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Now

# Well Now Course Facilitator Lesson Plans

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## Getting Going

When you arrive at the venue for the first session –

- check fire drills for the day
- put up signs to the room from the entrance/car park
- check the accessible chairs are available
- can you provide water?
- put out clipboards and pens for the evaluation forms
- prepare a welcome page on the flip chart
- have name labels ready with an example showing use of pronouns

Ground yourself – and enjoy!

## Session 1 Understanding Diets, Dieting and Well Now

### Session 1 – Exercise 1 What Brings you Here?

#### Introduction

Introduce yourself and the course, cover housekeeping, explain pronouns if this is a new concept to anyone in the group.

If you're using consent forms and collecting equality and diversity/demographic details now is a good time to hand out forms.

A key aim to create a friendly, safe learning environment for the group and respectful relationships are core in this. Remember that not everyone will be comfortable with working in a group, even if they have turned. (This can be because of personality differences, nervousness about the unknown/groupwork and/or neurodivergency.)

Hand round post its and pens. Write the following on the flip chart:

- what brings you here?
- how would you like things to be different for you in 8 weeks time?

#### Lesson

1. Explain that it would be helpful for you to have an idea of what people are expecting from the course. This enables you to ensure that everyone is in the right place (I once had someone come who thought they were on a relaxation course); to gauge main interests, motivations and concerns in the group and to theme these collectively; to outline the course topics and to reassure people about what you will be covering. You can also refer back to the list at the end of the course which can be interesting for the group.
2. Explain that you will ask for feedback per couple/3.

Questions you might find useful to get people thinking include:

- o what are you hoping we will cover?
- o do you have any queries or concerns?
- o is there any perspective you think you will uniquely bring to the group?
- o have you heard of Well Now or body respect before?

3. You will also ask people to introduce their partner by name and say their favourite pudding (or whatever you choose). Ask people to work in twos or threes answering the questions using post-its if they want.

4. After about 10 minutes, or earlier if the group has gone quiet, ask people to introduce their partner by name, say their favourite pudding, and then say what they discussed.
5. Write the feedback on the flip chart in a list, showing common themes and links between themes as these emerge.
6. After all comments are written up, use the list to give an overview of course content and the time line.
7. In case there is something that won't be covered, clarify this.

This is an important exercise in identifying expectations and giving an overview of what is covered, and when. Having this information can help reassure people that you will be getting on to the topics that are important to them meaning they can focus on the topic at hand. It also serves to clarify any misconceptions about course content. It also helps break the ice and gets people talking to each other, first in a small group then together.

### **Wrap Up**

Thank people for sharing and explain how valuable it is to have a feel for what their hopes, concerns, motivations, ideas are.

## Session 1 - Exercise 2 Group agreement for working together and evaluation

### Rationale

This exercise builds on the opening exercise where you've just asked why people have come; point out this involved people sharing their stories, thoughts and feelings.

The Well Now course is based on learning together as we share experiences and beliefs. We'll all learn from each other's lives and ideas. In order to make sure this feels safe you want to be clear about what we expect as behaviour within the group. It's useful to name the principles we will use as guidelines and not just assume we all expect the same thing.

### Goals

- To establish the values we want to work by in order to create a safe place for sharing and learning.
- To discuss and agree counts as helpful and what is unhelpful, non-acceptable behaviour

### Lesson

Write 3 questions on the flipchart:

- what do you want from other people?
- what do you want from the course?
- how will you contribute to making this a great group?

### Part 1: What Makes a Great Group?

1. Divide people into groups and hand out post its.
2. Ask each group to answer the 3 questions, giving as many answers as they like and using a new post it for each answer.
3. As a whole group ask people to stick the answers on the flip chart and talk us through.
4. Ask open questions to explore ideas further and clarify intended meaning/s.
5. This will act as the group agreement, or safety net (you can draw 'strings' between the different post its to illustrate this concept). Ensure the group are in agreement. Be aware of group differences eg. In speaking style.
6. NB Inform the group of your duties around confidentiality in relation to Safeguarding Adults policy (typically that you have a duty to inform an appropriate person if someone is in danger of harming themselves, others, or being harmed.)
7. Let the group know that you abide by a named Code Of Ethics eg. dietitian's/ trainer's.



### Process Questions

- what is important to you when working as a group
- what do you mean by that eg. confidentiality – don't mention anything discussed outside room? or mention it but anonymously?
- what if we disagree? what does respecting each other mean then?
- how can we use what we've discussed here to best effect e.g. any group member can refer to the agreement if they feel the criteria are (at risk of) being violated

### Wrap Up of 'Making a Great Group' Agreement

1. Thank the group for participating and recap some key answers.
2. Explain that you will bring it each week, or type it into a handout (as appropriate).
3. Remind the group the list is there to be used by them as a shared resource to help in creating a safe place.

### Part 2 Evaluation

The group agreement provides a good base to go into the evaluation from. Participants have started interacting and have little more idea of what to expect from the course, so they are more relaxed than when they arrived. In this atmosphere it is easier to introduce the evaluation as something that is useful to participants – as well as being a means of data collection for providers.

Hand round evaluation forms, clipboards, pens. Ensure table space for anyone who needs this (not everyone will find it possible to use their lap, including some fat people). Explain privacy in data collection, what the forms cover, why the evaluation is relevant to providers and how the information is used. Can you give feedback from data collected so far? Also explain that people will be asked to fill in the same forms at the end of the course and it can be interesting for them personally to see changes in pre- and post-information.

Explain why the section on thoughts about eating is a bit long winded. This is because it is validated, which means the data are reliable and known to reflect actual experience: they cannot be explained away by chance. In order for them to be validated, and remove chance, the same question is asked in different ways.

Can you provide scribes in case of low literacy or difficulty writing? if not, think about other ways to ensure inclusion.

## Session 1 – Exercise 3 What do you know about diets and dieting?

### Rationale

Asking people what they already know about a subject is an essential feature of the Well Now approach. This way of building knowledge together recognizes the value of hearing the particularities of people's lived realities, which can help prevent stereotyping. It also makes space to respect emotion, and demonstrates your commitment to pro-actively hearing marginalised voices and airing uncomfortable stories. On the whole there's a strong cultural narrative to value what we learn about diets and dieting from experts and not to question science. What you're doing is showing that you think other ways of knowing also have their place and how helpful it can be to question expert knowledge especially when it's at odds with our own experience.

### Goals

- To explore experiences and knowledge of dieting - the welcome, the difficult & the variable

### Lesson

Explain that a Well Now approach assumes that our existing knowledge will be relevant. In this exercise we'll discover how people's own experiences are an important source of information.

Ask people what they know about diets and dieting, from their own experience or what they have read or heard. Note how I've avoided the obvious terminology of 'positive and negative', which can imply judgment. Instead I've used descriptive words –welcome, difficult.

### Process questions

- what words do they associate with dieting?
- what prompts you to go on a diet?
- what happens when you go on a diet – initially?
- then how are you feeling at 2 weeks; at 3 months?
- what's likely happening to your weight – your mood – your eating – your social life?
- what are some of the consequences of dieting?
- what are some of the benefits of dieting? Remember to pick up on and open discussion on the benefits people experience, such as feeling understood, companionship from a group setting, feeling in control, hopeful.

### Discussion

A key learning point is the importance of valuing personal knowledge. Everyone knows diets don't work long term, yet this knowledge is effectively disregarded when the next diet starts because we over-ride it with other knowledge – the erroneous (false) idea that diets DO work if we try hard enough – that comes from experts. Learning to take our own experiences seriously, and talk about things when our realities don't seem to match up with what we're told, is one part of the Well Now

approach. We are letting people know: our stories matters. Your story matters. Your emotions matter too, and can be useful pointers alerting us to situations where things don't seem to add up. In fact, that's how the Well Now way developed –as Lucy felt there was something they were missing in their dietetic work and went looking for the gaps, and paid real attention to dieter's and fat people's experiences and size stigma.

### **Wrap Up**

We'll keep on returning to this idea of our own knowing. In a minute we're going to turn and consider the science on the subject of dieting, but first we'll get clear of what we're actually talking about when we say dieting.

## Session 1 – Exercise 4 What do we mean by dieting or the diet mentality

### Rationale

It's important that everyone is clear what you mean when you talk about dieting and the diet mentality in order to help tease out differences between restrained eating, the 'healthy eating diet' and a healthy relationship with food. This exercise also points to the central role of language in forming/changing our thoughts and so influencing our actions. It demonstrates to the group that you are serious about communicating clearly and giving space for confusion to be aired.

### Goals

- To clarify what we mean by 'diets' and 'dieting' in the context of the Well Now course
- To explore distinctions between dieting and a Well Now approach.
- To explore some of the hallmark thoughts, affect, words and actions associated with dieting.
- To reassure learners that they will not be judged for continuing to pursue diets or diet mentality thinking.
- To identify points of intervention for transforming the diet mentality.
- To explore ways in which the Well Now philosophy can be misunderstood/ misappropriated by mainstream health professionals eg. 'we only talk about healthy eating anyway'
- To illustrate that the Diet Mentality stems from our intention and can't be removed just on the basis of behaviour

### Materials

- 3 paper bags with knitted apples or plastic apples or real apples in. On one bag write 'crumble' (or local pudding using apples), on the 2<sup>nd</sup> write 'high fibre' and on the 3<sup>rd</sup> write 'special offer'.

### Preparation

- Set up board writing 'Diet Mentality' as a title.
- Have your paper bags at the ready.

### Introduction

1. Explain that you're going to give several scenarios and want people to say which one they think is dieting.
2. You enter the room and someone [use a learner's name if you like] is tucking into a bag of apples. Pick up the first bag. You comment "They look tasty" and the person replies:

- “Yes, they are low fat and high fibre aren’t they? Plus all that water content so I thought I’d fill up on them. (or: Yes, I heard on the radio you should eat two 70 minutes before every meal) (Scenario 1)
- Pick up the 2nd bag. Scenario 2: Yes, they’re my favourite variety, just in the market, I’m going to make an apple crumble later too, yum!
- Pick up the 3rd bag. Scenario 3: Yes, they were on offer and I’m famished!

### Lesson

1. Ask the group which one/s they identify as dieting, or the diet mentality, and why.
2. See if anyone can give the unstated rationale behind Scenario 1, if not, explain that the unsaid sentence would go something like - because then I won’t eat as much later... and then I’ll lose weight.
3. Ask people ‘what does dieting look like’ and write a list. NB It may be that you covered some of this already in the previous exercise, which is fine.
4. An important point to cover is the distinction with medically/culturally restricted diets. As you go along, draw a distinction between restricted diets for religious beliefs or diagnosed conditions eg. a gluten free diet for people with coeliac disease, a peanut-free diet for people with allergies, and diets for weight control. When we refer to ‘diets’ in Well Now we’re talking about the weight loss version, not the restriction on medical or religious grounds.
5. Ask the group to identify key characteristics of the Diet Mentality and to define it. Help them to identify that the Diet Mentality refers to anything we do (eating slowly, chanting) where somewhere along the line our motivation is to control our weight, whether we say so in as many words or not.
6. Give a clear definition of the diet mentality, using as much of the group’s vocabulary and thinking as possible, and explain that it’s in the handout.

### Process questions

- what behaviours do you associate with dieting eg. skipping meals, buying diet products, avoiding social meals - (You may already have covered some or all of this earlier, in which case, just refer back to it).
  - are there any differences between dieting and eating well?
  - what ways can we kid ourselves (rationalize) dieting eg. eating more fruit and veg. ‘because it’s good for us, when in fact we are hoping to eat less calories
6. Explain how being governed by Diet Mentality thinking can become engrained, eg. Buying diet yogurts because you’re in the habit of it. People can continue to eat things for years they don’t even like because they have become accustomed to it and afraid of putting weight on if they buy the regular product. Be sure to make clear that people follow diets for a reason – saying someone has a diet mentality is an observation and not a judgment. There is no need to feel guilty or bad or in need of explaining or justifying yourself if you identify with these patterns. In fact, as we’ll see later, this non-judgemental awareness and acknowledgement is the first step in change.

### Wrap Up

From this we move in to looking at the science of dieting, starting with research data about effectiveness.

## Session 1 – Exercise 5 Evidence of in/effectiveness of weight loss behaviour

### Rationale

It is highly likely that most, if not all, the group believe that the science shows that with willpower and the right combination of food and activity long-term weight loss is possible and safe. The learning from this exercise is a touch-stone myth buster that you will keep referring back to throughout the course.

### Goal

- **To ensure learners are aware of the myth and fact in weight science**
- **To teach people about the evidence for effectiveness of dieting in terms of long-term weight reduction**
- **To teach people about the evidence for harms of dieting**
- **To explore some of the key assumptions underpinning the promotion of weight loss**

### Introduction

1. This exercise builds on the opening exercise in which many people shared stories of diets not being effective.
2. Tell people that, as you mentioned in this earlier exercise, you are now going to look at the science of dieting in terms of long-term effectiveness

### Lesson

1. Divide the group into two in the following way: Ask people to stand in a line according to how far they have travelled to be here. Then split the group into two along this line, group A and group B.
2. Scenario: group 1 have decided they want to feel healthier and agree to meet up once a week for 2 years and encourage each other to lose a few pounds. Note that they plan to go about this sensibly, through eating well, including allowing for treats, and doing more exercise and no-one is going to go on a crash or fad diet.
3. Group 2 have also decided they want to feel healthier and agree to meet up once a week for 2 years and do things they feel better for – could be going for a meal, cooking together, going for a walk, meditating, colour-me- beautiful, bit of art/music, an outing etc etc. Try and find - or ask for - examples that are realistically likely to match and expand what group members might enjoy.
4. The 2 years are up and you all meet again in this room. Welcome back!
5. Question: statistically speaking, what is likely to have happened to people's weight in each group – ie. according to the evidence is it likely to have gone up, reduced, or stayed about the same? Encourage people to expand on their answers : what makes you say that?
6. Explain that, as people will no doubt be aware, there is heaps and heaps of evidence from weight loss trials. The best available evidence shows that the most consistent effect of weight loss

behavior is weight gain. That means group 1 are likely to have increased in weight and group 2 are likely to have maintained a stable weight. (see for example French et al 1994 in Mann et al, 2007).

7. Reiterate that this means that it is not people who fail at dieting, dieting fails them.

8. What about willpower? Chances are that someone will raise the belief that diets WOULD work if only people stuck to them. Explain that the underlying assumption here is that anyone who is determined can lose weight and keep it off through appropriate diet and exercise.

9. And the evidence around this is that: *“Long-term follow-up studies document that the majority of individuals regain virtually all of the weight that was lost during treatment, regardless of whether they maintain their diet or exercise program [5,27].*

*Consider the Women’s Health Initiative, the largest and longest randomized, controlled dietary intervention clinical trial, designed to test the current recommendations. More than 20,000 women maintained a low-fat diet, reportedly reducing their calorie intake by an average of 360 calories per day [102] and significantly increasing their activity [103]. After almost eight years on this diet, there was almost no change in weight from starting point (a loss of 0.1 kg), and average waist circumference, which is a measure of abdominal fat, had increased (0.3 cm) [102].”*

(From Bacon and Aphramor Nutrition Journal <http://www.nutritionj.com/content/10/1/9>)

8. Stress these findings and stay with queries, outrage, disbelief. You will keep referring to the science behind the assumption that “diets work if you just try hard enough” over the lifetime of the course.

### Process Questions

- how does it make you feel to hear that?
- does it raise any other questions for you?
- do you believe it/me?
- How does it sit with what you already know –eg from your experience?

Again, be sure to ask questions that encourage people to articulate their opinions and feelings, and discuss intra- and inter-personal contradictions.

Clarify that here, what you mean by ‘effectiveness’, refers to the reason many people go on a diet, that is, for sustained weight loss. However, as well as the assumption that sustained weight loss is possible there is another hidden assumption – ask ‘can anyone suggest what it might be’?

You are leading to a brief explanation that challenges the assumptions that dieting is 1) safe and that 2) weight loss leads to health improvement.

### Wrap Up

1. Diets don’t work – at least for long term weight loss. Explain that’s not the same as saying no ever loses weight but that it is a myth that cutting calories/increasing exercise leads to safe, effective weight loss. (Also, diets *do* work as distraction, coping etc, and diet logic works to oppress).

2. Let people know that you’ll keep coming back to this evidence on effectiveness/harm for the duration of the course. Check in with how people are feeling.

3. State that we've seen that people already knew this and expand to introduce the relevance of Well Now practice. Well Now is about learning to trust ourselves and learning to listen to our body knowledge. Your emotions matter, they are telling you something useful. Common ways of thinking encourage us to live in our head and dismiss the body or repress emotions eg. To ignore hunger signals if the diet says we can't eat for another hour, to try and stop feelings of shame or despair or anger. The Well Now way gets us back into the body and helps us find ways to take note of our emotions, this puts us in a grounded place of control over our own lives and decisions – also known as having a sense of agency.
4. Now you're going to look in more depth at why health practitioners tell people to lose weight.



## Session 1 – Exercise 6

### Untangling weight, health, respect, social factors and health behaviours

#### Rationale

Everyone everywhere is telling people thin = healthy and fat = unhealthy. This exercise uncouples 1) weight and health and 2) health and health behaviours.

#### Goal

- **o help learners think critically about the relationship between health, weight and health behaviours.**
- **To teach the science on health and weight.**
- **To unpick science and myth regarding weight, health, respect, social factors and health behaviours.**
- **To identify moralistic reasoning in the field of weight and health.**
- **To introduce the concept of stigma (disrespect) as a health risk and respect as a health asset**

#### Introduction

We are going to explore whether there is any basis for the commonly held belief that thin = healthy and fat= unhealthy.

#### Lesson

1. Draw an outline like the chart over leaf on the flip chart. Fill in the top row only.
2. Ask the group why people get told to lose weight and write a list down the left hand side.
3. Make sure you include joint or back pain and depression or low self- esteem.
4. Now invent an imaginary person. Explain that this person was recently diagnosed with the first condition on the list, say, type 2 diabetes. At the time of diagnosis they were doing shift work that they found very stressful for all sorts of reasons. It also meant they mainly ate sandwiches or 'something on toast' at meals and were only active for a short time each week. Fortunately they've since managed to change their job to one they really enjoy. In addition, not only are they cycling to work every day but the shorter hours and regular schedule have enabled them to spend more time cooking, and they love experimenting with seasonal vegetables. They have more leisure time and enjoy being active outdoors. As they have got used to their routine they have started using a body scan (mindfulness practice) app for twenty minutes before work. They feel tons better. Their weight hasn't changed at all.
5. Go along the 2nd column asking if, going by the evidence, we would expect health improvements due to food/activity/mindfulness in their diabetic control even if weight is unchanged. Emphasize the fact that weight is unchanged each time you ask. The answer is yes, changes in eating for wellbeing, physical activity and mindfulness can all improve diabetic control independent of weight loss. (We are not saying the changes will definitely improve health, but that they can.)

6. What about being treated with respect? One reason our person changed jobs was that they were being bullied. Do they think there is any link between how we are treated (bullying as a lack of respect for instance) blood sugar control (or incidence of diabetes in a group)? How is this usually talked about? The answer is yes, there is a link, via stress. So, ensuring people are treated with respect and dignity is important (as a human rights' issue and) for individual and population wellbeing.
7. Are we doing any harm by focusing on health-gain and respect?
8. Let's turn this last question back to the alternative, weight correction/'management'. Are we doing any harm by focusing on weight 'correction'? The answer is yes, although the harms of weight 'correction' are typically glossed over. Asking a question about harm brings hidden or repressed knowledge into view: there are very real costs to pursuing a weight-centred agenda. Just think of the misery of dieting and shame and stigma engendered. We will also consider another aspect soon (weight fluctuation –but don't give the answer away).
9. How then, might you respond to the diabetes consultant who points out that her patient, Jay, went to see a dietitian, lost a significant amount of weight and has considerably improved their health measures, including blood sugar management? The consultant is not a curious questioner who is inviting discussion on an apparent anomaly in order to deepen your mutual understanding. Instead, they suggest that Jay's weight loss disproves the belief that 'dieting doesn't work' (for health-gain). They think that focusing on health-gain and body respect is sacrificing people who otherwise would lose weight with a conventional approach.
10. Can the group name any of the assumptions in the consultant's concern?
11. It's true, many people who attempt weight loss will end up heavier than they were before their diet. But the main point is not that diets don't work. This concern limits 'what matters' to discussions of health outcomes. The main point is that focusing on weight 'correction' leads to shame and stigma. Shame and stigma diminish people's dignity. Diet logic leads to oppression, oppression is a human rights issue. This is why Well Now pursues health justice and body respect, and doesn't pursue weight change.
12. Holding up weight loss as proof that diets 'work' assumes weight loss leads to health improvement. Yet someone could lose weight by starting smoking, so this needs unpacking.
13. Most people who attempt weight loss end up yo-yo dieting and there is a robust association between yo-yo dieting, or weight fluctuation, and death from all causes, plus an association with death from heart disease in particular.
14. A final point: of course, anyone who is above their set-point who is going to lose weight with dieting will similarly lose weight with a Well Now approach. Well Now is not anti-weight loss, it is anti-the pursuit of weight loss.
15. We can go along the columns in the same way with heart disease. Eating for wellbeing, appropriate activity, mindfulness and respect can all impact heart health. (Just so you know, the dietary change that is best supported by the evidence as cardioprotective is to have sufficient omega 3 oils. Eating plenty of vegetables and fruit comes a close second. The belief that we should watch saturated fat intake isn't supported by the evidence.)
16. Yet, isn't it true that there is a link between BMI and heart disease? That people of a higher BMI have increased risk of heart disease than people of a lower BMI? Yes. Absolutely, there is a link. A link shows an association. When data from large scale studies, such as the Framingham

study, were first analysed they showed this association. Initially it was assumed that fatness caused heart disease. What behavior are fat people more likely to engage in than thin people? (Be prepared to respond to stereotypes in replies when you ask this question). Fat people are more likely to diet (and use toxic diet pills). When the results were re-analysed to allow for weight fluctuation the excess risk disappeared.

