

# Conversation with...

## JAN VALPY

To mark the appearance of the Schoolchildren's True Weight Pack, which is now available for distribution, we interviewed the pioneer of True Weight clinics in Devon, Jan Valpy. The book to which she refers is *Treat Obesity Seriously: A Clinical Manual*, by JS Garrow (Churchill Livingstone, Edinburgh, 1981).

*Jan, you were instrumental in starting adult True Weight clubs here in the Devon Area Health Authority. Could you tell me how it began?*

In a way, it began with myself. For reasons that go right back to childhood, I became vastly overweight, went on a diet, and lost 8½ stone in two years. I also lost a husband in the process. You know, many girls and women go on a diet because they have an image of themselves, when slim, as more highly desired and desirable than they are at the moment. They forget that in the process they also can change their personality quite radically. It is not simply a physical thing.

But the Devon clinics began in 1970

when a local GP realised that giving a patient a diet sheet and a pat on the head and saying "Come back in a month's time" just didn't work. He proposed that counselling the obese within a group setting was one way of dealing with the condition, and the suggestion was well received by the Chief Medical Officer and his team. One year later the first trial clinic was opened at the Sidmouth Health Centre, and I still go down there every Thursday.

*At this stage there was no pack, of course?*

Oh no, that came much later. It wasn't until March 1979 that there was sufficient interest in True Weight clinics to warrant the creation of a working party to review the available resources and produce a pack. This pack was used on a trial basis by nine clinics between November 1979 and May 1980. Now there are 43 clinics here in Devon.

*The development of the children's True Weight pack came about through your experience with adults?*

That's right. School nurses began to think that if we can do this for adults, could we do it for children — because they were worried at the number of children being picked up at school medicals. So we started tentatively. I had a group of five seriously overweight children.

*How did they come to you?*

They have to be GP referrals — there's

a form in the pack for the GP to sign. I think they came originally through the health visitor putting up a poster. Anyway, we formed a working party under the chairmanship of our late HEO, Paul Gardner, to produce a similar pack. To get some knowhow, I spent a week of my holidays in Leicestershire, where the dieticians working in the community were very kind and allowed me to follow them round. They were running "Good Eating Clubs", and I thought that was a super idea, because although nutrition is becoming fashionable, most of it falls by the wayside. People don't listen. In a survey carried out in Cambridge, people were asked: "Which do you think is best for you, brown bread or white bread?" About 85%-90% said "brown bread", but when they were asked what they ate, they said "white bread" — you can know a thing and not do it. Nutrition has had a poor image, and I saw these dieticians making it more interesting. In fact, they allowed me to use some of their ideas in the pack.

*Can you explain why children who feel themselves to be overweight, and are sufficiently concerned to go to a weight club, have not tackled their weight problem earlier?*

I can only give you ideas on this. For the older school child, certain social factors suddenly confront them, such as a boyfriend; many are ashamed of being overweight and don't know why they are overweight — they think that that is the way they are to be, and they think that there is nothing they can do about it. If they have fat parents, and the fat parents do nothing about their own weight, they are going to set up this attitude in the children, and in fact they are going to be actively involved in preventing the child from tackling the

#### A TRUE WEIGHT THOUGHT

For how long would you have to dance, to use up the energy value of 5 ounces (140 grams) of chips?

*Answer: 1½ hours.*

## TRUE WEIGHT

Schoolchildren's Club  
(11-16 years)

problem, so that there are huge problems for children to overcome, until they have the strength to stand up and say: "Now, I'm going to!"

*This strength must derive from the belief that something can be done about it?*

Yes, and apart from persuading the child, you've got the family to contend with. With the adult groups, you've got a one-to-one relationship. With the treatment of schoolchildren, you have a pyramid: the client, the therapist, plus the one who prepares the food. And impinging on that, of course, you've also got grandmothers and aunts, who again try to show their love by giving the children food — usually sweet food.

*You have very little influence over what the child eats at home.*

Yes. This is one area where the dieticians have failed. They come up with their 1000-calorie diet or their 1200-calorie diet, and they say: "Well, now, you must have four ounces of meat, and one ounce of bread", and so on — but this is the ideal situation, this is a counsel of perfection. If you're dealing with a family that lives from the fish-and-chip shop round the corner, and many of them do, you've got to come in where you can, and allow them their fish and chips if you like, and build round that. You would completely frighten them off if you were to say: "Right, you start tomorrow, and your mother's got to go out and buy a wholemeal loaf". So you've got to do what you can, where you can.

You won't reach all of them every week — this is another thing about group counselling. But one week you say some-

thing, and to your surprise — to your amazement — that particular thing has a special meaning for a particular person in the group. I mean, for example, putting their allowance of food on a smaller plate to make it look as if there is more — that wouldn't fool me, but it has come as a little ray of sunshine, a gem, you know, to some people.

*You said earlier that family eating habits, and grandmothers and aunts and so on, have an influence from an early age. Do you feel that things have been left a bit late, by the time secondary school is reached?*

Dr Garrow, in his book *Treat Obesity Seriously*, makes the following comment: "Probably there is no period of life in which the treatment for obesity is more unsuccessful as between the ages of 12 and 16 years. . . . Before the age of 12 the child may comply with dietary regulations imposed by parents or school, and after 16 the young adult may take responsibility for his or her own dietary control. Between these years, the adolescent impulse to rebel against authority leaves little scope for dietary supervision — unless the youngster can somehow be persuaded that such a weight loss is a problem for *him* or *her* to tackle."

