods - for instance eggs, milk, yogurt and yogurt drinks. Omega-3 content (as EPA, DHA, ALA) varies greatly.

### What about omega-3 Supplements?

If you regularly eat oily fish you will not need to take a supplement. If you don't eat fish or plant-rich sources you may wish to consider a capsule. Supplements derived from algae containing DHA are also available. In the UK the advice has been to take a supplement containing 0.5g (EPA & DHA)

daily (or 1.0g for people with a heart condition); however, guidelines are subject to change with updated evidence, so people should discuss their decision with their healthcare provider.

NB There has been some suggestion in the research (July 2013) that omega-3 supplements (but not fish intake) are linked to prostate cancer. People considering omega-3 should discuss risks with their doctor.

## How much omega 3 is enough? Or too much?

UK recommendations (2013) advise that we can get all the omega 3 we need from a small portion (70g) of oily fish each week.

- Ask why are limits set on fish consumption?

Answer - Because of contamination there are upper recommended limits to oily fish intake. In the UK this is: girls and women who might have a baby one day and women who are pregnant or breastfeeding – up to two portions week. Women who won't have a baby in the future and men and boys are advised not have more than four portions.

(This gendering seems illogical to me, how about you?)

## Session Four

### Understanding fats in the diet and in the body

There's a lot of stuff and nonsense that has been written about fat.

Modern nutritionists have taught people to make food decisions primarily on expert messages and one of these messages is watch out for fat. The theory is commonly understood by the public as saying that a diet high in saturated fat will clog your arteries and lead to a heart attack.

Without further explanation this has the effect of a 'little knowledge being a dangerous thing' as people over-restrict fats in the belief they are doing what's best for their heart. It can also lead people to feel afraid to eat any fat at all, or too find the idea of restriction so onerous that they throw in the towel and adopt a 'couldn't care less' attitude, though of course they may in fact care very much but feel too overwhelmed to make changes.

As we've discussed, when people eat mainly according to outside knowledge, without paying attention to their body signals, they begin to lose touch with what they actually feel like eating, which leads to them feeling out of control around food and eating off-limit foods because they're feeling deprived.

Instead, if we put expert knowledge into the context of people's lives and bodies, it can go a long way to helping people find a personal level of 'sound nutrition' based on developing a healthy relationship with food.

What does the science say then? With fats, there does seem to be a case for avoiding artificial trans fats. (Trans fats can occur naturally in foods and these are thought to be beneficial to health). Trans fats are found where hydrogenated margarine is used, though with new food laws there's been a big reduction in trans fats in foods.

### Heart Health

Does fat clog arteries?

It used to be taught that when you ate a high fat diet, the fat raised the levels of the fatty substance cholesterol in the blood and the cholesterol blocked the arteries.

We now know there's more to it than this. In order for cholesterol to build up in the arteries there has to be damage to the artery wall. This damage is caused by an inflammatory response. Cholesterol then gets laid down in the damaged area, creating what is called a plaque. If parts of the plaque break off they can block the artery. So one way to keep arteries free of cholesterol build up is to protect the artery walls from damage – by eating plenty of protective foods.

This means moving towards a 'plant based diet' but 'Think Veg!' is catchier. NB A plant based diet is a diet rich in wholegrains, vegetables, fruit, nuts but is not an exclusively vegetarian diet (vegan). It is high in plant foods but it still contains meat and animal products. There's a lot of focus on veganism in the media so people may think they know what you are going to say, meaning we need to make sure we check for understanding, and reassure people we aren't trying to persuade them into any ideas or behaviours.

The 'portfolio diet' or 'Mediterranean diet' is a variation on the theme of 'Think Veg!' and recommended because it has an overall anti-inflammatory effect in the populations studied. Remember though that the Mediterranean diet is just that, a diet chosen by people living in particular circumstances in a particular place: to suggest the benefits experienced by one group of people can be reduced to nutrient profiles and extrapolated to other groups living in entirely different circumstances does not take account of the many roles of food relation to symbolism, culture, identity, our personal histories. Then there's all the environmental consequences of flying olive oil around the globe . . .

Remember, on the whole most food guides promote a largely plant-based diet. But the way they have been used to teach nutrition leads to disconnect – sadly moving people away from ever realizing the intended goal of sound nutrition. Helping people tune in and eat in a connected way is much more likely to support them in eating in a manner consistent with a high plant-food diet.

And just by way of reminding us that there's always more to food than nutrients, as these next findings demonstrate. Consider this: eating a Japanese diet has been linked with lower risk of heart disease. However, this may again misattribute the role of complex dietary variables. Thus,

'In a study of Japanese migrants in the United States the cultural upbringing was the strongest predictor of coronary heart disease. Those who were brought up in a non-Japanese fashion but preferred the lean Japanese food had a heart attack almost twice as often as those who were brought up in the Japanese way but preferred fatty American food.'  
(Ravanskov, 2002).

### **A Note on Portions**

Generally, Well Now teaches that measuring portions is counter-productive because it moves us away from tuning in to our body and fans the idea that we can work out what we 'should' eat by tables and rules.

There are some occasions when I find measuring out food useful though. For instance, when I don't measure my porridge oats into a cup I end up with way too much!! It can be useful to mention this, as it muddies the idea of a 'rule' about 'never weigh foods' and helps keep people critically engaged, and might also lead to some practical tips from the class!

## Session Five

### Functions of water in the body

- carries nutrients including glucose, vitamins and minerals
- removes waste
- involved in digestion
- temperature control
- lubricant for joints
- shock absorber for eyes, brain, spinal cord
- needed for blood volume (blood pressure)

Water thus plays an important role in diverse body processes from protecting oral hygiene to influencing cognitive ability and sporting performance.

