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Befriending the Body:
Strategies for Healing Our Relationship with Our Bodies

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Objectives

1. Overview of influences that negatively impact our relationship with our bodies, leaving us disconnected.
2. Review of Strategies to come into a better relationship with our bodies. Strategies discussed include Self Compassion, Intuitive Eating, Embodiment Practices, and general Self Care.

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Experiential Exercise

Primary Factors that Negatively Influence Our Relationships with Our Body

- Diet Culture
- Societal Influence
- Healthcare System
- Familial Influence
- Chronic Illness
- Physical Activity
- Abuse/Trauma
- Life Changes (puberty, menopause, aging)

Diet Culture

- The dieting and weight management industry is a multi-billion-dollar industry, reaching $192.2 billion in 2019 worldwide (Vig & Deshmukh, 2021). None of us are immune to this!
- Product of this desire to prove our worthiness through our thinness
- Myths of Diet Culture
  - One food is better than another
  - People who are thin are healthier
  - People who are thin are more attractive
  - Higher-weight bodies are a result of poor health choices
  - Individuals have full control over their health and appearance
- Sometimes disguised as “wellness”
- Contributes to Fatphobia and Healthism

Societal Influence

- Historical Significance of the Thin Ideal
  - Racism
    - Beginning as early as the 18th century following the transatlantic slave trade, thinness used as a means to determined between Africans and Europeans, when skin tone was not as obvious
    - 19th century, articles depicting the thin ideal used to determine racial superiority
  - Also has roots in spiritual superiority: showing supreme self control as a virtue of God and morality
  - Patriarchy
    - Long history of patriarchal norms that dictate women's bodies and what is acceptable.
  - Thin ideal perpetuates the idea that women's bodies need to be thin in order to be valuable.
  - Thin Privilege
    - Easier access to clothes
    - Don't have to pay extra for seats on a plane
    - Assumed to be healthy
    - More likely to be promoted and treated kindly by others

"Fearing The Black Body: The Racial Origins Of Fat Phobia" by Sabrina Strings

Healthcare System

History of BMI

- Created by a statistician in the 1830's to test the laws of probability
- In 1899, insurance directors noticed a correlation in mortality rates in "overweights"
- Science did not drive the use of BMI in healthcare
    - Insurance companies lobbied the medical community to incorporate weight as an outcome of health ($$$)
    - Later, in 1998 the NIH modified BMI criteria → created "obesity epidemic" overnight
    - The new BMI cutoff criteria were based on a report published by the IOTF (International Obesity Task Force), a group which was largely funded by two companies who manufactured weight loss drugs, Hoffman LaRoche and Abbott Laboratories. (Moynihan R., 2006).
    - The chair of the NIH panel on obesity was a physician who was a paid consultant for drug and weight loss company (Oliver, *Fat Politics,* 2005)
- Evidence from a study relying on our modern structure of research compared all cause mortality with BMIs. (BMI 18.5-<25="normal" vs BMI 25-30="overweight") (Flegal, 2013)
    - Study found an association between individuals with an "overweight" BMI and significantly lower rates of all-cause mortality compared to "normal"--not until BMI 35+ was there increased mortality rate

Problems with BMI

- “While it is well established that obesity is *associated* with increased risk for many diseases, causation is less well-established. Epidemiological studies rarely acknowledge factors like fitness, activity, nutrient intake, weight cycling, or socioeconomic status when considering connections between weight and disease. Yet all play a role in determining health risk. When studies *do* control for these factors, increased risk of disease disappears or is significantly reduced.” (Bacon & Aphramor, 2011)

Clinician Bias in Healthcare

- >50% of primary care physicians see clients in larger bodies as “awkward, unattractive, noncompliant”, with >1/3 describing them as “weak-willed, sloppy, and lazy” (Foster et al., 2012)
- Those at higher weights were rated as less adherent to medication by physicians, with a robust finding even when controlling for demographics, patient literacy, compliance reported by patients, blood pressure control, and other physician patient perceptions (Huizinga, Bleich, Beach, Clark, & Cooper, 2010).
- In addition to physicians reporting a strong preference for thin rather than larger-bodied people, strong implicit anti-fat bias was found among a large group of physicians (N=359,261; Sabin, Marini, & Nosek, 2012)
- Physicians are within the top 2 most frequent sources of weight stigma (Puhl & Brownell, 2006)

