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# Re-orientating Dietetic Interventions for Adults with Eating and Weight Concerns: A Qualitative Study of the Well Now course – Part 1

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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 first 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 6 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 health and sense of 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 is recommended as a means of advancing equity, helping people heal from body shame and meeting our ethical responsibilities as health practitioners.*

\* Equivalent to Institutional Board Review.

Key words: Well Now, compassion, social determinants of health, 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.

## Method

This study is designed using grounded theory (Strauss and Corbin, 1990). We offered semi-structured individual interviews and focus groups so that participants could choose the format that best suited them. Using semi-structured questions enabled the interviewer to pre-prepare questions and ensure some consistency of topic between interviews without over determining response (Cohen and Crabtree 2006). The questions were formulated to be congruent with the nature and purpose of the study (Carpenter and Suto, 2008, p. 79). Ethics approval was granted from Coventry University and consent obtained from participants before proceeding.

### Participants

Participants were people who had attended all six weeks of the Well Now course. A random sample of eligible people were invited by email and letter, the invitation included details of the study's aims and procedure plus any potential benefit or risk in keeping with research ethics. Courtesy phone calls were made to confirm participant's availability a day prior to meeting (Solomon, 2008). The total number of participants was 26, with 19 women and seven men. The participant age varied from 43 to 60, with an average of 50.4 years.

### Data Collection

Focus groups and interviews were conducted face to face and free from disturbance (Gillespie *et al.* 2010). The interviews were of 20-60 minutes in duration. The group interviews were conducted with two or three participants. Participants were encouraged to share their thoughts openly and were informed how valuable it was for the researchers to hear their views, whatever they may be. Several themes were covered, and the key themes reported on in this article are people's experiences of the Well Now course and any experience they had of dieting and dietitians. The interviews were voice-recorded and notes were taken. A professional transcription service was used to transcribe the interview data verbatim (Solomon, 2008). The interviews sessions were conducted over approximately a twelve-month period (2010-2011) by the authors.

### Data Analysis

Participant's narratives were analyzed using Strauss and Corbin's (1990) method, which supports the novice grounded theorist with a more structured approach. Data were used to identify factors that influenced

people's decisions to adopt a weight-corrective or health-centred approach to wellbeing (Gillespie *et al.* 2010).

There are three stages of coding i.e. open coding, axial coding and selective coding (Finlay and Ballinger, 2006). In order to familiarize ourselves with the data collected the recorded interviews were listened to, and the transcribed data was read, repeatedly. Data was managed using MS Word as the sole data management system.

Open coding was done by going through each line of every paragraph. Similar data was grouped together and further divided into subcategories. Illustrative quotes were collected after open coding to saturate categories. Acquired data was compared through a process of axial coding. Axial coding refines the category list. It also deletes and amalgamates some of the categories. Relationships/connections were identified among categories and properties were defined to create sub-categories.

### Findings

We identified three recurring themes relevant to the impact of a weight-corrective agenda. These were:(1) affective impact of the therapeutic relationship (2) psychological impact of dieting (3) effect of dieting on eating behaviours.

In addition to the above, three themes relating to a health-centred/weight-equitable agenda emerged. These were: (1) eating behaviours and attitudes (2) the role and meaning of physical activity in people's lives (3) psychological impact of a Well Now approach.

In exploring each of these themes, we referred back to participants' experiences of practicing the Well Now approach and compared their experiences before and following the course.

Participants were asked about dieting experiences to date. They discussed their struggles to manage weight through dieting, and, related to this, they mentioned the often-strained relationship they had previously had with dietitians. Specific struggles highlighted included fluctuating weight gain/loss, inability to stop weight cycling, plus harmful eating patterns. Some participants felt that dietitians had approached their problems in a patronising manner and were unsympathetic.

Participants were asked if they had noticed any changes as a result of attending the Well Now course. They

identified several significant areas of improvement in their attitude towards dieting, body image and ability to cope with the criticism of others, and no detriment. Key themes are listed and expanded upon below.

