



Using Health at Every Size[®] to Reduce Weight Stigma and Increase Efficacy of Interventions

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Agenda



- To understand weight stigma and it's implications
- Discuss a weight-inclusive approach for health promotion
- Explore tools for health promotion based on HAES[®] and our Body Trust[®] models
- Review conversation strategies

A normative discontent



“Most of us, fat or thin, feel discontent about our weight.”

Tiggerman & Lynch, Dev Psych, 2001



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

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.
- Reclaim the word fat
- People who live in larger bodies
- People with higher body weights

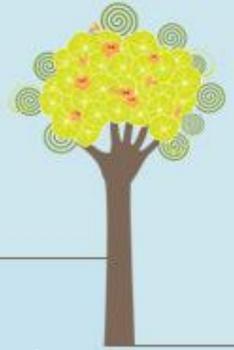
Weight-normative approach



“Emphasizes the pursuit of weight loss, despite extensive evidence demonstrating that it is not sustainable long-term for most people and weight cycling (commonly associated with weight loss efforts) is linked to adverse health.”

Tylka et al., Journal of Obesity, 2014

Healthism



- A belief system that sees health as the property and responsibility of the individual and ranks the personal pursuit of health above everything else
- It ignores the impact of poverty, oppression, war, violence, luck, historical atrocities, abuse, and the environment (traffic pollution, clean water, etc).
- It protects the status quo, leads to victim blaming and privilege, increases health inequalities, and fosters internalized oppression.
- Healthism judges people's worth according to their health.

Lucy Aphramor, PhD, RD
Well Now Program Glossary

What is Diet Culture?



- Begins in childhood
- Normalization of calorie-counting, food-associated shame and bingeing (holidays) followed by restriction
- Valorization of weight loss
- Body size is good/bad, moral/immoral
- Cooption of food (diet) and movement (exercise)
- Weight loss as a part of assimilation into hetero-normative, white society with expectations of bootstrapping
- A low (described as normal) weight is an ongoing and expected goal

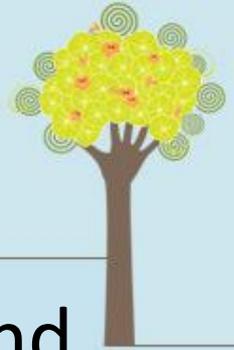
Source: Virgie Tovar

The Dieting Mind



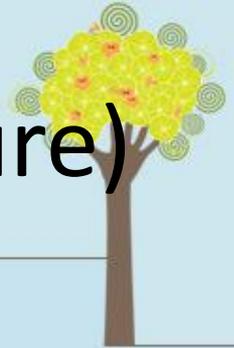
- Treating your body like a machine that can tightly regulated
 - “saving calories”
 - intentionally skipping meals
 - compensating
 - going for long stretches without eating
- Eating in a way that interferes with socializing

The Dieting Mind



- Feeling preoccupied with food, weight and eating
- Drinking lots of water, coffee, coke, or eating lots of 'free' foods
- Dividing food into categories of good/bad, healthy/unhealthy and normalizing this judgmental way of thinking

End Weight Bias (to heal diet culture)



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



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

Weight based/ lifestyle interventions



- Tend to unsustainable
- Produce temporary weight loss
- Data shows that dieting interventions aren't helping at 2-5 years
- Unintended consequences:
 - Food/body preoccupation
 - Weight cycling
 - Risk for eating disorder

Weight Discrimination



- Increased by 66% over past decade
- More common than age and gender discrimination in employment settings
- 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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Why Care?



- Fosters blame, intolerance, inequities
- Impairs quality of life
- Poses serious consequences for health

We are service providers. We serve.

Weight Bias Among Healthcare Providers



View “obese” patients as...

- *Less self-disciplined*
- *Less compliant*
- *More annoying*

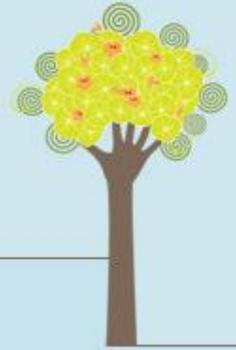
As patient BMI increases, physicians report...

- *Having less patience*
- *Less desire to help the patient*
- *Seeing “obese” patients as a waste of time*
- *Having less respect for patients*



“Body loathing and shame is associated with reduced engagement in self-care.”

Tylka et al., Journal of Obesity, 2014



**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



Being vigilant and trying to avoid discrimination and stigma is a burden on well being.

-Desiree Adaway

Weight-inclusive approach



“Everybody is capable of achieving health and well-being independent of weight, given access to non-stigmatizing health care.”

Tylka et al., Journal of Obesity, 2014

Health At Every Size[®] Principles



- **Weight Inclusivity:** Accept and respect size diversity
- **Health Enhancement:** Improve and equalize access to information and services, and personal practices that improve human well-being
- **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.

