



Fresh Eyes

An activity to consider the ways culture can impact on experiences of mental distress — in particular, food and body issues. Participants watch or act a play about aliens that provides an ‘outsider’ view. A card activity educates and encourages awareness about the cultural basis of how we understand mental distress.

**Conversations
for Change**

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Whakaitia te Whakawhiu i te Tangata



Fresh Eyes

Pick and Mix Section, Activity 2

- Objectives:**
- To add a cultural lens to mental health issues.
 - To encourage critical thinking about the influence of culture, media and society on how we think about mental health issues.

- Key messages:**
- The way that people experience mental distress varies widely.
 - There is no one explanation for mental distress.
 - There are many ways of understanding mental health issues and these are informed by where and when we live.

Recommended group size: Suggested maximum of 12 people per facilitator.

Time: 45+ mins (5 mins opening discussion, 10 mins play, 10 mins second discussion, 10 mins final activity, 10 mins final discussion).

Resources to have ready:

- Group Agreement and Places for Support brainstorm pages from the first activity.
- Large screen for viewing with internet access (or internet access via phones/laptops) to www.rethink.org.nz/performance 'Making Sense' OR printed copies of the script. (Version 1 is the original script and matches the video, and Version 2 is the easy access version.)
- Fresh Eyes cards (there are 18 of these).



Before you start, decide which method to use with your group:

- watching the play 'Making Sense', which is available online (recommended), or
- requesting three participants who are interested in performing to read a version of the play to the group (if you choose this option we recommend the actors watch the on-screen play first), or
- if you are a drama group or class, photocopying the scripts (either the original or easy access version) and dividing participants into groups of threes to read through the play.

Cut out and shuffle the Fresh Eyes cards.

Tips:

- You may like to laminate the cards to use in future.
- Although the Building Wellness activity is recommended as the final activity of the Conversations for Change resource, if you decide to use this activity as the final one, allow extra time and use the closing round guidelines provided in the Building Wellness facilitator's guide.

The 'Making Sense' play

To introduce the activity say something like: "One way of thinking about the area of mental illness or distress is that a person's distress gets expressed in different ways depending on the cultures they are part of. One example of this is the area of eating difficulties."

Ask these questions:

1. In Western popular media, who do we see represented

most often on TV, films, and the internet? What ages? Ethnicities? Body types? Do these body types match the ones you see in New Zealand society, or in your family?

2. What might contribute to someone having difficulties with eating and food? Are they the same things for everyone, or different things?

You may like to read out loud some of the following quotes to give examples of a wide range of experiences:

"When I put on weight at about ten, suddenly my mum thought it was okay to comment all the time on my body — as if there was something she had done wrong, that I had got bigger. She called me 'round', and used to try and take my food away before I had finished it. My relationship with food can be really different — really balanced, healthy, nurturing. Or it can be really punishing and harmful — and I don't necessarily look any different on the outside." — Bailey

"Going to my Samoan family gatherings are always fun once the initial greetings are over. Some family love you unconditionally, then you have others who instead of hugging you hello would much rather grab your tummy or your hip and go on about how fat you are getting. I find this super hypocritical because come meal time they encourage you to eat more, or ask if you are sick if you don't serve yourself much food." — Sela

"People told me all the time 'you don't look like you have an eating disorder', 'don't you like food?!' and 'you could do with putting on some weight'. All of these comments focused on what I ate, weighed or looked like and actually just fed the eating issue — instead of helping me focus on the complex, overwhelming and distressing 'underlying' issues for which my eating issues were the best coping mechanism I had at the time." — Chloe



“Anorexia gave me a focus — losing weight — when I was desperate for a distraction from being abused at home. All the things I was doing to drop weight, like constantly figuring out ways to avoid meals, actually became complex strategies that helped me avoid what was really happening — I was depressed.” — Freya

“My dad once said to me in front of other people, ‘The people I’ve dated have been a lot lighter than you.’ I felt like crap, and I’ve never been able to forget it. Fat-shaming just sucks — when did anyone ever get healthier from feeling awful about themselves. People can be really healthy and just carrying a bit more weight.” — Nicky

Introducing the play

Say something like: “We’re now going to watch a play about the area of culture and eating issues. This script has humour in it and it also has a serious message. Remember our Group Agreement is to be kind and respectful to each other when watching and discussing it, especially as we don’t know what members of this group may have going on in their lives.”

Watch, act or read through the play.

Group discussion (in large or small groups)

Ask these questions:

1. What does the alien’s understanding of ‘food ingestion patterns’ add to your understanding of food and body issues?
2. We often notice the values and beliefs of another culture when we visit it — how easy is it to see these in our own culture?
3. In the Attitude Statements activity, there is an example of the belief that eating issues are ‘just about food’. Some people could watch this play and think eating issues are ‘just about the media’ or ‘just about wanting to look a certain way’. Some people even think food and body issues only affect women. What else is it important to remember?

Look for these comments:

- Body image issues don’t just affect women.
- It’s not just about thinness.
- You can’t tell just by looking at someone if they are struggling.

Fresh Eyes card activity

Jumble up the Fresh Eyes cards. Give one or two cards to each participant.

Say something like:

“The way we experience and understand mental distress is heavily influenced by the culture and time we live in. To help explore this area we’re going to do a card activity: These cards can be grouped in threes. Your job is to go around the room, discuss, lose or swap cards with each other until all cards are in groups of three.”

Some of the cards may seem to be able to fit with more than

just two others. If your participants want to divide the cards into different types of groups, allow a discussion on this, as there are different ways to group the cards. Encourage the participants to take this chance to move around the room as there will be more discussion following the activity.

