



# MEMBERSHIP SPOTLIGHT

Membership Spotlight contains articles written by iaedp members that share their expertise, specialty, or research in the eating disorders field.

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## TITLE

**Shifting the Focus from Weight Loss to Self-Compassion**

I have seen many clients over the years that come in with the express goal to lose weight. Often their families are behind them, demanding the same, whether the client is an adolescent or an adult. The conversation starts similarly, each time.

“My doctor says I’m going to die unless I lose weight.”

“My daughter needs to lose weight. She just sits around all day and eats.”

“My son will get Type II diabetes if he doesn’t lose weight. Can you help him?”

With the best of intentions, these individuals and their families are seeking assistance and genuinely concerned for themselves or their loved ones. Descriptions that seem harsh are often rooted in fear and hopelessness, as when words like “lazy” and “disgusting” are used.

As practitioners who specialize in eating disorders, the shift from weight loss, and therefore hopelessness and fear, can start in our sessions as we focus on the behaviors and shifts in thinking that will give our struggling clients the hope, clarity, and self-compassion they will need to care for themselves – body and mind. A weight-inclusive approach, as opposed to a weight-normative approach, will assist in this shift.

In a recent review, Tylka, Annunziato, Burgard, et al. (2014), outlined the weight normative approach versus the weight-inclusive approach, proposing the latter over the former as a more practical and truly healthful approach. Weight-normative approaches put the focus on weight as the “main determinant of health” and that the person has complete control over their weight. In this paradigm, lack of weight loss is seen as non-compliant and indicative of a lack of will power. In a weight-inclusive approach, the focus is shifted from a focus on weight loss to behaviors that can improve actual health status (ex: increasing produce consumption, attunement to hunger and fullness cues). The measure is not weight, but rather, actual health outcomes that range from improved lab work to improved mental health status.

The weight-normative approach embarks a client on a circular pattern of weight cycling which slows the metabolism (Fothergill, Guo, Howard, et al., 2016), can lead to further weight gain and often will lead to avoidance of needed health care, as the individual seeks to avoid the shame and (perceived) judgment of the health care provider. In an effort to lose weight, not only can unhealthy weight cycling occur, but the development of eating disordered behaviors can arise, as desperation levels increase the desire to lose weight. And so the cycle spirals into further weight cycling, further slowing of the metabolism, more avoidance of professional health care, and eventual dieting/eating disordered behaviors in an effort to achieve a “goal” weight.

When a client comes through our doors with the goal of weight loss, we can work with them to redirect their efforts towards addressing behaviors that no longer serve them (ex: binging after work, lack of planning, fear of physical activity) and incorporating behavior modification that can address actual health outcomes and overall quality of life. Clients can be encouraged to adopt the tenants set forth in Health at Every Size®, which essentially boil down to: how are you respecting, loving and caring for yourself today? Practical suggestions

can be gleaned from Project EAT (Eating and Activity in Teens and Young Adults; Neumark-Sztainer, D. 2009), which can be extrapolated for adult clients, as well:

**1) Discourage dieting and encourage positive eating/ physical activity behaviors**

Educate clients about the dangers of weight cycling and find out what they enjoy about food and movement.

**2) Promote positive body image**

Clients can write down one Gratitude (or more!) about their body (ex: my eyes can see the world around me).

**3) Encourage more frequent family meals**

Work with clients to find out when this is possible for them (even an evening snack counts!). For clients who live by themselves, working with the client to create an inviting atmosphere during mealtimes will be vital.

**4) Encourage families to focus less on weight and more on adding healthy behaviors**

Working with clients to look up new ways to cook new foods, creating fun outlets for movement taking into account that person's individual abilities and environment.

**5) Assume and address weight bias**

Our clients in larger bodies are faced with daily challenges in terms of weight bias and weight stigma. As their health care providers we need to keep our own biases in check and be aware of ways they are being marginalized (ex: comments in the gym might prevent any physical activity, eating in public may create fear of comments thus causing the client to eat in isolation).

And probably the most important action any practitioner can take is listening to your clients and hearing their lived experiences. What do they love about food? What do they love about movement? What has worked for them? What didn't work for them? Get to what truly motivates them.

We can work, albeit at times slowly, to shift a client's focus from the shame and blame of weight loss goals and move towards true self-love and self-compassion. Recently, I asked my client during a training session, "What are the reasons you are out here today?"

"To lose weight."

Not arguing with him, I continued, "What will weight loss give you, do you imagine?"

"Family. Friends..."

"What else?"

"I'll be able to play sports like I want and have fun." He paused, looked around at the park we were walking in.

"Nature. I love being in nature."

I asked, "Anything else?"

"Life. I want life."

## References

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## Author’s Bio



**Lauren Anton, MS, RD, CPT** is owner of Arrive: Nutrition~Movement~Life and specializes in eating disorders, sports nutrition, and moving clients from punitive approaches to nutrition and exercise to self-acceptance and celebration of how food and movement interact in one’s life. She is based in the Los Angeles area and can be reached at [LaurenAntonRD@gmail.com](mailto:LaurenAntonRD@gmail.com).