



Re-orientating Dietetic Interventions for Adults with Eating and Weight Concerns: A Qualitative Study of the Well Now course – Part II

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Abstract

This research examines the impact of attending a Well Now course on participants' wellbeing and contrasts this with their reports of previous experiences of seeking support with weight concerns. The Well Now course teaches health-gain and body respect. As such, it offers people a way of making sense of their experiences around food and eating that is premised on criticality, compassion and respect. This is the second of two articles discussing research findings. This was a qualitative, community-based study using semi-structured interviews and focus groups. The participants were women and men who had completed a six session Well Now course. Interviews and focus groups were recorded and transcribed verbatim and data were manually sorted. Coding categories were developed and participants' quotes were assigned to these using thematic analysis. The study had ethics approval. Participants described how engaging with the Well Now philosophy in a supportive group had beneficially impacted their sense of wellbeing and self-worth. The reorientation made available through Well Now enhanced psychosocial variables and behaviours known to impact on health, such as mood, self-esteem, eating/exercise habits and interpersonal relationships. They recounted instances where recommendations to follow a weight-corrective approach, and attendant size bias seen in health practitioner's attitudes, had had a detrimental impact on their wellbeing and sense of self-worth. A professional commitment to socio-politically aware practice, such as Well Now, is recommended as a means of advancing equity, helping people heal from body shame and meeting our ethical responsibilities as health practitioners.

Key words: Well Now, critical thinking, social determinants of health, compassion, weight-equity, shame, HAES®

Introduction

Despite documented evidence of harms done, and of flawed weight science (Aphramor, 2010), there is scant evidence of critical engagement with the ethical ramifications of perpetuating a weight-corrective approach from dietetics' mainstream professional organisations. Further, data on the social determinants of health are not integrated into existing narratives on nutrition-sensitive conditions either in mainstream weight-corrective approaches or the weight-neutral approach HAES®. The elision of the body politic in

nutrition narratives means they ratify a neoliberal agenda which in turn has implications for health equity.

The aim of this qualitative study was to evaluate participant's experiences of attending the Well Now course. This advances health and respect for all. It does this by bridging self-care and social justice using a health-gain approach. We wanted to explore how people experienced the course and we were also interested in ways this experience might contrast with any previous experiences of dieting or of working with dietitians.

Methods, Participants, Data collection and Data analysis

This article has a companion article in this journal issue in which we describe methods, participants, data collection and data analysis.

Findings

In Part I, we reported on findings related to 1) affective impact of a weight-corrective therapeutic relationship (2) effect of dieting on self-worth and mental well-being (3) effect of dieting on eating behaviours.

In addition to the above, three themes relating to a health-centred/weight equitable agenda emerged including: (1) eating behaviours and attitudes including awareness of body signals (2) the role and meaning of physical activity in people's lives (3) improved psychological wellbeing.

In this article, we report on participants' other experiences during the Well Now course and their opinions of the Well Now approach covering three more key themes: the environment created during the course, teaching methods and content (including nutrition education) and eating, emotions and embodiment.

These issues are explored below using quotations provided by participants who attended the Well Now course.

A supportive environment based on acceptance

Participants identified a sense of having a reliable support network on the Well Now course. Many felt that the atmosphere of respect contributed greatly to their ability and willingness to participate vulnerably and learn. Some were surprised to find how informal, comfortable and accepting the environment was:

'I was really pleased to find that the approach was very friendly and informal and relaxed and that I was spoken to like an adult and not spoken at like somebody speaking to a child, which is my experience very often with professionals of these sorts.'

'It's helped me, because I've met people with the same problems and [it felt] like there was camaraderie.'

'[The group was] very friendly. I think I feel very secure and trusting people, so I can open, and it was interesting for me. Again, because people are trusting and open that makes it interesting to realise you're not by yourself.'

Some participants stated that they felt appreciated as a member of the group and connected with others by virtue of their similar experiences. They were happy with the small group sizes and described how the feeling of solidarity across the group made it easier to engage in a meaningful way and where they could speak and were listened to. Participants' descriptions of feeling valued and respected were often powerful, not least because they implicitly highlighted the extent to which people had felt judged by healthcare practitioners. One woman, speaking of the facilitator, said:

'I've found somebody who is on my side, who is not getting on to me, not telling me what to do, not criticising me for the way I eat or what weight I am or anything but completely accepting me and saying, you're okay but you've just got a bit of a problem with dealing with this and that [...] Nobody had ever done that for me before and that was a relief such as almost made me cry really.'

