Think Paper: Myths About Well Now and Non-diet Approaches

I've heard a lot of myths about approaches to wellbeing that question a focus on weight, like Well Now does. I've also had people tell me I've said things about weight and health that I haven't. Hearsay can be reallyconfusing if you're trying to sort through ideas So, I've named and answered a few of the common misunderstandings here. I am talking about the health-gain approach I developed called Well Now. Some, though not all, of the points will also apply to 'non-diet' or 'weight-neutral' approaches to health.

Everyone is healthy whatever their weight

C'mon, you know that can't be true! Focusing on health-gain instead of weight-correction isn't suggesting that everyone everywhere is healthy. What it does say is that the best way to promote wellbeing is to remove the focus from weight and shift to promoting health-gain and respect. I'm using the term 'health' in a very broad way. I'm using the term 'respect' as a form of shorthand to bridge both the dignity of individuals and the structures and power relations needed to build a fair society. By focusing on health-gain and respect in this way, everyone everywhere has the best chance of being as healthy as they can be right now in the body they've got.

There's no link between weight and health

Where did you hear this? Certainly not from me. I'm dead clear the research demonstrates there can indeed be a link between weight and health. For example, type 2 diabetes is more common in people with higher body weight, and osteoporosis is more common in those of lower weight. A few things, first, association does not mean causation. And the truth can complicate our understanding. For example, knowing that fatter people with type 2 diabetes live longer than thinner people with the condition raises issues for weight loss as a treatment.

You meant high weight right? Okay, I'll come to that, but let's not forget the links between lower weight and increased risk of poor health or mortality. I mean, did you know that folk in BMI category 25-30 tend to live longer that those in BMI range 20-25. I'm just sayin', you might want to look again at the truisms you've been relying on.

Critical weight science doesn't ignore data on weight and health, it engages with it. After thorough engagement, researchers categorically recognizes the link between higher weight and some diseases. Consider Flegal's[1] study showing that fatness above BMI 30 was linked with 25 814 excess deaths in the U.S. in 2000. (Underweight was linked with even more - 33 746). To make these figures useful we need to ask **why** the link exists – too often it's assumed fatness **causes** the increased risk, but unless this is backed by evidence it's an assumption, not science. Flegal encourages

[1] Excess deaths associated with underweight, overweight and obesity *Flegal* et al., JAMA (2005) 293 (15) 1861-1867.

us all to be good scientists by pointing out that these analyses do not identify any hidden contributing factors – that job type, diet, physical activity and disparities in medical care may all play a role.

(If you want more science read on: Flegal also reminds us that the analyses model the effects as if all people BMI 30+ were classed as BMI 20-25. In reality, in any population people will always be a range of weights from lighter to heavier rather than everyone being in the middle. Using this more plausible scenario of expecting a distribution of weights in a population would yield lower numbers of excess deaths.)

As well as the examples given above, the pathways linking higher weight and illness could be to do with the ways in which living with stigma makes its mark on our lives and metabolism. This happens through the direct impact of stress on our metabolism, with stress leading to high cortisol leading to high blood pressure and other changes. If we belong to a stigmatized group we're less likely to have access to good jobs, a decent income, a sense of security and safety, wholesome food and so on, this is another more indirect pathway that stigma impacts our metabolism. That's why social justice is at the core of the Well Now way.

I could go on. For, as we keep on asking "but why?" in the name of good science – and equal rights – the list of confounding variables grows. Maybe the links between higher body weight and illness are in part due to discrepancies in rates of body dissatisfaction; by disproportionate use of slimming drugs; by high rates of weight fluctuation which is linked to death from all-causes; by missed diagnoses; delayed appointments.

Type 2 diabetes is one of the diseases most strongly linked to body weight. But it could be diabetes leading to fatness, rather than the other way round: diabetes leads to insulin resistance which leads to weight gain.

