Body Image Injury Inventory (BIII)

Introduction for Therapists, Brainspotting Practitioners and Other Helpers

Clients often come to us because they have experienced harm, and we as Trauma Specialists and Brainspotting Practitioners have committed to help clients process and resolve these injuries. To do so, we keep educating ourselves, practice self-reflection, and often find we need to change our approach in relationship to clients. Sometimes, we need to change the questions we ask.

For decades, most - though not all - therapists have spoken of larger body size in clients as the *result* of trauma, instead of recognizing that people naturally come in all shapes and sizes. Some professionals continue to teach clients that resolving trauma leads to weight loss. While this may be true for some people, it's also true that other people experience weight gain as a result of getting relief from trauma symptoms, and some people experience no real change in weight/body size. It's also true that for the majority of people, intentional weight loss (IWL) is followed by regain and often higher weights, and that this yo-yo effect is now thought to be a factor for so-called "weight related" illness.

Research* dating all the way back to the Minnesota Semi-Starvation Experiment in 1944-1945 (undertaken to study the effects of famine caused by WWII) consistently shows that suppression of weight through restriction of food and/or strenuous activity leads to distressing/dangerous mental health symptoms, overriding preoccupation with food, and a reduction in metabolic rates. Still, the fact that generations of intentional weight loss (dieting) has led to an increase in average weights of our population is blamed on individual failures to stick with unsustainable diets. And even though research now indicates that health conditions previously correlated to body fat may actually be correlated to the "yo-yo" effect of dieting, people still use the word "healthy" when what they mean is "conventionally attractive."

Ethical practice requires that therapists and other helpers stop conflating health and body size, and cease to prescribe (or co-sign prescriptions of) weight loss. That prescription is a matter of cultural conditioning around what and who is considered attractive (or not) - it is not a guarantee of health and in fact is a risky prescription that undermines physical, mental, emotional and spiritual health. A significant percentage of people who take up restrictive behavior around food - about 1/3 - end up with an eating disorder, a particularly deadly mental health issue.

Even for those who do not have full blown eating disorders, mental health is negatively affected by the prescription to lose weight. Preferences around appearance are not static across cultures or time - there's no right or wrong size. But therapists in the US serve clients in a culture in which higher weight people are being told, to put it mildly, "We don't like how you look, and you shouldn't like it either." Those of us who specialize in trauma know that the cruelest forms of trauma turn a person against themselves.

Anti-fat bias is a trauma that should not be overlooked or ignored, but less perpetuated by professional helpers. In addition to other traumas they experience, people of all sizes suffer injury due to internalized anti-fat bias, bullying at the cultural or familial level, witnessing the bullying of others, or all the above. Note that we do not say all people: I'm saying that the people who experience these injuries come in all sizes, and they deserve to have healthcare providers who understand that size/weight, in itself, is not the problem.

We and others of the Body Justice Brainspotting Group have compiled this Body Image Injury Inventory to ask different questions. We are Brainspotting Practitioners committed to Weight-Inclusive Care. 03/2024

Keri Baker LCSW (FL) * Rev. Christie Bates LPC (MS, TN) * Montoyia McGowan, LCSW (TN)
Judith W. Reedy, LPC (LA) * Jenniel Taylor, MDiv, Reg. Psychotherapist (Canada) * Doris Tellis, LMSW (MI)

*Compared to current weight normative care, weight inclusive/neutral care has been shown to support clients in improved mood, self-esteem, physical health indicators, and improved self-care behaviors such as seeking access to the most nourishing food they can afford, movement they find enjoyable, and willingness to engage with the healthcare system in an assertive manner. These behaviors may lead to weight loss, weight gain, or no real change in weight. Sample reference list has been added at the end of this document.

Suggestions to Therapists for Using This Inventory

Because it covers a lot of ground that can be quite activating for people, the BIII is **not** a questionnaire to send through a client portal or email. You may need to do your own Brainspotting around it before you can use it effectively with clients, in fact.

Nor is this something for the client to sit with alone, unless you dole out a few questions at a time for therapy groups, or for journaling in between sessions for clients you feel are ready for it.

You may choose to use the Inventory to guide you as you listen to the client and notice what is showing up in the Brainspotting Frame around the topic of Body Image and Body Image Injury. You will likely find there are other injuries to body image not covered here, but the BIII might help you listen for them.

