

What is Health at Every Size?

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There has been a great deal of discussion lately about the Health at Every SizeSM philosophy and how it can interface with the field of eating disorders. Some of the conversations have been quite heated with concerns that this approach grants permission to eat uncontrollably thus giving up any investment in obesity control. Others cite current research that challenges the assumption that being fat equates with being unhealthy. People with eating disorders explain their resistance to adopting a HAESSM approach for fear that they will never be thin; and others have tried to transform HAESSM into a new weight loss technique, which goes against everything that health at every size is about. With such a diverse range of reactions among people in the field of eating disorders, I was curious to learn more.

There are many players on the team battling eating disorders. First and foremost, of course, are the people diagnosed with, or at risk of developing, an eating disorder. Then there are the clinicians and professionals from a variety of disciplines who are working with the clients, e.g. therapists, medical and mental health doctors, nutritionists, dieticians, alternative health practitioners, weight management and fitness coaches, all of whom assert that their goals are to eradicate eating disorders and help people overcome their problems. Sounds like a cohesive team doesn't it? And it would be except for the fact that while all eating disorders have to do with food, not all fat people have eating disorders. This may not seem to be a dividing factor but if you add societal factors into the mix, the scenario becomes more complex.

There is an array of reasons why people may be fatter than the societal norm that have no association with disordered eating and may not even result in poor health. These etiological differences may go unnoticed however, because of a cultural bias against fat people. The common assumption is that if someone is fat, they are out of control. Falsely accused of being lazy, ugly, and undisciplined, this negativity often leads to futile attempts at dieting, using diet pills and undergoing unnecessary surgery (such as liposuction), in an attempt to conform to a more culturally accepted standard of beauty. The result of these tactics is frequently weight gain and disordered eating patterns that previously didn't exist. Conversely, a person with Anorexia or BED (Binge Eating Disorder) may go undiagnosed because their body conforms to the societal expectation of thinness. A person who is thin from restrictive eating is not subject to the same negative societal stigmatization. Quite the opposite, their behavior patterns are positively reinforced until the tipping point of "too thin" is reached and their health compromised. In both cases if the focus stays on the person's health rather than their weight, the likelihood of a more positive outcome increases.

As I familiarized myself with HAESSM, I kept in mind the wide spectrum of clients with eating disorders that I have worked with during my years as a therapist and what the role of HAESSM could be. My conclusion: incorporating HAESSM is both a pro-active and sustainable therapeutic approach for those struggling with a diagnosed eating disorder, sub-threshold disordered eating, or body dysmorphia. The basic premise of health at every size, as written in Linda Bacon's Book, Health at Every Size: The surprising truth about your weight, is that "Health at Every Size" (HAES) acknowledges that well-being and healthy habits are more important than any number on the scale.

1. **Accept your size.** Love and appreciate the body you have. Self-acceptance empowers you to move on and make positive changes.
2. **Trust yourself.** We all have internal systems designed to keep us healthy — and at a healthy weight. Support your body in naturally finding its appropriate weight by honoring its signals of hunger, fullness, and appetite.
3. **Adopt healthy lifestyle habits.** Develop and nurture connections with others and look for purpose and meaning in your life. Fulfilling your social, emotional, and spiritual needs restores food to its rightful place as a source of nourishment and pleasure.
 - Find the joy in moving your body and becoming more physically vital in your everyday life.
 - Eat when you're hungry, stop when you're full, and seek out pleasurable and satisfying foods.
 - Tailor your tastes so that you enjoy more nutritious foods, staying mindful that there is plenty of room for less nutritious choices in the context of an overall healthy diet and lifestyle.
4. **Embrace size diversity.** Humans come in a variety of sizes and shapes. Open to the beauty found across the spectrum and support others in recognizing their unique attractiveness.

These are strategies and mindsets that are applicable to all people struggling with body dissatisfaction and eating disorders. True, there may still be disagreements among the multi-disciplined clinicians as to what additional interventions are efficacious for specific treatment goals and objectives, after all each person is unique and this field above most others should be reticent to adopt any "One Size Fits All" approach. But I am hard pressed to imagine a situation where encouraging clients to focus on health and self-acceptance would be excluded in anyone's treatment

plan. If our primary goal is improving one's quality of life this means battling the societal and psychological factors that have created the disordered eating patterns and not labeling fat, in and of itself, as the enemy. It is acknowledging that the road to health is an incremental process that takes renewed commitment and success-oriented approaches. There is no quick fix and no miraculous intervention. One specific "how-to" provided in Dr. Bacon's book is the following contract:

- Today, **I will** try to feed myself when I am hungry.
- Today, **I will** try to be attentive to how foods taste and make me feel.
- Today, **I will** try to choose foods that I like and that make me feel good.
- Today, **I will** try to honor my body's signals of fullness.
- Today, **I will** try to find an enjoyable way to move my body.
- Today, **I will** try to look kindly at my body and to treat it with love and respect.

Within the framework outlined, this approach does not focus on weight loss as the sole indicator of health or encourage self-destructive abandon in one's eating. What I see is a weight-neutral approach and an opportunity to explore a more intuitive relationship with food, engaging in pleasant physical activity, and self/ size acceptance. It couldn't hurt!