

Body Loyalty

A trauma and disability informed approach to healing body shame.

Research shows that beliefs about the self and our bodies impact important health outcomes such as cardiovascular health (More, 2019), mental health (Ali, 2010), and immune health (Kiecolt-Glaser, 1995). Current interventions are not making significant long term improvements in patient outcomes.

Problem

Body Positivity

Despite its origins, 'Body Positivity' in the age of social media is most associated with what bodies are deemed physically attractive.



- Does not challenge**
- Body surveillance
 - White supremacy
 - Ableism
 - Systems of power
 - Toxic positivity



- Centered on**
- Individual
 - Desirability and appearance
 - Narrow representation of experience

Body Neutrality

"You don't have to love or hate it. You can feel neutral towards it." (Cowles, 2022)



- Does not address**
- Inequity in systems
 - White supremacy
 - Ableism
 - Positive self care choices



- Centered on**
- Individual
 - Ability
 - Harm reduction

Wellness Capitalism

Co-optation of Body Positivity

- Marketing campaigns stripped fat liberation from Body Positivity.
- Body Positivity transitioned into focusing on appearance.
- Corporations then market their products as a body positive solution.

Harmful effects of social media

30% of teenage girls report feeling worse about their bodies after Instagram use. (FB Newsroom, 2021)

1 in 4 people report increased social comparison. (FB Newsroom, 2021)

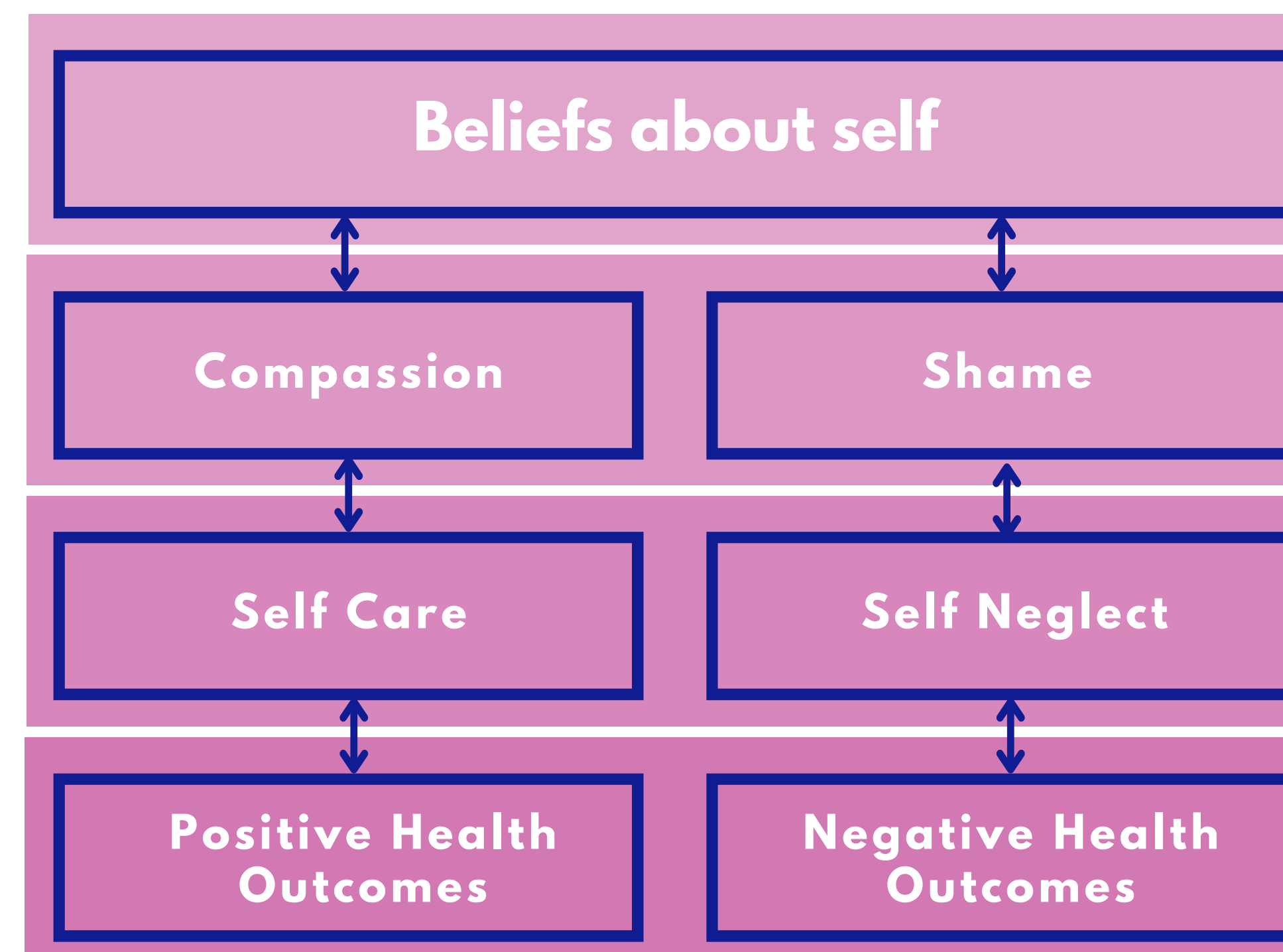
Creates vulnerabilities to charismatic leaders

