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# Self care



Quelle: <https://images.unsplash.com/photo-1534276866337-55723bdee569?ixid=MnwxMjA3fDB8MHxzZWZyY2h8Mnx8Y2hpbGx8ZW58MHx8MHx8&ixlib=rb-1.2.1&auto=format&fit=crop&w=600&q=60>

Prof. Dr. Gundula Gwenn Hiller  
EMOCC, 12 December 2024



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„The good life is a process, not a state of being “

Carl Rogers 1961 p 186-187

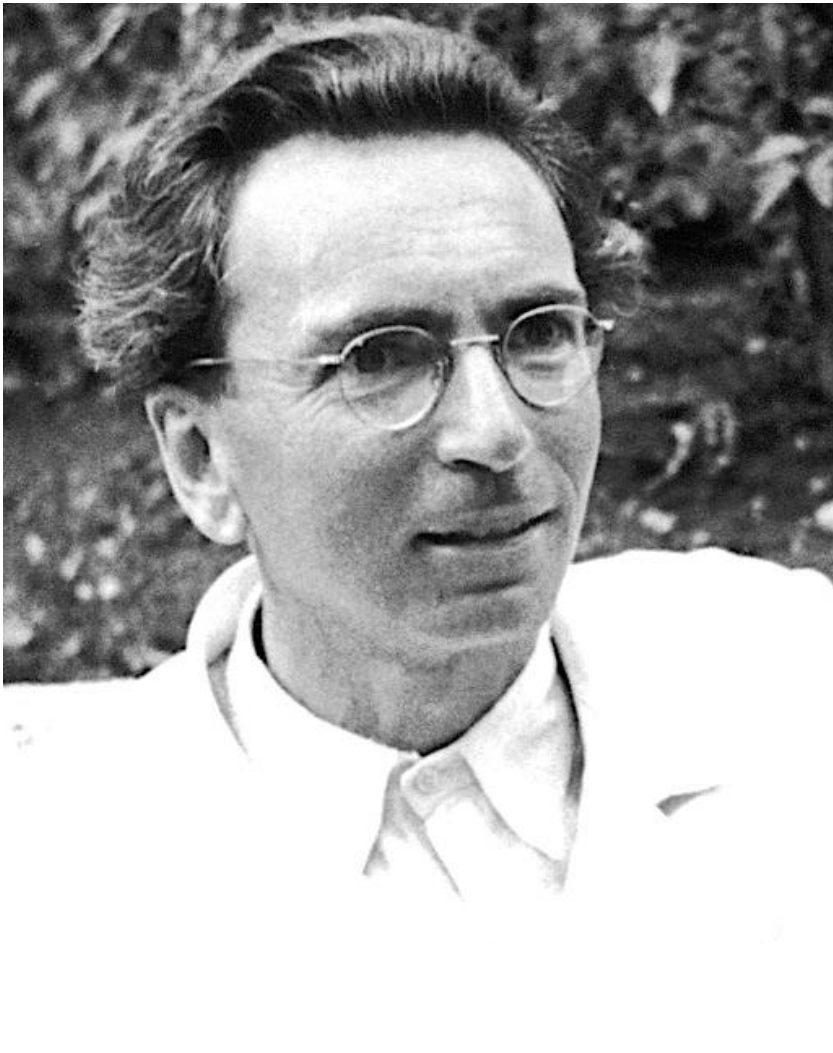


## Self Care in helping professions (Fengler 2002):

“the collection of preventive and curative measures against external and internal stress and damage“

## Self care in counseling by Hoffmann und Hofmann (2012):

„caring control and management of one's own behavior and state of mind“



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

Viktor Frankl’s teachings,  
summarized by Steven Covey.

# Self management

- is the process of how we regulate our inner state, impulses and resources.



Quelle: <https://images.unsplash.com/photo-1516967124798-10656f7dca28?ixid=MnwxMjA3fDB8MHxzZWZyY2h8MTN8fGxvdmUIMjB5b3Vyc2VsZnxbnwwfHwwfHw%3D&ixlib=rb-1.2.1&auto=format&fit=crop&w=600&q=60>

# Mindfulness

means being attentive  
to what is happening in the present moment in the mind, body  
and external environment,  
in an attitude of curiosity and benevolence.