This is not a research tool, nor a research-validated means of diagnosing any disorder. It is a means of helping therapists and clients become aware of cultural, legacy and personal injuries that could benefit from neuroexperiential processing through Brainspotting or other somatic/brain-based treatments.

It may also have the benefit of helping clients reduce shame and self-blame for struggles around Body Image, as they see or hear some of their experiences on this list.

Due to the volatile feelings people can have around this topic, and the complicated combination of cultural, generational and individual factors involved, you may choose to start with Resource Brainspotting or even the Advanced Resource Model, until you know how your client tends to respond as you work your way through this Inventory together. As always, though, the setup you choose in any given session will be determined by your attunement to your client in the present moment.

Regarding Sharing the BIIQ with Therapists, Nutritionists, or Other Helping Professionals

This Inventory may be shared on an **individual** basis with colleagues or collaborators, **as long as the above caveats are included as written.** This does not require permission, but please credit these co-authors of the Body Justice Brainspotting Peer Consult Group:

Keri Baker LCSW (FL) * Rev. Christie Bates LPC (MS, TN) * Montoyia McGowan, LCSW (TN)
Judith W. Reedy, LPC (LA) * Jenniel Taylor, MDiv, Reg. Psychotherapist (Canada) * Doris Tellis, LMSW (MI)

The Inventory may be shared when training **groups of professionals**, **by prior permission** of the authors, **as long as the above caveats are included as written**. Please reach out to the co-authors for permission through christie@passaticounseling.com.

Keri Baker LCSW (FL) * Rev. Christie Bates LPC (MS, TN) * Montoyia McGowan, LCSW (TN)
Judith W. Reedy, LPC (LA) * Jenniel Taylor, MDiv, Reg. Psychotherapist (Canada) * Doris Tellis, LMSW (MI)

Suggestions for Clients in Using this Inventory

This Inventory aims to help you and your therapist identify wounds you may have sustained to your sense of desirability, value, worth, esteem, or even health based on anti-fat bias.

In our culture, these injuries and the internalization of anti-fat bias happen to people of all sizes including:

- people who self-identify as fat,

- those who have never been fat,

- those who are genetically fat and have been able to “pass” as straight-sized at times through restriction of food and excessive/rigid forms of movement, or

- those who are genetically thin, have experienced vicarious trauma as a bystander when others were harmed, and fear what may happen to them if they gain weight

- those who experienced a type of trauma called "moral injury" when they realize they have caused harm to others through anti-fat bias.

The Body Image Injury Inventory is meant to be taken slowly and with plenty of support. If you are journaling about it alone, consider using bilateral or biolateral music and give yourself a time limit or page limit. You may also want to bookend the experience: Let a trustworthy person know what you're about to do, and commit to talking with them in 20 minutes, or whenever you stop. This will allow you to take that support into the Inventory process.

You might want to go through a few questions or one section at a time with your therapist or support group, instead of alone. In fact, this can be very useful so that you can get a sense of what you need or needed developmentally; after all, what we grew up with seems normal to us, even if it hurts.

If you are engaged in a process of healing through Brainspotting, you may want to take just one of these questions as a jumping off point for processing.

You'll see that the sections are divided a bit in terms of where the harm came from. Some people experienced harm with regard to their size and weight from all directions. Other people may have some extra resilience because they lived in a household or had a mentor that valued body diversity, even though the larger culture was fatphobic, and it can be helpful to be reminded of these strengths.

You don't need to feel rushed to discuss the particulars of any item until you're ready. Either way, identifying these wounds may allow you to choose where you'd like to begin or continue deep healing with the help of Brainspotting.

Body Image Injury Inventory

Section One: Indicators of Injury Originating in Anti-Fat Cultural Bias

Which of these thoughts or feelings do you experience now or have you experienced in the past? (You can look at just a few of these at a time, if that's helpful)

1) I am upset or dissatisfied by the weight, size, or shape of my body

2) I believe people who are thinner are healthier

3) I feel I don't do enough to "improve" my body

4) I believe I would be smaller/thinner if I was eating/exercising correctly.

5) I used to feel okay about my body, until I began noticing changes, aging, weight gain, or had an accident, a health issue/surgery that altered how my body feels, looks, and/or works.

6) I have been told that I have an eating disorder (not always connected to body image)

7) I struggle to maintain the rules I try to follow about food or exercise

8) I struggle to maintain the rules my peers say you should follow about food or exercise.