17. **Joints:** ask how a thin person might expect to be treated for knee pain. Now ask how a fat person with exactly the same knee problem might get treated. The difference highlights size bias in the medical pathway. A thin person would likely be asked about the pain and receive pain medication, strengthening exercises or further diagnostic intervention. A fat person would likely be told to lose weight. They would miss out on the medication, exercises and diagnosis. We need to ensure that everyone is taken seriously and receives equally appropriate treatment. This means assessing the fat person's needs for medication, exercises and diagnosis. If we stop here, we are offering a weight-neutral approach.

18. Well Now is a health-justice approach which means it is weight-equitable / weight-inclusive. This means recognizing that the experience of seeking treatment and the meaning of knee pain are likely very different for fat and thin people. The thin person leaves feeling heard and understood. They had no qualms about going for an appointment as they expected to be treated seriously, at least on account of their weight. It's a different prospect altogether for the fat person. And sure enough, they leave feeling ignored and disrespected. They are worried about their knee pain. They feel angry and/or hopeless; being disrespected and feeling anxious add to their pain.

19. How might size discrimination impact healthcare and health-seeking behaviours? Also explain that, in addition to the direct hazards of poor treatment, experiencing size discrimination involves living with stigma, which as we have seen, is a health hazard.

20. Make clear that in medical and moral terms pain always warrants acknowledgement and alleviation, never judgment. This means there is no basis for anyone to judge themselves or feel guilty or ashamed for being in pain (or guilty or ashamed for feeling guilty or ashamed). Medical and social attitudes that view bodies and weight as morally laden are plain wrong: 'and I am sorry you have been made to feel this way about your body. I am sorry for what you've experienced because of fat bias and bad science. That shouldn't have happened.' It may help to remind someone that thin people get knee pain; to spell out that often non-weight bearing joints are painful too - showing that pain occurs where weight is not a factor. Reiterate that no-one should be made to feel guilty for being in pain. That everyone deserves respect and good treatment full stop.

21. What if a fat person has been supported with eating for wellbeing, with appropriate activity and pain management. Their GP is respectful and takes them seriously. The GP and the patient wonder if their weight might be contributing to their pain. Ask the group, what then?

Chances are that someone will suggest 'sensible eating for weight loss'. Remind the group that trying to lose weight is very likely to lead to weight gain. So especially if there might be a link between

weight and health, the last thing the person needs is dieting –and weight gain. Discuss why health-gain and self- and social-acceptance of body respect are the way forward. There is no safe method to recommend for weight loss.

Given that fat people do get knee problems and it can be harder for them to use public exercise facilities or get relevant advice, what would an appropriate response be? How about access to leaflets on suitable exercises for prevention/management of knee pain.

6. **Depression:** Changes in self-care, grounded in kindness, can support self- management of depression in people of any weight. Remember, self-esteem is not measured on the scales or by a tape measure. It is not 'improved' by weight loss. Self-esteem is influenced by self-worth and acceptance, in turn influenced by respect, trauma and social circumstances.

### Process questions

Psychologist and fat activist Deb Burgard enjoins us to ask: Do thin people get this condition? (If yes, it shows that weight is not causal i.e. not 'to blame'). If so, what is the medical pathway? How are they treated by the practitioner?

Other useful questions are:

- how does exercise influence blood sugar control? (makes the cells more sensitive to insulin so more glucose enters the muscle, the benefits of being fit continue even when you're stop exercising)
- if someone is being treated unfairly does the problem lie with the victim or the perpetrator?
- what does this tell us about the belief you need to lose weight if you have high blood pressure, for example?
- or the belief you should try and lose weight if you have diabetes ...? Blood pressure and diabetes can improve with behaviour change ie. without weight change; focusing on weight can be harmful; focusing on health-gain, and on body respect ie compassionate self-care is not harmful and supports sustained change

### Discussion

If healthcare costs come up discuss fat people as a group with particular medical needs to be met. And as an underserved group, surely an appropriate response is to aim to meet these needs? What is wrong with spending money on providing hospital beds that are safe for everybody? Healthcare savings would come from stopping using BMI as a measure of health. Savings would be realized by treating conditions (ie treatment according to metabolic profile) rather than weight as that way thin people who miss out would get treated, and fat people who are metabolically fit wouldn't get treated unnecessarily. Ultimately, health equality will come from social equality, and size discrimination is part of the problem, not the solution to healthcare costs.

## Wrap Up

Point out that what we've done is untangle beliefs about weight and health behaviours. We've just seen that when people are told you must lose weight to improve xyz it would be more accurate to let someone know that if they're able to improve your eating and activity patterns, and reduce stress levels, 'you're likely to feel much better in yourself on a day-to-day basis. Your weight may or may not change, that's not the point of making the changes. What we know from the evidence that your health will benefit whether or not you change weight.

In other words, there are health benefits linked to nutrition and exercise that have nothing to do with weight. We also started to untangle the myth that thin = healthy, and fat = unhealthy. (By considering if thin people also get the condition blamed on fat). In fact, many factors influence our health above and beyond diet, exercise, and even yo yo dieting. Respect means every body – not just thin people, not just healthy people. Not just fat people who keep active and eat veg.

A significant way to improve health for fat people is to ensure high quality healthcare and reduce stigma. Also highlight the fact that the group already knew most of this – you just helped them sort through the maze of myth and fact. We're continuing this line of inquiry by next unpicking weight and health. But before that, you're going to introduce a model that is central to the course teaching.

## Session 1 Exercise 7 The hunger-o-meter

### Rationale

We decide to eat for all sorts of reasons. This session helps people identify how they feel in themselves when they are at different stages of hunger and fullness. It highlights the importance of taking our body signals seriously as a valuable source of information, and how this helps us take

C:

### Goal

- To explore a practical way of tuning in to hunger and fullness
- To help people find ways to make sense of their experiences of hunger and fullness

**Materials** – paper fasteners, arrows and arches for hunger-o-meter

### Introduction

Welcome the group and ask if anyone has any comments or feedback from last week's session or from thoughts and events during the week, including reference to the To Go sheet for those tried them.

Does anyone have anything they want to share? Did they discuss the ideas from class with anyone in the week? Notice any change in their thoughts? What was the most significant idea of learning point for them? Any conflict or confusion?

How was it noticing hunger and fullness?

Explain that this week's session is about mood and food, and this theme extends over 2 weeks. We'll start with a recap to warm up and then move on to new material which includes how to tune in to our body signals of hunger and fullness.

### Lesson

We start with a brief recap of what people remember from the last session. Divide people to work in small groups. Ask them for words they associate with dieting and for words they associate with Well Now. Then write these up on the flip chart in two lists.

Go through the list checking for understanding and allowing space for people to express confusion, conflict, challenge.

Reiterate that the focus of the session is on how our feelings influence our eating, but you want to take a step back to start with and work out how it feels to be hungry.

1. Draw a scale of 0 to 10 across the top of the flip chart. Explain that 0 is the reading when you are really hungry and 10 is the reading when you are totally stuffed – it's a Hunger-o-meter.
2. Hand out the hunger-o-meter cards, arrows and paper fasteners. You might need
3. a sharpened pencil to hand for people to pierce the card to insert the paper fastener.
  
4. Ask people to work in small groups to think of words they associate with 0 – being very hungry. They write these down, or doodle them, at the left side of the
5. hunger-o-meter card. Encourage people to think of emotional and visceral (to do with the body) descriptions and add any colloquial (local) phrases.
  - Where does it register?
  - What does it feel like?
  - Does it alter their thinking?
  - What thought and emotions do you associate with it?
  - Are there any memories, or particular circumstances it reminds you of?
  - What emotions or associations are welcome and which are difficult?
  
6. Then ask each group to do the same for 10 . Finally ask for words that fall along other points of the scale eg. nibbly, peckish, somewhat hungry. Everybody should end up with a card with words or pictures illustrating various stages of hunger.
  
7. Ask each group to give examples of words they linked with each number and write these on the main flip chart. Be careful not to indicate disapproval for being at either extreme, or to imply it's not healthy or somehow wrong, if people reach a 10. Giving an example of a celebratory meal, such as a feast, Christmas or Thanksgiving can help illustrate this for a 10. There are times when I am definitely at 11!
8. On the main flip chart model, draw a line starting from underneath 0 slowly moving the pen across the page towards 10. Then do this starting at a 3 or 4. In each case as you move the pen ask:
  - what happens when someone starts eating with a hunger rating of 0, when will they likely stop?
  - how will they feel?
  - when have you ever been at 0, Absolutely Ravenous; or what groups of people are frequently at 0 or 1? (Prompt for dieters and note that alongside dieting people may disclose extreme hunger because they have grown up in poverty, with neglect, or with erratic food supplies, including during war or exile.)
  - what is likely to happen when someone starts eating at 3 or 4?

Explain how, on a physiological or biological level, when you are starving the overwhelming drive is survival. When you've experienced involuntary food restriction, from poverty for example, there will



also be a significant rational motivation behind the drive to eat and eat. This strong urge to eat can make us feel out of control around food.

Show how when someone is at 10 they often restrict themselves so they're back at 0 or 1, starting the whole cycle over again.

However, if we start eating at a 3 or 4 we don't have the same urge to eat until we can't eat any more. So, we feel more in control around food, Food Dread lessens. As we practice this and learn that we aren't going to keep returning to a state of starvation Food Panic becomes a thing of the past. We learn to use food to nurture ourselves, not to deny ourselves nurture. The idea of trying to control our food intake becomes irrelevant.

What we have seen is how dieting, by putting us at stage zero sets the scene for the hunger bolt - uncontrollable eating that then generates difficult feelings. At a very basic biological level, not letting ourselves get too hungry can make a huge difference to how in control we feel around food. This has shown us what we already know about hunger that is mainly biological or physical, now we're going to look at hunger/eating that is mainly driven by emotional needs.

### Process Questions

How can we avoid getting too hungry?

- plan to eat/cook/ shop (this involves taking our needs seriously)
- carry snacks eg fruit and nuts
- timetable an energy drink eg. glass of milk
- tune in to our bodies – work out where you feel comfortably hungry so you know when you need to start thinking about preparing food. eg. if you want to eat when you're at a 3 you need to start thinking about food at a 4 or 5, if you leave it until 3 you're likely to slip down to 2 and be over-hungry.
- see if it helps to eat 'by the clock' if we are chaotic eaters and want to establish regular eating patterns - trying to notice any change in mood or energy levels or bowel movements

### Wrap Up

This insight into the biological drive to eat can help us make sense of times when we feel out of control around food, and enable us to take better care of ourselves both physically and emotionally as we learn to 1) take our body signals seriously as a source of important information and 2) eat to nurture ourselves.



## Session 1 – Exercise 8 Introducing Well Now

### Rationale

Having looked at the evidence that disputes popular claims about weight loss we can be left feeling dejected: if not dieting, then what? This section looks at a safe, effective alternative known as Well Now.

### Goal

- To introduce learners to the key principles of a Well Now approach and the fact that there is evidence from science and social justice/ activism supporting them.
- To give an overview of the Well Now approach in practice
- To outline the key principles of acceptance and compassion.
- To introduce concepts of mindfulness, connected eating, body awareness/minding the body
- To show how Well Now thinking differs from diet mentality thinking
- o reinforce how attention to language can help us alter our thinking

### Materials:

- prepared cards for diet and wellness cycle from resources (or pack of cards)

### Introduction

Recap on first half of session. Explain that having seen that diets don't work – which people already knew – we are going to look at an alternative approach called the Well Now way.

The Well Now way is a health-justice approach. In more everyday language it can be thought of as a health-gain approach. There are other approaches that don't focus on weight, called non-diet approaches of which the most well-known is HAES. While at face value there is some cross over between HAES and Well Now, these are two distinctly different paradigm approaches. An obvious example is around Connected Eating, which we'll get to soon. (There is some slippage in the literature. For example, Lucy used a lot of her Well Now work in the book *Body Respect* before realizing that what she was calling HAES was not everyone's idea of HAES: that Well Now and HAES were not one and the same thing.) The main difference is that Well Now theory, and so practice, integrates social justice concerns from the outset.

### Lesson

1. Remind the group of the diet cycle you drew when you asked people about their experiences of dieting. Explain they are now going to explore this further and devise a wellness, or acceptance cycle.

2. Divide the group into smaller groups and hand out a diet cycle pack of cards to each group.
3. Ask each group put the cards into a cycle with “I am not ok/I should be thinner” at the top.
4. Then hand out the wellness cycle pack. Ask each group put the cards into a cycle with “I am ok/I accept myself as I am” at the top.
5. Remind people they are free to disagree and question what’s in front of them

### Process Questions

- if it’s not about weight how can someone measure success?
- if it’s not about weight can it ‘work’? is it saying weight doesn’t matter?
- could there be any unwelcome side effects from Well Now?
- how does it make you feel to hear about a Well Now approach?
- does it raise any other questions for you?
- do you believe it/me?
- what do we mean by a healthy relationship with food? what would it look like in terms of behaviours and attitudes?
- why isn’t the evidence for the health-gain approach better known?
- whose interests are served by fat stigma?
- who benefits from the idea only thin people are healthy?

Again, be sure to ask questions that encourage people to articulate their opinions and feelings, and discuss intra- and inter-personal contradictions ie. mixed feelings, and differences of opinion.

### Discussion

- Give some background to Well Now (and how it relates to and differs from HAES if relevant), and local approaches to weight and health, to put the course in context.
- A Well Now approach works in two ways. On the one hand it helps people of all shapes and sizes learn to value themselves as they are right now which improves their health, and quality of life. Plus it works to raise awareness of the much greater impact of so-called social determinants of health on people’s health outcomes. In particular, it shows how the social factor of size discrimination is bad for people’s health and it frames size discrimination as a rights issue.
- Well Now promotes respect and equality for every body as an end in itself and as a way forward if we are serious about reducing health inequalities and improving fairness in people’s lives (also known as social justice).
- Well Now is not about fixing people, and heaven forbid, fixing fat people. It is about being with people in mutually supportive ways, looking at existing ideas about food, eating, worth and weight and together discussing new ways of thinking about food, fairness and health. Instead of focusing on weight, its starting point is focusing on helping people develop a healthy relationship with food through fostering respect and compassion.

### **Wrap Up**

Well Now thinking opens us a way for to make peace with eating and our bodies. It shows us how to shift away from the idea that eating and weight are things we need to control. Instead, we can think about eating for enjoyment and nurture and think more broadly about how we can best care for ourselves, and our bodies.

The Well Now way assumes people have an innate drive for wholeness and introduces ways of thinking that help them learn to rely on this.

## Session 1 – Exercise 9 Introducing Kindfulness

### Rationale

Having looked at the evidence that disputes popular claims about weight loss we can be left feeling dejected: if not dieting, then what? This section looks at acceptance, compassion and mindfulness –or kindness - in a Well Now approach.

### Goal

- **To continue exploring the key principles of a Well Now approach and the fact that there is evidence supporting them.**
- **To discuss acceptance and compassion and differentiate them from positive thinking.**
- **To introduce mindfulness and appreciation as they relate to acceptance and compassion.**
- **To introduce the terms kindness and kind eating**

### Introduction

Core ideas in Well Now are acceptance and compassion and mindfulness (tuning in). Ask if anyone has ideas on acceptance and compassion that they'd like to share.

What are other words for 'compassion'?

**Acceptance:** In order to change something we have first to accept it. This is not the same as saying we agree with something, or that we like it eg. If an elephant sits on our car we might not like it but until we accept it, accept the reality, we can't do anything about it. It's no good trying to drive off, and if we don't accept it and call the insurance company they can't pay out to us. It means not fighting or denying what is real for us.

Ask for a volunteer to push your hand against. Explain you'd like them to respond by doing what comes naturally – so a "knee jerk" or maybe "elbow jerk" response. Push your hand against theirs, note the response. Then let your hand rest against theirs. In the first case you are likely to meet with resistance as they push back, in the second case you are likely to meet with their hand just being. Ask them to tell the group what happened. Explain that the more we try to ignore, deny, avoid something the more energy it draws from us psychologically keeping us engaged with it. It's a bit like what happens if we try not to think of pink and green striped cows! Acceptance means recognizing something without judgment – this is really important. It's not the same as some 'positive thinking' methods that try and help us change something by positive affirmation.

For example, if you want to improve your confidence and you repeat to yourself 'I am confident, I am confident' and put up stickers stating this, trying hard to overcome your lack of confidence by drowning it out with up-beat opposites. (Undoubtedly some people find this helpful, and I know people on the Well Now course who have used this technique, I'm not saying it is wrong, just that it is different from what I am talking about when I talk about acceptance).

Acceptance would be “I accept myself as I am” which includes “I accept my low confidence” (and maybe also subsequently “I accept my denial!” “I accept my fear of failure” “I accept feeling stupid” ) and having accepted this, without judgment, what we know is we are then better placed to transform it. We can also think of acceptance and compassion as being kind to ourselves and being our own best friend.

Instead of getting caught up in the struggle to change we create a distance, called the Observer Mind (or witness in consciousness or non-attachment), or more simply – we Step Back - that gives us more say in how we respond because our energy is not in the fight, and we have more clarity. It’s ok, we accept ourselves.

Acceptance and non-attachment is not the same as not giving a damn. It’s not resignation and judgment (‘oh, I have such low confidence I’ll never manage this speech) but knowing we are always worthy of respect despite our shortcomings (I am really nervous about this speech: I accept myself as I am).

**Compassion:** This refers to being kind, and not judging people. Self-compassion is about us being kind to ourselves, treating ourselves as if we were our own best friend... cutting ourselves some slack when we don’t measure up to our highest standards, and being warm and understanding to ourselves anyway. It can be worth pointing out the value of compassion in action and of compassionate wisdom. There’s more in the background reading.

**Mindfulness:** Some people may feel that acceptance and compassion are a long way from where they are now. There’s a simple practice that can help us develop more acceptance and compassion that can be begun straight away. This is called mindfulness. Mindfulness involves stilling the mind to focus in a particular way. It has a long history – of a few thousand years!! There are structured courses teaching mindfulness and lots of information on the web. In the Well Now course you’ll be encouraging people to silence the mind and ‘tune in’ to their body. People might like to continue to explore mindfulness proper outside of the Well Now course.

**Appreciation:** When we feel a feeling it becomes easier for us to feel that same feeling again. It can be really hard if we often feel difficult feelings, and seem a hard place to get out of. One way of seeding more pleasant feelings is by practicing feeling gratitude. When you get into bed at night, can you think of three things to be grateful for? It might be the fact of having a bed to get into, talking with a friend that day, appreciating your cat. What is it that you can find to appreciate in your day? Some people like to keep a Gratitude Diary and write down three –five things they are grateful for before getting into bed. You can also try out new thoughts on waking. Handout Waking Thoughts has some examples.

## Wrap Up

In a few minutes we’re going to see how kindness works in practice around eating. But first we’ll take a short breather to tune in and pay attention to our bodies.

## Session 1 - Exercise 10 Body Awareness

### Rationale

You'll demonstrate a quick activity that can be done easily, that brings us back to the body, and that helps people build resilience. It's self-nurture in practice.

### Goal

- **To demonstrate 'tuning in' in a short activity.**

### Introduction

I've just demonstrated how easy it is to talk about bodies in an abstract way without giving our bodies a meaningful look in. This short exercise serves to remind us how quickly we can shift our focus for a moment of stillness that calms and grounds us.

When we do things that make us feel safe and calm we change our physiological state and release the 'trust' hormone called oxytocin. When we have these feelings often enough they register in our body and rewire our brains.

### Lesson

Invite people to begin by imaging lifting their heart.

Already there will be a shift in people's posture which can also shift mood and alertness.

It is worth us remembering this simple act can help to energize and calm us.

Now place your hand on your heart. Breathe deeply and gently, aware of your touch and any warmth from this touch. Can you breathe in a sense of contentment, appreciation and self-care?

Time this for one minute.

### Wrap Up

Ask people to notice what a difference even taking just one minute for themselves like this out of the day can make. How many times do they think they could do this in a morning if they wanted to? In an afternoon and evening?

## Session 1 – Exercise 11 Introducing Well Now

### Rationale

This section looks at how acceptance, compassion and mindfulness work in practice to support self-nurture, which as we will see later, promotes 'gentle nutrition'.

### Goal

- **o relate acceptance and compassion and mindfulness to eating behaviours as mindful eating.**

### Resources

- **bookmarks from handouts, Newsletter, To Go sheet, journal sheet.**

### Introduction

What has this got to do with food? We're going to see how acceptance and compassion can break the feel bad, diet mentality cycle:

Draw figure 2 step by step as you explain the scenario below.

Let's say we've had a really rough time and as soon as we get home we head for the biscuit tin and eat two packets of chocolate cookies.

### Process Questions

- How do we feel?
- What's like to happen over the next 12 hours?
- What were we trying to do by eating the biscuits?
- How do we wake up feeling?
- Is there any impact on our eating, self-worth or mood the next day?

Build on the group's existing knowledge to explain how troubled eating behaviours are often an attempt to soothe/comfort ourselves, and how resourceful it is to have found a way of getting through when we have been on our own with difficulties, or haven't been able to make sense of things, or haven't had other ways of coping to turn to. Troubled eating has had a purpose and it has helped us get through to today.

