

# Health At Every Size

Shifting The Focus To Health



The underlying goal of traditional approaches to weight and health is for people to be smaller, i.e., lose weight. As discussed in the previous article, there is little evidence supporting the efficacy of such approaches and mounting concern that they may be violating the primary health care directive of “first do no harm.” Furthermore, as will be detailed in a later article in this issue of *Absolute Advantage*, traditional assumptions about the relationship of increased weight to poor health and premature death and the relationship of weight loss to improved health have been seriously questioned in recent years.

Fortunately, there is a compassionate, effective approach for helping people to resolve their eating and weight struggles. The thinking behind this approach first emerged in the 1970’s when feminist activists began to expose the way in which women were being targeted differently than men regarding weight and health issues. Then in 1979 two major scientific reviews were published that questioned the effectiveness and social appropriateness of traditional weight loss treatment.<sup>1,2</sup> Since that time, numerous books and articles

have been written challenging the basic assumptions of the biomedical emphasis on weight loss. From the combined work of many women and men from a variety of fields, the Non-Diet/Size Acceptance Movement was born. Over the last 30 years this movement has grown in popularity and developed into what is referred to by more and more of those involved as Health At Every Size (HAES).

## Health At Every Size

The basic conceptual framework of the Health At Every Size philosophy includes the belief in:

1. **The natural diversity of body shape and size**
2. **The ineffectiveness and dangers of dieting**
3. **The importance of relaxed eating in response to internal body cues**
4. **The critical contribution of social, emotional and spiritual as well as physical factors to health and happiness.**

Table 1 below contrasts the underlying assumptions of traditional weight management approaches with those of Health At Every Size.

## What Is A Healthy Weight?

HAES promotes that an appropriate “healthy weight” for an individual cannot be determined by the numbers on a scale or by an ideal height/weight chart or by using the Body Mass Index or body fat percentages. Rather, HAES defines a “healthy weight” as the weight at which a person settles as they move towards a more fulfilling and meaningful lifestyle – a lifestyle that includes eating in an unrestrained manner guided by internal cues and participating in enjoyable, reasonable and sustainable levels of physical activity.

The HAES philosophy does not suggest that all people are currently at a weight that is the healthiest for their circumstances. What it strongly purports is that the movement toward a healthier lifestyle will, over time for most people produce a weight that is healthy for that person. Focusing on weight, as in traditional approaches, is most likely to produce weight cycling and over time, increased weight. Although this conceptualization is often labeled as “radical,” it actually is quite congruent with the conclusion statement, over a decade ago, of the National Institutes of Health Consensus Conference on Obesity that:

**a focus on approaches that can produce health benefits independently of weight loss may be the best way to improve the physical and psychological health of Americans seeking to lose weight.**

It is critical to understand that removing the focus on weight does not imply ignoring health risks and

**Table 1. Comparing The Underlying Assumptions**

TRADITIONAL WEIGHT LOSS PARADIGM	HEALTH AT EVERY SIZE
Everyone needs to be thin for good health and happiness.	Thin is not intrinsically healthy and beautiful, nor is fat intrinsically unhealthy and unappealing.
People who are not thin are “overweight” because they have no willpower, eat too much, and don’t move enough.	People naturally have different body shapes and sizes and different preferences for food and physical activity.
Everyone can be thin, happy, and healthy by dieting.	Dieting usually leads to weight gain, decreased self-esteem and increased risk for disordered eating. Health and happiness involve a dynamic interaction among mental, social, spiritual, and physical considerations.

medical problems. On the contrary, when larger individuals present with medical problems, health professionals should consider and offer the same approaches that they would for a thin person with similar presenting problems. In the case of a thin person with essential hypertension, for example, conventional medicine suggests dietary changes, increases in aerobic physical activity and stress management followed by medication if necessary. Yet a larger individual presenting with the same diagnosis is told to lose weight, despite all that is known about the most likely consequences of this recommendation.

## Healthier – At Every Weight

HAES supports a “holistic” view of health that promotes “feeling good about oneself, eating well in a natural, relaxed way, and being comfortably active.”<sup>3</sup> Table 2 outlines the major foci for helping people with eating and weight-related struggles from the HAES perspective. These are elaborated on in the text that follows. In all situations, the goal for health professionals is to help people to live healthier, more fulfilled lives by honoring and caring for the bodies they presently have.

