



LESSONS IN THE HEALTH & WELLNESS CURRICULUM:

- 1 Health Oppression and the Social Construction of Health
- 2 Internal, External, and Societal Pressures on Mental and Emotional Wellbeing
- 3 An Introduction to the Embodied Nature of Stress
- 4 Three Types of Stress and Their Effects on the Body
- 5 Maladaptive and Adaptive Strategies for Coping with Stress
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HEALTH & WELLNESS LESSON 1

HEALTH OPPRESSION AND THE SOCIAL CONSTRUCTION OF HEALTH

Suggested time: One or two 50-60 minute class periods

Overview

For most of history, health has been defined through a narrow lens and by groups of medical professionals based on assumptions and biases within the dominant culture. Medical advancements have often depended on unethical experiments performed on people of marginalized identities. In this lesson, students will discover that much of what we think it means to be healthy is in fact socially constructed. These socially constructed ideas about health influence how we see ourselves and others, as well as the choices we make about our own health.

Objectives

- Students will explore the different ways in which “being healthy” has been socially constructed by dominant cultural ideologies.
- Students will examine how socially constructed ideas about what it means to be healthy impact the actual health of bodies of color.
- Students will reflect on how our identities impact our individual health.

Key Understandings

- Societal ideas about health are socially constructed. Bodies have been policed throughout history based on limited ideas about what constitutes health.

Possible misunderstanding: There is one objective and universal definition of what it means to be healthy that applies to all people in all situations.

- Health is a human right, yet individuals and communities do not always have equal access to it.

Possible misunderstanding: Health is exclusively a result of one’s individual effort and values.

Materials

- Student writing materials
- AMAZE. (2019). Intersectionality [video]. YouTube. Accessed September 1, 2021 at: <https://amaze.org/video/healthy-relationships-intersectionality/>.
- Sociological Studies Sheffield. (2020). Intersectionality and health explained [video]. YouTube. Accessed September 1, 2021 at: https://www.youtube.com/watch?v=rwqnC1fy_zc.
- Let’s Talk Sociology with Dr. Harris. (2020). The social construction of health and illness [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=E4rkWwqJdCw>.
- Appendix: Historical Timeline Activity

Vocabulary

body agency

health

intersectionality

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.3** Analyze how environment and personal health are interrelated.
- **NHES 1.12.4** Analyze how genetics and family history can impact personal health.
- **NHES 1.12.6** Analyze the relationship between access to health care and health status.
- **NHES 2.12.5** Evaluate the effect of media on personal and family health.
- **NHES 2.12.7** Explain how the perceptions of norms influence healthy and unhealthy behaviors.
- **NHES 2.12.10** Analyze how public health policies and government regulations can influence health promotion and disease prevention.
- **NHES 5.12.1** Examine barriers that can hinder healthy decision making.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **ID.9-12.2** I know my family history and cultural background and can describe how my own identity is informed and shaped by my membership in multiple identity groups.
- **ID.9-12.3** I know that all my group identities and the intersection of those identities create unique aspects of who I am and that this is true for other people too.
- **JU.9-12.12** I can recognize, describe and distinguish unfairness and injustice at different levels of society.
- **JU.9-12.13** I can explain the short and long-term impact of biased words and behaviors and unjust practices, laws and institutions that limit the rights and freedoms of people based on their identity groups.
- **JU.9-12.14** I am aware of the advantages and disadvantages I have in society because of my membership in different identity groups, and I know how this has affected my life.

Note to Teachers

Before teaching this lesson, print the Historical Timeline Activity and cut out each timeline item and date separately. You can create one set for the whole class to work on together, or multiple sets for students to use in small groups.

Note that some of the events presented in the Historical Timeline Activity are violent and oppressive. Make sure to notify students upfront that some of the events they will discuss as part of this activity may be upsetting to learn and talk about.

We recommend you do the following throughout this activity:

- Remind students that their wellbeing is your priority, and they should come to you if they experience upsetting emotions during this exercise.
- Check in regularly with your students as they complete the exercise. Look for signs of distress like disengagement or hyper-engagement and take note of who leaves the room and for how long.
- If a student comes to you for support, or if you notice that a student is visibly upset, consider letting them finish the class content on their own at home or with you one-on-one.

LESSON PROCEDURE

1. Begin by projecting or distributing pictures of three or four different unknown individuals. Try to use pictures that include different races, ages, genders, and abilities. Ask students to answer and discuss the following questions:
 - Which of these people do you think is the healthiest? What makes you think that?
 - Which of these people do you think is the least healthy? What makes you think that?
 - What visual clues do we often rely on when assuming other peoples' health? What does this tell us about how we define who is healthy and who is not?
2. After students make their initial guesses about the health of the people in the images, you might add some new details to add complexity to their thinking, such as:
 - Person A has high blood pressure. They also live alone and suffer from depression.
 - Person B gardens every day. They love their job working at a daycare center. They are also hard of hearing.
 - Person C is a cancer survivor who travels the world as a professional cyclist. Their cancer is in remission but is expected to come back sometime in the future.

Ask students to consider: How might this new information change your assessment of who is healthiest? What assumptions about health did you make the first time around that you would revise now?

3. After this discussion, ask students to write down, in a sentence or two, how they would define the concept of **health**. Then share The World Health Organization's definition of health with the class:
"Health is the state of complete physical, emotional, and social well-being, and not merely the absence of disease or infirmity."
4. Give students 5-7 minutes to discuss the following questions with a partner:
 - How does your definition compare to the WHO's definition of health?
 - Do you agree with the WHO's definition? Why or why not?
 - If you were consulted by the WHO, how would you change or modify their definition?
5. As a class, discuss what students shared in their pairs. In addition, you might include the following questions:
 - What kinds of measurements or indicators does the medical field use to assess health? How do these relate or not relate to the WHO's definition of health?
Possible student response: The medical field uses measurements such as Body Mass Index, weight, cholesterol levels, and HbA1c levels, as well as diagnoses such as cancer, depression, or a broken bone. While these measurements and indicators relate to "disease or infirmity," they do not provide much, if any, information about a person's "physical, emotional, and social well-being."
 - What cues do we use to interpret other people's health? Why do you think we use these cues as indicators of health? Where do these ideas and assumptions come from?
Possible student response: We often look at a person's physical features, such as their body size, height, and muscle size, to make assumptions about how healthy they are. We also often assess behaviors, such as whether a person plays sports or plays video games, to make assumptions about that person's health. These cues come from cultural beliefs about what health is, with an emphasis on the physical over the social and the emotional, and are based on a very limited idea of what it means to be a "healthy" person (lean, muscular, active, for example).
 - In what ways do our assumptions about health marginalize people of certain identities?

Possible student response: We assume that how someone looks on the outside is a measure of their health on the inside. The biases we have about race, gender, and ability might lead us to make false assumptions about

people's health based on these aspects of their identities. In addition, we might assume that what constitutes health for one race, gender, or type of ability applies to people of all races, genders, and abilities, when that may not be true.


6. Ask students if they are familiar with the term "**intersectionality**." If so, let students volunteer a few definitions. Let students know that intersectionality can serve as an important concept when thinking about our own and others' health. Then show students the video [Intersectionality](#) (3:16 minutes). As they watch, students should take notes on the following:

- What is intersectionality? How is intersectionality distinct from any individual aspect of identity, such as race, gender, class, ability, or sexuality?
- How might intersectionality be related to health?

After the video ends, give students an additional 1-2 minutes to finish writing their reflections on these two questions. Then show students the video [Intersectionality and health explained](#) (3:36 minutes) and have them add to their notes on the two reflection questions. After the second video ends, give students another 1-2 minutes to finish writing their reflections. Finally, have students discuss their responses to these two questions in small groups and then share their thoughts as a class.

Possible student responses:

- *Intersectionality refers to the fact that we all have multiple identities that influence who we are and how we experience the world.*
 - *Intersectionality might be related to health because one's race, gender, sexuality, and class all might affect one's access to healthcare. In addition, a person's different identities might affect their access to healthy food, clean air, education, and other resources that can influence health. Finally, if people are treated with a "one size fits all" approach to health, they may not receive the right kind of care specific to the needs of their intersectional identities.*
7. Pass out the historical events and dates (cut out separately) from Appendix A: Historical Timeline Activity. You can use one set for the whole class to work on together, or multiple sets for students to work on in small groups. If using one set, you might want to create a timeline on your wall or whiteboard where students can add dates and events. Instruct students to match the historical events with their correct dates and line them up in order. The students should discuss and revise their timeline as they work together. In addition, one of the events presented in the timeline is fictional; have students identify which one. Be sure to warn students in advance that some of the historical events in this activity are violent and oppressive and may be upsetting to talk about (see Note to Teachers at the top of this lesson).
 8. After the students have completed the activity, make any corrections necessary to the timeline and confirm whether they correctly identified the fictional event. Then conduct a discussion using the following questions:
 - For each or any of these historical events, who had the power to determine what happened? Who was affected by what happened? How do these events reflect or challenge traditional power dynamics?
 - In 2021 (not 1992), Kataluna Enriquez became the first openly transgender woman to compete for Miss USA. Why is that significant?
 - This activity covers events before the year 2000. Are there any health events after the year 2000 that have marginalized the health of people with certain identities?
 9. Introduce students to the term body agency. **Body agency** is the ability to make decisions about one's own body free of pressure or social consequence. Close the lesson with a discussion about the following questions:
 - What does the timeline activity you just completed reveal about the history of body agency in the United States?
 - What value does body agency have in our culture, and how does that value change, if at all, when it comes to people with marginalized identities?



Asynchronous work: Have students watch the video [The Social Construction of Health and Illness](#) (15:56 minutes). After they watch the video, students should add to their notes from class describing how intersectionality affects health. In addition, students should write a paragraph summarizing how health is socially constructed.

Additional Resources

Boag, P. (2011). *Re-dressing America's frontier past*. University of California Press.

Carter, J. B. (2007). *The heart of Whiteness*. Duke University Press.

Cogdell, C. (2010). *Eugenic design: Streamlining America in the 1930s*. University of Pennsylvania Press.

Gill-Peterson, J. (2018). *Histories of the transgender child*. University of Minnesota Press.

Hogarth, R. A. (2017). *Medicalizing Blackness: Making racial difference in the Atlantic world, 1780-1840*. UNC Press Books.

Levine, P. (2017). *Eugenics: A very short introduction* (2nd edition). Oxford University Press.

Ordovery, N. (2003). *American eugenics: Race, queer anatomy, and the science of nationalism*. University of Minnesota Press.

Roberts, D. E. (1999). *Killing the Black body: Race, reproduction, and the meaning of liberty*. Vintage.

Appendix: Historical Timeline Activity

Note: Many of the events chosen for this timeline come from educational content developed by the health educator and activist Alok Vaid-Menon. For more of their content, check out their website at <https://www.alokvmenon.com/>.

1748

White physician John Lining argued that Black people were not able to contract yellow fever, which was spreading rapidly in the South, because they were immune to pain or disease.

1800s

Sexologists believed that queerness, including being intersex, was a manifestation of an ancestor's transmittable abnormality. Dr. James Kiernan argued the cure for queerness was hyper-masculinity and removing LGBTQ+ people from the White race.

1800s

Scientists believed more "advanced" civilizations had more visible differences between male and female bodies and thus tagged body hair as a marker of one's gender.

1830s

Gender non-conforming Indigenous individuals were attacked by U.S. colonists, who argued that such individuals might serve as spies and lookouts appareled in female attire.

1859

Scientists argued that "savages" (racialized people) were closer to animals and "civilized" White people were the most evolved form of human.

1860

The Medical College of South Carolina was apprehensive about using White cadavers for dissection out of a fear of public outcry, so they used Black bodies as "clinical teaching tools" instead.

1876

The American Dermatological Association became concerned with "hypertrichosis," a condition that pathologized extensive body hair, especially among White women. As a result, Jewish, Italian, and Eastern European migrants were targeted by advertisements for hair removal in order to integrate into Anglo-dominant Whiteness.

1900s

Chemical and electrical shock treatments, lobotomies, hysterectomies, castrations, vasectomies, and clitoridectomies were administered on LGBTQ+ people in an attempt to "correct" them.

1914

Eugenicist Charles McCord called for the "unsexing" (forced sterilization) of Black people, arguing that they "multiply twice as fast."

1916

Anatomist E. Steinach sought to find a "cure" for homosexuality by castrating gay men and administering transplants of testicular tissue from heterosexual males.

1917

To protect the "Nordic breed" from the "feeble-minded," migrants from Asia, queer individuals, and those deemed "idiots" were banned from entering the United States.

1918

Alan L. Hart, a physician, was one of the first trans men to transition with medical support.

1920

The Virginia State Epileptic Colony was established to incarcerate people with mental disabilities.

1923

Eugenicist and creator of the Standardized Achievement Test, Carl Bringham, used IQ tests to argue that intelligence was dependent on race.

1927

Buck v. Bell ruled that it was legal to sterilize people with disabilities.

1929

Twenty-nine states made marriages between people with mental disabilities illegal.

1930s

Miss America rule #7 was formalized in the rule book, stating that contestants must be “of good health and of the white race.”

1932

The Tuskegee Study used Black men to study the effects of untreated syphilis. The study intentionally neglected to inform participants when they had been diagnosed with syphilis and denied them curative treatment in order to study the course of the disease. This lack of treatment led to ailment and even death among many participants.

1938

Margaret Sanger, eugenicist and founder of Planned Parenthood, proposed a “Negro Project” to promote birth control in Black communities because, she claimed, they “bred carelessly and disastrously” and were the “least intelligent” population.

1939

The World-Telegram published a front-page story entitled “Pill Planted in Body Turns Weak Effeminate Youths into Strong Virile Men.”

1939

Two statues, “Normman” and “Norma,” were built to represent eugenicists’ standards of normal traits based on White bodies.

1951

Cancer cells from the cervix of Black woman Henrietta Lacks were non-consensually cultured and became the first human cells to be cloned for medical research.

1955

17% of childbearing age women were forcibly sterilized in Puerto Rico.

1960s

The Norplant birth control was mandatorily implanted in Black, Puerto Rican, and Indigenous women in urban areas to prevent them from having children.

1967

Walter Freeman, a physician with no surgical training, performed his final lobotomy, the last of nearly 4000 lobotomies he performed on patients deemed to have mental illnesses. 30-40% of his lobotomies were performed on gay individuals in an attempt to “cure” them of their homosexuality.