Group discussion

At the end of the activity, ask a member of each group to read their three cards. Ask these questions:

1. What do your cards have in common with each other?
2. Was there anything surprising about your group of cards?
3. Is there anything you would like to learn more about?
4. Culture, including popular culture, influences what we consider to be ‘attractive’, ‘overweight’ and ‘too thin’. How are Western ideas about attractiveness different from some other cultures and other times in history?

You may have participants from a range of cultures. Some may choose to share from personal perspectives — however, it is best to let them volunteer this information rather than asking them directly, as a young person could feel singled out, or it could be otherwise culturally inappropriate for this to be talked about in a group.

Finishing

Group discussion

Ask:

1. People often make comments on other people’s bodies. What’s the impact when someone criticises someone’s body? What about compliments — can these ever be harmful?
2. How do you think the aliens would advise ‘treating’ someone with food or eating issues who found they were continually judging, and unhappy with, their body? (Is it useful to weigh yourself? Is it useful to compare yourself? Is it useful to try to fit a clothing size?)
3. There has been research that shows even really young kids at primary school are unhappy with their bodies — what would you like to say to those kids?

Extension information

There are conditions reported in other cultures related to mental health that Western doctors do not see, and ways of understanding mental distress that are really different, depending on what culture you are from.

Examples of these include:

- Hwabyeong or Hwabyung (in Korea) — this illness is thought to occur when people have conditions that they consider unfair but are unable to face up to their anger
- Saora Disorder (Saora tribe, Orissa State in India) — symptoms may include fainting, inappropriate laughing and crying, amnesic (memory loss) episodes, and the experience of feeling like they’re being bitten by ants.

Participants may wish to research these and other culture-specific illnesses further in their own time.

You may like to introduce some of the ideas below to the group to research on their own and/or as ideas to take away as positive alternatives to attempting to change their body size through dieting.

Supporting information about these ideas is available online. (See Further Reading.)

- **Intuitive eating:** A way of eating that encourages listening to the body to determine hunger and dietary

Hints and help

1. Regularly remind the participants of the Group Agreement. Many young people struggle with body image issues, and this activity provides a way of looking critically at media and cultural influences on food and diet. Be aware there will be participants in your group for whom food and body issues are a current or past concern.
2. Looking at mental health from an 'outside' angle can help us think again about our understanding of what mental illness and mental distress 'is' and the assumptions and stigmas we may have around it.
3. Cards have been grouped under themes: Hearing voices, Hysteria, What is normal?, Eating disorders, BMI, Diet. To help participants with the grouping of the cards, one of each of the group of cards is designed differently as a 'leader card'.
4. We live in a society that talks a lot about the obesity epidemic. However, the dieting behaviour (restricting foods and types of foods) that is often suggested as the answer to this epidemic is frequently ineffective and can leave people vulnerable to eating disorders, weight gain and poor relationships with both food and with their body. A more helpful message might be 'Eat when you're hungry. Stop when you're full. Eat a range of food. Be active every day.'
5. People often think of anorexia and bulimia when they think of eating issues and consider that someone needs to be underweight to have an eating issue — this is not the case! People can look of 'average' size or be considered large and be struggling with food-related issues, including binge-eating disorder and EDNOS (eating disorders not otherwise specified). Those managing anorexia and bulimia may not necessarily be underweight.
6. Be alert for ideas that it is okay to evaluate people as 'too thin' or 'too big'. Even when backed by medical understanding, these ideas are rarely helpful for someone facing eating and body image challenges, and are frequently harmful. In addition, there is some evidence that the relationship between being overweight and having ill health has been greatly exaggerated and may be more related to physical activity levels.
7. Given how prevalent the practice of judging our bodies is in Western society, it would not be surprising if you as a facilitator have had some personal challenges in this area. Doing some further reading, or talking with someone you respect about your own beliefs in the area, might be helpful before undertaking

needs. It teaches how to distinguish between physical and emotional feelings, and how to gain a sense of body wisdom.

- **Health at every size movement:** This movement encourages people to focus on adopting behaviours to increase health and wellbeing rather than to change body size. The people in this movement are critical of simplistic messages around food and obesity.

this activity.

8. This activity particularly encourages people to critique what we consider 'illness' and to think outside a bio-medical approach. However, in some circumstances the bio-medical approach (focusing on purely biological factors) can be a very helpful way to respond to mental distress. Examples include:
 - medical tests for imbalances in potassium, which are crucial for the physical safety of people who have bulimia symptoms
 - situations where someone's diagnosis helps professionals understand the most useful treatment options for them
 - times when it helps both individuals and society as a whole to recognise a difficulty as significant and 'real'
 - people can feel less alone when they know others have the same diagnosis
 - research protocols are used to make decisions about what works.

The bio-medical approach can be less useful in other ways. These examples include:

- viewing a person as simply having something biologically wrong with them, rather than living in a culture, family or society that influences them
- attaching labels or judgments to someone's experience
- assuming that because doctors view someone's distress a certain way that this is the only way to view it
- ignoring or discounting cultural knowledge
- making assumptions about what will help or harm someone without checking out their individual circumstances
- focusing on measurements in relation to eating difficulties (weight, food intake, body) rather than recognising the complexity of eating difficulties and the ways these may be expressing other issues in a person's life.

A study called the Minnesota Starvation Experiment adds a useful angle to the area of eating issues, biology and culture. (See Further Reading.) The young men who took part in this study lost weight for research purposes, rather than from wishing to be thin. When they were on a low kilojoule/calorie diet, they began to show behaviours that we often associate with eating disorders and other emotional difficulties, including bingeing on food and thinking about food constantly, even after their weight had increased.



Further Reading

Links to studies, articles, evidence and further information to support this resource can be found at www.rethink.org.nz/conversationsforchange