- Medical mistrust can leave patients vulnerable to misinformation. (Jaiswal et al., 2020)
- Charlatans take advantage of vulnerable people with promises of "get well quick" schemes.

Profit is the goal

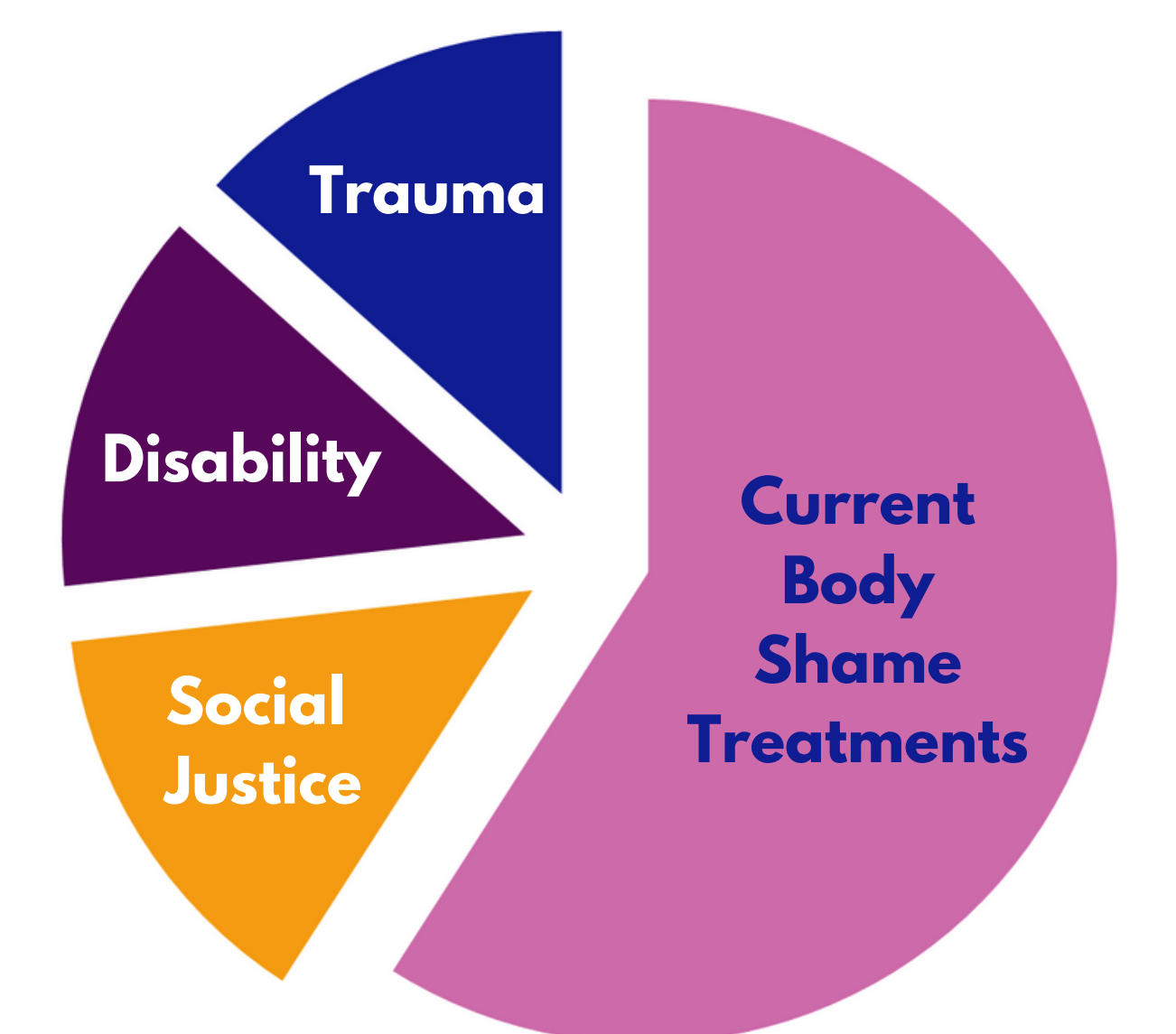
- Recovery stops the flow of profit. There is no incentive for health if it inhibits the profit.
- Wellness capitalism creates long term dependence, not a transition to self efficacy.

