

Words Without Weight

Changing the language, we use with patients about their bodies.

There is a paradigm shift required to change the focus from weight loss to the Intuitive eating and Health at Every Size. Intuitive eating teaches individuals to listen to and trust their bodies rather than the outside information. Health at Every Size is the belief that body shape and size do not define or determine health. It is important that we begin moving in this direction, even if it feels different from what we are used to. For many of us diet culture has been a huge part of our understanding of food and nutrition since we were young. BMI has been pounded into our brains as an important vital sign even though as one dietitian I spoke to put it “the BMI is complete bullshit”. Jamie Sheahan RD discussed how she used the term body recompositioning with patients to encourage a focus on gaining or maintaining muscle mass instead of just “weight loss” and how these shifts in composition are not picked up by BMI or the scale. It is incredibly important that we as healthcare providers begin making these changes because weight loss and dieting are not working. Stephanie Bergen RD pointed out that after patients fail to lose weight or maintain their weight loss, they often feel shame and guilt. Not only can this negatively affect their health it can also prevent them from seeking the healthcare that they need. This project specifically looks at the language we use with patients, and how we can change the words we choose to improve their wellbeing. I will start by presenting an experience, that someone in the community had a few years ago. I am changing details and all names of those involved to protect everyone’s anonymity. The purpose of this case is not to point fingers but to give a real-world example of how a focus on weight can affect patients and how much the words we choose matters.

Case:

Liz is a female cisgendered 23 yo Ph D student with no pertinent passed medical history who presents today with bloating, abdominal discomfort for 4 wks and amenorrhea for the past two months. The only medications she is taking are her combined oral contraceptives and a multivitamin for women. She normally has light period on OCPS which she has been on four 5 years now, but she usually gets some spotting. Her BP is 116/72, her height 66 inches, weight is 156 and BMI is 25.2. Pregnancy test is negative. Dr. Smith enters the room and greets Liz giving her the results of the pregnancy test. Dr. Smith does an abdominal exam and Liz’s abdomen is soft, no painful with no organomegaly.

Liz is relieved that she is not pregnant but is wondering what could be causing her symptoms and if her weight is unhealthy.

Dr. Smith: According to your BMI you fall into the category of overweight. In addition, you have bloating so this could be what you are eating. Over the next few weeks watch what you are eating. I recommend trying benefiber and going on some walks. If you don’t start feeling better come and see me again in a few weeks.

Let’s stop for a moment and reflect on Dr. Smith’s response. How does she use the word weight in this situation? What do you think she is trying to say?

Liz’s interpretation of Dr. Smith’s Response: At that time, I was really struggling with body image issues. When she said overweight that really enforced the negative thoughts, I was having about myself. I was working out 1-2hrs a day weightlifting and doing cardio. I was already counting and documenting all the calories I consumed. I was eating a huge proportion of vegetables and some lean proteins I think that

may have been the problem. When I decreased my consumption of raw broccoli my stomach started feeling a lot better. I don't know if it was how much I was working out or how little fat and carbohydrates I was eating but when I started eating more and exercising a little less, my period came back. I stopped weightlifting as intensely and that caused me to lose weight so now my BMI is in the "healthy" or "normal" range. Yet I think by body just has less lean mass and more fat.

Liz's story highlights how aiming for a specific narrow range of healthy for all bodies can induce disordered eating practices or allow them to go untreated. They can also be celebrated as healthy. The measurement of BMI does not say much about an individual's health and yet it is often used in the healthcare setting to determine if an individual is at a "healthy" weight or not (Bombak). Obesity is correlated with many medical conditions including diabetes, CHD and stroke however individuals who fell into the obese category but were metabolically healthy and actually had lower rates of these conditions compared with unhealthy subjects of any BMI (Fangjian). Weight discrimination may be more harmful than the weight itself. Weight discrimination has been associated with sedentary lifestyle, depression and social isolation. It can also lead to feelings of shame because individuals feel they should do something about their weight, or they are failing at losing the weight (Sutin). Amy Sercel RD pointed out that a 2013 study published in JAMA showed a decrease in all cause mortality for people who fell in the overweight BMI category (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4855514/>). So, the big question, what should we do instead. The Health at Every Size and Intuitive eating paradigms focus on different ways to have conversations about health or well-being that don't focus on weight.