Another individual remarked that although there was a wide range of issues relating to body confidence and low self-worth in the group, it was still possible to establish a connection with other participants; this was attributed to the fact that the Well Now philosophy is explicitly not a dieting programme (regardless of which, many people came with the goal of weight loss). Several people remarked that scales were notable for their absence. It was also noted that the course was advertised as being for adults of all shapes and sizes who want to feel better about themselves and at ease around food and 'not as a weight loss course'...

'It's not your weight, it's about the way you feel inside and it sort of gives pointers along the way without any pressure which was good.'

Participants described how being part of the group meant they recognised that people of different sizes could share similar experiences with eating. One participant remarked:

'The room was full of people who are different shapes and sizes.'

Another said:

'I learnt so much from other people within the group which was great.'

There was a general acknowledgement that the group sessions provided the means and impetus for participants to engage with their own struggles as an individual. One participant highlighted:

'It's kind of like, you know, it's sort of a progression. It's a journey. It's not this is the course, this is what you're doing, go and do it. You do it at your own pace, and it's very individual as well.'

As a result of the respectful, accepting environment provided on the course, participants described a transformation of their ability to show compassion not only towards themselves, but also towards others:

'It's just brought my awareness up for that. Be kind to me [...] and be kind to other people.'

Some participants mentioned they had become increasingly sociable and open to meeting new people. Many individuals described their fellow attendees as friends and acknowledged that they enjoyed the group discussions and meeting new people on the course. One participant remarked that attending Well Now had also encouraged them to be more social outside of the course:

'It's not just the food and the weight and the exercise, that it's a social thing as well. So for me I've tried to do a bit more social things as well. I need a bit of a push.'

Teaching methods and content – overall impact and comments on relational nutrition education and the non-restrictive approach

Many participants felt that the structure of the Well Now course and the teaching methods employed were very effective. They appreciated the unconventional approach used, as expressed by one participant:

'I really liked your way of doing things and the way that sort of, you know, different things we talked about each time. I found it very helpful; I found it a very positive way of looking at things that sort of were different to standard way of looking at things.'

The course included topics and concepts that were familiar to participants, such as fat and fibre intake, and participants described feeling that:

'You did talk about that but in a non-judgemental [rather than] almost sort of like you must do this sort of way, which was very refreshing.'

One participant remarked on how she had found it useful to become more aware of how she used language, a theme taught throughout the course:

'It's the words you use, isn't it? Like the trousers don't suit me, not I'm too fat for the trousers.'

Some participants found that knowledge provided around health and weight helped them sense of their own experiences:

'There was one or two points that I noticed that I'd thought about myself, and that was the genetics and how you're built, how tall you are and how small you are and so forth.'

Many highlighted how learning more about self-care from a compassionate, and holistic perspective, gave them a greater sense of agency:

'It just opened your mind up really to what you can and can't do, and that fact is that you can actually do anything that you really want to, rather than sort of somebody saying you've got to sort of diet, you've got to do it this way, you've got to lose weight.'

There was a general observation that the Well Now course surpassed the expectations of participants because it offered a real alternative to the weight normative and lifestyle approach they were so familiar with. Several participants commented that this new (relational) approach was refreshing and allowed them to disentangle Well Now thinking from that taught in programmes that had not previously worked for them:

'It was more than I expected I think which was great. I'd been to so many slimming clubs, Slimming World, Weight Care, all sorts, and in the back of my mind because I had some understanding of nutrition I'd always be picking holes in the speaker and what they were portraying, whereas here I was just wowed by it, I really was. I just thought yes this is what I've been waiting for.'

'I sort of agreed very much with what you said, but I'd never heard anybody else say it before.'

Many participants felt that the course equipped them to use existing knowledge in a meaningful way, making changes that had eluded them for years when sought in pursuit of weight control. One participant said:

'The first week I went home and I told my husband what I'd been doing, and he read it and he said yeah but didn't you know all that already. I said I did, but I needed somebody to remind me.'

