

# EMOTIONAL AND BINGE EATING, CHRONIC DIETING AND SHAME

WHAT EVERY CLINICIAN AND EDUCATOR NEEDS TO KNOW  
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## UNDERSTANDING THE PROBLEM

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## OUR CLIENTS

- ▶ Binge Eating Disorder
- ▶ Compulsive Eating
- ▶ Chronic Dieting
- ▶ Emotional Eating
- ▶ Diet Mindset
- ▶ "I Want To Lose Weight"



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## WHAT IS BED?

- ▶ Eating more than most people would in discrete period of time
- ▶ A sense of lack of control over eating

Three of the Following:

- ▶ Eating rapidly
- ▶ Eating large amounts of food when not physically hungry
- ▶ Eating until uncomfortably full
- ▶ Eating alone because of embarrassment over eating
- ▶ Feeling disgusted, depressed, or very guilty after eating



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## CAUSES AND CO-OCCURRING MENTAL HEALTH CONDITIONS

- ▶ -Anxiety Disorders
- ▶ -Depression/Mood Disorders
- ▶ -PTSD
- ▶ -Genetic Predisposition to perfectionism, impulsivity, black/white thinking, dissociation
- ▶ -History of dieting or restrictive eating patterns
- ▶ -History of body shame and/or weight bullying
- ▶ "Problems with family or other significant relationships, significant losses, histories of emotional abuse physical neglect, and sexual abuse are more correlated with BED than other eating disorders, and considerably higher than in the general population."
- ▶ Amy Pershing, Binge Eating Disorder, p. 14.

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## WHY THE DSM V MATTERS

- ▶ Validates that BED is a "real thing."
- ▶ Insurance coverage for people seeking treatment
- ▶ NOT THE SAME AS "OBESITY"



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## VOGUE INTRODUCES TWIGGY

"Twiggy is called Twiggy because she looks as though a strong gale would snap her in two and dash her into the grounds."



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## WHAT ARE THE MESSAGES?

"Become the woman every woman hates."



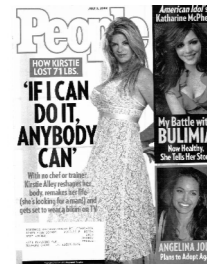
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## WHAT ARE THE VALUES?



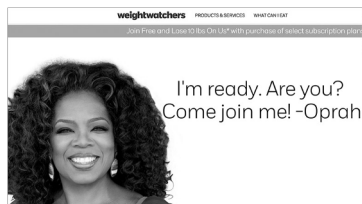
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## WHAT ARE THE CONTRADICTIONS?



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## WHAT DOES EMPOWERMENT LOOK LIKE?



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## DIET CULTURE AND THE WELLNESS INDUSTRY

"The diet industry is a virus, and viruses are smart. It has survived all these decades by adapting, but it's as dangerous as ever. In 2019, dieting presents itself as wellness and clean eating, duping modern feminists to participate under the guise of health. Wellness influencers attract sponsorships and hundreds of thousands of followers on Instagram by tying before and after selfies to inspiring narratives. Go from sluggish to vibrant, insecure to confident, foggy-brained to clear-eyed. But when you have to deprive, punish and isolate yourself to look 'good' it is impossible to feel good. I was my sickest and loneliest when I appeared my healthiest." —Smash the Wellness Industry, Jessica Knoll, NYTimes, June 2019



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## WHAT IS A DIET?

Any time a person manipulates food for the purpose of weight loss, they are on a diet, and subject to the same physiological and psychological pitfalls.



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## DIETING AND BED

Approximately 25 – 30% of people seeking weight loss treatments have BED!



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## DIETING TRIGGERS/SUSTAINS BINGE EATING

"Within a diet and thin-focused culture, the focus has been on weight loss as the goal. This 'treatment' is often promoted by well-intentioned friends, family, and professionals. But with binge eating, dieting is a causal factor in the development of binge eating disorder. So it's essential for treatment to provide alternatives to dieting for improving health and body image. In fact, weight loss as a goal of treatment—as opposed to goals of improved self care—can be damaging to the process of recovery."