### **Affective impact of a weight-corrective approach including attention to the therapeutic relationship**

Participants described common themes in their experience of the therapeutic relationship prior to attending the Well Now course. In particular, they reported a sense of futility due to their inability to change dietary habits and patterns they felt did not serve them well. Some were fearful of the scrutiny of others if they did not successfully lose weight and despaired at the process of being weighed in public. Some felt shame when they failed to achieve weight loss, which caused them to recall past negative experiences, such as their parents commenting on their body shape when they were teenagers or instances where they ate to cope with painful feelings.

Many participants were frustrated with the approach adopted by dietitians and felt insulted and patronised, as evident in the following observation:

*'[it was] like somebody speaking to a child, which is my experience very often with professionals of these sorts.'*

Those interviewees who had attended dietetic consultations experienced dietitians as lacking compassion and relying upon traditional clinical methods that reinforced their difficult relationship with food. The lack of emotional support together with food restriction, and injunctions to meet activity goals, were seen as draconian and promoted the sense of individuals being at fault when they struggled to achieve their weight loss goals.

*'It destroys, you know, it promotes the old, what I call the old way, promotes sort of ideas of failure and, I don't know, makes you feel stupid, worthless, useless and destroys your sort of self-belief.'*

There was also a sense of being under scientific surveillance, and a felt sense of the invasion of privacy. Referring to a dietitian's comments, one participant stated:

*'In the end [the dietitian] 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.'*

The "eat less, move more" mantra was all-too familiar to participants. They found it unhelpful and generic, stymying their attempts to change behaviours so that their appointments with dietitians were experienced as unhelpful at best. One participant commented:

*'Although they've usually been fairly kind in the way they've put it, it's been very predictable in telling you, you should eat this, you shouldn't eat that, you shouldn't do this or that.'*

Feelings of futility, shame and loss of confidence stemmed from ineffective treatment and the unsupportive and distant approach of dietitians. Participants expressed sentiments of worthlessness, ineptness and damage to their self-esteem following their sessions, which they blamed themselves for. Many reverted to previous diet and behaviour patterns following consultation or diet programmes, making the goal of finding peace with food and improving self-care and health seem even more impossible.

It may be pertinent to point out that these sentiments weren't indicative of a stereotyped antipathy to dietitians. The Well Now course was run by a dietitian and several participants drew attention to how helpful they had found her approach. Several people also acknowledged their initial response on seeing a 'thin dietitian'. Her embodiment provoked scepticism, casting doubts on the likely relevance of her knowledge and practise. Where this scepticism occurred, several people remarked they had subsequently changed their assumptions about both dietitians and thin people, too.

### **Effect of dieting on self-esteem and mental well-being**

Participants made a strong association between diet-mentality thinking and their self-esteem. They expressed a link between confidence levels and eating to watch their weight, especially those who chronically struggled to maintain the stable, reduced weight they sought. Before the course, most participants felt that their inability to lose weight acted as a hindrance to their enjoyment of food – and life – and their self-worth. One participant commented:

*'I'd been miserable about my weight, about my appearance a lot of the time, although not always, but about the feeling that I was not good enough, I was not doing it right and I suppose, bottom line, I was probably killing myself and that I would get the blame for that. And that had been my mindset for most of my life.'*

Participants also acknowledged feelings of embarrassment in public situations where they compared their body shape to more athletic or thinner individuals, resulting in despair and shame. They felt the same emotions when shopping for clothes with their friends and family, or scenarios involving fitted or revealing outfits, which prompted sentiments such as:

*'We're going to be on the beach there, and I've always compared myself with others, why is she so thin and she looks so fit and she's so tanned.'*

*'I used to think just put anything on because it doesn't matter I look a mess anyway. You know, I'm just a fat mess so what does it matter?'*

