Module 4.1 What Does this Look Like in Practice?

In this, our fourth and final module, we will be sharing a bit about what this work looks like in practice. This module is full of important tidbits, from ethical considerations to practical tools.

A weight-inclusive approach in a clinical setting aims to create an inclusive and healing environment which allows people to be expert about their own lived experience, name their concerns, redefine success on their terms, and connect into what they desire for their lives. Our ethics as providers are informed by the truth that the experiences of people in our society are impacted by conditions outside of their control, such as socioeconomic status, trauma history (including discrimination and stigma), access to support, gender identity, able-ism and more. Body shame is silencing and grows when it is not acknowledged and received in an environment that is accepting, weight-inclusive, and free of suggestions about what to do. People benefit from a welcoming space to be seen, heard and understood. Consider this functional definition of health created by ASDAH:

“The Association for Size Diversity and Health (ASDAH) affirms a holistic definition of health, which cannot be characterized as simply the absence of physical or mental illness, limitation, or disease. Rather, health exists on a continuum that varies with time and circumstance for each individual. Health should be conceived as a resource or capacity available to all regardless of health condition or ability level, and not as an outcome or objective of living. Pursuing health is neither a moral imperative nor an individual obligation, and health status should never be used to judge, oppress, or determine the value of an individual.”

What comes up for you as you read this? And, how do you think your clients/patients would respond?

The development of Body Trust® essentially returns knowledge and expertise to the client. They may ask for support in making changes (that aren’t rooted in shame) when they trust you and get curious about trusting themselves. Not the other way around. This is a radically different frame, one that upends self-loathing as a primary motivator and affirms worth and value despite the number on the scale or the fear of weight stigma.

How do we begin to do this as providers?

• Allow your patient to talk about their body without offering them suggestions about what they should do.
• Focus on naming and unraveling the inner and outer voices of body shame.
• Educate about the impact oppression, weight stigma and body shame have on health.
• Discuss weight regulation as complex and multi-faceted, and remind your client that this is not their fault.
• Practice the embodiment of weight-neutrality in your own life.

We know many providers work in settings that are firmly opposed to a weight-inclusive paradigm. Sometimes we see clients who are not ready for this approach. In these cases, we believe ethical practice is to offer informed consent regarding this alternate paradigm. Informed consent could include:

• Information and resources about the efficacy of dieting, the prevalence of weight bias and stigma, and alternatives to the traditional weight paradigm, like Health at Every Size® and Intuitive Eating.
• **Choice about being weighed in medical settings.**
• Normalizing information about eating disorders, including binge eating disorder, and the prevalence of disordered eating at every weight.
• Accurate two to five year outcome data (if there is any) about any weight loss program being offered.
• Strength-based discussions about health.
• Confidence in their ability to make the decision that is right for them.
• And more…

Working as a weight-inclusive provider includes the necessity to market your work in a way that does not contain stigmatizing language, such as “overweight” or “obese”, nutritionalizing, fear of fat, or fear about body size. Some providers are concerned the public is not interested in “buying in” to modalities that don’t promise weight loss. Providers who have been making a living by marketing weight loss may fear that this “won’t work”. We believe there is a high cultural cost to marketing weight loss or even hinting at the promise of weight change. The language you use to market your work is part of this social movement towards wholeness, body respect and acceptance. In our experience, our clientele IS interested in healing, feeling whole, and included. We have had client’s express how being in our office is the first time they felt at ease and welcome in a healthcare setting. This is because our marketing is kind, compassionate and consistent with the work we do, and our setting expresses that. No bait and switch. No dumbing down to “fit-in” with dieting culture. We aim to tell the truth about a healing process that is hard and rewarding. We are offering health promotion for ALL bodies, not one body more than another. We see, through our own development of marketing language, that our offerings have become deeper, richer and more rooted in respect and truth because of our marketing. Maybe it is a deeper dig, but it will benefit your work and business as a whole to share the truth of this paradigm.

And, lastly, a quick note about office furniture:
It is important to mention the necessity of having office furniture available to accommodate the full range of body sizes that visit your office. This work cannot be done well if a client is not comfortable or feels like they don’t “fit”. Armless chairs and couches that do not sit too low are generally more comfortable for larger bodied people.

