Food narratives from women in recovery
(from alcohol and substance abuse)

Pettinger, Clare

http://hdl.handle.net/10026.1/6763

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
**Food Work in the Caring Economy: What is Needed Now?**
A Dialogue on the Impact of Climate Change on Food Systems

Nutritionist, Farmer, Parent, Dietitian, Artist, Food Processor, Pediatrician, Food Scientist, Social Worker, Nutraceutical Producer, Physician, Community Kitchen or Community Gardener Advocate...these are only a few of the people who are involved in the economy of food. Yet rarely if ever do these people ever get together to consider the potential for climate change or other factors that might impact our right to good food (food sovereignty). How sustainable is food work? How equipped is the dietetics profession to address climate change? Given the global imperative of climate change, what role does our profession play in relation to the sustainability of food work. If you dare, yes dare, to enter the dialogue then you will not want to miss this workshop. Part of the authors’ dialogue on climate series, this invitation is for those of you – professional or grass roots activist – to take your work to the next level and into the exciting world of dialogue and collaborative engagement. Come learn and experience the magic as we guide you through a regenerative design approach to addressing this potentially divisive community issue. You will leave you with more than the occasional "Ah Ha" and the tools to apply your learning in the community context in which you work. Through dialogue and collaborative games, we can find common ground.

**Workshop Facilitators:**
Jacqui Gingras, PhD is an Associate Professor of Sociology at Ryerson University who studies the intersection of the dietetic profession and emerging social issues gingras@ryerson.ca
Kathy Porter, CMed is a Mediator and Regenerative Design Facilitator with the Collaborative Global Initiative porterkath@gmail.com
Barbara Seed, MPH, PhD, RD is a Canadian consultant in nutrition and food policy, working to integrate nutrition and public health with food systems and the environment barbara.seed@city.ac.uk
**Lateral Kindness, Grace and Sustainable Compassion for Dietitians and Nutrition Professionals**

We have the privilege of hearing people’s stories and witnessing their journey through difficult times with food, nutrition, health, and healing. Transforming this conversation into a dialogue that maintains our professional credibility, is grounded in lateral kindness and corrects inequities in power, requires many skills. To hear and deeply honour others, we need to be grounded in kindness, have open hearts, understand common humanity and have tools to manage our own reactions and triggers.

In this experiential workshop we will focus on:
- cultivating compassionate vs competitive mindset
- caring for self while engaging and caring for other - managing stress and preventing burnout
- handling difficult emotions with greater ease
- transforming challenging relationships with lateral kindness
- motivating self with kindness instead of criticism or competition
- understanding the research and brain science behind self-compassion
- teaching mindful self-compassion skills to others

**Workshop Facilitators:**
Victoria Pawlowski RD., M.Ed (U.Toronto), RCC, and Carolena Ranger, MA, RD, CAM (Royal Roads) are Registered Dietitians, Cofounders of The Centre for Compassion Inspired Health and Trained Teachers of Mindful Self-Compassion.

---

**The Emotional Dietitian**
Lucy Aphramor RD PhD
Dietetic Theorist and Educator
Well Founded, UK

What place do, can, and should emotions play in developing our politics and practice? In this paper I outline a selection of key theories on the emotions that have shaped my work, and the stories I tell, as a dietitian. The areas I cover concern issues relevant to knowledge creation that are not generally included in counselling theories. I explore why theorizing emotional landscapes from this broad perspective is a valid area of dietetic inquiry, posing the question ‘what does it mean that I came across these theories despite my professional training, and not through it?’ I argue that a practice that explicitly incorporates attention to emotions (the students’, practitioner/educators’ as well as the client’s) is necessarily an embodied and relational practice and why this matters. I also draw on other’s work to suggest how thinking about emotions can subsequently ensure our work is intentionally political. In this last point I pay particular attention to how emotions, politics and language choices inter-relate, using examples taken from different nutrition narratives. An aim is that workshop participants will leave with a greater understanding of how emotions affect our practice and that this enhanced awareness translates into meaningful practice explorations and developments.
Healing Dietetics: theorising practise for a politics of justice
Lucy Aphramor, Jenna Brady, and Jacqui Gingras (moderator)

Traditionally dietetics has been focused on helping people adopt healthful behaviours. Critical Dietetics scholars, and others, highlight the limits and dangers of this approach. It ignores the factors that influence people’s capacity to exercise meaningful choice and it amplifies the role of lifestyle on health outcomes, simultaneously disappearing the social determinants of health. In other words, it reinforces neoliberalism - a system of thought and governance that treats life as a level playing field where willpower and aptitude guarantee success and there is no racism, sizeism, hate crime, bad luck and so on. This panel discussion explores how far dietetic narratives of weight-centred, HAES and health-gain approaches in public health challenge or reinforce neoliberalism.