Feelings of distress and anxiety, especially in relation to weight management, also contributed to low self-esteem. Participants described experiences throughout their lives where they routinely weighed themselves and became obsessive about food and dieting. Some felt that the levels of anxiety that they experienced relating to weight gain was likely more harmful than the physical weight itself:

*'Some time ago I began to think that the stress I was putting myself under over my weight was probably more harmful than the weight.'*

Some described the anxiety as a perpetual and stifling fear surrounding any weight gain or changes to body shape. This anxiety resulted in despair that would persist throughout the day. One participant noted:

*'If you're thinking about your weight all the time and, just for an example, if you're stepping on the scales and it tells you one thing and you want it to tell you another then it affects your mood for the rest of the day.'*

Throughout the interviews people spoke of a pervasive sense of guilt and inadequacy linked to low self-esteem and anxiety that was tied to living with a diet mentality. One participant said that following the Well Now course:

*'I've enjoyed entertaining friends in a simple way that doesn't have to be right over the top, whereas often I used to get really stressed if people were coming round, and I'd say oh yeah it's great, come round, come round, and then go totally over the top and do too much and feel that I had to put on a massive show, whereas now we'll just invite someone and make a soup or something and that will be fine.'*

Although people mentioned weight-loss clubs as a source of support and giving a sense of belonging while attending, participants said they often felt alone with their weight concerns much of the time, and reported a sense of hopelessness compounded by a lack of emotional support.

Poignantly, some participants lamented that they hadn't been introduced to a non-diet/health-gain approach sooner. One participant described how she dieted for over 30 years, but found no method as effective as the Well Now approach in the past. A second woman said she'd worried she might have been too old to change, and having benefited so much was going to recommend the course to her older sister:

*'It's very different to what I've learned for the past thirty years, and it does give me an answer for loads of my questions.'*

*'I don't feel 82 now. I feel happy. I just wished I'd done it years ago.'*

### **Effect of (pre-Well Now) dieting on eating behaviours**

Participants were frequently preoccupied with food when pursuing weight loss and many spoke of weighing or assessing themselves obsessively. (Comments on dieting were often made in tandem with comments about changed eating, and these have been left as the contrast acts as useful foil).

*'I was always thinking about food. I mean that's why I phoned up really because I used to stand in the kitchen and think what can I eat now.'*

*'I used to look in the mirror and think oh you are fat. But now I don't bother. I just look in the mirror and accept myself as I am.'*

*'I listen to my body now. I eat when I'm hungry. I don't just keep looking at the clock which I used to feel very guilty about.'*

Restriction and restraint manifested in participants feeling hungry and deprived. They referred to rules-based eating that put them at odds with their embodied selves. Their reflections indicate a profound sense of disconnect between their eating behaviours and body awareness.

*'Before I was in a very blinkered way of eating and thinking. I had very set ways of eating and particular binges of biscuits and cakes and it does feel like it's kind of freed me from that.'*

*'At one time, you know, if it was there I'd just like carry on eating. I wouldn't even be aware of what I was eating, I'd be there just stuffing it in my face, you know, like there was no tomorrow.'*

*'I mean every day I was checking my calories to see how many . . . I was reckoning it up every day but every day I was getting thinner and thinner. In the end, I was like a matchstick, I really was.'*

One participant spoke of how she would go into a panic if she saw a chocolate biscuit and came to realise that it wasn't the biscuit that was the problem but the way she thought about it (Aphramor, 2016a and b).

*'I went home the first week and I started to think, thinking about what I was doing, and it wasn't, funnily enough it was a chocolate biscuit thing, and I thought, you know, it's not the chocolate biscuit that's the problem, it's the way I think about the chocolate biscuit. So straight away I started to change things. . . It is just a chocolate biscuit, but to me it meant so much more. . . You know if I saw a chocolate biscuit I went into a panic.'*

Several participants described themselves as having been moody, fed up and sad when caught up in dieting, and noticed they were better able to relax once they relinquished the pursuit of weight loss and its attendant shame and judgement. One woman said it took her two years to get over a period of very restrictive dieting, and several other participants also suffered from serious eating disorder symptomology.

