

The War on Obesity: A Battle Worth Fighting?

ADA FNCE Debate

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Speakers: John Foreyt and Linda Bacon

Moderated by Christine Palumbo

John and I were asked to discuss the clinical implications of our work. John of course, discussed dieting as a solution, and I made the case for intuitive eating. The following was my rebuttal to John's argument that dieting is effective and intuitive eating is not. The excerpt is minorly edited for smooth readability, but stays very close to the actual talk:

I understand that this model I present about trusting yourself rather than trying to control yourself runs counter to everything that we learn in a dietetics education and I could feel the panic in the room when I suggested that. So let me try to help you understand the research that supports this – and then re-envision the role that dietitians can play.

Here is one of the difficulties of dieting, or trying to pay attention to rules about what you're supposed to eat or not eat. Attempts to control your food intake through willpower and control require that you drown out the internal signals, leaving you much more vulnerable to external signals. But unless you lock yourself in a closet, there's no way to control the constant exposure to food we face in our world.

But if you're an intuitive eater, those cues like TV commercials or fast food aromas don't faze you. Sure the pizza smells good, but one piece may be enough; If your needs are met, you lose your desire for more.

Check out the research to see how this plays out. Say you've just had a fabulous dinner at one of the top restaurants in town. It's dessert time, but you're really full. Nonetheless, the waitress brings the dessert tray around to tempt you. When researchers tested this scenario and similar ones, with real people, they found that intuitive eaters were much less likely to order dessert, regardless of what type of persuasion the waitress tried, while dieters were much more likely to bring it on.

Overall, probably about 100 studies have looked at situations that disturb the dieter's self-control. The results are consistent. Emotions such as depression, anxiety, anger, fear, and excitement, or disinhibitors, such as alcohol, cause a dieter to overeat. Conversely, they turn off the appetite of an intuitive eater. As long as things go well, the dieter can maintain control. But if anything gets in the way or changes, she can't. The reason is clear: Dieters don't rely on the normal signals of fullness to regulate their eating, so there are no brakes in place.

That's the world that we've created: A world in which we are vulnerable to the constant environmental cues that we can't escape.

In contrast, the HAES model gives us protection from this "obesogenic" environment. When our bodies are in charge, we make choices that help us to feel good, eating what we want, when we want. We don't fight or resist our environment. Instead, we have natural brakes in place to make sure that we don't eat out of control. Sure, you see delicious food around you, but if you're not hungry, you're not as tempted by it. And you don't feel deprived by not eating it.

Now of course, there is a learning curve to getting there. And that's your role as a dietitian. You can develop your skills to guide people in trusting and appreciating their bodies, and becoming sensitive to its signals. There is a clear evidence-base that establishes that this is learnable, and many people, including me, have written guidebooks that support this learning.