

A Trauma-Informed Reframe for Food & Body Size

Cultural norms around food, weight, and dieting are mine fields of false ideas that can easily become traumatic when internalized.

An antagonistic relationship with food or the size of our body is perceived as danger by the nervous system. A healthy relationship with food and our own body size can help create secure attachment with self and coherence within the nervous system.

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BMI is a myth

- BMI was designed by Quetelet, a Belgian mathematician, to quantify the weight of a population for government purposes
- Quetelet said it should not be used at the individual level
- The formula is illogical because bone is denser than muscle and muscle is denser than fat
- The formula is based on a skewed average - the group of people Quetelet had access to in Belgium 200 years ago
- The medical system still uses BMI even though it's not medically accurate because of pressure from insurance companies

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Diet Culture

Diet culture tells us "that there's one way to be and one way to look and one way to eat and that we are a better person, we're a more worthy person if our bodies are a certain way,"

- UK-based body image researcher Nadia Craddock

- Diet culture uses guilt, fear, and shame to motivate food choices. This keeps people stuck in trauma responses.
- Dieting doesn't work in the long run - our bodies will try to return to their set point.
- Thinness is a cultural aesthetic, not a biological advantage.
- Weight based discrimination is a type of systemic trauma that has significant health impacts.

Set Point

We have DNA instructions for the weight that our body wants to be within a range of about 5-20 pounds. Whatever our set point is, that is a healthy size for us. Charts that label people as overweight or obese are not accurate because we do not all have the same set point.

When we push our body below or above our set point, the nervous system responds to this stressor with survival mechanisms that affect our energy levels, metabolism, mood, and overall health.

After puberty our set point typically doesn't change. However, our set point can change through epigenetic shifts - when genes are turned on or off in response to significant life experiences.

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Every Body Has Different Needs

There is no one-size-fits-all plan for nutrition. Dietary advice is constantly changing because it can't be generalized for the whole population.

- The optimal time of day to eat is different from person to person.
- We don't all need the same ratios of macro-nutrients. (example, keto isn't for everyone)
- Sugar and fat are processed differently by different bodies.
- Identical twins can have different blood sugar responses to the same food.
- Neurodivergent people tend to be statistical outliers in regards to dietary needs.

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Most Bodies Have a Tummy Pouch

The abdominal area below the belly button holds a magnetic field that connects to our autonomic nervous system. The vagus enervates with the edges of this space.

Eastern traditions call the lower abdomen the lower dantian. It is considered a source of life energy.

Mammals typically develop some amount of fat over this part of the body as protection. The cultural idea that it is healthier to have a flat belly is in direct contradiction to biology.

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Causes of weight gain

- genetics
- medications, hormone changes
- recovery after illness or surgery
- stress, trauma, lack of sleep
- low access to fresh foods (food deserts, malnutrition, vitamin + mineral deficiencies)

Contrary to popular beliefs, weight gain is not directly related to quantity of food consumed. A person experiencing trauma and a person who is feeling safe can eat the same amount of food, and their bodies will use and store the energy from that food in two very different ways.

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Body Policing Causes Trauma

Fat people face nearly constant social criticism, shame, and rejection for their body size. This discrimination has immediate impacts on the nervous system and long term impacts on health and wellbeing.

It is especially harmful when parents and teachers police the bodies of young children. Healthy food and movement should be encouraged, but negative comments about a child's weight can lead to depression, eating disorders, addiction, or other mental health problems.

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Fat does not equal unhealthy.
Thin does not equal healthy.

Weight does not tell us anything definitive about a person's metabolic health. Blood pressure, cholesterol, and blood sugar levels are not directly correlated to weight.

The greatest risk of being fat is actually discrimination leading to lower standards of medical care. The documented risk of heart disease, stroke, cancer, and diabetes that is associated with being fat is most likely caused by substandard levels of care and by PTSD-style avoidance of a discriminatory medical system.

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Health at Every Size

HAES is a framework for care that teaches medical service providers an alternative to the weight centered approach to treating clients. Health at Every Size has 5 core principles: weight inclusivity, health enhancement, eating for well-being, respectful care, and life-enhancing movement.

"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." - HAES®

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The Trauma + Weight Connection

The Freeze/Shutdown response is like hibernation - the body stores what resources it can to help us survive. This response also releases cortisol, an appetite stimulant.