## Mindfulness as a self-care method in counseling

Hoffmann & Hofmann (2012) recommend that when talking to people seeking advice

“attention should always be deliberately directed to the present moment and to oneself

One's own current state should be recognized in good time and - in one's own interest and that of the client - subjected to corrections”  
(p.34)

# Resources

In terms of self-care, the aim is to nourish and build up your own resources



Quelle: <https://images.unsplash.com/photo-1609348954993-bc615fa8694f?ixid=MnwxMjA3fDB8MHxzZWZWFyY2h8MXx8b3B0aW1pc218ZW58MHx8MHx8&ixlib=rb-1.2.1&auto=format&fit=crop&w=600&q=60>

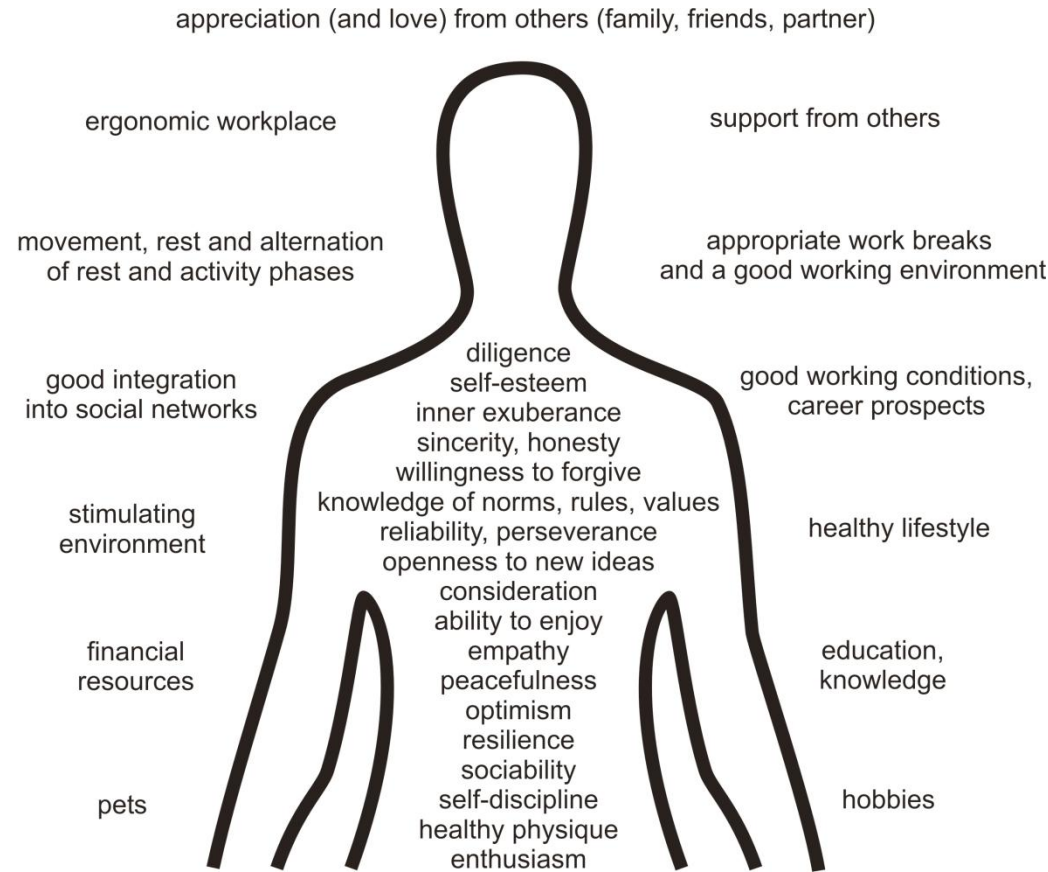
# Resources

According to Kauffeld & Hoppe (2011, p. 236), resources are  
“Factors that can make it easier to deal with a stressful situation.”



Quelle: <https://images.unsplash.com/photo-1502139214982-d0ad755818d8?ixid=MnwMjA3fDB8MHxzZWYy2h8MjV8fHN0cmVzc3xlbmwwfHwwfHw%3D&ixlib=rb-1.2.1&auto=format&fit=crop&w=600&q=60>

# Resources





## Literature

- Fengler, Jörg. (2002). Helfen macht müde. Zur Analyse und Bewältigung von Burnout und beruflicher Deformation. [6. Auflage.] Klett-Cotta.
- Hoffmann, Nicolas & Hofmann, Birgit. (2012). Selbstfürsorge für Therapeuten und Berater (2., überarb. Aufl.). Weinheim: Beltz.
- Kauffeld S, Hoppe D (2011) Arbeit und Gesundheit. In: Kauffeld S Arbeits-, Organisations- und Personalpsychologie: 223-244. Springer Medizin Verlag. Berlin, Heidelberg.
- Rogers, C. R. (1961). On becoming a person. Boston, MA: Houghton Mifflin.

