

Transforming trauma through food and body stories

Pathways linking trauma and ill health

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Well Now

Health, Health Behaviours and Trauma

- · Lifestyle change
 - Diet and exercise
 - Fatness and thinness
- Resilience
- · Social determinants: ACEs, trauma
- Moral response?





Physiology and After-Effects of Trauma

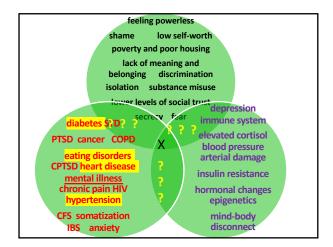
- · Difficulty forming growth-enhancing relationships
- · Shame and lack of self-worth
- · Disturbed sleep patterns
- · Abnormal pain perception
- Disturbed eating patterns
- · Altered endocrine cycles
- Alienation from the body
- Substance abuse
- Self-harm
- Genito-urinary problems
- · Avoids medical examinations



Well Now

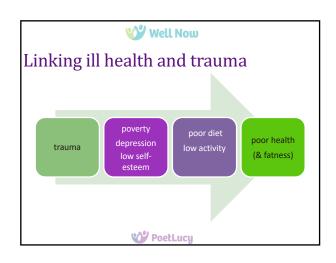
- Chronic pelvic pain
- · Difficulty decision-making
- Gastrointestinal illness
- Dental problems
- Chronic fatigue
- Sexual and reproductive problems
- · Headache and migraine
- Chronic pain
- Somatization
- · High risk behaviour
- Increased risk of violence and violation

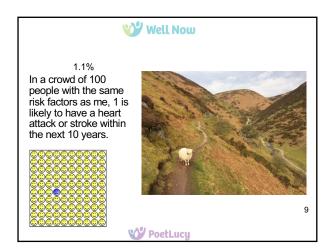


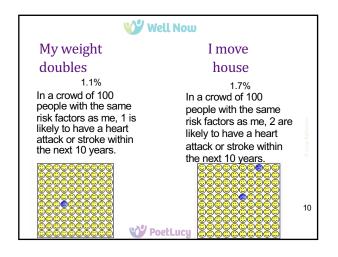














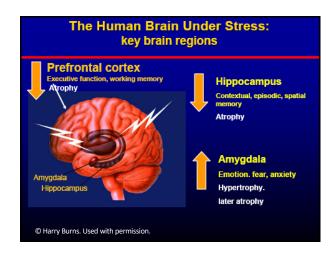




Lifestyle behaviour change models:

- Do not and cannot accommodate trauma
- Reinforce and hide trauma and inequity
- Prevent appropriate care being received
- Block progress and transformation
- Ignore vast amounts of data
- Enable the continuation of toxic power
- Shame and oppress





Well Now

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Targeted core messages

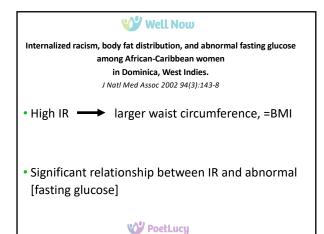
The development of core messages around healthy weight, type 2 diabetes and wider determinants on health can be very useful in ensuring that across a variety of organisations, settings and media, people are provided with consistent and accurate messages.

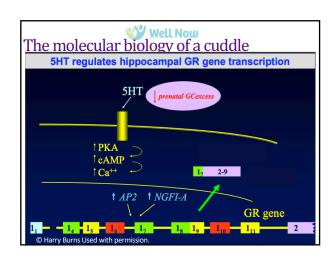


Biochemistry of Discrimination

- Activation of SNS and HPA axis
- ↑cortisol + inhibition of sex steroids + GH
 → insulin resistance
- ↑ cortisol = ↑ cholesterol
- · ? Disrupt balance of leptin and neuropeptideY
- HT from parallel activation of SNS/insulin









"Much of the world's disease burden results from a few largely preventable risk factors, most of which are related to diet and lifestyle' (p.2)

"Mortality and morbidity from chronic diseases are greatest in those who are least advantaged, much of it attributable to adverse diet and lifestyle influences'

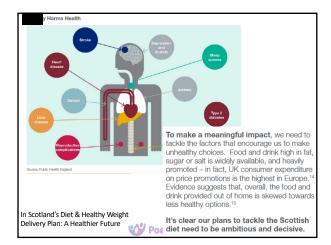


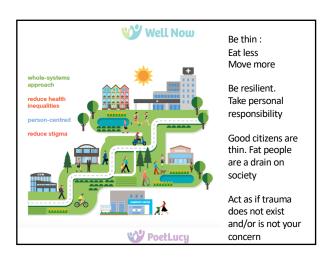
PoetLucy



- ... there is a simple confusion that tends to arise whenever we are presented with a complex array of new facts and perceptions
- · However, when the mind is trying to escape the awareness of conflict, there is a very different kind of self-sustaining confusion, in which one's deep intention is really to avoid perceiving the fact, rather than to sort it out and make it clear.