### Caffeine

Some people are more sensitive than others to caffeine. As a rule of thumb avoid coffee if you feel worse drinking it. Too much caffeine can make you feel wired and cause difficulty sleeping and concentrating. But if you have a high caffeine intake and reduce it suddenly you'll feel ghastly because of withdrawal effects so you might prefer to gradually decrease the amount you have, remembering to keep up your overall fluid intake.

**US caffeine recommendations** for adults : 200 - 300mg/day (source)

- Mug of instant coffee = 100mg
- Cup of instant coffee = 75mg
- Cup of brewed coffee = 100mg
- Cup of tea = 50 mg
- Can of cola = 40 mg
- 'energy' drinks = 80mg
- Small bar of plain chocolate = 50mg



### Relational Nutrition

This excerpt from the Mental Health Foundation sums up food and mood well:

“Even restricting ourselves to the growing body of research that illustrates the relationship between our diet and our feelings and behaviours, it becomes obvious that what we eat is affected by why and how we eat, both of which may also have an impact on our mental health. For example, if we see food purely as a means of ‘re-fuelling’, our meal times will affect us differently than if we see

food as a vital source of nourishment for our body and mind. Similarly, if we eat alone, the psychosocial benefits of food may be different than if we eat with others (Feeding Minds, 2006, p. 17)

**References:** Feeding Minds. The impact of food on mental health. (2006) Mental health Foundation, UK. Skuse, D. et al. Psychosocial Adversity and growth during Infancy. Eur J C Nut 48 (Suppl 1): S113-30. <http://archive.unu.edu/unupress/food2/UID06E/UID06E0R.HTM>

## Good sources of Iron :

“Three examples [of good sources of easily absorbed haeme iron] are **red meat, poultry and insects**.<sup>[6][7]</sup> Non-haeme sources do contain iron, though it has reduced bioavailability. Examples are **lentils, beans, leafy vegetables, pistachios, tofu, fortified bread, and fortified breakfast cereals**. [http://en.wikipedia.org/wiki/Iron\\_deficiency\\_-\\_Food\\_sources\\_of\\_iron](http://en.wikipedia.org/wiki/Iron_deficiency_-_Food_sources_of_iron)

Groups identified as being at risk of iron deficiency anaemia in the UK include toddlers, girls and women of reproductive age, and adults over 85 years (SACN, 2010). Iron is used in haemoglobin which carries oxygen round the body. Low haemoglobin means less oxygen.

## Vitamin D:

Cholecalciferol (vitamin D3) is produced naturally by the skin when exposed to ultraviolet light.

Ergocalciferol is a provitamin form of vitamin D, also called vitamin D2. Ergocalciferol is created when ultraviolet light activates a substance in fungi called ergosterol. This means mushrooms produce vitamin D2 when the ergosterol is exposed to ultraviolet rays. Shiitake have transparent white gills which permit greater contact of ultraviolet light with ergosterol so very high D2 values can be achieved. 100g shiitake mushrooms would give 3.9 µg of vitamin D which is about a quarter of the US recommended daily intake.





## Beyond Nutrients

Here's a story that beautifully illustrates the fact that 'food is more nutrients'. Elsie Widdowson was a British nutritionist stationed in a medical unit in post-war Germany in 1948. There were two small orphanages nearby where the children were well below normal in both height and weight and where Elsie became involved in research on the children's nutrition and growth for a year. One orphanage (A) was first run by a cheerful young woman who was fond of the children in her care and the other (B) had a stern matron, who had a small clutch of favourites.

During the first six months all the children received only the official rations. During the last six months the children in the orphanage A also received an unlimited amounts of bread, an extra ration of jam and a supply of concentrated orange juice.

Then the cheerful matron left and the strict matron transferred to orphanage A.

During the next six months the children of orphanage B, who were still only receiving rations, but who no longer had the strict matron in charge of them, showed a rapid rise in weight.

Yet, in spite of their improved nutrition, those children who were now subject to the regime of the disciplinarian matron in orphanage A continued to gain weight at about the same rate as before. Those children who were the matron's favourites had a faster growth rate than all the others.





## Reductionism or the Mechanistic World View

Conventional western science seeks to understand and explain things by breaking them down into separate parts.

This works pretty well for cars and machines. But not so well when applied to living bodies and used to understand people in relationship.

Characteristic signs of a mechanistic way of thinking include:

- a separation of the body from the mind
- a devaluing of body knowledge, the erotic, emotions,
- dismissing the spirit
- a drive to 'take apart', analyse and fix
- valuing aggression, competition and control
- binary (polarised/either-or/black-white) thinking leading to judgemental attitudes

Because it is such a common way of thinking we end up applying it to everything we think about so it structures the world we live in and create.

In health care, for example, treating the body as a machine, and separating emotion out of the equation of health and health behaviours results in:

- quantifying health using an instrumental approach concerned chiefly with physiological measures eg BMI, blood pressure without due attention to other measures of wellbeing
- pressurising people into changing their behaviours
- **shaming, blaming or praising people based on their health status**
- ignoring all the factors that impact on health behaviours eg. stress and smoking, emotional eating, caring commitments, finance.
- ignoring all the factors that impact on health apart from health behaviours

(Informed by Jon Robison's blog post, 25 September 2012

<http://healthateverysizeblog.org/2012/09/>)

This differs from a relational way of thinking which:

- values different interlinked ways of knowing – cognitive, embodied, emotional etc
- seeks to integrate body-mind-context awareness
- values cooperation and mutuality
- is premised on an attitude of non-judgement and respect
- considers wellbeing as multi-dimensional
- isn't looking for 'tools for the tool box'

## Session Six

Benefits of physical activity can be organized as core aspects that are inter-related:

1. Cardiovascular fitness (heart, lungs and circulation)
2. Muscular strength
3. Flexibility
4. Improved breathing
5. Mental wellbeing (reduced depression, sense of purpose) and stress reduction
6. Social engagement, belonging, reciprocity
7. Metabolic fitness (blood pressure, cholesterol, insulin resistance)
8. Bone strength and healthy joints
9. Body confidence
10. Improved sleep
11. More pleasurable sex
12. Digestive health
13. Improved immunity
14. Enhanced body attunement including sensitivity to appetite
15. Benefit from natural world if in fresh air and green spaces
16. Enhanced feelings of zest, vitality
17. Falls prevention
18. Pain management
19. Reduced risk of some diseases (breast and colon cancer, T2D, stroke)
20. Enhanced memory and cognition



**Useful link:** Cooper, C. (2005) '*How to Ride a Bike: A Guide for Fat Cyclists*' [Online]. London.

<http://www.charlottecooper.net/docs/fat/rideabike.htm>

## Active Living and Body Awareness

### Discussion

**Body awareness** or **tuning in**, or **minding the body**, is what we use when we listen to body signals like hunger, and can also be applied to activity, and other body-mind practices that can help us take care of ourselves.

A diet mentality approach treats the body as machine with its emphasis on measuring and setting external targets. It can often encourage a competitive attitude where we think of ourselves mostly as we compare to others, rather than encouraging us to inhabit our bodies. I'm not suggesting there's anything wrong with competition (I love a hilly cross country race as much as the next person – in fact, oddly enough, usually more than the next person!), it can be fun to push ourselves. But when our sole drive is to do more, faster, for longer, to push harder, stretch further, without paying attention to how we feel except to over-ride pain, then it's not really healthy self-care we're talking about. It's the difference between really striding out and pushing ourselves because it's exhilarating and we feel great, and trying to push ourselves because we think we should when in fact we feel lousy and then feeling like we haven't done enough because we didn't keep to the schedule that week.

Schedules and training logs can be useful for us to get an idea of what works best for us: but make sure they serve you, and not the other way round. Similarly, remember that some people will use exercise as a way of coping with distress and painful emotions. For the time being this is the best they can do, and so it's adaptive self-care – in the same way as when we use food to cope with emotions because we're not able to do anything else at the time. So it's important that people don't pick up a sense you're judging anyone for doing excess exercise, but rather highlighting the differences between a healthy and troubled approach.

A Well Now approach to wellbeing always draws us back to 'how do I feel? How will I feel if ....?', helping us establish links between our actions and wellbeing that are meaningful to us at a particular time. That said, be careful not to imply judgment : some people may prefer a structured, competitive approach and we can't know what's in it for them , or what the costs of experimenting would be for them right now. Explore people's choices with them, if this is what they want, without any agenda of persuading them to change.

We have seen how Well Now practice encourages us to use our body knowledge. This practice involves registering and responding to (not always synonymous with 'acting on') emotions, gut instinct, body signals and feelings and can be described as body awareness. Taken together the practices that come under the umbrella of body awareness or Minding the Body help us recognize, name, and make sense of what's going on for us. This can be likened to a process of re-parenting the self\*.

Using breathing exercises throughout the sessions can help people develop greater emotional awareness and connection.

Being able to identify and manage emotions in turn leads to clearer cognition, and a feeling of improved ability to make choices. Hand in hand with this greater capacity for self-regulation and agency is an enhanced capacity for self-care, and connection.

In mainstream medicine the benefits of body awareness for overall wellbeing are known but they are usually only taught to people experiencing particular distress, such as pain or depression, or where stress reduction is known to be helpful, such as with cardiac rehabilitation patients and people quitting smoking. However, the benefits of really being aware of being in the body can be felt by everyone and can be practiced on a day to day basis as mindfulness and relaxation (or visualization). Some types of exercise such as yoga, tai chi and chi kung can also help.

\* Please be mindful of the fact that people who have a history of trauma may find the return to the bodyself offered via tuning in/ body awareness potentially both especially challenging and especially liberating.

Body awareness, and tuning in, has links with body knowledge and self-trust. Over time, the practice of body awareness, especially when it includes mindfulness, can contribute to an improved sense of wellbeing and trust in our bodies: if we trust ourselves we relate to the world in a more grounded way, we are more in touch with our own agency (our ability to act) and can more readily protect ourselves from damaging outside influences - insults and put downs - and move towards growth-fostering relationships. This doesn't make insults ok of course, but it does give us more choice to change our response and safeguard ourselves.



In the language of public health, having a sense of agency in our responses to adverse events favourably shapes our 'life world'. This is good news for our day-to-day resilience and happiness, and it also impacts the metabolic and inflammatory consequences of living with stress to improve our health outcomes.

In expanding body awareness beyond the conventional parameters of 'fitness' or 'physical activity', a Well Now approach encourages us to consider the range of ways we might come to feel at more peace in our bodies and learn to appreciate and enjoy our embodiment.

The idea of activity optimizing our everyday wellbeing, rather than being focused on 'keeping fit', opens up dimensions of embodiment that can fall to the wayside in more instrumental approaches to activity. For example, let's say the person with limited mobility also suffers from chronic pain. As well as any benefit from being more active, there are also strategies for tuning in to the body that can help with pain management and sleep. Breathing and relaxation exercises, and some forms of martial arts, can help people manage stress and develop emotional connection and awareness.

So the idea of 'minding the body' can help us get some distance from thinking of our bodies – and thus ourselves – as machines to be kept in working order. It includes physical activity, but it doesn't stop there. It also has room for relaxation and related practices, plus pampering and sensual experiences. This could include through massage, burning aromatherapy oils and other sensual experiences, singing, being in the open air, sexuality, laughter.

