



ETHICS IN CONVERSATION

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My Journey to Body Literacy

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Body Literacy is a term coined by veteran sexual and reproductive health advocate Laura Wershler over fifteen years ago,¹ but I have only just discovered it in the last week at the time of writing! I find it hugely exciting, as it has given me a vocabulary for the journey I have been on for the last four years, and indeed, continue.

It began in January 2018, and I remember my resolve with crystal clarity. It is a growing conviction within me that we need the fire of fight in our bellies to move into all that God has for us in Christ. I was inspired to believe from Jesus' promise in John 10:10 that because he had come that I might have life in abundance, I didn't need to keep putting up with the physical and mental symptoms that I reasoned were at least partly the result of a hormonal imbalance. In my early twenties (20 years ago), I had been diagnosed with PCOS (polycystic ovarian syndrome), the most common



Alexej von Jawlensky, *The Thinking Woman*

female hormone condition according to the UK PCOS charity Verity (www.verity-pcos.org.uk). At that time, it presented with a physical symptom that led me to see my GP, and a diagnosis was confirmed through an ultrasound and blood test. I was prescribed the contraceptive pill. It had some unpleasant side-effects, so after some time, I stopped taking it. I also didn't feel comfortable with this artificial manipulation of my body. And I was also aware that like all medications, as well as there being long-term health-protecting benefits, there were potential long-term negative side-effects too.² Even back then, I felt there must be a way to help my body work correctly, believing that God's basic design was good (cf. Psalm 139:14)!



Władysław Ślewiński, *Pensive*

1. www.larabriden.com/body-literacy/

2. www.drchatterjee.com/how-to-transform-your-health-through-your-breath-with-james-nestor/

However, it wasn't until my late twenties and early thirties that the symptoms began to be more debilitating and distressing. Looking back, I was reading my body and it was telling me all was not well. However, the prevailing narrative around me was that periods were meant to be reasonably horrible, including PMS, heavy bleeds, but nothing that couldn't be managed by some painkillers when the time came round. This attitude is reflected in Emma Barnett's book *Period: It's About Bloody Time* when she writes, "By chance, I'd opened up about the pain I was in every month to a doctor mate over Sunday brunch, and she'd tentatively suggested that endometriosis might be a possibility. I'd had over two decades of medical appointments in which I complained repeatedly of severe menstrual pain, but I'd still failed to convince my doctors to take my period pain seriously" (31).

Though I enjoyed Emma's book very much and recommend it for anyone feeling squeamish about this subject, I feel there is a conflict between her advocacy for periods on the one hand ("Simply put, periods shouldn't be seen as a source of shame. Instead a period should be seen as a sign of health, potential fecundity, strength and general bad-assery" (15)) and her endorsement for the view of Dr Jane Dickson, vice-president of the UK's Royal College of Obstetricians and Gynaecologists' Faculty of Sexual and Reproductive Healthcare, that "in this day and age there is no reason a woman should have periods if they don't want them. It's totally healthy to use contraceptives which stop bleeds altogether or create artificial periods ... there is no point having a period whatsoever other than when you want to reproduce" (62–63). But I can understand her viewpoint, as someone who has suffered so much with menstruation, and advocates for the countless women who still do.

How are we to respond to this? Do we reduce women's periods to the sole function of reproduction? By divine intervention I'm sure, back in January 2018, I found the website of Dalia Maori, a registered dietician. I was attracted to her openly holistic approach, and I also felt safe in the hands of a medical professional. ("Registered Dietitians (RDs) are the only qualified health professionals that assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. [They] are the only nutrition professionals to be statutorily regulated, and governed by an ethical code, to ensure that they always work to the highest standard."³) I booked my first session,

a skype consultation. Within minutes of talking to Dalia, I felt a wave of relief and emotion at being finally heard and understood. And for the first time, I felt real hope that there could be healing through nutritional therapy.