*'Every time I had something to eat I was going to the bathroom'*

*'I've sort of worked out why I got into the mess I did. Because I've got very narrow vision . . . fat is bad, thin is better.'*

*'I just felt totally out of control with my emotions and my life and with my diet, you know, and I wasn't taking good care of myself.'*

### **Eating behaviours and attitudes to food and weight post-course**

Participants expressed a significant positive change in their eating behaviours and attitudes after attending the Well Now course. They developed a more optimistic outlook and described the setting as supportive and effective in assisting them to develop a healthy relationship with food. Following the course, participants confirmed that they had a more helpful relationship

with food and expressed their happiness with this. They also felt more relaxed and assertive around food and were learning to let go of dieting attitudes. One participant said:

*'In the past maybe I'd go out for a meal and I'd be thinking oh I shouldn't really have that and I shouldn't really have this. Whereas now, you know, I just, if I see something on the menu and I fancy it then I just have it. It doesn't mean to say that you have to eat every single morsel on the plate as well, and I've learned to do that as well.'*

*'I mean it looks bad that if you leave like sort of a quarter of your meal, but now I don't really care, you know, it's my, you know, I've paid for that meal and if I feel as if I'm not hungry anymore, then I'll just leave it.'*

*'You get up different. You know, I mean you used to get up and think what have I got to eat today? I can only eat this and that.'*

Further examples of changing habits and feeling more at ease around food were provided, as participants noted that they did not feel the urge to clear their plate or the same compulsion to eat food they considered off limits. In particular, one participant remarked on the impact of making the shift from weight-loss to health-gain:

*'it makes it much easier to be thinking about the healthiness of your diet rather than trying to restrict yourself from eating things that are bad for you sort of thing.'*

Another participant found that they could create a shopping list based on discussions held on the Well Now course, making it easier to make informed food choices.

Some participants also improved their regular eating patterns following the course, noting that they eat three meals a day and are encouraged to make the time for meals and cook with their children. Other welcomed changes included an enthusiasm to try new foods and make more diverse food choices, especially in relation to fruit, vegetables, whole grains and fish. One participant recalled that:

*'Oh yeah, I've started to nibble dates and prunes and things like that, and I like fruit a lot more than ever I used, so I buy fruit.'*

An increased sense of confidence, awareness, and sense of agency was apparent in participants following the course. They expressed a shift in their mode of thinking and no longer myopically focussed on food, their next

meal or ignored hunger pangs. This in turn enhanced their eating experiences, encouraging some participants to enjoy the preparation, flavours and textures of food for the first time:

*'[Is] helping me to not rush my food so that I eat it slowly, when I remember because it's an ongoing learning thing, and to appreciate the tastes and textures in my mouth and to give myself permission to have treats, because I've always been on, kept myself on, a strict rigid diet.'*

*'It just kind of made me aware of what I was doing, whereas before it was kind of blind shopping really.'*

*'I've got a store cupboard at home whereas I didn't have that before... [I do] more preparation. And I think that's because of the way I think about myself that I matter more now.'*

*'It's care aint' it, to have something nice to eat... Instead of sort of thinking I want something nice I'll have chocolate, I think well I'll cook myself some and I've been using vegetables.'*

It also offered people a way out of very debilitating eating behaviours. One woman who had received specialist care for an eating disorder for years said,

*'If I want it I can have it, but I don't have to. And if I've eaten, and I'm not hungry then I can do other things. And that's what I do, I don't purge now. I think well why am I purging? I've had something to eat, that's fine. I'm entitled to something to eat...It has really changed the way I think about food and myself as well.'*

Other participants described a shift in their thinking around health and wellbeing more generally. They experienced a movement away from focusing on dieting and food restriction to a more rounded approach to self-care for the sake of enjoying a higher quality of life:

*'[It is] a great way of just thinking about yourself in a different way [...] for me a lot of it is about what comes from within.'*

*'It's about eating healthily for you and then letting the rest work for itself. Not dieting, you don't have to diet, you just have to eat healthily, eat sensibly.'*

Many people mentioned how dropping judgement around food spilled over into other dimensions of their lives meaning that they no longer brooded on what they felt they'd got wrong, and just moved on from it instead.