9) I don't know what it's like to move, dance, walk, run or play outdoors just for fun

10) I feel guilty about food or movement, although I couldn't tell you exactly why

11) I don't feel that my body accurately reflects my gender.

12) I fear what others might think if they knew how much I think about my appearance

13) I, myself, think that maybe if I were a better person (some clients say, "more spiritual") I wouldn't worry about this so much.

14) I have served in the military or similar situation and was required to maintain a particular weight.

15) I have been diagnosed with "ob-sity" due to a healthcare provider's reliance on the BMI chart.

Section Two: Injury Originating in Generational/Legacy Trauma

Which of these are a part of your experience?
(You can look at just a few of these at a time, if that's helpful)

1) "Fat" was an insult in my family.

2) When I was growing up, one or more family members often worked to suppress their weight/size.

3) Weight, food, and/or diets were frequent topics of conversation in our family.

4) My family spoke negatively (includes critical, "sympathetic," or condescending) about people in larger bodies.

5) My grandparents were hungry due to war or finances; my parent(s) or I went hungry due to diets.

6) My ancestors (or I) were/are identified as Black, Indian, Indigenous, "mixed," Hispanic, Brown, BIPOC, Jewish, Gypsy, Irish/Scottish or otherwise non-Anglican/White.

7) My ancestors (or I) identified/identify as non-Anglican/Protestant Christian religiously.

Section Three: Injury via Harm Directly onto You

Which of these are a part of your experience? (Consider just a 1-2 at a time, if that's helpful)

1) A caregiver or other people praised me when I dieted, skipped meals, or lost weight.
2) I experienced punishment or reward based on what, how much I ate - whether the caregiver thought it was too much or not enough - that interferes with my relationship with food.
3) I have experienced criticism/taunts about size, shape or body size by friends, family, or strangers
3) Friends, family, or strangers have fetishized or "admired" my body until I was uncomfortable.
4) I have been prescribed weight loss in a healthcare environment when a thinner person would have been prescribed lab work, surgery, or further exploration.
5) I have felt ignored or deprioritized in customer service situations in favor of thinner people
6) I avoid travel, theater or other experiences due to fear that I won't fit in the seats or fear I will be self-conscious or uncomfortable in other ways.
6) I think my size may have kept me from being hired for a job or chosen for a date.
7) I have been told I would lose an important relationship if I gained weight.
8) My athletic abilities were/are discouraged because they might make me look "too bulky."
9) My athletic abilities were/are exploited by others who profit(ed).
10) People made/make assumptions about how athletic or "fit" I was/am based on my size/weight.
11) My body has been compared positively or negatively to someone else's
12) I look a lot like a family member who harmed me or other people
13) I have experienced physical, verbal, or sexual abuse.
14) I used to enjoy movement, but now I only engage in movement when I'm dieting.
15) I can't imagine ever feeling good or even okay about my body.
16) I can't imagine having the experience of eating without some kind of guilt.

Wrap-Up Questions

1) What experiences of weight bias or fat-phobia have you had that are not in this inventory?
2) How does it feel to see that some of your experience is common enough to be listed like this?
3) How has seeing Body Image Injury shifted your attitude(s) toward yourself and your body?

References

Dugmore, J., et al. (2019) Effects of weight-neutral approaches compared with traditional weight-loss approaches on behavioral, physical, and psycholog- ical health outcomes: a systematic review and meta-analysis. Nutrition ReviewsVR Vol. 78(1):39–55. doi: 10.1093/nutrit/nuz020

Mensinger, J., (2016) A weight-neutral versus weight-loss approach for health promotion in women with high BMI: A randomized-controlled trial. Appetite 105, Elsevier Ltd. http://dx.doi.org/10.1016/j.appet.2016.06.006

Rhee, E. (2017) Weight cycling and its cardiometabolic impact. Journal of Obesity & Metabolic Syndrome 2017;26:237-242 https://doi.org/10.7570/jomes.2017.26.4.237

Tomiyama1, AJ, et al (2016) Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005–2012. International Journal of Obesity. 15 March 2016; doi:10.1038/ijo.2016.17

Tylka, T., et al. (2014) The weight-inclusive versus weight-normative approach to health: Evaluating the evidence for prioritizing well-being over weight loss. Hindawi Publishing Corporation
Journal of Obesity
Volume 2014, Article ID 983495, 18 pages http://dx.doi.org/10.1155/2014/983495