David Bohm, On Creativity. P 21 PoetLucy







Well Now

- In the end she said, well, if you're not going to cooperate, there's no point in coming, and I just felt that she was part of Big Brother, everybody was on my case and, you know, and I just thought, well, if that's how you feel, stuff it. I didn't want to come, anyway, you
- I used to think I was nobody because I was fat.

PoetLucy

RCT Evidence on Dieting

Mann et al 2007 Am Psyc Vol. 62, No. 3, 220–233

" the studies do not provide consistent evidence that dieting results in significant health improvements, regardless of weight change...The benefits of dieting are simply too small and the potential harms of dieting are too large for it to be recommended as a safe and effective treatment ...



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"Although these were the best studies available according to the principles of evidence based medicine, many did not fulfil its requirements.... These flaws bias the results and can exaggerate the effects..... Rather than showing what does work ... research to date shows us clearly what does not (Jain BMJ 2006)

PoetLucy



• "Weight cycling is a common condition as only a minority of people who lose weight through weight management interventions are able to maintain their weight loss. 115,116 . . . Weight cycling is a risk factor for all-cause mortality and cardiovascular mortality (hazard ratio (HR) approximately 1.8 for both). 118,119



Well Now

When someone explains health outcomes as being primarily a result of 'lifestyle behaviours' and/or weight they are calsplaining.

Among other problems, calsplaining is inherently racist and sexist as its deep assumptions are that experiences of gendered and racialised injustice do not count as relevant in the health conversation.

PoetLucy What I have learnt, is that

When should I use an approach, like attempted weight conversion, that ignores trauma?



Well Now

When should I use an approach that shames and oppresses?

PoetLucy

Well Now

When should I use an approach that disregards 'gold standard' RCT data?





WALL NAME

We may feel more comfortable educating young girls about the perils of dieting than we are about trying to achieve social change necessary to reduce physical and sexual victimization ... yet perhaps the latter will be more effective than the former in reducing the incidence of eating disorders

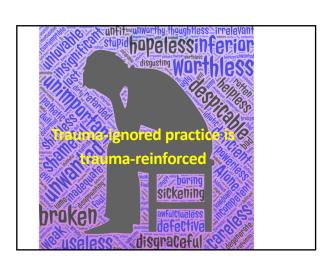


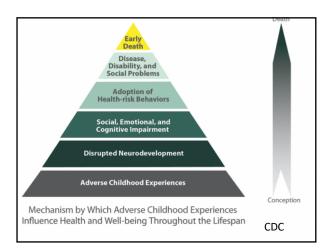
Truth is not Academic

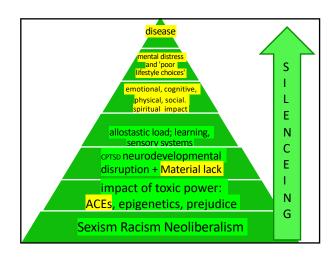
"The repossession by women of our bodies will bring far more essential change to human society than the seizing of the means of production by workers."

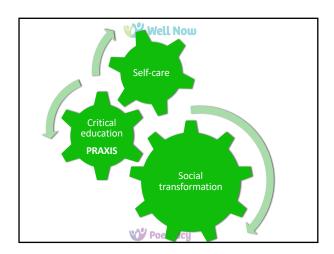
Adrienne Rich





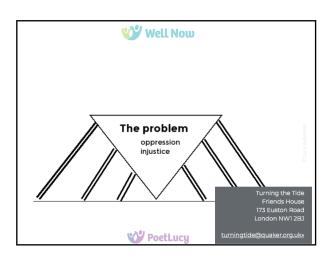


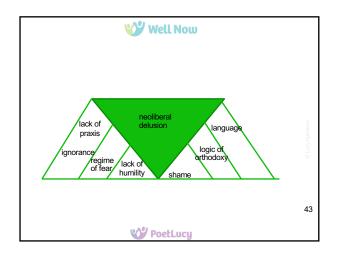














Ampowerment refers to a meaningful sense of one's power-from-within. Lifestyle change falls under the rubric of ampowerment, which relates to self-care. Becoming aware of how stigma, trauma and structural factors shape lives (consciousness raising) can help people make sense of their experiences and increase feelings of ampowerment.





Empowerment

- a process that involves systemic social change and communal healing, with action preceded by collective consciousness raising. It does not stop at self-esteem. It is not about compliance or coercion or tokenistic engagement.
- Ampowerment fosters empowerment through links with a critical awareness of power-over, healing, and increased capacity to engage in and influence power-with relationships.







We can best help you to prevent war not by repeating your words and following your methods but by finding new words and creating new methods.

Virginia Woolf, Three Guineas



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