

## WHAT IS CLIENT-CENTRED NUTRITION COUNSELLING?

*An interview with Jacqui Gingras by Debbie MacLellan*

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Deb Okay. The first question is, if you could come up with a definition of client-centred nutrition counselling, what kinds of things would you include in that definition?

Jacqui Well, I think the definition should include the word “trust.” That seems to be coming up in my work a lot lately. And “reciprocity.”

D What do you mean by that?

J When I say “reciprocity” I really mean that there’s a giving and a receiving on behalf of both the client and the practitioner. And I struggle with this word “practitioner” now and I even struggle with the word “client” only because I’m really conscious of the power struggles between people in that relationship that can be exploitive. And so the more I read and learn about it the more questions I have. And so some of this will be rooted in those uncertainties.

D That’s okay. That’s basically how I’m feeling at the moment. It’s interesting how we use words day-to-day and then when you really start thinking about them you realize how little you know. So when you are thinking about client-centred care and your role in that care, how would you envision your role?

J Well, I’m very much there to support someone in a process, wherever they are in that process. And my challenge is to really meet them where they are. Just coming back to this definition of client-centred care, I think other words that I would like to include in this definition are “empathy,” “mutuality,” which in some ways is similar to “reciprocity.” And relationship. So what happens in the client-practitioner context is a microcosm of what happens in our lives, both of our lives. And so we can work on things, healing relationship. And those skills and actions can be taken out of that office into our worlds. And so relationship is crucial. Being in relationship, being congruent, trying to be congruent. Dialogue and acknowledging, people’s dreams, desires and fears and passions. Being attentive. It’s listening with an open heart. Noticing things that are happening, feelings that arise. And really trying, and this is such a challenging thing, but really trying to be authentic and truthful about what I’m experiencing and then having a space created there for the client to speak about what they’re feeling. And so really building on relational strengths that are already present.

D And what do you see as the client’s role?

J The client’s role is one of great courage because they are coming into a situation with a person

that they don't know initially and they're sharing things about their lives. There's such courage in that. And to again, just be as truthful as they can about what they're experiencing. I also expect the client to be a bit sceptical and curious, and hopefully nonjudging. Although that can be really challenging as well. Nonjudging, receptive to what is revealed. Coming back to being in the world like a child is, full of wonder and awe, open. Questioning. But not necessarily using any insights as weapons to further damage sense of self.

D I don't know if you can do this or not, but can you describe what a typical counselling session would look like?

J We talk mainly. And we talk about what's going on in the present moment. So we begin with what the client bringing to the session. And then everything evolves from that place. And it's an intuitive process, so I don't necessarily have a fixed plan or an hidden agenda. I tried that. It didn't work. I tried it quite often and it didn't work! And so I've surrendered the need to have the session pre-planned mostly because it's not respectful, in my experience, of what the client is going through or experiencing. So, sessions are a very intuitive process. I'm seeking clarification, I'm seeking meaning in what is said and what is unsaid. And I'm curious, trying to come to a deeper understanding. And then another thing that is really quite essential to my sessions is providing clients with a writing exercise for between sessions. So sometimes I ask people to start writing their food memoirs; describing early childhood experiences with food. I ask about what role food has played in their lives. Just getting a sense of that and starting to explore that. Sometimes I'll get them to answer the question, "if it's not about food what's it about?" We talk about what that means a little bit. And then they can start to describe it for themselves. Oftentimes, I ask, "What do you need to give up in order to recover or heal your food relationships, your eating relationships?" And so just getting the client starting to think about some grieving they may do around lost dreams of thinness, whatever it might be for that particular client.

D As I'm listening to you I'm wondering how did you learn to do this? Because it's not the typical, internship experience that would give you this background. So I'm curious to know what led you down the path to where you are now?