But we don't need to stop there either – how about embodiment as self-expression and creativity, such as in singing, performance and dance? And it allows for emotional, social and environmental dimensions of our lives. The experience of, and health benefits from, walking a mile down a busy road are very different from those that result from walking in green spaces: expanding how we think of our embodiment helps us bring this bigger picture into view and get out of the thinking-trap where a mile walk amounts to x number of steps and x calories burned.

Alongside the health-enhancing benefits of listening to our bodies, there are other ways to tap in on 'feel good factors' as we'll now see.



## The Body Politic – Wellbeing in society

### Reciprocity

From *reciprocal*, this means helping each other out as a two way exchange, so being able to do things for others as well as receive help from others. Also known as 'mutual aid'. It's more about an attitude than an account sheet, so if you help me move house I might reciprocate when you move house, or maybe I invite you round for a cup of tea because that's what I can manage. It's about knowing we're in relationships where we are valued and can show we value others.

### Sense of belonging and sense of community -

In a culture that values independence, it's easy to overlook the fact that our survival and ability to thrive depend on interrelationships. A sense of belonging is a recognised concept in mental health, and also impacts physical health:

A feeling of belonging to a country, region, and local community can influence people's sense of identity and the extent to which they participate in society. Generally, a strong sense of belonging is positively associated with better self-reported physical and mental health. A strong sense of belonging also contributes to individual and community well-being. <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=71>

Of course, we need to be mindful of values. As someone's strong sense of belonging to a violent group can improve their wellbeing, and harm someone else.

### Spirituality

For many people, but not all, this includes religious beliefs. What does it mean for you, for the people in your groups? Does anyone have any spiritual practices? For some people this can be being out in nature.

### Trust

The ability of low social support to predict all-cause mortality long been recognised.

- 'lower levels of social trust were associated with higher rates of most major causes of death, including coronary heart disease, malignant neoplasms, strokes ... and infant mortality' *Kawachi in Community Action for Mental Health 1997 HEA*

### Social Capital

The benefits of personal and community relationships on health are captured by the term 'social capital'. By definition social capital refers to relationships between people and cannot be an individual attribute. There is an accessible introduction to social capital here:

<http://www.nice.org.uk/niceMedia/documents/CHB21-social-capital.pdf>



## The politics of knowledge: blood pressure

For a comprehensive introduction to the politics of health see : <http://www.pohg.org.uk/> This includes a short document on the politics of hypertension on the publications page.

## Status Syndrome

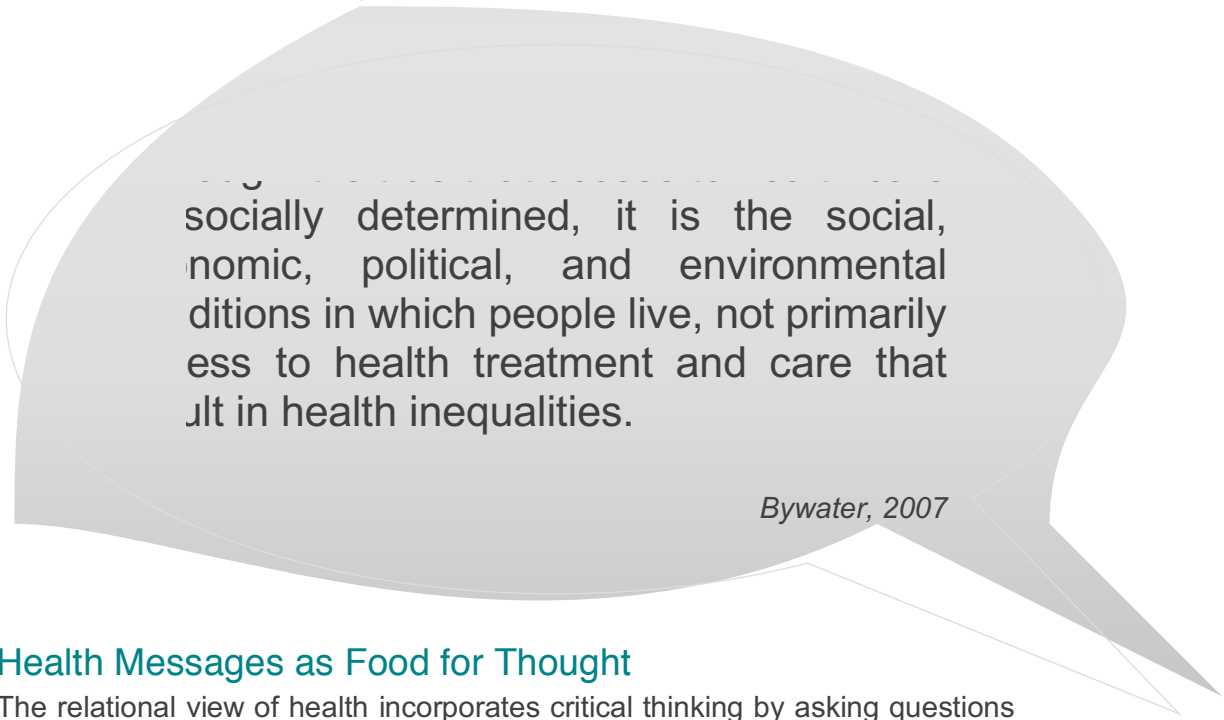
Particular groups of people have much worse health than would be expected on the basis of their genetics, lifestyle, income and other related factors. Marmot's work has led the way in showing the differences come about because of the way people are treated in society. If you are treated as a second class citizen your health will suffer as a result when compared to someone with similar health behaviours, genetics and income who is treated with more respect. The term 'status syndrome' is used to describe the importance of relationships and context accounting for differential on health outcomes.