What is happening in the dieting cycle? – see background reading

Well Now practice starts from a place where everyone is worthy of respect and kindness, already, as they are, right now. 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? What might a compassionate response look like? To break the cycle,

when the old thoughts of failure, guilt, shame, disgust, come in we don't need to fight them but we can tell ourselves that "I accept myself as I am" or -

- I breathe in loving kindness
- I accept and respect myself and others
- I am one with the power of good/love
- I appreciate this new option for peace
- May I be well and happy. May everyone be well and happy.
- I respect my emotions

Alternatively people may prefer phrases other than 'kind talk'. These could be linked to the learning they're engaged with, which might evoke confusion, or difficult feelings during the week, for example: "I am glad to be challenged".

Do any of these phrases resonate with people? Would they like to try some of them out over the week? ... or 'bookmark' them...?

Hand out bookmarks for people to write phrases on they want to remind themselves of during the week, or to draw pictures/symbols that will remind them of the idea of, or feelings evoked by, acceptance and compassion.

### Process Questions

- what thoughts do you tend to focus on when you wake up?
- how would your day be different if your first waking thought was 'I accept myself as I am' OR 'May I be well and happy. May everyone be well and happy' OR 'I breathe in lovingkindness'
- can you suggest any phrases to nurture acceptance?

### Wrap Up and Ending

We've spent a little while thinking of ways to pat ourselves on the back – this might be a change from beating up on yourself?! Speak to someone in the group about how things might change and be different when you start to use your bookmarked phrase? How else can you remind yourself to practice kindness to yourself, and appreciation?

Give the session one handout to anyone who would like one – explain you'll be covering the Magic Biscuit/Cookie next week.

Suggest that people try noticing hunger and fullness during the week and come prepared to share what they've learnt if they want.

Also pass round the Feel Good sheet/journal and the To Go questions. Explain these are for people's own use to help them keep their learning in mind during the week and that you'll ask at the beginning of each session if anyone has anything they want to share. Thank everybody and say goodbye.



## Session 2 Mood and Food

### Session 1 – Exercise 1 Health and weight or healthy weight?

#### Rationale

We need to be clear what we're saying when we talk about someone's healthy weight. Plus, why the term 'health and weight' (and not 'healthy weight') is needed instead in policy.

#### Goal

- **To introduce a meaningful way of thinking about healthy weight**
- To explain the need for the term 'health and weight' in policy

#### Lesson

It's easiest to demonstrate this visually. Raise your hands so they're palms down and joining about shoulder height. Explain that's someone's weight where they are eating a varied diet in response to appetite and taste and keeping active.

They also smoke. They stop smoking and their weight falls - move one hand down - – which is their healthy weight?

A second person is a non-smoker, eating well and keeping active. Their weight increased in the last few months as they needed medication. The only way they can reduce their weight is to stop taking medication – which is their healthy weight?

What does this tell us about healthy weight? Your healthy weight is the weight you are with healthy behaviours. Any weight that is maintained at the expense of self-care is not a healthy weight eg. by smoking, excessive exercise.

The term healthy weight is useful for individuals. However, this isn't the case in all situations. For instance at policy level because a "Healthy Weight Policy" implies that there is a weight range people should aim for. It's based on the same principles as an "Obesity (sic) Policy", the language has changed but not the assumptions.

Ask: can anyone think of an alternative title?

Using "Health and Weight Policy" untangles BMI and weight change from health and opens us a space for discussion of health that embraces social factors, relationship with food, trauma etc.

#### Wrap Up

In the last three exercises we've looked at adult weight. We came up with ideas about what influences adult weight, and learnt new facts. We also looked at the concept of set-point and have a working definition of healthy weight for individuals and some critical thinking on the term. There's a lot of rubbish on weight out there but now we have more chance of sifting through it!

## Session 2 – Exercise 2 What influences adult weight?

### Rationale

The linked ideas that adult weight is primarily determined by how many calories someone eats/expends, and that it is easy to change by sticking to a diet, are so commonly taken-for-granted that it can seem ridiculous to think about challenging them. This exercise introduces learners to the science in the area and considers factors other than calories that impact on weight.

### Goal

- **o think about what influences adult weight and consider the relevant science.**
- **To teach the science on adult weight regulation.**
- **To introduce relational thinking.**

### Introduction

We are going to explore what influences our weight as adults. We'll tie this in with the concept of 'set-point' in the next exercise.

### Lesson

Write the title question 'what influences adult weight?'

Ask the group what they think influences adult weight and write the answers on the flip chart.

### Process Questions

- if identical twins who are separated at birth meet as adults, statistically speaking, are they more likely to be closer to each other in weight or closer in weight to their adoptive families?
- is there convincing scientific evidence that thin people eat less than fat people?
- is there convincing scientific evidence that thin people are more active/ less sedentary than fat people?
- why might someone's weight change over their lifetime?
- are there health conditions associated with weight change?
- why might siblings be very different weights?
- It can also be interesting to consider why populations might be gaining weight.
- (See background reading for this section).

### Wrap Up

Yet again there was a lot you already knew, and quite a bit of wrong information to sort through. Now we're turning to the concept of set point.

## Session 2 – Exercise 3 Set Point

### Rationale

This exercise introduces learners to the concept of set point, or settling point, and its impact on adult weight

### Introduction

We've just looked at what influences adult weight. Introducing the theory of a 'set point' can help people make sense of this and also helps explain why diet logic is flawed.

### Goal

- **To introduce the concept of set-point.**

### Lesson

Ask what could, in theory, be an influence on your current weight. Then explain that, given all the things mentioned, this is your settling point in your current environment. ie. everyone is programmed to their own settling point through their genetic make-up and metabolic inheritance (experiences that affect groups and that continue to be passed on through generations) and by in utero experiences to be a certain weight – or set point - as an adult. The set-point at any given time is a function of the person in their environment.

So, your current weight is a reflection of your set-point and the fact that you have particular food preferences, exercise habits, medication needs, stress levels, employment status, level of well-being etc. If this was to change – say you moved to live somewhere where you could no longer easily get hold of that chocolate you so love, and had to walk 5km to fetch water whenever you needed it, then you would settle a new, lower, set-point that reflected your genetic make-up and your new circumstances. Again, maybe you broke your leg and could no longer cycle like you used to, and needed pain killers that led to weight gain - you'd have a new set-point that was a function of your programming and your new set of circumstances. But trying to alter your weight up or down without this radical change in circumstances would be very difficult and disruptive.

Your set-point is a measure of your body in relationship to your past, life course events and your present environment. The concept of viewing ourselves in relationship is central to a Well Now philosophy – we're biology + biography (Kreiger's phrase).

Can we alter set-point? Our set-point is influenced by body readings of whether we're weight stable or whether we're losing or gaining weight. The body responds by regulating weight change through metabolic reactions and also by signaling hunger and satiety (fullness). Our bodies are finely tuned to respond to weight loss with feelings of hunger so that we get the urge to eat.

On the other hand, responses to weight gain that dampen appetite are not so precise. Weight loss from dieting triggers a starvation response in the body which drives the set-point higher. This explains why people talk about 'dieting myself up to this weight' and why non-dieters, who rely on their bodies' internal processes to regulate weight, in contrast keep their weight remarkably consistent.

### **Wrap Up**

There is variation in how tightly regulated someone's set point is, and also in how quickly set-point responds to change in calorie intake. This fact of individual variation makes a nonsense of the idea that calorie counting can lead to predictable weight loss, an idea we'll look at more soon (with the bomb calorimeter).

## Session 2 – Exercise 4 Connected Eating

### Rationale

This session helps people understand some of the impulses for eating.

It defines connected eating, restrained eating, mainly emotional and mainly physical eating/hunger. By helping people distinguish between hunger that is primarily sensed in signals of fullness and satiety, and hunger that is primarily aroused by disconnect. This can mean we want to eat because of emotional needs, including feeling deprived of foods. (Disconnected eating can also be someone reacting to being starving.) Helping people make sense of what's behind their urge to eat is a step in making peace with food and eating.

- **To distinguish between eating that mainly arises from disconnect and rules (including emotional hunger) and hunger that arises from mind/body connection using mainly physical cues (connected eating) and any other sources of hunger**
- **To show how feeling compelled to eat regardless of physical hunger and cognitive restraint are inter-linked**
- **To reinforce the importance of embodied knowledge**
- **To touch on the usefulness and the limits of categories**
- **To help people find ways to make sense of their experiences around food**

**Resources** – scenario cards

### Introduction

We're going to spend the next 15 minutes or so working out how we recognise when hunger is mainly driven by body-mind disconnect and food rules or meets mainly emotional needs in the absence of physical hunger cues and when it's mainly triggered in response to body signals and allows for a holistic, rounded approach to eating. For shorthand we can think of these two drivers as connected and disconnected eating.

### Lesson

Hand each small group a few of the scenario cards. Ask them to discuss whether someone is eating for mainly physical or mainly emotional reasons ie. are they responding in a comfortable way to body signals and their circumstances or are they reacting in a way that ultimately causes them distress?

Remember how important it is not to imply and disapproval or judgement for people who are eating for mainly emotional reasons or using strict food rules.

Explain why Well Now uses the term *kindful eating*, rather than *mindful eating*. Explain that if someone is struggling with food, a first step is to support them if there is guilt or shame – as in the *kindful eating cycle*. Then we can help someone learn to tune in to body signals so they feel comfortable eating for wellbeing, which includes pleasure.

### Process Questions

- Why did you categorize the scenarios like that - what factors did you take into account?
- What are some characteristics of eating mainly for emotional reasons?
- What are some characteristics of eating mainly for biological hunger?
- Were you aware of your reasoning or did you 'just know'?
- Did the group disagree on anything?
- What impact do food rules have on our eating?

It's likely that groups discussed cross over between physical and emotional hunger, and even that some scenarios could be read more than one way.

- Can you relate to the drive to eat?
- What image does 'mindful eating' conjure up? Is this practical? How does mindful eating apply in about social occasions?
- Would someone with a healthy relationship with food ever comfort eat?

Noticing this highlights the usefulness of categories as a starting point for explaining concepts – here, the influence of biology and emotion on the desire to eat. It also reveals the limitations of thinking in categories as if they were 'real', rather than a teaching tool. In reality, our desire to eat is going to have both emotional and biological influences, after all, if for no other reason than emotions have a biological effect! Thinking in categories can be a useful starting point but it can also encourage us to think of different things as entirely separate, or see them as being in opposition to each other with one better or worse than the next. Everything exists in some sort of context, in relationship to other things, it helps make information more meaningful, and helps us find sense in our own experiences, when we remember to look for the links. We'll return to categories again soon when we look at what makes food delicious.

### Wrap Up

We've learnt that you already have a sense for when eating is connected and responsive to biological cues and social circumstances. And likewise people can often identify when eating is disconnected and reactive, driven by mainly emotional reasons. You'll also have noticed cross overs between the two. This exercise helped you to put what you already knew into words and sort out some of the gaps and contradictions.

When we get our thinking out in the open like this it can help us to use it in a more helpful way - does this feel true for you?

## Session 2 – Exercise 5 Comfort Menu

### Rationale

We decide to eat for all sorts of reasons, including comfort or affect management (managing emotions). This session helps people expand the range of practical options they have for managing their mood and comforting themselves.

### Goal

- To explore how eating fits in with self-care
- To expand self-care options

### Introduction

In this exercise we're going to look at why we want to eat when we're not stomach hungry. So – over to you -

### Process Questions

- 'why do we eat when we're not physically/body/stomach hungry?'
- or put another way, 'how do our feelings influence our eating?'
- why do we turn to food apart from physical hunger?'

Use this exercise to help people name other embodied signals that may be misread as hunger eg. tiredness, illness, thirst (ensure the group get these) You can also suggest - the need for human touch, company or conversation, fresh air, daylight, green space, movement.

Make a list of responses. This is likely to include emotions such as boredom, anger and loneliness.

If other ideas such as habit, hate waste, fear of rejection, come up tell the group you're going to put these to one side for now and cover them later (in the New Deal activity).

Remind the group that eating in response to emotions or needs (the need for human touch, company or conversation) is an attempt to soothe ourselves.

There is no judgment about it being a bad choice or being weak or a lack of willpower (or that we should condemn people who make poor choices or are judged to lack willpower .... ). Turning to food for affect management is resourceful and means someone is trying to look after themselves the best they can in that moment.

If time - choose one of the emotions, ask people where they would feel the emotion, what body sensations they associate with it. This is to help strengthen people's embodied awareness.

Now ask what an expanded 'menu of self-care' might include. e.g. listening to music, phoning a friend, arranging a haircut, walking, jigsaw, comedy DVD. Include an example of something soothing

that is embodied and ideas that cover all the sense if possible e.g. Hot bath, applying body lotion, relaxation, pain management. Some people may be able to identify patterns in distress and alter the cause, e.g. not watching soaps; avoiding trashy magazines. Point out that the opposite can be true i.e. other people will find comfort in watching soaps and reading trashy magazines. Can you make a list of mindfulness practices with the group?

People might notice be a pattern that emerges time wise, for example, if you come home really frustrated every Wednesday, and turn to food, can you do anything to change what it is that is so frustrating?

Clarify that the idea is not to stop people from turning to food completely but that if they are comfort eating 6 bars of chocolate\* every night it's no longer providing comfort but likely adding to distress. Clearly, just advising someone to stop eating the chocolate, without helping them come up with alternative ways of looking after themselves isn't going to be helpful either.

The exercise is to help people develop their own menu of ideas to help them manage their emotions, a menu that includes but also goes beyond food. It also enables people to talk about something that might be troubling them where they will not be shamed or ridiculed but experience feeling respected regardless of what they share.

You can reinforce the legitimization\* of foods so we don't give chocolate a bad rap!

### **Wrap Up**

We've taken time to think through ways you can look after yourself. We'll return to sound out emotions again later on.



## Session 2 – Exercise 6 Tuning In

### Rationale

Tuning in to body signals and identifying emotions can be a new undertaking for some people. By taking time out for focused awareness we can enhance our ability to tune in. The practice of paying attention in a focused way, without judgement, is called mindfulness. Mindfulness strengthens mind-body connection. This supports personal growth and wellbeing, and healthy relationships.

### Introduction

Explain we're going to take no more than ten minutes for an introduction to focusing for tuning in, also known as relaxation. This practice is taught more formally it is known as mindfulness and it has a very long history.

(Or repeat the hand on heart activity from Session 1)

### Goal

practice tuning in

### Meditation on the Breath

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

You can readily download an audio clip and play it from a laptop or iPhone or similar, or print a script beforehand.

Explain there are three options: to do the activity; not to do the activity; to pretend to do the activity. Ask people to get themselves comfortable in their chair with the spine supported and the feet flat on the floor. They might like to close their eyes.

### Wrap Up

Taking time for mindfulness practice can make a huge difference to how in-control we feel of our emotions. It can also help us learn to tune in to body signals and find a place of calm in ourselves.

## Session 2 – Exercise 7 Legitimizing foods

### Rationale

Eating, feelings, emotions, self-worth, wellbeing and food habits and beliefs are all related. Understanding our needs and desires can help us understand and heal our relationship with food and our bodies, and have beneficial influence in other areas of our lives. By working out what it is we feel like eating we are better able to satisfy our needs and gain a sense of agency around food and self-care. New understandings can also help us contribute to social change.

### Goal

- **To look at how the idea of legitimizing foods fits in with Connected Eating**
- **To build on people's understanding of meeting needs specifically around food choices**

### Introduction

Meeting needs: Explain the scenario : It's 1pm and you are ready for lunch. What you really fancy is some cheese on toast but what you in fact have is crispbread and cottage cheese. How much crispbread and cottage and cheese does it take to fill a 'cheese on toast' shaped hole?

How do you think you will be feeling after the crispbread and cottage cheese? What's likely to happen next? What would have been the likely outcome if you had 'let' yourself eat what you really fancied? Why might you decided against the cheese on toast? What does this tell us?

If we deny our needs, or intentionally mismatch them, or misidentify them we will end up feeling dissatisfied and continue making attempts to satisfy these needs.

We've said before that splitting emotional hunger and physical/bodily hunger as if they are two separate states reflects western thinking patterns and the limits of our current vocabulary. Nevertheless it can be a useful way of starting to make sense of what's going on for us around food even if in reality we can never separate out emotions from other bodily sensations.

A successful Sports Institute has a canteen for its residential elite athletes. Branded ice creams are available every Tuesday and Friday with the evening meal and you know what, there's consistently high turnout both nights. The dietitian decided to make ice creams available at all times by having a serve-yourself freezer in the canteen. What happened to ice cream consumption? (Answer: It went down) Why? What can we learn from this?

### Process Questions

- are Well Now advocates suggesting we should eat anything we like?

- does Well Now say that knowledge of science doesn't matter, we should always just go with what our body says?

### Wrap Up

We're going to think more about ways we can match up what we want and with what action we can choose to take. This focus on identifying and meeting our needs is a core concept of Well Now. It can feel selfish to take care of ourselves, especially when we're used to looking out for others' needs more than our own. The saying 'put your own oxygen mask on first' can help us to see how it's vital we look after ourselves if we want to stay well and be there for others in a helpful way.

## Session 2 – Exercise 8 The Magic Biscuit

### Rationale

What happens when we try and ignore our needs or eat ‘by the rules’ regardless of our needs or preferences?

### Goal

- **To demonstrate the power of rules and ‘shoulds’ to disrupt our relationship with food**
- **To harness the power of the magic biscuit to give a memorable new perspective on legalising off-limit foods**
- **To reinforce how attention to language can help us alter our thinking**

You will need a plate of biscuits/cookies, and post-its or paper in the shape of speech bubbles for people to write on.

There is a youtube clip of the magic biscuit (cookie) on the Well Now website.

### Introduction

The diet mentality involves cognitive restraint which teaches us to ignore our body and rely on the thinking of ‘outside experts’ even when this contradicts what we know is true for us. Intuitive and mindful eating encourages us to pay attention to body knowledge - but not cognitive knowledge. Well Now teaches the importance of using different ways of knowing and remembering they are all interlinked. So Well Now isn’t against using our heads – in fact it is a very rational choice because it improves health, advances thinking that builds a fairer world, and is cost effective. It corrects an over-reliance of ‘living in our heads’ by putting us back in touch with body knowledge, something that we’re not widely taught in this society.

The Well Now Magic Biscuit (Cookie): Let’s use The Well Now Magic Biscuit to illustrate this point.

Put a plate of biscuits/cookies on a table. Hand out the speech bubbles and ask people to work in pairs to record what the biscuits are saying to them.

Then ask for feedback. Use people’s responses to explain why making food out of bounds just isn’t helpful.

Here’s something to draw on: Say we had a few plates of biscuits, all different sorts, in the room when you came in. Those of you who were on a diet, had just finished a diet, were about to start a diet, or generally live along the lines of a diet mentality (no blame remember!) have hardly heard a word we’ve said because the biscuits are talking to you. ‘If I have that one I’ll get off the bus half way

and walk home'; 'I didn't have breakfast so it's ok to have three'; 'Hmm, my favourite, but I mustn't'; 'I'm so hungry but it's not worth it, I'll just feel guilty'; 'If I start I'll eat the lot'; 'Look at me, what will they think if I eat one'; 'I've not put all this work in to undo it now' and so on and so on. Those of you for whom a biscuit is just a biscuit will barely notice them if you don't like them and/or are not hungry, will have one, or two, or six, if you fancy them and/or are hungry but will not then need to have the conversation justifying your eating to yourself. You just ate a biscuit! That's all! In Well Now, a biscuit is just a biscuit. As you practice tuning in to your body signals, and noticing how food how makes you feel, you'll eat a biscuit if it meets your needs then and there, and then you'll move on, and judgement won't kick in to kick you.

Here's some more related examples:

Real Life Scenario from the Well Now course 1: Paula attended a church committee meeting once a week. There were always biscuits served but she never ate one (because she was fat and didn't want to eat biscuits in front of people because she didn't feel entitled to). When Paula arrived home from the weekly meeting she would regularly eat a whole packet of biscuits – until the time when she allowed herself to eat a biscuit at the meeting. She came home and having met her needs earlier, didn't then want any more biscuits. Biscuits were no longer a symbol of badness or deprivation, judgment or worthiness, and she was as entitled to do what she wanted as anyone else.

Real Life Scenario from the Well Now course 2: Jean was in her late 60's and couldn't remember when she'd last kept biscuits in the house. She was convinced she would eat them all and told us how they would call to her from the cupboard – we laughed because we knew what she was talking about. Jean was happy to discuss her thinking and fears in the session and agreed/decided that she would go home and buy three packets of ginger nuts. The deal was that once they were gone she would buy three more packets straight away so there would always be biscuits in the house. I don't need to tell you that Jean was pretty scared with her decision. Next session we were all keen to know how she had got along – and guess what – she had bought three packets, put them in the cupboard and "they didn't even whisper!" Jean had eaten some biscuits with her son when he came round and put them back. She said it was unheard of for her to have an opened packet of biscuits in the house! Then she had had another couple watching TV one evening, and that was it. The spell was broken: a biscuit was just a biscuit.

NB read up on attunement vs abandonment in Background Reading.

## Wrap Up

So, Well Now is not about giving up on yourself. It involves choosing to move from one way of thinking about food and your body that hasn't been helpful to trying another way that, according to the evidence, is likely to be helpful, and at the very least won't cause any harm. It's about taking yourself seriously, paying attention to how best to meet your needs, and it's also a rational self-care choice.

Don't worry if it has felt like a lot for people to take in. We will return to all these ideas in later sessions. NB You can hear the Magic Biscuit/Cookie on You Tube.

## Session 2 – Exercise 9 Bodies are not calorie burning machines

### Rationale

The ‘body as machine metaphor’ treats the human body as if it was an isolated mechanical unit. Thinking within this metaphor gives rise to a train of thought involving counting and measuring that encourages us to think of our bodies as a collection of separate organs joined together rather than seeing ourselves as complex, with body systems functioning to constantly adapt to our environments, and influenced by our feelings, environment, histories and so on. It also misses the fact that human beings thrive in relationships, not in isolation. In this exercise we explode this powerful metaphor and build on the idea that well-being arises from relationships.

