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# Health at Every Size<sup>®</sup> The New Peace Movement

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# Weight: A normative discontent

*"Most of us, fat or thin, feel discontent about our weight."*

*Tiggerman & Lynch, Dev Psych, 2001*

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We are prescribing for fat people what we  
diagnose as eating disorders in thin people.

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# Agenda

- What is HAES?
- Why shift to HAES approach?
- Practical applications
- Ethical Guidelines

# Five Tenets of HAES<sup>SM</sup>

- Health enhancement
- The pleasure of eating well
- The joy of movement
- Size and self acceptance
- An end to weight bias

# Why shift paradigms?

- Traditional weight loss doesn't work
- Traditional weight loss harms people
  - Preoccupation with food and weight
  - Increases risk of eating disorders
  - Weight cycling and associated health damage
  - Reduced self-esteem
  - Feelings of failure and self blame
- Traditional weight loss perpetuates weight stigma

# Evidence to support this shift

- Un-sustainability of weight loss interventions
- Success of HAES interventions
- Success of interventions based on health practices
- Incomplete and contradictory evidence for “obesity as a risk factor” and “obesity epidemic”

BMI

Over what weight?

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# Weight/health confounders

- Inactivity
- Stress from discrimination
- Socio-economic status
- Certain 'weight loss' drugs
- Weight cycling/dieting

Linda Bacon

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*“Researchers have demonstrated ways in which bias and convention interfere with robust scientific reasoning such that obesity research seems to ‘enjoy special immunity from accepted standards in clinical practice and publishing ethics.’ ”*

Mann et al, Am Psychol 2007

Bacon L, HAES book, 2010

Bacon et al, JADA, 2005

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# Practical Applications in the Clinical Setting

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# You as a Provider

- Your dieting history
- Your personal food rules
- Your body comfort

*“Many well-intentioned, caring people are promoting myths”* - Linda Bacon

# Do you believe...

- Thinner is better, whether for health or cosmetic reasons?
- Permanent weight loss can be achieved through dietary restriction and exercise?
- Anyone can lose weight if they just try hard enough?

# You as a Provider: Terminology

- Overweight and Obese
  - Over what weight? There is no weight over which you are definitely unhealthy.
  - Latin *obesus*, from *ob-* against + *esus*, past participle of *edere* to eat — more at
  - These terms pathologize having a certain body.
- People who live in larger bodies
- People with higher body weights

# Health enhancement

- Recognize that dieting is harmful
- Reject the diet mentality
- Develop sustainable health practices
- Focus on metabolic not cosmetic fitness
- Broaden the definition of health
- Redefine success

# Eating/food choices

## Diet

- Do I deserve it?
- If I eat a heavy food, I try to find a way to make up for it.
- I feel guilty when I eat heavy foods.
- I usually describe a day of eating as good or bad.
- I view food as the enemy.

## Non-Diet

- Am I hungry?
- Do I want it?
- Will I be deprived if I don't eat it?
- Will it be satisfying?
- Does it taste good?
- I deserve to enjoy eating without guilt.

Intuitive Eating by Tribole and Resch

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# The pleasure of eating well

If eating healthy is a pleasurable experience and makes you feel better, you are much more likely to continue to honor your health with your food choices.

Intuitive Eating, Tribole and Resch

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# Normalize Eating

- Neutralize food
- Reconnect with and eat in response to internal cues (hunger scale)
- Lift deprivation
- Discern emotional needs from physical needs
- Rediscover the joy and nourishment of eating



# Principles of Intuitive Eating

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# Exercise benefits

## Diet

- I focus primarily on calories burned.
- I feel guilty if I miss a designated exercise day.

## Non-diet

- I focus primarily on how exercise makes me feel, especially the energizing and stress-relieving factors.