J My undergrad and my internship are actually crucial to me going down this path. I finished my undergrad, and this is actually what my research is about - how dietitians are socialized around food and eating and nutrition through their education, so that's a piece that I'm also working on. But when I finished my undergrad, I had an assumption, an arrogance that I knew what I needed to know to fix people's eating problems. And my language was clearly dichotomous saying (and believing) there's good foods and there's bad foods and it is, and it was, problematic. And I only discovered that during my internship. I'm very grateful for this now but at the time it was just awful, when people would say, "What gives you the right to tell me what to eat?" And, not a lot

of people said this but just enough to have it hit home. And then another person said to me, “You know, I really need help.” A 76 year old woman, a tiny woman. “I really need your help in losing this.” And she patted her stomach. And I thought, what is my role here? How much of her time has she spent wanting to lose “this?” And how am I going to help her with that? And so my eyes were opened. Because of people’s responses to me in that role of nutrition expert. And I started questioning myself and how I’m actually perpetuating some of these eating disturbances through my language. And from there it was just learning about, fatness and health and how the two could happen at the same time. I was looking at size acceptance. I was also looking at research...looking at Stephen Blair’s work and looking at, metabolic fitness. Glen Gaesser, I read his book “Big Fat Lies.” I just started questioning all of the science behind my language and thought there’s possibly another way to do this because this dieting trick is not working. And, again wondering about my role. So, really understanding who I am. And then I started working with a counsellor. We created and co-facilitated support groups for women called “What Are You Hungry For?” And that was so important and really helped open my eyes to being in a different way with food and weight, experientially. And this process is continually evolving for me because I’m still questioning the use of words. I did some more reading of work from The Stone Centre ([www.jbmit.org](http://www.jbmit.org)). And I think that this is probably the most pivotal bit of knowledge for me that I’ve integrated. And writings around relationship and women’s ways of knowing, which is a book which holds a lot of the same ideals and values. Valuing relationship above all else. And knowing how difficult it is to be relational in a nonrelational world. And how...and I’ve thought about women, women’s psychological development and what happens for women, generally, not all women, but generally in this society. And it just started to make sense to me that women are relational beings and we’re asking women (and men) to be nonrelational in their experience with food. So to disconnect. To count and to get into this body math and to be very intellectual about it. And it doesn’t fit. It doesn’t work.

D So you mentioned that you came out of your undergrad education believing “I know everything and I can tell people what to eat.”

J Yes.

D And then you’ve changed over a number of years to look at a different direction. So can you tell me what you think are the benefits of your client-centred approach? And what the outcomes are?

J Well the benefit, when I trust my client in what she already knows to be true for herself, around food, around health, around her own health. She is able to possibly return to trusting herself. And so she goes from a place of, perhaps paralysis around food, self-doubt around food, to a place of trust. And hopefully an empowered place where she believes what she is doing is right for her. And that may contradict with the established norms around food and eating. But that’s

okay because she knows for her that it makes sense and she trusts herself. And returning with clients (and myself) to a place of trust. And the outcome of trust is that you think about food less often. You're less preoccupied with your body and your weight. It's an compassionate, generative place. So you are able to explore your notion of who you are in the world beyond simply a shape. Or beyond merely a body. But to celebrate your body as well and all that it offers you. And so there are many possibilities. You're opening up creative spaces for women who are able now to take some of the time that they once spent focussing on food, weight, appearance and start to paint. Or journal. Or actually write those food memoirs. Write stories of their lives. Be with children. It's really an invitation to be creative. And I do believe that all people, and again I work with women, so the women I work with are incredibly creative, intellectual, and emotional. We all require a lot of stimulation and most of our energy has been funnelled into this normative, socially sanctioned language of diet and thinness. This normative discourse of discontent. I think it's just a bit narrow. And so we expand our appreciation of the world and ourselves in the world. Being in relationship. Being in community. Looking at ourselves in community is also a part of that. And that's really tough because relationship with one person is tough enough but when we open it to a community context it is even more challenging. And women's organizations, women's movements, those kinds of things are possible. Volunteering. And this is not in an effort to make women even more busy. This is really about attentiveness. And so one of the goals of my work is not going to a place of apathy. Size acceptance for me is not apathy, it's not lack of willpower, it's not being undisciplined. It's not swinging wildly and being so busy just to distract yourself from food and eating and your weight preoccupation. It's about coming to a place where there's some balance but you're responding to signals, signs, inner cues about hunger, about sleep, about movement. And you're making choices for yourself because you're deserving of those things. All within a very complicated social, political, economic context. So realizing that for some women to make a healthy choice for themselves, a self-affirming choice, to go to the gym, is not possible for all women. And so really recognizing that there are many different possibilities and not to say that there's only one way to be healthy. It's about really recognizing the complexities of women's lives.

