

FINAL WORDS: FOR HEALTH PROFESSIONALS RESISTANT TO HEALTH AT EVERY SIZE

So you've been exposed to the *Health at Every Size* concept and still you don't agree with it. Resistance is understandable. Beliefs such as "Fat poses substantial risk to health and longevity," "Dieting is a helpful strategy for improving health," and "Anyone can achieve permanent weight loss if only they try hard enough" are firmly embedded in our medical ideology and culture. Why should you challenge these ideas when they appear so well-established and well-supported?

Because we're losing the war on obesity. No matter how authoritatively we repeat the "lose weight" mantra, America's average weight is not declining. Instead of helping people get healthier, we've inadvertently supported rampant food and body preoccupation, damaging cycles of weight loss and regain, eating disorders, reduced self-esteem, weight discrimination, and poor health. We are violating the basic tenet of medical practice: "First, do no harm." Rather than take responsibility for our failed paradigm, we blame our patients for failed weight loss attempts and don't consider the well-documented biological resistance to weight loss or other challenges.

Health at Every Size (HAES) is the new paradigm, providing a compassionate alternative to the war on obesity. No harm comes from supporting people of all sizes in adopting good health behaviors.

It may be particularly difficult for educated health professionals to consider HAES seriously. Ironically, our education gets in the way of our ability to learn. The more experienced and "expert" we are in a particular field, the more likely we are to apply our "knowledge."

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This can prevent us from giving serious consideration to innovative ideas.

The lens of conventional assumptions taints nearly every weight-related paper published in scientific journals. When we see the well-established association between weight and certain diseases, for example, we extrapolate that weight is the problem. It is only when we let go of conventional assumptions that other possibilities emerge. For instance, how much of the association between weight and health risk can be explained by damage caused by the weight cycling resulting from repeated diet attempts? How much is caused by the stress response resulting from weight bias? In actuality, some of the health risk may be iatrogenic, caused by the assumptions of the currently accepted weight paradigm rather than adiposity itself. Some of the risk can also be explained by lifestyle habits that are common across the weight spectrum, not physically obvious in people with a lesser biologic propensity to store fat. We ignore this at-risk “normal weight” population because of our weight focus.

It can be threatening to consider the ramifications that may come if you adopt HAES: Would it jeopardize your career if you stopped promoting weight loss? Would you lose the respect of colleagues if you adopted such a contrarian view? What would it feel like to assume a position that provokes considerable resistance? It takes a lot of courage to open your mind to a challenge when the stakes are so high.

Indeed, it may not be a conscious choice to avoid fully engaging with the HAES challenge. Many of us have strong defense mechanisms that keep us rooted to the safe and familiar. Defense mechanisms frequently operate below the level of conscious thought, allowing us to dismiss information before it threatens our worldview.

But you owe it to yourself and others to take on this challenge. Too much damage has already occurred as a result of misguided quests to support good health.

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I'd like to end with some words of support for those of you who do rise to the HAES challenge. In the past, you may have recommended weight loss, thinking it was a responsible and kind thing to do. It can be very painful to reflect back on your history and consider that the advice you gave was actually quite destructive. It's not uncommon for people to feel considerable grief when they first embrace HAES.

Don't be too hard on yourself. You were well intentioned and did the best you could given the information you had at the time. You didn't invent the problem. But you can seize the opportunity to undo that damage now. You will not be alone. There is a large community of health care professionals committed to HAES. Join us! Consider joining the Association for Size Diversity and Health (ASDAH) at www.sizediversityandhealth.org, an association for HAES professionals.

For more information, read *Health at Every Size: The Surprising Truth About Your Weight* (www.HAESbook.com). Visit the HAES Community Resources (www.HAESCommunity.org) to learn more about your colleagues and to register your voice.

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