Intuitive Eating by Tribole and Resch

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# The Joy of Movement

- Focus on how movement makes you feel
- Let go of the rules for what counts and just get moving
- Identify motivations to move that are not connected to weight, shape or size

# The Joy of Movement

- Let movement be an opportunity to explore pleasure
- Listen to your body
  - Take rest days and change your activities based on what feels good at the moment
- Address exercise resistance and compulsive exercise

# View of Progress

## Diet

- How many pounds did I lose?
- How do I look?
- What do other people think of my weight?
- I have good willpower.

## Non-diet

- While I'm concerned about my weight, it is not my primary goal or indicator of progress.
- I have increased trust with food.
- I am able to let go of "eating indiscretions."
- I recognize inner body cues.

Intuitive Eating by Tribole and Resch

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# Size and self acceptance

- Accept your genetic blueprint
- Respect your body
  - Notice what it does for you
- Stop body checking behaviors
- Increase body connection



# Size and self acceptance

- Clean out the closet
- Use your voice in support of size diversity
- Invest in and support yourself
  - rather than the weight loss, pharmaceutical, fashion, or beauty industries



*“Intuitive Eating is associated with psychological well-being... Women who accept their bodies are more likely to eat healthy.”*

Tylka, 2006

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# An End to Weight Bias



*“Feeling fat has stronger health effects than being fat”*

Puhl et al, *Int J of Obesity*, 2008  
Muenning et al, *Am J Pub Health*, 2008

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# Prevalence of Weight Discrimination

- As pervasive as race and gender
- Comparable to racial discrimination
- Increased by 66% over past decade
- More common than age or gender discrimination in employment setting
- Affects women at lower levels of overweight
  - Men have to be severely obese to experience bias

