

original article

Health at every size: an end to the war on obesity?

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When the World Health Organization labeled obesity a global epidemic, the “War on Obesity” truly became a world war (Robison & Miller, 2006). In fact, the term “globesity” (e.g., Deitel, 2002) has arisen to describe the transnational nature of this alleged threat to human health. Accordingly, an article in *The Lancet* (Gortmaker et al., 2011) calls for United Nations intervention to combat obesity. As a result, preoccupation with dieting and weight loss has become a worldwide phenomenon even in countries that have traditionally embraced larger physiques (e.g., Isono, Watkins, & Lee, 2009). Despite the resources devoted to this war—a billion dollar weight loss industry—most individuals fail to achieve lasting weight loss and many suffer casualties in their continuing efforts to do so.

Fortunately, the new millennium began to see a shift in attitudes toward weight and health, at least among researchers if not yet the lay public. In 1999, the *Journal of Social Issues* released a special volume entitled, *Dying to Be Thin in the Name of Health: Shifting the Paradigm*, in which scholars spanning the behavioral and biomedical sciences critiqued the literature on weight loss interventions to that point. Apart from documenting their limited effectiveness, articles highlighted a range of harmful physical and psychosocial side-effects including eating disorder pathology and cardiovascular complications. In response to these concerns, the editors (Cogan & Ernsberger, 1999) proposed a paradigm shift to what Ernsberger and Koletsky (1999, p. 221) termed a

“Wellness Approach to Obesity.” Such a shift would decentralize weight as an intervention target. Instead, it would promote health behavior change, assessing effects on metabolic variables such as blood pressure and psychosocial variables such as body image. This same year, Robison (1999) expounded on the need for a changed approach to weight and health. His alternative paradigm included the tenets that individual variations in body shape and size are natural and that thin bodies are not intrinsically healthy and aesthetically appealing nor are fat bodies intrinsically unhealthy or unappealing. Considering the damaging effects of weight-loss attempts, the essence of his approach includes body self-acceptance, eating in response to hunger rather than externally imposed regimens, and engaging in physical activity for pleasure-based versus calorie-burning purposes. The goal was to empower individuals to lead healthy, fulfilling lives caring for the bodies they presently have, regardless of size.

These initial challenges to the traditional approach to weight have evolved into what is known today as the Health at Every Size (HAES) movement. Burgard (2009) explains that HAES is a weight-neutral approach that promotes holistic health. As in earlier versions of this paradigm, body self-acceptance is central; however, HAES additionally stresses acceptance of others’ bodies and, concomitantly, an end to the bias associated with negative judgments of others’ physiques. Indeed, as the “War on Obesity” has escalated, so has weight-based bias and discrimination (Andreyeva, Puhl, &

Brownell, 2008). Furthermore, weight bias is particularly evident among health care professionals, compromising the wellbeing of their patients (Puhl & Heuer, 2009). Thus, HAES is a trans-disciplinary approach to enhancing overall wellness through health behavior change coupled with respect for individuals of all sizes. While weight loss may occur, weight is not considered a mediator in this process (Bacon & Aphramor, 2011).

The validity of HAES is supported by research over the past decade that reveals the continued ineffectiveness of dieting interventions targeting weight loss along with the potential for harm associated with these strategies (Mann, Tomiyama, Lew, Samuels & Chapman, 2007). Rather than dieting, Mann and colleagues (Tomiyama & Mann, 2008, p. 203) recommend facilitation of physical activity, stating that “exercise confers direct health benefits even if it does not lead to weight loss.” As such, they recommend a shift away from weight as an outcome variable in health promotion research. These conclusions have been echoed by other investigators in recent years. For instance, Blair and LaMonte (2006) agree that weight loss has been overemphasized as a clinical target. They challenge the notion that the modest, initial weight loss achieved in some studies accounted for improvements in health variables such as blood pressure and lipid levels. Instead, they contend that improved nutrition and physical activity habits themselves were responsible for improved health rather than the weight loss per se. As such, they advise a focus on lifestyle behaviors for everyone regardless of size, measuring the effects of these behaviors on health variables “rather than their effect on the scale” (p. 71). Campos, Saguy, Ernsberger, Oliver, and Gaesser (2006) concur that improved lifestyle behaviors produce health benefits apart from any weight loss and that a continued focus on weight is both ineffective and

counterproductive. The recent release of meta-analytic results (Flegal, Kitt, Orpana, & Graubard, 2013) underscore the fallacy of using weight as a proxy for health in that “Grade 1 Obesity” was not associated with higher mortality than “normal” weight. Even more striking, “overweight” was significantly associated with lower mortality relative to “normal” weight.