1992

Kataluna Enriquez becomes the first transgender woman to win the Miss USA pageant.

Note: This last item is fictional. Kataluna entered the Miss USA pageant in 2021 and was the first openly transgender woman to do so but did not win.

HEALTH & WELLNESS LESSON 2

INTERNAL, EXTERNAL, AND SOCIETAL PRESSURES ON MENTAL AND EMOTIONAL WELLBEING

Suggested time: One 50-60 minute class period

Overview

This lesson examines internal, external, and societal pressures that can affect students' mental health and wellbeing, including many types of systemic oppression. Students will use the stories of others to examine these pressures and reflect on how these pressures have affected their own mental health and wellbeing. Students will learn to recognize the signs and symptoms of different stages along the Emotional Wellbeing Spectrum and discuss resources they can turn to when they are not in a state of emotional balance. This lesson can be paired with a discussion of the characteristics of White Supremacy Culture (see Extension Opportunity), as these characteristics are among the societal pressures that influence mental health and emotional wellbeing.

Objectives

- Students will consider the internal, external, and societal pressures that affect one's mental health and emotional wellbeing.
- Students will examine the signs and symptoms of each stage on the Spectrum of Emotional Wellbeing.
- Students will identify accessible resources for support when their emotional wellbeing is out of balance.

Key Understandings

- Everyone experiences challenges to their mental health and emotional wellbeing.
Possible misunderstanding: Some people are too tough to struggle with mental health and emotional wellbeing. Experiencing these struggles is a sign of weakness.
- Systemic oppression, including racism, sexism, transphobia, homophobia, xenophobia, ableism, religious intolerance, and wealth inequality, all contribute negatively to mental health and emotional wellbeing.
- Resources are available to support those struggling with their mental health and wellbeing. It is always OK to ask for help and support.

Materials

- Handout: Student Mental Health Stories (included at the end of this lesson)
- Student writing materials
- The Steve Fund. (2019). The Steve Fund — Student Stories: Noor [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=BzO5YisAq4>.
- The Steve Fund. (2019). The Steve Fund — Student Stories: Jonathan [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=PYebTI9amg0>.

- The Steve Fund. (2019). The Steve Fund — Student Stories: Jenny [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=zcWIB2G7iN0>.
- The Psych Show. (2020). Real psychologist puts all his coping skills into one bag | #WithMe [video]. YouTube. Accessed September 1, 2021 at: https://www.youtube.com/watch?v=G_orre57tZQ.
- Appendix: Spectrum of Emotional Wellbeing (cut these up and mix up the order before class)

Vocabulary

emotional first aid kit

emotional wellbeing

mental health

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.1** Predict how healthy behaviors can affect health status.
- **NHES 1.12.2** Describe the interrelationships of emotional, intellectual, physical, and social health.
- **NHES 1.12.7** Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- **NHES 2.12.2** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- **NHES 2.12.5** Evaluate the effect of media on personal and family health.
- **NHES 2.12.6** Evaluate the impact of technology on personal, family, and community health.
- **NHES 3.12.4** Determine when professional health services may be required.
- **NHES 4.12.4** Demonstrate how to ask for and offer assistance to enhance the health of self and others.
- **NHES 5.12.1** Examine barriers that can hinder healthy decision making.
- **NHES 6.12.1** Assess personal health practices and overall health status.
- **NHES 7.12.1** Analyze the role of individual responsibility for enhancing health.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- **NHES 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.
- **NHES 8.12.1** Utilize accurate peer and societal norms to formulate a health-enhancing message.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **JU.9-12.12** I can recognize, describe and distinguish unfairness and injustice at different levels of society.
- **JU.9-12.14** I am aware of the advantages and disadvantages I have in society because of my membership in different identity groups, and I know how this has affected my life.

Note to Teachers

Before teaching this lesson, print the Spectrum of Emotional Wellbeing appendix at the end of this lesson and cut out each of the stages and symptoms. You can create one set for the whole class to work on together, or multiple sets for students to use in small groups.

LESSON PROCEDURE

1. Distribute the handout entitled “Student Mental Health Stories.” Then show the three videos below. As students watch these videos, they should take notes in their handouts. After they watch the videos, give students an additional 2-3 minutes to complete their notes. Then have them review and add to their notes in small groups.

- [The Steve Fund — Student Stories: Noor](#) (2:53 minutes)
- [The Steve Fund — Student Stories: Jonathan](#) (3:17 minutes)
- [The Steve Fund — Student Stories: Jenny](#) (1:47 minutes)

2. Regroup as a class and discuss the following questions:

- What are some of the internal challenges these three students contend with? What additional internal challenges can have a toll on students’ **emotional wellbeing**?

Possible student response: Some of the internal challenges these students face include mental illness (such as bipolar disorder and depression), grappling with identity, and the fear of not conforming to expectations.

Additional internal challenges might include stress, trauma, perfectionism, lack of self-esteem or self-confidence, exhaustion, insomnia, hunger, loneliness, and learning differences.

- What are some of the external challenges these three students contend with? Which of these challenges are also societal pressures? What additional external and societal challenges can have a toll on students’ emotional wellbeing?

Possible student response: Some of the external challenges these students face include pressure from school, islamophobia, wealth inequality, the pressure to “power through” and “hustle” without additional support, stereotypes about Asians as the “model minority,” and the expectation to conform to a certain set of goals.

All but pressure from school can be considered societal pressures. Additional external challenges might include family expectations, peer pressure, bullying, houselessness, and toxic relationships. Additional societal challenges might include racism, homophobia, transphobia, xenophobia, sexism, and lack of accessible solutions for students with disabilities.

3. Give students 10-12 minutes to free-write in response to the following prompt. Let students know that these reflections are for them alone and will not be collected:

What internal challenges and pressures affect your own **mental health** and emotional wellbeing? What external challenges and pressures do you face? Which of these challenges or pressures is societal in nature? How do you cope when facing internal, external, and societal pressures?

4. After they have completed their written reflections, give students an additional 5-7 minutes to discuss any takeaways they feel comfortable sharing with a partner. Alternatively, students can elect to continue working on their written reflections during this time.
5. Distribute the stages and symptoms from the Spectrum of Emotional Wellbeing provided in the Appendix of this lesson. You can create one set for the whole class to work on together, or multiple sets for students to use in small groups. Give students 5-7 minutes to try to match the symptoms with the correct stage of the spectrum. For your reference, the correct list of stages and symptoms is included at the end of the Appendix.
6. After reviewing this list of symptoms, emphasize that students should never have to suffer in silence. Any time they find themselves not in a state of balance, there are many resources they can turn to. In addition, if and when they notice their peers are not in a state of balance, they should feel confident reaching out and offering the same resources to others. Close class by brainstorming a list of resources, both within and outside the school community, that students can turn to for support in times when they do not feel their emotional wellbeing is in a state of balance.

Possible student responses:

- *Close and trusting relationships with peers and adults*

- *Counselors and therapists*
- *A health program and health educators*
- *Nurse or medical staff*
- *School advisors*
- *Peer leadership*
- *Creative outlets such as art, music, dance, and drama*
- *Athletic outlets such as P.E. class, team sports, and workout routines*
- *Yoga and mindfulness practices*

Asynchronous work: During or after class, have students watch the video [Real psychologist puts all his coping skills into one bag](#) (14:47 minutes). On their own, students should make a personal list of items for their “**Emotional First Aid Kit**.” In addition, encourage students to add “items” to the list that might not actually fit into the bag, such as friends and family members they can turn to, and activities that bring them balance and joy. If they want, students can even pack an actual Emotional First Aid Kit with some of the items from their list.

Extension Opportunity

This lesson can be paired with an examination of the fifteen characteristics of White Supremacy Culture. White Supremacy Culture (WSC), a term coined by Tema Okun and Kenneth Jones in 1999, is defined by Okun as:

“The widespread ideology baked into the beliefs, values, norms, and standards of our groups (many if not most of them), our communities, our towns, our states, our nation, teaching us both overtly and covertly that whiteness holds value, whiteness is value.” (Source: [What is it? - White Supremacy Culture](#))

Okun and Jones proposed the following fifteen characteristics (now condensed into [nine characteristics](#)) as central to WSC:

- | | | |
|-------------------------------|-------------------------|-------------------------------------|
| • Perfectionism | • Only one right way | • Individualism |
| • Sense of urgency | • Paternalism | • I’m the only one (exceptionalism) |
| • Defensiveness | • Either/or thinking | • Progress is bigger, more |
| • Quantity over quality | • Power hoarding | • Objectivity |
| • Worship of the written word | • Fear of open conflict | • Right to comfort |

Engage students in a discussion about any or all of these characteristics. You might assign individual characteristics for small groups of students to discuss and present to the rest of the class. For each characteristic, have students consider the following questions:

- Is this characteristic an inherently truthful or natural part of human behavior, or is it a social construction? Why?
- How do expectations in school, at home, in public, and in the workplace reflect this particular characteristic? How does this characteristic affect our behavior and emotional wellbeing?
- What are some alternatives to this characteristic? How might we infuse our spaces with some of these alternatives? How might these alternatives change our behavior and/or emotional wellbeing?

Additional Resources

Allyship: Seize the Awkward, [website], available at: <https://seizetheawkward.org/>.

The 8 Common Warning Signs [infographic]. National Alliance on Mental Illness. Accessed September 1, 2021 at: <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/NAMI-Warning-Signs-FINAL.pdf>.

Jed Foundation's Set to Go [website], available at: <https://www.settogo.org/>.

National Alliance of Mental Illness [website], available at: <https://www.nami.org/About-Mental-Illness/Mental-Health-by-the-Numbers/Infographics-Fact-Sheets>.

Okun, T. (2021). White Supremacy Culture [website]. Accessed September 1, 2021 at: <https://www.whitesupremacyculture.info/>.

Psych Hub. (2020). Racism and Mental Health [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=aV4Hk4PQ4Tc>.

The Steve Fund's Equity in Mental Health Framework [report]. The Steve Fund. Accessed September 1, 2021 at: <https://equityinmentalhealth.org/wp-content/uploads/2017/11/Equity-in-Mental-Health-Framework-v17.pdf>.

Student Mental Health Stories

	What pressures, challenges, and stressors do they face?	How do they handle these challenges? How do they demonstrate resilience and strength?	What supports do they lean on? What supports do they wish they could lean on? What calls for change do they make?
Noor			
Jonathan			
Jenny			

Appendix: Spectrum of Emotional Wellbeing

Stages:

Balance	Managing
Struggling	Crisis

Signs and symptoms:

Stable mood
Regular sleeping and eating patterns
Consistent energy
Physically well
Consistent performance across domains
Socially active and engaged
Nervous or irritable
Trouble sleeping
Low energy
Muscle tension or headaches
Procrastination
Decreased social activity
Anxiety, anger, hopelessness

Restless sleep
No energy
Fatigue, aches, or pains
Decreased performance
Social avoidance or withdrawal
Excessive anxiety, unstable or depressed mood
Unable to fall or stay asleep
Physical illness
Unable to perform across domains
Isolation, avoiding social events

For your reference, the correct list of stages and symptoms is included below:

Balance	Managing
<ul style="list-style-type: none"> • Stable mood • Regular sleeping and eating patterns • Consistent energy • Physically well • Consistent performance across domains • Socially active and engaged 	<ul style="list-style-type: none"> • Nervous or irritable • Trouble sleeping • Low energy • Muscle tension or headaches • Procrastination • Decreased social activity
Struggling	Crisis
<ul style="list-style-type: none"> • Anxiety, anger, hopelessness • Restless sleep • No energy • Fatigue, aches, or pains • Decreased performance • Social avoidance or withdrawal 	<ul style="list-style-type: none"> • Excessive anxiety, unstable or depressed mood • Unable to fall or stay asleep • Physical illness • Unable to perform across domains • Isolation, avoiding social events

HEALTH & WELLNESS LESSON 3

AN INTRODUCTION TO THE EMBODIED NATURE OF STRESS

Suggested time: One to two 50-60 minute class periods

Overview

This lesson introduces a mind-body understanding of the impact of stress on our physical and emotional health and explores the chronic nature of societal stressors such as racism. While racism is often examined through an intellectual and analytical lens, the harm racism causes is multidimensional (social, emotional, physical, mental, and spiritual, as well as intellectual) and fragments our relationships with ourselves and others. If our society could “think and analyze” our way out of racist beliefs, biases, behaviors, and systems, with the countless smart people committed to this goal, it would have been accomplished already. This lesson aims to bridge intellectual racial concepts with mind-body exploration of racist oppression in order to support a holistic, intellectual, embodied, and health-conscious approach to dismantling racism.

Objectives

- Students will explore breathing as an inner resource for stress relief and resilience.
- Students will learn the basic neurobiology of stress.
- Students will practice techniques for self-regulating in response to personal, social, systemic, and environmental stressors.
- Students will reflect on the real, imagined, and imminent dangers that stimulate stress responses within our bodies.
- Students will consider the ways in which racism stymies our capacity to thrive; to feel healthy, whole, and powerful; and to realize our individual potential.

Key Understandings

- The harm racism causes is social, emotional, physical, mental, and spiritual, as well as intellectual, and fragments our relationships with ourselves and others. For this reason, intellectual knowledge alone is not enough to eradicate racism and repair the harm left in its wake; along with knowledge, the mind-body connection is critical to both individual and collective healing.
- Stressors activate our sympathetic nervous systems, moving us out of “rest and digest” mode and into “flight or fight” mode. As a result, experiencing constant stress can have a direct impact on our physical development, our thinking and learning, and our ability to make skillful choices. Among the many stressors we experience daily are the stressors of racism and other forms of systemic oppression.
- Mindful breathing is one of the resources available to us to help settle our bodies when our sympathetic nervous systems are activated.

Materials

- Bell, chime, or a phone timer with a soothing sound
- CrashCourse. (2015). Sympathetic Nervous System: Crash Course A&P #14 [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=0IDgBICHVsA&t=304s>.
- SciShow Psych. (2020). Why Are Some U.S. Cities Declaring Racism a Public Health Crisis? [video]. YouTube. Accessed February 1, 2022 at: <https://www.youtube.com/watch?v=IEsMpgdPeY4>.
- Washington Post. (2021). Racial trauma can be deadly for Black people. Here are five ways to cope with it [video]. YouTube. Accessed February 1, 2022 at: <https://www.youtube.com/watch?v=f7ivK-4gvvk>.
- Appendix: Breath Experiment

Vocabulary

activation

disembodiment

parasympathetic nervous system

stressor

sympathetic nervous system

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.2** Describe the interrelationships of emotional, intellectual, physical, and social health.
- **NHES 1.12.3** Analyze how environment and personal health are interrelated.
- **NHES 5.12.2** Determine the value of applying a thoughtful decision-making process in health-related situations.
- **NHES 7.12.1** Analyze the role of individual responsibility for enhancing health.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- **NHES 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **ID.9-12.1** I have a positive view of myself, including an awareness of and comfort with my membership in multiple groups in society.
- **DI.9-12.9** I relate to and build connections with other people by showing them empathy, respect and understanding, regardless of our similarities or differences.