## The role and meaning of physical activity

Some participants felt stuck around undertaking physical activity before attending the Well Now course, but their motivation to move was vastly improved following the sessions. The association between increased overall health, enjoyment, and a more active lifestyle encouraged participants to make changes to their daily routine, ranging from using the stairs regularly to taking up new active pursuits. Many participants had avoided exercise entirely in the past and had not been taught to link physical activity and wellbeing in a way that was meaningful to them. However, several people were encouraged by attending the course to undertake more exercise:

*'I'm taking in a bit of exercise now where I never used to you see. I've got a bike, a stationary bike, you know, one of these exercise bikes, I go on that now, and I also walk to the shops. Which I never used to; I used to dive in the car, you know, door to door.'*

*'Now most days that I try and walk out with the children even if it's to go to the shops or whatever sort of thing.'*

*'I play a bit of golf, and it's amazing really the difference, then I'm more inclined to do more exercise.'*

One participant spoke of a sense of relief felt once they acknowledged to themselves that they did not enjoy going to the gym and could find other ways of being active.

Participants also experienced specific beneficial effects of reframing exercise as something they had a choice over rather than it being an obligation. This shift in sense of agency is captured in the following quote describing relief from anxiety, an improvement to feelings of depression and low energy levels and newfound source of enjoyment in activities.

*'... a professional will say you know you need to do this and this, and you do that. This is in my case and then you're not getting anywhere... if I can exercise more then that helps me to be less anxious. I enjoy, it's something I enjoy and I enjoy fresh air and I enjoy countryside and walking and things like that. So then that helps my depression or, you know, anxiety'*

There was also a stronger sense of the intrinsic connection between mental health and physical health in general following the Well Now course:

*'[Exercise has] made me feel that I, it's really strange because it makes me feel about how my heart works, kind of keep fit, you know, you're going to feel good about yourself physically, mentally. It just gives you more energy for life, helps you to enjoy life. So it gives you more kind of oomph really.'*

It was also observed that those participants who had previously attempted physical activity altered their attitude towards exercise. One participant commented:

*'I feel that I can exercise better now. Before it was exercising to lose the weight, but now it's exercising because I feel comfortable.'*

There was also a general change in the attitude towards physical activity as a source of enjoyment rather than merely a mandatory requirement for weight loss. One participant said:

*'I will go up to watch the children play cricket, whereas I used to drive and just stay [in the car or] walk home and go back later and things like that. So just thinking about how I can fit it into life, not how I [can] become obsessed by exercise, [because it] just will replace diet won't it if you're not careful.'*

One woman clearly described how an internal locus of control and a focus on wellbeing impacted her desire to be more active:

*'... actually do it because it makes you feel good. Don't do it because you want to conform, don't do it because you're, you know, want to lose a pound or whatever. Do it because actually when you come home you'll feel better, and enjoy it so.'*

For the record, several participants said that now they were listening to their bodies they were able to better identify and respond to signals, for example, taking a nap instead of eating when they were tired.

### **Effect of the Well Now philosophy on self-worth and mental well-being –**

Attending the Well Now course offered relief to many because they felt less alone with self-disparaging feelings, and some were more able to seek support of their families. Several participants realised how important relationships outside the room were to them and wanted to talk to their partner about their struggles with weight. As one participant said:

*'The first goal that I wrote down on the first week had nothing to do with actual food. My first goal was to talk more to my husband because way back I felt that he was on my case along with everybody else...'*

Although she hadn't expected him to understand, he was in fact supportive. Participants valued the sense of common understanding gained from group discussion. They described feelings of compassion, confidence and acceptance following the sessions. As a result of this, many participants felt that their self-esteem was boosted in relation to both body confidence and self-worth.

