



Body Image, Self Esteem & Arthritis

Hosts: Rebecca Gillett, MS OTR/L and Julie Eller

Guest Speaker: Dr. Natalie Dattilo, PhD

Having good self-esteem and a healthy body image is important for mental health. But societal pressures and unrealistic standards, especially in the age of filtering and photoshop, can make having a healthy body image difficult. It can be even harder if you feel as though your body and your arthritis has betrayed you –causing pain, affecting your physical limits and sometimes even impacting your future plans.

In this episode, you'll learn how to foster a healthier relationship with your body to better care for your mental and physical health, despite the unpredictability of having arthritis. You'll also learn coping strategies for bad days, not only so you can have a better relationship with yourself, but with those around you.

Guest expert Dr. Natalie Dattilo, PhD, is clinical health psychologist and Director of Psychology Services at Brigham and Women's Hospital. She uses an individualized and evidence-based approach to treatment and specializes in mood, anxiety, and adjustment disorders, stress psychology, women's issues and coping with chronic medical conditions. Her research focuses on the evaluation of cognitive-behavioral interventions for mood and anxiety disorders as well as growing the evidence base for acceptance and mindfulness-based therapies in practice.

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PODCAST OPEN

Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is for the growing community of people like you who really care about conquering arthritis once and for all. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

MUSIC BRIDGE

Rebecca:

We're glad to have you on this episode of the Live Yes! With Arthritis Podcast. Today we're talking about self-esteem, body image and arthritis, Julie.

Julie:

It's a topic that is near and dear to every arthritis patient's heart, whether they're fully aware of it or not. Our bodies, our relationships to them, have a big impact on our body image and our awareness of ourselves. And that's why we're so excited to talk with an expert today about all things body image, self-esteem and arthritis. Dr. Natalie Dattilo is a clinical health psychologist and director of psychology services at Brigham and Women's Hospital.

She uses an individualized and evidence-based approach to treatment and specializes in mood, anxiety and adjustment disorders, stress psychology, women's issues and coping with chronic medical conditions. Her research focuses on the evaluation of cognitive behavioral interventions for mood and anxiety disorders, as well as growing the evidence base for acceptance and mindfulness-based therapies in practice. Dr. Dattilo, thank you so much for joining us today. We're thrilled to have you here.



Dr. Natalie Dattilo:

Thank you so much for inviting me to be here. It's my pleasure.

Rebecca:

You know, having a healthy body image can be really tough, really hard on people when they have a chronic illness. And especially when you have something like arthritis. Managing that daily chronic pain can affect your perception of yourself and how you feel about your body. But also, you start thinking about what other people are thinking about you. And then there's that other piece of... for some people, it's an invisible illness, people don't know 'cause they don't see something outward. So, how much of this do you think is internally driven and how much do you think is it about societal influence?

Dr. Dattilo:

It's either, it's neither or it's both. I think it's important to define body image, too, and talk about some of the ways that it's been studied. Usually what we talk about when we're talking about body image: It's appearance. It's sort of like how you look, how you think you look. It incorporates not only just the thoughts and the beliefs that you have about your body, but what you think about your body, how you perceive your body and what you do.

I mean, there's this whole behavioral component to body image, which is the things that you do or don't do as it relates to how you appear. But I think when we're talking about persistent pain and other chronic health conditions that may be invisible to other people, it's really a very internalized sense of who you are and your identity and how you relate to your body. So, I think when we're talking about body image in this context, it's really about the way one's body feels to its owner and the relationship that you have with it.

Julie:

It's so hard to describe to others what it's like when you're first becoming symptomatic with a chronic illness, especially a painful chronic illness, but even more so after the fact, when you have a new diagnosis and you're learning to live and take up space in your kind of new body, your new normal. Redefining what that relationship looks like can be very difficult.

It can be a loss of identity, a loss of the expectations or hopes that you had maybe for yourself before. You can tie all of that up with some of the other complicated things that we know about body image already. Can you talk a little bit about function versus



appearance versus grappling with those identity issues and, I know it's so complicated, how it all wraps up together?