Diabetes is increasing because people are too fat

Let's recap. There is a link between type 2 diabetes and fatness, but this doesn't mean fatness causes diabetes. It's also worth remembering that fatness confers protection in terms of longevity for people with diabetes. In other words, fat people with diabetes live longer than thinner people with diabetes. This is another example where demonizing fatness is harmful and prevents more useful questions being asked.

If it's not fatness that's causing diabetes though, what could it be? To answer this question we need to turn to research that looks at lifestyle, fatness and other variables. There was a large Canadian study that did just this. It found those living more often in poverty over the twelve year study had a 41% greater chance of developing type 2 diabetes. Taking fatness and lack of physical activity into account reduced this greater risk from 41% to 36%, a reduction of only 12% of the original poverty-related risk.

The researchers point out that traditional explanations of diabetes focus on genetic and lifestyle causes only. But their conclusion is that their more thorough research shows evidence that **type 2 diabetes is primarily a disease of material and social deprivation associated with poverty and marginalization**.

In which case the best way to intervene to prevent and treat diabetes would be to promote compassionate self-care, build fair societies, ensure planetary survival and rely on good science.

It doesn't matter what you weigh

Pretty much, at least in terms of self-care. For the vast majority of people compassionate self-care is the best way forward in terms of us looking after ourselves. (We'd want to make sure that people at either end of the statistical extremes of body weight were treated with due attention). This centres on us thinking about ways to support our wellbeing, rather than support weight management, and is suitable for people of all shapes, sizes and weights.

That said, it's important we remember the realities of size stigma, and that we remain sensitive to the ways in which the experience of living in fatter body is different than that of others whose bodies are smaller and deemed normal or acceptable. Advancing size equality doesn't mean being "weight blind" – very thin and very fat people may have particular different needs. Being weight-neutral misses the point that size stigma and thinness privilege are alive and kicking. Well Now way seeks equal outcomes across the weight spectrum through tailored, appropriate care. In other words, it is weight equitable.

It's not possible to separate health off into a check list of health behaviours. Thinking about wellbeing necessarily involves thinking how we treat others and how we get treated in the world.

Health-gain approaches promote binge eating by saying it's ok to have your cake and eat it

Like you, I'm concerned by the distress people experience when they feel out of control around food. That's why I support people in legitimising foods, tuning in and eating to appetite. This approach to eating helps people regain a sense of agency over their eating behaviours. People who approach eating in this way are much less likely binge eat than people trying to follow rules.

The traditional approach of cognitive restraint and weight correction promotes binge eating by increasing people's disconnect from their bodies and perpetuating judgments about size.

The Well Now teaches **kindful eating**, helpful for anyone who is struggling with eating issues. Then it explains how **connected eating** helps people link body, mind and circumstances in eating for wellbeing.

A Well Now health-gain approach says it doesn't matter what you eat

Er, no. Well Now advocates say your self-worth is not measured by what you eat. And we seek to support people to value and nourish themselves.

What we eat or don't eat can make a huge difference to how we feel on a day-to-day basis and impact our long-term health. But the best way to help people eat to nourish themselves is not to scare, bully, lecture or give rules to follow. It's to help us build a healthy relationship with our food and bodies.

This means learning how to listen to our bodies and value our experiences so we eat in way that nourishes us, physically, psychologically and in other ways too. Well Now teaches kindful eating and connected eating to support people in this. A health-gain approach looks beyond food and lifestyle at a bigger picture. It recognizes that current and historical circumstances impact 'health behaviours' or self-care, and impact our health and wellbeing independent of any influence on what we eat. Because it looks to the deep

Health-gain and non-diet approaches ignore the science

Far from it. I checked out the science, and found it wanting: it's weight-reduction guidelines that ignore the science. This happens as researcher and report authors misrepresent what the evidence actually says when they write their conclusions. Fat activists and HAES researchers have been challenging the fraudulent use of weight science for a long time. Having investigated the data, it's true I reject a lot of mainstream ideas around weight and lifestyle because they are not supported by science, and are dangerous. This isn't the same as saying I ignore the science.