Background Information

The aim of this lesson is to create awareness of how the stress caused by racism and intersecting systems of oppression disconnects us from our bodies and our minds, as well as from the experience of wholeness (health) and equilibrium (a regulated nervous system) that are our birthright. This disconnection is also called “disembodiment” and is a trauma response.

Disembodiment is the rupturing of one’s awareness of their physical, mental, and spiritual state, and it often develops as a coping strategy for emotional overwhelm, loss, and feelings of helplessness. Violence against Black and Brown bodies, the COVID-19 pandemic, and the opioid epidemic are all examples of social and environmental crises that have increased the incidence of trauma and disembodiment for many. The issue of trauma is further explored in Health & Wellness Lessons 4 and 8.

LESSON PROCEDURE

Day 1: The Neurobiology of Stress

1. Share the following quotation from James Joyce's *Dubliners* with students:

"Mr. Duffy lived a short distance from his body."

Ask students: Without any literary context at all, what might we infer about the meaning of this statement? What could it mean to live a short distance from one's own body? Take 2-3 responses from students that connect the concept of having a body and simultaneously not being aware of it, or not feeling connected to it and a sentient experience; this sensation is referred to as **disembodiment**.

2. Ask students: What life experiences might fracture a person's ability to feel at home in their own body? Why might a person develop a habit of disconnecting from, repressing, avoiding, or generally experiencing numbness in their body?

Possible student responses: These sensations could be responses to stressful or traumatic experiences, such as sexual assault, violence, racism, negative body image, disordered eating, negative self-talk, peer pressure, bullying, substance abuse, COVID, and homelessness.

3. Let students know that, in order to understand the mind-body stress response and its impact on our wellbeing, it is important to explore these ideas experientially as well as intellectually. In order to start this process, they are going to participate in a breath experiment. Guide students through the mindful breathing exercise described in the Appendix of this lesson.
4. Put students into groups of 2-3 and give them 3-4 minutes to share what they observed during the breathing exercise. Encourage them to simply describe their observations and to try to avoid intellectualizing or analyzing what these observations and experiences mean. Remind them that there is no right answer.
5. Review these conversations with the whole class. Ask students to share their observations of the sensations, thoughts, emotions, and overall energetic quality of breathing through their mouths and then their noses. Guide students in comparing and contrasting their felt experiences.
6. Ask students to raise their hands if they felt more comfortable mouth breathing. In groups of 20 or more, there are usually 1-2 people who prefer mouth breathing. This is an important variation to help establish that the felt experience of breathing through the mouth or nose may vary, and for good reason. Often people who breathe through their mouths have important biological reasons for doing so. For example, asthmatics often breathe through their mouths, particularly during an asthma attack. Similarly, when a person has a cold, or when someone has an anxiety or panic attack, the body will regulate to ensure it gets enough oxygen by switching from nose to mouth breathing. This is natural and normal and feels significantly more comfortable for people with these bodily needs. Please share and normalize these examples with your students.
7. Ask students to indicate their responses to the following questions:
 - Which type of breathing felt more **activating** (provoked a desire to move or caused impulsive, thoughtless movement such as fidgeting, lip biting, nervous movements), nose breathing or mouth breathing? Which felt more calming?
 - Which type of breathing felt more disembodied (having less connection between body, mind, and breath), nose breathing or mouth breathing?
8. While acknowledging the variation and individuality among students' experiences, ask students to articulate any notable patterns or conclusions they can draw from the class breathing experiment.

Possible student responses:

- *All we did was change one thing about ourselves for one minute, and yet the felt experience of being in our bodies changed.*
- *Generally, most people experience nose breathing as more comfortable or natural, but not everyone feels this way.*

- *There is a direct relationship between the way we breathe and how we feel.*
 - *Nose breathing requires less intention and thought. Mouth breathing generally requires more effort and concentration.*
 - *Nose breathing is commonly experienced as a full-body experience, from deep in the belly, that has a sensate quality that permeates throughout various regions of the body. Mouth breathing is commonly felt as shallower or primarily in the chest.*
 - *Often people associate mouth breathing with panic, anxiety, or even the beginning of an asthma attack.*
 - *For some people, mouth breathing can provoke anxious memories, racing thoughts, or difficulty concentrating.*
 - *Overall, mouth breathing tends to be felt as more activating, while nose breathing tends to be felt as more calming.*
9. Introduce students to the parasympathetic and sympathetic nervous systems. Explain to students that these two systems aid our bodies in constantly, automatically regulating themselves, activating or settling in response to stress, our environments, and our own thoughts. Most of the time we live in “rest and digest” mode. This mode is controlled by our **parasympathetic nervous system**, which has the following functions:
- The parasympathetic nervous system sends resources to the body’s vital physiological systems, including our immune system, digestion, elimination, cell renewal, cell repair, and cell growth (especially important for growing teens). When the parasympathetic nervous system is online, our vital physiological systems can perform optimally.
 - When the parasympathetic nervous system is online, the brain’s prefrontal cortex and its executive functions, including neuroplasticity (learning), creativity, thoughtfulness, concentration, kindness, patience, and abstract thinking, are all easily accessible.
 - When the parasympathetic nervous system is online, we are able to behave thoughtfully and with full awareness. In this state, we are capable of being considerate, deliberate, and responsive in the face of stress or adversity, and our actions and behaviors are based on choice and agency, rather than reaction or impulsivity.
10. Explain to students that, when we encounter **stressors**, the parasympathetic nervous system goes offline and the **sympathetic nervous system** comes online. Show the following video about the [Sympathetic Nervous System](#) (10:43 minutes). While this video gets very detailed about the neurobiology of stress, instruct students not to worry about these details, but rather to focus on the following two questions:
- Which functions of the body are activated by the sympathetic nervous system when responding to stress?
 - Which functions of the body are deactivated by the sympathetic nervous system when responding to stress?
11. After watching the video, use the following questions to check for students’ understanding about the sympathetic nervous system and the body’s response to stress:
- If you were camping in the Masai Mara and a pride of female lions surrounded you, ready to attack, would you start breathing through your mouth or your nose? Why?
Possible student response: You would likely breathe through your mouth. The body would need to take in more oxygen to get ready for action (to fight or flee) from the life-threatening lion.
 - What else would be happening in your body?
Possible student response: Your muscles might be tense. Your heart rate would increase and your blood would pump rapidly to the extremities to facilitate a rapid run or aggressive fighting. Your lungs would need to take in more oxygen in order to power your limbs. Stress hormones such as adrenaline and cortisol would flood your system to help increase your strength and reactivity and heighten your senses.
 - What do you think would be happening in your mind if you were reacting to a lion attack?

Possible student response: Very little! The prefrontal cortex, the rational, strategic, and thoughtful part of the brain would not be engaged automatically at all. Instead of thoughtful planning, the brain would be hyper-focused on interpreting stimuli from the environment and scanning for danger. During this state, when our systems are preoccupied with surviving danger, all the processes related to being the best versions of ourselves, such as creative thought, compassion, neuroplasticity (learning new things), patience, kindness, and perspective-taking are not accessible to us.

- What kind of behavior would you defer to if you were reacting to a lion attack?

Possible student response: When the sympathetic nervous system is aroused, our stress hormones generally cause us to be aggressive, impulsive, reactive, edgy, irritable, and jumpy, rather than thoughtful, strategic, or considerate of consequences or the feelings of others. Therefore, we might act selfishly and be difficult for others to be around.

- What makes these responses to stress useful from an evolutionary perspective?

Possible student response: From an evolutionary perspective, the sympathetic nervous system is a gift! If we were on the great plains of the Masai Mara, and a lion jumped out ready to attack us, we would not have to tell our body to accelerate into emergency response mode; it would do so automatically. Our senses would have been tracking the environment subconsciously and sending the stimuli they received back to the limbic region of the brain so that, in a split second, our bodies could automatically leap into survival mode to thwart life-threatening danger. When our ancestors were hunters and gatherers and were not living in protected and organized communities and city-states, we needed this survival mode at our disposal to avoid imminent death.

- Are the functions of the sympathetic nervous system equally as useful when responding to modern-day stressors? Why or why not?

Possible student response: The automatic engagement of the sympathetic nervous system in response to perceived threats can cause health imbalances when we are not mindfully aware of the stressors that permeate our environment and inundate our nervous systems daily. In addition, because the sympathetic nervous system shuts down our ability for complex thinking, this response may actually inhibit our ability to respond thoughtfully to many modern-day stressors.

12. Remind students that when the sympathetic nervous system is online, all the body's metabolic functions go offline. In this state, the body's resources are diverted away from optimal metabolic functions that happen automatically like digestion, elimination, immune system responsiveness, cell growth, and cell renewal (healing). Basically, all the bodily functions that keep us healthy stop taking place when the body is responding to life-threatening danger. Ask students to consider: If this is how our bodies operate when we experience stress, how might constant stress affect our bodies?

Possible student response: Constant stress could have a direct impact on physical development, thinking and learning, and skillful decision-making. Being in a state of constant stress can even cause long-term health problems by sending some of the body's systems into overdrive while depriving others of the blood and oxygen they need to perform optimally.

13. Unfortunately, today many of us experience a variety of stressors all the time. While many of these stressors exist on the individual (e.g., taking a test) and interpersonal (e.g., getting in a fight with a sibling) levels, others act systemically. These include stressors from systemic forms of oppression such as racism. Taking racism as a case study, ask students to list examples of race-based stressors and collect these as a class.

Possible student responses:

- *Being stopped by a police officer.*
- *Being among just a few BIPOC students in a classroom.*
- *Experiencing racist harassment and microaggressions.*
- *Reading or hearing about violence against BIPOC people in our news and social media.*

- *Fearing ICE and the possibility of deportation.*
- *Experiencing discrimination based on skin color and appearance.*
- *Experiencing systemic poverty, segregation, and limited resources.*
- *Learning in schools with fewer resources to support students' holistic learning needs.*

14. Show students the video [Why Are Some U.S. Cities Declaring Racism a Public Health Crisis?](#) (8:24 minutes), then ask students to reflect on the following questions:

- Are these race-based dangers those that a person can fight or flee from to overcome? Why or why not? What would the consequences be of doing so for someone in some of the circumstances above? (For example, what might the consequences be if a Black man, when confronted with violence by police, reacted by fighting back?)

Possible student response: Because racism is a systemic stressor, it is impossible to fight or flee its effects. In addition, fighting or fleeing a racist situation, such as being stopped by the police, has often led to violence and death for people of color.

- What do you think happens to a person's mind and body when the sympathetic nervous system is engaged chronically? How might experiencing the constant threat of racism impact a person's mental and physiological health?

Possible student response: The constant threat of racism might lead to a state of constant vigilance. Also, because the body's normal metabolic functions are not online when the sympathetic nervous system is engaged, chronic stress could create health imbalances and even diseases such as obesity, diabetes, hypertension, and mental illness.

- Is racism experienced equally by all BIPOC? What factors might differentiate the experiences of different BIPOC?

Possible student response: Racism is experienced differently by different people of color. Factors might include class, education, immigration status, skin color, and other aspects of appearance.

- How, if at all, do you think a person's assessment of threat changes depending on whether the perceived danger is real or imagined? What about if the threat is immediate or distant?


Possible student response: All kinds of threats – real and imagined, immediate, and distant – can trigger similar responses because the sympathetic nervous system cannot distinguish between different kinds of threats. Unless a person has developed strategies for responding mindfully to such threats, the sympathetic nervous system will activate automatically.

- What are some things we as individuals can do when we encounter unavoidable stressors such as racism?

Possible student response: We can practice being aware of what we are feeling emotionally and in our bodies. We can use breathing exercises like the one we tried earlier to practice mindfulness. We can turn to people we love and trust to seek comfort. We can engage in activities or hobbies that bring us joy, such as playing sports or music.

15. Acknowledge that learning about the ways in which constant stress can harm us is, itself, stressful! However, encourage students by explaining that there are things they can do to prevent their sympathetic nervous systems from taking over in the moment. While they will learn much more about coping strategies in the next few lessons, preview some of these strategies by showing them the video [Racial trauma can be deadly for Black people. Here are five ways to cope with it](#) (5:35 minutes). As they watch, ask students to take note of things they can do to cope with stressors in the moment. Have students write down the five coping strategies listed by the experts and then come up with their own. Finish class by having students share these coping strategies with one another.

Asynchronous work: Ask students to be attentive to the stress they experience between now and the next class. At a moment when they feel overwhelmed by stress, they should take a moment to pause and witness how this stress



feels in their bodies. Then they should set a timer for one minute and practice mindful nose breathing. Finally, students should observe any changes in how they feel, physically and emotionally, after this breathing exercise.

Appendix: Breath Experiment

In this exercise, students will participate in a breath experiment in order to better understand the mind-body stress response and its impact on our wellbeing. To facilitate this exercise, read or paraphrase the following instructions to students:

During this experiment, your first task is to breathe through your mouth for one minute. Then for a second minute you will breathe through your nose. I will ring a bell to mark the end of each minute. While you breathe, the primary goal is simply to observe or witness your experience of breathing in these two different ways. Try to take note of the felt experience of breathing – such as the quality, pace, and depth of your breath – and observe any thoughts or emotions you experience. Focus on what is happening overall in your mind and body as you breathe.

Before we begin, here are some suggested guidelines for how to maximize the efficacy of this experiment:

- *Sit up in an alert and relaxed way.*
- *Close your eyes.*
- *Try to observe your breath from the beginning of the inhale to the end of the exhale.*
- *Stick with it.*
- *If you get distracted, simply take note of what distracts you, then return your attention to your breathing.*
- *Try not to analyze or make sense of what you are experiencing. Instead, commit to the challenge of simply witnessing yourself breathe and take silent notes on what you experience.*

Set the timer for one minute and have students practice mouth breathing, then set the timer for one minute again and have the students practice nose breathing. If you notice students are getting distracted during the exercise, nonjudgmentally share that you can see some students are getting distracted, and then remind them to bring their attention back to their breath.