(Binge Eating Disorder Association (BEDA) website)



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## DEPRIVATION

The Milk Shake Study  
Restrained vs. Non-Restrained Eaters



"I've blown it anyway so I might as well keep eating before I go back on my diet."

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## THE KEYS STUDY

6 month diet with adequate vitamins, minerals, protein  
Lost 25% of their body weight  
Underwent profound personality changes  
Became irritable, lethargic, distracted, depressed, apathetic  
Became obsessed with food

"The men were allowed about 1,570 calories per day...the restricted meal plan they followed was similar to diets marketed by commercial weight loss programs today."

"When the men entered the refeeding portion of the study, the food restrictions were lifted. Free to eat what they wanted, the men engaged in binge eating for weeks, yet continued to feel ravenous."

From Beyond a Shadow of a Diet (2014) p. 22



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## THE PINK ELEPHANT



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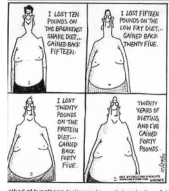


## WHY DIETS FAIL

- Genetics
- Evolution
- Adaptation

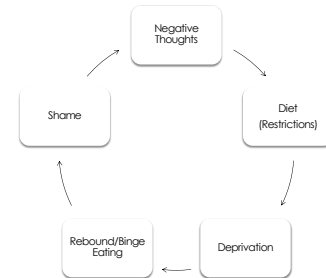
"A number of studies have shown the inescapable consequences of repetitious cycles of weight loss and gain appears to be even greater accumulations of fat."

Glenn Gaesser, author of Big Fat Lies



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## THE DIET CYCLE



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## SHAME: WHAT PEOPLE SAY:

- I was bad today (referring to what they ate).
- I'm embarrassed to go out because I feel too fat.
- I've let myself go
- I'm ashamed to eat in public
- I'm ashamed to be seen in public

(from The Diet Survivor's Handbook, p. 16)

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## SHAME: WHAT PEOPLE FEEL:

- I am what I weigh; the scale determines my worth.
- I envy thin people and equate their appearance with success; my body implies failure.
- I feel "less than" because of my body size.
- If only I could lose weight and get thin, all of these negative feelings would disappear.

(from The Diet Survivor's Handbook, p. 16)

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## WHAT IS SHAME?

- Connection gives life meaning
- Shame is fear of disconnection

Is there something about me that, if people know or see it, I will not be worthy of connection.

(From Brené Brown, The Power of Vulnerability, TEDx 2010)



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## WE ALL HAVE SHAME

- Secrecy
- Silence
- Judgement

The less we talk about it, the more control it has over our lives.

I'm not \_\_\_\_\_ enough.



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SHAME CAN BE SUBTLE

button  
poetry

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## IMPLEMENTING TREATMENT

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### ATTUNED EATING: THE ANTIDOTE TO DIETING

- ▶ DIETING = RIGIDITY
  - ▶ BINGEING = CHAOS
  - ▶ ATTUNED EATING = INTEGRATION
- "The river of integration represents the movement of a system across time. When the system is integrated, it is adaptive and harmonious in functioning."
- Dan Siegel, The Mindful Therapist



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### The DIET MINDSET VS. ATTUNED EATING

There are different values that underlie the diet mindset versus attuned eating. Highlight what you value contributes to making peace with food.

For each pair of words, identify the one that is most consistent with your set of values.

Diet Mindset	Attuned Eating
External rules	Internal cues
Rigidity	Flexibility
Deprivation	Satisfaction
Guilt	Pleasure
Fear	Trust
Preoccupation	Engagement
Weight loss	Health/peace
Shame	Compassion
Judgment	Acceptance
Control	Freedom
Feeling in control	Feeling in charge

*"When hungry eat your rice, when tired close your eyes. Fools may laugh at me but wise men will know what I mean."*

--Lin-Chi



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### LEARN THE STEPS OF ATTUNED EATING

- ▶ Do you know when you're hungry?
- ▶ Do you eat what you're hungry for, choosing from a wide variety of foods?
- ▶ Do you stop eating when you're full/satisfied?