D So is most of the work that you do in relation to body weight?

J Yes, and that's another way that I talk about my work as being very specialized. I put that out at the very beginning and if it fits for people then they will engage in the process. And if it doesn't, then that's okay too. You know, it's not about trying to be everything for everybody.

D And I guess that's one thing that I wondering, you know, in terms of what client-centred nutrition counselling should look like for the profession...do you think that it is possible, the way that you are describing it, to apply it to other contexts, to other areas of dietetics?

J Yes, I do. Absolutely. Because it comes back down to how you are with clients. How you are in

relationship. The content, the background nutrition knowledge, it could be anything. But ultimately what it comes back to is who you are as a practitioner and what you bring to their experience. That's my belief.

D So, whether you are in a hospital, in an outpatient setting, in a clinic in private practice...those kinds of contexts....

J There certainly are some constraints. There would definitely be some constraints to time. And I only work in private practice so I am able to have an hour and sometimes an hour isn't enough time. I have an hour with every person I see. So there's no follow-up 15 minutes. There's none of that. And, so can you be client-centred in less time? I think you can. But sometimes those constraints, those structural constraints and institutional constraints, may be so distracting and noisy that they may get in the way of being attentive and being open and all of those things that I mentioned earlier. So I think in some situations it may be more difficult.

D Do you see any barriers in your practice to deliver nutrition counselling this way?

J Yes. I work 1 day a week. And I need support. This work is not sustainable without support. And when I say support I'm saying I see an individual therapist for, what's called in the counselling field, clinical supervision. So I have a place to go. I have a group that I go to with many counsellors, where we talk about challenges in a more general sense, no real specifics. And do some reading, and it's a very supportive environment. We all need some support in our lives.

D In some ways you've probably already answered this, but the issue of balancing needs and wants came up a lot in the survey. And people were quite one sided or the other in terms of who defines the needs. I'm curious as to how you see this issue about who should determine the needs in a client-centred approach?

J And I was really curious about that because for me, and I was one of the ones who felt pretty strongly about the client determining the need, and my perception, my understanding of what you are asking there, is that agenda question again. Do I set the agenda and have my client fall within that? And even more strongly impose that on the client as to where their needs are. And I've tried that and it doesn't work for me. However, there's another piece to that. I describe my work in a certain way and so clients with different needs may choose not to come to see me. And so in a sense I'm determining that up front. In the sessions, however, I'm inviting the clients to tell me where they want to go. And I think I'm getting more flexible with this. Often clients decide they want to start exploring their relationship with food while they are going to Weight Watchers or other weight-loss programs. And as you can probably guess, the philosophy of Weight Watchers and my philosophy don't really match. And so how I've changed the way I would approach this issue. Before I would say, "That's really going to be challenging for both of

us and I don't know that it is in the best interest for you to have two conflicting messages and perhaps now is not the best time for us to be working together." And now I say, "Well, what Weight Watchers represents is more of a control paradigm. And what I'm really grounded in is a trust paradigm." And, is it a black or white issue as a person, is it ever all-or-nothing? And so I just put it out to clients that perhaps we can still do this work together with that awareness of what each of these places is offering you. And so often clients respond that they feel affirmed in their choices around Weight Watchers, not guilty for going. If there's a purpose for these things and that there was a possibility for movement. And so it really honours the complexity of our lives.

D So from your perspective, the client determines her needs.

J I think I'm mirroring a behaviour when I hand some of that, if not the majority of that responsibility, to the client and ask her to tell me, her participation is essential in helping to shape our work together.

D Stemming from that was the issue of informed decision making, making sure that a client makes an informed decision.

J Right.

D And the comments about, it's okay to let the client determine their needs as long as you know they're making an informed decision.

J Yes.

D Is that a part of your practice? Making sure clients make informed decisions?

J So if I understand this right, for example, it would be like if I said to the client, "Saturated fats are linked to heart disease so you should know that homogenized milk is higher in saturated fat than skim. And so I'm doing my job by telling you that and you're able to make an informed choice about food choice." Well this is really getting into a philosophical question, "What is our job?"