HEALTH & WELLNESS LESSON 4

THREE TYPES OF STRESS AND THEIR EFFECTS ON THE BODY

Suggested time: Two 50-60 minute class periods

Overview

In this lesson, students will continue to explore the embodied and experiential effects of race-based stress and trauma. Students will learn about three forms of stress – eustress, chronic or toxic stress, and trauma – and how each of these effects the body. They will also practice techniques for breathing and for mindful awareness. These skills can help students navigate chronic stressors such as racism and cope with disconnection and disembodiment caused by stress and trauma.

Objectives

- Students will learn about three types of stress – eustress, chronic stress, and trauma – and reflect on any personal experiences they have had with these.
- Students will make connections between their experiences of stress and their knowledge about systemic forms of oppression.
- Students will practice techniques for mindful awareness and self-regulation, techniques they can call upon when they encounter personal, social, systemic, and environmental stressors.

Key Understandings

- All of us are at risk of exposure to chronic stress and trauma, and systemic oppression heightens this risk based on our marginalized identities. Stress, though experienced by all, is experienced unequally, and with devastating consequences.
- Chronic stress keeps the body in an ongoing state of fight-or-flight response, inhibiting optimal health and development. Systemic forms of oppression often contribute to chronic stress.
- Slow deep nasal breathing is the most powerful tool we have within us to cope with stress. Mindful breathing can help us turn off our bodies' stress responses, which keeps us from behaving thoughtfully and, when activated too frequently, can be unhealthy.

Materials

- Handout: Stress, Trauma, and the Nervous System (available at the end of this lesson)
- Appendix: Embodiment Experiment

Vocabulary

chronic or toxic stress
cortisol
embodiment
eustress
racial battle fatigue
stressor
trauma

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 5.12.1** Examine barriers that can hinder healthy decision making.
- **NHES 6.12.1** Assess personal health practices and overall health status.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **JU.9-12.13** I can explain the short and long-term impact of biased words and behaviors and unjust practices, laws and institutions that limit the rights and freedoms of people based on their identity groups.

LESSON PROCEDURE

1. Let students know they will be doing an exercise for experiencing **embodiment**, or bringing their minds and bodies into the same place at the same time. Guide students using the instructions in the Appendix.
2. Remind students that, in Lesson 3 from the Health & Wellness Curriculum, they explored the relationship between their minds and bodies with an experiment that involved both mouth breathing and nose breathing. Ask students how this breathing exercise compared to the breathing exercise they completed in the previous class. Were there any similarities or differences?
3. Let students know that, according to neuroscientific research, slow deep nasal breathing is the most powerful tool we have within us to cope with stress. Specifically, when we take full, deep breaths through our noses, our parasympathetic nervous systems come online, allowing our brains and bodies to function optimally. Thus, mindful breathing can help us turn off our bodies' stress responses, which keep us from behaving thoughtfully and, when activated too frequently, can be unhealthy (see Health & Wellness Lesson 3).
4. Ask students to discuss the following questions pairs or small groups, then review as a class:
 - What **stressors** (sources of stress) do you experience regularly?
 - What are your strategies for coping with these stressors?
5. Introduce students to the concept of **eustress**. Here is some important information students should know about eustress:
 - Eustress is a positive form of stress.
 - Eustress exists when the perception of stress is manageable because the resources required to manage the stress are accessible.
 - We experience eustress when we perceive pressure or challenge as energizing, exciting, and something we can grow from.

- Eustress causes excitement that can help us to think and move fast in an emergency.
 - Small amounts of eustress are beneficial to the brain's performance due to the presence of the stress hormones adrenaline and norepinephrine, which help us to feel motivated and energized.
 - Hormones triggered by eustress do not last long or linger in the body.
6. After reviewing the concept of eustress, ask students to reflect on the following prompt in pairs or small groups, then review as a class:
- Share some examples of daily and weekly life experiences that excite or energize you by causing a eustress response in your body and mind. Do you think these causes of eustress are universal, or do you think they vary from person to person? Why?
- Possible student response: For some people, eustress might be caused by riding a roller coaster ride, performing on stage, playing a competitive sport, or watching a suspenseful film, while for others, these experiences might be perceived as negative stressors. Our experiences of stress are subjective; while one person might find riding a roller coaster ride thrilling, someone else might find this experience terrifying.*
7. Explain that when we experience eustress, our nervous systems experience activation and settling without disruption to our overall mind-body state of health, as shown in the graph of a Healthy Nervous System in the handout entitled "Stress, Trauma, and the Nervous System." Project or distribute this handout, then ask students to locate the following in the Healthy Nervous System graph:
- What part of the graph might represent the experience of riding a roller coaster for a person who enjoys this experience?
 - What part of the graph might represent the experience of reading a good book?
- It is also worth noting that every breath we take is inherently regulating. Each inhale causes a slight activation to our nervous systems, while each exhale settles our nervous systems again. This is why simply breathing attentively is such a powerful tool for overall health and wellbeing.
8. Introduce students to the concept of **chronic or toxic stress**. Here is some important information students should know about this type of stress:
- Chronic (or toxic) stress is caused by a stressor that is prolonged and inescapable. Such stressors often cannot be fought, run from, or managed effectively on their own. Attempting to fight chronic stressors can even create additional danger, as in the case of trying to escape a threatening police encounter, or resisting an abusive parent who also provides one's food and shelter.
 - Chronic stress keeps the body in an ongoing state of fight-or-flight response, which keeps the sympathetic nervous system online and therefore inhibits optimal health and development.
 - Chronic stress can be experienced primarily as anticipating a stressful event, such as the fear of impending abuse due to prior experiences of abuse, or the fear of being targeted by the police because others who look like you have been similarly targeted.
 - Part of what makes chronic stress so damaging to our health and to our bodies is the presence of a third stress hormone called **cortisol**. Unlike adrenaline and norepinephrine, cortisol can linger throughout the body all day, and extended exposure to cortisol can contribute to deleterious conditions that include headaches, constipation, digestive problems, weight gain, elevated heart rate and blood pressure, inflammation, hormone imbalances, negative effects on the cognitive function of the brain, diabetes, heart disease, and cancer.
9. After reviewing the concept of chronic stress, ask students to reflect on the following questions in pairs or small groups, then review as a class:
- What might cause someone to experience chronic or toxic stress?
- Possible student response: Causes of chronic or toxic stress might include homelessness, hunger, disease or chronic injury, COVID-19, or limited access to resources such as good schools and healthcare.*

- How might systemic forms of oppression, such as racism, gender inequity, homophobia, and inaccessibility contribute to chronic or toxic stress?

Possible student response: Systemic racism leads to segregated neighborhoods in which schools and workplaces may have fewer resources and individuals may have less access to healthy food or healthcare. Homophobia can be a cause of teen houselessness, which leads people to worry constantly about finding food and shelter. Public transportation systems are often not accessible for people of all abilities, leading some to struggle to get to and from work, buy groceries, and take care of other essential needs. In addition, individuals facing these and other forms of systemic oppression are often the targets of discrimination and microaggressions.

- **Racial battle fatigue** is the name given to the phenomenon – observed by sociologists – that BIPOC experience higher rates of physiological and psychological illness, even when controlling for education, wealth, and all other factors besides race. How might you use the concept of chronic stress to explain why BIPOC experience symptoms of racial battle fatigue?

Possible student response: Many BIPOC likely face chronic stress living in a racist society. Specifically, BIPOC might experience chronic stress due to regularly being the targets of microaggressions, being profiled and followed in stores, fearing being targeted by police, and being the victims of racial slurs. These sources of chronic stress might lead to a build-up of cortisol in the body, which can cause many different physiological symptoms.

10. Introduce students to the concept of **trauma**. Here is some important information students should know about trauma:

- Trauma originates in the nervous system as a response to extremely distressing events and experiences. Trauma itself is not an event.
- Trauma creates a state of frequent or lasting overwhelm that leads to a sense of helplessness and upset that cannot be easily processed.
- Trauma often causes people to experience a loss of boundaries, orientation, and/or control. Trauma can also cause a break in one's connection with themselves, others, and/or their environments.
- Trauma can threaten or even destroy one's sense of safety.
- Trauma leaves an imprint on every level of a person's being, including their brain. Trauma continues to influence a person's actions and experiences of the world well after the immediate threat has passed.

11. Explain that when we experience trauma, our nervous systems experience activation that is unpredictable and damaging to our mind-body state of health, as shown in the graph of a Nervous System Experiencing Trauma in the handout entitled "Stress, Trauma, and the Nervous System." Project or distribute this graph, and ask students to consider the following:

- What are some examples of adverse life experiences that might provoke a traumatic stress response in a person's nervous system?

Possible student response: A person might experience trauma when their life or wellbeing is endangered. Traumatic experiences might include being in a life-threatening accident, experiencing or witnessing abuse, losing a close friend or family member, experiencing a natural disaster, experiencing or witnessing a hate crime, or being incarcerated.

- Review the descriptions of mental and physical states in the lists of symptoms for a nervous system "stuck on ON" and "stuck on OFF." Which of these symptoms do we tend to ignore or accept as ordinary?

Possible student response: We often consider sleeplessness, anxiety, chronic pain, chronic fatigue, and the inability to relax as normal conditions.

12. Close by asking students, in pairs or small groups, to consider the costs and payoffs associated with our experiences of stress by discussing the following prompts:

- How do we benefit from some stress and suffer from other stress?

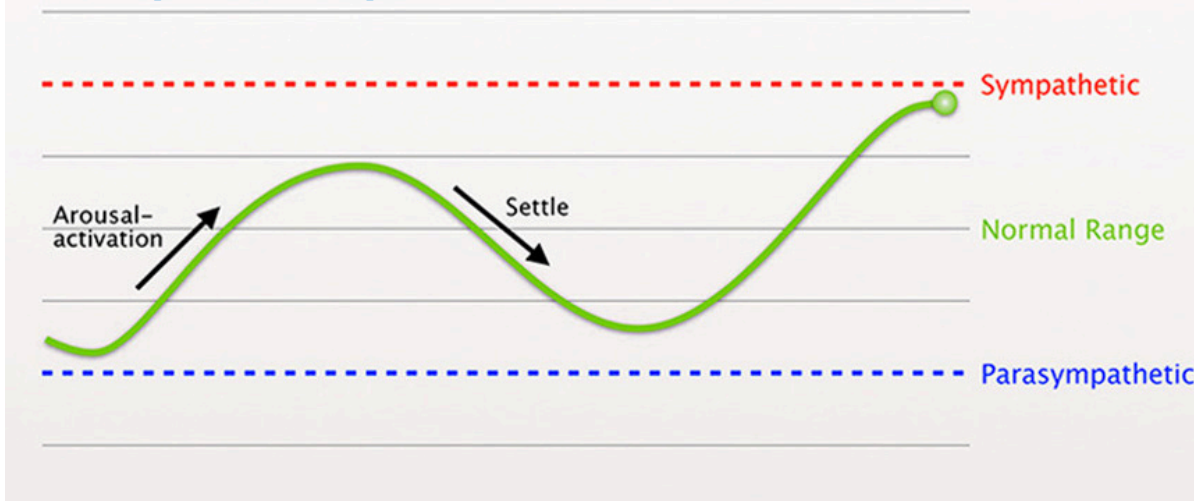
- How might a person's behavior, capacity to learn, creativity, empathy, and job performance be impacted by chronic stress?
- How might a person's behavior, capacity to learn, creativity, empathy, and job performance be impacted by trauma?

Asynchronous work: Have students complete the following reflective writing activity and let them know their reflections will not be read by anyone else. Students should follow the directions below:

- Spend 30 minutes free-writing about your personal experiences with stress. Reflect on any experiences you have with eustress, chronic stress, and trauma.
- Consider and add to your written reflection: What do you do to cope with the stress you experience?
- Finally, reread what you have written and underline or highlight any past or present experiences that are due to racism, oppression, or feeling excluded.

Stress, Trauma, and the Nervous System

Healthy Nervous System



Nervous System Experiencing Trauma



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Source: <http://irelandse.org/SomaticExperiencing/about-somatic-experiencing/what-is-somatic-experiencing-se/impact-of-trauma/>

Appendix: Embodiment Experiment

In this exercise, students will participate in an embodiment experiment in order to better understand the mind-body stress response and its impact on our wellbeing. To facilitate this exercise, read or paraphrase the following instructions to students:

1. *Find a comfortable seat. Place your feet flat on the ground and allow your body to sink into the chair you are sitting on for support.*
2. *Gently lift the crown of your head.*
3. *Imagine your heart could gently open, expanding slightly from left to right.*
4. *Take a moment to notice how you feel.*
5. *Now place one hand on your belly and the other on your heart. Add a little pressure to your hands so that you can clearly feel the movement of your breath. You will feel your breath pressing your belly and chest gently into your hands as you breathe in and causing your belly and chest to drop away from your hands as you breathe out.*
6. *If and when you are comfortable, take 7-10 breaths through your nose, keeping your hands in the same place.*
7. *During each breath, do your best to observe the process from the beginning of your inhale to the end of your exhale.*
8. *If you get distracted, that is OK. Do your best to return your attention each time you get distracted back to your breath.*

After about 90 seconds, ask students to notice how they feel and then gently open their eyes. You might ask students to each share one word that comes to mind when they reflect on the experiences they had doing this exercise. Be sure to note and validate that this experience may have been pleasant for some and uncomfortable for others.

HEALTH & WELLNESS LESSON 5

MALADAPTIVE AND ADAPTIVE STRATEGIES FOR COPING WITH STRESS

Suggested time: Two 50-60 minute class periods

Overview

This lesson provides an overview of how people cope with stress. Students will learn about maladaptive coping strategies, which can impede long-term health, and about adaptive coping strategies, which provide healthy and sustainable options for dealing with stress. This lesson also introduces students to the changes that take place in the adolescent brain, changes that may influence how teens experience and cope with social and emotional stressors.

Objectives

- Students will learn how maladaptive coping strategies are dangerous and unsustainable for managing stress.
- Students will learn the importance of cultivating adaptive coping strategies, and about internal and external resources for resilience.
- Students will learn about the big changes that happen in the teenage brain from roughly 12 through 25 years of age.
- Students will reflect on personal coping strategies in response to stress and trauma.
- Students will explore challenging mindful movement as a strategy for self-regulation, particularly in response to personal, social, systemic, and environmental stressors.