And another noted:

'What's different about this course it it helps you to tune in. It gives you the tools and techniques to tune in to how you feel about, when you've eaten certain foods, how does it make you feel. . .'

While the food environment may have stayed the same, people felt more sense of agency around their choices with more scope for emotional regulation, as this participant notes:

'the stuff's [children's biscuits] all there, it's just the same. . . and if I want one, I'll have it, but I don't think about it on a daily basis. Whereas before . . . especially when I was tired or emotional, that would be the first thing I'd turn to. But I think what I learned is it won't solve whatever the issue is. . . if you're emotional I'd go for a walk really. I'd take the dog and stomp across the field or whatever. And you know I find that, that's really helped.'

There was a strong sense of relief among participants in being offered an alternative to diet mentality thinking and food restrictions. A focus on understanding the mind-body link was especially beneficial. Many people commented that they were previously unaware of the effect of diet on their mood, saying:

'For me, [it is] really useful because then, you know, when I've checked what I've eaten and I thought was that high GI or low GI, oh that's why I'm feeling like I'm feeling.'

'I've always known what to cook and how to cook, so it's been helpful as well in that way that I've developed that more, and knowing about GI and I didn't know much about that.'

'It offers knowledge on different foods that could help your mental wellbeing; sort of foods that would boost your energy levels, your mood levels.'

The shift in focus – to respect, compassion, criticality – that is at the heart of the Well Now course and philosophy was seen as powerful in enabling transformation. Participants described a sense of unlocking the ability to disentangle their own experiences using this new framing. In participants' own words:

'I think it just kind of wiped your slate clear of everything that you'd been brought up with food-wise, silly things that seemed to take over your life without you realising.'

'It's helping to empower myself actually, which is very positive actually, yeah.'

'I didn't come looking for an answer but I do think that maybe I found on. Just in other parts of life as well, not just about food...'

Others commented that the way the nutrition education was presented – that is, from an embodied [and therefore non-restrictive] and relational perspective – was intrinsically linked to their being able to make real change. Removing restriction meant that feeling of compulsion were replaced with choice such that one participant spoke of being 'more responsible' and 'more accountable to myself'. Similarly, another participant said:

'It's very educational and it does fill in the gaps and it's actually more up to date. If you were to go to like somewhere to do with food and it was just to do with food and the education about it wasn't there then it's not really helping you.'

For someone else this manifested in changed taste preferences:

'I do sometimes think eat a bit slower, try and savour your food ... my body does react better if I eat more slowly. . . What I like to eat has changed, so I don't eat nearly as much chocolate as I used to, and sweets. And some things are too sweet [now].'

This way of re-thinking food was also helpful to people with existing gut problems:

'It's been real eye opener for me because now I can identify, you know, what triggers my IBS [irritable bowel syndrome] off and I'm more in tune with why do I feel like this what have I eaten today that could make me feel like this and I'm making the changes'

While many participants described sudden revelations concerning their relationship with food, some were hesitant to attempt drastic changes too quickly:

'I think it would be done very slowly. But I think it's really good and think it's a powerful message and I think it, to be chipped away at, it's a good thing.'

In fact, the metaphor of the journey was a recurring motif among participants, and this quote serves as a metonym:

'I feel like it's a long journey. [...] It's supposed to be another 30 years, maybe less, but it's not something you can switch off. You have to change your mind, then you have to change your lifestyle, and then it will probably change you.'

Understanding eating, emotions and embodiment, including body shame

There was a general sense of a heightened understanding of the origins of difficult relationships with food among

participants as other ways of knowing food and self were introduced. Many people could relate their own experiences to areas covered in discussion, and this new perspective, offered in a non-judgmental environment, became a healing catalyst for letting go of blame and shame:

'This course really helped me to realise it's not only my silliness that I can't stop eating, it's lots of different things [...] and probably [allowed me] to know where it's begun and find a way to deal with that.'

'I think the course is individual to everybody's personal problems and how they deal with food.'

'It makes you look at other things as well, like how you relate to food and how [...] you have a relationship with other things.'

Novel ideas such as eating with attunement, practising acceptance, and meeting emotional needs fostered changes in how people thought about food, self-care and their body-self. Several people said they were no longer preoccupied with food and that when they did think about food it was in a helpful, nurturing way:

'We talk about healthy options but it's about having things in moderation and, you know, sort of your attitude too and not thinking about food too much and just eating for the enjoyment rather than for the sake of it.'