Dr. Dattilo:

All of the above. And yeah, we can't overlook the role of other people and society and the images that we see and the images that we're exposed to on a constant basis, about how other people look and how they're living their life. And I don't know if it's possible to separate the two, appearance versus function. I think especially as you're adjusting to a new onset or a new diagnosis, versus something that you've been living with for a while and persists over time and how you accommodate that.

And then also think about the things that you were looking forward to doing and they have to adjust those expectations. I think it begins to feel like a loss, like you said. I think there's a grieving aspect to that, but there's also an adjustment that you make. And accommodating those changes. And the feeling as though your body maybe has betrayed you. The things that you were hoping to be able to do and accomplish and not feeling, you know, safe enough to do that or comfortable enough to do that anymore.

Rebecca:

I think that changes over time in somebody's arthritis journey. Maybe you're first diagnosed, and it takes a while to get everything under control. Then you get everything under control maybe, and you're doing all the things that help manage your pain. And then something happens like, I don't know, you dislocate your shoulder (laughs) trying to do something fun. Personal experience there.

But then you go back to that same space again, where like, "Oh great. Now I've done this and how's this gonna affect my function? Now everybody's gonna ask me: 'Oh, what did you do? Why are you wearing a sling and what happened?'" And then you just go back all over again to that same spot maybe when you first were diagnosed, like "Now I'm gonna have to deal with this perception. And gosh, I can't even go do something fun with my family without getting hurt."

I can say that honestly for myself, this happened to me actually last summer, and it took a long recovery. It was my right dominant shoulder. And then all of a sudden, oh gosh, now I'm afraid to go out and do things, 'cause I love hiking. And I like being on the river and doing fun stuff with my family, but now I can't do those things because I end up getting hurt. My body just doesn't react as well as a healthy person's does. And then, like you just said, my body's failing me again. That just really affects you emotionally.

So, how do you manage that?



Dr. Dattilo:

It impacts your motivation. I think it causes anxiety. Those setbacks or reinjuries or flareups can be not just disappointing, they can be devastating. And I also think we become very body conscious. We just become very aware of our body and how it feels and how it looks and how other people might be perceiving us. We feel maybe weak and unable. And I think that we begin to identify with those ideas, although they may not actually be true. Then we see ourselves through the eyes of other people and, you know, we wonder what they're thinking about us...

Rebecca:

Yes.

Dr. Dattilo:

... and "What's wrong?" And "What's going on with them?" And I think we just become really, like we can become overly self-aware in a way that causes us to withdraw, I think.

Julie:

Yeah. I think that's very true. The phenomenon of invisible illness and letting it be an invisible illness. I'm battling all of these factors alone can just be so taxing on the patient and the person living with arthritis. I know I've had arthritis since I was a kid, and there were periods when I was in high school, those formative kind of your maturing hormones, all of the awful things about high school years. There were periods that I was really well controlled, or my disease was not active or apparent. And I wouldn't talk about arthritis. It wasn't something that I wanted to share.

I remember having a particularly bad flare my junior year and my hand was so, so, so swollen. So, all of a sudden, I'm in these classes where I've pretended to be healthy and fine this whole time, trying to figure out how to write left-handed because I can't hold a pencil with my right hand with all of those other maturing factors and my body awareness. I was so conscious of what it looked like, how I could talk about it. And I was so vulnerable, I was feeling so sick. And trying to talk with others about what that was and be my own advocate was like a near impossible task. That kind of increased this level of self-defensiveness for me. I just became this brick wall.

I wasn't talking to anybody. I was wearing really baggy clothes. I wouldn't try to like show off my achy joints. I wouldn't do any of that. And I think that that happens for a lot of people, right? There's this subconscious defensiveness that people put up walls when they don't want to live visibly with their illness. Could you talk a little bit about what that's like and how your patients have experienced that?



Dr. Dattilo:

Well, we have this basic psychological need to be accepted and seen. And I think when we're dealing with that sort of, like you said, invisible illness, we hide ourselves and we feel embarrassed or ashamed. That's a difficult and weighty emotion to carry around on top of everything else.