Familial Influence

- Clean Plate Club
- Good vs Bad Foods
- Weight Bias
- Pressure to present oneself in a certain way
- Parents experience with their own body image
- History of Eating Disorders

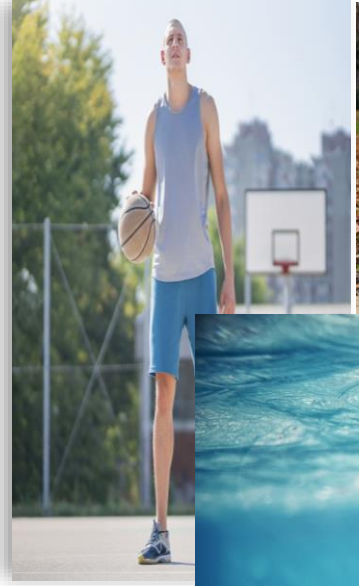
Chronic Illness

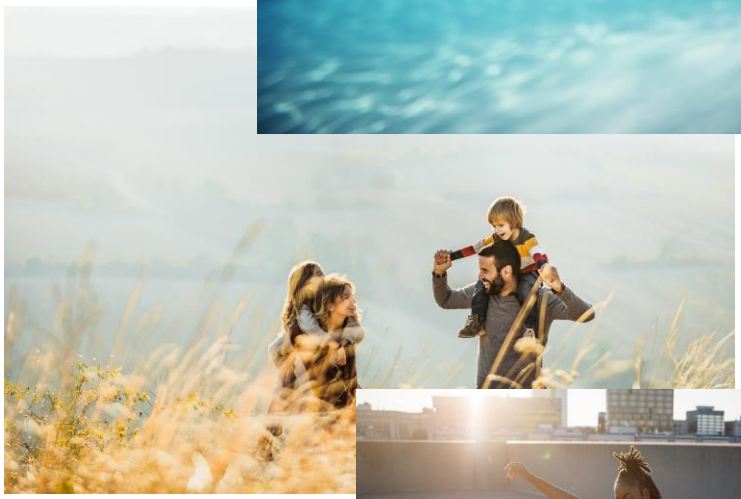
- 78 participants, year-long study, half in the intervention group.
  - Sessions were devoted to teaching people to alter their awareness of body as object to body as subject with unique meanings and empowerment. Looking at the body as an informant.
  - I am my body vs I have a body.
  - At 1 month, there were no significant differences between intervention and control groups, but at 1 year, the intervention group showed significant positive changes. Participants reported less pain, better coping, and they believed that they were more able to care for themselves than those in the comparison group.
- Pain being a physical, mental, social, and spiritual experience and often represents an estrangement from their bodies.
- Feelings that the body is failing us or that the body cannot be trusted.

Wilde M. H. (2003).

Physical Activity

- Messages like:
  - No pain no gain!
  - I need to burn off (insert food here).
  - Unless you puke, faint, or die….keep going!
  - Pain is weakness leaving the body.
  - Don’t stop when it hurts, stop when you are done.
- Movement as a means to punish
- Choosing movement based on what you believe is “enough”.




Trauma/Abuse

- Dissociation as means to cope.
- Felt sense of safety in the body.
- “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 their selves.” B. van der Kolk, Body Keeps the Score
- Protecting from risk also protects from joy

Life Changes and Body Image

- Puberty
- Pregnancy
- Disease or Injury
- Medication Side Effects
- Menopause or Hormonal Shifts

Experiential Exercise


Building back our relationship with our body.