~

Dietitians as Social Justice Advocates: Our Past and Future Roles
Jennifer Brady jenniferleebrady@gmail.com

The dietetic profession ought to be well-positioned to offer a critical response to a number of urgent contemporary social justice issues, such as food insecurity, food literacy, the impact of neoliberalism on food systems, and the biopolitics of the so-called “obesity” epidemic. However, some have argued that dietitians have assumed a “collective professional hush” regarding the political and gendered aspects of their work, believing they must remain apolitical to uphold their status as nutrition professionals (Aphramor and Gingras, 2009; Gingras, 2008; Gingras and Brady, 2010). Through the oral histories of long-serving Canadian dietitians, this presentation will explore dietetics past, present, and potential future roles in social justice. Specifically, this presentation explores the history of the dietetic profession to ask questions about dietetics’ historical relationship with home economics and how changes in this relationship have paralleled changes in dietetics’ role in social justice advocacy. I conclude that dietitians have an important role to play in social justice advocacy, but that taking up such a role first requires robust and reflexive dialogue amongst practitioners and those they serve about challenges and opportunities of doing so. Exploring current practitioners’ perspectives of their own social justice advocacy work is proposed as an important area of further study that may shed light on how to politicize future dietitians.

~

What people tell us about weight management - a qualitative evaluation of weight inclusive approaches PECHA KUCHA
Fiona Clarke RD fiona.clarke3@nhs.net, Val MacDonald RD valerie.macdonald1@nhs.net, and Sara Huc; Health Improvement, Public Health, NHS Highland, Scotland

Weight inclusive approaches to weight management view health and wellbeing as multi-faceted and directs efforts to improving health access and reducing weight stigma. NHS Highland is a public service organisation which delivers healthcare throughout the north of Scotland. We offer both group and specialist dietetic interventions which focus on health gain not weight loss and encompass a social model of health.

A thematic analysis of 20 patient telephone interviews (both completers and non-completers) was undertaken, one year after the intervention to ascertain effectiveness against health and social outcomes.
The key themes of what people told us: value the approach; like the non-judgemental style; “Not lectured, guided to find own solution”; “It’s about learning to like yourself”; “a more realistic approach, learnt more;” “it’s not a diet, I never ate fish before and now I love salmon and eat it. I try new foods and recipes”. Of those people who were unable to complete the intervention, the main reasons were – illness, family commitments, transport difficulties – and they would like to rejoin another group.

This data adds a richness and context to the quantitative evaluation, and both demonstrate improvements in health behaviours and mental wellbeing independent of weight change.

Developing services at the fringes of Dietetics
Fiona Clarke RD, Val MacDonald RD
Health Improvement, Public Health, NHS Highland, Scotland

NHS Highland Public Health has developed a weight inclusive approach to delivery of weight management interventions that goes against the tide of traditional weight normative approaches. A weight inclusive approach views health and well-being as multi-faceted and directs efforts at improving access to health and reducing weight stigma. The weight inclusive approach is delivered through a tiered pathway of care to meet health and well-being outcomes. Issues, challenges and opportunities arise when going against the tide of traditional approaches; we would like to facilitate a workshop for other people who have gone against the tide in their work and/or the development of services. The workshop will focus on sharing experiences, exploring the sorts of issues, challenges and opportunities that arise and how these might be addressed. The session will be delivered using creative, interactive methods and brain friendly learning techniques.