We live in a society where we're sharing images on social media, and when we get to see what other people are doing. We live in a society where there is a lot of judgments made, and so it's hard to get away from that. And I think to the extent that you're able to practice compassion with yourself at the very least. It's always a really good place to start in self-acceptance in terms of being able to live well, in spite of.

Rebecca:

I always worry that people think — when something does happen, or I need a new surgery, or I get hurt trying to do something normal people do, right? — that I'm fragile, and that's not something that personally for me... that's not the perception I want people to think of me.

Just everybody being so cautious about the things that I do, then that affects how I see myself, too. Like, wait a minute, maybe I am, and then I start self-doubting. And so, it really is a struggle of trying to marry the two together. What everybody else is thinking versus, OK, what's realistically how I really feel? And trying to draw that out of myself, to not get myself in a dark place, you know?

I've never seen myself as somebody who has low self-esteem, but every time you get another issue come up, it just affects you each time. You need the resilience to be able to one, go back to that place where you feel so vulnerable, but then be able to pull yourself back up and say, "Well, wait a minute, I made it through this situation, and I can make it through this one." But it takes time. And sometimes, it's really, really hard work to do that.

Dr. Dattilo:

And you forget, and then you get tired, and yes, you've been through a lot and you've persevered through so much and, you know, the very definition of resilience. But each time it gets a little bit harder and harder to sort of rally that and to keep going in spite of everything. And you begin to feel weak and tired and having to give yourself that pep talk.

Rebecca:

Right. Like your emotions start becoming your physical symptoms, too, right? It adds to what symptoms you're having. So, it isn't the best thing to do that. (laughs)



Julie:

No, no.

Dr. Dattilo:

When I speak with a lot of people, they've incorporated this idea that "there's something wrong with me." There's these other like ideas and words that come into people's minds when they're thinking about themselves or their body or what they're capable of. The role that they play in their lives and in the lives of other people. And it's hard not to see yourself as different or in some way deficient when you're unable to do the things that others are able to do or that you'd like to be able to do.

And the assumption, the natural conclusion, that most people make is that "something's wrong with me." And I think we perpetuate that idea so much in our society that, you know, you have this problem that you need to fix. I think just shifting our focus on things that we are capable of, building up some confidence, self-confidence, body confidence, and really playing to those strengths, we need to have an active and frequent conversation about. And I wish we were having it on a broader scale, more regularly as well.

Julie:

Yeah. I'm glad you brought that up. I think that the relationship with your body and your confidence and all of these pieces, when they come together, you know... I think a lot about having that negative relationship with your body and what does that do? The psychology of that. We talk a lot about control on the show and taking control of your arthritis. I know for a lot, especially for young women who are dealing with arthritis, oftentimes you're looking for some kind of control that you can take back from your body, which just feels like this out-of-control, unruly thing.

Sometimes that results in some really unhealthy body dysmorphia, even disordered eating behavior. Whenever I'm hearing about a story or a friend or someone who's in that spot, you always feel at a loss for how to support them or what to say. Because you can really understand and empathize with that anger and that seeking, that want for control. Dr. Dattilo, what would you advise someone in that position?

Dr. Dattilo:

There is that relationship between disordered eating and, you know... We've developed the tendency to maybe develop an unhealthy relationship with food as a



result of that, or even exercise or activities, things like that. So, I think it is important to be mindful of that within yourself and then also with your loved ones.

Control really is about choice. I choose the way that I experience myself. I choose the way that I engage with life, with particular activities or with other people. And I think when we feel like we don't have that choice, that's what feels like a loss of control. I think helping people realize that they are stronger than they probably think. They're more capable than they think. I think hearing that from a loved one or a friend is important, that you believe in them and that they're capable of anything.

Rebecca:

Yeah. I think having that support system is so important in your relationships. Having the people who know what's realistic for you but can support you in a way that makes you not feel like you're inadequate in any way. All of this, your self-esteem and your body image, plays such a role in how you interact in your relationships. And so, especially with romantic relationships, not having a great self-esteem or body image can really affect your level of intimacy. And having that poor body image could be a predictor for having intimacy issues with the partner. Can you talk about the best way to approach that for people, if they're having a difficult time with sexual issues or intimacy with their partner?