I have listed the Health at Every Size Principles (<https://asdah.org/health-at-every-size-haes-approach/>):

WEIGHT INCLUSIVITY: Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.

HEALTH ENHANCEMENT: Support health policies that improve and equalize access to information and services, and personal practices that improve human well-being, including attention to individual physical, economic, social, spiritual, emotional and other needs.

EATING FOR WELL-BEING: Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure, rather than any externally regulated eating plan focused on weight control.

RESPECTFUL CARE: Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias. Provide information and services from an understanding that socio-economic status, race, gender, sexual orientation, age, and other identities impact weight stigma, and support environments that address these inequities.

LIFE-ENHANCING MOVEMENT: Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement, to the degree that they choose.

Thinking about these principles I drafted a sample response for Dr. Smith using these principles:

Dr. Smith: Feeling concerned about your weight is a normal feeling, there is a lot of pressure from society that our bodies need to be a certain size or look a certain way. However, many different body shapes and sizes are healthy. When it comes to your health and wellbeing I like to focus less on the number on the scale and more on what your day-to-day life is like and how you are feeling. It seems like your digestive system has been really bothering you. What are you eating on a typical day? Have you had any recent

change in what you eat? Do any foods seem you feel worse or better? Are there any physical activities that you are participating? How do these activities make you feel?

In this response I focused on using the weight inclusivity principle to address her concern about weight. When talking about diet I incorporated the eating for well-being principle and then I addressed her physical activity through the lens of the life-enhancing movement principle.

Below I have included some examples of how to speak to patients in a way that moves away from a weight focused approach. These are meant as ideas and are my own interpretation of the principles. I highly recommend reading over the principles and thinking about what language works or you.

Situation:	Intuitive eating/ Health at Every Size Focus
The patient is feeling very ashamed of there health and is frustrated that they have not been able to lose weight. (In this example they have diabetes)	“It seems like you are really focused on improving your health and feeling better. I like to focus more on labs than the number on the scale. Would you like to talk ways to help improve your blood glucose regulation”
When patient say they eat a lot of junk food or use other words like garbage to describe some of the food that they eat.	“What foods do you feel fall in these categories? All foods are made up of different nutrient profiles. There are no inherently good or bad foods, they just give your body different nutrients.”
A patient comes into the clinic very excited that they have lost 10 lbs	“It sounds like you have been feeling really well, what have you been doing or what changes have you made that are having this effect?”
Asking a patient about physical activity level	“What activities do you enjoy doing that involve moving? What does physical activity/movement look like to you?”
When asking a patient about their diet.	What do you eat on a typical day? What foods nourish your body and make it feel well?
Patient wants to start losing weight.	What has made you decide that you would like to lose weight? What is motivating you to make this decision?
A patient is frustrated because they can’t lose weight, or they keep gaining it back.	“It is really normal to have weight loss feel like an impossible task. Our bodies inherently don’t want to lose weight. It is nothing you have done wrong. Bodies can be healthy at all different weights, shapes, and sizes. What are some ways your take care of your body?”
When a peer or colleague uses the term lifestyle choices.	“I prefer to use the word lifestyle (factors, aspects, ingredients etc) because although they may appear to be choices to us, they may not have any other options.”

When thinking about patient education and what direction to point patients both Amy Sercel RD and Stephanie Bergen RD recommended the book Intuitive Eating. The website <https://www.intuitiveeating.org/> is a great place to start and lists these 10 principles:

1. Reject the Diet Mentality

Throw out the diet books and magazine articles that offer you the false hope of losing weight quickly, easily, and permanently. Get angry at diet culture that promotes weight loss and the lies that have led you to feel as if you were a failure every time a new diet stopped working and you gained back all of the weight. If you allow even one small hope to linger that a new and better diet or food plan might be lurking around the corner, it will prevent you from being free to rediscover Intuitive Eating.