## Size And Self-Acceptance

The focus on self- and size-acceptance is seen as primary. Body dissatisfaction and hatred are rampant particularly among women of all shapes and sizes in our society. Self-acceptance is an affirmation that, just as human worth is not based on race, color, or creed; it also is not dependent on body weight, shape, or size.

Our obsession with thinness has spawned what may be the last culturally accepted prejudice against individuals who do not measure up to our unrealistic societal standards of body shape and size. The result of this prejudice is widespread social, economic, and educational discrimination against larger individuals.<sup>4,5</sup> As with all forms of prejudice, however, it is not only the persecuted group that suffers. Women of all sizes and increasing numbers of men suffer from the demands of unreasonable expectations that play havoc with their self-esteem and promote disordered eating and exercise behavior.

As a cornerstone of HAES, self-acceptance involves honoring the natural diversity in the human form and challenging cultural weight prejudice. As health professionals we must begin by confronting our own

prejudices and learning strategies to empower our clients to do the same. Fortunately, materials have been developed to assist health professionals with the process of understanding and combating their own weight prejudice. These include a number of excellent books written by larger women health professionals who have struggled with the pain of growing up in a thin-obsessed culture.<sup>6,7</sup>

## Physical Activity

Physical activity is widely recognized as an important element in human health, yet the majority of Americans of all sizes remain sedentary. HAES focuses on promoting movement that is social, playful, and pleasurable including not just jogging, cycling, and exercise classes but activities connected with everyday living such as walking and gardening as well. Movement is encouraged for enjoyment, camaraderie, and improved quality of life, not calorie burning and weight loss.

HAES supports physical activity that is reasonable and sustainable. The traditional, structured, sports oriented approach to movement does not work for many people and has likely frightened many more away from being physically active. The emphasis in HAES is on helping people to find movement that is fun and that fits their circumstances.

In addition, this HAES acknowledges the prevalence of sedentary living in our society as largely a cultural phenomenon that cannot be significantly impacted without addressing cultural barriers. This is especially true for larger individuals, many of whom are deterred from engaging in physical activity by fear of the ridicule and

**Table 2. Health At Every Size: Major Components**

<p><b>Self-Acceptance</b> Affirmation and reinforcement of human beauty and worth irrespective of differences in weight, physical size and shape.</p>
<p><b>Physical Activity</b> Support for increasing social, pleasure-based movement for enjoyment and enhanced quality of life.</p>
<p><b>Normalized Eating</b> Support for discarding externally imposed rules and regimens for eating and attaining a more peaceful relationship with food by relearning to eat in response to physiological hunger and fullness cues.</p>





humiliation that they have endured as a regular, ongoing part of their lives.<sup>29</sup> For many such individuals, discovering movement in a size-friendly environment can be a means of beginning to rediscover and reconnect to the bodies they have been taught to hate and ignore.<sup>30</sup>

### Normalized Eating

The externally focused, restrictive methods used by diet programs rarely succeed in helping people to become healthy eaters. HAES endorses internally directed “normal,” (intuitive, mindful) eating as an important component of “healthy weight” and good health for people of all shapes and sizes. HAES refutes the concept of “good” and “bad” foods and discourages the use of externally-focused eating strategies such as calorie, carbohydrate and fat-gram counting. Instead, all foods are legalized and the focus is placed on reducing anxiety about eating. People relearn how to eat in response

to physiological hunger and satiety cues.<sup>8,9</sup> They are taught to listen to and trust their bodily signals as to what, when and how much to eat.

Individuals who adopt normalized eating may or may not see changes in their weight. However, this eating style is likely to improve people’s health by reducing the anxiety, guilt, preoccupation with food, bingeing, weight cycling, and weight gain commonly associated with restricted eating (dieting).

HAES recognizes that when people are struggling with food- and weight-related issues it is often symptomatic of underlying distress that cannot be relieved merely by delivering nutrition information and advice. Trying to help people with these kinds of issues while being certain to *do no harm* in the process necessitates a compassionate, truly holistic approach that includes attention to the social, emotional and spiritual as well as physiological aspects of food.