'It's about emotions, how you think, how you feel, how you deal with it everyday life, and then how food comes into that.'

'It teaches you to get in tune, you know, with what you're eating and how it's affecting you.'

'I think about everything, my emotions and what's in my heart really. You made me think about what's in my heart and what's in my soul. And who am I really? And why am I just worried about my weight? There is more to me than how much I weigh.'

'[it's] giving me permission to leave something if I feel full. And also about accepting my body as it is, and if it wants to get a bit bigger, maybe that's how it's supposed to be, and also to trust my body. So it's an on-going thing. And also it's kind of like I'm being challenged which is good with my thinking in and around food and body image and shape.'

Many participants felt that as a result of the group the origins and triggers of (body) shame became apparent to them. They described this as an eye-opener or revelation

that made them reconsider their self-understanding and self-acceptance.

'It's the compassion with yourself but also compassion for others. It's a hard word to live, yeah.'

One participant spoke of a global sense of disconnect reinforced by a seamless alignment to the diet mentality that played out in a very instrumental view of her embodied self, and that had no place for the non-rational dimensions of self, such as respect and pleasurable taste:

'I've come from a place of hating my body actually, and so ignoring it and just operating from the neck up. And so it's about a whole new way of [intuitive] eating. . . I used to see it as food to keep me alive, to keep me going, I was very negative about how I looked at it and I treated my body as a machine. . . . So I never used to really respect it and ran it into the ground . . . Although it's been focused around the food . . . [Well Now] has sort of like impacted me on other levels as well.'

There was a common reference to feelings of guilt associated with dieting and binge eating among the participants. Many identified painful feelings linked to their relationship with food, and the respite offered by Well Now in the same sentence:

'It's the way you think about food, thinking about food in a different way - to normalise food; not to demonise it.'

'It's more about the nurturing and being compassionate with yourself I've found helpful; that you haven't got to beat yourself up if you eat a mince pie or anything.'

'[Well Now] teaches you that if you choose to eat something you can. If you choose not to eat it, that's fine, but it isn't forbidden. It's the forbidden aspect I think. You know, you've been denying yourself forbidden foods and feeling guilty and so, no, I think the [Well Now] course has taught the opposite to that.'

'[the course helps] to destroy your guilt because every time when you're emotional and eating it's guilt, again guilt comes, and then you try to comfort your guilt, so it's more complex than that. But if you realise that it is the guilt probably there's another way to deal with it.'

Some participants spoke of a fundamental shift in how they thought about food and eating which then impacted their emotional landscape around food – and beyond:

'It's a course that will help you to redefine your way of thinking about food and dieting and healthy eating in a way that you treat food as really a need to, well, not as a - think about it. That food isn't the enemy.'

'That you can eat and not feel guilty and also about exercise.'

'I have now a much sort of healthier and happier relationship with food now, where I don't punish myself all the time, that's the thing.'

'I was eating in secret, I was keeping my thoughts and feelings secret. . .but I have started to be more open.'

An allegiance to the healing power of respect also emerged from feedback. As one participant commented:

'You've got to look at the person, the individual, and make them feel good about themselves. . .Because if you don't say to the person you matter then I don't think you're going to get anywhere.'

Other comments about the therapeutic relationship have been included in a companion article. However, it also seems important to refer to the very real, and detrimental impact, of hegemonic nutrition discourse on people's wellbeing here. One person spoke of 'the whole guilt trip' of having diabetes, where she had learnt:

'when your toes drop off and you go blind and you get renal failure, it'll all be your fault and you'll be causing no end of problems and expense to everyone else.'

This critical self-talk continued despite the fact she had tried for thirty years to control her weight with health practitioners unanimously telling her this was the right thing to do. The same person said it made a huge difference to her wellbeing to feel respected in healthcare:

[the dietitian] as a professional, is saying I'm okay and no professional has ever done that before and she's the representative of the powers that be and Big Brother and everybody else and she's saying I'm okay and so now it's not a case of I've got to do this, otherwise I'm a bad person.'

Again, picking up on a theme previously mentioned, several people said that diet mentality thinking was so normalised that it never occurred to them there could be another way of relating to food and health.