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### WHEN

- 1) Starving
- 2) Very Hungry
- 3) Hungry
- 4) Somewhat Hungry
- 5) Not Hungry/Not Full
- 6) Somewhat Full
- 7) Full
- 8 Very Full
- 9) Stuffed

(From Beyond a Shadow of a Diet, 2<sup>nd</sup> edition p. 82)



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## WHAT

- Hot
- Cold
- Crunchy
- Mushy
- Smooth
- Salty
- Spicy
- Sweet
- Bland
- Protein
- Carbohydrate
- Fat



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## CHANGING PATTERNS

- Novelty vs. habituation
- What about "food addiction?"
- Semantics matter! What **feels** satisfying/unsatisfying in the body (vs. "I **was** good/bad.)
- Keeping food available
- Mealtimes/socializing



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## EATING STYLES

- Vegetarian
- Vegan
- Kosher/Halal
- Cultural
- Health Concerns
- Etc.!



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## HOW MUCH

### Remember to AIM

Attunement

Intention

Mindfulness

(from Beyond a Shadow of a Diet, 2nd edition, p. 108)



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## HELPFUL PHRASES

- If there's no signal to start, then there's no signal to stop.
- Food tastes better when I'm hungry.
- I'm full but not satisfied. What would have felt better in my body?
- The sooner I stop, the sooner I get to eat again!
- I can eat as much as I want. How do I want to feel when I'm done? 10-20 minutes later? How much do I think it will take to feel that way?
- If I stop now, I can have it again when I'm hungry.
- I feel too full. I'll do my best to wait until I'm hungry again.

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## WHO HAS ACCESS?



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## THE PROCESS OF ATTUNED EATING

- ▶ -Collect experiences (vs. turning into the "stomach hunger" diet.)
- ▶ -Check in about positive experiences as well as challenges.
- ▶ -Self-talk: Cultivate compassion (vs. "I blew it.")
- ▶ -Expect obstacles. Work on concrete strategies first – then dig deeper.



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## COMMON OBSTACLES

- ▶ Good/Bad Thinking (Judgment)
- ▶ Not Having Food Available
- ▶ Habitual Patterns
- ▶ Psychological Factors



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## INTUITIVE EATING VS. FLEXIBLE CONTROL

"Flexible control strategies include monitoring portion sizes, eating smaller amounts and lower calorie versions of comfort foods, staying within a predetermined daily calorie range, and self-monitoring weight. Flexible control have been touted by certain scholars as adaptive approaches to eating that stand in contrast to rigid restriction of food intake. This is the first study to compare Intuitive Eating with flexible control. Results indicate 1) Intuitive Eating was found to be related to well-being as well as a lower BMI. 2) Intuitive Eating is an adaptive and distinct construct from flexible control. 3) Flexible control was found to overlap with rigid control. The researchers concluded that flexible control eating strategies should not be adopted by health professionals or health organizations."

Tyika, T.L., et. al. (2015) Is intuitive eating the same as flexible dietary control? Their links to each other and well-being could provide an answer. *Appetite* 95: 164-175.

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## LIMITATIONS OF RESEARCH/ POTENTIAL RISKS

Small preliminary studies are promising.  
(<http://www.intuitiveeating.org/resources/studies/>)

- We need testing in bigger samples.
- We need testing in diverse samples.
- Weight-centered culture makes implementation more difficult.

\*Attuned/intuitive eating is contraindicated in early stage of anorexia.\*

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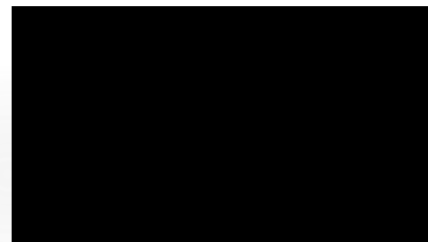
## ATTUNED EATING LEADS TO ATTUNED LIVING

- ▶ I have needs
- ▶ My needs are specific
- ▶ My needs can be filled



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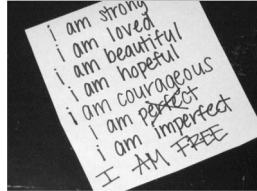
## A DIETITIAN SHARES HER JOURNEY



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## WHAT ABOUT WEIGHT LOSS?