*'I'd say my self-esteem has improved. I've frequently had very negative sort of self-image, and by that I don't just mean bodily image, although certainly including my body but, you know, as regards my whole self.'*

*'And now I'm going into the shops I think well okay that's not right for me, but that don't mean it's because I'm fat and I'm ugly, that just means it don't do me any favours.'*

*'... I asked my husband what he thought and he said well you've gained knowledge and you've gained confidence over the weeks. And I definitely agree that I feel more confident in myself to disagree with people actually just to say well that's not for me. Yeah, some people may feel that way but, you know, I'd beg to differ, and feel okay about that, that that's me.'*

Learning acceptance helped participants review their relationship with food and begin to transform painful emotions linked to body shame. They felt more able to be happy with their body and ignore the criticism of others. One participant remarked upon this, saying that they learned that:

*'It's okay to be whoever you are, and it doesn't matter, you know, stop worrying about what everybody else thinks about you because actually the most important thing is how you feel about yourself, inside.'*

Some participants had also become less judgemental of other's fatness, and less stereotypical in their thinking.

*'It's made me look at how I look at people. Because if I used to see somebody bigger, I used to think, and say they were eating, because I've got problems with restaurants, I used to think well why are they eating when they look like that, and I think now you've made me think like that I was - what's that word when you?...Yeah, that I was prejudiced against other people.'*

Many participants felt equipped to challenge size-discrimination including associated negative stereotypes after attending the course, commenting that they previously accepted mainstream thinking without



appreciating the inherent bias and its emotional impact. They described this as a process of re-education and they re-evaluated their understanding of body weight diversity and “obesity”. They described how they formerly associated negative characteristics with higher body weight individuals, including: laziness, gluttony, ugliness, uncleanness and lethargy in general. This obviously had a significant impact on their own sense of self as many participants identified as fat.

*‘I look at people differently now. . . and I’m realising how stereotypical [about size], I suppose I still am, I am still fighting, I’m still re-educating myself.’*

Some participants acknowledged that while they could not alter the judgment of others relating to their own body shape, they were now able to reassure themselves:

*‘I know I’m not... stop worrying about what everybody thinks.’*

*‘...Yeah, yeah. Yeah, I feel more confident so. And I think that’s like, I’ve had comments about my weight but then I think, because of the group ....That doesn’t bother me. I think now that’s other people’s viewpoint, you know. It’s not about why should it affect me, whereas it did affect me...’*

Improved confidence allowed participants to accept and respect their body, consequently changing how they dressed and approached clothes shopping. One participant said:

*‘I’ve started to take a bit more care of myself and I treat myself now on Friday. I go to the college and have a manicure or pedicure. So I’ve started to think about me and that I’ve got to look after me because nobody else is going to.’*

One person talked of taking ‘this kind, loving approach’. There is a strong sense of self-worth that developed amongst participants following the course reflected in how people talked about their appearance and discussed how they’d been able to replace negative thoughts and become less critical of themselves.

*‘But now I just feel that I can look myself in the mirror and think I’m happy as I am because I’m more positive about what I’m doing definitely, yeah..I think with me there’s maybe more confidence to listen to myself rather than having other negative thoughts telling me you shouldn’t be doing this, you shouldn’t be doing that...’*

Two participants spoke of an embodied experience of improved self-confidence, ‘carrying yourself different’,

and ‘I seem to be walking taller instead of slouching along’.

The circular and commingled relationship between resilience, mental wellbeing and eating behaviours is amply illustrated in the following quotes:

*‘It’s really changed my life because before I wasn’t looking after myself through depression, I wasn’t cooking for myself. I didn’t care about what I was putting into my mouth and it was just making me more ill, and I can now recognise that what I eat affects my moods and I’m not doing myself any favours, you know, by not preparing myself healthy meals and not caring about myself’*

*‘It is all connected, yeah, and if you feel good about yourself, actually, with any illness you feel better. You’re able to cope with other things . . .’*

Another participant echoed this sentiment drawing a connection between feeling better in himself from being less anxious around food, adopting more nourishing eating habits and experiencing an improved relationship with his wife.