What if Ennis and Jack had fished? Brokeback Mountain revisited for commensality, companionship and conviviality
John Coveney, PhD john.coveney@flinders.edu.au
School of Health Sciences, Flinders University, Adelaide, South Australia

The book and movie, Brokeback Mountain, provides readers and viewers with the development of a love story between two men, Ennis del Mar and Jack Twist. Their relationship begins while they both undertake summer work taking care of sheep flocks in the Wyoming high country, Brokeback Mountain. The narrative tells the story of the development of Ennis and Jack’s ongoing relationship over the next 20 years. Ennis and Jack’s plans for a ménage à deux are thwarted by prevailing homophobia; so to be together, the two men arrange annual sporadic assignations in various parts of the Wyoming mountain ranges. Ennis’s excuse for taking these times away from home is that he and Jack are ‘going fishing’. Alma, Ennis’s wife, suspects that fishing was never part of Ennis and Jack’s mountain activities when she discovers that the fishing creel containing the necessary tackle to catch fish was never opened during any of the men’s high country expeditions. The Brokeback Mountain short story by Annie Proulx and the film of the same name directed by Ang Lee have won highest acclaim for the portrayal of Ennis and Jack’s complicated relationship and its tragic denouement.

But what might the story have been if Ennis and Jack had fished? How might their relationship developed had their food been captured, prepared, cooked and shared at mealtimes? Might this
have brought forth another kind of love between them; ‘agape’ love – a love through charity, benevolence, fulfillment and sheer delight through the act of sharing food? Australian gastronomer, Michael Symons, contends that sharing food with others is one of the highest symbols of agape love because of the overt display of selflessness and benevolence. Thus by sharing their food, could Ennis and Jack have developed another kind of companionship - one accentuating affection, tenderness and fondness - to augment their eros love? Symons’ work complements the current research interests in the importance of commensality and conviviality especially developed that by Fischler and colleagues.

This paper will explore the relationships made possible through the development of food sharing, companionship and conviviality.

~

Creating space for empathy in dietetic curricula PECHA KUCHA
Janeane Dart, Adv APD, Senior Lecturer, PhD Candidate janeane.dart@monash.edu
Monash University, Melbourne, Australia.

Empathy has been identified as one of the core conditions of a genuine helping relationship and it is recognised as one of the key domains of emotional and social intelligence. There is compelling evidence of the role that empathy has to play in healthcare settings in optimising and providing quality patient care and more broadly, empathy provides a basis for compassion and moral action. Literature suggests current undergraduate health students display less empathy than previous generations, empathy declines through tertiary study and students fail to acknowledge the importance of the skill.

Dietetic educators across academic and workplace/academic settings have a social, moral and professional responsibility to consider and reflect on our approaches to building empathic capacity in dietetic trainees. Empathy is a cornerstone for relating and enabling social change. Without empathy, our interactions are tone deaf and our potential to support change limited. Evidence suggests empathy can be taught and numerous educational approaches are applied across healthcare education. Yet are we creating adequate spaces, time and opportunities to enable our trainees to sit with and explore experiences of empathy? Are we sharing narratives and engaging in conversations to extend our students’ humanity and empathy in our educational approaches?

~

Longing for Recognition: ten years on
Jacqui Gingras, PhD, jgingras@ryerson.ca
Associate Professor, Sociology, Ryerson University, Toronto, Canada

In 2006, I finished my dissertation with the hope that I would have the opportunity to teach students in the same way my story’s protagonist, Tess, had done. Now, ten years later, that dream has come true. After teaching the course that I had created for my auto-fictive story, “Longing for Recognition” over five semesters, I seek to know what influence those teachings have had on those students. This session will offer a glimpse inside the experience of teaching and learning about critical social theory within the context of preparing to become a professional dietitian, the complexities and contingencies of entering practice, and how these stories become intertwined with professional lives. Ten years on much has changed, but the commitment to a robust examination of being an academic activist remains.
Constructing the dietetic student identity – an analysis of students’ narratives
Elin Lövestam, PhD, RD  elin.lovestam@ikv.uu.se
Department of Food, Nutrition and Dietetics, Uppsala University, Sweden

This paper is a contribution to the emerging research area concerning dietetic identity and professionalization. In the present study, I focus at how Swedish dietetic students’ narratives contribute to the construction of the dietitian identity and professional role.
At the dietetic program at Uppsala University, students were asked to write an anonymous narrative concerning the origin of their food interest and their way to the dietetic education. Their texts all had a clear narrative structure, starting in their childhood and ending up in present time. These texts were carefully read several times, from different analytic perspectives. The students participated in the analysis as a part of a course on scientific methods. The final analysis of the texts focused at how the students’ construction of narratives, through selection of memories, wording and other choices, can be connected to their ideas concerning what it is to be a clinical dietitian and a dietetic student. These ideas, in turn, contribute to the overall construction of the dietetic identity and professional role.