### Goal

- **To show the problems that arise from the idea that the body is a calorie burning machine.**
- **To teach people about the bomb calorimeter**
- **To demonstrate that people use calories differently ie. as humans, not as machines**
- **To introduce the idea of how a mechanistic world view impacts on health care**

### Materials

- **flipchart and pens, you can also wear the bomb calorimeter T shirt if you have one!**

### Introduction

This exercise is the final one exploring weight science. We’re going to have a short history lesson on the calorie.

### Lesson

1. In the 1890s the American scientist Wilbur Atwater carried out experiments to find out how much fuel energy there was in food.
2. He used a device for measuring heat given off when food was burned to ash. Draw a square and then an apple. Ask people how many calories there are in an apple and draw wavy lines from the apple to the inside edge of the box.
3. Explain that he exploded foods and measured heat given off in kilocalories – known as a calorie for shorthand, and measured in kilojoules in metric.
4. He did this with lots of foods and built up measures of different amounts of energy/fuel contained in different foods.
5. The energy balance equation relies on these values as the “energy in” component. If we responded to calories as machines would, in a predictable fashion, then in a group of people where

everyone was eating 1000 calories more than they needed every day, as worked out using the energy balance equation, would gain weight at the same rate.

6. Yet we know that people respond differently to each other to calorie intake. For example, in an experiment where prisoners were over-fed by the same amount, people gained weight at different rates and some people stopped gaining weight even though they continued to eat a lot more than usual. (These studies were done by Ancel Keys in the 1950s, they wouldn't be permitted now)

7. The prisoners were then under fed, and again they lost weight at different rates and plateaued at a range of set points. What's telling is how men who had not had any issues with food prior to the experiment became obsessed with food, showed social withdrawal and loss of sex drive. Their preoccupation with food continued after they regained weight.

8. The same woman can use calories differently when she is pregnant than when she is not pregnant.

9. The type and amount of bacteria people have in their gut may also alter how much energy someone absorbs or excretes.

10. Dieting alters how your body uses calories. So changing the calorie content of someone's food intake has a variable impact on their weight change depending on their dieting history. This doesn't happen in machines!

11. All of this means that while eating less and/or exercising more is certainly a theoretically effective way to lose weight, it ignores the fact that living bodies are not static machines but interact with and respond to their environment. Put another way, the big news is – your body is not a bomb calorimeter – write this in large letters on the top of the drawing.

### *Process Questions*

- ⇒ how does it make you feel to hear that?
- ⇒ does it raise any other questions for you?
- ⇒ do you believe me?

Again, be sure to ask questions that encourage people to articulate their opinions and feelings, and discuss intra- and inter-personal contradictions.

### **Discussion**

Although the idea that altering calorie intake will lead to reliable weight loss over time is popular, and applies in the short term, it is scientifically proven that reducing calories does not lead to predictable weight loss long-term.

Certainly, someone starving will lose weight. But the idea that if you make a more moderate reduction in calorie intake this will reliably equal a particular weight loss over time that can be accurately calculated as if the body were a calorie burning machine is not true. People who are starving lose weight but we can't extrapolate (extend the relevance of) this to say that safe, effective weight loss is possible.

The idea that the body is a machine that can best be understood by looking at one part at a time, and can be 'fixed in the same way forms part of what is known as the mechanistic world view (or the

body as machine metaphor). Using this view health is pictured as something that we measure through numbers and measures. Emotions and other important, unpredictable aspects of our lives are given short shrift.

It means we think of 'health' as a property of individuals in isolation. Yet putting someone in isolation is the worst sort of punishment we can think of except for execution. So it hardly seems an apt way of thinking about health.

In fact, people starved of company are not healthy, babies who are fed but not cuddled fail to thrive. Young monkeys will choose an almost-hug from a model monkey over food. Health and wellbeing is fostered by healthy relationships, our relationship with food, our body, each other etc.

### **Wrap Up and Ending**

We'll refer to these ideas throughout the course, and return to the mechanistic world view when we cover health in more detail in session 6. All the topics are on your handout so you have a record of them. If anything occurs to you during the week you might like to make a note and we'll go through it at the start of the next session.

Can you suggest a saying that summarizes the learning e.g. I value my hungers OR I respect my needs.

To end the group: ask everyone to stand in a circle; then ask them to make a quarter turn to their right; and pat each other on the back saying "well done" in recognition of their involvement and learning so far.

Pass round handouts and To Go sheets to anyone who would like them.

Explore if anyone intends to try out their hunger-o-meter, or the idea, during the week.



## Session 3 - Mood and Food II

### Session 3 – Exercise 1 Connected eating – the food detective

#### Rationale

Eating, feelings, emotions, self-worth, wellbeing and food are all related. Being aware of our needs and desires can help us understand and heal our relationship with food and our bodies. It can have positive influence in other areas of our lives. By working out what it is we feel like eating we are better able to match and thereby satisfy our needs.

#### Goal

o explore strategies to help people learn to tune in to what exactly it is they feel like eating.

#### Materials

strips of coloured card and wide tipped pens (so the writing can be read from standing)

#### Introduction

Welcome everyone and check in with the group.

We'll build on last week's session and explore connected eating in a way that gives you more practical ideas and tools, like the hunger-o-meter.

**Warm Up:** Ask the group what connected eating means to them. Write key words on the flip chart. Then divide people into small groups. The task is for each group to come up with a definition of connected eating. The words are there to prompt them, they don't need to use all of them but they will probably find it helpful to refer to them. They can use more key words in their definition if they like. Ask if any group would like to read their definition.

**Input – connected eating:** This is an approach to eating where we learn to meet our needs by listening to our body signals and connecting these signals with other ways of knowing.

Neurotypical people are born intuitive eaters – what does a baby do when hungry? What happens when they have had enough? Most babies let you know when they are hungry and when they have had enough. With adult help they learn to distinguish hunger from other sensations such as being cold or tired, and from their emotions. If babies can't access body signals, and/or their carers aren't able to help them make sense of body signals, this 'intuitive' capacity can be disrupted.

As children grow up, their eating and development is shaped in the context of specific social, family and cultural beliefs/attitudes/access/circumstances. We become Connected Eaters.

Children who live in safe, responsive environments develop body signals geared towards longevity, and they learn to use their body signals as an integral part of choosing food.

When children live with neglect or experience trauma the development of body signals is disrupted.

In cultures with rigid body and gender norms, many of us learn it's not ok to trust our bodies or feelings, which can disrupt our relationship with food and self. We may grow up being told it's a sin to waste food and so have to continue eating even when we're full. Or there may be practical issues that impinge on our relationship with food, such as not having enough to eat so we eat as much as we can when there is food available, whether or not we're full. That makes a lot of sense as a survival strategy.

In addition, meals may have been emotionally charged for all sorts of reasons and this may still impact on how we feel about eating today. We'll return to look at these sorts of habits and patterns later.

Eating involves meeting our needs, and for many reasons this can become complicated. In which case, the first step is to work out what that food need is. Let's say we've identified it's mainly a physical hunger. The next step is to refine our understanding of what would match our need.

## Lesson

The Food Detective: Ask the group what sorts of questions they could ask themselves, or someone else, to work out what exactly it is they feel like eating.

Prompt so that someone realizes the value of asking about each of the senses. Food detective questions to elicit then include:

- ⇒ What do I feel like eating – is it hot/cold/chilled
- ⇒ Crunchy/chewy/slurpy/crisp
- ⇒ Sweet/savoury/bitter/tangy etc ask questions to refine ideas e.g. fruity to sharp to citrus
- ⇒ i.e. taste, texture/mouth feel, appearance, aroma, temperature, sound (!)
- ⇒ experiences e.g. trying something new, and practicalities may also feature e.g. finger food

Plus:

- ⇒ How hungry am I? (recalled from the hunger-o-meter activity)
- ⇒ How hungry do I want to be after eating?
- ⇒ Do any foods/meals spring to mind?
- ⇒ What's available?
- ⇒ Anything to notice about my response to these questions?

Split the group into two or three and hand each small group a pile of strips of coloured card. Ask them to write (and illustrate if they like) a range of words used to describe food – tastes, textures, smell etc. with one word per card.

Then ask participants to lay all the cards out together like a giant fridge magnet, grouping their answers into categories. This exercise reminds us of the usefulness and limits of categories – highlight this again.

### **Discussion**

It follows that the better able we are to identify our needs/ wishes/desires, the better able we are to meet them. With practice we develop skills of knowing without going through the process of asking questions, but some people find these questions helpful guides initially.

Over time, connected eating helps people be comfortable with selecting a variety of foods they like and eating them without fear or guilt. There might be a period of experimentation with unusual times or choices around food but in the long run learning to include body signals using Connected Eating helps dieters move away from restrictions and eat in a way that doesn't interfere with social eating or with the rest of their life.

Remember that splitting emotional hunger and physical/bodily hunger as if they are two separate states reflects western thinking patterns and the limits of our current vocabulary. It makes more sense to talk of 'mainly emotional' and 'mainly physical' hungers. The categorizing can be a useful way of starting to make sense of what's going on for us around food and embraces the reality that we can never separate out emotions from other bodily sensations.

## Session 3 - Exercise 4 Food Detective Part b Fridge Magnet

Each one person from the group to choose 2 tastes, 2 textures.

Ask the remainder of the group to choose 3 grains and a mix of 5 fruit and vegetables. The person with tastes and textures returns to their group.

Now give a meal situation e.g. picnic, celebration, budget meal, meal for meat eaters and vegetarians.

Now time them (5 minutes or so – see what feels right) as they build a meal for their occasion using the tastes, textures and foods they chose. They can add any other ingredients they want to.

This exercise helps us build links between abstract words and the tangible, embodied experiences of meal planning and eating.

### Wrap Up

If you struggle to work out what you fancy eating, or how hungry or full you are, might find some of these questions a useful place to begin. As you learn to trust your bodyself to work out what you need you'll start to feel more in control around food and being to trust yourself in other areas of your life.

Most of the information will have been provided by the group, and the ones they didn't come up with would be no surprise – there is a lot they already know about recognising and developing a healthy relationship with food.

It can be hard to hold on to your truths when they conflict with authority voices. For example, it can feel wrong to enjoy cake and pudding when you've been told to lose weight by cutting them out. Bringing hidden beliefs into the open and assessing them for their usefulness helps us decide what to keep and what to move on from.

## Session 3 - Exercise 4 Apportioning Control

### Rationale

We sometimes continue eating even when we're uncomfortably full. This session helps us find ways to see this as a choice rather than an inevitability.

### Goal

- **To help people feel more at peace with food by exploring alternatives, to and rationales for, continuing to eat when we're**

### Introduction

Take it or leave it: This exercise continues to answer the question "why do we eat when we're not hungry?" We've looked at emotional drivers, now we'll look more at other suggestions you have.

### Lesson Plan

Encourage the group to discuss why we carry on eating, or accept food, even when we're not hungry. Write/draw answers on the flip chart.

Common reasons are - because we don't want to offend; habit; because we've paid for it; because we don't want food wasted; because we feel compelled to; habit; poverty or food scarcity now or previously; because it's good for me; because it's so delicious; because I'm going on a diet tomorrow; because it's Curry Friday.

- Point out that awareness brings choice through the capacity to change. This is the New Deal - you no longer have to swallow it whole (just say no) or stick with the Clean Plate Club (S. Christian, 1996, in "A New You")– you can resign!
- Explore thinking behind statements, and encourage the group to suggest alternative rationales or actions. NB. Remember, not everything needs fixing!!
- Hate waste: serve or cook less, freeze or chill leftovers, compost waste; your stomach or the bin? 'wellbeing is terrible thing to waste'
- Habit: with new awareness we can decide to change, we might not change our choice every time but luckily there's no rules about consistent behaviours, we can try changing sometimes and see how that feels
- Food scarcity: if someone is now in a more secure place they can actively reassure themselves that they no longer need to go hungry, they always deserved to eat in a way that nurtures them and now they can – if they still eat until everything's gone

and they are uncomfortably full, encourage people to find phrases that comfort them.

- Show love for others who have prepared meal: ‘The New Deal’ is that the awareness of habit grants participants the capacity to choose their behaviours. They may still decide to eat until they are bursting when they visit their parents; this doesn’t mean they always have to make this decision, or that there are never any times they can refuse food.
- “It’s good for me” – really?! and so what?! [This is one of the phrases on the handout – remember to critique it!] NB The absorption of nutrients is not a mechanical process independent of emotions as it would be in a machine – instead it is influenced by how we feel. Eating green vegetables that you don’t enjoy ‘because it’s good for you’ is likely to be self-defeating.
- Routine e.g. because I always have a curry after the pub on a Friday - sounds fun : any need to change this? (discuss not creating issues where they don’t exist)
- Because it’s delicious – yum, any problem with that?

### Wrap Up

Eating past our comfort zone becomes a choice not an inevitability. To summarise this exercise in one phrase - “The choice is yours.”

In a more traditional approach people can end up feeling berated people for their actions (choices) and are told to take personal responsibility. This approach instead supports people to regain a sense of agency. We want to remind people they have options instead of them feeling trapped in unhelpful patterns. As people regain a sense of agency (feel like they are in the driver’s seat in their own lives) their default is more often that they act in ways that support wellbeing.

## Session 3 – Exercise 3 Feeling our Way Through

### Rationale

We decide to eat for all sorts of reasons, including comfort or affect management. This session helps people expand the range of practical options they have for managing their mood and comforting themselves.

### Goal

- **To help people feel more at peace with food by helping them accept their emotions**

### Materials

- **vocabulary handout per person**

### Introduction

We saw earlier how there are two steps with connected eating that need to take place in order for us to match what we want with what we actually eat. First, we have to work out what it is we want (and allow for the practical aspect of what's available) Second, we legitimize all food – we remove judgment and give ourselves permission to eat whatever it is we fancy. If we don't do either of these steps there will be a mismatch that will leave us feeling vaguely, or very, dissatisfied. It's the same with meeting emotional needs. First, we need to work out what it is we're feeling. Then, without judgment, work out what will help us nurture ourselves.

### Lesson Plan

In the same way that cultural ideas about food and eating, or practical circumstances such as lack of food, impact how we develop and respond to body signals, we may also have picked up beliefs about emotions that make it hard for us to work out what we're really feeling. For example, we're surrounded by ways of thinking that label things as opposites. We saw this earlier when we looked at the diet mentality being all-or-nothing thinking, otherwise known as black or white thinking, where everything is either one thing or its opposite with little room for inbetweenness, contradiction, uncertainty or merging. So, when we apply this way of thinking to emotions we're apt to label some good and some bad. But of course, emotions aren't good or bad, right or wrong.

Emotions are the body/mind's way of letting us know how we feel and helping us to make sense of our world. Some emotions might be painful, or difficult – shame, anger, disgust, grief, spring to mind - but that doesn't mean they're 'bad' or that we should seek to avoid them at all costs. Being able to feel the full range of emotions is part of what makes us human.

But having grown up in a society that judges, say anger, as 'bad', and more so anger in women, we may have learnt to deny our real feelings or to become afraid of them.

Note: You'll see here how the scenario incorporates 'usualising'. This means choosing an example that represents diverse communities without making a song and dance about it; the aim is to encourage a group norm that is inclusive. Making the effort to challenge the status quo like this can feel strange and contrived, as if we're involved in covert social engineering even. This just shows us how strong the influence of convention is, as, after all, choosing a less conventional example is no more social engineering than reinforcing the status quo with a conventional example.

Scenario: We'll consider a couple Sally and her partner Paula. What happens if Sally goes home and is furious yet when Paula asks how her day was she says 'Fine'? As Sally is clearly not fine Paula persists and instead of saying 'I'm absolutely furious!' and then telling her why, Sally moves on to say 'I'm just tired' or 'I'm fed up'. What happens to Sally's feelings of anger?

How does it impact on meeting our needs if we say we're ok when in fact we're upset in some way?

In the same way that we need to work out if we fancy cheese on toast or an orange in order to satisfy our need for food, we also need to work out what our emotions are in order to satisfy our emotional needs. Just as with legitimizing food, meeting emotional needs means legitimizing emotions – emotions are not good or bad, they just are. We might not like them, as we might not like blue cheese/bitter gourd [add examples] but that doesn't make them wrong.

Identifying how we're feeling: We pooled ideas on taste etc and came up with a whole vocabulary to help us answer the question 'what do I fancy eating right now?' In the same way, having easy access to a range of words describing emotions can help us make sense of our mood.

Ask the group for any local colloquialisms and their particular meaning. In Coventry I learnt 'yampy' ; and I grew up with 'mardy' in Manchester.

### Process Questions

- ⇒ how readily can you notice and name your feelings?
- ⇒ how readily can you notice and name your thoughts?
- ⇒ how readily can you notice and name body sensations?
- ⇒ what sort of messages have you taken on board about feelings – difficult and welcome ones?
- ⇒ are there any feelings you find hard to stomach?
- ⇒ do you know why this is?
- ⇒ is there anything you do to change state from a difficult feeling to a more comfortable one?

Hand out the emotions and body sensations list.

Ask people if they think it divides up states usefully. Point out that it's just a starter and there are more examples available (eg. on the web).

Ask if there are any glaring omissions for them?



## Wrap Up

We've taken a tour of a vocabulary of emotions and we have also started thinking about body sensations. How can this help us in relation to food and eating?

Here's a way of explaining things with the group: "In the same way that working out what we feel like eating can help us match need and action, so too, working out what we're feeling can also help us meet our needs. Identifying emotions and sensations can help us work out how we feel and so work out what we need. As we practice this we move away from the fear of unmet need and become more confident that we are taking our needs seriously and being kind enough to ourselves to put some energy into meeting these needs. As we practice 'reading' the body and being aware of it, we build trust in our body and ourselves. You might not get there first time, but the point is that you have acknowledged a commitment to self-care, and with this, to self-compassion.

Perhaps you haven't had much experience of looking after yourself in this way. Maybe there hasn't been the opportunity or expectation before for taking of yourself, or listening to emotions or sensations. The more you practice the more you reassure the doubting or neglected part of yourself that this is for real.

To really understand emotional eating we need to understand 'emotional meeting'. It helps us take care of ourselves, and understand emotional eating, when instead of fighting our emotions we learn to get along with them.

Sayings that can support us in listening to our emotions –

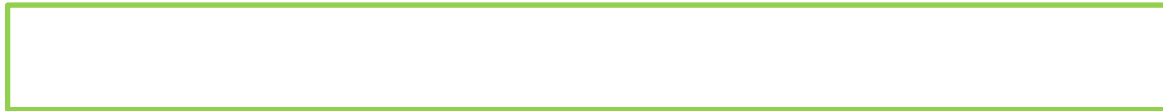
I am entitled to my emotions.

I respect my body's knowledge and the clarity this brings."

## Session 3 – Exercise 4 Belly Breathing

### Rationale

It can be useful to know what to do to relax out of accumulated tension.



### Introduction

There are things we can do in a minute or two to feel more relaxed. As you start, take a moment to check-in to your emotional state, your thoughts, and what you are feeling in your body. Just notice what is happening, without judgment or expectation.

### Lesson

Abdominal or belly breathing is the one of the most effective ways to relax quickly. By breathing with your diaphragm you will immediately signal your autonomic nervous system to relax. We're going to do this for 3 minutes. Place one hand on your belly and one on your chest. Take some slow, deep breaths into the belly. It's helpful, but not essential, to breathe in through the nose and out through the mouth. If you are doing abdominal breathing correctly, the lower hand should move as much or more than the hand on your chest. Continue this slow, deep breathing as I time us for three minutes, imagining the breath calming your body and clearing your mind. Notice how you feel.

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

### Wrap Up

Knowing things we can do to shift our state and calm ourselves can help us feel more in control of our emotions and enable us to better take care of ourselves.

Ask the group if there are any Well Now sayings that appeal to them. Write these up. Note how we can carry on fencing with feelings, or we can practice taking a step back, being interested in and aware of them, and accept them. We have more choice now, or put another way, we have more agency (power to act).

Pass round lesson handouts. Is anyone planning to incorporate the belly breathing or noticing emotions during the week? Next week we're looking at nutrition.

## Session 4 Food and Mood

### Session 4 – Exercise 1 GAMES

#### Rationale

This session explores nutrition science and facts to help people make links between what they eat/don't eat and how they feel.

#### Goal

- **To improve people's confidence in engaging with nutritional information in a way that is meaningful to them**
- **To give people a chance to try pulses**

#### Resources

A range of pulses including some in ready-made dishes.

#### Introduction

This week and next we're going to look at nutrition science using a 'body first' approach, I think of these two sessions as covering as the 'straight nutrition' bit of the course. But of course it's important to remember that everything we teach is mediated by our own interests and opinions, and that western science is just one way of explaining the world.

I've drawn on it here because it's what I'm familiar with, but I recognize that just because something can't be explained by what I know doesn't mean it's false. It's especially important we remember this as teachers when we have training in a dominant view point so we don't silence other ways of knowing, such as culturally specific healing practices.

A second caution is that you'll be talking about potential health benefits of certain foods. There will be people in the group who restrict their intake of these foods for some reason, the example that springs to mind is people with irritable bowel syndrome or Crohn's disease who have to restrict fruit and vegetable intake. So it's important to keep stressing that you're talking about food and wellbeing in general terms. When you talk about eating plenty of fruit and veg as something likely to promote wellbeing, you will always be bringing the science back to how someone feels. This is where you can make the point that the important thing is 'how someone feels' – so if you feel worse for eating it, then clearly it's not a promoting wellbeing. People who need to restrict fruit and veg often feel guilty for not eating as much as they think they should, may resent their condition for getting in the way of their good intentions, and may worry for their health. It can help to keep reminding people that they are doing the best they can.