D I think that's a piece of it, people are struggling with that.

J And can we be accountable to our work? Because I feel really strongly about that, too. Can I be accountable to my own thinking, to my own philosophy. To stand my ground and in that place to invite question. To invite conversation and to have those questions illuminate my thoughts on things. And so your question about informed consent for me means an ethical question. And the profession...I mean the philosophy of a profession is about protection, protection from clients,

from misinformation, from all of these things. For me there's a balance between self-responsibility and informed consent. And so if I'm abdicating responsibility then the client may feel that she's unsupported. However, if I take responsibility for everything then the client doesn't feel empowered in that. So if she seeks me out for every question that she has, I don't think I'm doing my job very well. My goal in my work is not to have a client unsupported, but to encourage clients to help to reconnect and to trust their own intuition. To trust in what they know to be true for themselves. And I think that we all need support we are not a group of individualistic, autonomous people doing our separate things. But it's really about trust again.

D It's interesting that you talk about philosophy because that's something I steered clear of in my undergrad education. But I find that comes up a lot now when you're thinking about these issues; your philosophical stance on these matters. You said in your practice you have about an hour and you have follow-up opportunities, if you didn't have the opportunity for follow-up would your approach be any different do you think? If you only had one opportunity with a client?

J Well, if I said yes to that question, then that would be about me needing to share something with the client instead of being open to what the client wanted to bring to me. Feeling like I didn't get a chance to tell the client what I think she needs to know. And I think for me, that is again an arrogant space underlying the belief that I have some knowledge or information that the client doesn't have. So, in a client-centred approach I think that my answer would be "no" to that question. And my answer is "no" because there often are times when I will only see the client once because people make a decision about not coming again. And I don't know that ahead of time so it's a bit different. But I can only be in the moment. And so if a client tells me, "I can only come three times" then I don't restructure my time with her based on that. It's again, just an invitation that I put out to people whether I see them three times or more than three times and so it's really about honouring and respecting the client in the moment.

D Another topic that seemed to cause some concern in the survey was advocacy. I'm just wondering, in your opinion, how do you see the role of advocacy in your practice?

J Well I advocate for clients when they move, either, when they move from working with me to working in a clinical setting. For example, if their food restriction causes some medical complications, then I will advocate for them in a team, family meeting situation. What's in the best interest of the client? But another piece of advocacy is trying to create a better environment for all my clients, and myself. And that is really about my activism. I know activism and advocacy are different things, however I think they connect at some level. It's really about creating change in a wider scope. It's not just about working with an individual because that is of limited use in the grand scheme of things. I feel strongly about this activism piece. And it could take the form of a scale-smashing. I've done diet book shreddings. Supporting other events, going to other events. Supporting [Bodacious](#), a store in Vancouver that sells clothing of all ranges of sizes. So I support

them and I support other professionals who are trying to shift things in their own work. And so when I do a public workshop, I invite these professionals in to talk a little bit about their work. I support their work that way in just introducing them to the people who attend my workshop. And so I'm spreading the word, creating a network, creating a web of people that we can all receive support from.

D This is a completely different question. What do you think the role of the family is in client-centred nutrition counselling?

J The family is such a rich environment in which to explore relationship with food because that tends to be where the relationship with food is born. And so the family enters into conversation often. And even more so than family, and I'll come back to family in a moment, but even more so than family is relationships, or the lack thereof, as being a primary concern. That tends to be coming up a lot for me lately is working with women. Women who are lonely in their relationships or their lack of relationships. And that loneliness is being connected to eating behaviours. Or not eating, for example, restricting food intake and then there's eating food for comfort, which is often called overeating and I don't know if that's a problematic term or not. I don't feel particularly comfortable with it but it helps describe a behaviour. Not being validated as a member of a family can be a concern as well, especially between children and parents. So the role of the family is really important although I'm not a family therapist. I sometimes wish I was because then I could mediate some of these aspects more comfortably.

D Do you have family members come in to counselling sessions or is it just usually the one-on-one.

