

# Health At Every Size: Antidote for The "Obesity Epidemic"

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The next two issues of *Healthy Weight Journal* are devoted to exploring the Health At Every Size (HAES) approach for helping people to resolve their eating and weight-related struggles. They include contributions from six advocates with diverse backgrounds who have been actively working for change in this area. Although many of those who are involved with HAES are colleagues who know and respect each other, as with any movement, there are differences of opinion and focus. The articles in these issues represent the views of the individual authors who wish to acknowledge their debt to all of their brave and passionate colleagues who continue to pursue this very difficult and, at times, frustrating work.

The underlying goal of traditional approaches to weight and health is for people to be smaller, that is, lose weight. From a HAES perspective, this is an inappropriate and unacceptable goal. Drawing from his myth-shattering book *Big Fat Lies: The Truth About Your Weight and Your Health*, Dr. Glenn Gaesser summarizes the scientific evidence that demonstrates that (1) the relationship of increased weight to poor health and premature death and the relationship of weight loss to improved health are not supported by the literature, (2) weight loss is not (at the present time at least) a sustainable outcome for the vast majority of people, and (3) there is considerable evidence that promoting

weight loss violates the underlying health care principle of "First, do no harm."<sup>1</sup>

Although the HAES approach varies somewhat depending on the source, the philosophy and emphasis of all who are involved in this movement are remarkably similar. The basic conceptual framework of this approach includes acceptance of

1. The natural diversity in 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, spiritual, and physical factors to health and happiness.

Table 1 contrasts the underlying assumptions of traditional weight management approaches with those of HAES.<sup>2</sup>

## What is a healthy weight?

HAES promotes the concept 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 while moving toward a more fulfilling and meaningful lifestyle. This certainly does not suggest that all peo-

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**Table 1.** Comparing the Underlying Assumptions

<i>Traditional Weight Loss Paradigm</i>	<i>Health At Every Size</i>
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 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.

ple are currently at a weight that is the most healthy for their circumstances. What it strongly purports is that movement toward a healthier lifestyle will, over time for most people, produce a weight that is healthy. 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 congruent with the conclusion statement of the 1992 National Institutes of Health Consensus Conference:

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.<sup>3</sup>

It is important to understand that removing the focus on weight does not imply ignoring health risks and medical problems. 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.

Traditionally, health has been defined either as the absence of risk factors for disease or as some ideal set of behaviors that "reduce" the risk of disease and death. From a HAES perspective, health is more accurately defined as "the manner in which we live well despite our inescapable illnesses, disabilities and trauma."<sup>4</sup> HAES therefore acknowledges health as a complex, dynamic interplay of social, emotional, ecological, spiritual, and physical factors. Removing the reductive focus on weight permits clients to be viewed more appropriately as complicated "wholes" that are more than the sum of their parts.

### 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>5</sup> Table 2 outlines the major foci for helping people with eating and weight-related struggles from the HAES perspective.<sup>2</sup> 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.

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. It has been argued convincingly that keeping women occupied by continually striving toward an unreachable ideal of perfection serves well the purposes of a control-oriented, patriarchal society by limiting their full participation in art, politics, business, and life in general.<sup>6</sup> Drawing from her powerful book *Fat! So?* Marilyn Wann explores weight prejudice and discrimination, focusing on the devastating cultural as well as health consequences for women, men, and our nation as a whole.<sup>7</sup>

HAES supports pleasurable physical activity and internally directed "normal" eating as important components of "healthy weight" and good health for people of all shapes and sizes. Unfortunately, traditional attempts at "getting people to exercise" and "getting people to permanently change their diets" in the context of

weight loss have been notoriously unsuccessful. In the next issue of *HWJ*, Karin Kratina will address these concerns, with an emphasis on how health professionals can apply the principles of HAES in practice. Karin is both an exercise physiologist and an eating disorder dietitian with many years of experience working with people struggling with weight, eating, and exercise issues. She has written extensively on these issues in her workbook for practitioners entitled *Moving Away From Diets*.<sup>8</sup>

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

Self-acceptance

Affirmation and reinforcement of human beauty and worth irrespective of differences in weight, physical size, and shape

Physical activity

Support for increasing social, pleasure-based movement for enjoyment and enhanced quality of life

Normalized eating

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 hunger, appetite, and satiety.

## 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 comparing HAES approaches directly against traditional programs. Interestingly, however, there are numerous studies supporting the efficacy of approaches that can improve health independently 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>9-11</sup>

Also in the next issue of *HWJ*, Dr. Linda Bacon will report on her recent eye-opening research published in the *International Journal of Obesity*.<sup>12</sup> This long overdue study compares the efficacy of a HAES approach with that of a state-of-the-art, traditional weight loss intervention. Although advocates of HAES have long predicted what such a comparison would reveal, the results are nevertheless exciting and provocative—perhaps the beginning of the end of the obsession with the promotion of weight loss in the name of health!

Owing to the scarcity of this kind of comparative research, it has been difficult to define exactly what is and what is not a HAES program or approach. As a result, criticisms of HAES have been based on the evaluation of studies that employed only some components of HAES and that measured only certain limited parameters in certain populations. Not surprisingly, therefore, these criticisms include erroneous conclusions, including that HAES (1) is concerned only with psychological health, (2) focuses only on cognitive behavioral treatment, (3) is concerned with and appropriate for only Caucasian women, and (4) can be implemented only by those with advanced psychological training.<sup>13</sup>

As we have discussed, by definition, HAES includes a broad, holistic approach to health, including physical, spiritual, cultural, and psychological

considerations. Such a broad perspective on health is most certainly appropriate for all types of people of all shapes and sizes and all types of cultures. As far as training is concerned, the reality is that health professionals throughout the country, including doctors, nurses, exercise physiologists, psychologists, dietitians, and health educators, practice HAES on a daily basis with the people they serve. Intensive psychological training is therefore certainly not necessary for health professionals who wish to embrace HAES.

## Reshaping the practice

Health professionals *will* have to be *retrained* 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 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 sociocultural 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 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.

Despite our good intentions, what we as health professionals are doing is not helping people with weight-related concerns to be healthier. 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 healthy, fulfilled lives by honoring and caring for the bodies they already have. We invite you to learn about and embrace this exciting new approach.

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## PRINCIPLES FOR PRACTICE

### Health At Every Size

1. Health At Every Size defines a healthy weight as the weight at which a person settles while moving toward a more fulfilling and meaningful lifestyle.
2. Overweight is not an independent cause of morbidity and mortality.
3. Thinner is not necessarily healthier.
4. The health risks associated with obesity are exaggerated.
5. Permanent weight loss is out of reach for most overweight individuals.
6. Improved health is within the reach of most overweight individuals.
7. Justifications to support weight prejudice are unreasonable and unnecessary.

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