Responding to the prevailing narrative on what periods should look like, Dalia shared her own view with me, quoted here from an interview I was privileged to do with her for Radio Maria England (which can be found on the Radio Maria website, radiomariaengland.uk/women-together-return-for-season-2/): "[Women] are cyclical beings ... We are going to feel a little bit lower premenstrually with our mood and with our energy, that is normal. However, it should be subtle ... We shouldn't feel like we've had a personality and body transplant, which a lot of us do feel like when we're not taking care of our lifestyle. ... There is a problem if we're having to pop painkillers every month, or if we feel inconsolably upset or depressed every month. It doesn't have to be that way. And our periods are incredibly precious. They are a wonderful way that our body communicates with us. How we're doing, how we're taking care of ourselves this month. How have we managed our stress? How have we eaten? Have we taken enough down time? ... We need to take better care of ourselves as females. There is a way to do this. We don't just have to suck it up." She goes on to explain her view that, "Our periods spiritually are a time of deep reflection actually ... If there's anything that's upsetting us, that's when we're going to really have a good cry about it ... It's important that we take that time for reflection and retreat ... Then as we burst out of the period ... that's when we can make those changes in our lifestyle and progress spiritually as well." I find this an incredibly beautiful way for us as women to value our bodies.



Wada Eisaku, *Girl in a Yellow Dress*

3. www.dalianutrition.com/about

What Dalia is referring to is body literacy and her comments underline the importance of being educated in what is and isn't "normal." To quote Laura Wershler, "The concept of body literacy occurred to me after I read a novel illustrating the disempowering impact of illiteracy. The inability to read diminishes self-esteem and opportunities to participate in the exchange of ideas. ... It struck me that most educated women in developed countries live with another kind of illiteracy – they are not taught to read or understand their bodies and accept various artificial means to 'manage' them."⁴

The psychological aspect of body literacy cannot be underestimated. Starting my journey with Dalia, I felt incredibly empowered, which in and of itself was healing. It strikes me that illness itself is taboo, which it shouldn't be, as Jesus himself embraced weakness (Philippians 2:6-8). I certainly felt shame when I had to cancel social engagements because of menstrual migraines, not to mention the anxiety of wondering when they would strike. I am very thankful for the mental health awareness and openness we have now, and as Dalia points out, there can be real mental health issues around menstruation. This may be due to what is happening physiologically to our bodies, but it is also an understandable psychological response to the experience of your body doing things you don't appear to have any control over. I would therefore argue there is a direct link between our physical and mental health.



Andrew Stevovich, *Woman with Autumn Leaves*

Taking responsibility for our health is something that drove Niky Dix to found the Christian charity Intentional Health, a community-led programme which has three goals: to help participants *Develop New Habits*, *Make Lasting Changes* and *Thrive In Life*. In a conversation with Niky, she shared her belief that "healthcare has been siloed out to medical professionals, and even the media.

4. www.larabriden.com/body-literacy/

We look to others to solve our health issues, when there is actually a lot we can do ourselves." She is talking about taking responsibility for our health and well-being *where we can*; but to know this, we need to be body literate.

This view is shared by Professor Robert Thomas, Consultant Oncologist at Bedford and Addenbrooke's Cambridge University Trusts and Professor of Exercise and Nutritional Science at the University of Bedfordshire, and was the reason behind his 2020 book *How to Live*.

Prof. Thomas realises the importance of education in empowering people to make positive choices for their health and well-being. In the introduction to this book, he writes, "[What this book aims to do] is offer a completely new level of understanding about how the lifestyle choices you make every day impact on the genes you were born with and the biological processes in your body; and also why these choices affect your current health, rate of ageing and future well-being. Empowered by this knowledge, you will have the confidence to make adjustments that will improve your health and vitality, reduce the risk of serious illness and could ultimately save your life."⁵

These are big claims, but in this case, they are backed up by science (17), which is why his work is so important and needs to be shared. Indeed, Prof Thomas believes one of the reasons people fail to make healthy choices is because

"there is a problem with information overload as well as information deficit. It comes down to trust. If you're going to ask someone to change their lifestyle, which could be quite significant for many people ... they need to know that what they're going to do is going to work ... There's a bit of a mistrust ... They do get a conflicting message sometimes ... We have to all speak from the same hymn sheet and all give the same message, which patients aren't getting."⁶

Laura Wershler draws a connecting line between body illiteracy and Western women (in the context of menstruation), and in *How to Live* Prof Thomas also highlights that although statistically we in the West "will

5. Robert Thomas, *How to Live: The groundbreaking lifestyle guide to keep you healthy, fit and free of illness* (London: Short Books, 2020), 9.
6. www.radiomariaengland.uk/padres-hour-guest-professor-robert-thomas/

live twice as long as our great-great-grandparents did" (9), there has also been an "equally staggering rise in chronic, degenerative diseases, the origins of which are strongly linked to lifestyle and diet" (9).