J I often have family members come in, especially with teen daughters. Their mothers often come with them to sessions. And I think the prevailing approach with mothers is that they be excluded, and that the youth's session be a confidential meeting between me and the teen. And we talk about things that are confidential. Typically, this is a time for the teen to work on independence and separation from the family unit and mothers are often labelled as "overinvolved" so the mother's natural relational qualities are often pathologized. And I don't know that is very validating for mothers. I'm not a mother, but I have a feeling it is not. And so I prefer to have moms, it's mainly moms again, sometimes dads but mainly moms, who come in and either come at the beginning of the session or come at the end of the session or spend the entire session together, depending on the teen and her mother. There's often some time for us to talk in the middle but, especially if the young woman is living at home with her mother, then I think it's crucial that the mom be involved in supporting the teen around eating. And there's really straightforward ways to do that. And so the teen and I will talk about how she wants mom to be involved in supporting her. What would be ideal? What would be possible? Maybe they're different. And so we then come to a place of asking, "What you want is this and are we going to share this with your mom and how are we going to answer any questions she might have." and so

get the mom back in and we talk about what it's like. Maybe even do some practice for example. We just did this on Saturday where the teen came in and right now, when she goes into the kitchen all she wants to do is eat and eat and eat and eat. But she doesn't want her mom to buy any food, so she doesn't have that problem. And so mom is like, well that's not going to happen. So how are we going to work through this? And so I just asked the teen if it would help if she just, if mom would just sit down and listen to what the teen was feeling. Just do a feeling check-in. And maybe do a hunger meter check and just to determine where she is at inside, what's going on? And all the mom has to do is listen. And mom is not responsible for fixing, challenging feelings or fixing food issues. Of course, this is easier said than done, but just to create a space where the teen can just say what she's feeling and for those that care for her to notice those feelings. Maybe write them down, journal, and look for some patterns. Whatever it might be. So the mom is there as a support - writing down observations, as only one example. And again being part of that process. And so that was something that the teen could live with and actually wanted. Sometimes I do work with couples. Women bring in their partners. Often I work with these women for, generally quite a while, a few years. And then they bring in their partners because the thing is, "Okay I go to these sessions and I feel really positive and I have some ideas of things I want to do. And then my partner says what happened in the session? And it's hard to convey what happens." It's an emotional space and things evolve. And so women bring may decide to invite their partner in and s/he observes. And the partner may have some questions or reflections or ideas about how to support each other. This process could be incredibly supportive.

D You say that you also teach dietetic students. One of the things that I'd like to have come out of this project is something that can be used to teach future dietitians how to be client-centred.

J Yes.

D In their practice. If you could think of something that you would recommend or perhaps, well you've already talked a little bit about what you've done, what would that be?

J Well I have given this a lot of thought and I created a workbook, "From Self Awareness to Size Acceptance." And it's basically a workbook where students, dietitians, anybody actually, can start to examine and question who they are. Because I really believe that's where it begins. You can't start anywhere else. You can theorize about it but unless we're actually living that experience, it's an embodied experience, of understanding who we are and what we bring and what our attitudes, beliefs, biases and prejudices are, then it's like a fruitless endeavour. And so this is a workbook I use with groups of dietitians. Facilitate a workshop around it which is very interactive and we do the inner critic psychodrama with dietitians and it's a really, it's quite an amazing experience for me to be a part of that. And I can also do it with students and so I think that's a curriculum that could be developed. There's a sample of that on my website.

- D Do you think that something different needs to happen in dietetic education to facilitate the widespread use of the type of client-centred approach that you are talking about?
- J Something additional needs to happen. And that additional piece is about understanding, again, who we are, what we bring, what are our motivations, what our understandings of us as professionals. What are the values of the profession? Some home economics courses address that. I think home economics as a field is more grounded in moral vision, as a discipline it's more integrative. It inquires on these questions in a more meaningful way.
- D Unfortunately that's been lost in most cases.
- J It has been and it's been lost in BC as well. I used to teach that course and it was one of the more important courses for me and yet it's been cut from the curriculum. And so that needs to come back.
- D We have something that evolved out of our professional issues course but it has really swung to more of a practicum experience, something in the workplace, moreso than an exploration of values, which it used to be.
- J Interesting isn't it.

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