Transforming trauma through food and body stories

What is trauma?

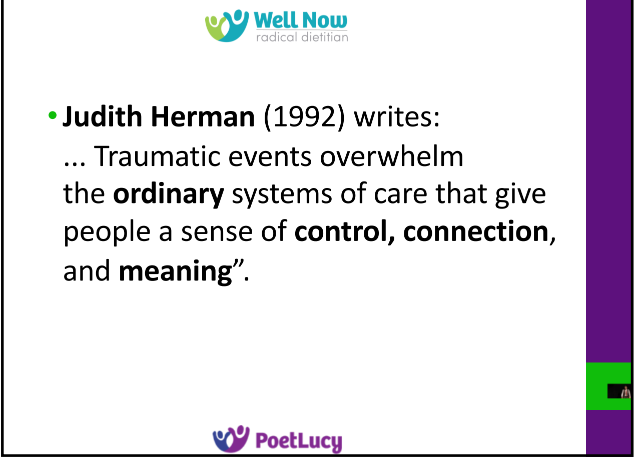
Talk given at: "Trauma Informed Services – What Next?: Trauma resulting from Gender Based Violence - Putting Theory Into Practice. 14th November 2018, Highland Council, Inverness

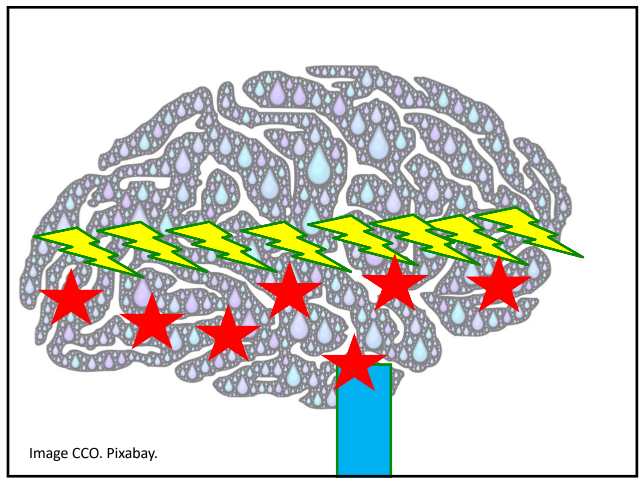
By Lucy Aphramor RD PhD

PoetLucy

- What is the difference between trauma and stress?
- (Why) does it matter?

Image by rawpixel Unsplash

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Well Now
radical dietitian
Hallmarks of a traumatizing experience
a disrupted sense of self
a negation of self-worth
powerlessness and overwhelm
horror and terror
disconnect and disintegration
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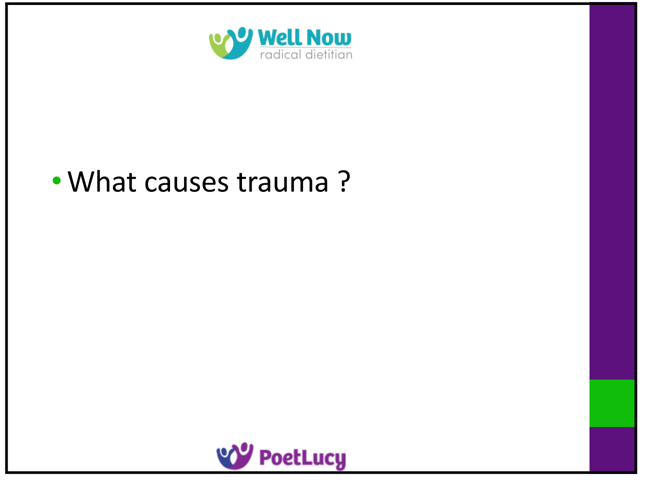
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What causes trauma ?
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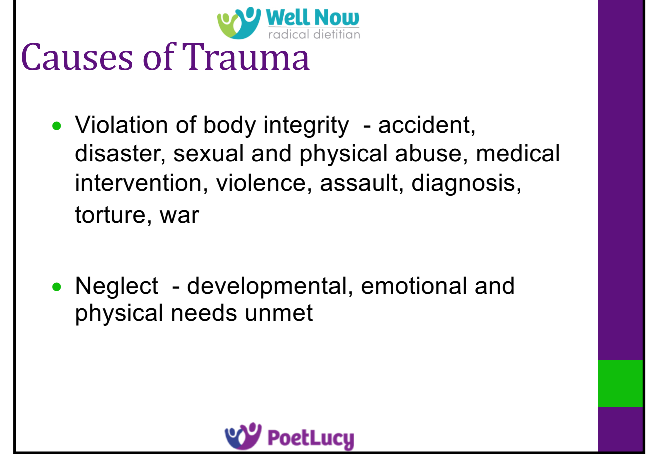
Well Now
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Causes of Trauma
Violation of body integrity - accident, disaster, sexual and physical abuse, medical intervention, violence, assault, diagnosis, torture, war
Neglect - developmental, emotional and physical needs unmet
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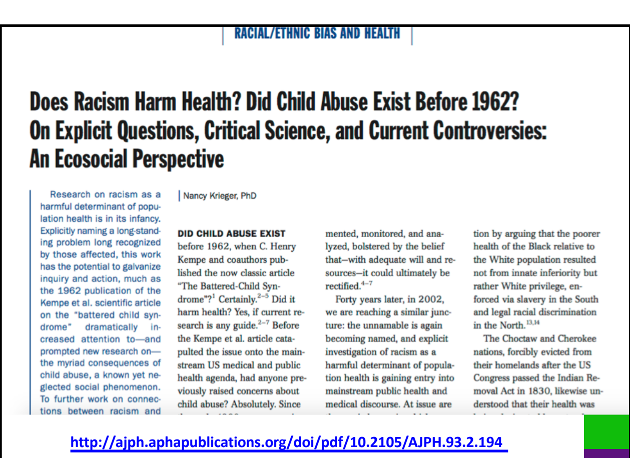
- Threat to sense of self and/or relational safety - sexual and physical abuse, shaming, coercion, diagnosis, group oppression, household substance misuse, refugee camps, Indigenous residential schools
- Loss – bereavement, relationship breakdown, incarceration, adoption, moving