Discussion

Background information providing a context to the study is provided in the companion article in this journal

issue. A discussion of the development and theoretical underpinnings of the Well Now course is outwith the word limit of this paper. Readers interested in finding out more are directed to www.well-founded.org.uk. In case the reader wants to further their learning about health-gain (non-diet) approaches, for clarity we draw a distinction between Well Now and HAES practise (Aphramor, 2016a). Well Now theorises social justice concerns as integral to its coherent philosophy. It thus uses a critical pedagogy and teaches weight-equity. In contrast, HAES theories do not account for social determinants of health (Bacon, 2010; Burgard, 2009). HAES practise offers a weight-neutral (rather than weight-equitable) approach. While we have not seen its pedagogical approach explicitly discussed, ASDAH teaching resources and seminars suggest this is not one grounded in criticality (Aphramor, 2016a).

In this discussion we start by commenting on the study findings. We are also interested in noting some of the tensions that emerged during interviews as areas for further attention and considering some of the remaining gaps. Finally, we discuss the implications of the research for practice, focusing on dietetics.

While researchers did not explicitly ask about teaching methods, these featured prominently when participants recounted their experiences of the Well Now course. The course is designed using the principles of whole-person learning commonly known in the literature as brain-friendly learning, or creative and imaginative learning (Hare & Reynolds, 2005). Whole-person learning uses strategies for creating safe learning environments and this comes across in participant feedback about feeling a sense of belonging and trusting other group members. It is a deliberately participatory learning style that recognises the value of knowledge co-creation – thus destabilising the role of the expert and questioning any idea of truth as monolithic - and seeks equity through meeting diverse learner needs. These attributes mean that as a teaching medium it aligns with the critical pedagogical roots of the Well Now course which can be traced to the emancipatory education of community development exemplified by Paulo Friere (2000).

Reading participants' comments relating to eating, emotions and embodiment gives powerful testimony in support of the need for a fundamental shift in nutrition education. Currently nutrition interventions typically adopt an instrumental paradigm where the

body is reduced to a machine, where nutrition science is taught in an abstract (disembodied and socially de-contextualised) way and in which the role of lifestyle factors on health outcomes is exaggerated as the social determinants of metabolic dysregulation (allostasis) are simultaneously ignored (Gandy, 2014). The Well Now course teaches a relational alternative in which emotions, appetite, context and so on matter, where nutrition science is made more meaningful to people by being taught from the body out to the science, and within a framework that bridges and embraces compassionate self-care and social justice (Aphramor, 2005; Aphramor, 2016a). Participants' comments also reflected the value of learning to notice without judging: there is an example with regard to language use where clothes didn't fit. Noticing without judgement is a dimension of mindfulness practice, and findings illustrate the role of mindfulness in fostering self-care and challenging stereotype. It is hard to fathom what any justification for adhering to the traditional approach might look like after sitting with these recollections of the damage perpetrated by the conventional approach to nutrition intervention. Morally, ethically, professionally, our first hope for and obligation towards the people we serve is surely that we do no harm. In this case, in speaking of their healing we learn of the many ways harm has been instigated and perpetuated among participants. These include - through teaching body-mind disconnect via cognitive restraint; instilling size bias and thin privilege; instructing people to disregard the value of their own life experiences where it contradicts dominant discourse (eg. on the effectiveness of dieting); through upholding non-scientifically valid assumptions eg. on the controllability of weight and ignoring the impact of the body politic on metabolic fitness; through inculcating a discourse that fosters blame, shame, guilt and a just-world ideology; through making the embodiment of oppression and privilege invisible; through the nocebo effect (the flip side of a placebo effect); by injury to people's self-worth and their sense of agency; and at a professional/ organisational level, through suppressing the troublesome knowledge of a Well Now philosophy, which represents a loss in the gains that could be being made right now in advancing respect, wellbeing and equity.