# Self Care



Training für achtsamkeitsbasierte Emotionale Intelligenz

Wissenschaftliche Weiterbildung | HdBA | 2020

**Zertifikatsprogramm „Professionelle Beratung“**

Weiterbildungsmodul (2020)

Wissenschaftliche Weiterbildung der HdBA:  
Zertifikatsprogramm „Professionelle Beratung“  
Pflichtmodul „Erweiterte Beratungskompetenz“  
– Konzept- und Arbeitspapier  
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Teilmodul „6 (2)“  
Autorin: Prof. Dr. Hiller

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Gundula Gwenn Hiller

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Für neue Perspektiven auf uns und die Welt

Prof. Dr. Gundula Gwenn Hiller (Berlin) lehrte seit 2019 im Fachbereich Beratungswissenschaften den Schwerpunkt Interkulturelle Kompetenz und Migration an der Hochschule der Bundesagentur für Arbeit in Mannheim. Darüber hinaus hält sie Vorträge und Keynotes zu den Themen Zukunftskompetenzen, interkulturelle Kompetenzen, Perspektivwechsel oder Mehrsprachigkeit in Institutionen und Teams.

[www.ggwennhiller.com](http://www.ggwennhiller.com)

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| <h1>Counseling obese clients, and people with<br/>invisible health restrictions</h1>   |   |   |  |
| <p><b>Prof. Dr. Peter Guggemos</b><br/>Professor of Social and Labour Market Policy at the University of Applied<br/>Labour Sciences of the Federal Employment Agency in Mannheim,<br/>Germany</p> |   |   |  |
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| <h2>Overview:</h2>   |   |   |  |
| <ul style="list-style-type: none"> <li>• <b>Key question: How can we as labour market-related counselors, without being medical professionals, competently deal with health and illness issues in our counseling situations?</b></li> </ul> <p>We want to look at several categories of health challenges:</p> <ul style="list-style-type: none"> <li>• a) Visible challenges with a supposedly clear need for action. The example of people with a high weight. (focus on attributed needs and need for action)</li> <li>• b) Invisible challenges that clients are just as aware of as their need for support. Examples: cancer, heart failure, psychological problems that are already in treatment. (focus on a climate of trust)</li> <li>• c) Health challenges that customers are not aware of or know about, or for which conventional medicine is not yet able to offer any solutions. Examples: undetected mental illness in the long-term unemployed, or long Covid problems. (focus on motivation raising, and on employability tests)</li> <li>• Conclusion/lessons learnt</li> </ul> |   |   |  |
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## Preconditions of a successful cooperation between counselor and client

- Creating an open, friendly and respectful counseling atmosphere
- Clarification of the consulting request, and finding out the client's goals and their need for help
- Clarify the possibilities and limits of the counseling facility, the cooperation conditions and cooperation requirements on the client side
- create sufficient trust so that the client can open up and provide insights into his/her life, plans and intentions, problems, resources and skills



- Reflecting on your own perception and attitude:
- What do I observe and what conclusions do I draw from this?
- Am I prepared to question my view - and my perceptual framework - to engage with the client's interpretations and to penetrate their deep structures?
- Where do I see the limits of my competence and would I involve other specialists if necessary (interface management, referral advice)?



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## How would I like to approach the three groups under consideration?




- First of all, it is important to note that
- a) Every person, whether healthy, ill or disabled, has things that they can do well, others that they can do less well, and third ones that they cannot do at all.
- b) The ability to work and employability is an individual combination of skills and limitations.
- c) Most people have learned to organize themselves both privately and at work in such a way that their limitations have as little impact as possible and that they can make the best use of their skills.
- This includes compensation strategies, modified forms of division of labour with other people, but also avoidance behaviour, e.g. to avoid difficult stress and pain or social discrimination.




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## From a counselor`s point of view, we would ask:




- a) What is the individual combination of strengths and weaknesses?
- b) What do the strengths and weaknesses mean for this person, and how does he/she deal with them? What makes these individual action strategies successful, and where are their limits?
- c) What new action strategies is this person striving for, or what strategies can be worked out and further developed together with the help of medical and counseling experts?
  