- The study of trauma in sexual and domestic life becomes legitimate only in a context that challenges the subordination of women and children...



RACIAL/ETHNIC BIAS AND HEALTH

Does Racism Harm Health? Did Child Abuse Exist Before 1962? On Explicit Questions, Critical Science, and Current Controversies: An Ecosocial Perspective

Research on racism as a harmful determinant of population health is in its infancy. Explicitly naming a long-standing problem long recognized by those affected, this work has the potential to galvanize inquiry and action, much as the 1962 publication of the Kempe et al. scientific article on the "battered child syndrome" dramatically increased attention to—and prompted new research on—the myriad consequences of child abuse, a known yet neglected social phenomenon. To further work on connections between racism and

Nancy Krieger, PhD

DID CHILD ABUSE EXIST before 1962, when C. Henry Kempe and coauthors published the now classic article "The Battered-Child Syndrome"?[1] Certainly.[2–5] Did it harm health? Yes, if current research is any guide.[2–7] Before the Kempe et al. article catapulted the issue onto the mainstream US medical and public health agenda, had anyone previously raised concerns about child abuse? Absolutely. Since

mented, monitored, and analyzed, bolstered by the belief that—with adequate will and resources—it could ultimately be rectified.[4–7]

Forty years later, in 2002, we are reaching a similar juncture: the unnamable is again becoming named, and explicit investigation of racism as a harmful determinant of population health is gaining entry into mainstream public health and medical discourse. At issue are

tion by arguing that the poorer health of the Black relative to the White population resulted not from innate inferiority but rather White privilege, enforced via slavery in the South and legal racial discrimination in the North.[13,14]

The Choctaw and Cherokee nations, forcibly evicted from their homelands after the US Congress passed the Indian Removal Act in 1830, likewise understood that their health was

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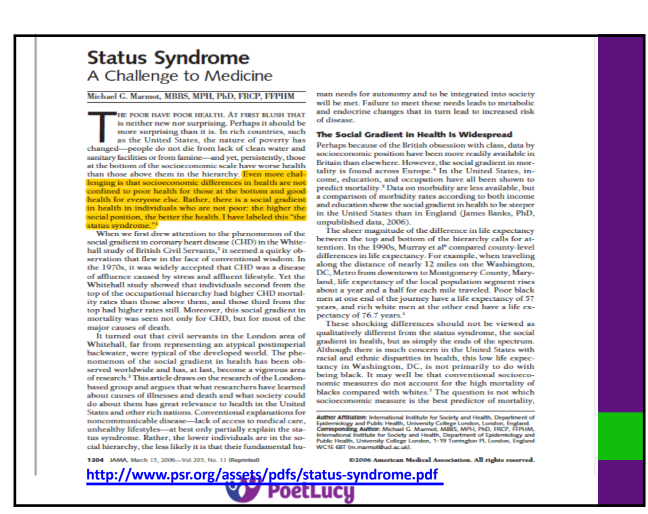