Rebecca Puhl, Yale Rudd Center

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graph TD; A[Weight Bias] --> B[Vulnerability for]; B --> C[Depression]; B --> D[Anxiety]; B --> E[Low Self-Esteem]; B --> F[Poor Body Image]; B --> G[Suicidal Acts & Thoughts];
```

Weight  
Bias

Vulnerability  
for

Depression

Anxiety

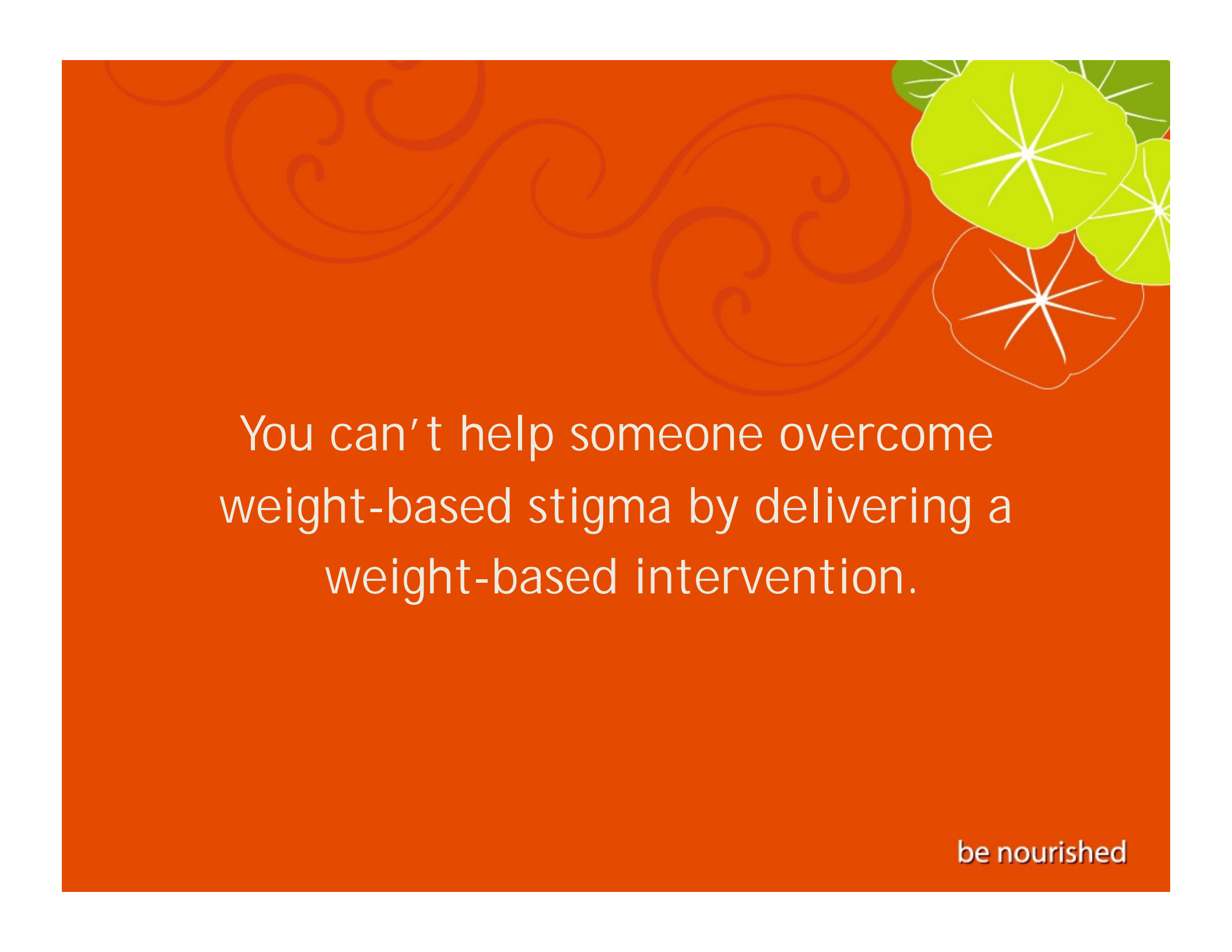
Low  
Self-Esteem

Poor  
Body Image

Suicidal Acts  
& Thoughts

Hatzenbuehler, Keyes, Hasin, 2009; Cattarin & Thompson, 1994; Eisenberg et al., 2003; Haines, Neumark-Sztainer, Eisenberg, & Hannan, 2006; Hayden-Wade et al., 2005; Lunner et al., 2000; Neumark-Sztainer et al., 2002; Shroff & Thompson, 2004; Thompson et al., 1995; van den Berg et al., 2002; Young-Hyman et al., 2003; Carels et al., 2010; Lin & Reid, 2009; Clementi, 2010; Wott & Carels, 2010

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You can't help someone overcome weight-based stigma by delivering a weight-based intervention.

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# An End to Weight Bias

Recognition that body shape, size and/or weight are not evidence of any:

- Particular way of eating
- Level of physical activity
- Personality
- Psychological issue or moral character

The background is a solid orange color. In the top right corner, there are several stylized green citrus slices with white outlines and internal patterns. Faint, light orange swirls are scattered across the upper half of the page.

There is beauty and worth in EVERY body.

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# Research Outcomes

- ↑ self esteem
- ↓ or stabilized BMI
- ↓ thin ideal
- ↑ optimism
- ↑ physical activity
- ↑ wellbeing
- ↑ good cholesterol
- ↓ triglycerides
- Sustained behaviors



*“Encouraging improved eating and exercise behaviors as ends in themselves leads to sustained changes in health behaviors at two years”*

Bacon & Aphramor, 2011, Nutr Journal

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# Resources

- *Health at Every Size* by L. Bacon
- *Big Fat Lies* by G. Gaesser
- *Your Child's Weight: Helping without harming* by E. Satter
- *Intuitive Eating* by E. Tribole & E. Resch
- Yale Rudd Center - [yaleruddcenter.org](http://yaleruddcenter.org)
- Ellyn Satter - [ellynsatter.com](http://ellynsatter.com)



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THANK YOU!

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