- Let's start now with group 1, obese people.




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## Obese people: Is it really and always their aim to lose weight? (1)




- Experts on obesity know that a high weight often times has got more causes than eating too much and/or having too less exercise,
- especially when you look at the psychological side (family constellation, trauma, survival strategies...)
- When people with a high weight suffer, it is often times because of social discrimination – possibly also of their mates and children - , and not because of physical consequences. Usually, the higher the weight, the harsher the experience of discrimination.
  
- Many people with a high weight have a lot of experience with diets and other efforts to lose weight, but in most cases the lost weight returns sooner or later, and often above the set point before (jojo effect)
- Most obese people want to be treated as normal grown-ups and with respect. Some of them intend to lose weight, others have accepted their appearance, and search for an appropriate job where they can bring in their competences – sometimes also in fields with high physical demands
- Whether obese people feel well or not seems to be – at least in the range of moderate overweight - more a consequence of their self-confidence, and not of their weight in kg
- Some people put much emphasis on a few kg of overweight, whereas others have developed ways to cope with even a lot of (over)weight


picture: [www.welt.de/multimedia/archive/01260/cl\\_essen\\_DW\\_Wissen\\_1260206p.jpg](http://www.welt.de/multimedia/archive/01260/cl_essen_DW_Wissen_1260206p.jpg)




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## Obese people: Is it always their aim to lose weight? (2)

- Efforts should be taken to strengthen the self-confidence of obese clients, and not their stigma feelings.
- The physical burden and the comparing health problems of a high weight may reach a point, where – from an individual point of view - a bariatric surgery seems to be the comparatively better solution than to remain at the high weight reached.
- It is our job as counselors to answer clients` questions and to provide them with options, but not to talk them into risky operations just to meet arbitrary and questionable social norms of aesthetics (which may differ from culture to culture).
- The answers to the question of whether it was permissible to address the weight in the employment service varied greatly:
  - In most cases, the question as to whether people were confident that they could do the job in question with their weight was considered legitimate.
  - The open question of whether people wanted to talk about their own weight or make contact with the relevant specialist staff was also still okay.
  - Unreflected diet and exercise offers were rejected, especially as employment agencies and careers advisors are not usually specialists in weight issues, obesity or nutritional science.
  - When asked what they would like to see, most of them replied: first of all, understanding for their situation, without immediately making attributions and rough recommendations



Comic:  
www.dicke-seiten.de

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## What the critical research on obesity revealed



- We should accept weight diversity in the same way as differences in religion, ethnicity, gender or sexual orientation
- Making a lot of diets statistically shortens one`s life expectancy, instead of prolonging it (as the natural set point will be damaged, and cells „learn“ about irregular „famines“, and how to store energy better for these scarce times)
- When one links one`s self-confidence closely with a low weight, one will be discontent with one`s appearance most of the year, and one will reflect on diets almost all the time (this problem also had Liz Taylor, one of the most beautiful women of her time) – and the permanent discontent can lead to phases of binge eating or alcohol excesses
- A lot of people get stomach problems when they change their diet to fruits, raw vegetables and full grain
- Doctors tend to attribute medical problems in most cases to a high weight – even when the reasons for them lie somewhere else
- The physical environment in the health system in most cases would not fit well to obese people
  - similar to everyday experience with furniture, with seats in busses and planes, or with clothes and shoes available in „normal“ fashion stores

Picture (Udo Pollmer): rohkost.info

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## The deep structure of people with a high weight



- They know that they do not meet the social norms of being slim, and that they receive negative attributions in terms of dynamism and performance, and that they are often given little professional confidence
- they feel they have to work harder than slim people to gain professional respect - which entails a considerable risk of burnout
- they often have feelings of shame and failure because they have not succeeded in sustainably reducing their weight despite a wide range of efforts from diets and gyms to therapeutic support
- even if they have partners who accept a higher weight or even find it beautiful, they evaluate their weight and figure according to their own standards
- they often know about psychological connections with family histories and experienced traumas, unfavourable eating habits and coping patterns for stress and other problems,
- but they also see that this knowledge has not changed their degree of obesity



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WLS = weight  
loss surgery



## Strategies to cope with a higher weight

Depending on the level of suffering and their age, those affected pursue different strategies, e.g.