Dr. Dattilo:

I think when we're having body image concerns, it does affect our ability and desire to be intimate and then vice versa. So, when the intimacy levels go down and that loss of libido and limited sexual activity, it can also impact your body image: not feeling attracted, not feeling wanted, not feeling desired. And so, I think it has this bi-directional kind of relationship.

I think it's worth nurturing, and I also think it's worth having open and honest communications with our partners about how we're feeling and what we feel comfortable doing and what we don't. Then there's also other ways to nurture intimacy. Physical intimacy is wonderful, but emotional intimacy can also be lacking when you're struggling with your own self-esteem and body image and feeling inadequate. And it's a great word that you used: We tend to close ourselves off. Physical intimacy is one thing, but emotional intimacy is so important, and healing as well.

Julie:

What advice might you give to someone thinking about sharing this part of their life with someone for the first time?



Dr. Dattilo:

I mean, talk about feeling exposed, right?

Rebecca:

Yeah.

Dr. Dattilo:

You're really kind of opening yourself up to some level of vulnerability by talking about some of these things that you may not share with anybody else about yourself. And then your relationship with your body and how you feel, you just feel so naked. (laughs) I think it's important to nurture a sense of receptivity to that. So, on the receiving end of that communication or conversation: being patient, being open, being curious about your partner, like asking questions that show that you care and that you're interested in how they're doing.

Rebecca:

A lot of it, too, comes from how you feel, right? About yourself, and your body image, and your comfortability level of sharing that with your partner. And you have to get to that point to be comfortable with yourself, to be able to say, "OK, it's not that I have a low libido, or I'm not interested; it's actually that it hurts when somebody touches me, or my body hurts right now, or I'm having a bad flare day," or whatever it is. You have to be able to communicate that out.

How do you deal with this issue of lack of intimacy when you're living with chronic pain? If there was any way to open that door, do you have a specific thing that you would recommend for people?

Dr. Dattilo:

I think it's an important conversation to have, and it's worth carving out the time to have it. And I also think it's a matter of: What is the concern? Is it a low libido issue? Is it the desire is just not there? That can also be very distressing for people. And that could happen for all sorts of reasons, not only the pain, but also depression can impact your feelings of desire. Side effects of medication even can impact your interest.

It could be my desire is intact, and that's not the problem. It's just really painful. Or I'm just very, very self-conscious. And so I want those kinds of experiences with my partner, but when I'm in there, I can't enjoy it. And so there might be different aspects of the problem that might require a different approach or different solution.

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Julie:

I think even things such as low education status can have an impact on how people perceive themselves, their body, their body image and so on. Can you comment a little bit about how those factors, those bio-psychosocial determinants of health, really carry a toll?

Dr. Dattilo:

What we know in the studies that have been done is that this does differentially impact women versus men. That might not come as a surprise to folks. As far as I can tell, I did not find any studies that confirmed that there's a difference in education per se. And when it comes to race and ethnicity, we find that White women tend to struggle the most when compared with other races and other ethnic groups. You can talk about some of the reasons that might be the case, but it turns out that Black women are experience less body dysphoria than White women do.

Julie:

That's interesting. And I think that comes back to the societal question versus the individual question on what do body image standards look like from within communities? And who defines what the ideal body type is? And how do we navigate those spaces? Can you talk a little bit about maybe some of the factors that influence that?

Dr. Dattilo:

Cultural influences and expectations on what an ideal, like a beauty ideal, might look like, according to different populations of people... It does really speak to this heavy influence that society and culture has on how we feel about ourselves and what kind of social comparisons we're making.

I also think it has a lot to do with our upbringing and what we're taught about our body and what kind of conversations we're having about our body... As women with our mothers, and as women with our daughters as the case may be, and how much emphasis are we placing on things like weight and appearance, versus skill and effort and other things that tend to be more internally driven than externally evaluated.