Recommended reading – article by Michael Marmot on Status Syndrome:

[http://www.sph.umich.edu/sep/downloads/Mamot\\_Status\\_Syndrome\\_challenge\\_to\\_Medicine.pdf](http://www.sph.umich.edu/sep/downloads/Mamot_Status_Syndrome_challenge_to_Medicine.pdf)

See top ten tips for health from a social model here:

<http://www.bris.ac.uk/poverty/healthinequalities.html>



socially determined, it is the social, economic, political, and environmental conditions in which people live, not primarily access to health treatment and care that result in health inequalities.

*Bywater, 2007*

## Health Messages as Food for Thought

The relational view of health incorporates critical thinking by asking questions about context and circumstances that influence relationships. Critical thinking is what we have been doing by

- looking at issues from a number of different perspectives
- asking questions to uncover some hidden assumptions
- working out when things that are taken-for-granted and presented as inevitable, or hard fact, are in fact influenced by opinion



- valuing our own experiences and responses to build up a meaningful picture, while recognizing other people will have different experiences and responses

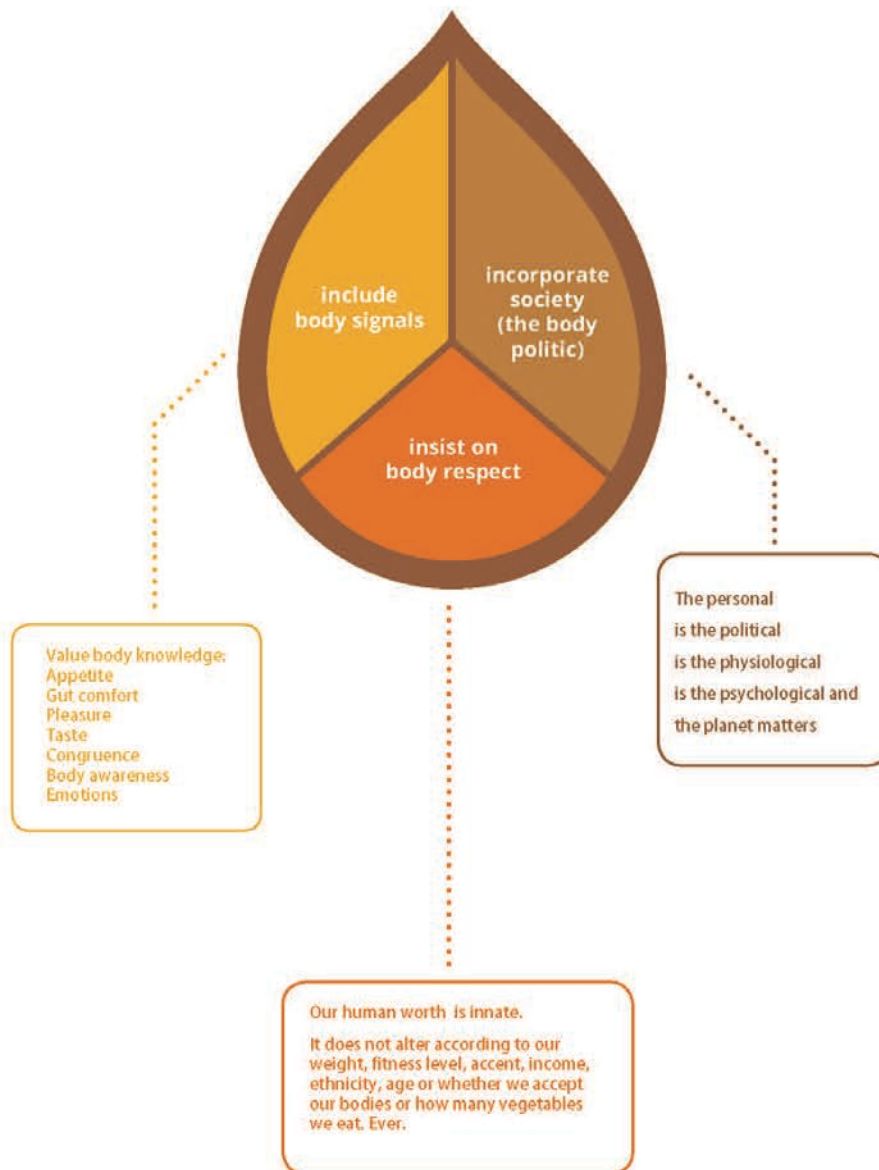
Highlight how the relational view of health, which is key to Well Now thinking, is consistent with this model, and with the evidence on health outcomes. Reiterate how principles of acceptance, compassion, appreciation and mindfulness by helping us nurture ourselves in the moment also help us build healthy relationships.

It also challenges the strong cultural trend that sees individual actions towards 'getting healthy' as the be-all and end-all. It reminds us that putting energy into things like equality and fairness, and the people we care about, are valid ways to spend our time and really important in their own right. Besides which, if we're serious about improving health across populations then equality is the place to start. Conventional approaches that make it sound like a moral obligation to follow a healthy diet and have a regular exercise regime, and that ignore social determinants of health, are known as healthist.

This way of approaching health and wellbeing is central to a Well Now philosophy. We look at self-care, including food, activity, sleep and so on, because this can make a real difference to your everyday sense of wellbeing, which is hugely important and effects how you feel about yourself, how you cope with things, what opportunities you can take and how much fun you have!

At the same time Well Now thinking recognizes that people's health is influenced strongly by factors outside their everyday control that aren't a matter of choice or self-care.