## Discussion

A discussion of the development and theoretical underpinnings of the Well Now course is beyond the word limit of this paper. Readers interested in finding out more are directed to [www.well-founded.org.uk](http://www.well-founded.org.uk). The reader will also find work drawing a distinction between Well Now and HAES practise here (Aphramor, 2016c).

As a research tool, grounded theory has various advantages as it provides flexibility in data collection, helps in understanding unknown concepts and offers techniques for data management and analysis (Strauss & Corbin, 1990; Holloway, 2005). Limitations of this study included the relative heterogeneity of the group (e.g. largely white, cis-gendered) which may reduce the generalisability of findings; it may also inform course development for this group in a tailored way. The study findings would be complemented by a repeat study with a longer post-course follow-up period. We also acknowledge the role of own interests and agendas (Bloor, 1997 in Davis, 2000, p 194) in determining the conduct, process and findings of the research.

The Well Now course teaches compassion and acceptance, together with critical thinking about weight, health and social justice, and relational nutrition. It differs from other non-diet approaches, such as HAES®, in its approach to pedagogy, language and social justice

(Aphramor, 2016c). Participants experienced the Well Now course as fostering an improved sense of self-worth, less judgement of others, and enhanced self-care behaviours. They compared this with their previous experiences with a conventional, weight-corrective, approach to health which was viewed as disempowering, which had a detrimental impact on health and self-care behaviours and which was steeped in stereotype and judgement. In so far as weight-corrective narratives eclipsed broader contextual factors impacting health outcomes they left many people feeling alienated and confused by their experiences.

The purpose of the study was to evaluate the Well Now course to inform course development, and to support the more widespread adoption of the philosophy by documenting anecdotal evidence of effectiveness. These findings are corroborated by quantitative results showing improvements in dietary quality, mental wellbeing and decrease in eating disorder symptomology. We also wanted to hear people's stories, and to give people the opportunity to tell their story. Many participants said they would be pleased to take part in the evaluation as they were keen to 'give something back', and we in turn were keen to facilitate this reciprocity. By asking participants to reflect on previous attempts at managing their weight, the findings also reiterated the damage being perpetrated by dietitians, and other practitioners, who repeat the weight-corrective mantra. So, the research (and Well Now course) was also an opportunity for people to express themselves and for others to bear witness to their pain and courage.

Both authors are aware of the destructive impact of the drive for thinness, and we asked people about their previous experiences with weight management as we wanted to document what we had heard. My own (LA) experience as a newly practising community dietitian was that clients spoke clearly of poor outcomes of their attempts to follow calorie deficit plans, told of long histories of yo-yo dieting, and presented a stark picture of the detrimental psychological impact of body shame and disconnected eating. These issues arise from healthist, individualistic discourses around weight, and health, and alert us to systemic issues in the dietetic profession related to a legacy of positivism, dietary evangelism and the construct of professional identity through expert authority (Aphramor & Gingras, 2009). Yet the socio-politically aware, weight-equitable narratives were not apparent during my university education, nor did

they appear in the mainstream dietetic texts I read post-qualification. This critical, transgressive voice has been actively silenced out of dominant dietetic discourse. We present it here because it is the (morally and scientifically) right thing to do in the hope that it will help legitimise people's experiences, and by raising awareness of the unintended outcomes of recommending dieting, and by extension reinforcing healthism and neoliberalism, that it will contribute to reaching a tipping point that leads to change within and beyond dietetics. In doing so, we contribute to the growing voice of Critical Dietetics, a group of nutrition professionals committed to advancing a socio-politically aware practise (Aphramor, et al, 2009).