### Show Me The Data

Given the tremendous vested interests supporting the status quo with relationship to issues of weight and health it is not surprising that there are many critics of the HAES movement. Critics have particularly pointed to a lack of data supporting the effectiveness of HAES approaches. It is interesting that these same individuals continue to promote traditional approaches in spite of the almost complete lack of research supporting their efficacy and growing indications of negative side effects.

Given a lack of funding support (difficulty finding interest groups to support research that does not include weight loss products, services, etc) there has been only limited research to date directly comparing HAES approaches against traditional programs. Interestingly, however, over the years there have been numerous studies supporting the efficacy of approaches that can improve health

independent of weight change. These studies show conclusively that risk factors traditionally labeled as “weight-related” (elevated blood pressure, cholesterol, glucose, etc.) can be ameliorated and often normalized in people considered to be obese with interventions that have little if any effect on body weight.<sup>10, 11</sup>

Furthermore, in recent papers in the International Journal of Obesity and the Journal Of The American Dietetics Association, researcher Dr. Linda Bacon reported on a long-overdue study comparing the efficacy of an HAES approach with that of a state-of-the-art, traditional, behavioral weight loss intervention. Participants in the HAES and traditional programs obtained the same physiological and psychological benefits over a six-month period. However, almost half of the diet group dropped out, and many of the benefits evaporated over time for the

diet group while being maintained by the HAES group.<sup>12,13</sup>

While perhaps surprising to some, these results are precisely what HAES supporters have been predicting for years. The focus on health is effective for helping people to improve their health – the focus on weight is not.

## Reshaping The Practice

Health professionals are likely to need some retraining to shift the focus of their work from weight loss to helping people to be healthier at their present weight. This training must incorporate deep introspection regarding personal prejudices and struggles surrounding weight and eating. It should also help practitioners to identify people whose psychological issues make them appropriate referrals for additional support. But it also must include a broadened understanding of how

complex socio-cultural issues such as addiction, poverty, abuse, isolation and oppression often underlie people’s behavioral struggles. Although this has not been a major part of the traditional training for many health professionals, trying to help people without an understanding of the bigger context of their lives is likely to result in a continued lack of effectiveness and diminished credibility for our professions.

By breaking the endless cycle of weight loss and regain the HAES approach can help stop the waste of valuable resources that results from our cultural obsession with thinness. The goal is to help people improve the quality of their lives regardless of weight status. The end result will be a culture that is less judgmental and more truly diverse and individuals who lead happier, healthier, and more fulfilled lives by honoring and caring for the bodies they already have. ★





## HAES IN PRACTICE: Self-Acceptance

- Avoid admonitions to lose weight
- Positive change comes from self acceptance and self-love not from self-loathing
- Respect for diversity is for everyone
- Very difficult to teach without doing our own work

## HAES IN PRACTICE: Physical Activity

- Fat does not necessarily mean unfit
- Do not associate physical activity with weight loss or calorie burning
- Physical activity as "caretaking" - "to move the body not change the body"
- Encourage physical activity not just exercise

## HAES IN PRACTICE: Internally Directed Eating

- Listening to appetite, hunger and satiety cues
- Can be relearned by teaching awareness
- No "Good" or "Bad" Foods
- Food nourishes the body, mind and spirit

## HAES IN PRACTICE: Health vs. Weight-centered Care

- Avoid size-related assumptions
- Discuss weight and body image concerns with people of all sizes
- Focus on well-being, energy level, lipids, glucose, etc, rather than weight
- Provide concrete reasons not to diet while offering the HAES alternative

## HAES IN PRACTICE: Health vs. Weight-centered Outcomes

- Improved quality of life and self-acceptance
- Amelioration of medical problems and decreased reliance on medications
- Increased participation in and pleasure from physical activity
- Increase use of internally-directed eating style and decreased obsession with food

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**Suggested Citation:** Robison, J. (2006). *Health At Every Size: Shifting The Focus To Health*. WELCOA's *Absolute Advantage* Magazine, 5(3), 8-13.