Rebecca:



I'm Filipino, so I'm Asian American, right? My parents immigrated here. But in the Filipino culture, everything is about family and food, right? So, I always can gauge in my lifetime, if I go to see my aunts or any family members, usually it's the aunties, right? "Oh, hi, how are you? Oh, look, you gained weight. You must be happy." (laughs) It was always like... I could always tell where I am weight-wise.

And so my mom would always have to tell family: "When you're in America, that's not a thing that you say." That's not a socially acceptable thing to say. And then me, growing up here, born and raised here, I wasn't raised to think that that is a look that you want. You don't, well, "You put on an extra 10 pounds, it looks good on you." No, you don't want that, you know?

So, I always joked about, "Oh, great." Every time, before I get in the door, "Let's see, did I gain weight, or did I lose weight?" (laughs) It's just a weird dynamic to grow up in culturally, yeah. I definitely think it's how your upbringing is and what is accepted culturally, based on your ethnicity, and your race, too.

Julie:

It sounds like there are a lot of differences related to different communities and populations, but how does gender play into this equation with body image and self-esteem?

Dr. Dattilo:

I think when we're talking about how you relate to your body and how at-home you feel in your body, gender is obviously a big part of that. I think when we're comparing men and women, for example, and the studies would play out, that women tend to experience more body appearance anxiety and body dissatisfaction than men. But still, men experience that, too.

They may not talk about it as much, but there's a lot of pressure on men to look a certain way and function a certain way. To be seen as strong or masculine or whatever the case may be. And when you don't see yourself measuring up to those standards, that's certainly going to affect self-esteem and body image for me as well.

Julie:

We hear from many of our male patient volunteers that having to take a step back from their baseball team or leaving that sport that they loved was so instrumental to how they found success in their day to day, due to their arthritis really compounded the other process that they experienced. That plays such a role for all of us, but maybe it's sometimes overlooked for our male counterparts on what the language that they might use to describe their loss, their grief with arthritis. And identity may just be different.



Dr. Dattilo:

And the conversations that I have with men is they're adjusting to these sorts of things. It can be very devastating. So much of their identity has been wrapped up in what they're able to do. Maybe a little bit about how they look or how they appear to other people, but mostly what they're able to do and how they're able to provide. And when that is stripped of, then it can be really quite devastating, and it's hard for some of them to see themselves as having an important role to play in their family's lives.

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The Arthritis Foundation is always looking for new ways to inform you about the things you want to know more about. Check out our webinars — in real time or on demand. Visit <https://www.arthritis.org/events/webinars> to learn more.

Rebecca:

Sometimes the words that we use can really affect the way that we feel, or the words that other people use. So, it can be hard to learn how to do some more positive self-talk. Can you give any advice on how to start that practice? It might be awkward for people who aren't used to saying stuff like that about themselves. But what's a good way to get into the practice of using more positive self-talk? We know words matter.

Dr. Dattilo:

Words absolutely matter. The power of the words that we use, the words that we hear, the words that we say to ourselves, cannot be overstated. When I work with people on this, I have them start keeping track of their self first. So, just noticing the patterns of words that they use, the way that they talk to themselves, this internal conversation that we have, or the running commentary that we might have. And just start capturing that by writing it down and just increasing your awareness of the words that you use. That's the first step in changing them.

Sometimes, that's a leap for people to get to. A middle step is: Can we just shoot for neutral? Can we not have it be negative? It doesn't have to be positive necessarily. But can it just be, "Well, isn't that interesting that that's the case" as opposed to "that's terrible" Trying to convince yourself that it's not terrible and it's actually great. It's really, really difficult to do, and it will backfire, but maybe curiosity is the great neutralizer. You might hear yourself saying things like, "Isn't that interesting that that's the case" ... or "I wonder what that is like" as opposed to "I worry that it's going to be X, Y, Z..."

Julie:



I really love that. I think it's something that my mother lives by. Anytime I tell her something that she doesn't really love. "Oh, that's interesting, isn't? Hmm, very interesting." I know when I'm talking about something that I don't wanna say is overtly negative and I'm not super enthusiastic about it, I'll use "interesting." That's my kind of word substitution, and my boyfriend will look at me and he'll roll his eyes. And he says, "You sound like your mother right now, you know? You really sound like your mom."