Whew, that was a lot to share. We are wondering how this all lands for you?

Module 4.2  Healing the Relationship with Food First

“Not now.”

Much of the education we have been offered about food in our society has been about how to do it right AND combat “fatness”. It makes sense that those who've had a troubled and/or stigmatized relationship with food are often trying to do exactly that: get it right to avoid more shame and stigma. With the increased awareness of and focus on food sensitivities and allergies, and the rise of “functional nutrition”, people are consulting a lot of experts when trying to make decisions about how to feed themselves. Jon Robison wrote a piece on clean eating recently, and said this:

“Perhaps no area in the health fields generates more confusion, anxiety and misleading information than nutrition. Though most of us would not think to go to anyone other than a mechanic when our car breaks down, a veterinarian when our pet is sick, or a psychologist when we are depressed, for some reason we seem quite content to take nutrition counsel from just about anyone who is willing to offer it.”

Unfortunately, in the effort to “get it right”, healing relationship with food does not get prioritized. We think that considering dietary changes is far different when it is rooted in someone’s own observation of self, instead of fear or self-loathing. Developing an internally directed relationship with food offers healing that dietary change alone does not.

So we say “not now”. Not never, but not now. Not now to special diets, dietary changes, new programs, etc, because there is value in creating space for healing. It is essential that a once tightly regulated and/or shameful relationship with food is allowed enough spaciousness to heal. We want our clients to develop reverence and trust in their bodies, in food and with themselves. This means disregarding the “wisdom” and “shoulds” external to their process so they can begin to regain connection to the competent eater that emerges from within. Prescriptions for a gluten-free or anti-inflammatory diet may make sense from your perspective, but will likely re-engage the “dieting mind” and end up being unsustainable, resulting in another trip around the dieting cycle. Understanding this process, from the inside out, is where your own history and relationship with food might be influential. Do you
feel you can trust a client to heal their relationship with food regardless of the body they are in? Can you trust their body?

When people say they want to lose weight they often mean, “I want to be respected. I want to be loved. I want to be seen. I want liberation from fear and self-loathing.” Weight loss culture will never give us these things because it is founded on fear/hate-based systems like sexism, racism, classism and ableism. – Virgie Tovar

Losing weight does not liberate or heal. Healing happens separately, with a truthful reckoning and the practice of compassionate, weight-neutral self-care. This approach is asking someone to heal the dieting mind within a dieting culture. We often tell clients that they will feel like they are speaking another language when they try to tell others about this approach. Our culture is focused on “what’s working” vs. “what’s healing”. It is hard to accept your body in a culture that has equated a larger size with “letting yourself go”, signs of psychological distress, or not having your s#*t together. There is no data to support any of this. It takes owning the truth of one's story to “hit diet bottom” (Tribole & Resch, 2003).

One of the ways we begin to rebuild body trust is to move toward internally directed eating and becoming less reliant on external sources to tell us when, what and how much to eat. Internally directed signals of hunger, appetite and satiety are the mechanisms we were born with to help us regulate (and enjoy!) food (Robison, 2005). The signals come from the body and are sensed and/or felt, rather than coming from the mind, without consulting the body. When people take the time needed to heal, space is created to observe and begin to listen to their bodies instead of primarily reacting to them. Mindfulness becomes a more accessible option. Self-observation without judgment becomes exploratory. And the wisdom of the body becomes increasingly available.

In case you haven’t had time to see it, here’s another link to the resource page where you can watch the video we made about how we use the hunger scale. We find this tangible tool to be so valuable to clients as we explore the grey space of a non-diet approach. We encourage you to work with it a bit.

Module 4.3 Body Acceptance as a Grief Process

For many, moving towards body acceptance may be likened to a grief process. It feels like there is a lot to lose when we are unable to conform to a privileged and celebrated societal norm like an idealized body. When you let go of the thin ideal, you experience loss. It is a sizable emotional process to move from believing we can control the size and shape of our bodies to acknowledging the lived story and experience of knowing that it isn't going to happen the way we had hoped. Body shame leads to harmful forms of coping, and there is loss in letting go of the coping and the illusion of control. Awareness is one small step on the path to size acceptance and its corollary, self-acceptance. Attending to the grief that
accompanies all of this loss is part of healing, which is why we’ve named grief twice in the Phases of Moving Towards a Body Trust Practice. In grief processes we reckon with the loss of pieces of ourselves that felt central, longing for a renewed sense of meaning, safety and wholeness and have a need to reorient ourselves to something to ease the sense of feeling lost (Brown, 2015).

