

# Beyond Body Positivity: A Multi-tiered Framework for Enacting Body Liberation in Clinical Spaces

Hannah Ramsey, Barnard College

Professor Lesley Sharp, Barnard College Department of Anthropology

## Introduction & Background

- Eating disorders (EDs) have grown in global prevalence in tandem with increasing rates of 'overweight'/'obese' diagnoses (Silén & Keshki-Rahkonen, 2022)
- These diagnostic trends parallel the increase in bodily fixation and dissatisfaction in recent decades, especially among youth—body dysmorphia is a corollary condition
- Diet and wellness culture's commodification of 'health' and the construction an idealized aesthetic of the 'healthy' body may be responsible for rising body-obsession (Griffin et al., 2022)
- The body positivity movement has taken strides to dismantle this aesthetic of health, though has received criticism for its co-opting of diet/wellness culture values and practices as well as its insistence on affirming aesthetic desirability of one's body as a means of body acceptance (Leboeuf, 2019)
- The concept of body neutrality has recently emerged as an alternative to body positivity (Pellizzer & Wade, 2023)
- Practicing body neutrality may serve as an alternative path towards enacting what writer and activist Sonya Renee Taylor's concept of body liberation (Taylor, 2018)

## Methodology

- 5 semi-structured interviews with healthcare professions across clinical disciplines (i.e., internal medicine, clinical psychology, social work, health education, and dietetics)
  - 10 initial guiding questions to structure the interview
  - Average interview duration: 41 minutes
  - 4/5 interviews conducted in-person
- All interviews were transcribed using Otter.ai software
- Iterative thematic analysis to identify central themes in interview responses (Morgan & Nica, 2020)

When and how did you first learn about body composition indicators (BCIs)? How did you first understand their history and purpose? Has that understanding changed?
Could you tell me about your personal and professional background (e.g., where you are from, how you identify, what attracted you to your field of expertise, how long and where have you been working, did you work in another field prior to entering the one you are in now, etc.)?
Do you use body composition indicators in your practice? Could you give me a few examples to illustrate how and when you use them during your assessment of pediatric patients/clients?
What are your professional and personal views on the relationship between body size and health?
How do you describe and discuss body measurements with your pediatric patients/clients?
Does your approach towards discussing body measurements change with the patient? If so, could you explain how and why? Could you give an example?
What does referencing body composition indicators allow for you to discuss with pediatric patients and/or their parents/guardians that you likely would not have otherwise discussed? Are there times when you have hesitated or decided not to reference body composition indicators in appointments with pediatric patients? Why? What did you do instead?
Could you tell me about a memorable experience you have had with a patient when discussing their body's size and/or weight? What made it memorable? This experience may be limited to a single interaction with a patient or comprise multiple interactions extended throughout the patient's duration of care.
Could you elaborate on your perception of the role that prescribed bodily modification (e.g., weight loss) plays in pediatric care?
Are there ways in which you have learned from your patients and/or their guardians that might have altered how you think about or employ BCIs in your work? Has there been an instance where someone surprised you that led you to adjust what you do?

Table 1. Guiding questions for semi-structured interviews with clinicians.