Health At Every Size[®] Principles



- **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure
- **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement

Health at Every Size®



The focus is on compassionate,
weight-neutral self care

Weight-inclusive approach



“Instead of imagining that well-being is only possible at a specific weight, this approach considers empirically supported practices that enhance people’s health regardless of where they fall on the weight spectrum.”

Tylka et al., Journal of Obesity, 2014

How do we define health?



- Exists on a continuum that varies with time and circumstance for each individual.
- Resource or capacity available to all regardless of health condition or ability level
- Not 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.”

-The Association for Size Diversity and Health

Partner Activity



If you lived in a weight-inclusive world, what would you want to do to take care of yourself? What would you do more of? Less of?

The Embodied Practitioner



- Serves as a body-positive role model
- Demonstrates self-acceptance, care, and love for their own body
- Knows how to navigate negative body thoughts without being destructive to themselves

Promoting Embodiment



“Actively seeking to eliminate the kind of misleading, mechanistic thinking that turns our bodies into engines and our health into a commodity to be bought and sold.”

-Scott-Samuel, 2006

“What has social justice got to do with weight and health?” Lucy Aphramor, RD, PhD, 2013

Redefine Success



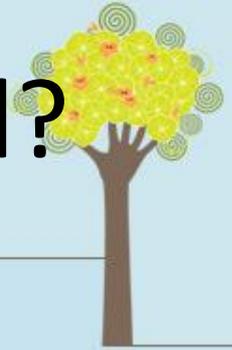
- Identify other ways to judge success
 - Energy level
 - Health risk factors (cholesterol, blood pressure, etc)
 - Increased trust with food
 - Improved self care; decreased stress
 - Decreased body shame/ self-loathing
 - Improved relationships; more social activities
 - Increased participation in other interests/passions

New guidelines from the American Academy of Pediatrics



- Don't focus on weight with kids and families
- Don't negatively discuss weight with kids
- Discourage dieting in families and kids
- Do not automatically support weight loss
- Encourage families not to discuss weight
- Don't discuss your own weight.
- Why? The topics above promote disordered eating and reinforce weight stigma.

What do I talk about instead?



- Enjoyable, embodied eating
- Movement that is fun (but let them tell you what that is)
- Validate the existence of body diversity
- Discuss Health at Every Size®
- Denounce bullying and weight stigma
- Stay strength-focused.

What is Normal Eating?



“Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life. In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food, and your feelings.” – Ellyn Satter

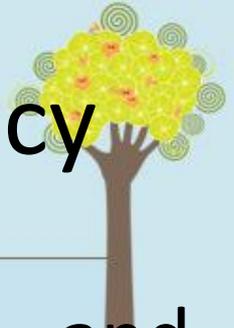
What is Eating Competency?



“Competent eaters are confident, comfortable, and flexible with eating, and are matter-of-fact and reliable about getting enough to eat of enjoyable and nourishing food.”

- Ellyn Satter

Questions about Eating Competency



- Do you **feel good** about food and eating – and feel good about feeling good?
- Do you **like a variety** of food and enjoy learning to like new food?
- Do you trust yourself to **eat enough for you**?
- Do you **take time to eat**? To have regular meals (and snacks) and pay attention when you eat?

Recommendations from an ND



- Remember that it's not just about the biochemistry of food - the experience of food with its memories and community can be just as important in creating health.
- Stay away from the word diet. Ask:
 - What did you have to eat yesterday?
 - What foods do you find yourself craving?
 - Listen to the language the patient uses when talking about their food. Are they full of guilt/shame?

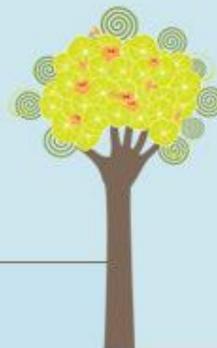
Recommendations from an ND



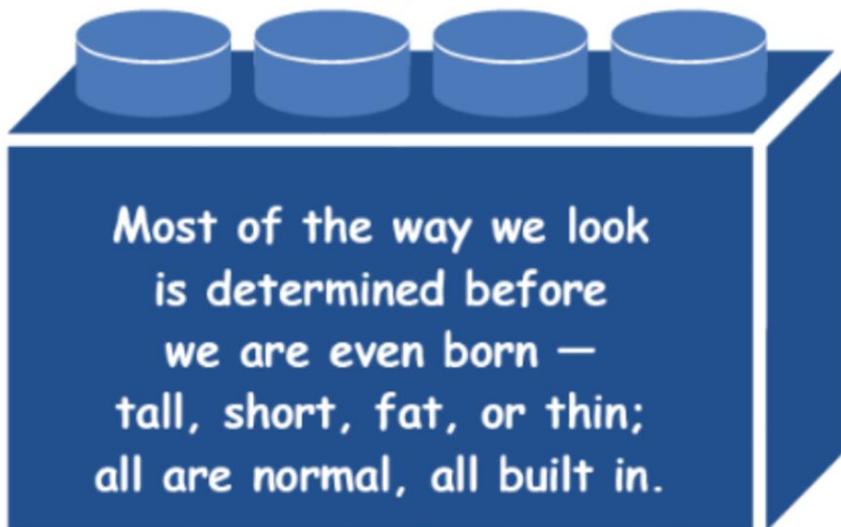
- What foods does the patient consciously avoid? Why?
- All foods can be medicine, even a Blizzard from Dairy Queen if the intention behind it is clear and pure.