- **Start by asking if there's any feedback or comments from last week.**

- What did people understand from the session? Recap key ideas - awareness, compassion, guilt and cycle of distress.
- Ask if anyone wants to share reflections from their journal or Takeaway.
- Did anyone use the belly breathing?

Explain that this week and next we'll be looking at how what we eat influences how we feel. We'll cover basic nutrition science and also look at common food myths. By the end of the sessions people can expect to feel more confident in understanding how food influences how we feel. We'll also be making links

GAMES Exercise:

Write

G-- -----

A-----

M---

E-----

S-----

on the flip chart. Working in small groups, prompt people to come up with following ways in which food impacts our physiological and psychological wellbeing. There's a lot of cross over between the themes but the mnemonic is fun and helpful.

- Gut comfort/health – fibre, fruit and veg, water (exercise)(probiotics)
- Alertness – hydration, blood sugar
- Mood – omega 3, blood sugar
- Energy levels– carbs and meal timings, concept of blood sugar
- Satisfaction – embracing and going beyond nutritional profile

Also vitality, long-term wellbeing - mention vitamins and minerals in general terms Factors that might come up are caffeine, allergies, chocolate and alcohol.

### Process Questions

- ⇒ why do we reach for caffeine?
- ⇒ what is a key food-related reason for feeling irritable?
- ⇒ why do we turn to sugary drinks? what's the effect in the body?
- ⇒ how is the nutritional difference between say a salad sandwich and cheese and salad sandwich experienced in the body?
- ⇒ what is a common avoidable food-related problem that causes millions of people discomfort and fatigue? [constipation]
- ⇒ in what ways does nutrition impact long-term health?

### Discussion - Keeping Nutrition in Context

A key idea to remember is that nutrients 'work' in the context of other relationships and circumstances in our lives and our relationship with food i.e. How we feel about a food, will influence its nutritional relevance to us. For example, if we are faced with a food we don't like we or feel negative about

eating we are less likely to absorb nutrients from it efficiently compared to a food we do like and feel positive towards eating.

Remember also to keep nutrition real-world by contextualizing it where you can. You could mention attention to falls prevention when talking of calcium for example, and facts relevant to being sun safe and vitamin D status that re appropriate to your location.

### **Wrap Up**

We've got a broad brush view of how food influences how we feel. Now we'll look at different aspects of body-food science in more detail.

## Session 4 - Exercise 2 A Closer Look at Veg Using the Well Now Doughnut

### Rationale

This session covers fruit, vegetables and pulses to help people make links between what they eat and how they feel.

### Goal

- To help people make links between how eating fruit, vegetables and pulses will influence how they feel
- To clarify people's understanding of the health and wellbeing impact of food and our approach to eating, focusing on fruit and vegetables

**Materials:** There is a tasting session so you'll need pulses/wholegrain salads for people to try, with utensils and plates. You'll also need to ask

### Introduction

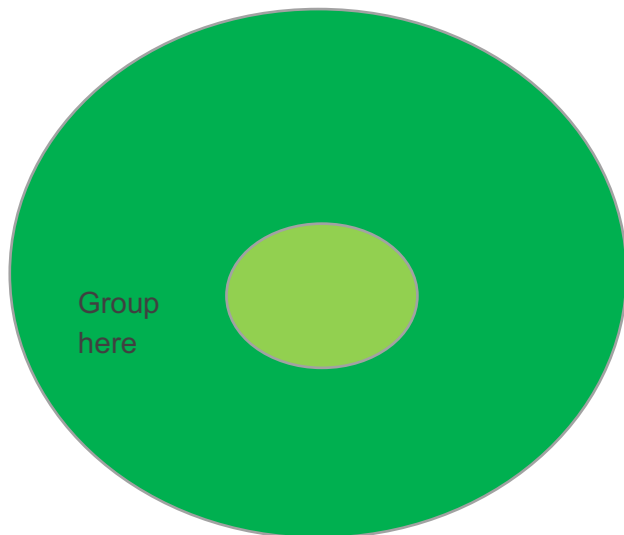
Throughout these sessions we're going to start with food and/or the body and work outwards to nutrition and science. Towards the end we'll fill in the gaps by discussing some stand-alone nutrition facts.

The aim of this exercise is to link people's current, often mainly theoretical, understanding of nutrition with an embodied perspective. Note each of the sessions starts with meals, foods and body responses and then seeks to build bridges to science.

### Lesson Plan

1. Draw a large circle representing a plate on the flip chart with a middle, like a doughnut. (Figure 2). Ask for a few people to volunteer what they ate for their dinner last night, or what their favourite meal is.
2. Write this up by grouping foods into mainly carbs, mainly fruit and veg, and rich protein sources so you have a pie chart in three sections.
3. Ask people to identify each category ie carbohydrate rich foods/protein rich food and fruit and veg. foods. Note that protein-rich foods can often be rich in fat too.
4. Now cover up the fruit and vegetable group and ask people how they'd feel if they ate meals low in vegetables most of the time. Note we want to ensure we don't inadvertently give the message 'you should eat all 3 components every meal'. Instead we want to help people work out how what they eat will impact how they feel both short- and long-term. Be careful not to imply any judgment around

people's meal selection and focus on asking questions that help them connect food and mood, plus that show respect for the many shifting, varied roles of food in our lives.



5. Talk about the fact that diets rich in fruit and vegetables influence feelings of wellbeing and long term health. Stress that there is nothing 'wrong' with eating a meal of, for example, potatoes and steak, it's just that if you regularly ate meals without fruit and vegetables you would not feel at your best and are likely to be constipated. The key learning is to help people make the links between what they are eating and how they are feeling, with some information on long-term wellbeing.

6. Many people in the UK will have heard of the 5-a-day message. What are the messages elsewhere? Whatever country you are in, the group might not know that the recommendations vary internationally – it's 6 a day for the Danes, 10 portions for the French, for Canadians 5-10, the WHO recommend 8, USA 9 and Japan goes for 13 veg and 4 fruit daily.

7. Discuss the shortcomings of the 5 a day message eg. doesn't connect people with their bodies, we are back in our heads counting; the idea "I have to have my 5 portions" can be very daunting for people, and means 5 is seen as the goal to stop at – when in fact they might feel better for more ; the 'have to'/'shoulds' put us in a place of judgement; eating becomes a chore and eating veg an obligation; we silence our own signals to external rules which moves us away from connection and body trust.

8. Point to the middle section and ask what group of foods would fit in this circle, so something that overlaps the criteria of being starchy, a fruit or veg, and high protein.

9. Prompt people so they guess pulses and then ask for examples. Build on this by asking how main dishes can be altered to incorporate more pulses eg. kidney beans or baked beans in chilli, lentils in Shepherd's Pie, added to pasta meals, salads, stir fries, casseroles, curries – without sacrificing

taste and also making the meal cheaper and slower release (this comes soon). Mention that tinned pulses are already cooked, that split lentils don't require lots of cooking time. Keep it practical. Ask about any local or seasonal dishes.

10. State that if someone's diet is low in fruit and vegetables/pulses and they want to eat more then it's important any increase in intake is gradual as sudden changes may lead to gut problems and discomfort.

11. NB Clarify that the advice is for the general population and in circumstances when people have to avoid certain fruit and vegetables for health reasons eg. IBS, allergy, FODMAPS then the tailored restriction takes precedence over more general advice. Reassure people that eating in a way that suits them is the best they can do for their health – regardless of population-wide advice, that there's more to health than diet, and the value of being kind and understanding with themselves at frustration, fear, pain etc .

12. Build on the group's existing knowledge to expand on benefits of fruit and vegetables on bowel function, role of anti-oxidants, effect on blood pressure, blood sugar/energy levels, dental health, gut health.

13. Be sure to highlight taste, texture, appearance of fruit and veg in relation to attractiveness and enjoyment of meals.

14. Mention benefits of moving towards a plant-rich diet (stress this is not the same as eating only plant foods) for individual and community (environmental) wellbeing. People may have felt lectured to on related issues in the past so the dialogue will benefit from maintaining a non-judgmental, non-moralising approach.

15. NB The phrase 'plant-rich diet' won't be appropriate for all groups, and how it is received will alter depending on current trends in nutrition reporting in the media. Make it clear we're not trying convert people to veganism. While we're on the topic of vegans, you could mention that stigma against vegans is real, and like acting on any stereotype, it causes harm.

**Tasting:** Take in a range of pulses for people to try, ideally including some in salads eg. rice salad, cous cous, plus spreads eg. hummus, soup.

### **Wrap Up**

We've got an overview of how fruit and veg influence how we feel on a day to day and longer term basis. We've also reinforced the need to listen to your body and eat what feels right for you. Now we'll look more at nutrition-body science around energy levels.



## Session 4 – Exercise 3 A closer look at blood sugar and sugary and starchy foods

**Rationale:** *This session explores nutrition science, myth and fact around blood sugar and carbohydrate foods to help people make links between what they eat and how they feel.*

### Goal

- **To improve people’s understanding of how sugary and other carbohydrate foods impact their mood and wellbeing.**

**Materials** – pen and paper for quiz and something to lean on

### Introduction

This exercise builds on and draws from the exercise on fruit and veg. and uses the same ‘meal wheel’ model.

### Lesson Plan

1. Next cover up the carbohydrate segment and ask people how they’d feel if they ate meals low in carbs most of the time. Again, be careful not to imply any judgment around people’s meal selection remembering that there’s likely to be people who have eaten low carb, and maybe still are.
2. Choose a carbohydrate food not on the flip chart and ask the group what they might put with it to make a meal. Do this with a few examples. You are likely to get meals comprised of ‘carbohydrate /meat etc /veg’ foods.
3. We can group foods together loosely but of course in reality most foods do not neatly divide into categories of starch/protein/fat or starchy foods, fatty foods, protein foods. The distinctions are meaningful in general terms and a way of teaching nutrition but they are not accurate in precise terms. The way foods are categorized also varies between cultures eg. hot and cold foods in Chinese philosophies. Discuss how categories have been used historically in the field of nutrition to help explain the scientific properties of foods but in reality foods are most often a mix of different components eg. cheese is typically a high fat and rich protein source. Explanations have varied over time eg. in post-war UK telling people to eat fatty foods for energy compared with telling people to reduce fatty foods for heart health nowadays.
4. There have also been U-turns and quiet changes of opinion that we’ll come to later when we look at fibre.
5. Ask people what they already know about carbohydrate, or starchy/filling/ staple foods and discuss this.

### Exercise - Bite Size Carb Quiz.

Divide people into small group and ask each group to devise a Bite Size Carb Quiz. This is a list of questions about starchy and sugary foods and how they affect our body. They can also include questions about the role of starchy and sugary foods cooking. Ask groups to include as many extreme beliefs about carbs as they can think of! Here's some examples:

- o Potatoes are fattening.
- o Honey is better for you than sugar.
- o People on low fat diets should avoid bread with seeds in.
- o Brown bread fills you up for longer than white bread (see notes)

### Discussion

Each team poses their questions to another team, use the game to generate discussion and unpick myths and confusion. This leads on into the next part of the discussion.

1. Explain the role of carbohydrate foods/sugars in maintaining steady energy levels in general terms: when a lot of sugars enter the blood at once from carbohydrate/sugars in food, blood sugar levels swing very high and the body releases [what? – ask the group] the hormone insulin. Insulin moves sugar from the blood stream to the muscles and brings the blood sugar level back down again. When blood sugar levels are high the body releases a lot of insulin, called an insulin spike. Having a lot of insulin spikes [use your hand to demonstrate a deep wave] isn't so good for long term heart health.
2. The sudden drop in blood sugar can make some people feel very tired, and irritable. Some people are more sensitive than others to this.
3. Having a steady, gently undulating, blood sugar level [use your hand to demonstrate a gentle wave] without any major peaks and troughs is associated with enhanced wellbeing longer term and in the short term can make a difference to mood and emotional resilience. People with a chronically low blood sugar suffer from irritability, poor concentration and reduced immunity.
4. Regulation of blood sugar levels can also help prevent headaches/ migraine in some people, and may reduce period pain.
5. Steady blood sugar levels avoids so-called insulin spikes.
6. Point out that diets low in carbohydrate (eg. high protein diets) are associated with insulin resistance – which is linked with weight gain over time. Regularly skipping meals also increases insulin resistance.
7. You will be looking at how different carbohydrate foods affect blood sugar shortly.

**Discussion** - Standard Version (you can offer a 'nutrition geeks' version as a separate workshop that goes into detail of GI and fibre/ gut health)

Some carbohydrates are broken down slowly by the body. When we eat these, we get a slow, steady rise in blood sugar. You can get this effect by:

- ✓ including beans, lentils, peas eg in stews, pasta meals, stir frys, Shepherd's Pie - elicit culturally appropriate meal ideas from group
- ✓ eating plenty of veg or salad
- ✓ choosing whole grain bread, if you like it
- ✓ choosing cereals Weetabix© , fruit and fibre, porridge ( and cooking with oats)

If you experience mood swings that seem to be food related, and you tend to eat tropical fruits such e.g. grapes, mango you may also want to experiment with substituting some tropical fruits with temperate fruits eg.apples, plums; or mixing tropical and temperate fruits in a fruit salad served with yogurt/ice cream etc.

Plus:

- ✓ eating regularly
- ✓ eating meals with a mix of foods and nutrients

Q: What is a key nutritional impact of added sugars? A: dental caries (tooth decay)

Tips on reducing risk of tooth decay:

- good dental hygiene practices are the key preventive measure
- eat very sugary foods with meals instead of in between meals
- avoid lots of acidic fruit and fruit juice –why? dissolves enamel

Are all carbohydrates the same? – Effect on Gut Health

1. Ask the group what the difference is between white bread and wholemeal bread: the answer is fibre.
2. Ask for an example of a low fibre breakfast cereal and some high fibre cereals.
3. If appropriate, briefly describe a cereal grain: bran (fibre), endosperm (starch), germ (nutrient-rich).
4. Explain that if someone doesn't like wholemeal bread and wants to stick to eating white bread they can still choose to eat a high fibre diet by including high fibre cereals they like, cooking with wholemeal flour, trying brown pasta, including pulses and so on. Or maybe they do like wholemeal bread but prefer white bread for toast – there's no law against that!
5. Can the group give examples of meals based on whole grains? (see above – a whole grain has not been milled into flour and this gives it different properties in the body than grain that has been milled.)
6. Remind people that fruit and veg. also contain fibre.
7. Fibre can't be broken down by the body and is beneficial for gut health. Higher fibre diets help keep the inside of the gut healthy. It would be hard to tune in and notice this happening on a day to day basis but if someone with a low fibre intake increases fibre they're likely to notice improvement in their digestive health and general sense of wellbeing over time.

8. Eating plenty of fibre has a much more immediate effect on moving food residue through the gut, making it easy to go to the toilet (pass) and preventing the bloating and discomfort of constipation. It also stops cancer-causing compounds from prolonged contact with the gut wall.

9. Fibre 'works' by stimulating the muscles of the intestines and by providing bulk so the intestine muscles have something to get hold of and move along. But it's important to have plenty of fluid otherwise the fibre can't swell and bulk out. [Demonstrate using your fist clenched tightly then more open.]

10. Also discuss the fact that recommendations for daily fibre intake vary between countries – in the USA it's set at 20-35g/day, in Sweden 25-35g, and at a minimum of 18g/day in the UK for healthy adults.

11. Some foods contain starch that isn't easily digested. Undigested starch acts like fibre in the gut, slowing down the release of sugars into the blood. This explains why some refined (white) foods are 'slow release' foods when they clearly don't have the fibre of whole grains. Examples are Basmati rice and spaghetti.

### Wrap Up

Starches and sugars in foods effect the body :

- as they influence blood sugar (fast or slow release) which then influences
- emotional resilience
- alertness
- energy levels, vitality
- insulin resistance/insulin spikes
- depending on whether the carbohydrate impacts on gut health through moving food through the gut or improving gut bacteria
- by impacting on teeth
- they occur with other nutrients like vitamin B12 and iron in fortified breakfast cereals, B vitamins in wholemeal products
- through intolerances and allergies in some people
- and they have important roles in cooking foods as they impart distinctive tastes and give foods desirable textures

A rule of thumb way to ensuring steady blood sugar levels is to not get too hungry (the hunger-o-meter can be useful), eat starchy foods regularly – high fibre if you like them - and to include plenty of vegetables, pulses and fruit, use nuts and seeds in meals, and have meals based on a mix of foods and nutrients.

## Session 4 – Exercise 4 Depression, Omega 3 and other fats

### Rationale

This session raises awareness of food sources of omega 3 and its precursors as an essential nutrient that tends to be low in the average UK/N. American diet.

### Goal

- To teach people about the relevance of including omega 3 from foods (or supplements) in their diet and how they can best source this

### Introduction

In this section we start with considering what factors influence depression and then take a brief look at omega 3 in the diet.

Ask people if they know what factor in foods, that is only needed in small amounts in the diet, influences mood?

Ask questions so that the group makes the link between omega 3 and improved mood. Elicit what else they know about the health benefits of omega 3 and sources in the diet: ask about types of oily fish.

Clues –

- it is often low in conventional western diets
- is best known for its effect on heart health
- is an oil
- the Inuit people eat lots of it

Once someone lands on 'oily fish' ask people for examples.

NB Diets low in iron, B vitamins and some other micronutrients could also lead to depression. But we're focusing on omega 3 in this session.

### Exercise

Ask people to working in twos or threes to come up with a budget meal, a special meal, a cold meal, and one other meal containing oily fish

Explain the sources of omega 3 and substances that are converted to omega 3 in foods.

### Wrap Up

Does anyone know what vitamin oily fish is a good source of? (Vitamin D) We'll look at this in more details in the next session, and we'll also cover the health benefits of omega 3 . But first we're going to consider nutrition more broadly.

## Session 4 – Exercise 5 Body Scan

### Introduction

The body scan is also known as progressive muscle relaxation.

#### Goal

- To demonstrate how the body scan can relax and energise.

**Materials** – script or audio download to play; To Go sheet

### Lesson Plan

There are lots of versions available on the internet as scripts or audio clips, and in books. Choose a short one (under 10 minutes) to use e.g.

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

### Wrap Up

Explain the ‘To Go’ exercise – as we’re half way through the course people might find it useful to draw themselves a mind map of what we’ve covered so far.

Would it be helpful for the group to share sayings they have found useful so far, both ideas from the course and their own ideas at home. We could think of these as “Soothe Sayings”! I would be pleased to receive ideas the group wanted to share with other Well Now groups.

Encourage people to think about trying pulses –with the caution about not making sudden changes in diet.

## Session 5 Food and Mood II

### Session 5 – Exercise 1 Understanding fats in the diet and in the body

**Rationale:** *This session outlines different categories of dietary fat and covers nutritional information.*

#### Goal

- **To discuss fats in the diet to help people untangle myth from fact and be more confident in their food choices.**

#### Introduction

Welcome people back. Take feedback; have people noticed any differences in their approach to meals during the week?

Invite people to work in twos or threes to come up with a dietary Fat Fact Sheet. This will include everything they know about

- the role of different fats in cooking
- dietary fats and health and illness
- types of fats
- what is the type of fat found mostly in animal products?
- such as ? i.e. examples of animal products
- what is the type of fat found mostly in plant products?
- how is this sub divided – ie mono- and poly –unsaturates
- any examples of plant oils
- where does omega 3 fit in?
- has anyone heard of trans fats?
- what it's like following a low-fat diet
- any financial/environmental or other facts or factors– lateral thinking is good!

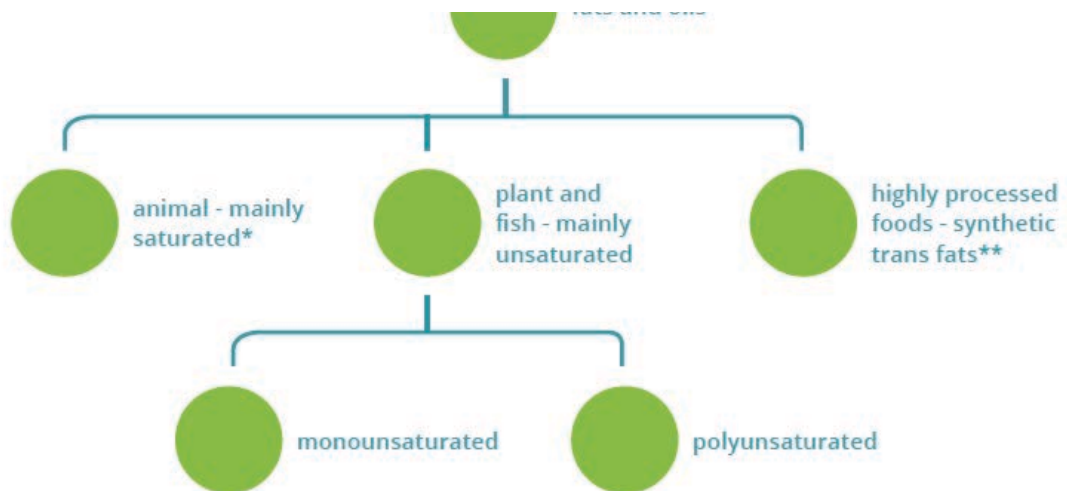


Figure 1: main categories of fats in the diet.

\*The meat from animals that are fed on grass can contain significant amounts of monounsaturated fatty acids. Grain fed animals produce meat that is rich in saturated fat. \*\* Trans fats that are formed during food processing can have harmful effects in the body. Many countries now ban trans fats from margarines.

.....

For discussion e.g. what are the consequences of more people eating olive oil or oily fish? (planet)

Make this a timed exercise at 5 mins 40 secs (or some other random time!).

### Discussion: A Brief Overview of the Science of Fats in the Body and the Diet

What is it like to follow a low fat diet? What does this tell us about characteristics of fats?