- Compensation through a good education and a high willingness to make an effort at work
- Psychological self-acceptance strategies to increase self-esteem and reduce the significance of the topic of food and weight
- Participation in self-help groups to learn strategies on how others deal with their weight
- Obtaining information about bariatric surgery options, weighing up their pros and cons and, if necessary, making a decision (often including lengthy therapeutic preparation and complicated negotiations with health insurance providers)

Picture: <http://www.issues.cc/uploads/11447197277.jpg>



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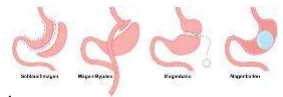
## The pros and cons of bariatric surgery

Bariatric surgery often appears to be the last resort when

- physical complaints have already severely reduced the ability to work (e.g. broken knees or hips have severely restricted the ability to walk)
- health consequences have become life-threatening (breathing problems, circulation, metabolic and tumor diseases)
- continuing to live at the current weight no longer promises a good quality of life and suicidal thoughts are becoming stronger

- Some interviewees had undergone bariatric surgery and were thus able to reduce their excess weight by around two thirds. In several cases, however, after a few years the reduced stomach expands again, and may lead to a new weight gain.
- In the phase in which they became slimmer, many experienced an enormous feeling of elation: they were finally able to buy clothes off the peg again, their (often also erotic) self-esteem took an enormous upturn, they re-activated their love life, felt socially respected, more valued and no longer discriminated against.
- As a rule, they were of the opinion that the effort and risk of the operations had been worth it, despite initial problems with getting used to and adjusting to the surgery and follow-up operations to remove excess skin tissue.

Picture: leading-medicine-guide.com



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## Group B: People with invisible health restrictions



- in the case of invisible restrictions, probably everybody would agree that we have to ask people what illnesses or disabilities they have, and which needs arise from them
- Examples are: cancer, heart problems, mental or psychological difficulties
- The effects on performance can be volatile, for example if heart failure is more severe in hot and humid weather and you feel particularly weak, or if the person with cancer has better (and more productive) and worse days
- people tend to „oversee“ and neglect the needs arising from health restrictions they do not see
- often times people with hidden health problems maintain a complex information management, where some people know about their restrictions, and others do not, and they try to confine the critical information to a small circle of trustful persons
- people suffering from these restrictions should tell their colleagues and superiors about their needs, because otherwise they won't receive help
- We as consultants do not need medical diagnoses, but **we should know about what this restriction means for the person and his/her life, how he or she copes with it, and what kind of thoughtfulness or help this person needs**
- ... and it is up to them to prefer to say nothing, at the cost of receiving no help
- work councils and ombudsmen for people with health restrictions should convince their clients that it is better to communicate which kind of help they need, and show their organizational options of backing them

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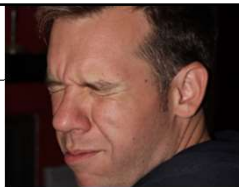
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## Some hints from an ombudsman for colleagues with a (severe) disability

- It is typical of these people that they think carefully about who they share their illness information with, and that they often refrain from seeking help and support in temporary and insecure employment relationships so as not to give the impression of being ailing or underperforming and subsequently not having their employment contract extended
- information events are always needed to build trust - also through assurances of confidentiality - and to demonstrate concrete ways of making contact and providing support
- People build trust and open easier
  - in a climate of respect, and especially when the counselor is in a similar situation (also having a disability)
  - in cooperative contexts where the mutual aims, responsibilities and duties are clear
  - where the expert role is restricted to helping find out about goals and measures, with the client remaining the „problem owner“ and manager of his/her life
  - when the client sees good results, bringing him or her nearer to their goals

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## Experience of counselors for group B (1)

- Younger people often times perceive a deep divide between “healthy” and “disabled”, and may feel very uncomfortable with the status of an officially disabled person – even when they had to expect a better legal protection of their job, more paid holidays, and tax reductions
- Unfortunately, people in temporary and insecure jobs often want to give the impression of high-performing employees, and therefore refrain from outing themselves as having limited health and making use of the available help options
- if it is possible to make the advantages of the support options and disadvantage compensation clear, improvement processes with regard to the special needs of the person and the physical and/or organizational and social setting at the workplace can usually be achieved promptly in the cooperation of several experts on site
- not seeking help can have to do a) with weak self-confidence, b) with an exaggerated ideal of strength,
- c) with an often times lengthy process of weighing up the information about offers of help, and the decision to use it, and possibly a lack of good practice examples or positive role models, or
- d) with an unsuccessful search for help in the past (often in the case of bullying)