Healthy Body



Building Block #3



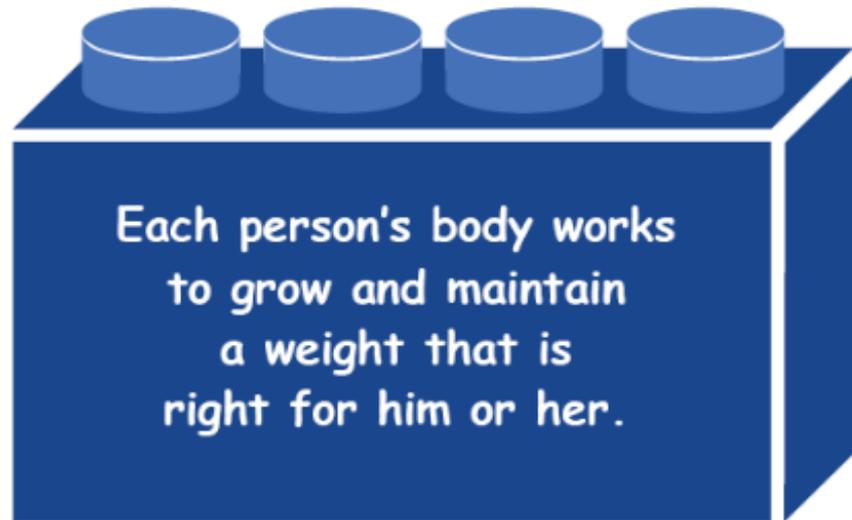
All bodies are born to be fatter, thinner, or in between. People can sometimes **FORCE** their bodies to gain or lose weight, but this is not what nature intended. If you eat well and stay active, nature will reveal the size and shape that's right for **YOU**.

Always **CARE FOR** and **TAKE GOOD CARE OF** your body



Healthy Body

Building Block #4



People can sometimes **FORCE** their bodies to weigh more or less than nature intended, but not without **ignoring** their body's needs. Whether your body is meant to be fatter, thinner, or in between, it's best if you **eat well**, stay **active**, and **accept** the size and shape that results.

Always **CARE FOR** and **TAKE GOOD CARE OF** your body

www.bodyimagehealth.org

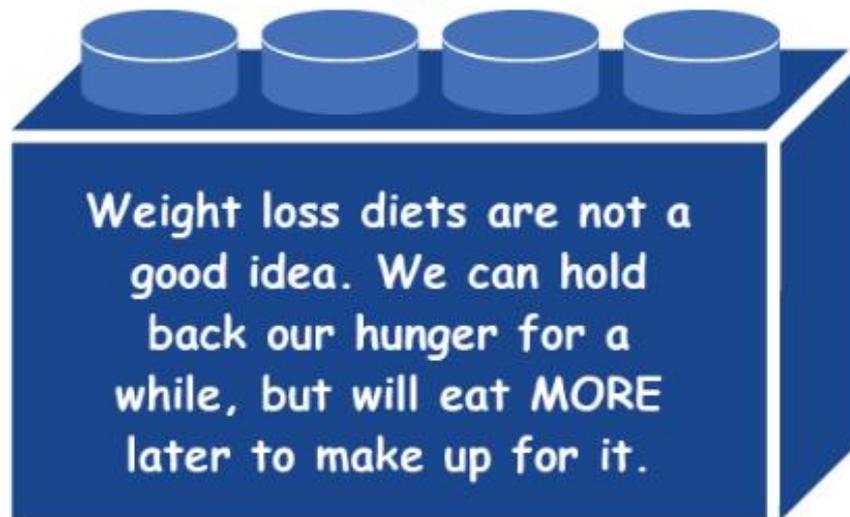


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Healthy Body

Building Block #5



Eating less than you need to satisfy hunger may cause weight loss at first, but this is like **caging a LION**. When the lion gets free, it will want to eat everything in sight! Better to **always eat enough** nutritious food to satisfy your body's needs (AND your inner lion).