- give a rich texture to food
- carry flavours and cooking aroma
- go crispy and yummy when cooked
- satiety
- variety
- contain energy, vitamins and essential fats

In the body:

- transport vitamins
- energy
- protect vital organs
- part of hormones
- omega pathways



- insulation

NB The fatty acid profile of meat varies according to breed, age and the animal's diet. Meat fat is not 100% saturated; some contains significant amounts of the monounsaturated fatty acid oleic acid.

Advice to 'eat low fat' is overly simplistic, not evidence based, and ends up back firing in terms of its impact on overall dietary quality and people's relationship with food. There is convincing data to show that mainstream idea that consumption of saturated fat is strongly linked to heart disease is inaccurate. The French Paradox is a case in point – there are relatively high intakes of saturated fat (and alcohol) in France which has relatively low rates of heart disease. Let's turn it around and think about eating plenty of foods that make us feel good – you got it, plates with plenty of veg, fruit, pulses, grains. If we eat like this when we can, then we automatically have nutrient dense meals. So for example, how can you make these meals more nourishing - more filling, higher fibre, more protective nutrients, more colourful, tasty, maybe cheaper too by adding veg, pulses, fruit, grains:

- chicken curry
- fish pie
- steak, potatoes and peas [also suggest a casserole/stew]
- cheese sandwich
- add several meals relevant to the group

(It's important to bear in mind that some groups in the population eg. people with poor appetite, will need meals where the priority is energy density.)

### **Discussion: Relational Nutrition**

Explain how diet and life experiences interact e.g. Japanese Americans. And how the idea that fat clogs arteries is plain wrong and misses the important fact of damage to the artery wall caused by stress. Eating plenty of veg and fruit helps protect the artery walls, as does making peace with food, and building supportive relationships.

## Session 5 – Exercise 2 Hydration

### Rationale

This session explores the impact of staying hydrated on how we feel.

### Goal

- To teach people how staying well hydrated impacts wellbeing.

**Materials** –cards with terms on

### Introduction

Staying well hydrated influences mood and overall wellbeing. We're going to spend a few minutes looking at the role of water in the body. However, rather than telling people this activity is about water, you'll hand out the resources and ask people to guess what the mystery dietary substance is.

### Lesson

Hand out the statements as individual cards. Explain the terms refer to the impact of having sufficient, or not enough, of a mystery substance in the diet. Ask them to separate the spills/cards into one list for benefits of having enough of this substance and a second for risks and symptoms of chronic and mild-moderate insufficiency. Who can guess what the substance is?

### Discussion

Thirst is a poor indicator of how well hydrated we are, because by the time we're thirsty 2 or more cups of total body water have probably been lost. So it's one of those instances where it helps to use brain power too, and remember to drink plenty. The first sign of dehydration may be a headachy feeling at the end of the day.

Water is essential to the body; we would die from lack of water before we would die from lack of particular nutrients or energy. We lose a pint or more of water every day simply by breathing! We need more water than usual in the summer (as its lost in perspiration) and during air travel.

Typically we don't drink enough so most people would feel better – more alert, better digestion – if they drank more. There's no need to start measuring drinks out but you could try and plan for a few more glasses of water or cups of tea during your day. How do we know if we're well hydrated? Firstly there's the difference in how we feel. And if your urine is light coloured then you're probably well hydrated. Remember, drinks that contain acid (fruit juice) and that are very sugary (pop/soda) increase your risk of tooth decay.

Some people are more sensitive than others to caffeine. If you think you're reacting to your caffeine intake and want to cut down do so gradually to avoid withdrawal symptoms.

Another aspect of drinking is that of ritual. Witness how the British turn to ‘a nice cup of tea’ to buy breathing space for all manner of events!

### **Wrap Up**

If you’re an ardent tea drinker you’re probably consistently well hydrated. But if you’re often headachy or simply don’t think you drink much then you might like to experiment with upping your intake and seeing if you notice any difference. One obvious difference is that you’ll need the toilet more, but your body’s early response tends to flatten out again as your systems adjust to a regularly higher intake.

You might want to think about timing of drinks in the evening – drinking too close to bed time could interfere with sleep as you wake early needing the toilet.

## Session 5 – Exercise 3 Micronutrients

### Introduction

We need a good mix of a whole lot of different vitamins and minerals plus other substances from food to keep us well. For the next 15 minutes we're going to go through a selection of some of these. The particular ones chosen are those which may be low in some people's diets and will impact on mood.

Hand out the three "Food Puzzles" to each small group and ask people to complete it and see how many foods they can identify as being high in the vitamin or mineral under discussion. Help them along by chatting about the nutrients.

### Vitamin D

I mentioned earlier that oily fish had a vitamin in it- can you remember which one?

1. Oily fish is also a good source of Vitamin D. Other food sources are [ask if anyone knows first] egg yolk, milk powder, fortified breakfast cereals, liver, margarine, shitake mushrooms and cod liver oil.
2. Spending 15-20 mins in the sun three times a day will also make a significant contribution to someone's vitamin status.
3. Groups of people who may be at risk of low vitamin D status are people with low dietary intake (no meat or oily fish), poor exposure to sunlight from staying indoors, or covering up when outside, or living where there's not much sun. [Add local examples.]
4. Vitamin D is fat soluble which means it is stored in the body so you don't need to have some every day.
5. As well as a vital role in bone health, having adequate (but not excess) vitamin D is increasingly thought to be important for heart health, possibly through an effect on blood pressure.
6. How might vitamin D and preventing depression/promoting contentment be linked? [Answer – daylight boosting mood, and also any activity undertaken/being in green spaces]

### Iron and the body

Help the group come up with iron as one of the nutrients linked with mood:

What mineral (nutrient/substance) do most women tend to have less of than most other adults and lose more of?

- When people alter their diet to lose weight their diet can become lower still in this mineral;
- it's often lacking in diets of low income shoppers and deficiency leads to tiredness;
- pregnant women are often given supplements.

Q: What is the condition caused by low iron called [iron-deficiency anaemia]; what are the symptoms and consequences?

A: Tiredness and lethargy: less exercise, low mood, low emotional resilience, less self-care.

Q: Why is some curry powder (garam masala) high in iron? A: Because it is made in iron cooking pots.

### **Vitamin B12 in the body**

Vitamin B12 is also linked with healthy blood. Low B12 leads to another sort of anaemia, with the same symptoms as low iron.

#### Good food sources of B12

Vitamin B12 occurs naturally in animal products, including fish, meat, poultry, eggs, milk, and milk products. People who eat animal products tend to get enough B12 as we only need a small amount.

Vitamin B12 is not found in plants so vegans must ensure they include supplements or fortified foods. Fortified breakfast cereals are a readily available source of vitamin B12 with high bioavailability.

Some yeast spreads and soya milks (but probably not fermented soya products) are also sources of vitamin B12 that comes from bacteria. Fortified foods vary in formulation, so it is important to read product labels to determine which added nutrients they contain.

The Vegetarian Society (UK) recommends an intake of 3 µg/day from fortified foods or 10µg from a supplement.

### **Wrap Up**

We started this section looking at vitamin D and then we briefly went over iron and vitamin B12.

Now we're going to move away from nutrients in isolation and back to considering our relationship with food – but also bringing in some science.

## Session 5 – Exercise 4 Recap – omega 3

### Rationale

This session recaps on the health impact of omega 3.

#### Goal

- To help participants remember the health benefits of omega 3, identify and taste useful sources in the diet, and know how to put these into meals.

**Resources** – Fish is the Dish handout; Red Herring cards; a selection of oily fish (tins, pate, smoked etc) and pre-omega 3 plant foods and plates etc  
**Disclaimer/allergy form.**

### Introduction

Remember I said we'd return to omega 3? We're going to consider the health benefits in more details.

First – work in twos and using the Fish is the Dish handout write down

- 3 meals using oily fish that we haven't had before – use menu sheets
- as many sources of 'plant omega 3' as you can remember

### Lesson

Divide the Red Herring cards between people, being mindful of literacy issues. Each person reads out the statement on the card and says whether it is true or false. Have two columns of cards, true and false. This give a powerful visual impact of the importance of omega 3 .

You can also add beneficial impact on sporting performance to the list.

### Practical

Take in oily fish for people to try with bread/crackers eg. a selection of tinned oily fish in a range of different sauces, mackerel pate, smoked fish.

### Wrap Up

We can't 'tune in' to the benefits of omega 3, or the effect of deficiency, so you might want to think of a something that gets you into the habit of having oily fish once a week.

Note for facilitators - Although we could do the same list of benefits with e.g. vegetables, so it might appear misleading, as if omega-3 is a wonder food - I thought was useful to do this with omega-3 as the benefits are not something we are conscious of from body signals.

The evidence on omega-3 is convincing but by no means certain. On-going research trails present new information all the time. There is concern that omega-3 supplements (but not intake from fish) may be linked with prostate cancer.

## Session 5 – Exercise 5 Beyond nutrients

### Rationale

This session brings us back to looking at food in context.

### Goal

- **To discuss nutritional information in a way that helps people bridge science and everyday eating.**

**Resources – cut-outs**

### Introduction

Ask people to work in small groups answering the following questions:

- Can you think of times when you've gone off food you usually like?
- Can you think of things you just would never eat that are considered food by some people?
- Has anyone tried meal-replacements? What was the experience like?
- Have you got strong preferences for food combinations that other people find odd?

Tell the story of Elsie Widdowson's research to illustrate the fact that 'food is more nutrients'.

NB Bring the story to life using the paper cut-outs (or dolls) to appeal to visual learners.

### Wrap Up

This leads us nicely into the next exercise – real world nutrition.

## Session 5 – Exercise 6 Food serves many purposes

### Rationale

There are many different ways we share the many meanings of food. This session looks at the limits of science for communicating the meanings of food and eating.

### Goal

- To consider the value of non-scientific knowledge in understanding nutrition.
- To introduce the concept of a mechanistic world view.

### Materials

Grace Nicol's book *The Fat Black Woman Goes Shopping*

### Introduction

We've just spent the last session and a half looking at nutrition science and how this can help us understand the impact of food on our bodies and wellbeing.

Now we're going to link this work to what we've discussed before about ways of knowing and how wellbeing is all about relationships.

### Lesson

Ask someone to read the poem *Like a Beacon* by Grace Nicols.

It's usually a good idea to ask for it to be read through twice, either by the same person or someone else.

Find out people's responses to the poem and use these to explore factors that influence food and eating that aren't captured by scientific research.

### Example prompt questions for *Like a Beacon*:

- o what type of food category is plantain? (starchy staple)
- o what if the poet was given another food from this food category, would this satisfy the same need? (eg pasta)
- o what else does the poet evoke when she talks of food



### **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 living bodies.

Explain hallmarks of this way of thinking and how we end up applying it to everything we think about so it structures the world we live in and create. How does it shape health care?

### **Wrap Up**

What you've started critiquing (thinking about from several different view points) here is something called "reductionism". Reductionism takes things separately from one another – so it considers plantain and pasta interchangeable in the poem by isolating the foods as 'starchy staples' out of the context of the poet's life. Reductionism is the opposite of relationality, which the approach at the heart of Well Now thinking. We're going to be returning to reductionism and relationality with regard to health in the next week's session.

## Session 5 – Exercise 7 Why we eat what we eat

### Rationale

This session puts nutritional considerations in perspective in food choice.

### Goal

- **To help put nutritional information into context by highlighting the range of other considerations that come into play when we choose foods.**

### Materials

### Introduction

One of the dangers of teaching the 'straight nutrition' is that we're so used to thinking of nutrients in isolation, instead of meals, taste, liking etc. that it can throw us back into a diet mentality way of relating to food. So this last exercise looks why we eat what we eat to keep the learning in perspective.

### Lesson Plan

Hand out paper plates and pens/coloured pens.

Divide people into small groups, or pairs, to answer the question why do we eat what we eat? Ask people to divide the plate into say 8-10 sections group their answers, written and/or illustrated, together on their plate eg. they might put 'food miles' and 'animal welfare' in one group.

Use prompts such as

- 'why do we choose one bag of apples over another bag of apples?'
- 'why do we serve particular foods only specified days?'
- how has what you eat changed over the years?
- what goes through your head when you compare ready meals/tins/loaves?
- do you stop and look at the reduced section in the supermarket? what criteria do you use to decide whether you'll buy something or not?
- Now turn to a plate you've drawn on the flip chart. Ask people what they've come up with and group answers per segment. Topics such as fashion, identity, culture, occasion, taste, diet mentality, childhood experiences, budget are likely to surface.
- It always surprises me that nutrition often gets mentioned late so make sure you leave an empty segment to fill in with this. It might not get mentioned at all –a great opportunity to point out that 'health' is only one slice of the pie when it comes to making choices about eating.

- Hand out the Dinner Plate and draw attention to the fact that the group have come up with most, if not all of or more than, the topics mentioned, showing just how much they already know.

### **Wrap Up**

Allowing food to serve the many roles depicted will keep nutrients in perspective and so help us develop a healthy relationship with food and eating. When we focus on food as only one slice of the pie – nutrition – we will struggle to have a healthy relationship with food and eating. This is a second example (like the poems) of the different view points available from relationality as compared to reductionism.

## Session 5 – Exercise 8 Processing Food Processing Messages (Dave’s Game)

*This is an optional game according to time.*

*With thanks to Dave Rex, Inverness. Dave designed this activity and has given me permission to include it in the Well now course. It’s a great prompt for conversation that helps people make sense of everyday nutrition terms and messages.*

### Rationale

We often hear that processed foods are not “good for us”. What does that really mean though? “Good” in what sense? Many processed foods are delicious! Every time we cook, we are “processing” food. It can be helpful to think about what we mean by processing, and what we mean by ‘good for us’. (This ties in with dismantling the binary and finding descriptive words instead of good/ positive/ bad/ negative.)

### Goal

To understand what is meant by food processing

To explore how different types of food processing impact diet profile and eating our enjoyment of food and food selection and what it means for the nutrient profile of our meals

### Introduction

Public health messages often single out ‘processed food’ as something we should avoid. But what does ‘processed food’ actually mean? Does avoid mean we should never eat them – what if it’s all we can afford? How does telling us to avoid certain foods impact our relationship with food, where do taste, tradition and body signals come in? Can these fit together with wellbeing and sustainability?

### Lesson

1. Spread out the pictures so everyone can see them. Ask people to group pictures together according to food of origin.
2. Once this is done, ask people how the foods in each group differ from each other, are there any similarities remaining? What does this mean for physical, mental, social and planetary health and wellbeing?
3. Ask the group to think of a basic food ingredient, as it is as the point of harvest, and what it can be turned into through food processing. How does the appearance, taste, texture and shelf-life change? How might that processing change affect our health & wellbeing in the short and long term? Did anyone mention planetary health as part of this? Working conditions for food producers?

### Discussion

Each row of 2 or 3 photos shows a food that we grow, being transformed into something else. For example:

raw potatoes with their skin

red potatoes with the skins  
cooked

chips

Foods processing can change the chemical composition or physical characteristics of a food. Those changes affect the flavour, texture, appearance, nutrient composition, and shelf-life of the food that has been processed. It can become tastier, more convenient, easier to digest, easier/harder to store or transport, or visually more appealing.

Processed foods can meet our need for **convenience**. Here are some examples:

- Tomatoes for example can be canned and used all year round. This means ripe and tasty tomatoes harvested in summer, can be enjoyed in the middle of winter.
- Wheat grains are tough and hard to digest. When they are milled into flour and mixed with yeast and water to make bread, we get something tasty, digestible and convenient.
- Tortilla chips are simply a very different food experience than sweetcorn, chicken nuggets makes a different meal than roast chicken. . .
- We might want to buy a loaf of bread at the beginning of the week and know that it will stay fresh. Preservatives and other additives will delay it going stale or mouldy.

Sometimes processed foods can give us just the **sensory experience** we are looking for. Here are some examples:

- We might want something that feels crisp or rich in the mouth. Oils and fats can be added to do that. Chips and tortilla chips are good examples.
- We might want some something salty or spicy. Tortilla chips again!
- Maybe we feel like something we find refreshing, andor sweet and fizzy on a hot day. How about a cola, or any colour or flavour of fizzy drink you like!

We might choose it because:

- We wanted an energy boost for a short time
- It was the only thing available or affordable
- It was the first thing we thought of because it is heavily advertised and promoted
- It was the most convenient thing to eat at the time

### Food Processing and Health & Wellbeing for People and Planet

When we process food, we physically transform it by milling, peeling, crushing or cooking. Often, we also change its chemical composition by adding or removing fat, sugar, salt or other substances. At one level processing could refer to boiling rice, and the other end of the line there is ultra-processed or highly processed foods. It would be very time-consuming to live well on only raw, minimally processed food. At the other extreme, if we eat mainly foods that are ultra/highly processed we're unlikely to feel great. Eating a more varied diet would mean we'd probably be less prone to colds and improve gut comfort. It's important to keep food and eating in context, and consider why a diet is made up of mainly processed foods – for example, people might not be able to afford gas bills. In which case, tackling poverty, or getting stable accommodation might be core issues: certainly more choice with food would be great, but focusing on food as if high fat or sugar intake was the main problem is unhelpful. We also need to take a far-reaching view of the impact of any change to diet.

In highly processed food the change in food structure and the addition of fat, sugar and salt all make food more palatable and very easy to eat, and easier to store and cook than fresh foods. Many highly processed foods are (i) quick release and/or (ii) low in fibre. If our diet is high in foods with these characteristics we're likely to get insulin spikes, erratic energy levels, and possibly be constipated. Understanding this can help us make sense of how what we eat makes us feel. (GAMES)

Highly processed foods are often highly packaged, with implications for population health via environmental justice.

This game is an opportunity to surface and explore the black and white thinking of moralizing messages about processed foods. These messages are often healthist and classist and ignore the reality of many people's lives including disabled people, people living with mental health problems, cramped housing etc.

## Session 5 – Exercise 9 Warm hearted friendship

### Rationale

This activity builds on the hand on heart activity to give people ideas for self- soothing.

**Goal** – to learn how we can build compassionate practice and experience content and time-out

**Materials** –To Go sheets

### Lesson

Read this to the group:

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 new feeling for thirty seconds.

### Session Ending

Partner up and tell your partner the answer to the question: what is it about today's session you would most like to be on the headline news?

This brings us to the end of the food and mood section. There are hand outs for anyone who would like one. I hope you've enjoyed it, and it's inspired you to try more oily fish in the week. We'll be picking up on science and the body again next week when we look at health in the round.

## Session 6 Fitness, Feel Good and Fair World Factors

### Session 6 – Exercise 1 Realistic Fitness

#### Rationale

To encourage dialogue that expands conventional views of what constitutes health; to discuss understandings of physical activity and introduce the ideas of realistic fitness and body awareness (that I previously referred to as active embodiment) or “minding the body”; to contextualize ‘fitness’ and health within an understanding of the impact of wider social determinants of health on wellbeing and quality of life; to explore concepts of status syndrome, social capital, social determinants of health, reductionism and healthism.

#### Goal

To discuss a Well Now approach to fitness.

#### Introduction

Welcome back! Has anyone got any feedback? Did anyone try oily fish in the week?

This week’s session looks at ‘health in the round’. It starts with discussing a Well Now approach to fitness and then moves to considering other ‘feel good factors’ and health determinants.

Would a Well Now approach to fitness be any different than a diet mentality approach? We’re going to kick off by exploring what we actually mean when we say fitness and then relate this to Well Now.

#### Lesson

Divide people into small groups and give each group a page of flip chart paper. Ask them to answer the question - What are the components of ‘fitness’? How do we mean when we say we want to get fit?

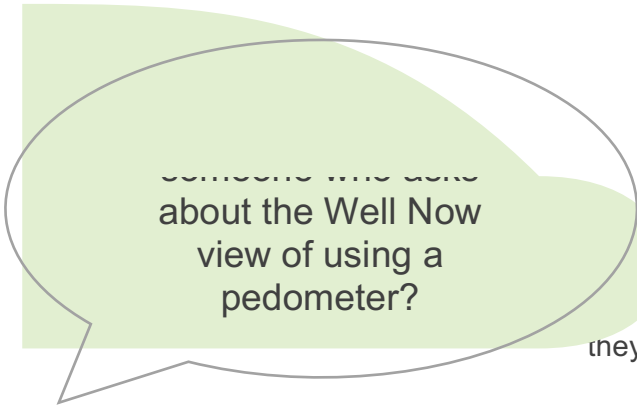
#### Process questions

- what body systems and processes does activity effect
- how does it feel to be ‘fit’
- what are the benefits of different sorts of activity eg. Walking, gardening, yoga.
- what are the wider benefits?

#### Discussion

Ask each group to feedback and write a list on the flip chart (on a body silhouette if you like) Introduce the idea of Realistic Fitness ie a way of thinking about fitness so it becomes manageable and meaningful and people are motivated to do what





Someone who asks  
about the Well Now  
view of using a  
pedometer?

they can when they can, and allowing themselves to take time to meet their own needs for activity/fun, as a way of looking after themselves rather than feeling over burdened by unrealistic expectations of what they should be doing.

### Exercise 2:

Now ask each group to come up with definition of fitness that applies to everyone, from someone who regularly runs 40 miles a week to someone with arthritis for whom walking can be difficult. Ask the group to act out the key elements of their definition.

Key elements are that it would include enjoying a range of activities that impact on core aspects of fitness listed previously such that it helps someone optimise their quality of life and enhance their physical, mental, spiritual and social wellbeing within their own limits.

For some people it is helpful for them to think of 'active living'. This is where they are as active as is practical in their everyday schedule. This could be through walking meetings, walking or jogging instead of sitting in the car while waiting for children, a walk at lunch time. This is explored in more detail later on.

Emphasize the importance of someone checking in with themselves for information on what works, sure consult trained professional too for advice, but they won't know if you're coming down with a cold and feeling unusually tired one day – only you will, and it matters that you don't overdo it.