Note: We are aware that there are valuable and expanded views on the stages of grief beyond Kubler-Ross’ work. We find that these familiar stages work well for this exploration. It is important to say that this is not a linear process. We find our clients moving back and forth between stages frequently.

The First Stage: Denial  “No, not me” and “It cannot be true” (Kubler-Ross, 1969)
In this stage, people continue to diet despite acknowledging that sustained weight loss is impossible for most people. They cling to a belief that sustained weight loss is a realistic goal for anyone who tries hard enough. Detachment or disassociation from the body (existing from the neck up) continues, with more awareness of calories than hunger or feelings. In this stage, we work to detach worthiness from a number on the scale, increase body connection (breathing/body scan), and increase awareness of the damage dieting does (It’s not your fault!).

The Second Stage: Anger  “Why me?” (Kubler-Ross, 1969)
This stage is characterized by feelings of anger, rage, envy, and resentment. The anger is inward if they blame themselves and not the diets. Compulsive overeating may be used to soothe or express self-loathing, and this self-loathing and the goal of self-deprivation lead to the pathologization of any eating driven by emotional needs. People continue compulsive dieting to avoid body shaming from others. In this stage, we work to give external focus to internalized anger (It’s not your fault!). We love what our dear friend and colleague, Carmen Cool, shared with us recently:

“In my own [healing] process, I got really pissed off. I found myself getting really angry at the people that told me what kind of body I should be in, and I got really angry at all of the time I had devoted to the project of making my body be different...instead of pursuing other things. And then I started to think about this on a global scale, and how much time and energy is wasted by all the people stuck in this place of suffering. Anger can be a motivating emotion for some, it demands some action, and I think it kept propelling me to do something to not only heal, but to change the conditions that made me feel like crap about my body in the first place.”

The Third Stage: Bargaining
In 1969, Kubler-Ross wrote, “If we have been unable to face the sad facts in the first period and have been angry at people and God in the second phase, maybe we can succeed in entering into some sort of agreement which may postpone the inevitable from happening.” In terms of size acceptance, the inevitable happening is letting go of the wish for control. The cycle of failing and bargaining often repeats for many years with the desire to regain some semblance of power to counteract a mounting sense of failure. People in this phase often find new rationales, seemingly unrelated to appearance, for continuing
efforts to control and shape their body (i.e., “health”). Here, we explore their body story, experiences of body shame, and work to heal the wounds (therapy, write an apology letter to body, etc).

The Fourth Stage: Depression
In an article titled Size Acceptance as a Grief Process (reference below), Jeanne Courtney describes two types of depression. The first is reactive depression, where the person has unrealistic guilt or shame that can often be alleviated with reassurances. The second is preparatory depression, which she says is necessary to facilitate acceptance of a loss. “People in this phase are grateful for those who can sit with them…without constantly telling them not to be sad” (Kubler-Ross, 1969). In this stage, we work to develop an awareness of how weight-bias and stigma affect all of people, fat or thin. Clients also begin to look for body positive role models to regain a sense of empowerment. If you need some ideas, check out who we follow on Facebook, Twitter and Instagram.

The Fifth Stage: Acceptance
Kubler-Ross (1969) said the person is neither depressed nor angry about an inevitable loss. In terms of body acceptance, the opinions and actions of others no longer preoccupy the person. Size is not seen as a reason to delay activities they want to try, and they no longer require external definitions of what normal eating behavior is supposed to be.


Cheryl Strayed, in her stunning “Dear Sugar” column for the Rumpus, asks the question:

“What’s on the other side of the tiny gigantic revolution in which I move from loathing to loving my own skin?”

This is the question. What is the meaning in taking a journey from loathing to loving our own body? Is it simply to get out of the everyday pain of body shame?