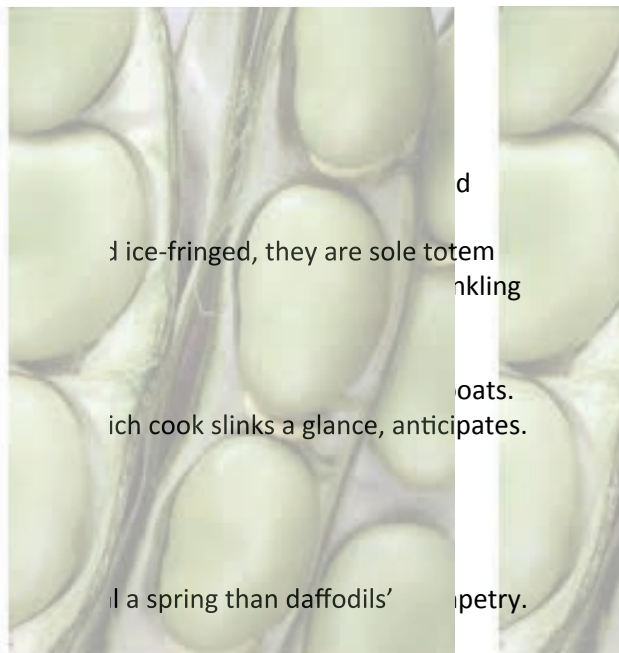
## Body Respect in a Nutshell



## Non-rational Ways of Knowing

Sharing poems is one way of highlighting the role of emotional responses as a way of knowing . What we think /feel is often ignored or devalued because it's not 'objective' or is seen as non-rational. For sure, emotions are not 'objective' or 'rational' but that doesn't mean they are valueless. Spirituality, sensuality, the rational and non-rational all have their place in making liveable lives and in helping us make sense of our experiences, and building knowledge.

When one way of knowing eg.science , is given undue authority over all other ways of knowing, it can lead to a distorted view of what is really going on. It can also silence voices who do not have access to, or interest in, making contributions to mainstream science.



## Session Seven

### Size Awareness and a healthy respect for every body - language

Words like fat and thin are descriptive. Fat is no more an insult than tall. However, it is often used as an insult, in a derogatory manner. In this exercise, your role is not to tell people what to think but to help them explore different ways of relating to knowledge and language. The fat activist Marilyn Wann wrote a book called *Fat? So!* which succinctly captures the idea that it's ok to be fat – if only we could all get over it. It's ok to be who you are, to be the size you are.

A challenge is that 'fat' has so often been used with insults that we want to be sensitive to how we use it to avoid inadvertently offending people – after all, not everyone is as up to speed with fat activism as you are.

Words like overweight and 'obese' (sic) are medical terms. They imply that everyone who is fat is automatically unhealthy. That's simply not true. Of course some fat people are unhealthy some of the time, that's life, so too are some thin people. It's especially problematic because

- people believe they need to lose weight to be healthy, which leads to problems
- people blame themselves for poor health
- the focus on weight deflects attention from social justice and health
- people get judged for their weight as a (supposed) health issue whereas they wouldn't with something like a broken leg for instance

*Overweight* begs the question over what weight? It makes it sound as if there is a particular weight we can know for each person that when they cross it makes them ill. Again that's not science but bias.

The term obese is frankly offensive to many people and that alone is a reason not to use it. Why would I want to continue using a word if I knew it hurt people?

One argument by some medics is that it's ok to use the word 'obese' because it's a clinical term. Let's find a parallel. Does anyone know what the charity Scope used to be called? It was The Spastics Society. Now it is Scope, the charity for people with cerebral palsy. At one time the word spastic had a medical meaning, maybe it still does. But over time it also gained other meanings that devalued people. Why would someone insist on using the word spastic when they knew it was offensive? It is disingenuous to claim that the meaning of words is fixed; meanings change over time and space and with circumstance and intention.

PC or political correctness has had some rap over the years with charges of it being tantamount to the thought police stopping people expressing themselves freely. A writer, Deborah Cameron, comments on this really well when she points out that the movement for PC isn't stopping anyone saying anything, what it does do is stop us from pretending that what we choose to say is without consequence.

As Deborah Cameron puts it:

“the . . . movement for so-called ‘politically correct’ language does not threaten our freedom to speak as we choose . . . It threatens only our freedom to imagine that our linguistic choices are inconsequential, or to suppose that any one group of people has an inalienable right to prescribe them.” (Cameron, 1994: 33)

## Stereotyping and scapegoating

### What do we mean by stereotype

A stereotype is an over-generalisation of a group, or a too-simple and therefore distorted view of a group. Examples are “blonde women are ditzy” or “thin people are healthy”. Often stereotypes are offensive as the group worth is being judged on an undesirable characteristic that is oversimplified, or frankly untrue. Even stereotypes where people mean well can be destructive because they stop us seeing the person we are speaking to behind the stereotype. They may also impose unrealistic or inappropriate expectations on someone.

Stereotyping is also linked to scapegoating where a discredited group is further singled out for blame as they become a target for projection of societies’ fears and frustrations . This is all too evident in the ‘obesity epidemic’ being blamed for spiralling healthcare costs (inequality is the culprit) and global warming (surely a Tour de France cyclists with their huge calorie consumption are to blame for the extra greenhouse gases from their above-average food production?)

We tend to pursue beliefs that reinforce our stereotypes which has the effect of making us narrow minded. If we believe stereotypes about others chances are we believe them about ourselves, again this can make it hard for us to be open to new ideas and we can miss opportunities.

### Facts on Height Stereotyping (gender, weight and age controlled for)

- 90% American chief executives are above average height
- 72% recruiters award job to taller otherwise matched applicants
- 1” extra height = + £500 per year wage increase (in 2003)
- despite the fact that 70 million working days are lost annually due to back pain . . .