From our perspective as Well Now advocates, a few notable tensions were present in the ways participants spoke about their changed eating post-course. While there was a good grasp of the concept of letting go of

calorie counting, and a desire to move towards a more connected way of eating, phrases such as 'healthy eating', 'everything in moderation', and 'portion control', which were critiqued on the course, nevertheless peppered people's speech and can be heard in the excerpts above. This is hardly surprising, given the ubiquity of these constructs in nutrition discourse, the years that participants had devoted to weight control, and the fact that we spent only 12 hours together over the Well Now course. (The Well Now course was subsequently lengthened allowing time for more discussion, including around default nutrition phrases.) Again, the default way of speaking the body as a separate entity from the self is also apparent in participants' narratives post-course. For example, even the mundane phrase 'I'm looking after my body' implies a split between the 'I' doing the looking after, and the body being taken care of. This division is a function of the Cartesian dualism (i.e. the body-mind split) that, in a circular way, structures our thinking and scaffolds our language. Its use in everyday conversation seems inevitable given the dearth of any everyday alternatives that talk of the embodied self as an interconnected, thinking, feeling whole. The Well Now course materials are constantly being revised and now include a question for discussion on the topic.

It may also be worth drawing attention to different interpretations and terminology used around eating. The terms mindful eating and intuitive eating are often used synonymously in eating literature. The reader can determine whether they agree with the observation that, strictly speaking, mindful eating signals a deliberate shift in awareness as compared to intuitive eating. Both may be used in a weight-inclusive (non-diet/HAES) or a weight-corrective agenda. In the latter, the theory is that everyone who is fat should be thin, people get fat from 'overeating', and becoming more mindful or tuned in to eating will lead to calorie reduction and weight loss. Each of these assumptions are disproved by biomedical science yet persist as 'truth' claims. Mindful/intuitive eating are taught in a HAES approach for different reasons. The assumptions here are that helping people learn to access and respond to embodied knowledge will support them in self-care, including helping them to develop a healthy relationship with food. However, there is no discussion on how to account for other factors influencing food 'choice.' These factors may include poverty, allergy, values, religion and so on. The Well Now way recognises this failure to account for context as a shortcoming of mindful/intuitive eating

where theory conceptualises an eater attuned to their own embodied self but otherwise out of context of relationships or occasion. For this reason, the Well Now course teaches connected eating which links body-cognitive-social knowledges (Aphramor, 2015; Aphramor 2016).

One of the goals of the study was to test the effectiveness of the Well Now course against a goal of reorienting public health interventions so our work fosters compassionate self-care and challenges health inequity. Participants were asked about any change in self-care/health behaviours and attitudes, and these narratives speak to the first outcome: yes, there was an enhancement in compassionate self-care. Readers can decide whether positive progress against the second outcome, concerning health equity, can be extrapolated from findings. To this end, we note participants describe experiencing size-equitable healthcare for the first time, and noticed and challenged their own views linked to size stigma and internalised and externalised oppression without self-judgement.

Adults with mental health difficulties are well represented among participants in the Well Now course and this too may enable plausible pathways to be pencilled in to demonstrate impact on health inequity. Thus, people with psychiatric diagnoses are disproportionately drawn from disadvantaged groups and experience poorer physical health than their matched peers. Any service that is effective in promoting recovery, enhancing critical thinking, and challenging the judgement inherent in the dualism (binary thinking) that leads to the health hazard of stigma, be this around size or psychiatric diagnosis, could theoretically reduce health inequity.

Some of the ways in which this reorientation of thinking is introduced in the Well Now course are: through exploring assumptions about weight and health, unpacking diet mentality thinking, exploring stereotypes, validating people's lived realities, challenging the idea of the expert in knowledge creation, and looking at how the relational impact of living with oppression and poverty influence health outcomes. While feedback on this aspect of the course was not elicited by interview, a notable unprompted comment summed up the tenor of collective experience. In this comment, someone described having an "aha moment" when they were able to make the link between life experiences and poor health (supported by Laura McKibbin's "food for thought pyramid", 2009), circumstances that did not

make sense to them within the narrower reductionist lifestyle paradigm they had erstwhile been exposed to.

It would be interesting to explore participants' experiences of learning about the variable influence of relational (non-lifestyle) social determinants of health and traditional lifestyle risk factors on health outcomes, in future studies of the Well Now course.