Key Understandings

- All of us require coping strategies when facing stress and trauma. Some coping strategies are healthy and sustainable, while others, though they may bring us relief in the moment, can be bad for our mental and/or physical health.
- We are all capable of resilience, even in the face of stress and trauma. Each of us has a wealth of internal and external resources that we can call upon in order to realize our own resilience.
- While tackling racism and injustice is a long process that requires large-scale collaboration, we as individuals also have agency in how we respond day-to-day to these sources of stress.

Materials

- Bell, chime, or a phone timer with a soothing sound
- Student writing materials
- Dalai Lama Center for Peace and Education. (2014). Daniel Siegel - The Teenage Brain [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=TLULtUPyhog>.
- Handouts (included at the end of this lesson):
 - The Developing Adolescent Mind
 - Mindful Awareness and Reflection Activities

- Appendix A: Mindful Movement Experiment
- Appendix B: Common Maladaptive Coping Strategies (cut these into cards in advance)
- Appendix C: Additional ESSENCE Discussion Questions

Vocabulary

adaptive coping strategies

compassion

coping

empathy

maladaptive coping strategies

resilience

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.7** Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- **NHES 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.
- **NHES 8.12.2** Demonstrate how to influence and support others to make positive health choices.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **JU.9-12.14** I am aware of the advantages and disadvantages I have in society because of my membership in different identity groups, and I know how this has affected my life.
- **JU.9-12.15** I can identify figures, groups, events and a variety of strategies and philosophies relevant to the history of social justice around the world.

Note to Teachers

Before teaching this lesson, print the Common Maladaptive Coping Strategies from Appendix B and cut out each coping strategy and definition separately. You can create one set for the whole class to work on together, or multiple sets for students to use in small groups. Note that the correct pairings are shown in the appendix; each maladaptive coping strategy matches the definition presented directly to its right.

LESSON PROCEDURE

Day 1: Maladaptive Coping in Adolescence as an Obstacle to Health

1. Open by leading students in an embodied experiment. Guide students through the mindful movement exercise described in Appendix A of this lesson.
2. Acknowledge students for taking on a challenging experience for one full minute. Ask students to share their personal observations while having explored the shape they just made, which is called *utkatasana* or “chair pose” in yoga. (The word *utkatasana*, which derives from Sanskrit, translates to “fierce pose.”) Take a few responses and encourage students to keep their reflections descriptive rather than explanatory or analytical. Then ask students to raise their hands if they experienced any discomfort. Most students will raise their hand to demonstrate this. Finally, ask students:

What strategies did you use to stay in what felt like an uncomfortable state for one full minute? What self-talk did you notice during this experience? Try to be specific about exactly what you did or thought while holding this pose.

Possible student responses:

- *I got irritated and complained about my frustration in my mind.*
- *I fidgeted or made small changes in my body.*
- *I used positive self-talk in some way to help me get through.*
- *I just pushed really hard to get through it.*
- *I tensed other parts of my body.*
- *I came out of the shape before time was up.*
- *I eased out of the shape to some degree to lessen the intensity of my experience.*
- *I distracted myself from the discomfort with thoughts of other things.*
- *I avoided my discomfort and instead focused on anything other than what I was feeling.*
- *I took deep breaths.*

3. If it is not volunteered, ask students to raise their hands if they used slow, deep, nasal breaths as a conscious strategy for getting through the minute.
4. Explain to students that what they have just shared is called coping. **Coping** refers to “the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events” (Taylor, 1998). Coping happens instinctively, yet while some coping strategies are effective in the long term, others prove temporary and end up creating some additional demand or stress on the mind and body. Taking deep breaths and using positive self-talk are skilled, mindful, and sustainable tools, and these are called **adaptive coping strategies**. Getting irritated and complaining, grinning and bearing it, and avoiding discomfort to focus on other things are all examples of unsustainable or unskillful coping strategies and are called **maladaptive coping strategies**. Sometimes maladaptive coping strategies can actually cause additional problems related to health and wellness.
5. Distribute the cards from Appendix B: Common Maladaptive Coping Strategies. You can create one set for the whole class to work on together, or multiple sets for students to use in small groups. Have students correctly match each maladaptive coping strategy (in bold) with its proper definition. Note that the correct pairings are shown in the appendix; each maladaptive coping strategy matches the definition presented directly to its right.
6. Once students have matched each maladaptive coping strategy with its proper definition, read through the list. You can also ask students if they have any maladaptive coping strategies they would like to add to this list. Then ask students to consider:

Why might individuals turn to these and other maladaptive coping strategies? What might be the short-term benefits of turning to such strategies when facing stress or trauma? What might be the long-term consequences?

Possible student response: Sometimes we turn to maladaptive coping strategies because they feel comforting, familiar, or easily available to us. While these strategies might help us avoid, calm, or dull our experiences of stress in the short term, they can often lead to physical and mental harm in the long term. In addition, maladaptive coping strategies often do not actually resolve the stress or trauma we are facing, but instead only provide us with temporary, unsustainable relief.

7. Explain that there are many resources we can turn to as alternatives to using maladaptive coping strategies. These resources often bolster our individual and collective capacity for resilience through social engagement, creative self-expression, trusting relationships, and clinical expertise. Ask students to discuss the following question in small groups, and then as a class: What resources can you turn to in your school or community

if you find yourself or see your friends turning to maladaptive coping strategies to deal with stress or trauma?

Possible student responses:

- *Close and trusting relationships with peers and adults*
 - *Counselors and therapists*
 - *A health program and health educators*
 - *Nurse or medical staff*
 - *School advisors*
 - *Peer leadership*
 - *Creative outlets such as art, music, dance, and drama*
 - *Athletic outlets such as P.E. class, team sports, and workout routines*
 - *Yoga and mindfulness practices*
8. Explain that, while everyone turns to maladaptive coping strategies sometimes, research shows that teenagers and young adults are particularly prone to using these types of strategies. Ask students why they think maladaptive coping strategies are especially appealing for young people. Call on a few students to share their ideas, then let them know they will be exploring this question together in greater depth.
 9. Show students the video of psychiatrist [Daniel Siegel – The Teenage Brain](#) (13:55 minutes). As they watch, have them fill in the handout entitled “The Developing Adolescent Mind.” For reference, an answer key has been included at the end of this handout. After students have attempted to fill in the chart on their own, you might show them the completed chart in the answer key and allow them to fill in anything they missed.
 10. Once they have filled in their charts completely, have students reflect on the questions below in small groups or as a class. If you have more time, additional discussion questions are available in Appendix C: Additional ESSENCE Discussion Questions.
 - In what ways might ESSENCE make the teenage years a uniquely special and exciting time?
 - In what ways might ESSENCE make the teenage years particularly challenging?
 - How might ESSENCE lead teens to turn to maladaptive coping strategies when they encounter challenges and stress?
 - How can you use this information about the teenage brain to help you as you encounter challenges and stress going forward?
 11. Close by noting that the changes that occur in the adolescent brain are remarkable and have both upsides and downsides. Engaging in mindful awareness when they feel stress and noticing their habits around how they cope with stress will help teens not merely to survive stress, but to develop adaptive coping strategies that will allow them to thrive. Creating the space to cope may be the most important health and wellness skill of the teen years, no matter one’s social identity, family history, or biology. Let students know that they will continue to discuss and develop these skills in the next class.

Asynchronous work: Have students complete the activities listed on the handout entitled “Mindful Awareness and Reflection Activities.”

Day 2: Adaptive Coping and Resources for Resilience

1. Ask students to define the word resilience. Then share the following definition of resilience from the American Psychological Association:

Psychologists define **resilience** as the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. As much as resilience involves “bouncing back” from these difficult experiences, it can also involve profound personal growth. ([American Psychological Association](#), 2020)

2. Explain to students that humans have an inherent capacity for resilience. However, as they discussed on Day 1, the methods we employ toward resilience are not always life-affirming or healthy. Today's lesson will consider the most powerful tools we have as human beings for self-regulation from stress and overall wellness support, tools that are so accessible and within our grasp that they are often overlooked when other less supportive coping strategies may appear more compelling. We refer to these tools as adaptive coping strategies.
3. Share the following list of internal resources for coping adaptively. These are resources that exist within each of us, that we are born with, yet require cultivation to be harnessed at will as an adaptive coping strategy. Tapping these resources helps us thrive.
 - **Mind** (thought and mental clarity; making the mind's habitual way of thinking an ally)
 - **Body** (movement and physical activity as a resource that can change your state)
 - **Heart** (empathy-centered emotional and mental health)
 - **Breath** (mindful breathing practices that support nervous system regulation)
 - **Spirit** (compassion-centered values or what gives your life meaning, such as truth, love, and liberation)
4. Ask students to free-write for 5-7 minutes about the ways they employ internal resources from this list to cope adaptively with stress, whether consciously or unconsciously. Present students with the following prompt:

How and when is your mind a resource for resilience that supports skillful navigation of life's challenges and ongoing stress? How about your body? Your heart and emotions? Your breath? Your spirit?

After students free-write, invite students to share anything that stuck out to them from their reflections that they feel comfortable sharing. They can share in pairs or as a class.

Possible student responses:

 - *Mind: When I can distinguish what is happening in a challenging moment from any negative self-talk I might be telling myself, or from negative things others are saying about or to me.*
 - *Body: When I go running to help my body process stress and let off steam.*
 - *Heart: When I recognize my anger or frustration and self-soothe or calm down before acting out impulsively.*
 - *Breath: When I take slow deep nasal breaths to settle my nervous system and focus my mind.*
 - *Spirit: When I let life-affirming personal, familial, cultural, and/or religious values guide my thoughts, words, and behaviors.*
5. Now ask students to free-write for 5-7 minutes about internal obstacles they face. Present students with the following prompt:

When and how does your mind show up as an adversary or obstacle to mental health, physical vitality, and resilience? How about your body? Your heart and emotions? Your breath? Your spirit?

Once again, invite students to share anything that stuck out to them from their reflections that they feel comfortable sharing. They can share in pairs or as a class.

Possible student responses:

 - *Mind: When my mind thinks about something over and over (ruminates) and I can't seem to stop it.*
 - *Body: When I feel restless and can't fall asleep.*
 - *Heart: When I notice that on some days I'm easily upset or overwhelmed, and on other days I feel completely fine.*
 - *Spirit: When peer pressure overwhelms my ability to behave in ways that align with my personal values.*
6. Share the following list of external resources for coping adaptively. These are resources for resilience that exist outwardly, or in relation to another person or entity, yet require cultivation to be harnessed for adaptive coping. We need these to thrive.

- **Relationships** (friendships, partnerships, mentorships, peer relationships, and familial relationships that involve mutual trust and respect)
 - **Community** (trusted groups in which safety, compassion, and authenticity are valued)
 - **Therapy** (and many other varieties of medical support, as well as Indigenous and non-Western healing modalities)
 - **Environment** (what is happening around us and its impact on us)
 - **Earth** (one of the most underappreciated resources for resilience, examples of utilizing this resource include breathing fresh air, taking a walk or hike outdoors, looking up at the sky, sitting near a tree or on top of a mountain, and eating healthy foods)
7. Ask students to take inventory of the external resources they regularly turn to for resilience. Give students time to free-write their responses to the questions below and then discuss these in small groups. Remind students that their written reflections are for their eyes only and they should share only what they feel comfortable sharing.
 - What relationships and/or communities am I a part of where I feel I can show up as the healthiest and most authentic version of myself and still be cared for unconditionally?
 - Are there relationships and/or communities that I am a part of that cause me stress or that harm my mental and physical health?
 - How can I create healthy boundaries or shift stressful dynamics in my relationships and/or communities?
 - What aspects of my home environment cause me stress or harm? My school environment? My extra-curricular activities? What power do I have to change these environments or to ask for support in changing them?
 8. Close by going around the room and having each student share one resource they can call upon the next time they experience stress.

Extension Opportunity

Assign students one of the following four public figures, or other public figures of your choosing. Ask students to consider how these individuals managed to not only survive but also to thrive in the midst of life-threatening dangers and adversity during a specific period or over the course of their lives. Give students time during or between class to research their assigned public figure and prepare an essay or group presentation answering the questions:

How did this person exhibit resilience in the face of chronic stress and/or trauma? What coping strategies did they use? What can we learn from their examples of resilience?

Suggested public figures:

- Dr. Martin Luther King Jr.
- Malala Yousafzai
- Ruby Bridges
- Alok Vaid-Menon

Additional Resources

Alvord, M. (2017). For teens knee-deep in negativity, reframing thoughts can help. NPR. Accessed September 1, 2021 at: <https://www.npr.org/sections/health-shots/2017/09/09/549133027/for-teens-knee-deep-in-negativity-reframing-thoughts-can-help>.

American Addiction Centers Editorial Staff. (2019). Addiction in its simplest form (short animation). American Addiction Centers. Accessed September 1, 2021 at: <https://drugabuse.com/addiction-in-its-simplest-form-short-animation/>.

AsapSCIENCE. (2019). How to fall asleep in 2 minutes [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=EiYm20F9WXU>.

Greater Good Science Center. (2014). Daniel Siegel: Why teens seek novelty and danger [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=vGcFqzZYjxQ>.

Healthcare Triage. (2015). Sleep deprivation and its weird effects on the mind and body. [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=Ld9RIIVN57M>.

randomactsofkindness. (2018). Dan Siegel - "The Adolescent Brain" [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=0O1u50Ec5eY>.

Relationship 101. (No date). One love. Accessed September 1, 2021 at: <https://www.joinonelove.org/relationships-101/>.

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American Psychological Association. (2020). Building your resilience. Accessed September 1, 2021 at: <http://www.apa.org/topics/resilience/>.

Taylor, S. (1998). Coping strategies. The Regents of the University of California. Accessed September 1, 2021 at: <https://macses.ucsf.edu/research/psychosocial/coping.php>.