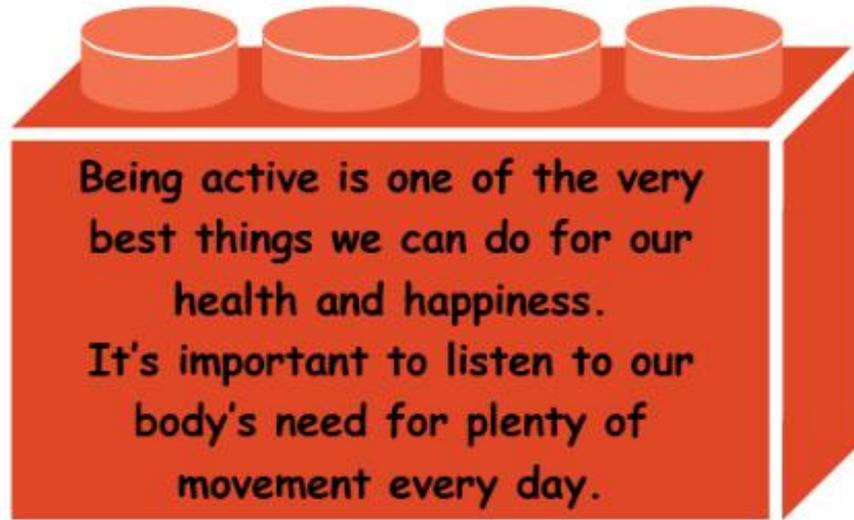
Always **CARE FOR** and **TAKE GOOD CARE OF** your body



Healthy Body



Building Block #8



Being active is one of the very best things we can do for our health and happiness. It's important to listen to our body's need for plenty of movement every day.

Try to **listen** to your body's need to be active every day—not because you “should,” but because you **care** about your body—and you **WANT** to keep it strong! Be sure to find the **kind** of movement your body **enjoys**. It's not the same for everyone!

Always **CARE FOR** and **TAKE GOOD CARE OF** your body

Self-Compassion



“Empirical evidence suggests that self-compassion is an adaptive mindset to cultivate in the context of improving body image and eating behavior.”

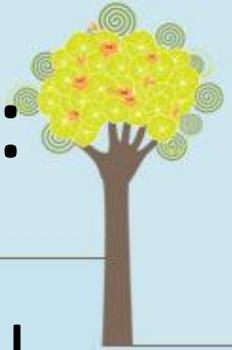
Tylka et al., Journal of Obesity, 2014

Empathy Fuels Connection



- Seeing the world as others see it.
- Practicing non-judgment.
- Other's feelings first – no matter what they are.
- Communicate understanding of the feelings.
(show that you are feeling *with* the patient)
- Circle back around when you make a mistake.

Before giving advice about, ask:



- What would it be like for you if I gave you some dietary recommendations?
 - How's it been for you in the past?
- What do you see might be the risks of me doing so?
- What would be some warning signs to indicate that focusing on food choices is becoming more harmful than helpful?

Explore...Offer...Explore



- **Explore** what the patients already knows, has tried, or would like to know?
- **Offer** information in a neutral, non-judgmental tone; avoid too many recommendations
- **Explore** the patient's reactions to the information you share
 - What would this be like for you?
 - How ready are you to try something like this?

Let go of statements like:



You should...

You must...

You have to...

It's important that you...

You really need to...

You can't keep...

You shouldn't...

Try using:



- *Many patients say that... others find that...*
- *You might consider...*
- *What we've noticed here is...*
- *I strongly encourage you to...*
- *We believe that...*
- *Research shows...*

Summary: Body Trust[®] Wellness



Core Competencies

- Practice weight-neutral self-care
- Eat intuitively
- Move your body joyfully
- Nurture self-compassion
- Redefine success

Body Trust[®] Assessment



What does practicing Body Trust[®] look like?



Top Three Takeaways

Be Nourished Resources



Clients

- Workbook: Free to newsletter subscribers
- E-Course: No More Weighting
- Retreat: Reclaiming Body Trust®

Providers

- The Embodied Practitioner
- E-course: Promoting Body Trust in Clinical Practice
- Training to become a Certified Body Trust Provider
- Bi-monthly Newsletter

Resources



- Body Respect by L. Bacon and L. Aphramor
- Intuitive Eating by E. Tribole & E. Resch
- Association for Size Diversity and Health (ASDAH.org)
- EllynSatter.com
- The Gifts of Imperfection by Brené Brown

Be Nourished Resources



Clients

- Workbook: Free to newsletter subscribers
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Providers

- Retreat: The Embodied Practitioner
- E-Course: Promoting Body Trust® in Clinical Practice
- Motivational Interviewing
- The Daring Way™ for Helping Professionals
- Bi-monthly Newsletter

THANK YOU!



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