Clearly, the use of a weight-corrective approach, and/or one ignoring social justice, raises serious issues for patient welfare. One of the ways this realisation manifests is in its implications for our sense of professional identity as dietitians. Once we acknowledge the far-reaching ramifications consequent on (albeit unwittingly) relying on a weight-corrective and lifestyle approach, we can find ourselves with a whole battalion of feelings to manage. These can include shame and guilt for the harm we have done and at our complicity in not listening to patients' stories of chronic dieting failure and body shame. Likewise, it can be hard to realise that, while calling ourselves expert, we have been blind to the reality of stigma and oppression and how these impact health. There can be anger at the shortcomings in our education; feelings of betrayal directed to leadership in our professional organisations and a to-and-fro mix of incredulity, anxiety and uncertainty as we relinquish our belief in science as value-free making for a shaky period where we reassess our professional role and competence. Then there is the relief that we have a harm-free effective response to offer our patients and teach our students. We can't wait to start the conversation in our knowledge communities, knowing there will be challenges and good conflict ahead. We are confident of being heard and expect our sense of our urgency will be taken seriously. In this, one possible outcome, we are humbled by this new awareness and commit to developing a more self-compassionate, critical practice. It heralds the start of a journey with other learners wherein we are forever becoming skilled, resilient practitioners confident in our professional identity, the support of our knowledge communities, and our personal worth.

An alternative trajectory co-exists in which the feeling of shame is so overwhelming as to be intolerable. In this scenario our feelings of self-worth are strongly bound to our professional identity as expert. Our world view is constructed within the black-white thinking of a logic of domination that supports judgement and the tyranny of perfectionism. In this framework, knowledge resides in

the expert and status and division are maintained by this claim on rightness underpinned with a need for certainty and absolutes. Getting something wrong threatens the experts' sense of self professionally and personally. Being wrong leads to harsh self-judgement and painful feelings of shame. Lacking a self-compassionate response, we want to guard against feelings of shame and disconnect – at all costs. This means we will resist engaging with the implications of the study findings, ignore data that contradicts our weight-corrective/neutral or lifestyle position or discredit the messenger. We try to justify our work by flagging up where health-change or self-esteem benefits accrue as if this annuls the harms of the deep structures of neoliberalism we are promoting. We deafen ourselves to voices from our patients and colleagues that urge us to listen differently. Or we run with our new awareness but need to disavow our errors, trampling over what the process can teach us about knowledge and power. We co-opt words, add on concepts, refocus our efforts to be recognised and recognise ourselves as expert and actively work to silence inconvenient histories, insights and emotions in service of a totalitarian dogma. Perhaps we are so afraid of sitting with shame that our need to be right dissolves other concerns. Or we are so afraid of the consequences of speaking up that the reputation of the organisation/profession assumes over-riding value. Or maybe we just can't allow for the idea that we got it wrong. Whatever the hiatus, it becomes more important than patient welfare, ethical integrity and the will for transformation.

It is our hope that this study helps fosters a culture that supports the first of the two responses we illustrated for dietitians and other practitioners coming across a Well Now philosophy. The revisioning offered by the Well Now philosophy and delivered as the Well Now course helps us employ our power, privilege and expertise in necessary and relevant ways in an inequitable world. The Well Now course draws on theory at the intersection of science, psychology and equity to promote politically aware therapeutic relationships that nurture resilience, respect and criticality within an intervention shown to be effective. The relational paradigm insists on context and contingency, developing an imagination that makes us more aware of structural violence including neoliberalism, size bias, thin privilege and organizational knowledge-creation. This in turn equips us to work in more meaningful ways with clients and each other to further self-care, strengthen narratives of social justice and build fairer societies.

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Nazanin Khasteganan has a background in sports science. She holds a PhD in behavioural medicine and is a researcher at Coventry University. Nazanin's PhD study used meta-analysis and systematic review to compare the effects of 'health not weight loss' (HNWL) programmes with those of conventional weight loss programmes on cardiovascular risk factors. She also undertook a cross-sectional survey to identify the attitudes of a working population towards the concept of HNWL focused programmes.

Lucy Aphramor is a UK dietitian with a PhD in Critical Dietetics and a passion for spoken word poetry. She is committed to finding ways to meaningfully link self-care and social justice so that nutrition practice helps people make sense of their experiences and regain a sense of agency in their own lives and as empowered communities. To this end Lucy developed and advocates Well Now, an approach that is compassion-centred, trauma informed and justice-enhancing. She is widely published across disciplines, often collaboratively, and performs her poetry as The Naked Dietitian.