The Developing Adolescent Mind

QUALITY	UPSIDE	DOWNSIDE
Emotional Spark		
Social Engagement		
Novelty		
Creative Exploration		

The Developing Adolescent Brain (Reference)

QUALITY	UPSIDE	DOWNSIDE
Emotional Sensitivity An increased emotional sensitivity allows teens to feel life experiences more fully and intensely	Emotional intensity can fill teens with energy and a sense of vitality for being alive	Emotions can rule the day, leading to moodiness and sometimes unhelpfully, reactivity
Social Engagement Enhanced peer connections and new friendships are explored	The drive for social connection leads to creation of supportive relationships that can support and enrich teens their whole lives	Adolescents might isolate themselves from other adults and only surround themselves with other teens, which can lead to increased risky behavior
Novelty Seeking Increased drive for rewards and increased inner motivation to seek new experiences and feel life more fully	Being open to change and exploring new ways of doing things that lead to a sense of adventure	Sensation seeking and taking risks without considering consequences can lead to life threatening behavior
Creative Exploration Expanded sense of being leads to conceptual thinking that questions status quo and approaches problems with out-of-the-box solutions	Sense of wonder, creativity and curiosity can be nurtured; new solutions and strategies for a fuller life are explored	New explorations can lead to crisis of identity, susceptibility to peer pressure, and lack of direction or purpose

Mindful Awareness and Reflection Activities

Creating the space to cope with suffering and stress requires intentional practice. Viktor Frankl, an Austrian neurologist and psychiatrist as well as a Holocaust survivor famously said:

“Between stimulus and response, there is a space. In that space lies our freedom and our power to choose our response. In our response lies our growth and our happiness.”

The question is not “will I experience overwhelming stress?” Rather, the question is: “When I experience overwhelming stress, will I make the time and have the knowledge, skills, attitudes, and behaviors necessary to cope skillfully?”

Activity 1: Practice the same chair pose you tried in class. As before, hold this pose for a minute, but this time, intentionally practice the following adaptive coping skills throughout the pose:

- Take slow deep nasal breaths.
- Focus on the movement of your breath.
- Allow the sensations, thoughts, and emotions to arise and pass away, rather than resisting or ignoring what there is to feel.
- Add a positive self-talk statement like, “I got this,” “I am fierce,” or “this too shall pass.”

When the minute is up, reflect on how your second experience of the chair pose was different, if at all, from the first time you tried it in class. Remember that the aim of exploring mindful awareness practices is to create new mind-body habits, ones that give us the capacity to cope skillfully with challenges. Note any progress you may have just made toward that end and pat yourself on the back. Small steps reap big rewards in time.

Activity 2: In class you discussed several examples of maladaptive coping. Take an honest inventory of the strategies you use to cope. Which ones are adaptive? Which ones are maladaptive? Bring mindful awareness to the moments when you might reflexively engage any maladaptive strategies. What inner and outer resources, whether social, emotional, or environmental, can you use to disrupt and change those maladaptive habits in the future?

Appendix A: Mindful Movement Experiment

In this exercise, students will participate in a mindful movement experiment in order to better understand the mind-body stress response and its impact on our wellbeing. To facilitate this exercise, read or paraphrase the following instructions to students:

In a moment, I will ask you to make a shape with your body. For some of you, this shape might feel pleasant. Others might experience this shape as a neutral experience, not feeling much either way. Yet others might experience this shape as unpleasant. The purpose is to bring mindful awareness to what arises in you while you take the shape. Take note of what happens in your mind (thoughts and emotions) and in your body (sensations) while in this unusual shape. Try to stay with the felt experience of the experiment rather than analyzing what we are doing or why. There is no right way to do this experiment except to stick with it.

Have students stand up and step about a foot in front of their chairs. If students' chairs are attached to desks or to the floor, ask students simply to position themselves in an open space. Then guide them through the following instructions:

1. *Put your feet and legs together.*
2. *Bend your knees deeply without sitting on your actual chair.*
3. *Shift your body weight into your heels.*
4. *Stretch your arms up alongside your ears and reach your fingertips toward the sky.*

Note that students who are not able to bear weight in their legs or have limited knee or hip mobility can be given two moderately heavy books to hold flat and in the palm of their hands, extended, and parallel to the ground as an alternative to holding the pose described above.

Ask students to try their best to hold this pose for one minute, which you will time. Have them reflect on the following while they hold this pose:

What feelings or thoughts did you experience upon hearing you will have to hold this pose for one minute? Notice any emotional responses, sensations in your body, and/or impulses to shift, wiggle, or fidget.

After one minute, tell students to slowly straighten their legs and release their arms. Encourage them to notice and resist the urge to immediately move out of this pose. Instead, have them stand tall, and put one hand on their bellies and one hand on their hearts. If they feel comfortable doing so, have them close their eyes, connect with their breath, and observe the following:

What are the pace and depth of your breath and the rate of your heartbeat? Observe how these change over the next minute. Notice any other changes to your overall state as you stand tall and breathe deeply.

Appendix B: Common Maladaptive Coping Strategies

Substance abuse	Consumption of excessive amounts of alcohol and taking legal and illegal drugs	Anxious avoidance	Avoiding situations or events that may cause distress
Rumination	Extreme and ongoing focus on negative content, past and present, that results in emotional distress	Blaming (self or others)	Focusing on the person perceived to have caused painful feelings, rather than the feelings themselves
Emotional numbing	Shutting down feelings to provide relief from stress and anxiety	Disordered eating	Controlling what one eats in contrast to situations where one feels a lack of control
Daydreaming	A form of avoidance that, in its extreme, can last for hours at a time	Risk-taking behavior	Seeking out dangerous experiences for the novelty or rush
Procrastination	Avoidance of difficult issues or tasks that require completion	Sensitization	Overly rehearsing a future event, excessive worrying, and hyper-vigilance
Behavioral disengagement	Disengaging or reducing one's effort in a task or social situation	Self-harm	Hurting oneself to distract from painful emotions

Appendix C: Additional ESSENCE Discussion Questions

1. What activities do you enjoy that demonstrate novelty seeking?
2. Give an example of how social engagement has changed for you since childhood. What activities do you do with friends that feel urgent or new, that would have been a lot less important to you during childhood?
3. What are some of the ways you have moved away from your parents or family relationships to make room for developing relationships with peers?
4. Describe a situation in which you experienced peer pressure, or the invisible pressure to conform to the group, in order to belong. In what situations could peer pressure lead to life-threatening circumstances?
5. How might the need to belong create further separation or suffering for students with marginalized identities such as BIPOC students, LGBTQIA+ students, students with disabilities, undocumented students, or others?
6. What are some examples of teenagers seeking novelty that could become life-threatening?
7. How might the limbic reward center in the teenage brain inform teen decisions about weekend adventure-seeking with friends?
8. How might the limbic reward center in the teenage brain inform teen decisions about being ready for intimacy?
9. What are some examples of how the urgent need for belonging might contribute to isolation or risky behaviors in teens?
10. What are some possible maladaptive coping behaviors and attitudes that BIPOC students might adopt when striving for excellence and/or social acceptance in predominantly White schools? What are the costs of these methods for coping?
11. How might the limbic reward center in the teenage brain inform teen decisions about experimentation with substances?
12. Describe an emotional experience that might demonstrate increased intensity that distinguishes an adolescent's emotions from a child's.
13. How might experiencing overwhelming emotions contribute to reactivity or frequent moodiness in teens?
14. What are some examples of creative innovations that teens have contributed to society?
15. What scenarios might indicate a "crisis of identity," or "the loss of direction or purpose," potential downsides of creative exploration and novelty-seeking?

HEALTH & WELLNESS LESSON 6

HEALTHY BODIES COME IN ALL SIZES

Suggested time: One or two 50-60 minute class periods

Overview

Health at Every Size® is the theory by Lindo Bacon, Ph.D. that wellbeing and healthy habits are more important than any number on the scale. Diet culture is a culture of oppression, reinforcing weight-based discrimination in U.S. society, and such discrimination often intersects with racial and gender discrimination. This lesson addresses how health can be experienced at every size and debunks the notion that health is defined by body size.

Objectives

- Students will examine how weight is not a comprehensive indicator of health.
- Students will explore our assumptions and societal pressures around weight and body size.
- Students will explore measures of health that are more inclusive and holistic than body weight and BMI.

Key Understandings

- Our ancestry and genetics, rather than our body mass index (BMI), dictate what is healthy for our individual body.
Possible misunderstanding: BMI is a scientific tool that applies equally and inclusively to everyone.
- Our culture unethically equates thinness with health, even though thinness is only innate to those of certain genetics
Possible misunderstanding: It is always healthier to be in a thin body.
- There is no one-size-fits-all approach to understanding or prescribing healthy body weight.
- Accepting and celebrating body size diversity is a social justice issue intended to combat weight-based discrimination and promote inclusive wellbeing.

Materials

- Student writing materials
- Photos of the following celebrities: Serena Williams, Tom Brady, LeBron James, Dwayne Johnson, Elton John, Tom Hanks, and Halle Berry
- Association for Size Diversity and Health (ASDAH). (2015). Poodle Science [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=H89QQfXtc-k&t=2s>.
- NowThis News. (2021). Sabrina Strings explains how 'fatphobia' is rooted in racism [video]. YouTube. Accessed February 1, 2022 at: https://www.youtube.com/watch?v=Z-dwCWGm_sY.

Vocabulary

body mass index (BMI)
healthy ideal
proxy

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.4** Analyze how genetics and family history can impact personal health.
- **NHES 2.12.1** Analyze how the family influences the health of individuals.
- **NHES 2.12.2** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- **NHES 2.12.5** Evaluate the effect of media on personal and family health.
- **NHES 2.12.7** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- **NHES 2.12.10** Analyze how public health policies and government regulations can influence health promotion and disease prevention.
- **NHES 4.12.1** Use skills for communicating effectively with family, peers, and others to enhance health.
- **NHES 5.12.4** Generate alternatives to health-related issues or problems.
- **NHES 6.12.1** Assess personal health practices and overall health status.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- **NHES 7.12.3** Demonstrate a variety of behaviors to avoid or reduce health risks to self and others.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **ID.9-12.3** I know that all my group identities and the intersection of those identities create unique aspects of who I am and that this is true for other people too.
- **JU.9-12.11** I relate to all people as individuals rather than representatives of groups and can identify stereotypes when I see or hear them.
- **JU.9-12.13** I can explain the short and long-term impact of biased words and behaviors and unjust practices, laws and institutions that limit the rights and freedoms of people based on their identity groups

LESSON PROCEDURE

1. Project or distribute pictures of the following celebrities:

- Tom Hanks (actor)
- Serena Williams (professional tennis player)
- Tom Brady (professional football player)
- Dwayne Johnson (former football player and WWE wrestler, actor)
- Elton John (musician)
- Halle Berry (actor)
- LeBron James (professional basketball player)

Ask students to write down their best guess as to which of these celebrities are associated with the following diagnoses:

- Overweight, based on their body mass index (BMI)
 - Obese, based on their BMI
 - Type 2 Diabetes (a chronic condition that affects how the body processes sugar)
 - Bulimia Nervosa (binge eating followed by forced vomiting, overexercising, and/or taking laxatives)
2. Have students share their guesses, as well as their reasoning for these guesses, with a partner. Then reveal the following correct answers:
- Overweight, based on their BMI: Serena Williams, Tom Brady, and LeBron James
 - Obese, based on their BMI: Dwayne Johnson
 - Type 2 Diabetes: Tom Hanks and Halle Berry
 - Bulimia Nervosa: Elton John
- Ask students to discuss: Which of these celebrity diagnoses surprised you, and why? What assumptions do we typically make about people with each of these diagnoses? Do these celebrity diagnoses reinforce or challenge any of these assumptions? If so, how?
3. Body size and BMI (which uses population averages and treats all bodies as the same) are often considered **proxies** for a person's health. But how useful are body size and BMI in actually determining health? Let students know that this is the question they will be exploring. You might ask students to make hypotheses about the answer to this question.
4. Show students the video [Poodle Science](#) (2:49 minutes). Afterward, have students reflect on the following questions in pairs or small groups, and then as a class:
- Why is the poodle science of weight problematic for dog society?
 - Who might the poodles in this video represent in human society? Who might all the other types of dogs represent?
 - What negative consequences might individuals experience as a result of being held to a single, one-size-fits-all definition of healthy weight and size?
 - Who do you think profits (literally and metaphorically) from a one-size-fits-all definition of healthy weight and size?
5. Show students the video [Sabrina Strings Explains How 'Fatphobia' is Rooted in Racism](#) (5:17 minutes). Ask students:
- Based on the video and your own experiences and observations, how is weight stigma related to racism?
Possible student response: Weight stigma is rooted in centuries of anti-Black racism and the growth of the slave trade. During the 18th century, race scientists began to claim that Black people were overly sensuous, and that this quality was reflected by being overweight. White slender bodies became increasingly celebrated and larger Black bodies became increasingly stigmatized.
 - Based on the video and your own experiences and observations, how is weight stigma related to gender discrimination?
Possible student response: Women experience especially high pressure from society to strive for a thin body. This pressure is related to a history of disciplining and regulating women's lives and bodies, and to industries, such as entertainment and advertising, that have traditionally used women to cater to the male gaze.
 - In addition to racism and gender discrimination, what other forms of social oppression might be related to weight stigma and other pressures around body shape, and how?
Possible student response: Weight stigma and other pressures around body shape intersect with ableism in that they celebrate a very specific and limited image of the ideal body, and project that ideal onto all people regardless of what their bodies can and cannot do. Weight stigma, diet culture, and the pressures to participate

in particular health fads also intersect with classism in that they assume all people can and should have access to boutique gyms, fad health foods, and other often expensive resources.

6. Let students know they are going to spend some time exploring alternatives to the one-size-fits-all approach. What if, for example, we thought about outgrowing our pants the same way we think about outgrowing our shoes? Ask students to consider these two scenarios:
 - You really like a pair of shoes you have had since middle school, but they have become tight on your feet. What would you do? What thoughts would you have about yourself in this situation?
 - You really like a pair of pants you have had since middle school, but they have become tight around your waist. What would you do? What thoughts would you have about yourself in this situation?
 - Did you answer the same on both questions? Why or why not?
7. Facilitate a discussion about why we might feel differently about our shoe size versus our pants size. You might point out that shoe size is commonly considered genetic and variation in shoe size is normalized, while weight is commonly considered a reflection of personal choice and variation in weight (especially variation that does not conform to an ideal of thinness) is stigmatized. But are our assumptions about what determines weight actually true?
8. Ask students to decide which of the following statements are true and which are false:
 - Twin studies indicate that heritable factors have more of an influence on weight gain or weight loss than changes in the environment.
 - Genetic factors have a significant influence on body shape and size; 40-70% of variation in body proportions is due to genetic effects.
 - Research analyzing over 100,000 children across six countries including the United States found that around 40% of a child's BMI is inherited from their parents. This indicates there is a strong "intergenerational transmission" of body mass index.