That means the British Dietetic Association must be ignoring the science then …

You can click here to see what I mean about assumptions in weight science: http://www.nutritionj.com/content/9/1/30 I wrote the article with the aim of highlighting serious quality issues - with real consequences for people's welfare. I wanted to bring these issues to the attention of the British Dietetic Association to get things changed. That was years ago. I sent the article to The British Dietetic Association. They did not dispute my research findings. The journal editor expressed concerns about the profession's reputation, choosing not engage with trifling asides like professional integrity or patient welfare. I was informed that the official decision of the British Dietetics Association decision was to do nothing. I think that what's dismissing the science is.

'Health-gain' could make sense for some people. But what about people who are really fat?

Want to improve the health of fat people? Spend an hour a day in fat rights advocacy. Address thinness privilege. The best thing we can do for population health is build fair societies. Want to support people in looking after themselves generally? Help them develop a sense of agency and self-worth. Struggling with food? Body respect. Compassion. Connected eating.

Ok, as a starting point let's consider a fat person who has been asked to see me, a dietitian. Firstly, I'd want to know is there a health problem? If not, chances are I'd be wasting their time or worse still scaremongering. In which case, I'd just need to apologise and speak to the referrer. What if all wasn't well, maybe they struggle with

self-acceptance or are insulin resistant or have poor mobility? Maybe there are social circumstances that need urgent attention before improved health can become a real option? My approach would be more or less the same regardless of a person's weight. I'd want to hear their story. We'd work out what treatment was available for any difficulty identified that they wanted support with –relying on science, not conjecture. The "more or less" bit is included because the conversation will be different according to people's sense of self, their beliefs about weight and health, their beliefs about lifestyle and social factors and health, and their experiences of oppression and privilege, including around weight. It's really important we tell the truth in a way that helps people make sense of what's going for them, explaining how the personal, political and psycho-physiological all interact. What I mean by this is, it's not good enough to leave someone thinking that getting "5 a day" is the best thing they can do for their health when we know health behaviours count for so little of health outcomes.

In case you're still worrying about their weight: Let's say they are above their set-point weight, for whatever reason. The evidence suggests that focusing on health-gain and body respect will improve wellbeing, lead to weight stability and do no harm. The evidence shows that the pursuit of weight loss is likely to be harmful to health and any possible benefits are simply too small to recommend it. Moreover, even if the pursuit of weight loss leads to reliable health improvement, it increases size stigma and is therefore unethical. The pursuit of wellbeing through self-care and equality is the safe and reliable choice.

Especially when there is a link between higher body weight and health, the last thing that person needs is the damage of self-hatred and the risk of weight gain that go hand in hand with efforts to 'correct' weight.

What about when someone's weight is causing them joint pain?

People of all shapes and sizes get joint pain. But we don't all get taken seriously, or get the proper diagnosis and treatment we need. Some people will delay presenting because self-care is hard for them, and/or because they've been shamed and humiliated in healthcare in the past. Maybe the encounter increases pain through increasing stress. Maybe the knee exercises someone was told to download are not suitable for fat people and so not relevant?

All things being equal, when pain is suspected to be weight-related the last thing you need is to risk weight gain. The ethical response is high quality dignified treatment including, if needed, helping someone stop battling their bodyself and protect themselves from oppression.

… and people who have difficulty breathing? Surely it's simply unkind not to help fat patients with pulmonary disease lose weight?

You're getting the picture. Perpetuating this idea there's a proven safe way of "helping people lose weight" is a dangerous and irresponsible fantasy. It's weight loss that's lethal for lung patients. Check out the science. All the rest is stereotype.

"Risk of COPD-related death increased with weight loss but not with weight gain. In subjects with mild-to-moderate COPD, the effect of weight change was the same irrespective of initial weight. In subjects with severe COPD, there was a significant risk ratio modification between effect of baseline BMI and weight change: in the BMI <25 best survival was seen in those who gained weight. For BMI >25 best survival was seen in stable weight[2]."