### Size Bias in Employment

Evidence of size discrimination is found in selection, hiring, placement, compensation, promotion, discipline, discharge, exclusion from office functions and in inter-personal exchange in the workplace. Impact varies with age, ethnicity and gender: men suffer less size discrimination and in some cases a positive relationship between weight and wages is found up to a point.

“The magnitude of weight-based discriminatory effects are strong, both in absolute and relative terms. Studies assessing the effect of both employee weight and other suspected bases for discrimination (sex, specific disabilities, race, etc.) provide evidence of the relative level of weight-based bias; they suggest that weight-related bias may be greater than associated with other characteristics”. (p 983).

Roehling G, M. V. (1999) *Weight-based discrimination in employment; psychological and legal aspects. Personnel Psychology, 52, 969 – 1016.*

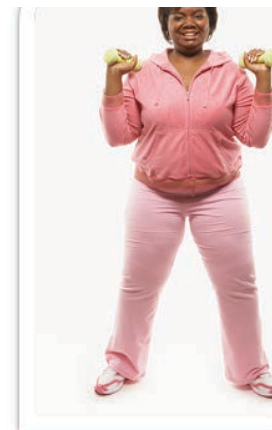
## Media Literacy

Did you know?

See [http://www.mediasmart.org.uk/docs/bodyimage/Teachers\\_Notes.pdf](http://www.mediasmart.org.uk/docs/bodyimage/Teachers_Notes.pdf)

- Looking at magazines for just 60 minutes lowers the self esteem of over 80% percent of girls.
- The body fat of models and actresses portrayed in the media is at least 50% less than deemed necessary for healthy women.
- Most men would ideally gain 13 kg more muscle than the average male build.
- 6 out of 10 teenage girls think they'd 'be happier if they were thinner

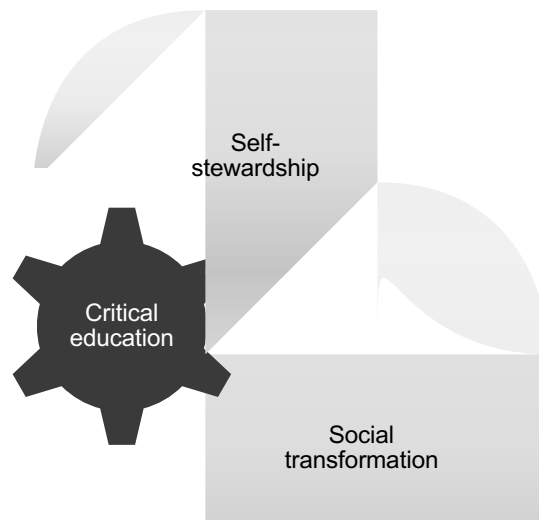
If we are surrounded by images we are absent from, or images we don't see ourselves reflected in a realistic way, then it can be hard for us to hang on to a sense of our own self-worth. This is especially important developmentally ie for children, as it influences how they learn how to 'read' the world and understand/find their place in it.



We build a sense of worth through how we see ourselves when we look in the mirror or picture ourselves in our mind, how we feel others perceive us, what we believe about our physical appearance (memories, assumptions, and generalizations) and how it feels to be in our body. This is what is at stake with 'body image'. Body image is ever changing as how we feel about our bodies can easily change depending what else is going on for us and how we are being treated. Well Now explores 'body respect' as this brings into view the strong influence of external factors on shaping individual experience of 'body image'. There's a pdf on the website with more information on this.

For example, a fat child who only ever sees fat children portrayed as lazy or bad characters on TV, and hears fatness ridiculed by adults on TV, gets the message they are not as good as thin children and that life would be easier if they were thin, even if they are surrounded by adults who love them just as they are.

Conversely, if we belong to one or more 'in-groups' and are surrounded by images where we are over-represented, and usually portrayed in positive ways, then we can begin to accept our privilege as normal and inevitable. This can contribute to inaccurate assessment of ourselves and others. For example, a thin child might begin to think they are somehow a better person than their fat friends, or that it's ok to tease people about weight, or that the reason they were picked for scholarly teams before other children is because they are more deserving – nothing to do with the fact their face fits. This is not to guilt trip people for privilege, but to highlight how it works against critical thinking and left unexamined, will reinforce stereotype.



## Discussion

It can be overly simplistic to blame media images or supermodels for eating disorders. Certainly, being exposed to stereotyped images can have detrimental effects on people's sense of self-worth and hide privilege. However, focusing in on the media may cause us to miss important points about an overall context in which some people develop eating disorders.

Media messages can be divided into

1. those that are intended
2. those that are implied, or cultivated



Media images and stories about body shape and fashion are linked to messages about race, class, gender roles, feminine and masculine identity, prestige, desire, indulgence, self-discipline, beauty and success. If children aren't helped to develop the skills to 'translate' these messages they end up with a set of beliefs such as:

- it's more important for women to be thin than anything else
- only beautiful people can be successful
- ask the group to come up with some more –

These beliefs increase prejudice and privilege. They may be 'wrong' in the sense of being morally repugnant but they are not necessarily untrue – our physical appearance can influence how much we earn for instance.

### Useful Reading to Critically Engage with Links Between Fashion Industry and Fat Hatred:

<http://obesitytimebomb.blogspot.co.uk/2009/11/kate-moss-nothing-tastes-as-foul-as.html>

Advertising creates illusions and impossible standards, which no one is able to live up to in real life. It can lead to expectations that foment dissatisfaction with our bodies (and to which our response can be changed by the practice of acceptance).