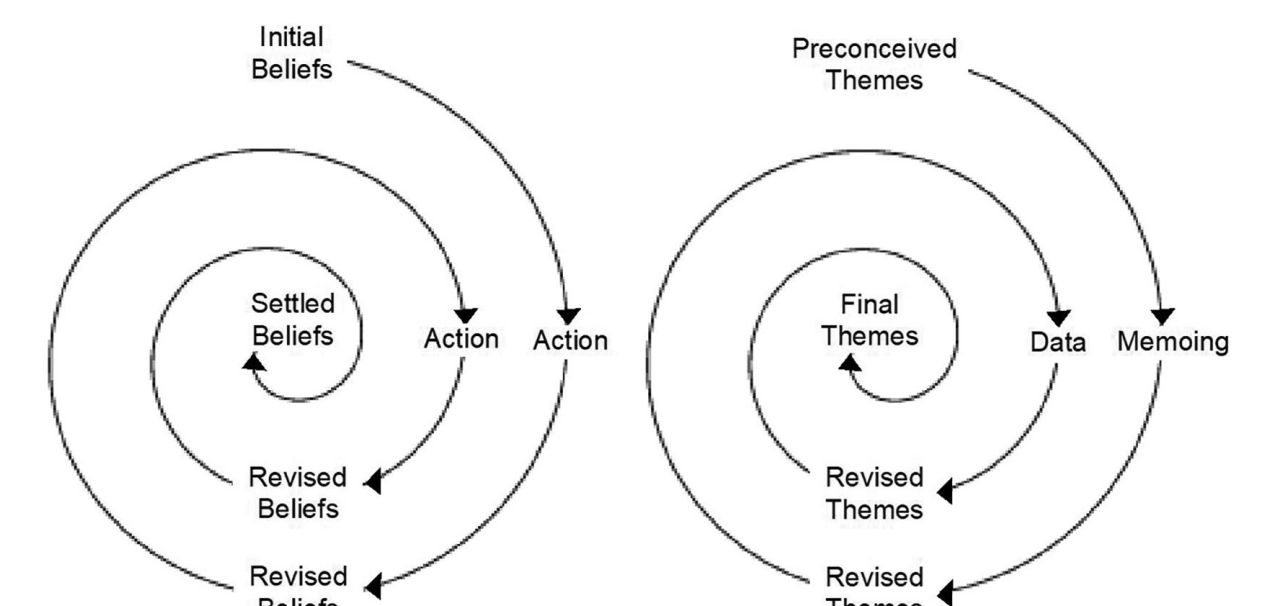


Figure 1. The process of iterative thematic analysis. Sourced from Morgan and Nica (2020).

## Results and Discussion

### 1. Body dysmorphia as a form of culturally mediated and socially reinforced self-alienation

- Clinicians described patients as experiencing disconnect between sense of self and objectified image of health and desirability they have internalized through exposure in the media and markets
- Principles of body neutrality implemented by 4/5 clinicians interviewed—body neutrality described as helping rectify felt alienation between self and body-image

### 2. Hyper(in)visibility of suffering through body dysmorphia

- Patients in 'deviant' and marginalized bodies (e.g., fat, non-white, disabled, etc.) that are rendered illegible by diet and wellness cultures' logics are disproportionately affected

### 3. Clinicians lack uniform curricula and training on how to address body image disturbance in patients

- This results in the (1) perpetuation of diet- and wellness-culture messaging, (2) reinforcement of the dominant culture's aesthetic of health, and (3) imposition of the pressure to perform 'healthy living' through emulating the values of diet and wellness culture, of which have white-supremacist, patriarchal historical origins

Identification	Sex	Profession	Experience (years in practice)
Clinician A	Female	Licensed Professional Counselor	5
Clinician B	Female	Licensed Clinical Social Worker	5
Clinician C	Female	Registered Dietitian Nutritionist	16
Clinician D	Female	Exercise Physiologist, Certified Health Education Specialist	20
Clinician E	Male	Internal Medicine Physician	34

Table 2. Participant identifications. Participants are identified according to sex, profession, and experience (duration in years of practice)

### 4. Patient education as a vehicle for (re)formation of health-based narratives

- In all (5/5) interviews, 'health', 'healthy living', and a 'healthy lifestyle' were terms of ambiguity
  - There lacks a consensus on how to promote health when there is not a definitive embodied form of health (i.e., there exists no essential 'healthy body' or 'healthy lifestyle')
- Patient education recommended as a means of deconstructing diet and wellness culture beliefs and values, envisioning new paradigms of care, and enacting body liberation in clinical spaces

## Conclusion & Next Steps

To dismantle oppressive the aesthetic standards of health, reduce bodily discrimination/stigmatization in clinical spaces, and improve patient-clinician relationships, a multi-tiered framework for body liberation is proposed:

### Tier 1: Clinician Education

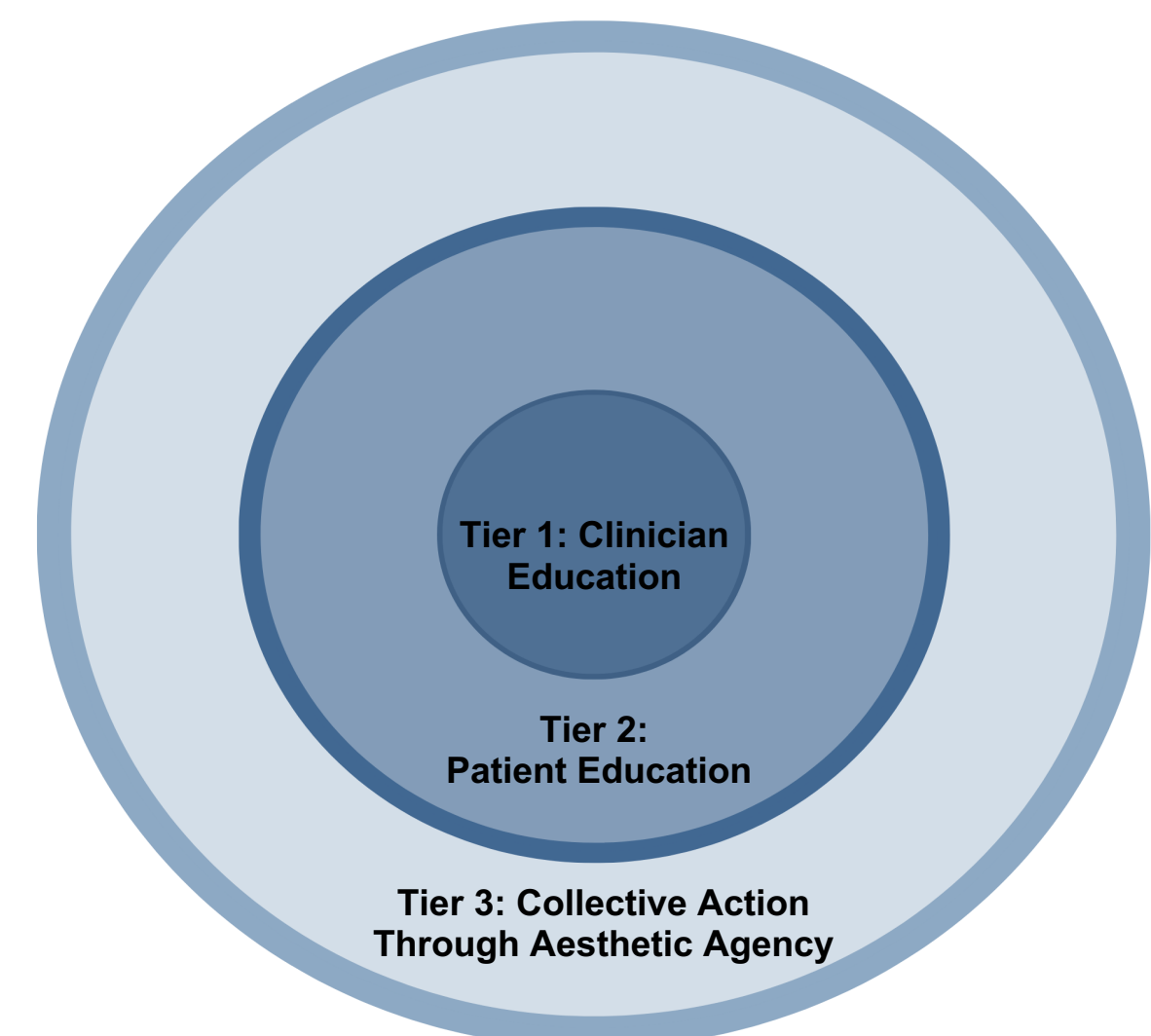
- Modeling principles of body neutrality in clinical practice
- Developing 'narrative competence' through the implementation of narrative medicine workshops
  - Becoming the receiver of patients' self-narratives (attentive and empathic listening; witnessing and holding patients' suffering; validating patients' experiences and emotions; serving as a source of hope)

### Tier 2: Patient Education

- Health media literacy and the reconstruction of digital ecosystems
- Becoming acquainted with and integrating body neutrality principles
- Cultivating a dialectic habit of mind
  - Self-reflective and contemplative practices (e.g., writing, mindfulness meditation, etc.) to deconstruct and reconstruct value/belief systems espoused by diet and wellness culture

### Tier 3: Collective Action for Culture Change: Acting with Aesthetic Agency

- Cheryl Frazier's framework of "responsible aesthetic agency"
- Developing an (inter)personal awareness for how the body is regarded and depicted through media, conversation, etc.
- Actively resisting dominant narratives of desirability through the complex and creative representation of 'deviant' bodies



## References

- Griffin, M., Bailey, K.A., Lopez, K.J. (10 October, 2022). #BodyPositive? A critical exploration of the body positive movement within physical cultures taking an intersectionality approach. *Frontiers in Sports and Active Living*, 4. doi: 10.3389/fspor.2022.908580
- Leboeuf, C. (2019). What Is Body Positivity? The Path from Shame to Pride. *Philosophical Topics*, 47(2), 113–128. <https://www.jstor.org/stable/26948109>
- Morgan, D. L., & Nica, A. (2020). Iterative Thematic Inquiry: A New Method for Analyzing Qualitative Data. *International Journal of Qualitative Methods*, 19. <https://doi.org/10.1177/1609406920955118>
- Pellizzer, M., Wade, T. (2023) Developing a definition of body neutrality and strategies for intervention. *Body Image*, 46, p.434-432.
- Taylor, Sonya Renee. 2018. *The Body Is Not an Apology*. San Francisco, CA: Berrett-Koehler Publishers.
- Silén Y, Keski-Rahkonen A. Worldwide prevalence of DSM-5 eating disorders among young people. *Curr Opin Psychiatry*. 2022 Nov 1;35(6):362-371. doi: 10.1097/YCO.0000000000000818. Epub 2022 Sep 13. PMID: 36125216.

## Acknowledgments

Many thanks to the Laidlaw Foundation for providing the generous support necessary to complete this project. Additionally, I would like to express my gratitude for the guidance and encouragement shown to me by the Barnard Laidlaw Committee and my research mentor, Professor Lesley Sharp.