Exercises and Therapeutic Tools

- Yoga
- Meditation
- Body Based Therapies
- Breath Work
- Embodiment Exercises
- Intuitive Eating
- Self Compassion

Yoga and Meditation

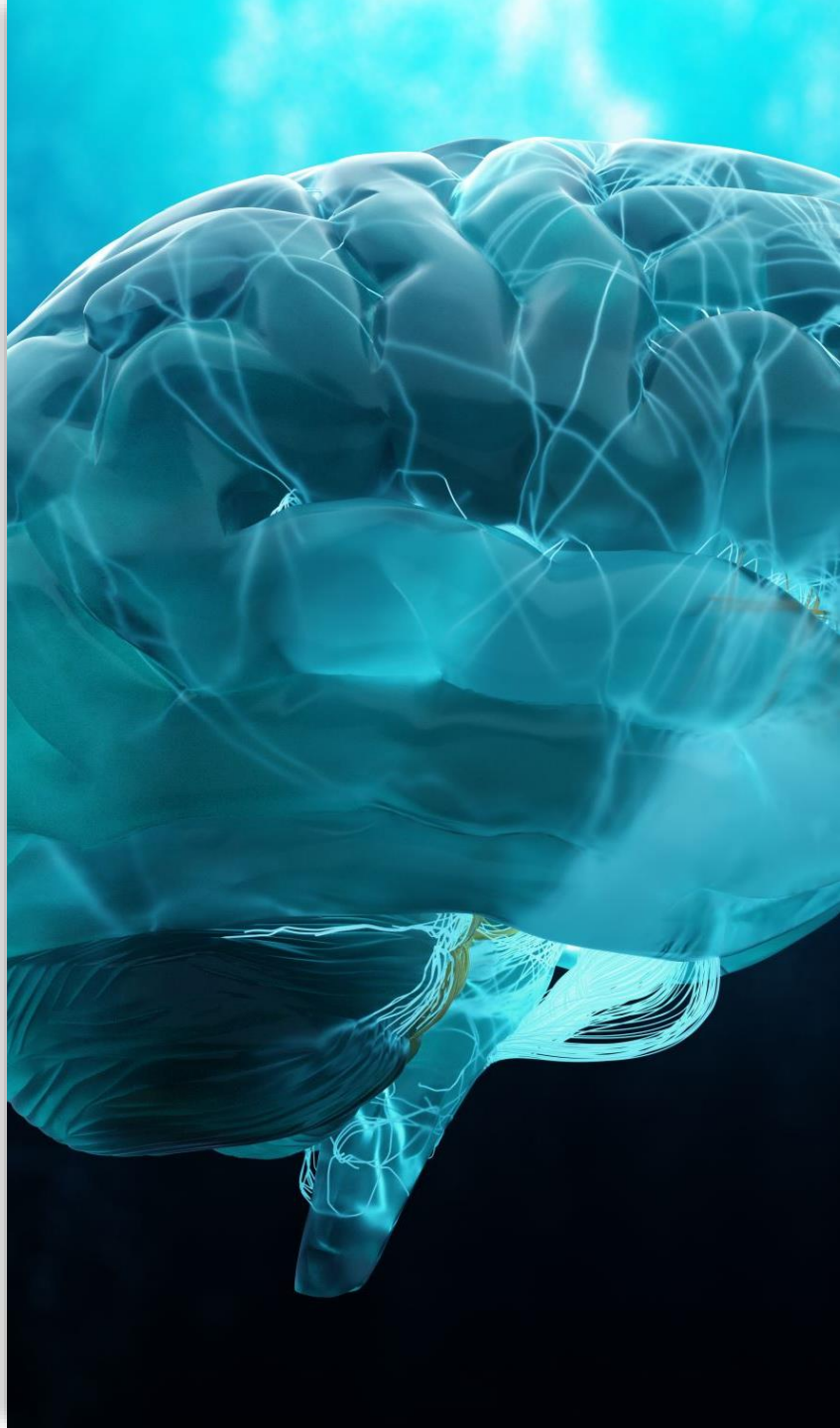
- Studies have shown the impact of yoga and meditation on a wide variety of mental and physical health conditions.
- Mindfulness practices in general show improvements for anxiety, depression, and the management of chronic pain symptoms.