Interestingly, in GP Dr Rangan Chatterjee's *Feel Better, Live More* podcast with science journalist James Nestor (*How to Transform Your Health Through Breath*), James relays a quote from Brian McKenzie, "Eastern Medicine is great if you want to live, Western medicine is great if you don't want to die." He prefaces this by commenting that "If I get in a car accident ... I want the latest in Western technology. ... But the people who have been left out in the cold are the people with these milder chronic issues. It's only when these ... issues become really serious that people get treatment. But oftentimes, that's too late." He later expounds, "The point with so much of health if you look at health from an ancient yoga ... ancient Chinese ... or Persian perspective ... It is to not get sick. Health is used as preventative maintenance. You don't want to get sick. You stop paying your doctor when you get sick in Chinese medicine, and you continue paying as long as you're healthy." (See drchatterjee.com/how-to-transform-your-health-through-your-breath-with-james-nestor/ to listen to the full episode.) One feature of Eastern medicine is its respect for their cultural and religious texts, which for our purposes here, essentially espouse body literacy.



Ghassan Salman Faidi, *Contemplation*

Today, there is a huge economic impact on the current way degenerative and chronic diseases are dealt with in our society, but on a deeply personal level, our failure to adequately take care of our bodies dramatically impacts our quality of life (12). ("At any one time, more than 40% of the population in the US are missing work

to visit doctors for medical investigations, surgery or treatment – that's a staggering 150 million people. In the UK, chronic conditions account for more than 70% of GP appointments. Furthermore, according to the economic think-tank the King's Fund, the number of prescriptions issued in the community in the UK has doubled in the last decade; 1.5 billion is currently being spent on pills for conditions that could be managed, at least initially, with effective lifestyle interventions" (12).)

I want to draw attention at this point to Prof Thomas's assertion that "not all comorbidities are lifestyle-related, and the last thing we should be doing is blaming people for their suffering and pain" (11). Dalia echoed the same sentiment when we discussed taking artificial hormones to treat menstrual disorders: "Of course there are situations where the pill is advisable if someone's going through a traumatic time and they don't have the energy or space or peace of mind to connect in. *Of course.*"⁷ It does seem that although there is a pressing need for body literacy education, there is also the issue of capacity in an already over-stretched and stressed-out population. My worry is that even in reading this, you may feel it is another burden too many to carry. And as Dalia so compassionately points out, we need to be kind to ourselves and recognise what we are realistically able to work on and attend to at any point in our lives. Lara Briden in her book *Period Repair Manual* prefaces Part Two with a quote by Hippocrates: "Healing is a matter of time, but it is sometimes also a matter of opportunity." Being open to change is a realistic first step towards body literacy.

For me personally, I became evangelical about nutrition when I saw first-hand the effects that changes to my diet made. I am still gob-smacked that just by changing what I ate and drank, combined with carefully selected nutritional supplements, extremely physical experiences like premenstrual night sweats, migraines and menstrual cramps (I no longer need to take any painkillers) all but disappeared. Mentally, I also felt calmer and more in control, which in turn, gave me confidence.

Getting to know my body and understand how it works in particular, has been life transforming for me. There is no doubt in my mind that taking responsibility for our health

7. www.radiomariaengland.uk/women-together-return-for-season-2/

and well-being, where we can, enables us to partner more effectively with Christ in the abundant life he offers us.

I believe that learning about body literacy sits best within a framework that places a deeply positive value in the way we and our ecosystems have been designed. It is interesting to me that Dalia's ethos is informed by her Jewish roots, and her own commitment in her practice to restore her patients, where she can, to the essentially good working order she believes they were created in.

On a lighter note, it is Prof Thomas's view that, "It is certainly possible to age gracefully and enjoy physical fitness well into our 80s and even 90s" (Thomas 2020, 12).

Finally, I end with this beautiful poetry from Scripture, which for me espouses the beauty and wholeness our God always purposed us with:

... I am about to set your stones in antimony,
and lay your foundations with sapphires.
12 I will make your pinnacles of rubies,
your gates of jewels,
and all your walls of precious stones. (Isaiah 54:11-12)



Katherine Gianacis, *Woman of the Rainbow*

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