Once students have decided which statements they think are true and false, let them know that, in fact, all three statements are true (sources, in order of each statement: Naukkarinen et al., 2012; Aguilera et al., 2013; and Dolton & Xiao, 2017). While our culture tells us that our weight is a reflection of our personal choices and a measure of our responsibility with respect to health, in fact, genetics can account for as much as 75% of what determines our weight.

9. Ask students to consider: what are alternatives to one-size-fits-all weight science? Once students have had a chance to discuss this question, introduce them to the concept of the healthy ideal. The **healthy ideal** is how a person's individual body functions when they are maximizing their physical health, mental health, and overall quality of life.
10. Introduce students to the [Health at Every Size® Approach](#), one approach for helping individuals achieve their unique healthy ideals. This approach includes the following five principles:

Weight Inclusivity: Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

Health Enhancement: Support health policies that improve and equalize access to information and services, and personal practices that improve human wellbeing, including attention to individual physical, economic, social, spiritual, emotional, and other needs.

Eating for Wellbeing: Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

Respectful Care: Acknowledge our biases, and work to end weight-based discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socioeconomic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

Life-Enhancing Movement: Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose. (The Health at Every Size® Approach, 2020)

11. After sharing these principles, ask students to reflect:

What advantages and disadvantages does the Health at Every Size® Approach have compared to a simple measurement of body weight for evaluating a person's health?

Possible student response: Advantages include being more holistic, comprehensive, and inclusive. Disadvantages include being more difficult to measure.

12. Tell students they have been asked by the Task Force on Healthy Bodies to develop a more inclusive and holistic tool for doctors to measure patient health, a tool that could be used to replace body weight. What behaviors and qualities should doctors measure instead of weight to assess their patients' health? What methods will they use to measure these? If students are stuck, have them start with the five principles from the Health at Every Size® Approach and consider metrics for each one. Students should work in small groups and share their designs with the rest of the class. They may need additional time outside of class to complete these designs. In their presentations, students should be sure to argue why their tool is more inclusive, holistic, and meaningful than body weight.

13. After the presentations, discuss the following questions as a class:

How might our culture and our health be different if we used the tools proposed in this class, instead of body weight and BMI, to measure a person's health? Which culture would you prefer to live in, and why?

Asynchronous work: Have students identify 2-3 body-positive activists and influencers and bring in images, videos, statements, or other forms of media from these influencers to share with the class.

Extension Opportunity

Intuitive eating allows a person to listen to their body and its needs in the most organic way. Share the 10 Intuitive Eating Principles with students, then have them describe how these principles contribute to the healthy ideal (10 principles of intuitive eating, 2019). Additional resources can be found at [The Original Intuitive Eating Pros](#).

1. Reject diet mentality
2. Honor your hunger
3. Make peace with food
4. Challenge the food police
5. Discover the satisfaction factor
6. Feel your fullness
7. Cope with your emotions with kindness
8. Respect your body
9. Movement—feel the difference
10. Honor your health—gentle nutrition

Additional Resources

Full Bloom Project [website], available at: <https://www.fullbloomproject.com/>.

Health at Every Size [website], available at: <https://asdah.org/health-at-every-size-haes-approach/>.

Jameela Jamil. (2020). Lizzo x Jameela Jamil on finding confidence & dealing w/social media criticism | I Weigh Interviews [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=E9dKZSG4qNQ>.

National Eating Disorders Association (NEDA) [website], available at: <https://www.nationaleatingdisorders.org/>.

Puhl, R. M., Andreyeva, T., & Brownell, K. D. (2008). Perceptions of weight discrimination: Prevalence and comparison to race and gender discrimination in America. *International Journal of Obesity*, 32(6), 992-1000. <https://pubmed.ncbi.nlm.nih.gov/18317471/>.

References

Aguilera, C. M., Olza, J., & Gil, Á. (2013). Genetic susceptibility to obesity and metabolic syndrome in childhood. *Nutricion Hospitalaria*, 28(5), 44-55.

Dolton, P., & Xiao, M. (2017). The intergenerational transmission of body mass index across countries. *Economics & Human Biology*, 24, 140-152.

The Health at Every Size® (HAES®) Approach. (2020). Association for Size Diversity and Health. Accessed January 1, 2022 at: <https://www.sizediversityandhealth.org/health-at-every-size-haes-approach/>.

Naukkarinen, J., Rissanen, A., Kaprio, J., & Pietiläinen, K. H. (2012). Causes and consequences of obesity: the contribution of recent twin studies. *International Journal of Obesity*, 36(8), 1017.

10 principles of intuitive eating. (2019). The Original Intuitive Eating Pros. Accessed January 1, 2022 at: <https://www.intuitiveeating.org/10-principles-of-intuitive-eating/>.

HEALTH & WELLNESS LESSON 7

REDEFINING BEAUTY

Suggested time: One or two 50-60 minute class periods

Overview

Beauty is defined socially, and we absorb these social ideas about what makes someone beautiful. These superficial and subjective standards marginalize people with certain genetic blueprints. In addition, striving to attain impossible ideals of beauty has consequences for our health and wellbeing. This lesson addresses those consequences and presents ways to dismantle narrow standards of beauty.

Objectives

- Students will recognize and critique beauty standards in the U.S.
- Students will examine how our standards for beauty interact with other forms of systemic oppression.
- Students will reflect and affirm their bodies and all that their bodies do for them.

Key Understandings

- The policing of body hair, skin color, and size is a form of systemic oppression that negatively impacts the health of all bodies.
- Oppressive standards of beauty interact with other forms of systemic oppression, including racism, sexism, transphobia, and ableism, to create a compound effect on the health and body image of people with marginalized identities.

Materials

- Student writing materials
- Global Democracy. (2013). Body Evolution Model Before and After [Video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=y7PSMSNLcDg>.
- Chaos and Comrades. (2019). Beauty Standards: How Do They Affect People of Color? [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=wY8W9dvSCTQ>.

Vocabulary

beauty ideal
body image

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.2** Describe the interrelationships of emotional, intellectual, physical, and social health.
- **NHES 1.12.3** Analyze how environment and personal health are interrelated.

- **NHES 1.12.4** Analyze how genetics and family history can impact personal health.
- **NHES 1.12.7** Compare and contrast the benefits of and barriers to practicing a variety of healthy behaviors.
- **NHES 2.12.2** Analyze how the culture supports and challenges health beliefs, practices, and behaviors.
- **NHES 2.12.3** Analyze how peers influence healthy and unhealthy behaviors.
- **NHES 2.12.5** Evaluate the effect of media on personal and family health.
- **NHES 2.12.7** Analyze how the perceptions of norms influence healthy and unhealthy behaviors.
- **NHES 4.12.1** Use skills for communicating effectively with family, peers, and others to enhance health.
- **NHES 5.12.1** Examine barriers that can hinder healthy decision making.
- **NHES 6.12.2** Develop a plan to attain a personal health goal that addresses strengths, needs, and risks.
- **NHES 7.12.2** Demonstrate a variety of healthy practices and behaviors that will maintain or improve the health of self and others.
- **NHES 8.12.2** Demonstrate how to influence and support others to make positive health choices.
- **NHES 8.12.3** Work cooperatively as an advocate for improving personal, family, and community health.
- **NHES 8.12.4** Adapt health messages and communication techniques to a specific target audience.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **ID.9-12.1** I have a positive view of myself, including an awareness of and comfort with my membership in multiple groups in society.
- **ID.9-12.4** I express pride and confidence in my identity without perceiving or treating anyone else as inferior.
- **DI.9-12.10** I understand that diversity includes the impact of unequal power relations on the development of group identities and cultures.
- **JU.9-12.12** I can recognize, describe and distinguish unfairness and injustice at different levels of society.

LESSON PROCEDURE

1. Have students write down one list of five or more traits that society defines as beauty standards for femininity, and another list of five or more traits that society defines as beauty standards for masculinity. Then show students the video [Body Evolution Model Before and After](#) (1:11 minutes). After showing the video, have students discuss the following questions in small groups:

- In the video, what was edited on the model's body? What do those edits suggest about the model's body, and about our society's **beauty ideal** (ideas about what is beautiful)?

Possible student response: Skin tone, leg length, neck length, hair length, eyes, nose, weight, and eye makeup were all adjusted to be lighter (skin), longer (leg and neck), thinner (nose and weight), or larger (eyes). These edits suggest that the model is not beautiful the way she is but instead needs to be changed to meet our society's beauty ideal, which includes being tall, thin, and White.

- Who benefits from these edits? Who suffers from these edits?

Possible student response: Impossible beauty standards create clients for the diet, make-up, fashion, and wellness industries. People who strive to meet these impossible beauty standards spend money, time, and energy trying to look different and often end up feeling bad about themselves when they cannot change how they look.

- How do beauty standards relate to gender? Which gender identities do these standards ignore?

Possible student response: Beauty standards tend to reinforce the gender binary as either hyperfeminine or hypermasculine. These standards ignore those who identify as non-binary or gender-expansive, as well as those

who do not identify with feminine or masculine standards of beauty.

- Why is it important to be a critical viewer of media images and their messages?

Possible student response: Media often does not depict realistic representations of how people look. Being critical of media images and the messages these contain can help prevent us from feeling bad about ourselves for not attaining impossible standards of beauty.

2. Read or display this quotation from South Asian-American comedian Hasan Minhaj:

"The first girl I fell in love with was this girl named Nicole Malo in the first grade and I remember I went up to her in the sandbox and I was like, 'Nicole, I love you!' And she was like, 'You're the color of poop.' That was memory number one with a girl.

"I remember there was this assignment in the third grade. Miss Anderson asked us to write down what we want to be when we grow up. Some kids were like, 'I want to be an astronaut. I want to be an NBA player.' And I wrote, 'I want to be White.'"

In writing, have students reflect on Minhaj's experience as a South Asian man in the U.S. What parts of his story can they relate to? In what ways have they felt that something on their body was not good enough?

3. Ask students to reflect on the following questions and give them 3-4 minutes to write their initial thoughts:

How might impossible beauty standards interact with other forms of systemic oppression, such as sexism, racism, transphobia, ableism, and others? What compound effect might these interactions have on people with marginalized identities?

4. Show students the video [Beauty Standards: How Do They Affect People of Color?](#) (6:32 minutes). After the video, give students an additional 2-3 minutes to add to their response to the reflection questions above. Then have students share their answers with a partner. Finally, facilitate a discussion about these reflections with the whole class.
5. Have students complete the following activity, adapted from [NEDA's Body Activism Guide](#). In one page in their journals, have students write a list of positive qualities about themselves, including physical, emotional, intellectual, and social qualities. On a separate page of their journals, have them write down a list of their (internal and external) insecurities. Then ask them to reflect on which list is longer. If their list of positive qualities is shorter than their list of insecurities, ask them to try to add more positive qualities until that list is longer than their list of insecurities. Finally, instruct students to rip out their lists of insecurities, tear or crumple them up, and throw them in the trash.
6. Ask students to reflect on a body part of theirs whose function brings them happiness and fulfillment. Then, in writing, have students fill in the following blanks in this sentence: I love my _____ because _____.

Possible student responses:

- *I love my eyes because they help me read so many books.*
- *I love my thighs because they help me to run fast.*
- *I love my hair because I can style it in so many ways.*
- *I love my skin color because it reminds me of where I come from.*

7. To conclude this lesson, ask students to reflect on some or all of the following questions. You can have students write down their reflections, volunteer their responses with the class, or submit their responses anonymously through an online survey or on index cards so that they can be read anonymously to the rest of the class.
- What did the exercises in today's lesson reveal about your own **body image**, or about how you feel about the aesthetics and attractiveness of your own body?
 - How did it feel to express love and gratitude toward your own body? What about this exercise was familiar or unfamiliar?
 - How did it feel to discard your insecurities? What about this exercise was familiar or unfamiliar?

Extension Opportunity

There are many excellent activities for students available in the following resource:

Body Activism: Activity Guide. (No date). National Eating Disorders Association. Accessed September 1, 2021 at: <https://www.nationaleatingdisorders.org/sites/default/files/BodyActivismGuideFINAL.pdf>.

Additional Resources

aaas108x12. (2014). "Whitewashing" in mass media: Exploring colorism and the damaging effects of beauty hierarchies" [blog post]. Race and technology: Exploring race and community in the digital world. Accessed September 1, 2021 at: <https://raceandtechnology.wordpress.com/2014/12/10/whitewashing-in-mass-media-exploring-colorism-and-the-damaging-effects-of-beauty-hierarchies/>.

Reel Works. (2020). Kiri Davis' award winning "A Girl Like Me" [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=fmt1OR5aA4Q>.

HEALTH & WELLNESS LESSON 8

ANCESTRAL TRAUMA AND RADICAL EMPATHY

Suggested time: Two 50-60 minute class periods

Overview

This lesson is founded on the latest research on historical and ancestral trauma. Students will use this information to reflect on how such trauma manifests and affects us today. Students will also consider how ancestral trauma is connected to racism and other forms of systemic oppression. Finally, students will learn about radical empathy as a tool to aid in our collective healing from ancestral trauma generally, and from racial and systemic oppression specifically.

Objectives

- Students will explore the concept of ancestral mathematics and deepen their understanding of the mind-body response to inherited and/or unconscious stress and trauma.
- Students will explore radical empathy as a healing modality necessary for effective antiracist and anti-oppressive activism.
- Students will explore mindful awareness practices that foster compassion for the self and others.
- Students will recognize the role of embodiment as a tool for living antiracist, inclusive, and life-affirming values and for thriving in diverse communities.

Key Understandings

- Intellectual knowledge alone is not enough to eradicate racism and repair the harm left in its wake; along with knowledge, the mind-body connection is critical to both individual and collective healing.
- Ancestral trauma lingers in hereditary DNA for 14 generations. Our ancestors' trauma, therefore, impacts our bodies and our responses to stress, and the trauma and systemic oppression we experience has implications for our own descendants.
- Radical empathy is a powerful tool for repairing both interpersonal and systemic harm.