Fair, Brittany: The Neuroscience of Yoga and Meditation

Meditation

- Studies have shown that meditation helps to increase functioning in our prefrontal cortex and decrease activity in the amygdala. It has also been shown to increase grey matter in several areas of the brain.
- Six Brain regions impacted by Meditation practice:
  - Insula: interoception or sensing internal states, self awareness, empathy
  - Somatomotor cortices: sensory regions responsible for body awareness
  - Prefrontal cortex: executive functioning/attention
  - Cingulate cortex: emotion regulation
  - Hippocampus: memory
  - Corpus Callosum: hemisphere to hemisphere communication
- 4 types of meditation practice
  - Focused attention
  - Mantra based
  - Loving Kindness Meditation
  - Open Monitoring
- 6 out of 8 control trials on meditation's impact on chronic pain showed reduction in pain intensity.

B. Fair, 2023



Yoga

- Increases our interoception, increasing our ability to connect to our body's cues
- "Yoga and medication can reduce markers of inflammation and improve immune system functioning." (B. Fair, 2023)
- Studies have shown the positive impact of yoga on symptoms of anxiety, depression, PTSD, and improving body image.
- CCHMC Yoga Study
  - The adjunct of yoga to standard (EDO) treatment resulted in statistically significant improvement of axial BMD, depression, and disordered eating cognitions in comparison to the Non-Yoga group. Ziv, A et all, 2023

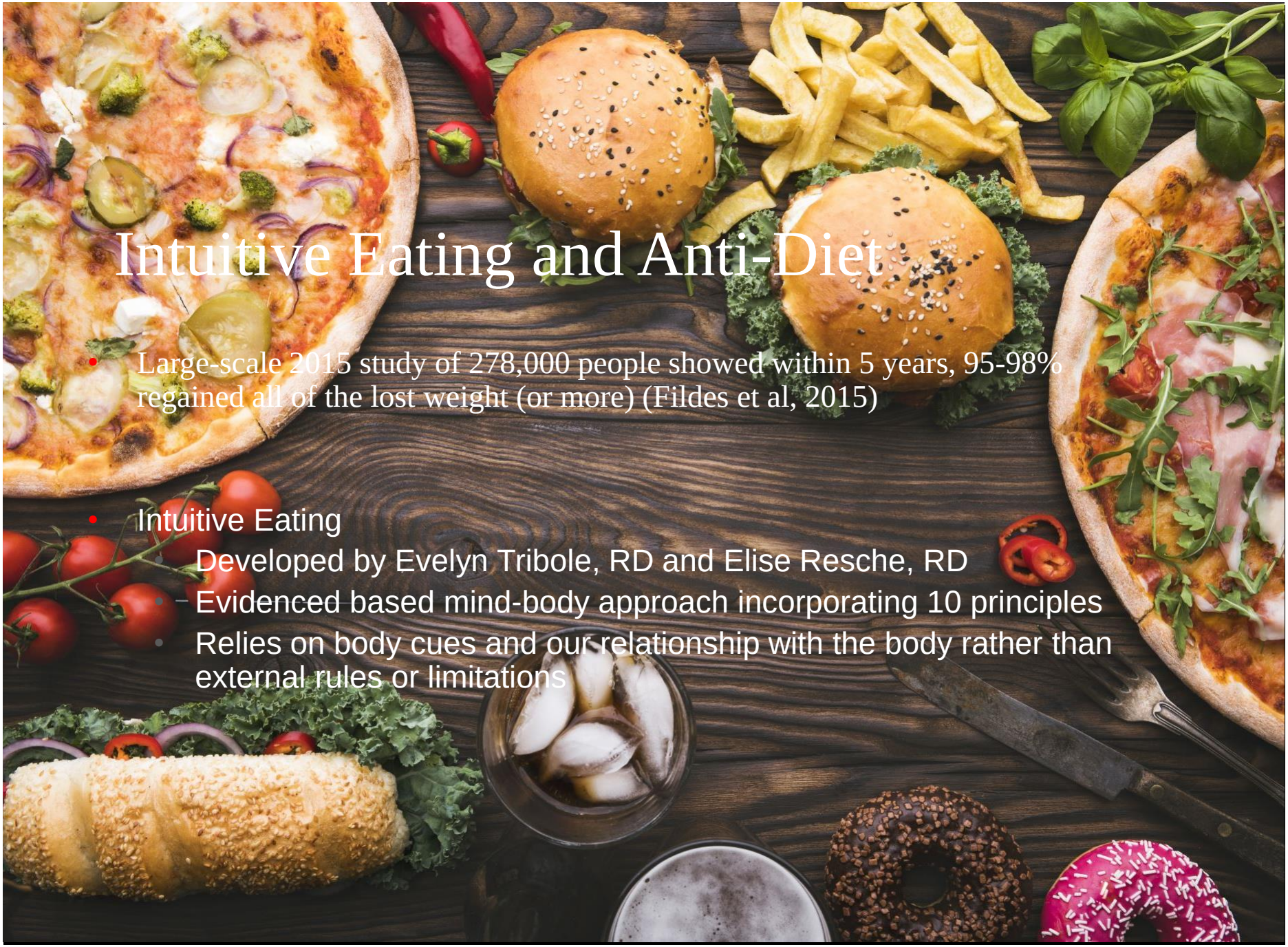
Fair, Brittany: The Neuroscience of Yoga and Meditaiton