… So what about morbidity and respiratory disease then?

… does weight loss improve quality of life in lung patients? Good question. If you're about to recommend weight reduction you'll want to answer that.

Still I'm confused. The question would seem to imply that you've got a safe and reliable treatment. And forgotten that bit we covered earlier about a weight-corrective approach leading to size stigma. It's true that weight-reduction has shockingly poor outcomes, and though this raises all sorts of ethical issues, it's not the key point. The fact is that promoting weight loss increases stigma which contravenes human rights. End of. Surely?

Why isn't Well Now "weight-neutral"?

Well Now is "weight-equitable" or "weight inclusive" because there's no neutral where we're talking about how we treat people. People of different sizes may well require different treatment for the same outcomes, so that's not neutral. Different treatment, equal outcomes refers to equity or inclusiveness. If we ignored weight this couldn't happen. Good practice means we need to take everything into account, without judgment. So, the idea of being weight-neutral becomes unhelpful, in the same way that being gender blind, or race neutral, works against social justice.

I know that making this distinction could seem pernickety. It might feel like a waste of energy when there is so much practical stuff to do to put the world right. I think attention to language is important and can lead to practical change because in changing how we think we change how we act. That's why in Well Now I've been using terms that differed from regular HAES concepts in some places, like body respect and weight-equity: a new language for a new way of thinking and acting.

I'm glad you mentioned HAES. Are Well Now practice and HAES practice the same?

For a long time, I was practicing Well Now and calling it a HAES approach. Through contributing to HAES literature, and being part of the HAES community, I came to realize that my practice and theory in fact forms the basis of what is a distinct approach. The two philosophies converge in some ways in practice, for example around using body signals to inform food choices, but their core beliefs are different.

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[2] Prognostic value of weight change in chronic obstructive pulmonary disease: results from the Copenhagen City Heart Study. Eur Respir J 2002; 20: 539–544

At its inception, I created Well Now to bridge compassionate self-care and social justice. Well Now uses a critical pedagogy, and it is an embodied, relational and intentionally political practice. It's different to HAES practice because of this. It starts from four values: respect, compassion, curiosity (criticality) and connection. This leads to strategies of realistic fitness, connected and kindful eating, body awareness and being aware of the bigger picture of health. The Well Now vision is for a fair, safe world where we are at peace in our bodies. From my reading, from attending workshops, and from list servs and so on, it seems the HAES movement has had different aims in focus. To date, its flagship books and theory have largely covered personal recovery from eating distress, healing from body shame, challenging flawed science and politicising experiences of fat stigma. I've seen mindful eating, joyful movement, size acceptance and critical appraisal of weight science in HAES but I've not seen things like critical pedagogy, relational nutrition, or a coherent approach to social determinants. I describe Well Now as a health-gain approach to embrace the social as well as the personal body – and to avoid reinforcing binary language.

The reason I persisted in conflating Well Now and HAES despite being aware of the differences was down to definition. I was a stickler for the letter, missing what was going on in the real world. The Association for Size Diversity and Health, ASDAH, are copyright holders for the HAES trademark. ASDAH define HAES as 'grounded in social justice'. So, while I hadn't come across any HAES theory integrating references to social justice, I rationalized the discrepancy by saying it couldn't really be HAES. Meanwhile, I blithely continued using the terms and theory from Well Now, such as status syndrome, allostasis, lifeworld, racialised hypertension, relationality, body first nutrition, realistic fitness, 'our stories matter', 'respect is a social determinant of health', whole person learning, critical pedagogy, 'heath is about healthy relationships' … I'll stop there … as if they were typical of HAES when in fact I hadn't come across them in HAES work at all.

So, some cross over in moving away from weight-correction, but poles apart as paradigms.