These findings on the impact of a weight-corrective and a non-diet approach are borne out in critical weight studies, fat studies, HAES work and elsewhere in critical dietetics and even in mainstream dietetic journals. (Bacon et al, 2005; Carrier et al, 1993; Omichinski et al 1995; Rothbum & Solovay, 2009; Aphramor & Gingras, 2007; Green & Buckroyd, 2008; Aphramor, 2012). What this evidence, and the research study shows, is that teaching people to relate to their body as a calorie-burning machine encourages a way of thinking that is rooted in a sizist ideology, denies context and leads to mind/body disconnect, thereby erasing compassion, acceptance and relationality. So too, there are far reaching implications from embedding the hierarchical binaries of cognitive restraint into the individual and collective psyche as people normalize a system of thought that is premised on judgement of self and (creation of) other (Brady & Gingras, 2010).

The weight-equitable Well Now narrative enabled participants to begin to re-assess their relationship with food, their bodies, health and others, in ways that affirmed their innate self-worth and that helped them nourish and otherwise take more care of themselves. Increased self-acceptance and self-compassion had a trickle effect, seen in motivating one person to have a pedicure and helping another to lighten up in their expectations of themselves when entertaining friends. A strong theme of dropping of judgment of self and other emerges, and it is heartening to hear how participants are able to recount their earlier stereotyped thinking without immediately condemning themselves for it: this 'noticing without judgement' is a core practice in transforming old (diet mentality) attitudes of blame and shame.

As people shifted from viewing physical activity as an obligation to be endured to satisfy externally imposed goals and began to reframe movement as a way of connecting with a sense of zest and agency, they sought to build more opportunity for exercise into their routines. This provides reason for us to question the relevance of the idea of 'stages of change' and other instrumental techniques around which so much health behaviour change education is based.

Another core feature reflected through participant's narratives is the change in their sense of self in relationship. We hear of people better able to assert themselves in public situations, to make themselves more vulnerable with their intimate partners, to let go of the need to compare themselves with strangers. This shift towards mutually respectful relationship that Well Now supports again marks it as separate from the mechanistic metaphors of dieting and has been usefully explicated by dietetic theorists (Brady et al 2013). The narrative reinforces how practising awareness, acknowledgment and acceptance favours new perspectives where people let go of stereotype and find a more compassionate response that allows for our common humanity, affording dignity to all regardless of health status, size, postcode or so on. So too, there was a suggestion that the dynamics being described went beyond 'improved self-esteem' to embrace a larger, potentially transformational process of perceptual reframing, aligned with critical awareness or consciousness raising narratives.

Finally, it was heartening to get glimpses of how participants newly valued their embodied knowledge: we learn that several people felt their (physical) sense of being in the world had changed in a way they welcomed as a result of coming to the Well Now course.

It's important to recognise that the Well Now course is not aiming to 'get fat people healthy' but partly to 'get healthy about our attitudes to fat'. It remains the case that fat people seeking support with self-care are disproportionately disadvantaged because of fat stigma and often presented without agency in health care settings. In this case, a vital next step is that we learn to listen to fat people's voices without requiring thin researchers as intermediaries. The fat activist Charlotte Cooper (2014) reminds us of the need to create spaces and relationships where it is safe and possible for agentic fat voices to be heard.

In short, where evidence based medicine is read as the judicious use of best evidence, we believe this article

strengthens the evidence base for urgent change in primary care nutrition services to a paradigm bounded by respect and criticality that fosters compassionate self-care to both advance wellbeing and prevent continuing harm. Further discussion is provided in a second article in this journal issue drawing on the same study.

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## Postscript \*\*

LA developed the Well Now course and initially described it as using a HAES approach. After closer engagement with HAES community thinking she revised her views, clarifying that Well Now and HAES ideologies are two distinct approaches. Articles in the reference list, and other publications, she has (co)authored prior to 2016 will not reflect this distinction and present Well Now theory as if it was HAES theory.

HAES® stands for health at every size®. It is a registered trademark of the Association for Size Diversity and Health.

## Author Bios

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.

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.