2. Honor Your Hunger

Keep your body biologically fed with adequate energy and carbohydrates. Otherwise, you can trigger a primal drive to overeat. Once you reach the moment of excessive hunger, all intentions of moderate, conscious eating are fleeting and irrelevant. Learning to honor this first biological signal sets the stage for rebuilding trust in yourself and in food.

3. Make Peace with Food

Call a truce; stop the food fight! Give yourself unconditional permission to eat. If you tell yourself that you can't or shouldn't have a particular food, it can lead to intense feelings of deprivation that build into uncontrollable cravings and, often, bingeing. When you finally "give in" to your forbidden foods, eating will be experienced with such intensity it usually results in Last Supper overeating and overwhelming guilt.

4. Challenge the Food Police

Scream a loud no to thoughts in your head that declare you're "good" for eating minimal calories or "bad" because you ate a piece of chocolate cake. The food police monitor the unreasonable rules that diet culture has created. The police station is housed deep in your psyche, and its loudspeaker shouts negative barbs, hopeless phrases, and guilt-provoking indictments. Chasing the food police away is a critical step in returning to Intuitive Eating.

5. Discover the Satisfaction Factor

The Japanese have the wisdom to keep pleasure as one of their goals of healthy living. In our compulsion to comply with diet culture, we often overlook one of the most basic gifts of existence—the pleasure and satisfaction that can be found in the eating experience. When you eat what you really want, in an environment that is inviting, the pleasure you derive will be a powerful force in helping you feel satisfied and content. By providing this experience for yourself, you will find that it takes just the right amount of food for you to decide you've had "enough."

6. Feel Your Fullness

In order to honor your fullness, you need to trust that you will give yourself the foods that you desire. Listen for the body signals that tell you that you are no longer hungry. Observe the signs that show that you're comfortably full. Pause in the middle of eating and ask yourself how the food tastes, and what your current hunger level is.

7. Cope with Your Emotions with Kindness

First, recognize that food restriction, both physically and mentally, can, in and of itself, trigger loss of control, which can feel like emotional eating. Find kind ways to comfort, nurture, distract, and resolve your issues. Anxiety, loneliness, boredom, and anger are emotions we all experience throughout life. Each has its own trigger, and each has its own appeasement. Food won't fix any of these feelings. It may comfort for the short term, distract from the pain, or even numb you. But food won't solve the problem. If anything, eating for an emotional hunger may only make you feel worse in the long run. You'll ultimately have to deal with the source of the emotion.

8. Respect Your Body

Accept your genetic blueprint. Just as a person with a shoe size of eight would not expect to realistically squeeze into a size six, it is equally futile (and uncomfortable) to have a similar expectation about body size. But mostly, respect your body so you can feel better about who you are. It's hard to reject the diet mentality if you are unrealistic and overly critical of your body size or shape. All bodies deserve dignity.

9. Movement—Feel the Difference

Forget militant exercise. Just get active and feel the difference. Shift your focus to how it feels to move your body, rather than the calorie-burning effect of exercise. If you focus on how you feel from working out, such as energized, it can make the difference between rolling out of bed for a brisk morning walk or hitting the snooze alarm.

10. Honor Your Health—Gentle Nutrition

Make food choices that honor your health and taste buds while making you feel good. Remember that you don't have to eat perfectly to be healthy. You will not suddenly get a nutrient deficiency or become unhealthy, from one snack, one meal, or one day of eating. It's what you eat consistently over time that matters. Progress, not perfection, is what counts.

Finally, because this paper is just a start, I am including a list of recommended reading.

Health At Every Size Principles: <https://asdah.org/health-at-every-size-haes-approach/>

Narrative perspective: <https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/>

Books:

Intuitive Eating: A Revolutionary Program that Works by Elyse Resch and Evelyn Tribole

What We Don't Talk about When We Talk About Fat by Aubrey Gordon

The Body is Not an Apology by Sonya Renee Taylor

Fearing the Black Body: The Racial Origins of Fat Phobia by Sabrina Strings

Hunger a Memoir of (My) Body by Roxane Gay

Anti-Diet by Christy Harrison by Christy Harrison