This is a problem that we have in our adult clubs as well — no one else is responsible for your body: *you* are responsible for it, you can't blame your husband, you can't blame the children — at least, you can, but in the end, until you take this responsibility for yourself, you are not going to come anywhere near resolving your problem. We take great care to get this over in the first class, and keep re-stating it.

*In a way, you are offering a challenge?*

Well, if the youngster can somehow be persuaded that such a weight loss is a problem for them to tackle, and that credit for success will belong to the youngster, not to the person in charge — in fact, that they have done it themselves — then you have some hope. I don't need to say that it would be clearly

bad to reinforce the social stigma of obesity by suggesting that it's the fault of the child that he or she is fat. These are often the thoughts of their school friends and peers — they equate fatness, you see, with nasty words — words like greed and selfishness, and this is a heavy burden for a child to carry. We don't need to go to the other extreme, either, and let it be thought that it's something that we can't do anything about. So the delicate problem is to try to persuade the children to want to tackle their own weight without being critical about it — to accept them for what they are.

*But perhaps some children are "naturally" fat, while for others it is a case of over-eating?*

I'm not sure if it can be simplified in that way. The fat around the body is a separate organ, and it has a sort of vested interest in keeping itself going. The fat cells of the body, once established, don't diminish in number: they only diminish in size, so there they are, lurking for evermore.

*This brings us back to the importance of early eating habits.*

Yes. Let me quote another piece from Dr Garrow: "It's not only the child who has an emotional need for food: it's the role of the mother to feed her family". Sometimes she uses it as a substitute for the love she can't give the child. So, when you begin to treat the overweight child, you frequently run into very serious problems.

*At what stage is the children's True Weight pack in now?*

Well, because of the great re-organisation, it isn't altogether clear how it is going to go. It's still in the evaluation stage, but it exists — it's ready to use. It's based on the adult pack, but it runs for longer — a term — and it doesn't

#### A TRUE WEIGHT THOUGHT

For how long could you cycle on the energy value of a can of Coke?

Answer: 1 hour.

put any burden on the children actually to lose weight — if they maintain their weight, particularly through their growth spurt, that is good enough. We assess, by a questionnaire in the first and last sessions, whether we have actually brought about any changes, not only in eating habits but in nutritional knowledge. These two questionnaires are compulsory. Inside that, the leaders may change things round.

*So improved eating habits and dietary knowledge are the two aims?*

They're my aims. They're not necessarily the school nurse's, who may be interested primarily in weight loss. And some of these children are grossly over-weight.

*There's the result of the scales, and the result of a new insight. So what you're really after is the insight that will allow the child to carry on after the course has finished?*

Yes. And to affect the family itself. And bear in mind that when we educate a girl we are probably educating a future family.

*This pack has been researched and developed locally. Would you be happy if people in other parts of the country were to express an interest in it?*

I'd love it. I have no evidence that this work goes on, on this scale, anywhere else. And I could monitor it, if I was wanted — I accept invitations to speak in other parts of the country. If I thought someone else was getting on with the work — I'm a bit of an evangelist when I get going — that would give me a great deal of satisfaction.

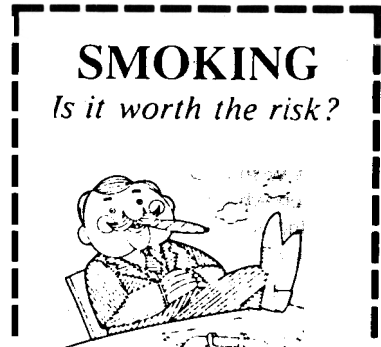
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The True Weight pack consists of a Club Leader's Handbook, which contains the suggested content of a 10-session weekly programme, with a final concluding session; suggested menus for different diets; calorie and nutrition charts; and a reading list.

It also includes the other forms that

will be found necessary when starting a weight club. These include a doctor's referral form, a parents' information leaflet and consent form, a leaflet for each child, a food and drink chart on which a record of food intake can be kept, growth and development records with height and weight charts, etc.

For further information, please write to Mrs. J. Valpy at the Devon Health Education Resource Centre, Dean Clarke House, Southernhay East, Exeter EX1 1PQ.



"I was a smoker for many years", writes Penny Orduna, author of *Smoking: Is it worth the risk?* "My reason for giving up was the excellent smoking education given to my two sons at their school. Their concern for my health and their obvious disgust at this filthy habit became so great that I felt duty-bound as a parent to set a good example."

Penny's book is part of a "smoking" pack which includes a set of 39 slides and accompanying notes. Although not aimed specifically at adolescents, her intention is "to provide interesting information as well as actual statistics which can be used by many people from a variety of backgrounds as an educational aid and a guide to stopping smoking". Teachers will certainly find the slides and notes very useful classroom material.

We hope to review the book and visual aids in a future issue of *Education and Health*. In the meantime, further information can be obtained by writing to Penny Orduna, Exwick Barton Cottage, Exwick, Exeter, Devon.