Breathwork

- Breathwork is a mindfulness practice that brings us into our body.
- There is increasing research which shows the significant mental and physical health benefits of our breath and how we breathe.
- Paced breathing activates the parasymptetic nervous system, helping us to calm in states of stress or anxiety.
- Pranayama: In Sanskrit, “prana” means life energy and “yama” means control.
- “the best way to prevent many chronic health problems, improve athletic performance, and extend longevity was to focus on how we breathed, specifically to balance oxygen and carbon dioxide levels in the body. To do this, we’d need to learn how to inhale and exhale slowly.” J. Nestor, Breath: The New Science of a Lost Art
  - Breathing in for 5.5 seconds, and breathing out for 5.5 seconds
- Longer exhale (4, 4, 6) actives our parasympathetic nervous system.

Embodiment

- “Embodiment can be simply defined as living life informed through the sense experience of the body.” Ann Saffi Biasetti
- Connecting with the body, working together, seeing the body as a friend rather than foe.
- Viewing our bodies signals as messages to help us care for ourselves, both the pleasant and unpleasant.



Intuitive Eating and Anti-Diet

- Large-scale 2015 study of 278,000 people showed within 5 years, 95-98% regained all of the lost weight (or more) (Fildes et al, 2015)

- Intuitive Eating
  - Developed by Evelyn Tribole, RD and Elise Resche, RD
  - Evidenced based mind-body approach incorporating 10 principles
  - Relies on body cues and our relationship with the body rather than external rules or limitations

Self Compassion

- Body of research by Kristin Neff, PhD on the mental health benefits of self compassion
- 3 Components
  - Mindfulness
  - Self Kindness
  - Common Humanity
- Influences significantly how we relate to ourselves.

Body Based Therapies

- EMDR
  - Francine Shapiro, PhD: This method involves moving your eyes a specific way while you process traumatic memories, creating bi-lateral stimulation.
- Somatic Experiencing
  - Peter Levine, PhD: The Somatic Experiencing approach facilitates the completion of self-protective motor responses and the release of thwarted survival energy bound in the body, thus addressing the root cause of trauma symptoms. This is approached by gently guiding clients to develop increasing tolerance for difficult bodily sensations and suppressed emotions.
- Polyvagal Theory
  - The theory was introduced in 1994 by Stephen Porges
  - Polyvagal theory is a collection of proposed evolutionary, neuroscientific, and psychological constructs pertaining to the role of the vagus nerve in emotion regulation, social connection and fear response.
- DBT
  - Developed by Marcia Linehan to address maladaptive symptoms of undercontrol, originally designed to treat Borderline Personality Disorder.
- RO-DBT
  - Created by Thomas Lynch, designed to address maladaptive overcontrol.
- Mindfulness Based Stress Reduction
  - Founded by Jon Kabat-Zinn. Mindfulness-based stress reduction is an eight-week evidence-based program that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression and pain

Challenging Cultural Norms

- Health At Every Size
- Choosing which products we support.
- Taking a look at the messages we have received via family, friends, media, etc regarding the way our body “should” be.
- Honoring our body’s experience.

Experiential Exercise

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