- Some work on eating disorders is based on the assumption that most people are brainwashed into taking media images and hype or spin at face value. Does this apply to you?
- Researchers in different fields have shown that media images provoke a process of attention and interpretation that is influenced by the age, personality, situation, beliefs, motives and information processing approach of the viewer.

So unscientific messages about weight loss and clichéd communication about body image can prompt eating distress when these messages are reinforced by family, peers and health care professionals, and when the viewer has a low sense of their own self-worth and a disorganized sense of identity.

Building body respect then becomes about challenging diet mentality beliefs that dignify restrained eating and devalue body diversity. It also involves measures that help build respect and self-respect in general, such as instilling a sense of competency in children that does not rest on weight and appearance management, helping children learn to trust and value their bodies, and reducing the impact of a risk environment by teaching media literacy.

## Size Diversity and Intersectionality

In order not to repeat power imbalances along other axis of discrimination, even while we are sensitive to size, it is important that we remember that our own point of view is one way of knowing the world. Good intentions are important – but they don't educate us! Reading up on the concept of intersectionality can help us understand ways to make sure we don't inadvertently repeat oppressive power dynamics. While working for equality we need to make sure we make space for silenced voices to be heard, and have hard conversations that can strengthen understanding and connection.

See this link for more information on race and fat activism:

<http://www.nolose.org/activism/DOC.php>



## Scientists are human too

Western thinking has historically made gendered assumptions that were taken-for-granted so that the belief that women were physically at risk from over-exertion, for example, was an idea that was immune to question/scrutiny for a very long time. Eventually with more awareness of the belief system of sexism it became recognized that the idea that women can't safely train for marathons wasn't value-free science but was based on a stereotype.

In the same way, society is very sizist so it's not so surprising that scientists are too. I'm not excusing it of course – but understanding this can help us engage with resistance.

We tend to respond to information in ways that reinforce the beliefs we hold. This means that when a (sizist) scientist reads 'obesity kills' they don't have any reason to disbelieve it, after all, the thinking goes, everyone knows it's bad to be fat, right? No –wrong! But when something is presented as normal or inevitable it tends not to be questioned. And new ideas that go against the grain can seem fanciful – often they are deemed to be 'biased' as the original bias in sizism is invisible because it fits so well with what seems obvious and natural.

Can you think of other instances where something is presented as neutral or scientific when really it reflects a bias?

It's not only is size that this happens. Some disciplinary groups that rely on health science have recognized the need for, and value of, looking again at their practice to identify assumptions based on reductionism, class, age, gender, ethnicity, disability – size and shape. The Royal College of Psychiatrists, for example, conducted research into stereotyping based on gender and class (RCP, 2000).

They sent psychiatrists case notes that were identical except for the name of the patient. Patients were given names that identified them as male or female and that were also linked to class. For example, in the men, Wayne was seen as a working class name and Matthew as a middle class name. The psychiatrists were then asked to make a diagnosis. Do you think everyone received the same diagnosis, given that the case notes were identical?

In fact, women were less likely to be seen as violent than were men –even though the notes were the same – and working class men and women were more likely to be given stigmatized diagnoses (ie psychosis) than middle class men and women (who were more likely to be diagnosed as depressed). This was an important piece of work as the society acknowledged a problem existed around classism and sexism and took steps to raise awareness among members.

## Session Eight

### Compassion in context

There's is a useful summary article on compassion-focused treatment available here:  
<http://apt.rcpsych.org/content/15/3/199.full.pdf>

### Developing Body Appreciation

There are some helpful ideas here:  
[http://www.bodypositive.com/meditation\\_g.htm](http://www.bodypositive.com/meditation_g.htm)

### Strategies for Boosting Body Respect

Ask people to think about the 4 P's so they remain aware of potential for action across different arenas.

For people of all shapes and sizes:

- speak kindly to yourself
- meet your 'critic' with curiosity and thanks
- spend time with likeminded people
- do what makes you come alive
- practice tuning in/mindfulness
- list your talents, triumphs, values
- make time for people, places, activities you enjoy
- practice acceptance
- take time to cherish and pamper your body
- find supportive communities – in person and on-line
- read books, magazines, zines, blogs etc that support size acceptance (and that support your interests and growth generally)
- watch size positive films and plays
- listen to music that inspires, or makes you feel good
- explore your creative self
- hang out with people who value your company
- check in with yourself - tune in to your body sensations and your emotions through the day
- take your needs and wishes seriously
- remind yourself that weight is a measure of someone's weight
- find ways to protect yourself from insults
- remember talented people come in all shapes and sizes
- and that no-one needs to apologise for their size or who they are
- buy clothes that fit now – chuck the rest
- try out activities where you get to move your body in a fun or playful way and /or with fun people
- try starting a gratitude diary
- honour your anger at injustice, against you and others
- be astonished by the amazing capacities of your body
- find sources of pleasure ~ including food



- breathe deeply
- nurture yourself all ways – laughter, spirituality, time out
- be adventurous
- express yourself – through clothes, cooking, knitting - you name it!
- tell your story – share what's important to you with a 'caring witness'
- be gentle on yourself if you catch yourself being non-accepting
- add more things that are important to you to this list of ideas
- remind yourself it's ok to be ordinary
- ... and it's fabulous that you're you

## Endings

We're asking participants to engage with lots of ideas in each session. Many people will be challenged by their learning, and may feel alone with questions they'd ideally like to discuss, so that it could seem like a long time until the day of the sessions comes round again.

You'll notice that each session has an ending exercise built in. This helps instill the learning that's taken place for people during the session so they carry it with them in the interval before meeting again. Try and make this a routine, so it carries some weight and the sessions don't feel as if they fizzle out or end in a tearing rush.

*with appreciation for what you put into running the sessions, and all the work beforehand that makes this possible: thank you*