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## Experience of counselors for group B (2)

- uncertainty about performance - especially on a particular day - is not only on the part of the employer or supervisor, but also on the part of the person concerned.
- Accordingly, they find it easier to deal with tasks that can be completed within a longer period of time
- and more difficult to have to deliver a particularly high performance on a specific day.
- This also applies to students who, for example, prefer to write a term paper rather than give a presentation on a specific day.
- For this second group, as with the first, there are individual strategies for dealing with the respective illness or restriction, and a relationship of trust with an advisor is required in order to obtain the necessary information.
- This should not primarily cover the illness, but its effects, the strategies for dealing with it and the need for support. The latter can then usually be realized together in a multi-professional team and, if desired by the person concerned, with discussions with colleagues and superiors.
- The risk on the counselor's side here would be to automatically derive restrictions from medical diagnoses, to ignore resources and coping strategies; and to look for a kind of "instruction manual" depending on the disability. (Students often hope for such guidelines, for example when discussing mental illness).



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## Experience of experts on homeless people

- Around 60% of homeless people suffer from mental illness, and 80% of people living on the street
- A typical consequence of mental illness is the inability to continue to organize one's own life - for example, to regularly pay rent and utilities, to make routine visits to doctors and dentists (also for one's children), to keep the home in a decent condition, or to check and answer the mail
- many people are also no longer able to apply for the social benefits to which they are entitled
- as long as no official guardian has been appointed, which always represents an encroachment on the autonomy of living, there is no legal possibility to carry out official business on behalf of the person in question
- outreach counseling and offers of voluntary support, not only in cases of over-indebtedness, could be ways of early intervention
- it is also important to note that the people concerned may also be people with a university degree and demanding jobs. Nobody is immune to unresolved traumatic experiences, crises or severe psychiatric problems
- In the time of the Italian psychiatric reform in 1979, combinations of sheltered dwelling and sheltered employment were regarded as important approaches to avoid inpatient placement in a psychiatric hospital
- The motto „freedom heals“ (la libertà cura) – put against the accommodation in „total institutions“ (E. Goffman) - finds its limitations where people are no longer able to monitor and maintain their personal life



Picture of Franco Basaglia: Fondazione Bullone



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## Group C: People with unrecognized (and untreated) mental illnesses



- Among long-term unemployed, 25 - 30% are estimated to suffer from some kind of mental or psychological illness – which is often unknown and untreated.
- It can be assumed that these illnesses are partly the result of unemployment, but are also partly related to the dismissal and hiring behaviour of companies („selection hypothesis” - first out, last in).
- As a counselor, you have a network of institutional offers of help here, from diagnosis to therapy, but it is difficult to address the topic,
- especially since you are not a therapeutic professional, and the unasked attribution of a mental impairment by non-professionals is at least offensive.
- Building trust, caution, talking about stressful experiences and possible offers of help, or also about what happens in possible therapies and further reduction of fears can support the formation of the intention to seek help.
- Without this intention of the clients to change their situation, however, no therapy will be possible.

picture: alamy.de

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## Work with the healthy parts of the client, and find out what is possible



- Similar to the last group, people with an unclear or currently not (yet) treatable clinical picture, such as Long Covid, there is the socio-psychological approach of working with the healthy parts.
- This calls for trial and error, both in terms of qualitative and quantitative performance.
- Analogous to company integration management and the so-called “Hamburg model”, one could, for example, explore how many hours a day can be worked, which time windows are ideal for this, what is possible and what is not (and may require a different division of labour in the team).
- It would also be possible, to have the same work done in a larger time window.
- It should be borne in mind that the ability to work is not the same every day and can change over time or in waves, which also applies to many mental illnesses.

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## Conclusion: Lessons learnt for our counseling or advisory work (1)



- a) Simply knowing about a - visible or invisible - health challenge is not enough. We also need information about how the individual is dealing with it, the effects on the job they are doing or want to do, and the coping strategies of the person in question.
- b) In any case, we need to find out what the person in question wants to do (and not what we think they should do). We can make offers, such as referral advice to interface partners, but the person decides for themselves what they want and what they don't want. Very often, the first step is that someone listens to them and develops understanding, and not yet any recommendations for action.
- c) Health-related advice or support for people with health-related limitations is often still little known within the organization itself, which is why its accessibility and the way it works, its options and limitations must first be communicated and trust built up. Once more and more people have had positive experiences, those seeking advice will increasingly come of their own accord.