Status Syndrome
A Challenge to Medicine

Michael G. Marmot, MBBS, MPH, PhD, FRCP, FFPHM

THE POOR HAVE POOR HEALTH. AT FIRST BLUSH THAT is neither new nor surprising. Perhaps it should be more surprising than it is. In rich countries, such as the United States, the nature of poverty has changed—people do not die from lack of clean water and sanitary facilities or from famine—and yet, persistently, those at the bottom of the socioeconomic scale have worse health than those above them in the hierarchy. Even more challenging is that socioeconomic differences in health are not confined to poor health for those at the bottom and good health for everyone else. Rather, there is a social gradient in health in individuals who are not poor: the higher the social position, the better the health. I have labeled this "the status syndrome."[1]

When we first drew attention to the phenomenon of the social gradient in coronary heart disease (CHD) in the Whitehall study of British Civil Servants,[2] it seemed a quirky observation that flew in the face of conventional wisdom. In the 1970s, it was widely accepted that CHD was a disease of affluence caused by stress and affluent lifestyle. Yet the Whitehall study showed that individuals second from the top of the occupational hierarchy had higher CHD mortality rates than those above them, and those third from the top had higher rates still. Moreover, this social gradient in mortality was seen not only for CHD, but for most of the major causes of death.

It turned out that civil servants in the London area of Whitehall, far from representing an atypical postimperial backwater, were typical of the developed world. The phenomenon of the social gradient in health has been observed worldwide and has, at last, become a vigorous area of research.[3] This article draws on the research of the London-based group and argues that what researchers have learned about causes of illnesses and death and what society could do about them has great relevance to health in the United States and other rich nations. Conventional explanations for noncommunicable disease—lack of access to medical care, unhealthy lifestyles—at best only partially explain the status syndrome. Rather, the lower individuals are in the social hierarchy, the less likely it is that their fundamental human needs for autonomy and to be integrated into society will be met. Failure to meet these needs leads to metabolic and endocrine changes that in turn lead to increased risk of disease.

The Social Gradient in Health Is Widespread

Perhaps because of the British obsession with class, data by socioeconomic position have been more readily available in Britain than elsewhere. However, the social gradient in mortality is found across Europe.[4] In the United States, income, education, and occupation have all been shown to predict mortality.[5] Data on morbidity are less available, but a comparison of morbidity rates according to both income and education show the social gradient in health to be steeper in the United States than in England (James Banks, PhD, unpublished data, 2006).

The sheer magnitude of the difference in life expectancy between the top and bottom of the hierarchy calls for attention. In the 1990s, Murray et al[6] compared county-level differences in life expectancy. For example, when traveling along the distance of nearly 12 miles on the Washington, DC, Metro from downtown to Montgomery County, Maryland, life expectancy of the local population segment rises about a year and a half for each mile traveled. Poor black men at one end of the journey have a life expectancy of 57 years, and rich white men at the other end have a life expectancy of 76.7 years.[1]

These shocking differences should not be viewed as qualitatively different from the status syndrome, the social gradient in health, but as simply the ends of the spectrum. Although there is much concern in the United States with racial and ethnic disparities in health, this low life expectancy in Washington, DC, is not primarily to do with being black. It may well be that conventional socioeconomic measures do not account for the high mortality of blacks compared with whites.[7] The question is not which socioeconomic measure is the best predictor of mortality,

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http://www.psr.org/assets/pdfs/status-syndrome.pdf

