



Co-funded by the
Erasmus+ Programme
of the European Union



Breaking WEIGHT BIAS

Promoting Health without harming through digital training tools

Project number:

2020-1-UK01-KA204-079106

6.3. Trauma-informed approach





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TRAINING CONTENT

6.3. Trauma-informed approach

6.3.1. What is trauma & how does it affect health?

According to the APA Dictionary of Psychology (n.d.), trauma is defined as “*any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person’s attitudes, behaviour, and other aspects of functioning*”.

Disturbing experience may be an event or series of events or a set of circumstances that were physically and emotionally harmful or even life-threatening. That results in lasting adverse effects on mental, physical, social, emotional, or spiritual wellbeing in an individual's life (Health Care Services, 2019).

Traumatic experiences are always stressful and research has established that chronic stress, including traumatic events, leads to adverse health outcomes, having a significant impact on health (Mariotti A. 2015). Chronic stress can increase cortisol in the body, often referred to as the “stress hormone”, which over time can negatively impact the communication between the brain and immune system, leading to fatigue, depression, health conditions, and even metabolic or immune disorders (APA Help Center, 2018). Even single traumatic events can have harmful physical and psychological effects. Nearly all body systems are negatively affected by trauma: gastrointestinal function, cardiovascular system, immune system, reproductive system, musculoskeletal system, neuroendocrine function, and brain function (D'Andrea et al., 2011).

Early trauma, i.e. traumatic experiences that occur to children aged 0-6, has long-term consequences, impacting physical and psychological development. It can change brain and immune system function and can lead to detrimental physical and mental health effects for decades in the future (Health Care Services, 2019). Research shows that Adverse Childhood Experiences (ACEs) lead to chronic diseases, such as emphysema, chronic bronchitis, autoimmune disease, diabetes, obesity, heart disease, stroke, and cancer (Health Care Services, 2019).

*Trauma is not what happens to you,
it's what happens inside you as a result of what happened to you.
(Gabor Maté, 2019)*

6.3.2. Trauma & diet culture

People living in large bodies are more likely to experience weight-based bullying (Thompson et al. 2020). The earlier findings have shown that an individual who experiences bullying



repeatedly, also experiences feelings of helplessness, similar to a victim of trauma (Terr, 1991; Herman, 1997). A recent literature review and meta-analysis also established an association between exposure to bullying in the workplace or school and symptoms of post-traumatic stress disorder (Nielsen et al., 2015).

The narrative of diet culture that dieting is a tool of self-control (Dolan, 2018) sounds very appealing when an individual is under stress and experiences helplessness. Since losing weight in western societies seems to be connected with acceptance and admiration (Wilson et al., 2001), people who experience discrimination and weight-based bullying, are more likely to engage in dieting again and again. As already discussed in submodule 5.3., dieting is not a successful way to control body weight in the long term and can even lead to further weight gain. That means that, with each failed weight-loss attempt, learned helplessness becomes even stronger, resulting in poor self-efficacy and diminished empowerment (Ross et al. 2015; Tylka et al. 2014).

Accordingly, when people have been experiencing weight bias repetitively in their life, an appointment to the healthcare provider and a discussion about their weight control may feel like an overwhelming experience. People who have experienced weight bias and at the same time have internalised diet culture's narratives, are more likely to cancel an appointment, or even get angry, anxious, shut down, or exhibit maladaptive perfectionism in healthcare counselling.

6.3.3. Trauma-informed care is every healthcare professional's business

Trauma is a widespread, harmful, and costly public health problem and it can complicate chronic disease management as well as behavioural health treatment (NCBI Bookshelf, 2014).

Being a trauma-informed healthcare professional does not necessarily mean that every healthcare professional has to do trauma-focused work like psychotherapists. It is important for a healthcare professional who interacts with people who may experience trauma, to be able to understand how trauma can affect treatment presentation, engagement, and the outcome of behavioural health services (NCBI Bookshelf, 2014). Sutherland and Brown (2021) at their seminars about trauma-informed care for dietitians suggest that *“trauma-informed professionals can acknowledge the unique and specific ways that trauma and chronic stress influence and impact biological systems which intersect with the work of eating, digestion, food-related behaviours, body image and so much more”*. This is especially true for people with obesity or overweight who have also been experiencing weight bias. Trauma-informed care (TIC) involves a broad understanding of traumatic stress reactions and common responses to trauma.

Trauma-informed care aims to:

- **Realise** the impact of trauma and the path to recovery. Chronic trauma and stress can impact emotion (Kim et al., 2013), metabolism, hormones (Rabasa & Dickson 2016),



weight (Rosmond, 2005), and lifestyle behaviours (Adam & Epel, 2007). Healthcare professionals can discuss with a patient about their history of eating issues and weight fluctuations in an exploratory way, with friendly curiosity. It should be noted that assuming every individual living in a large body has a trauma response can add another layer to the weight stigma they may have already been facing.