The Need For A New Approach



Body trait shame leads to negative health outcomes (Lamont, 2015). Self compassion leads to positive health outcomes (Neff, 2015).

Blaming the individual for the results of disability, trauma, and unjust systems creates shame. A singular focus on individual responsibility in health choices ignores the impact of systemic failures and the context those choices are made in. The individual is blamed for something that is not in their power to change. Addressing systems creates room for the individual to discover compassion for themselves, decreasing shame.



Missing pieces to addressing body shame

Disability

- The Disability movement argues that ability or health is not a prerequisite for rights and dignity. (Carmel, 2020)
- Neurodiversity movement calls for brain differences to be embraced. (Dyck & Russell, 2019)

Trauma

- Trauma screening is necessary in clinical settings. (Menschner & Maul, 2016)
- Obesity in adulthood linked to Adverse Childhood Experiences (Chu & Chu, 2021)
- Eating disorders are correlated with sexual trauma (Madowitz et al., 2015)

Social Justice

- Fat liberation calls for equal rights and end to medical bias (Freespirit, 1979).
- Anti-fat stigma rooted in racism (Strings, 2019).
- Social determinants of health more likely to negatively effect people with marginalized identities. (CDC, 2021)

The Body Loyalty Plan

Marrow

Quiet

Self Talk

Self Acceptance

Self Care

Community Care

Mind

Take Your Body's Side

Start Sarcastic

Conduct Experiments
Validation Over Minimization

Nothing is Just One Thing

Care Builds Trust

Muscle

Rest
Breath

Awareness

Reflection

Movement
Nourishment

Caregiving

Marrow

The root. Motivating foundations all interventions are anchored in and measured against.

Mind

The beliefs. Mindset approaches to challenge stubborn beliefs and resistance to change.

Muscle

The actions. Proactive self care habits that will build trust and self efficacy

The Body Loyalty Method

Body Loyalty integrates several existing modalities to create a holistic approach to addressing body shame. CBT, DBT, IFS, systems theories, civil rights movements, as well as lived stakeholder experience and community wisdom, all inform a method of evaluating what choices will yield the best individual outcomes on a case by case basis.

Context matters in decision making. The appropriate self care intervention is the one with the fewest barriers to execute. Patients need support in determining that for themselves. The Body Loyalty approach teaches how to find individual accommodations as necessary to enact behavioral choices anchored in productive mental health goals.

Currently the individual is held responsible for systemic failures and outcomes they can't control (Hall, 2018), which leads to further shame. Systems theorist Riane Eisler's Dominator vs. Partnership organizational model (Eisler, 1988), when applied to the individual, creates an avenue out of shame towards a compassionate partnership with the body.

Making a Body Loyal choice

35 year old woman with ADHD, ARFID, working full time and raising a toddler.

- Rest → 15 minute car nap
- Breath → Calming breaths
- Awareness → Mirror work
- Reflection → Deep talks with friends
- Movement → Daily walks
- Nourishment → Safe foods and supplements
- Caregiving → Parenting

72 year old man with high cholesterol, recently retired.

- Rest → Regular 8pm bedtime
- Breath → Tai Chi practice
- Awareness → Mindfulness practice
- Reflection → Personal narrative project
- Movement → Pickleball
- Nourishment → Low cholesterol diet
- Caregiving → Volunteering in community

Next Steps



I predict that as users implement the Body Loyalty rubric, they will find accommodations that support the integration of self care behaviors into their lives, resulting in a reduced sense of body shame and better health outcomes overall.



Future studies are necessary to test the effectiveness of the Body Loyalty method. Collaborators are necessary to test, gather data, and adapt Body Loyalty for clinical use.