Let’s briefly consider the differences between Body Respect, Body Acceptance, Body Trust® and Body Love:

Body Respect is the place we start from because it is available to us almost immediately, even if body love, acceptance and trust seem impossible. The body is a loyal companion, worthy of respectful care simply because it has been with us on this journey from day one, tremendously resilient despite what has happened to it. You may not love the body you occupy, but are you willing to respect it? Try to listen to it? Get curious about it?
**Body Acceptance** is the Zen of the practice—a place of equanimity that we return to again and again. We work with what is happening now and what is possible, resting on a belief in our inherent value and worth.

**Body Trust** is a practice of weight-neutral self-care. Cultivating trust with our bodies after a history of mis-trust can be likened to how you *regain trust* in any relationship—it takes time, lots of patience, and tiny consistent acts of care and kindness. Body trust practices involve learning to listen to the body's subtle and not-so-subtle messages, following them, and cultivating faith in their inherent wisdom. Over time, we become more aware of the ways the body shows up for us everyday, and in that awareness, we begin to trust its cues and rhythms.

**Body Love** is something we grow into over time as we develop respect, acceptance and trust. We might move in and out of body love, knowing that bad body days may still come and go. Our relationship with our bodies is an evolving one, as is any relationship, and falling in and out of love happens. Ultimately, body love is the celebration of all that our bodies are, the exquisite role they play in our lives, all they do for us, and all that is contained within them.

You can see the nuances and layers of helping someone heal body shame while living in a weight-biased world. *It is an evolving and non-linear process with a lot to explore.* What is one concept you want to take with you into your work this week?

**Module 4.4  Foundational Tools**

The approach we offer at Be Nourished has a certain permissive quality. We are up against some big, internal and external bullies, including, but not limited to, a restrictive dieting mind, an overwhelming sense of shame, and a culture that workshops thinness like a religion and blames bodies. We want to make sure the relationships with our clients are the priority, holding a big enough space for curiosity, vulnerability and trust to grow in its own time. We use a few nuanced tools to support this work.

**Experiments vs. Homework**

Frequently, we offer our clients an idea or concept to pay attention to in-between the times we work together. We also invite people to choose to focus on something “that is rising to the top” after one of our sessions. We don’t set goals. We don’t call it homework, and it is never mandatory. Everything is an experiment. We find there is valuable conversation to be had, regardless of whether or not an “experiment” entered our client's consciousness during the week. Again, we are not experts but collaborators.

**The Inner Anthropologist/Witness**

This is often one of the first tools we introduce to new clients. The inner anthropologist is the part of you that is around simply to study the “culture of you.”
It is a non-judgmental and neutral observer of your thoughts, feelings and behavior. A non-neutral self might say, “I can’t believe I just ate ALL of that.” The inner anthropologist would say, “I just ate four cookies.” This voice is a witness to what happens. When the witness is present, more information about all that is going on is available, moment-to-moment.

**Doing ‘C’ Work**

One of the biggest reactions we get from clients is when we tell them to do ‘C’ work, as opposed to ‘A’ work. We advise people to not try and become the perfect intuitive eater, etc. Why? Most of our clients are perfectionists, with little tolerance for themselves when “the diet/plan” fails. It’s likely been exhausting. **Normal eating** is imperfect and flexible. Inviting “C work” allows for more non-judgmental observation and experimentation. It is a key component to cultivating body trust.

How do you see these concepts helping the people you work with? How might they benefit your own life?

**Module 4.5  Keeping the Lens Wide and Your Mind in the Metaphor**

Our individual and group work involves widening the lens to see all the factors that may be leading to discomfort, and the desire to focus on the body as the problem. In a world with weight stigma, where systems and culture blame bodies, people learn to see and experience the body as a central point of discomfort in their lives. The body becomes the scapegoat, a primary language for how we express uncomfortable feelings. We love exploring this parallel process. When we keep the lens wide, we take the focus off the body and ask “what’s really going on here?”, while repeating the mantra “my body is not the problem.”