Sympathetic overdrive depletes stored energy. When our fat stores run out, the body uses muscle and organ tissue as fuel. Fight/Flight also releases adrenaline, an appetite suppressant.

Trauma survivors can cycle between these extremes. Because Fawn is a combination of these responses, the Fawn response can cause hibernation or depletion or cycles of both.

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The Vagus / Gut Connection

80% body to brain

- The vagus nerve is highly connected to the walls of our intestines. This is why the gut is sometimes called our "second brain."
- The digestive system is monitored by our neuroception which chooses our neural state based on danger or safety signals
- Our microbiome is one of the most significant sources of information for our neuroception.

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The Vagus / Gut Connection

20% brain to body

- In freeze, the dorsal vagus shuts down our digestive system, often resulting in constipation and discomfort or pain.
- In fight/flight, our sympathetic system triggers the digestive system to speed up, often causing gas or loose bowels.
- When we are in a safe mode, our ventral vagus influences our digestive system to move things along at a rhythmic pace.

Disordered Eating is a Trauma Response

When the nervous system is overwhelmed, the body changes its physiological processes to focus on protection. This often leads to eating much more or much less than what our body needs to function. When we get stuck in one of these extremes or when we cycle between them, shame stories and social messaging about body size can encourage us to stay in that pattern.

Healing disordered eating requires attention to both the social stories we carry about body size and the balance of the nervous system.

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When the Body Says No to Food

It's common to not want to eat when we are stressed. This is because the freeze/shutdown response literally shuts down the gut. In this state, the body stops producing hunger hormones and digestive enzymes and the muscles of the intestines stop moving too.

Safety enables digestion. Most people need a calm environment to be able to eat and absorb the nutrients from food. Some things that can help wake up the digestive system include: proprioceptive stimulation, movement, focused breathing, and cider vinegar or lemon juice.

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Why We Binge

There are several common reasons we binge eat. Binging is often a reaction to previous restriction.

As a solution, some nutritionists recommend ditching all dietary restrictions and instead learning to trust the body's hunger and satiety cues.

Binging can also be a distraction from unmet needs or a way of soothing overwhelming emotions. Instead of trying to stop binging by force, it is easier to find the unmet need or overwhelming emotion and address that so that the body no longer feels it needs to use this behavior to survive.

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Why Sexual Trauma Changes our Relationship to Food

In some studies, over 50% of people with eating disorders reported past sexual trauma.

Studies also show a clear link between childhood sexual trauma and eating disorders.

Boundary violations are sensed and processed in the gut. Sexual boundary violations in particular tend to cause pelvic tension, as well as a need for control over food and/or a need for comfort from food.

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Common ND Food Issues

Neurodivergent people have different sensory processing, this includes textures and tastes of foods.

Our nervous systems are likely to need more or less stimulation to feel safe enough to digest our food well.

IBS, IBD, reflux and other digestive issues are caused by nervous system imbalance due to stress and trauma.

Executive Dysfunction is a common challenge. Planning and preparing food can sometimes be beyond our capacity.

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What is a safe food?

Any food that does not cause sensory aversions or allergic reactions is a safe food.

It is okay to have a very small list of safe foods. There is no need to force yourself or someone else to eat food the body perceives as unsafe. Honoring your body's needs and only eating from your list builds safety and heals attachment ruptures.

Your list is likely to naturally expand after you create a sense of safety for your nervous system.

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Food Power Struggles Cause Attachment Ruptures

Power struggles with food are a common source of childhood trauma. External enforcement of food rules can be felt by the nervous system as an overwhelming attack on autonomy.

Guilt and shame about food can harm our attachment relationship with self. Developing a healthy relationship with food can help us towards secure attachment with self.

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Intuitive Eating

Intuitive eating is a body awareness practice that involves learning to listen to both hunger and satiety cues.

The idea is to follow our internal cues when making choices about food instead of allowing external rules about how much or when to eat dictate our diet.

Intuitive eating can be a process that takes a lot of time because it involves gradually tuning in to interoception which is often numbed by trauma

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Community Meals

We did not evolve to prepare all of our own food individually. Humans have had community kitchens, street vendors, and bakeries for ages. Many common problems with food would be solved by sharing food with each other when we can.

Co-regulation helps our bodies to feel safe enough to digest food. If you can't eat with others, it can be supportive to turn on a podcast or tv show for the safe social cues.

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