Reflecting on our practices: Changing perceptions from a Community College and a Community Health Care setting

Stephanie Nishi, MSc, PhD(c), RD
Professor, George Brown College
Cindy Tsai, MEd, RD
Faculty Trainer, Choices and Changes Program; South Riverdale Community Health Centre: Toronto Central Self-Management Program (TC SMP)
cindyhh.tsai@mail.utoronto.ca

As dietitians we have the opportunity to engage in dialogues of nutrition and food with different audiences, whether that be clients, students, or others. We will be reflecting on our experiences of how our perceptions evolved through the challenging and rewards moments encountered of our practices. Specifically, these narratives will be drawn from our experiences of teaching culinary students at a large publically-funded community college and working with female clients at a Community Health Centre in an urban region of Canada.

Some common themes experienced include: making nutrition information more applicable to our target audiences, exploring their experiences and trusted sources of food and nutrition, and bringing up topics that are potentially sensitive and triggering, such as body mass index (BMI) and food history.

We now appreciate that there is a much deeper meaning to food beyond the science of nutrients and evidence-based practice. By sharing these experiences, we hope to further contribute to the narratives of dietetic practitioners, and collectively consider the development of new tools and resources to better serve our clients and the public as a whole.

Food narratives from women in recovery (from alcohol/substance abuse)
Dr. Clare Pettinger RD, RNutr (Public Health), Lecturer in Public Health Dietetics School of Health Professions, Plymouth University, UK

Nutritional inequality is topical, highlighting a need to engage ‘harder to reach’ communities more effectively to improve food choices. Women in recovery are a unique community, known to suffer from disordered eating and nutritional deficiencies. Understanding their needs is crucial for optimizing wellbeing. The ‘Food as a Lifestyle Motivator’ (FLM) project explored the use of creative methods to investigate the food experiences of ‘marginalized’ communities in Plymouth, UK.

An exploratory workshop was run to uncover the meaning/role of food for 10 women in recovery, accessed via gatekeepers from two service providers. A ‘photo dialogue activity’ involved participants selecting, from a range of food photographs, two images, one representing ‘like’, the other ‘dislike’. These images became a vehicle for two semi-structured group discussions, using standardized questioning. Transcript analysis is ongoing.

Preliminary narrative findings indicate the importance of food (activities), as motivator and barrier, for women’s recovery journey. Creative methods are critiqued: The ‘photo elicitation’ approach as a method of uncovering powerful food narratives (Wall-Bassett et al 2013) the and Voice Centred Relational Method (VCRM) (Mauthner and Doucet, 1998) for giving authenticity to the voices. Recommendations are made for service delivery policies to include tailored socially inclusive food activities to support women’s recovery, wellbeing and life-skills.


Vital intersections between dietetics and sustainability
Kathleen Porter, CMED porterkath@gmail.com

To address this topic, I offer my own experience as professional educator, facilitator, mediator and regenerative designer as a way for you to reflect on where you might go, the journey you might take or the dream you hold close as you form an image of how you will change the field of dietetics. I will frame this dialogue within the 12 Principles of Permaculture, as a way of offering how to consider the work you are and will be engaged with over the course of your career. Permaculture is a whole-systems approach informed by ethics and design principles derived from the patterns and relationships we find in nature. This way of knowing can be relevant across all manner of disciplines and pursuits from designing human settlements to agriculture, technology and even dietetics education!