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## Lessons learnt for our counseling work (2)



- d) The same health challenges are faced by people with different life plans, self-concepts, and action strategies. These have often developed over many years, sometimes more successfully and sometimes less, but in many cases are subjectively right for the person.
- Counselling is therefore well advised to first get to know the individual coping system in order to then develop further or more in-depth options for action together with the person concerned in a second step.
- In many cases, people seeking advice are open to learning about the counselor's professional opinion and range of actions. At the same time, however, **they are also sceptical of overly quick recommendations for action** - after all, they have usually been dealing with their challenges themselves for a long time (or as the experienced therapist Yalom says: with their chimeras and ghosts), and they also know that there are very rarely ideal solutions.
- It is not uncommon for them to have already developed a solution themselves and only expect professionals to support and follow this path.

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## Lessons learnt for our counseling work (3)

- e) I don't have to be a doctor or therapist and I don't have to know all the medical ramifications of every illness in order to find out how they affect a particular person and their private and professional context, which coping strategies are already in place and which additional support and measures are still desired and can be tackled together.
- Knowledge of collegial case counseling, the basics of ergonomics and work organization, and a well-established local network of stakeholders are sufficient for this.
- f) If the above-mentioned measures are not sufficient to stabilize a person in the regular working world, sheltered employment can still be considered, for example in inclusive companies (social firms) or inclusive departments.



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Thank you very much for listening.

Please put your comments and/or questions now.

Contact:  
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## Literature (1)

- Ablow, Keith Russell 1995: Im Labyrinth der Seele. Psychische Störungen erkennen und behandeln. Stuttgart: Verlag Trias Georg Thieme
- Basaglia, Franco (Ed.) 1980: Befriedungsverbrechen. Über die Dienstbarkeit der Intellektuellen. Frankfurt a. M: Europäische Verlags-Anstalt
- Bröker, Andreas H. 2017: Wirksamkeiten und Ergänzungspotenziale von kombinierter Gesundheits- und Beschäftigungsförderung. Münster u. a.: LIT-Verlag
- Elkeles, Thomas & Kirschner, Wolf 2004: Arbeitslosigkeit und Gesundheit. Intervention durch Gesundheitsförderung und Gesundheitsmanagement – Befunde und Strategien. Bremerhaven: BKK Verlag für neue Wissenschaft
- Elkeles, Thomas & Kirschner, Wolf 2012: Health Promotion for the Unemployed. Needs, Strategies and Evidence on Effectiveness and Efficiency, in: Kieselbach, Thomas & Mannila, Simo u. a. (Hrsg.): Unemployment, Precarious Work and Health. Research and Policy Issues. Wiesbaden: Springer-VS., p. 395 – 415
- Erbanová, Radka & Novak, Jiří 2007: Die Vermittlung von Menschen mit psychischen Krankheiten in Arbeit – Soziale Firma und Diversity am Arbeitsplatz, in: Guggemos, Peter (Ed.): Diversity Management. Europäische Beiträge zur Arbeitsvermittlung und Personalentwicklung. Augsburg: AIP-Verlag, p. 169 – 186
- Frank, Gunter (5) 2012: Lizenz zum Essen. Stressfrei essen, Gewichtssorgen vergessen. München: V. Piper

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## Literature (2)

- Guggemos, Peter 2014: Berufliche Beratung und Personalentwicklung für Menschen mit einem hohen Body Mass Index – brauchen wir einen Paradigmenwechsel?, in: Guggemos, Peter; Müller, Monika & Rübner, Matthias (Eds.) 2014: Herausforderungen und Erfolgsfaktoren beschäftigungsorientierter Beratung – Beiträge aus der Beratungsforschung. Landau: Verlag Empirische Pädagogik, p. 105 - 119
- Guggemos, Peter 2015: Weight Diversity als Herausforderung für die Personalentwicklung und die Antidiskriminierungs-politik, in: Lück-Schneider, Dagmar & Kirstein, Denis (Eds.) 2015: Gesundheitsmanagement in der Öffentlichen Verwaltung. Berührungspunkte zu unseren Lehrgebieten, Wünschenswertes für die Praxis und unsere Hochschulen – Redebeiträge und Thesen des 26. Glienicker Gesprächs. Berlin: Hochschule für Wirtschaft und Recht, p. 59 – 80
- Guggemos, Peter 2023: Inklusionsbetriebe als Arbeitgeber für benachteiligte Beschäftigte – auch jenseits schwerbehinderter Personen? Mit einem Gastbeitrag von Tobias Schell. Münster: LIT-Verlag.
- Hennig von Lange, Alexa & Jauer, Marcus 2018: Keine Angst! ... ist auch eine Lösung. Gütersloher Verlags-haus
- Holleder, Alfons (Ed.) 2009: Gesundheit von Arbeitslosen fördern! Ein Handbuch für Wissenschaft und Praxis. Frankfurt a. M.: Fachhochschulverlag
- Holleder, Alfons & Brand, Helmut (Eds.): 2006: Arbeitslosigkeit, Gesundheit und Krankheit. Göttingen: V. Hans Huber / Hogrefe