- **Recognise** the signs and symptoms of trauma and stress, and be able to have a conversation about it. In this spot, it will be helpful to assess the history of trauma (including weight-related) and encourage self-awareness around eating as coping.

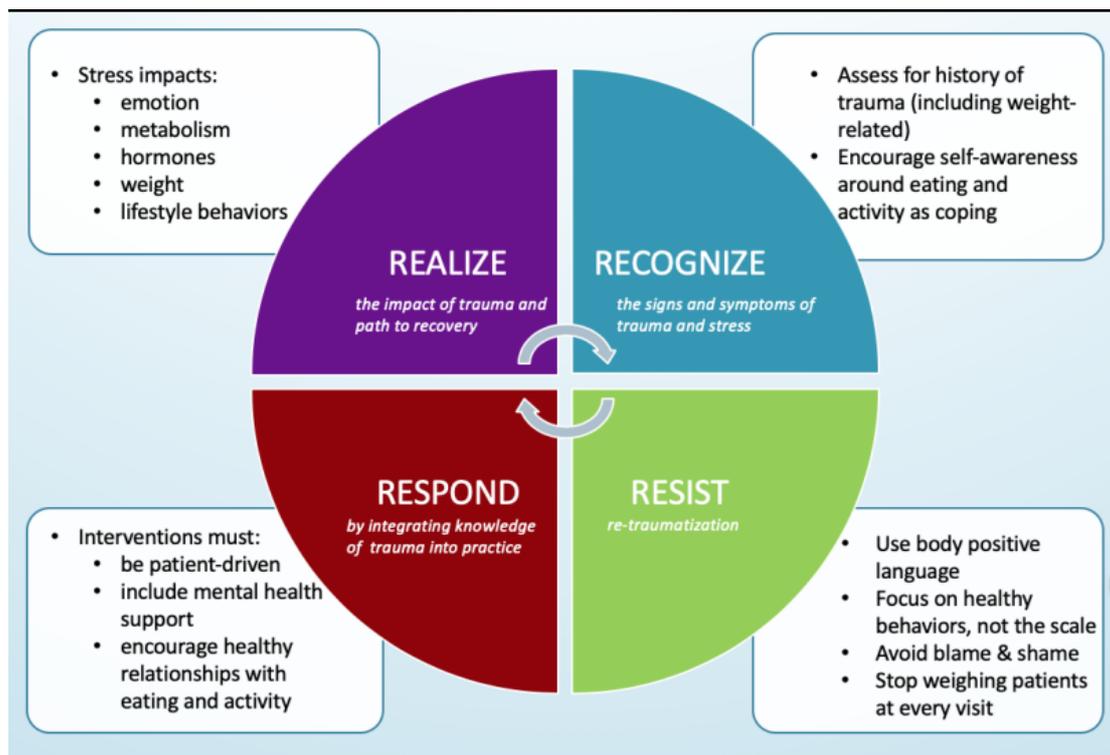


Figure 6.3. (a) The four “R’S”: Key Assumptions in a trauma-informed approach (Keeton & Schapiro, n.d.)

- **Respond** by integrating knowledge of trauma into practice. Interventions have to: be patient-driven, include mental health support, encourage a healthy relationship with eating and physical activity, in a physically and psychologically safe environment that promotes trust, fairness, and transparency. Sometimes healthcare professionals may need to refer certain clients to a psychiatrist who can evaluate them and, if warranted, prescribe psychotropic medication to address severe symptoms (NCBI Bookshelf, 2014).
- **Resist** actively re-traumatizing. An issue that we have already discussed, in sub-module 2.2.1., is the use of verbal and body-positive language. Focus on healthy behaviours, not the scale. Avoid blame, shame, and weighing patients at every visit. Weighing someone is not a neutral action, because weight is not considered as neutral in modern society. That is why it is so important to create a trauma-informed space, where patients may have the opportunity to choose in advance if they would like to be weighed. Ginny Jones, editor of



more-love.org (n.d.) proposed “Don’t weigh me” cards (figure 6.3. (b1,b2)) as “a very polite way to open a conversation with healthcare providers about whether they really need our weight. And if they do, then we can make an informed choice about that. The difference is that now being weighed before an appointment can be a conversation rather than an assumption”.



Figure 6.3. (b1,b2) “Don’t weigh me” cards https://more-love.org/free-dont-weigh-me-cards/?fbclid=IwAR0zfrnx8QsrWHYNFA9Bn9wLQARemgj7Fn4C-pKliWxLJfE273dlchWP_go

Useful links and resources:



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<https://www.themindfuldietitian.com.au/trauma-informed-dietetic-care>

<https://www.traumainformedcare.chcs.org/>

<https://youth.gov/feature-article/samhsas-concept-trauma-and-guidance-trauma-informed-approach>



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