Dr. Dattilo:

It's a practice. You cultivate a practice of seeing things differently. And one of the best ways to do that is through gratitude practice. That's one of the first things that I might suggest to somebody to try: just to start looking for things that are good. Noticing, writing down the things that are going well. The other thing that I'll have people do is keep track of the things that went well today, or the things that I'm proud of today. And those are automatically just going to put a different lens or a different spin on your day to day that you might not be paying as much attention to.

Rebecca:

Yeah. I think that it makes such a difference. "Girl, stop apologizing," right? Don't say, sorry. Say, thank you. "Thank you for being patient. Thanks for your understanding."

And that's actually something I've tried to incorporate myself a lot, because I found that I was going through a phase where I was starting every sentence with "sorry." Sorry I can't make it. Or sorry you had to wait. Or sorry this took me longer. Now, it's thank you for your patience. I appreciate your understanding, right?

And it really makes a difference in people's responses, but in your personal response of yourself, like, "I don't need to apologize that I wasn't feeling well, and I couldn't get all the things done in one day like I had hoped to do..." To then go meet with somebody, and I had to cancel. I don't need to apologize for that. That was self-care for me to say no. We're always talking about helping everybody say yes, but sometimes saying yes means saying no.

Dr. Dattilo:

Oh, it's a powerful shift. It's a shift from feeling disempowered and less than to: empowered and adequate or more so.

Julie:

It's a great way to take control. It's a great way to reclaim it. Dr. Dattilo, some things that we've heard about are, you know, how we can get radical with our self-compassion,



with our self-acceptance. Can you talk a little bit about what that means and what any distinctions might be between them?

Dr. Dattilo:

I love the concept of radical. It's an interesting one, and you hear about it a lot. It's acceptance despite having no logical reason to have it. On the surface, it seems like something that I wouldn't want to accept, or that I wouldn't want to be optimistic about, but I'm going to do it anyway. It's having some choice in the matter: I'm choosing to accept this for what it is, which essentially is: I'm willing to have it be the way that it is simply because it is. It's this power of sort of acknowledging and stepping into an experience as opposed to wrestling against it and struggling against it and fighting against it.

This idea of radical acceptance comes out of some of the work that we've done in dialectical behavior therapy. Being willing to tolerate, and then choosing a course of direction based on the things that are most important to me. So, identifying values and acting in ways that are consistent with things that are important to you, in spite of the fact that it's not an ideal situation, and I'd rather it be different than what it is.

Julie:

I wonder if you could comment on some warning signs of destructive behavior related to body image and self-esteem. Maybe factoring into the equation: depression and other mental health concerns that folks might face.

Dr. Dattilo:

There's probably some fairly destructive ways of thinking, and then there are certainly some destructive behaviors that would be causes for concern. Maybe the behaviors are a little bit more obviously harmful. So, things like restricted eating, overly restrictive eating or purging as the case may be, if it's a body size issue.

Destructive thoughts do overlap significantly with depressive styles of thinking, feeling very helpless. Like it doesn't matter what I do or don't do; it's never gonna be any better than this, and what's the point? I think once you start feeling like "what's the point?"... you feel very apathetic, and you feel very despairing, and then you're dealing with a sense of hopelessness. That can be a very distressing, difficult and potentially dangerous place to be.

Rebecca:

So, if somebody finds themselves in that place right now, who's the best person for them to go talk to?



Dr. Dattilo:

If somebody is in that place right now, or even thinking that they would be better off dead than to live in their body, the first person they should contact is a doctor they trust. They're also helplines and crisis lines if that's the case with somebody. But really the very first stop should be either your primary care physician or your specialist. Somebody that can get you connected with the right care right away.

Rebecca:

And what kind of specialist would be great to go see though, if we were working on trying to find coping strategies to deal with self-esteem and body image issues?