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### Literature (3)

- Jäger, Nicole 2016: Die Fett-Löserin. Eine Anatomie des Abnehmens. Reinbek: Rowohlt
- Jaeggi, Eva, Rohner, Robert & Wiedemann, Peter M. 1990: Gibt es auch Wahnsinn, hat es doch Methoden... Eine Einführung in die Klinische Psychologie aus sozialwissenschaftlicher Sicht. München and Zürich: Piper
- Lütz, Manfred (8) 2009: Irre! Wir behandeln die Falschen. Unser Problem sind die Normalen. Eine heitere Seelenkunde. Mit einem Vorwort von Eckart von Hirschhausen. Gütersloh: Gütersloher Verlagshaus
- Michael, Tanja & Hartmann, Corinna: 55 Fragen an die Seele. Wie sie tickt und was ihr Halt gibt. München: dtv
- Monaghan, Lee F. 2008: Men and the War on Obesity. New York: Routledge
- Pollmer, Udo (4) 2011: Esst endlich normal! Das Anti-Diät-Buch. München and Zürich: Piper
- Rackwitz, Hanka & Straßer, Christoph 2018: Von einer, die auszog, das Fürchten zu verlernen. Wie ich meine Zwänge, Ängste und Neurosen besiegte. München: Münchner Verlagsgruppe
- Riechert, Ina 2011: Psychische Störungen bei Mitarbeitern. Ein Leitfaden für Führungskräfte und Personalverantwortliche – von der Prävention bis zur Wiedereingliederung. Berlin and Heidelberg: Springer
- Röhr, Heinz-Peter (6) 2017: Narzissmus. Dem inneren Gefängnis entfliehen. Ostfildern: Patmos

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### Literature (4)

- Rose, Lotte & Schorb, Friedrich (Eds.) 2017: Fat Studies in Deutschland. Hohes Körpergewicht zwischen Diskriminierung und Anerkennung. Weinheim: Beltz Juventa
- Schmidt-Semisch, Henning & Schorb, Friedrich (Eds.) 2008: Kreuzzug gegen Fette. Sozialwissenschaftliche Aspekte des gesellschaftlichen Umgangs mit Übergewicht und Adipositas. Wiesbaden: VS Verlag für Sozialwissenschaften
- Schorb, Friedrich 2009: Dick, doof und arm. Die große Lüge vom Übergewicht und wer von ihr profitiert. München: Droemer
- Schorb, Friedrich 2015: Die Adipositas-Epidemie als politisches Problem. Gesellschaftliche Wahrnehmung und staatliche Intervention. Wiesbaden: Springer-Vs. (Diss.)
- Schorb, Friedrich 2016: Fat Acceptance, Health at Every Size and Fat Studies. Alternativen zur Pathologisierung dicker Körper, in: Curare. Zeitschrift für Medizinethnologie, 39 (2), p. 136 – 144
- Schwendy, Arnd; Rustige, Claudia; Stadler, Peter & Wunsch, Michael (Eds.) 2015: Integrationsunternehmen als Wegweiser zur Inklusion. Wirkungen, Erfolge, Perspektiven. Neumünster: Paranus
- Sinn, Angelika 2024: Keine Bleibe. Lebensgeschichten wohnungsloser Frauen. Hamburg: Osburg
- Taylor, Elizabeth 1988: Vom Dicksein, vom Dünnssein, vom Glücklichein. München: Knauer
- Yalom, Irvin D. & Prugger, Liselotte (4) 2016: Denn alles ist vergänglich. Geschichten aus der Psychotherapie. München: btb

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