Direct support for HAES as a clinically useful alternative to weight-centered interventions can be found in Bacon and Aphramor’s (2011) review of randomized controlled trials of treatments based on these principles. While still few in number, these studies demonstrated that HAES protocols can produce significant improvements in metabolic, behavioral, and psychosocial variables—without adverse changes. In fact, body image measures tend to show improvement via HAES methods whereas body image distress and disordered eating are often outcomes of weight-loss interventions. Consequently, professional organizations addressing eating disorders have begun to advocate a HAES approach (Bacon & Aphramor, 2011). As scientific support for the efficacy of HAES interventions continues to grow, so have curricula that educate health care students and professionals in the dissemination of these methods. Watkins and Concepcion (in press) describe college courses in various behavioral and health science disciplines that now incorporate HAES principles, with some classes centered entirely on HAES. They also describe methods to re-educate practitioners who were not exposed to this philosophy during their training. When these pedagogical programs received empirical evaluation, both students and practitioners evidenced decreased weight bias after exposure to HAES ideals.

Although the HAES movement first arose in the U.S., awareness of this paradigm is evident

in other countries, including some European nations (Miller & Robison, 2006). Despite its location in the U.S., the Association for Size Diversity and Health (ASDH) (<https://www.sizediversityandhealth.org/Index.asp>) describes itself as an international professional organization committed to HAES principles. ASDH's mission "is to promote education, research, and the provision of services which enhance health and well-being, and which are free from weight-based assumptions and weight discrimination." The organization's website is a repository of information on HAES research and practice. The HAES Community website (<http://www.haescommunity.org/>) includes a registry of individuals of various professional backgrounds who identify with this approach that can be searched by country. The greatest concentration of registrants in Europe appears to be located in the U.K. In fact, the U.K. has its own organization, HAES UK (<http://www.healthateverysize.org.uk/index.html>) which "supports the Health at Every Size (HAES) approach as an effective, ethical and evidence-based approach to healthcare policy, practice and research." Additionally, "HAES UK is committed to challenging weight-based discrimination which is considered to be disrespectful and harmful to individual and community well-being." This organization was founded in 2009 by Lucy Aphramor, an NHS dietitian and honorary research fellow at Coventry University, and fat activist, Sharon Curtis. As in the U.S., Aphramor and Gingras (2011) describe widespread weight bias in U.K. medical settings. Thus, they recommend HAES as not only a more effective, but more ethical alternative to health care than current weight-based practices. However, they lament that in the U.K., "there is extremely limited awareness of the existence, let alone significance, of HAES" (p. 202).

Similarly, psychologist and HAES advocate, Sigrun Daniélsdóttir (2006) recounts Iceland's "War on Obesity" exemplified by instances of institutional weight bias and public health messages largely adhering to the traditional paradigm. She relates that this country lacks an awareness of HAES let alone a unified HAES presence, with practitioners continuing to operate in accordance with weight-based mores. Nevertheless, Daniélsdóttir ended her assessment of Iceland's state of affairs on an optimistic note, speculating that "we are bound to witness some exciting developments in the times ahead" (p. 214). Six years later, these words seem prophetic as Iceland is poised to be the first country to afford legal protection against weight discrimination. A proposal to include a ban on weight-based discrimination in the nation's constitution has received praise from the Academy for Eating Disorders, an international organization committed to research, education, treatment and prevention (http://www.aedweb.org/AM/Template.cfm?Section=Resources_for_the_Press&Template=/CM/ContentDisplay.cfm&ContentID=3287).

In Germany, weight bias has risen over the past decade with the government participating in the "War on Obesity" through various policies and rhetoric (Von Liebenstein, 2012). Due to its collectivist culture, fat hatred may be more fervent in Germany than in the U.S. Von Liebenstein asserts that, in Germany, fat people are perceived as parasites who take up more than their fair share of resources. As such, their compatriots see them as endangering not only the national economy but the social state and their fellow citizens as well. In response to weight-based discrimination and the perpetuation of weight-based prescriptions for health, Von Liebenstein participated in forming a fat acceptance organization known as Gesellschaft gegen Gewichtsdiskriminierung (<http://www.gewichtsdiskriminierung.de/>). This

group is comprised of fat people who have faced maltreatment firsthand as well as “normal” weight members who understand the social injustice of privileging people on the basis of body weight, shape, and size. Its primary aim is to foment societal change, largely through informational campaigns. These include educational programs regarding the perils and pitfalls of weight-based approaches to health. As such, Gesellschaft gegen Gewichtsdiskriminierung is a staunch proponent of HAES.

While the HAES perspective may still lack the visibility in Europe that it has in the U.S., this circumstance is rapidly changing. In May 2013, the German size acceptance organization, Dicke e. V. (<http://www.dicker-verein.de/english-version/>) will be sponsoring a European Workshop on Health At Every Size. Dicke e. V. was founded in 2008 and last year sponsored its first conference, a European Workshop on Body and Peace. Participants at this workshop created a size liberation manifesto, available on the HAES UK website. Contributors to this document included individuals from Austria, Denmark, Finland, Germany, Poland, Spain, Sweden, and the U.K. Such is an indication that HAES is steadily gaining a presence across Europe, perhaps spelling an eventual end to the “War on Obesity” on this continent. ■

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