In the beginning stages of our work, we help widen the lens every time someone comes in to see us. When the dieting mind has been the dominant voice, gentle reminders that everything will not be solved with weight loss are valuable. Reminders that restriction has lead to overeating, emotional eating or bingeing is helpful. Reviewing The Cycle helps people remember that body shame and dieting/disordered eating behaviors are a part of a larger pattern of coping that may be ready for change.

Metaphors abound in the paradigm and are exceptionally helpful at keeping the lens wide. Here are some of the common ones that we explore:

**Feeling “fat”**

Fat is not a feeling. “Feeling fat” has become a way to describe uncomfortable feelings and experiences (body, emotional, relational, etc), like body shame, unworthiness (not belonging), feeling small or insignificant, etc. Hirschman and
Munter have named this process the translation of the language of feelings into the translation of the language of food and fat...

“Feelings are an important pathway for people to understand themselves and their world. Our work is to help people identify their feelings and use them as a road map to solve difficulties that occur in life. Yet the minute the overeater turns to food to calm herself, she loses access to these feelings. When she calls her problem one of food and weight, she distances herself even further from the real issues in her life. Every time someone reaches for food to manage a feeling, they miss out on an opportunity to learn something important about themselves and to deal directly with a difficult problem or situation.”

Many people can move from “feeling fat” to feeling fine in a matter of hours, so this often isn't really about body size. Exploring what “feeling fat” really means is an opportunity to learn more about the belief system and vulnerabilities your client associates with this “fat” feeling. If this feeling, and the internalized fatphobia it is rooted in, continue to go unexamined, long lasting recovery and deep healing is unlikely.

**Hunger and needs.**
Some people feel shame when they are full and less shame when they are hungry or feel empty. In different people, chronic fullness or hunger can be distancing, dissociative, and/or silencing. Some people feel anxious at the slightest sensation of hunger, while others feel anxious with the presence of any food in their belly. All of these sensations can be explored with great curiosity. When we widen the lens, we start to look at the messages they received growing up about having any needs, not just the need for food. What was food caretaking like in the household? Was there always enough to eat or were there periods of food scarcity in the home? How were big emotions handled in the family? What did they learn about a person who meets their needs? What gender differences showed up?

**Food and relationships.**
Someone, somewhere, said the way you do one thing is the way you do everything. We can learn so much when we look at our relationship with food through a very wide lens. When food is chaotic, you can often assume that another part of life feels chaotic too. If a client isn’t able to set a boundary in their relationship, why would they be able to set one with food? There have even been times when the words a client is using to describe their relationship with food are the same words they’ve used to describe a relationship with their partner. Metaphor can be found almost everywhere.

There is so much to learn when we keep the lens wide and seek metaphor to help us understand why we do the things we do. We encourage you to explore these concepts in your personal and professional work.
Module 4.6  Gratitude & Next Steps

Here we are! You made it through the course! We hope you feel inspired and supported in bringing this weight-inclusive approach into your work.

In this final module, Bringing a Body Trust Approach into Your Work, we shared our style of interactions, some of our ethical grounding, and gave you a snapshot of some tools we use regularly. We highlighted the value of an open and affirming culture in your office (right down to the furniture!) and discussed ethical marketing. We hope this was a satisfying look into how to cultivate Body Trust® in your practice setting.

If you are interested in making professional connections in this work, we find The Association for Size Diversity and Health (ASDAH) and the Binge Eating Disorder Association (BEDA) to be warm and welcoming professional communities to join.

You may find yourself wanting more training to deepen your understanding of this work. Here are some resources that we consider to be the true backbone of our approach:

- The Body Is Not An Apology
- Nalgona Positivity Pride
- Trans Folx Fighting Eating Disorders
- Decolonizing Fitness
- Our recommended reading list
- Motivational Interviewing training
- Intuitive Eating facilitator training
- Self-Compassion with Kristen Neff, Ph.D.
- Designing and Leading Powerful Workshops with Ken Nelson and Lesli Lang
- And of course, Body Trust® Provider Certification with us.

We will be in touch to see how you are doing, ask for feedback, and remind you of upcoming consultation calls that are offered to participants of this e-course.

We think our community of embodied practitioners will make the world safer for all bodies. Thank you for being a part of this important, paradigm shifting work.