Materials

- Student writing materials
- Ahsante the Artist. (2018). Radical Empathy - How The Hate U Give Makes It Personal [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=piXt7QvN0uw>.
- University of Vermont. (2015). Radical Empathy [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=O7wXQxcYqkQ>.
- Fargo, S. (n.d.). Just Like Me [audio]. Spotify. Accessed September 1, 2021 at: <https://open.spotify.com/track/2t5lrPswSOiD-QGtKbf3C9L>.
- Handouts (included at the end of this lesson):
 - Ancestral Mathematics
 - Trauma and the Body
 - Radical Empathy

Vocabulary

ancestral mathematics
ancestral trauma
mindfulness
radical empathy

National Standards

This lesson aligns with the following [National Health Education Standards](#):

- **NHES 1.12.4** Analyze how genetics and family history can impact personal health.
- **NHES 8.12.4** Adapt health messages and communication techniques to a specific target audience.

This lesson also aligns with the following [Social Justice Standards](#) learning outcomes:

- **ID.9-12.2** I know my family history and cultural background and can describe how my own identity is informed and shaped by my membership in multiple identity groups.

Note to Teachers

One of the activities in this lesson asks students to consider their ancestry. Please note that not all students may have access to information about their ancestors due to adoption, forced migration, or other factors. Acknowledge and be prepared to discuss why we each might have different degrees of access to information about our ancestors, and let students know that, for the purposes of the exercise, they are encouraged to think about their ancestry expansively and imaginatively.

LESSON PROCEDURE

Day 1: Ancestral Mathematics and Trauma as Obstacles to Health and Wellbeing

1. Project or distribute the handout entitled “Ancestral Mathematics,” and have a student read it aloud. Then ask students to discuss the following prompt in small groups:

What does this ancestral inquiry bring to mind about both trauma and resilience? How might our ancestors’ trauma, as well as their resilience in the face of that trauma, have impacted us today?

2. Give students 10 minutes to complete a written reflection in response to the prompt below. Assure students that no one else will be reading their reflections, though they will have a chance to share big take-aways with the class afterward if they choose to. Read or paraphrase the following prompt:

When we reflect on our successes and challenges in life, we rarely connect our experiences to those of our ancestors. One exciting consideration to celebrate is that each of us is the offspring of survivors. Whether BIPOC, White, immigrant, LGBTQ+, disabled, neurodivergent, or any of the innumerable identities that we each may hold, every single one of us has an ancestral legacy of trauma that required extraordinary resilience for us to be alive today. Research suggests that post-traumatic stress disorder lingers in hereditary DNA for 14 generations. If this is true, consider where your ancestors likely were in the world as many as 14 generations ago, roughly 350 years ago, or around the year 1670. What stresses and potential sources of trauma might any of your ancestors from the last 14 generations have had to contend with? How might any of your ancestors from the last 14 generations have shown resilience in order for you to be here today? How, if at all, do you think such stress, trauma, and resilience have impacted your own life?

For an extended version of this reflection activity, see the Extension Opportunity section.

3. After students have completed their written reflections, have students share any surprises, realizations, emotions, or big ideas that emerged for them while engaging in this activity. You might consider having students share in pairs or small groups before opening the discussion up to the whole class. Remind students that they should share only what feels comfortable, as these reflections may be very personal.
4. Read or distribute the handout entitled “Trauma and the Body.” This handout includes two quotations, each followed by reflection questions. Have a student read the quotation from Resmaa Menakem, then have students discuss the reflection questions for this quotation in small groups. Repeat the process for the quotation from Bessel van der Kolk.
5. As a class, return to Questions #4 from Parts 1 and 2 the handout entitled “Trauma and the Body,” both of which focus on racism. Guided by these two questions (repeated below), discuss students’ thoughts on how trauma and ancestry relate to our experiences of racism today. During this discussion, you might ask students if the connections they are making between trauma and race apply to any other forms of systemic oppression.
 - Menakem states that “trauma is not a flaw or weakness,” but rather a protective, highly intelligent, and “effective mind-body tool of safety and survival.” What might this definition of trauma tell us about the effect both historical and contemporary racism has on each of us today?
 - Why might racism be traumatic for both BIPOC and White people? As a result, what uncomfortable truths about racism do we consistently “hide from ourselves?”

Day 2: Radical Empathy and Collective Healing From Racism and Oppression

1. Lead students in an open-ended discussion in response to the following questions:

How might our understanding of **ancestral trauma** inform how we think about antiracism and other anti-oppressive causes? What can we do to begin to heal our own and others’ ancestral trauma from racism and other forms of systemic oppression?
2. Offer students the concept of **radical empathy** as one tool to help address ancestral trauma from racism and systemic oppression. You might ask students to take a guess about what radical empathy means, and what demonstrating radical empathy might entail.
3. Show students two short videos that describe the use of radical empathy: [Radical Empathy - How The Hate U Give Makes It Personal](#) (10:55 minutes) and [Radical Empathy](#) (3:08 minutes). As students watch these videos, have them make two lists: one that includes examples from the videos that demonstrate radical empathy, and another that lists actions or approaches that are *not* radical empathy. Students can use the handout “What is Radical Empathy?” as a guide.

Possible student responses:

Examples of radical empathy include...

- *Imagining someone complexly*
- *Stepping dramatically outside your comfort zone to step into someone else’s experience*
- *Taking a very personal approach*
- *Taking another person’s perspective*
- *Up-close, detailed views of racism and police brutality*
- *Experiencing someone’s trauma through personal details*
- *Seeing oppression as personal*
- *Sharing and listening to others’ personal stories*
- *Getting to know someone you made a snap judgment about*
- *Seeing others as complex, nuanced, and relatable*
- *Careful and present listening*

- *Seeking out the stories of those unlike yourself*
- *Seeing and acknowledging others' different experiences based on race and identity*
- *Looking for a person's deeper humanity*


The following are NOT examples of radical empathy...

- *Sticking to our ideologies and rallying cries*
 - *Shouting dogmas online*
 - *Speechifying*
 - *Impersonal news reports of racism and police brutality*
 - *Going to "trendy" social justice rallies but not showing compassion in real-life situations of oppression*
 - *Depersonalized takes on an issue, such as protests and speeches*
 - *Politicizing oppression*
 - *Not being able to see someone's humanity because of their race or another aspect of their identity*
 - *Relying on prejudgments and stereotypes when assessing another person*
 - *Thinking about inequality as the result of identity-based deficiency*
4. After students have made and reviewed their two lists, have them write their own definitions for radical empathy. This is something they might try alone or in small groups first, and then share out as a class.
 5. Ask students to think about a time when they said or did something that did not demonstrate compassion or radical empathy. Have them reflect silently or write down their thoughts in response to the following questions:

What thoughts or emotions caused you to say or do something that may have caused harm? What impact did your actions have on the other person? If you could go back in time, what different choices would you make this time?
 6. Inform students that empirical evidence demonstrates that those who practice **mindfulness** are more likely to demonstrate empathy (Brensilver, 2016). Guide students in a mindfulness practice such as the guided meditation [Just Like Me](#) (9:44 minutes) by Sean Fargo. Alternative mindful practices for empathy can be found in the Additional Resources section. After they complete the mindfulness practice, have students reflect on what the experience felt like by talking to a partner or free-writing.
 7. Close with an open-ended discussion guided by the questions below. You can have students reflect individually in writing, in discussion within small groups, or as a class:
 - Why is it useful to acknowledge the deep suffering and ancestral trauma that systemic oppression creates in our bodies, minds, hearts, and spirits? How might this acknowledgment inform our antiracist and other anti-oppressive efforts?
 - How can we use radical empathy to begin to heal ancestral trauma? What additional tools, if any, might we call upon to aid us in healing ourselves and others?
 - What daily rituals, routines, and practices can our class engage in that can help us continue to cultivate radical empathy in this space? What can we do, as individuals and as a class, to spread radical empathy to others?

Asynchronous work: Have students observe a moment of conflict or disharmony in their day. When experiencing discord, students should pause and engage in the following inquiry:

- Is what I am thinking, what I am about to say, or what I am about to do going to foster connection and vitality for myself or others, or will it cause separation or harm?
- If what I am thinking, about to say, or about to do could cause harm, do the following:
 1. Pause and take a deep breath.

- 
2. Assess: what are my physical, mental, emotional, and/or spiritual needs right now? How can I take care of these needs?
 3. Take care of my needs or make a plan to do so. Only then can I make a skillful and compassion-centered choice in this situation.

Extension Opportunity

The following activity includes guiding questions for an extended written reflection. Note that not all students may have access to information about their ancestors due to adoption,* forced migration, or other factors. Therefore, please consider the pros and cons of conducting the following activity with your students, and give them plenty of choice about which prompts they would like to answer.

- Where did your ancestors who lived 14 generations ago live in the world?
- What social, political, religious, spiritual, emotional, and physical challenges did they face?
- Were they forced to leave their home? If so, what circumstances led to this?
- What did it take for them to survive?
- Did your ancestors merely survive or were they also able to thrive? If the latter, what resources or methods empowered them toward that end? What made resilience or even post-traumatic growth possible when odds may have been stacked against them?
- If you are less connected to your family history because of trauma caused by the Transatlantic Slave Trade, in what ways might this violent rupturing have informed your ancestors' mind, body, and spirit and the strategies they passed down for fostering belonging, connection, and coping?
- If you are a descendent of the innumerable Europeans who fled persecution in Europe seeking religious, political, and economic freedom, what kind of persecution and violence informed their methods of survival? What patterns might these inherited traumas have embedded in the limbic region of their brains, stored as code for survival during "fight, flight, or freeze" emergency response mode?
- If you are a descendant of Europeans who chose to participate in the slave trade, what distortions of reality and mental gymnastics did they likely have to perform in order to continually deny the suffering they experienced and caused as perpetrators of this violent economic system? If anywhere, is there evidence of denial in your family today?
- If your family includes descendants of Indigenous peoples from now-colonized lands, what patterns for survival might inform the coping strategies evolved from the experiences of being forcibly removed from their homelands? How did your ancestors develop a legacy of resilience in response to colonization?
- How might your ancestors have contributed to how we currently engage with one another socially, environmentally, and politically?

* Adopted students have several options for this exercise; if they have limited information about their birth family, they can imagine their birth ancestry, or they can choose to use the ancestry of their adopted families as their own. Please note that this exercise may nevertheless be upsetting for adopted students, and be sure to have support in place for these and other students should you choose to conduct this exercise.

Additional Resources

8 mindfulness exercises for love and compassion. (2021). Mindfulness Exercises. Accessed September 1, 2021 at: https://mindfulness-exercises.com/8-mindfulness-exercises-for-love-and-compassion/#8ME_LoveAndCompassion.

Forbes, J. (n.d.). Empathy exercise. Mindfulness of Needs. Accessed September 1, 2021 at: http://mindfulneeds.com/empathy_exercise.pdf.

Ha, T. (2021). 5 exercises to help you build more empathy. TED. Accessed September 1, 2021 at: <https://ideas.ted.com/5-exercises-to-help-you-build-more-empathy/>.

TEDx Talks. (2018). Developing empathy as practice | Stephanie Briggs | TEDxBergenCommunityCollege [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=NBxivwUuzQM>.

This TEDx Talk offers examples of how a classroom of students practiced empathy in their communities.

TEDx Talks. (2018). Radical Empathy Disrupts Entitlement | Béalleka | TEDxGrinnellCollege [video]. YouTube. Accessed September 1, 2021 at: <https://www.youtube.com/watch?v=kzQtK60yOxc>.

This TEDx Talk includes the personal testimony of an activist in accepting the harm she caused others and addressing that harm with radical empathy.

References

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Ancestral Mathematics

In order to be born, you needed:

- 2 parents
- 4 grandparents
- 8 great-grandparents
- 16 second great-grandparents
- 32 third great-grandparents
- 64 fourth great-grandparents
- 128 fifth great-grandparents
- 256 sixth great-grandparents
- 512 seventh great-grandparents
- 1,024 eighth great-grandparents
- 2,048 ninth great-grandparents

For you to be born today from 12 previous generations, you needed a total sum of 4,094 ancestors over the last 400 years.

Think for a moment – How many struggles? How many battles? How many difficulties? How much sadness? How much happiness? How many love stories? How many expressions of hope for the future? – did your ancestors have to undergo for you to exist in this present moment?

— Lyrical Zen

Source: Ancestral Mathematics. (2022). Lyrical Zen. Accessed March 1, 2022 at: <https://lyricalzen.com/ancestral-mathematics/>.

Trauma and the Body

Part 1

Quoted from Resmaa Menakem (2017), *My Grandmother's Hands*:

Trauma is not a flaw or weakness. It is a highly effective tool of safety and survival. Trauma is also not an event. Trauma is the body's protective response to an event – or a series of events – that it perceives as potentially dangerous. This perception may be accurate, inaccurate, or entirely imaginary. In the aftermath of highly stressful or traumatic situations, our soul nerve [vagus nerve] and lizard brain may embed a reflexive trauma response in our bodies. This happens at lightning speed....

An embedded trauma response can manifest as fight, flight, flee, or freeze — or as some combination of constriction, pain, fear, dread, anxiety, unpleasant (and/or sometimes pleasant) thoughts, reactive behaviors, or other sensations and experiences. This trauma then gets stuck in the body — and stays stuck there until it is addressed.

Reflection Questions

1. What does it mean that “trauma gets stuck in the body and stays stuck there until it is addressed?” What might it look or feel like when trauma gets “stuck” in one’s body?
2. How does trauma get “addressed?”
3. Do you believe your ancestors’ trauma was addressed? Why or why not?
4. Menakem states that “trauma is not a flaw or weakness,” but rather a protective, highly intelligent, and “effective mind-body tool of safety and survival.” What might this definition of trauma tell us about the effect both historical and contemporary racism has on each of us today?

Trauma and the Body

Part 2

Quoted from Bessel van der Kolk (2015), *The Body Keeps the Score*:

Traumatized people chronically feel unsafe inside their bodies: The past is alive in the form of gnawing interior discomfort. Their bodies are constantly bombarded by visceral warning signs, and, in an attempt to control these processes, they often become expert at ignoring their gut feelings and in numbing awareness of what is played out inside. They learn to hide from themselves.

Reflection Questions

1. How do you interpret the idea that “the past is alive in the form of gnawing interior discomfort?”
2. What uncomfortable truths do humans tend to “hide from themselves?” Why might we do this?
3. How might this description of trauma connect to the concept of disembodiment (a sense of detachment from one’s body, thoughts, or feelings)?
4. Why might racism be traumatic for both BIPOC and White people? As a result, what uncomfortable truths about racism do we consistently “hide from ourselves?”

What is Radical Empathy?

Examples of radical empathy include...	The following are NOT examples of radical empathy...

Based on these examples, write your own definition of radical empathy: _____