A really key point to make is that Well Now works to promote circumstances where everyone has the opportunity for enjoyable activity via both a sense of agency and access – not a situation where everyone is obligated to be active.

### Wrap Up

Yet again we've seen how Well Now brings our understanding of self-care back to what is right for the individual, and listening to our body.

## Session 6 – Exercise 2 Body awareness, ‘Minding the body’

### Rationale

To explore how a Well Now approach to fitness differs from a conventional approach. To expand thinking about the body beyond the idea of physical activity as enjoyable to make links with e

### Goal

- **To identify the hallmarks of Well Now as applied to fitness and embodiment.**
- **To bring the idea of enjoying our bodies into fuller view**

### Introduction

You’ll have noticed how a Well Now approach to fitness embraces the same principle of listening to our bodies as we use in a Well Now approach to eating ie. tuning in and taking note. We’re going to build on this concept of ‘body awareness’ and then look at another useful idea from Well Now and fitness after that.

### Exercise

Divide people into small groups and ask each group to design a home page for the website of a Well Now personal fitness trainer (or a poster if people aren’t familiar with websites). Or they can choose to act out their page/poster!

- how will this look different than the web site of a mainstream personal trainer
- what images will there be
- what promises are made
- is anything offered as a carrot or stick
- what will people learn
- what will they do
- what tabs will there be for more information, more links
- what’s for sale?

### Discussion

A Well Now take on fitness relies on people ‘tuning in’ to their bodies and helping them shift away from the idea that exercise is a duty they owe to someone else – a health care practitioner, an insurer, a loved one. By removing a sense of obligation it frees people up to think differently about moving their bodies, and other ways that taking care of their bodies can be pleasurable and rewarding.

However, activity is one of those areas where sometimes it pays to let the mind kick in too. Imagine you've just arrived home from work – it's a Friday winter evening - and what you most feel like doing is opening some wine and crashing on the sofa. Your body is absolutely NOT crying out to be taken on a 4 mile run in the dark, cold, wind and rain or to go out to Zumba. But you also know that if you don't go out you'll be really groggy all evening . Whereas if you went for a run/Zumba you'd be energized, would feel like you'd reclaimed your evening, and would sleep better. The choice is yours!

So far in Well Now we've been looking at how taking care of taking care of our bodies can be pleasurable and rewarding and how tuning in can help us get better at reading our body signals of hunger and fullness. The body guides us in other ways too. Some people are very skilled at reading other's signals or assessing the atmosphere in a room, they talk about their gut instinct, they can sense danger and know to steer clear. For other people this so-called embodied knowledge can be harder to access. By making time to enjoy and tune into our bodies we get to occupy our bodies more and more. This gives us more useful feedback for reading situations and making decisions in life in general, the big and the small, that support our growth and wellbeing.

## Session 6 – Exercise 3 Active Living

### Rationale

One of the approaches used in Well Now is to help people think through ways of incorporating activity into their every day lives and also finding things to do that are really fun! We're going to try our hand at this now.

### Goal

- **To think through body awareness/tuning in/minding the body.**

### Exercise

Finding the fun ~ Be your body's buddy!

Ask the group to work in pairs and think back to how they spent yesterday, or any other day last week: can they think of realistic ways to build in more active living? An active game?

- if they had more free time is there any activity they'd like to spend it doing
- what are their favourite activities
- what makes them so special?
- how could you change a working day to build in more activity – think laterally eg. walking meetings

Finding the fun - Walks that are turned into games as you spot things are likely to be a lot more fun than a walk you feel you 'should' do, dancing is great exercise.

So instead of facing ourselves with the question: what should I do to keep fit? We can try 'how can I have some fun here?' or "what activity will I feel better for right now?" How can I be my body's buddy? As we find activities that we enjoy and can realistically fit into our everyday lives and working week we'll notice that we feel better. We're likely to feel better in the immediate term e.g. after going for a walk, and also notice more general change, maybe in energy levels, or improved sleep, after a few weeks. Making a point of asking yourself if you notice any changes can help strengthen your 'impetus to carry on muscle!' c

NB Are you able to bring equipment in? eg use footballs for an energiser where people kick or throw the ball to each other, first making eye contact and saying the person's name they're throwing to, and also saying what comes to mind for them when they think of doing an activity they enjoy. Encourage people to have a go with hoops. Can anyone demonstrate how a dyna band helps people with flexibility?

Wrap Up

Yet again we've seen how Well Now brings our understanding of self-care back to what is right for the individual, and listening to our body – plus having some fun, and finding pleasure, joy, connection, discovery etc.

## Session 6 – Exercise 4 Body awareness

### Goal

- **To practice mindfulness /tuning in.**

### Lesson

There can feel so much 'stuff to get through' that it is tempting to push the mindfulness out of the lessons! This activity demonstrates how spending even a short amount of time tuning in can make an impact.

Choose a mindfulness/relaxation audio script of under 10 minutes and play it to the group.

Ask the group if they notice any difference in how they feel before and after the activity.

Alternatively – demonstrate how movement can change state by devising a game that gets people stretching or moving.

## Session 6 – Exercise 5 Thinking about physical activity in context (relationally)

### Rationale

To help people keep hold of the hallmark concept of Well Now as relational when thinking about fitness.

### Goal

- **To explore the difference context makes on physical activity and so strengthen understanding of the ways relationships impact outcomes and wellbeing.**

### Materials

**print out of walking sheet handout per group**

### Introduction

Remember when we looked at food and found that people's social environment influenced how nutrients were used by the body – as with the children in the orphanages? It's the same with activity. Exercise

Divide people into small groups. Hand out the sheet of pictures of people walking. Ask the groups to discuss whether they think the benefits/experience of walking are for the people shown. Do they think there is any difference in benefits/experience? In what ways?

If people need prompts ask –

- is there a difference in benefit from walking alone compared to walking with a group of friends
- or walking in a shopping centre to walking round (name a local park).
- what about any impact of companionship
- solitude
- green spaces

### Discussion

Ask for feedback and use this to base the discussion around.

Generally the benefits lie in favour of green spaces over the built environment, so walking in a park brings greater physiological changes than window shopping– but of course it would be a different story for if having benches around a shopping

mall enables someone with poor mobility to get out of the house and go for a walk. And also, if you love window shopping and there's no way you're going to get the bus to the hills – then clearly you're going to get a lot more benefit from window shopping than you'll ever get from (never) walking outdoors.

Again, there are benefits from companionship, and also from a sense of chosen group belonging, but if what you're after is solitude and a chance to be in the peace and quiet then you're going to avoid a walking group.

What helps is what's right for any one person at the moment, and generalizations can act as a guide – such as 'most people feel better for walking' - but never as a prescription for life or wellbeing.

It's interesting to note how the Well Now lesson plans reflect a particular culture too. For example, there are many cultures where the idea of 'going for a walk' would seem odd. People might do plenty of walking in their daily life but balk at the suggestion of walking for the sake of walking. What views does the group have on walking and physical activity more generally?

### **Wrap Up**

As with everything else we've looked at so far – context matters. Remember when we looked at food and found that people's social environment influenced how nutrients were used by the body – as with the children in the orphanages? And now we've just seen how relationality impacts wellbeing regarding activity.

Next thing is we're going to get a feel for answers to the question : what else helps?

## Session 6 – Exercise 6 Feel Good and Fair World Factors

### Rationale

Tasty, nutritious food, relaxed eating, and being active impact our wellbeing. There are other ‘feel good factors’ to bear in mind that also influence our wellbeing.

### Goal

- **To look beyond traditional lifestyle behaviours to explore other choices that can help us feel better.**

### Introduction

We’ve looked at being active and getting out in the fresh air as things that are going to help make us feel good. Perhaps by rethinking being active in this way, not ‘I should xyz’ but ‘ what can I do that I’ll feel better for right now’ will help you if you’ve always struggled to be more active even though it’s something you’ve really wanted to do. Exercise becomes a feel good factor not a chore!

We’ve just seen how some of the wellbeing quotient of activity comes from us enjoying ourselves, and having a sense of purpose and group belonging. What else is there, other than physical activity, that brings these benefits?

What is another big theme that would fit into the ‘feel good factors’ that we haven’t mentioned yet? Prompt people so you cover a wide range of hobbies and interests/ volunteering/socialising or similar.

Use the discussion on hobbies and interests to comment on ‘feel good factors’ :

- reciprocity (we feel better when we do something for others. This can be explained by the neuroscience of mindfulness and healthy relationships)
- spirituality
- sense of belonging
- trust
- purpose and meaning
- ... other concepts that may be important to the group

Draw together examples you have used to explain social factors/social determinants of health too, using the heading “fair world factors”, and make links between the two categories.

### Discussion

Can anyone think of other dimensions of health or factors contributing to wellbeing that they would add to the discussion?



## Wrap Up

Generally, talk about 'health' remains narrowly focused on so-called health behaviours – typically diet, smoking, alcohol and exercise, so that the many dimensions of wellbeing get collapsed into physical measures and freedom from overt mental health problems. Considerations such as social capital also tend to get left out of the picture. Although considerable research exists, and it is relatively easy to find mention of sense of belonging and social capital in mental health/public health literature respectively, in practice these concepts don't trickle down in a meaningful way to the general population. After all, we're a group of people who have tried really hard for years to try and improve health and read lots of articles and books on the subject of health, yet how many of us had come across these ideas before Well Now?

While the impact of trauma on health is now being taken more seriously, it is salutary to realise that the overwhelming majority of public health policies are written without taking trauma into consideration.

In the next exercise we're going to see how self-care (health behaviours) and these other non-lifestyle, social, relational and environmental influences of health interact.

## Session 6 – Exercise 7 The politics of knowledge: blood pressure

### Rationale

This session explores the question: why do some groups of people have higher blood pressure than other groups?

### Goal

**To compare mainstream messages on blood pressure and personal knowledge**

- **To explore the inter play between factors that determine high blood pressure.**
- **To challenge healthism**
- **To understand structural factors that influence blood pressure**
- **To reaffirm the importance of personal experience and wisdom in knowledge creation**
- **To put the role of lifestyle on health outcomes in perspective**

### Materials

**a double sided salt awareness questionnaire each (UK or NA), writing surface, pen, signs 0% and 100%**

### Introduction

How much do lifestyle choices really influence health outcomes? That's what we're going to discuss next.

### Lesson

Pass round handout on blood pressure, with pens and clip boards. Make sure the side with diet questionnaire is uppermost and ask people to look only at this page for the time being. Ask them to fill in the sheet and have a feedback discussion.

- does anyone have a low salt intake
- is this important to you
- do you pay attention to how much salt you eat
- does anyone have an especially high salt intake
- why do you think this is

Then pose the question: 'Why might someone be asked about their salt intake?' Answer = high blood pressure

### Blood Pressure and Social Factors

Divide people into small groups with flipchart paper and pens.

Ask each group to draw a mind map answering the question: what causes high blood pressure?

As you go round, if a group has written/drawn 'stress' and not expanded this any further ask them questions that encourage them to explore further eg. why are some groups of people under more stress than others? What causes stress?

Ask for feedback and make sure you ask questions to build a picture that includes factors at different levels and make links between them (material and non- material)

- o personal level - coping style, life course events/trauma, attachment, genetics, age, ethnicity
- o circumstances and opportunities – cold home, poverty, relationship strain, unemployment, job insecurity, working conditions, poor education, loneliness
- o oppression – racism, sexism, patriarchy, ageism, disablism, Islamophobia, homophobia etc
- o privilege – thinness, cis-gender, accent, class, whiteness etc
- o environment and neighbourhood –pollution (including light, noise - poor sleep), high crime

So, just how much do health behaviours impact on health outcomes? Let's look at heart health.

### **Social Gradient in Heart Disease**

Ask people how conventional health promotion approaches blood pressure so that you have the following health behavior interventions written on the flip chart:

- food
- exercise
- alcohol
- smoking

(stress reduction and medication may also be added, but the following exercise looks at the impact of the first four)

Explain that there is a social gradient in heart disease. This means that people in a disadvantaged area of a city live, on average, about 10 years less than people close by in a more privileged area of the same city. It might be helpful to use your hands to demonstrate this visually, with one hand at shoulder height as life expectancy in the wealthy area and one at waist height as life expectancy in the disadvantaged area.

### **Drawing the line exercise**

You're going to ask for people's opinion on the impact of the four health behaviours on the social gradient ie. if everyone in the poorer area changed their diet, smoking, drinking and exercise patterns so they matched those of people in the wealthier area, how much of the gradient in heart disease would disappear? Would it all go? Would it be reduced by half – more – less?

Stick a 100% sign at one end of a line and a 0% sign at the other end. The gradient stretches across the room with 0% (health behaviours have no impact on health outcomes in poorer group) at one end and 100% (improved health behaviours would reduce all 10 years excess mortality of poorer group). Ask people to stand at a point that represents their answer.

Now ask people to move to talk to someone at a distant view point from their own; and now to talk to someone nearer their own view point.

In fact, conventional health behaviors account for 16% - 25% of the social gradient in heart disease. In other words, 84% - 75% of the difference is not explained by the four core factors that health promotion focuses on.

As people have just pointed out, it's all the other influences beyond food and exercise that have the greatest impact on our health.

What does this tell us about the use/reliability of scientific knowledge?

- about knowledge creation?
- about the value of questioning experts?
- about the politics of health promotion?

Explain the concept of Status Syndrome. Remind the group this ties in with what you already mentioned about lack of respect eg size discrimination as a social determinant of health.

### Personal Impact

Reiterate that we have learnt practices that can help us protect ourselves in the moment (acceptance phrases) but be clear that this does not then make oppression or inequality acceptable. It helps us protect ourselves, maybe we are then better placed to effect change, but as the Black American poet bell hooks reminds us 'endurance is not to be confused with transformation': a politics of justice is still needed.

### Learning Point

Reiterate that we have learnt practices that can help us protect ourselves in the moment (acceptance phrases) but be clear that this does not then make oppression or inequality acceptable. It helps us protect ourselves, maybe we are then better placed to effect change.

In fact, research shows that if we are treated badly and able to stand up for ourselves OR to talk to somebody empathetic about the incident later, this reduces the impact the discrimination or bullying has on our blood pressure. But as the Black American poet bell hooks reminds us 'endurance is not to be confused with transformation': a politics of justice is still needed.

This reinforces what we've learnt already about 'the personal is the political', and the role of social justice in improving health.

You could also explain the concept of 'blaming the victim'.

### Wrap Up

Use reverse side of the handout with the salt questionnaire to wrap up the exercise with a coherent view of factors influencing blood pressure.

Go gently – there may be people who are in difficult circumstances and we don't want to add to what they're coping with by instilling fear for their health. Make sure people feel heard; are there groups or services you can signpost people to?

## Session 6 – Exercise 8 Health Messages as Food for Thought

### Rationale

This session explores the question: why do some groups of people have higher blood pressure than other groups?

### Goal

- **To compare mainstream, reductionist, messages about health and illness with knowledge derived from a relational model of health.**

### Materials

### Introduction

We've just spent some time exploring new perspectives on blood pressure. Now we're going to look at a way of bringing it all together in one model.

Exercise

Hand out the pyramid and talk it through, making links with what you've just covered by unravelling blood pressure and heart health.

Explain the relevance of the pyramid – it's the US nutrition model, comparable to the UK Eatwell plate. Ask the group for their response and views;

- Are there any resonances with their own experiences?
- What do they think of current messages about health from government., friends, their surgery?
- Are they scientific?
- Are they ethical?
- Are they truthful?

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.

### Session Ending and Wrap Up

Draw a frame on the flip chart. Each person draws one thing that is important to their picture of health. That sums up the session on 'picture of health' for now. We'll be building on some of these ideas when we look at size awareness next week. Pass round the session handouts. Will anyone be trying a new feel good/ fitness activity during the week, alone or meeting with someone?

## Session 7

### Session 7 – Exercise 1 Size Awareness and a Healthy Respect for Every Body

#### Rationale

This session explores how myths about size impact everyone's lives and wellbeing

- **To give people a framework for thinking through respectful language around size and weight.**

**Materials** - cards with a selection of terms relevant to weight

#### Introduction

Over the last few weeks we've talked about how language matters. Some of you have already felt the difference when we talk to ourselves as if we were our own best friend as compared to someone who was really downbeat about us.

We're going to look at language around body weight so we can feel confident we're saying what we mean and that we mean what we say!

#### Lesson

Divide people into small groups or pairs and give each group a selection of cards with weight related terms on, including some duplicates.

Ask each group to select terms they find respectful/acceptable and ones they find disrespectful.

#### Process questions

- can they work out what criteria they are using to assess the words?
- does it help to think of comparable worlds for height?
- Ask the groups to discuss what words they are comfortable using/hearing;
- are there any differences between words they'd be ok using for themselves or others?
- Does it matter much what words we use so long as we can be understood?

#### Discussion

Refer to notes. Explain that fat and thin, like tall and short, are descriptive words. They are not value judgments in themselves (although people may value being tall or short, but that's a different thing).

Useful questions to ask include, does it:

- describe
- stigmatise

- insult
- respect, or show disdain and contempt
- pathologise
- lend or deny agency
- reinforce flawed science
- hide/apologise for (ie. is it a euphemism)
- reflect the views of fat activist groups
- reflect fat shame narratives (eg. overwhelmingly, people seeking treatment or obesity (sic) researchers)
- assume a devalued status?

Recall the earlier discussion about binary language in the diet mentality and how this influences thinking and hence knowledge creation.

## Session 7 - Exercise 2 Complementary Treatment

### Rationale

This session explores how our thoughts and words influence our lives.

### Goal

- o illustrate the immediate impact of how we speak to ourselves.

**Materials** - Yay scales or sticky labels and ordinary scales

### Introduction

This exercise demonstrates the power of the scales, and the power of language, to influence how we feel and think about ourselves.

### Complimentary Treatment Exercise

Get out the Yay scales (by Marilyn Wann, available on-line) or a pair of ordinary scales (about to be rescued!) and a sheet of sticky labels with compliments on, or 'Feelys'. You can use the script of Dr Scales if you like. Otherwise, invite people to stand on the Yay scales, or choose a 'Feely' to place over the dial of the ordinary scales and then take home with them.

- how does it feel to take part in the activity?
- does it make any difference reading a feely/compliment rather than a number?

### Wrap Up

It's apparent that language matters. How we think about ourselves and other people determines the actions we take and the world we build.



## Session 7 – Exercise 3 Somebody Else's Shoes

*Most Well Now activities are original. This one is based on an activity used in community development so learners may recognize it by another name.*

### Rationale

This session explores how myths about size and other forms of oppression

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### Goal

- **To consider how respect impacts on life opportunities, health and wellbeing.**

### Materials

**people cards, one each – including some duplicates, question sheet**

### Introduction

When discrimination and privilege are ingrained in a society they can get so taken-for-granted they seem normal or inevitable. So, it seems that natural that some groups of people earn more or less than others, for example, rather than outrageous and a problem to be addressed.

This works both ways. For the people who are being discriminated against they could begin to believe that it is through some fault of their own that things are more difficult for them than others. For the people experiencing privilege they could begin to believe they are entitled to better treatment than others because they are more talented, cleverer, or somehow just more deserving.

If we believe the world is a level playing field then we don't see how discrimination and privilege work and by missing this we contribute to an increase in inequalities.

The activity is adapted from an idea in general use in community development.

### Exercise

Prepare your own People Cards, or hand round the sheet of pictures and ask people to select someone from it and create their story so they include characteristics that lead to oppression or privilege eg. education level, sexual orientation, age, size, visible or hidden disability.

Explain that you are going to ask some questions and you want people to answer as if they are the person on the card. Start in a straight line in the middle of the room.

Take a step forward if you answer yes, a step back if you answer no, and remain still if you're unsure or conflicted. There are no right or wrong answers, it's how you imagine it would be being in somebody else shoes. Ask the questions, using your discernment as to which are most suitable.

When you have asked enough questions for people to get the idea, ask people to stay where they are and let us know whose shoes they have been. In case of duplicates being in different positions, reassure people that that's fine – the exercise was for us to think what it might be like in someone else's shoes and illustrates that there are no hard and fast, predictable ways of knowing how someone will be treated, but we do know that people get treated differently depending on assumptions made about them.

If this wasn't true ie. if life really was a level playing field and it was simply a matter of applying ourselves and everyone had equal opportunity in a fair world then we'd have no hesitation in the whole group moving forward together. We might not know just how size bias and thinness privilege interact with other characteristics, or just how they impact people's lives, but we know that they do.

NB The reason this game uses cards instead of asking people to be themselves is because there can be a powerful, debilitating effect of finding yourself left behind. Using cards avoids people viscerally experiencing the overwhelm of this.

If we internalize oppression and believe stereotypes told about us, how we then feel about ourselves can impact us detrimentally. For example, fat people who believe they should be thinner are worse off health-wise than people of the same weight who are self-accepting. That's not to blame people for struggling with painful feelings around their bodies, but to point out how damaging living with oppression can be. Similarly, fat people who are very stigmatised for their size, such as white nurses for example, have more health problems than fat people who are not so highly stigmatised.

Discrimination is firstly a human rights issue. It is also a serious public health problem.

⇒ How do size discrimination and thinness privilege impact health though opportunity, experiences of respect or disrespect and self-care?

## Wrap Up

What's the way through? The more we practice compassion the kinder we are to ourselves, and the less judgmental we are of others.

Both compassionate self-care and social change are needed to enhance people's everyday quality of life and to build a fairer world.

## Session 7 – Exercise 4 Stereotyping and scapegoating

### Rationale

- This session explores how myths about size impact everyone's lives and wellbeing.