As a dietetics practitioner, is your role to consider the impact of your profession on the environment, the economy, the social fabric of community? Is your role to consider climate
change, to think beyond sustainability and to begin to consider how your practice contributes to the resiliency of our communities, the ability to be regenerative? As severe weather events continue to occur are you prepared as dietitians to respond to these crises? Will your function be affected if sources and types of food become limited? If factories and food distribution systems are impacted such that where you live is simply cut off or those who are already living in poverty are deemed to be unimportant, disposable? Will food only be going to those who can afford to pay? Or will you only be able to serve those with deep pockets? Some of these principles will challenge what you are learning here in this prestigious academic center of excellence. Some of these principles will invite you to challenge your own knowing, your own way of thinking. Some of these principles will invite you to challenge your colleagues or if not to challenge then to interact in new ways. Some of the principles will invite you to engage with your clients, communities and places of work in different ways. If so, good, I will have done my job.

---

Dietitians in Chicago: The Stories and the Challenges
Audrey Roen roen.audrey430@gmail.com and Jill White jwhite@dom.edu

In a city where nearly a quarter of the population lives in poverty\(^1\), gang violence is common place and more than 500,000 residents (mostly African Americans) live in food deserts\(^2\). Registered Dietitians (RDs) often face economic and cultural barriers when meeting their client’s nutrition needs. Although every RD is focused on delivering the best nutrition care possible for their clients, challenges specific to the population makes Chicago a unique and complex environment to practice, teach, and study dietetics in. Discussing challenges RDs face and sharing stories experienced in Chicago will lead to an open discussion of solutions for delivering nutrition care and provide a better idea of the role RDs play in Chicago’s healthcare system. The use of digital stories allows RDs to artistically share their experience practicing in Chicago in the last five years and the challenges that threaten their ability to provide nutrition focused care. In addition to digital stories, a short survey will provide an updated snap shot of the dietetics field in Chicago: what changes are happening? What challenges are faced on a daily basis? Is nutrition care being effectively delivered? And ultimately, what can we improve?


---

The “right” to be experts of food and nutrition
Cindy Tsai, MEd, RD
Internationally Educated Dietitians Pre-Registration Program, Chang School, Ryerson University

Registered dietitians hold a firm belief that we are the experts when it comes to knowledge and applications of food and nutrition. We believe we should be the first to be consulted, or at the very least, be one of the experts to make statements relating to food and nutrition. But how did we come to believe that we should be the predominant voice in this field? This paper seeks to explore the factors contributing to the “right” to speak to a field through the concepts of professionalism and professionalization.

---
The Land Before Dietitians
Melanie Voevodin PhD Candidate melanie.voevodin@monash.edu
School of Primary Health Care, Monash University

In Australia, Dietitians are the publicly recognised experts in food-health. The supply of dietitians shows a 1500+ strong dietetic workforce in primary care, set to increase. And yet ‘food’ is now a greater burden of disease than tobacco, as ‘the food-health experts’ it seems prudent to reflect on our role here.

To know how to do better, we first need to understand what we do well. A starting point was to investigate ‘a history of dietetics in Australia’ – how has our past influenced our present; what might have happened without dietitians?

This is exploratory research using data-mining with quantitative and qualitative analysis. Data was extracted from the annual reports of the Dietitians Association of Australia (DAA) (1983-2014), other Australian historical references, and archived Internet files. Data is presented as a timeline, and a series of graphs.

The emergent story demonstrates the growth and strengths of the profession. Applying a ‘land before dietitians’ perspective, there appears an unchallenged assumption recommending ‘healthy food’ can only have positive outcomes by virtue of [good] intent. While this limits our capacity for a well-developed critique on ‘what is working and what is not', we CAN do better. We present recommendations on how.

~

A Critical Race Analysis of Dietetics
Jill White
Dominican University, River Forest, Illinois

Currently less than 5% of Dietitians within the US come from non-white communities. This makes the Field insensitive to communities of color, who suffer the most from disparities in food and healthcare access. This talk will discuss the tenants of Critical Race Theory in relation to the Field of Dietetics; white privilege as a property right, the use of counter stories to challenge the dominant cultural perspective, and interest convergence, which refers to the idea that those in power only allow advances by subordinated groups when it serves the self-interest of the empowered. This is an important discussion as US and other Western Dietetic Associations are dominating the international standards being set in the Field. In addition, as the US food and agricultural industries move to control world food production, we must build a worldwide movement to counter the ill effects on health and the environment that follow the destruction of local food systems.