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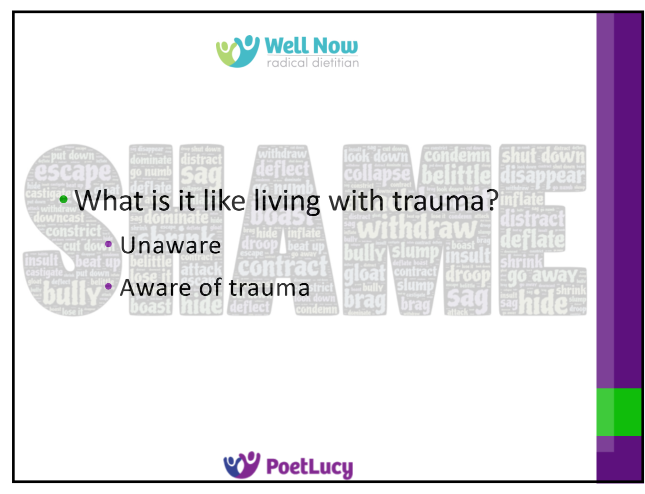
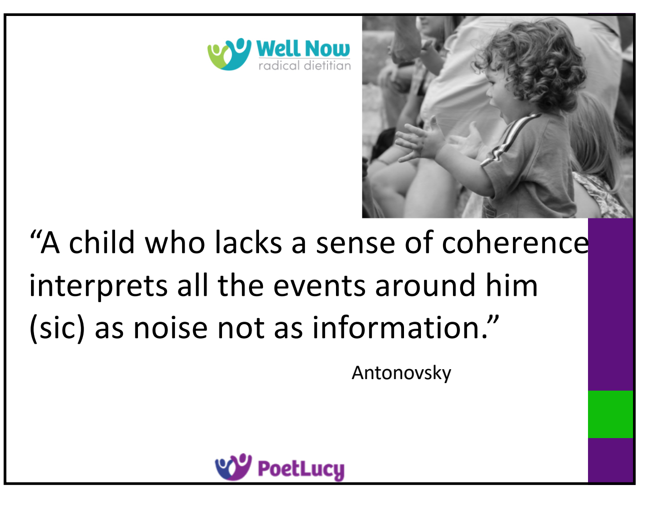
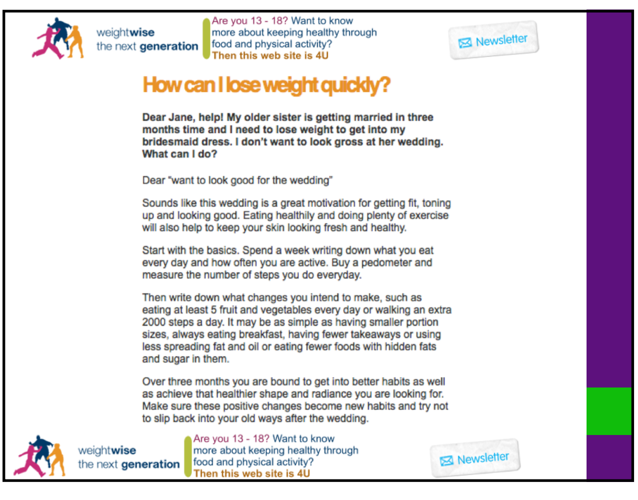
- Advances in the field can only occur when they are supported by a political movement powerful enough to legitimate an alliance between investigators and patients to counteract the **ordinary process of silencing and denial**"

(Herman, 1992)







weightwise the next generation

Are you 13 - 18? Want to know more about keeping healthy through food and physical activity? **Then this web site is 4U**

Newsletter

How can I lose weight quickly?

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

Dear "want to look good for the wedding"

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

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

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

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

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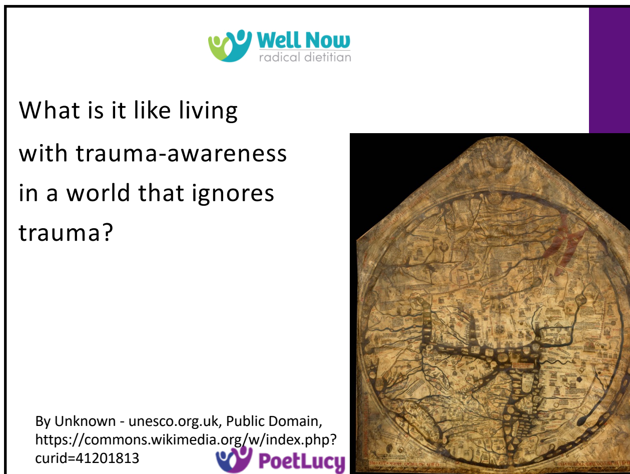

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Newsletter

How can I stop binge eating?

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

Dear "wanting not to binge"

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

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

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