Untangling Weight, Health, Behaviours and Social Factors

The focus is on untangling the links between weight, behaviours, social factors and personal health. It highlights the moral, ethical and scientific shortcomings of the current 'lifestyle change' message. As part of this you'll introduce the wider web of wellbeing, looking beyond 'personal choice' to the 'body politic'. This refers to the fact that wider social factors impact wellbeing. Respect, and the lack of it, is one such social factor that significantly impacts health. In other words, respect is a social interactant of health (SIH). These are more often called social determinants of health or SDH.

This activity also illustrates what it means to say the Well Now way is body aware, relational and intentionally political.

Weight Loss, or Health Gain and Body Respect?

1. Ask why weight loss is traditionally suggested and write a list down the left-hand side.
2. Make sure you include a **metabolic** condition, a **musculoskeletal** condition and reference to **mental wellbeing.** Eg. diabetes, joint or back pain, depression.
3. Now invent an imaginary person. Explain that this person was recently diagnosed with the first condition on the list. 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. They feel tons better. Their weight hasn't changed at all.
4. Go along the 2nd column asking if, going by the evidence, we would expect health improvements due to food/activity/body awareness/deep connection in each condition even if weight is unchanged. Emphasize the fact that weight is unchanged each time you ask. Leave joints/back problems and depression until towards the end of the list.
5. Introduce the concept of fat stigma or discrimination. Can they suggest how fat stigma might impact healthcare and health-seeking behaviours e.g. through sub-standard treatment, delayed screening, missed diagnosis. Be clear that while the health impacts are considerable, the underlying issue is that stigma is a human rights issue. Unfairness, powerlessness, lack of respect are inherently wrong because they are oppressive. This is the key moral injury, and it also impacts health.
6. Also explain that in addition to the health hazards of avoiding public health services and receiving poor treatment, experiencing stigma is a source of chronic stress. It is stressful to be treated unfairly and put in a relatively powerless situation. Chronic stress is harmful for health and wellbeing as stress hormones affect our metabolism. This physiological pathway occurs regardless of 'lifestlye' habits. In this way, our bodies and minds literally incorporate experiences of (dis)respect, (un)fairness and power(lessness).

7. In other words, socially distributed disadvantages that arise because of 'the body politic' directly impact our health as they have bodily consequences. In short, **respect is a social interactant of health** (SIH).
   POINT ONE: The Well Now way is body aware: it theorises the role of respect as an SIH.
8. 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.
9. When referring to a philosophical approach, weight-neutral is a misnomer as there is no such thing as neutral: every framing has a situated standpoint. A situated standpoint means we look at something in a certain way because of our particular beliefs, themselves influenced by our life experiences, education and so on. It highlights the fact that it is impossible to separate our ideas from who we are, or to claim to be 'value-free' or 'neutral'. It would be an audacious person who wanted to argue against this as they would be dismissing the foundational thesis of quantum science! Moreover, seeking neutrality as a goal furthers a value system that is, at root, incompatible with a commitment to building knowledge that advances social justice.
10. Plus, as you can see, in this example to claim we were being 'weight-neutral' is misleading as we would be treating a fat person as if they were a thin person: I started off by saying "ask how a thin person might expect to be treated for knee pain." This is not neutral, this is an example of using thin people as the standard and as such it illustrates thin privilege in action. In so doing, it erases power and respect as social determinants of health to sanction a non-relational (healthist, neoliberal) ideology that reinforces cultural silence on trauma. It also frames our experiences as a body in mechanical terms and so entrenches the binary thinking that is at the root of the diet mentality.
11. Working for fat rights means recognising 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.
    POINT TWO: Well Now is relational.

12. Of course, we want to ensure that any condition is taken seriously. But there is more to it than that. To ensure equity we need to take into account any and all specific needs of fatter patients. This includes paying attention not only to treatment pathways but also to the relational dimensions of the encounter. Seeing knee pain as the only problem emerges within the 'body as machine' metaphor and misses the significant therapeutic value of 'being with' people in ways that acknowledge their stories and affirm their dignity and humanity.

POINT THREE: Well Now is intentionally political.

13. It pays attention to language and how this informs our actions. Its theoretical framework highlights privilege and bias that is hidden under the umbrella goal of neutrality. It also rejects a linear reading of time for a relational understanding in which practitioners and clients are already embedded before they meet. This means its ethical stance is to start from the assumption that 'harm has been done'.

14. This relational, body aware, intentionally political awareness: embracing meaning and context, alert to power, privilege and dignity, is at the heart of Well Now. Weight-equity means we need to acknowledge that living with fat shame is a personal and collective trauma.(People of any size can experience shame because of their weight; fat people additionally experience social oppression). Fat folk who have not engaged with the fat activist community may never have challenged the dominant belief that everyone can and should be thin and have internalised this oppression and shame without question. In which case, it becomes imperative that we explicitly state that their body - anyone's body - is not a moral problem. We can offer validation and witness. Make clear that in medical and moral terms pain warrants alleviation, never judgment. This means there is no moral 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. The person needs to hear "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 also get knee pain and 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. This holds true for people who wish their body was different.

15. Be sure not to diminish the lived reality of navigating the world in a larger body, from chafing, to stares, to lack of safe or comfortable seats.

16. Perhaps your client is considering trying to lose weight as a way of reducing their pain. Return to the table to explore what's at stake in making, or not making, the shift from weight-loss to health-gain. Remember not to offer advice but to support someone's process and be a curious questioner. If you notice incorrect assumptions, why do they think that? What does it mean to them? Do they want the science explained? Is there any ambivalence around someone wanting to be thinner while also realizing dieting isn't effective? What does acceptance mean to them? Acceptance can be a stumbling block where it is translated as being 100% happy with your body. Accepting our body doesn't have to mean we like it and want to stay just as we are. It means acknowledging the

reality of the body we have, and not judging it as good or bad: it just is. This enables us to work with our body and view ourselves kindly. Self-care and acceptance are a viable option - even if someone also wishes they were thinner, and pain-free.

The alternative, non-acceptance, emerges from a harsh place of not ok-ness. It results in us fighting the current reality of our body which will lead to more pain and feelings of failure and frustration - fuelling a cycle of yet more shame and self-blame. Make links between (1) current struggles with body shame and self-blame, (2) what they have previously been told about dieting and (3) how they have been treated because of their weight. It is not ok they have been treated badly. It is wrong that they were encouraged to diet. What they have endured is an outrage and should never have happened. Help them locate any harassment and disrespect as wrong, as real issues that they are not accountable for. Remind them that they are, and have always been, doing the best they can to take care of themselves. And that they are, and always were, worthy of respect.

Be clear that respect means everybody – not just healthy or pain free people. Not just people who agree with you. Not just fat people who keep active and eat vegetables or love themselves 24/7 or are trying to stop dieting.