Dr. Dattilo:

That tends to fall in the realm of some mental health professionals or a therapist that could help you with self-esteem issues. And also, the thinking behind some of those feelings that you're having and creating some behavioral goals to help address some of the things that you're avoiding, possibly out of anxiety or withdrawal.

Rebecca:

If somebody isn't quite in that dark of a space though... We talk a lot about self-care, and I've been seeing a lot of trending things of people talking about Self-Care Sundays. What does self-care look like, and how do we practice emotional self-care?

Dr. Dattilo:

I am for Self-Care Sunday. (laughs) Self-care is a strong interest of mine. Kind of understanding what it is, and barriers to doing that, and defining it, and how people can really choose the activities that are best suited for their lifestyle. It's not a one size fits all. So, self-care is gonna look different for different people, but I define it as anything that's good for you.

Make the things that you do every day an act of self-care. It's really just a frame of mind that you bring to the activities you may already be doing. I think sometimes people get discouraged when they hear about self-care because it's either going to take too much time. "It's more time than I have." Most people will tell me that they don't have enough energy. That they have the desire, and they have the time, but they're just so darn tired. And it just feels like a lot of effort. It's something that you might already be doing that you would just approach and engage with a little bit differently, so that it has a different sense of reward for you. And feeling like you've done something good or nice for yourself.



I think one simple act of self-care is just frequently checking in with yourself asking: “How am I doing in this moment, and what do I need?” It’s that frequent communication that you’re having yourself, just checking in.

Julie:

I can't wait for my next Self-Care Sunday! I think you really hit the nail on the head. And I love that it's about not just honoring a Self-Care Sunday, kind of like idea or ritual, but reframing your mindset so that anything you do that day is contributing to your self-care. I'm one of those. I have the time, but the energy and the pain levels and the brain fog and all of the other pieces can really take away from that. I just appreciate so much that reset. That's really helpful for me.

Dr. Dattilo:

It's an attitude of generosity and compassion. It really is about the mindset and the way that you engage with yourself in that moment, or whatever activity you're participating in, that really makes it self-care.

Julie:

Yeah. And what a way to redefine some of the relationship you have with your body than to reframe some of the things that you do for and with it. So, I just, I love that.

PROMO:

Want to connect with others who understand what you're going through? The Arthritis Foundation's Live Yes! Online Community features forums on specific topics, where you can chat with those who know what it's like, including health care experts.

Or check out our local virtual Connect Groups for a more personal touch. Sign up at www.arthritis.org/LiveYes.

Julie:

Dr. Dattilo, do you have three key takeaways you'd like to leave our listeners with after our conversation today?

Dr. Dattilo:

What I would want for people to take away is: Your body image is this way that you relate to yourself and that it can be a work in progress. It'll probably change over time and that maybe we should expect that. Being kind, practicing self-compassion: It's just



this really important part of establishing a healthy relationship with ourselves and our body image.

I think the other thing that is important is an acceptance. There are some really great resources out there, either meditations or workbooks even that talk about the practice of self-acceptance or even radical acceptance, self acceptance. And I think that's an important step in developing a healthy relationship with ourselves.

The other thing that I would talk about is: Don't forget about pleasure. The role of pleasure is really important when it comes to having a healthy relationship with yourself and with your body. Pleasure can come in all sorts of shapes, all sorts of sizes and all sorts of experiences. And so, really engaging your senses in a way that makes you feel alive and in your body in a pleasant way is really important and should be done often. You want to remind yourself of what it feels like to feel good in your body whenever you get a chance.

Rebecca:

Oh, I love that. Feel good, remind yourself, because sometimes we forget when people are stuck in their pain. They might forget what it does feel like to feel good or have something that makes you happy or feel well because you're experiencing so much anxiety or a depression that you forgot, "Oh, this is what that feels like." So, I love that. Thank you.

Dr. Dattilo:

It's the prescription I often give.

Julie:

That's perfect. Well, thank you so much for joining our conversation today. It's just been lovely to talk to you and hear your soothing voice.

Dr. Dattilo:

Thank you so much. It was so great to speak with you today.

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