### Goal

- **To develop a critical perspective on weight and link this to opportunity, wellbeing and other forms of discrimination and privilege.**
- **To investigate common myths and stereotypes about fatness and thinness**
- **To consider how respect impacts on health and wellbeing.**

### Materials

**magazines, website page print outs, health literature, scissors, glue stick**

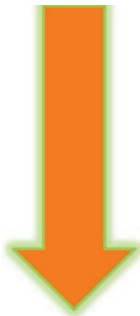
### Introduction

It's become obvious to us that there are a lot of myths about fat people and thin people to do with health and personality. Another way of saying this is to talk about a fat stereotype and a thin stereotype. In this exercise we're going to look at stereotypes. It could be hurtful to hear the stereotypes, especially if you've suffered because of them. So it's important to remind yourself that you are uniquely you – and not a stereotype. Are there any other ways you can suggest to help you feel resilient?

Now we'll look at weight stereotyping: Hand out magazines etc. Ask people in small groups to discuss what the stereotypes are seen in myths/assumptions/beliefs:

- about people deemed healthy ?
- about fat people?
- about fit people
- about thin people?
- about people with troubled eating?
- about fat acceptance? size diversity?
- what are the underlying core beliefs?
- ◆ Where do your own ideas about weight and health and self-worth come from?
- ◆ Have your ideas changed since you started the course?
- ◆ If so, what influenced you to change your beliefs?

Remember this exercise can generate painful feelings and strong reactions and it is important that people feel safe. This does not mean avoiding difficult issues but ensuring compassion and respect in the learning space



**Antidote Exercise:** Swap groups around (energize to change state) and ask each group to come up with a poster advertising a Body Respect Week in a timed 6 minutes. Check in to see where people are at emotionally.

### Wrap Up

Stereotypes can function as a short hand way of making sense of the world. And if we interrupt our reflex assumption about someone ie our stereotype about them, with a pause for thought, then we remain open minded. It's when we go full steam ahead without stopping to think that we become narrow minded. This results in prejudice or bias. Next time you notice yourself stereotyping someone you'll be able to interrupt the chain of thought by engaging with it.

We're now going to cover this in more detail by exploring media literacy.

## Session 7 – Exercise 5 Minding the body head rub

### **Rationale**

Bringing our attention back to the body enhances whole person learning.

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### **Lesson**

This activity involves head massage, which stimulates oxytocin release lowering blood pressure and inducing feelings of calm.

It is possible to get these effects giving yourself a head massage, or through sharing a head massage with another person. What do people prefer?

## Session 7 – Exercise 6 Media literacy

### Rationale

This session explores how myths about size impact everyone's lives and wellbeing.

- **To develop a critical perspective on the role of the media in weight stigma and body hatred**
- **A way to play the video from this link:**
- **<https://www.youtube.com/watch?v=s2qD80jv5ZQ>**

### Introduction

'The media' is often blamed for causing body preoccupation and encouraging dieting so indirectly leading to eating disorders. In this lesson we're going to explore this idea in more detail and look at how the media impacts on body respect, size bias and eating disorders. We'll also get a feel for how some people are using the media as a route for change and activism.

### Lesson Plan

As a group look at the resources on air brushing. Although many people are aware of the concept of images being altered before they appear in the media, the extent to which images are changed is often a surprise to people.

Ask the group –

- what bodily features get changed in air brushing eg. smooth skin.
- Why do these features get changed? What aspirations and stereotypes are advertisers hoping to sell?
  - - why does it matter if we believe people's images are true to life when they're not?
  - - why doesn't everyone who is bombarded by unrealistic images develop an eating disorder?
  - - could the media ever become a positive force in eating disorder prevention/ promoting body respect?

### Exercise

- Working in small groups ask people how much blame should be attached to fashion industry and how much to the medical profession/dieting industry?
- Ask the group to think about how seriously they take statements from the fashion industry compared to how seriously they take medical statements, and which industry they are more likely to trust and the implications of this.

### Wrap Up

A corner stone to self worth and respect is acceptance. This doesn't mean we need to only ever feel positive about ourselves, or feel that we love our body all the time. It means knowing we're ok and

worthy of respect even when we're in a bad mood and even when we are fed up with being in chronic pain and wish we had a different body.

Teaching media literacy helps people make savvy choices – it's not the same as saying that it is wrong to want to look beautiful, or to strive to be fit.

Practicing acceptance can help protect us from the destructive impact of media images and help us feel grounded in ourselves and keep perspective when we are deluged by unrealistic messages and images.

These issues also highlight the importance of teaching self-worth and critical thinking to help build a fairer world and foster resilience.

## Session 7 – Exercise 7 Scientists are human too

### Rationale

This session explores how myths about size get perpetuated

#### Goal

- **To consider what stops the evidence for Well Now being more widely known.**

### Introduction

Hmm, hang on a minute. If what we're saying is true – that the facts on weight and health are misrepresented – how come most medics and scientists don't seem bothered by it, and still believe the old way works?

That's the question we'll unpick next.

We're going to explore the idea of sizism in science, and to do this we will draw parallels with sexism in science.

### Lesson

The scientific arguments that women's bodies weren't as strong as men's bodies, and female athletes risked damage to their reproductive health, were put forward to prevent women participating in the Olympics at certain events. For example, it was said that training for distance events would be harmful to women.

These ideas were held collectively by a sexist society. As scientists are people drawn from society it's not that surprising that their ideas were sexist too.

Ask: What year were women first permitted to run a mile or more in the Olympics? Stick years on wall (flags correspond to the host country), or put them on the floor in the corners, and ask people to stand by the one they think is correct. Encourage people to think about when certain social movements were happening, and any measures for equality eg. Equal Pay Act in UK.

The answer is, shockingly, 1984!!

- 3000m and marathon became Olympic events for women in Los Angeles, 1984
- Prior to this, the longest distance event for women was 1500m – added in 1972 (1500m is less than a mile)
- Women's pelvic girdles were unsuited to allow them to compete in the Olympics at pole vault competition until 2000; wrestling added 2004



So, even though we are taught that science is neutral, we can see that scientists reflect the values of a misogynist society.

Apparently, if you are running the course with a younger age group these Olympic dates are too distant to seem relevant.

We want to keep it real! So in this case you can make a date sign for a more recent example:

What year were the first Olympics in which women competed in all sports in the program? Answer: London 2012

Feel free to use more topical examples.

### **Wrap Up**

Remember – there's no such thing as neutral! We always look at things according to our beliefs and experiences, we can't do it any other way. That's one reason it's so important to listen to a range of people and take their experiences seriously, even when it conflicts with what we think we know.

If sizist scientists – including dietitians - listened to dieter's stories they would have good reason to begin questioning what they thought they knew about weight reduction being effective long-term, and for improving health and happiness.

It's a reminder that science is one way of looking at the world. We need to value lots of other ways of finding about things too to ensure mistakes get picked up and changed.

## Session 7 – Exercise 8 Making it Real

### Rationale

This session role plays practical suggestions for starting a Well Now conversation and/or protecting ourselves from size bias in our relationships

### Goal

- **To rehearse ways of challenging prejudice and building healthy relationships**

**Materials** - copies of letters to GP and letter to Family and Friends, contact sheet

### Introduction

This session picks up and expands on themes connected with size discrimination and fat acceptance that have appeared throughout the course so far. It builds on ideas around social justice and critical thinking and makes links between discrimination, life opportunities and wellbeing. The concept of empowerment, from self-care through building community to political action is explored.

### Lesson Part I

- Pass round copies of the letter to Friends and Family.
- Ask several people to read out a paragraph each, maybe going over the longer words first.
- Ask people if they could imagine giving the letter to anyone, or could imagine scenarios where they would find it useful to think back to what was said in the letter.
- Now do the same with the letter to the GP.
- Do people think it would speak to their doctor? If not, what would need to be changed? What else would need to happen to make it easier for doctors to take the health-justice approach of Well Now seriously?
- In pairs ask people to rehearse some conversations using ideas from the letters, then swap roles.

**Transformation:** Ask the group how they think change happens? Have they changed themselves in the last few weeks, or another time? What effect does this have on people around them? Explore empowerment as a process that unfolds from valuing the self/self-care but that doesn't stop there. Give details of Well Now, size acceptance, Fat Activism locally, and internationally.

Reiterate the links between the personal and the political. Discuss how we can protect ourselves from the harm of size discrimination, self-judgment, and how we can contribute to a collective shift in awareness. Does anyone have any ideas for things they might try at home? Or for extending the Well Now programme or philosophy locally?

## Part II

If appropriate, ask if people want to share contact details among the group. Can they contact you after the course? Can they meet other people who have done, or will attend, the Well Now course? Hand out the contact sheet and allow time for the group to set a date for a follow on meeting together if they want.

How about a monthly walk and talk? Body confidence book discussion club? Writing more letters with a local angle that can be shared via the Well Now web site?

## Wrap Up

Building community: give people information on local opportunities to keep in touch with the Well Now project and/or support them; distribute contact sheets (can you ask someone in the group to design one?)

In pairs, ask people to come up with an image that sums up their learning from today.

Invite the group to spend 5 minutes writing/drawing a “My Map” of their Well Now journey so far and pass round handouts.

***Every truth passes through three stages before it is accepted.  
In the first, it is ridiculed.  
In the second, it is opposed.  
In the third, it is regarded as self-evident.***

***Arthur Schopenhauer, 19th century philosopher.***

## Session 8

### Session 8 – Exercise 1 Grieving the past, being in the present

#### Rationale

Learning about Well Now and size acceptance is bound to lead to a whole mix of feelings in people who have spent a long time trying to be thinner. You might feel angry that your parents put you on a diet when you were young, or furious with all the health professionals who have nagged and bullied you over the years. Maybe you also blame yourself for falling for it and not listening to what your body was telling you – that diets aren't the answer. In this session we'll discuss work that helps us to make sense of past experiences as we move towards size acceptance.

#### Goal

- To explore feelings and thoughts around size acceptance
- To introduce the concept of the stages of grief as a way of helping people make sense of their responses to learning about size acceptance

#### Materials

one springy per small group with labels attached

#### Introduction

Remind people you'll be doing the final evaluation just before the close of the session.

Welcome people, and tie up any loose ends regarding swapping contact details.

Explain that we're going to spend some time discussing how it feels to have come across Well Now thinking and in particular the idea that every body matters and we all deserve respect whatever our size. We're going to be using the 'stages of grief' cycle in relation to making sense of feelings around size acceptance – but don't mention this yet as you'll ask if anyone in the group recognises it from the exercise.

#### Exercise

Hand each group a Spiral to Acceptance springy.

Ask people if they can identify with any of the emotions named.

#### Prompt Questions

- what feelings have come up for you over the course?
- if you've been told to diet in the past, how do you feel about that now?
- how does it feel to think you have always been ok?

## Discussion

Ask if anyone was already familiar with the five stages of grief? Can they explain what it's about?

The original five stages of grief were described to help people make sense of their response to death or loss. These were: denial, anger, bargaining, depression, and acceptance.

Since this early work people have added shock to the start of the list, added hope and trust alongside with acceptance, then finished with integration. Size acceptance turns all our stereotypes about fat and thin on the head. So entertaining size acceptance represents a huge loss of our world view. It's not

surprising we're in shock, especially when size has been the one steady feature we've organized our self-worth by for so long. The stages of grief applies because we are grieving loss – the loss of old ideas, old fantasies of being a different size or shape, of life being better once we had changed our eating or weight. It's a healthy response – but of course can still be difficult.

Ask people what can help. Some ideas are:

- staying with denial for a while can help some people cope as they pace themselves into knowing
- support
- community
- expression/meditation
- acceptance
- time
- activism
- turn to your comfort menu

## Wrap Up

This exercise explores moving towards size acceptance as a journey where we go back and forth: that's how we'd expect to process emotions when faced with the loss of old ideas, old fantasies of being thinner, of life being better once we had changed our eating or weight. It's a healthy response – but of course can still be difficult, so take care to try and match your needs for support, expression and so on.

Suggested Soothe Sayings –

- ✓ I accept the loss of the old
- ✓ I embrace grief and growth

## Session 8 – Exercise 2 Going home - peace in our bodies

### Rationale

Just as we learnt to think a particular way about weight that ultimately didn't serve us so well, now we can learn to think differently. This activity gives some ideas for how we can start this shift.

### Goal

- **To have a realistic understanding of how to personally strengthen feelings of body respect.**
- **To build on people's understanding of compassionate self-care**

### Materials

**pens, visuals to act as prompts for body respect, cut out shapes**

### Introduction

Ask people to work in small groups to discuss:

- What feelings/responses do you have when thinking about respecting your body?
- What feelings/responses do you have when thinking about loving your body?
- Is it helpful to think of 'your body', some would say this seems to imply that you and your body are not one and the same thing!

The fat activist and HAES advocate, psychologist Deb Burgard makes the point 'if you lived in your body you'd be home now'.

- Are there any times when you feel more at home in your body than other times, or when it feels easier for you to be at home in your body.
- What can you do that helps you to feel more comfortable being in your own skin?

Then ask: how will it/does it feel to be at peace in your body?

Hand out a variety of shapes in different colours for people to write/draw in and take home.

### Wrap Up

Take the temperature of opinion and summarise the groups' views on whether, or when, the mind/body split ('the body') is helpful or unhelpful. are any other terms preferable – oneself, the body self?

## Session 8 – Exercise 3 Body Appreciation Society

### Rationale

This builds on the previous exercise and helps people embed new ways of thinking about, and feeling towards, their body selves.

### Goal

- **To relate appreciation/gratitude to acceptance, body esteem and body respect in a useful way.**

### Materials

**own prompts, flip chart, pens, Body Respect Pledge/the Body's Friendly Reminder, audio clip on gratitude**

### Lesson

Working in small groups ask people to imagine a day from waking to going to bed at night. Write a "Reasons to Appreciate my body" time line for the ways in which your body has enabled you to participate.

See background reading for link.

Now ask each group to write a short meditation, or scenario, or Reminder to be Kind (to my body) on body appreciation then read it to the other groups.

Then hand round copies of the Body Respect Pledge or the Body's Friendly Reminder. Ask people to read it through and then go round the group asking people to read a line each. What do people think about it? Do they want to sign it?

### Wrap Up

Ask one of the groups to read their script and everyone participates in the exercise. How did you feel? What would you like to remember?

You may also like to prepare an audio download on gratitude for the group.

## Session 8 – Exercise 4 Compassion in context

### Rationale

We have drawn on the concept of compassion throughout the course and linked this to self-care. Looking in more detail at some of the thinking behind compassionate care can help strengthen our understanding and recall of this important concept.

### Goal

- **To build on people's understanding of compassionate self-care**

### Introduction

We've talked lots about compassion. It can help relate compassion to what we already know if we look in a bit more detail about the theory behind thinking on compassion, or how it works.

### Lesson

Tape 2 sheets of flip chart paper together. Draw a mind map, using different coloured pens, and pictures or symbols, to illustrate the elements (starting with acceptance of reality, kindness, common humanity, mindfulness or acceptance of self) that go to make up compassion in action. Put this in the middle of the page.

### Understanding Compassion

- accepting reality without judgment – mindfulness (1st symbol)
- kindness – being warm in the face of set-backs and difficulties (2nd symbol)
- common humanity – all experiences are part of being human (3rd symbol) , not isolating and shaming (4th symbol)
- mindfulness – awareness without judgment – (5th symbol)

Draw on stories or examples that people have used throughout the course to bring the theory to life and note these down eg. people's names, other reference.

Continue building a mind map to link to other aspects of Well Now thinking – ask the group what has been most important to them. Use a variety of colours and symbols and keep up a running narrative to explain what you're doing as you go along.

Now, divide people into small groups and ask them to recall what you have just drawn, matching colours, placing and so on.

### Wrap Up

Point out that each group has just demonstrated how they much they know about the Well Now way.



## Session 8 – Exercise 5 Boosting body respect

### Rationale

A world that sticks to the rigidity of all-or-nothing thinking doesn't help us foster awe and respect for our bodies, or other people's. Instead, it teaches us to compare bodies in a judgmental way where everyone comes off worse for wear not only because 'perfection' is impossible to sustain but mainly because it sets us up to be non-accepting of difference. This creates unjust power imbalances in society that begin to seem normal and 'just the way things are'. With all this body bashing it's not surprising our sense of body respect is bruised at best, and somewhat battered at times.

### Goal

- **To come up with strategies to boost body respect and resilience**
- **To explore what impacts on body respect**
- **To understand personal issues around body respect and resilience in the context of an unequal, fat phobic society**
- **To find ways to boost our sense of respect for our bodies – and bodies in general**

### Lesson Plan

Ask people to work in groups and come up with strategies for boosting body respect. These can be at a personal level or with a view to changing things in society. Ask each group to write them down but each group will mime 3 on their list for the other groups to guess. If the other groups came up with the same thing they cross it off their list. When all groups have mimed 3 ideas, go round with each group saying any remaining ideas that other groups cross off.

Did anyone group top the charts with Body Respect ideas?!

### Discussion

If you have a look at blogs on size acceptance you'll see you've come up with similar ideas that others have found to be helpful – this shows how much you already know about boosting body respect. I also wanted us to think a bit about why respecting our bodies can be so difficult. We live in a society that encourages body hatred so it's no wonder we're not used to respecting ourselves, warts and all. Much of the literature suggests the problem is that people don't respect their bodies. But when we take a step back we can see another way of thinking about this: the main problem is that we are taught to hate/be ashamed of our bodies. How does talking about individuals with 'body image issues' raise awareness or stop people realizing that we live in a body hating society?

A word on respect: respecting ourselves makes us feel better. There are other consequences:

- ⇒ When people respect themselves they are more likely to respect others.
- ⇒ So respect promotes wellbeing and justice and helps prevent violence.
- ⇒ The movement for equality and respect is bigger than we are and we are a part of it.

## Session 8 – Exercise 6 A letter to myself

### Rationale

We've got to grips with a lot of new ideas over the last 8 weeks. A good way to remind yourself of how far you've come and recall what felt most valuable to you, is to write yourself a letter.

### Goal

**To embed learning by detailing what was personally useful and receiving these insights at a future date.**

### Materials

**writing paper, pens, coloured pens, envelopes, writing surface recording device, or scribe, in case needed as an alternative to writing**

### Introduction

You'll have already noticed how much easier it is to tap into Diet Talk than Well Now Talk once you leave the room. So it might feel a bit daunting as to think you won't have the weekly sessions anymore. Remember, there is a big on-line community and [any peer led ongoing meet-ups/ follow on? contact list?] Plus at least you now have a really good source of support – yourself! In this exercise you'll write yourself a letter, or draw a picture/diagram, that reminds you why you wanted to turn the Diet Mentality on its head and how you've been managing to do that in the last 2 months.

Then you can seal in the envelope, address it yourself, and we'll agree a date that I will post it back to you. You might like to start with putting today's date, and the place, to set the scene when you receive it.

Ideas to think about include:

- what three messages (or more) have had an impact on you? which are the new perspectives that have opened up options on you view things, be it health, wellbeing, food, discrimination, privilege, thinking etc?
- we've spoken about how we 'never thought it could happen' – and yet, like the Magic Biscuit losing its power – it did! Cast your mind back over the 8 weeks to notice where you've changed your thoughts, feelings or behaviours. What have these shifts been? How would you like to build on them in future? Are there other old ways you can imagine moving on from? What benefits have you gained, or do you hope to gain from these shifts?
- What three things don't sit quite right for you? are there any areas where you 'get it' for a while and then seem to lose your clarity? Is there anything where you are confused, or conflicted, or disagree with Well Now-thinking? Give as much detail as you being, remembering to approach with curiosity and openness.
- What have you learned about yourself – your values, what matters to you, how you feel about yourself?
- What have you learned about why bodies and eating can be so problematic for people?

How can you carry these knowledges with you?

- Is there anything you would like to say to your body? Or that your body would like to say to you?
- What do you most want to remember from the course? What words of encouragement will help when things are tough? What is it you want to remember thinking or feeling or saying that you can recall to prop yourself up when the course spirit seems rather far away.

NB Again, make the point that in some ways talking of 'our bodies' makes it sound as if 'we' and our bodies are separate, which of course they're not. But when people have lived very disembodied lives, or hated themselves, finding ways to appreciate our bodies and enhance body awareness can help us respect and take care of ourselves, whether or not we ultimately bridge the sense of separation.

### **Wrap Up**

How was the experience? What did people notice about how they felt, what struck a chord for them?

Agree with the group when you'll post the letters back to them.

## Session 8 – Exercise 7 Well, Now . . . living, loving, learning

### Rationale – Course Ending

Many people attending a Well Now course benefit enormously from critically exploring ideas about food and bodies as part of a safe, supportive group. The end of the course can evoke anxiety and trepidation. This last exercise helps people consolidate and celebrate their learning by working together creatively to produce an artifact that captures the essence of what coming to the course has meant for them and energizes the group as the course comes to a close.

#### Goal

- **To celebrate learning and participation in the Well Now course**

#### Materials

**flip chart, pens , paper/coloured pens/stickers, evaluation forms, pens, clipboards**

### Introduction

This last exercise gives people the chance to capture what it is that they want to take away with them from the Well Now course.

### Lesson

Ask people to work in groups to produce something that celebrates their journey over the last 8 sessions. This could be:

- a song
- an illustration for a book jacket telling their story
- a poster for a film advertising their journey
- a play

### Ending and Wrap Up

This brings the course to a close – and your post-course journey to a start! You can think of this session as a ‘blending’ rather than an ending. How will people embed and develop their learning from the course? Remind the group of the on-line forum for Well Now participants. Arrange dates for focus groups and any follow-on meetings or joint activities.

Pass round evaluation questionnaires making sure you give context ie remind people how you will use the information, and how they can see their own journey reflected in their answers.

Thank everyone: stand in a circle facing inwards. Put one hand outwards and start to bring it over your shoulder towards the centre of the circle. This is what each person has brought. Bring your outer hand up –this is what they have gained from the group ....and it ends in applause as the hands meet.