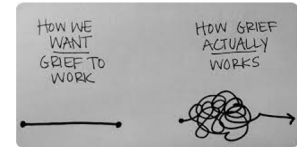
- ▶ Empathy
- ▶ Information
- ▶ Hope
- 
- ▶ Pursuit of Weight Loss vs. Side Effect
- ▶ What the Research Tells Us
- ▶ Weight Neutral
- ▶ Weight Inclusive



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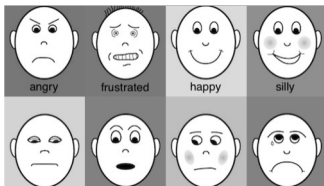
## RELIEF AND GRIEF

- ▶ Denial
- ▶ Anger
- ▶ Bargaining
- ▶ Depression
- ▶ Acceptance



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## UNDERSTAND EMOTIONAL ASPECTS



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## THE USE OF FOOD FOR AFFECT REGULATION

- ▶ Soothing
- ▶ Distracting
- ▶ Comforting
- ▶ Numbing
- ▶ Calming



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## THE TRANSLATION OF FEELINGS INTO THE LANGUAGE OF FOOD

- ▶ It feels like this:  
Anger----->eat

It happens like this:  
Anger----->unable to tolerate uncomfortable  
feelings----->eat----->yell----->resolve to lose weight

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## SELF-COMPASSION MATTERS!

Instead of yelling at yourself for turning to food, try this:

"I'm reaching for food and I'm not hungry. Something must be bothering me."

"IF YOUR COMPASSION DOES NOT INCLUDE YOURSELF IT IS INCOMPLETE."  
- JACK KORNFIELD



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## WHAT AM I REALLY HUNGRY FOR?



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## SAMPLE MINDFULNESS PRACTICES

### ► Diaphragmatic Breathing

### ► Place of Refuge

### ► Hub of Awareness



([http://www.drdanSiegel.com/resources/wheel\\_of\\_awareness/](http://www.drdanSiegel.com/resources/wheel_of_awareness/))

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## BED AND TRAUMA-INFORMED TREATMENT

Lack of willpower or disconnection from fear and shame?



Feeling heard and seen much of the time vs. exposure to physical/emotional harm, harsh judgment, and/or stigma.

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## LOSS OF AUTHENTICITY

Need to be loved vs. need to be authentic  
Shame becomes hardwired



Turning to food is a way to survive  
Cultural message: Lose the weight to lose the shame

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## BUILDING A WINDOW OF TOLERANCE

- Move from old stories of shame and fear.
- Identify feelings and hold them with compassion and curiosity.
- Build awareness and connection to self (and others).



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## CLIENT STORIES



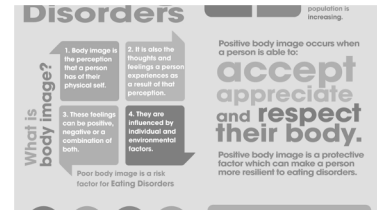
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## CULTIVATING A HEALTHY BODY IMAGE RESISTING INTERNALIZED WEIGHT STIGMA



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## WHAT IS A HEALTHY BODY IMAGE?



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## BODY IMAGE STRATEGIES

### Stop Negative Talk/Practice Compassion

- ▶ 24 Hours of Bad Body Thoughts
- ▶ "If yelling made me thin..."
- ▶ Computer Exercise

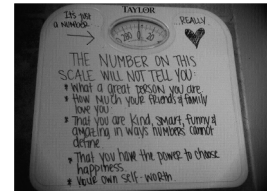


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## CREATING AN ENVIRONMENT OF ACCEPTANCE

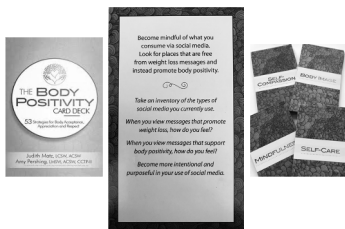
### CLOTHES

- ▶ SCALES
- ▶ LIVING IN THE PRESENT:  
*If I were thin I would...*
- ▶ PSYCHOLOGICAL ASPECTS



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## BODY POSITIVITY AND SOCIAL MEDIA



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## TAKING IN THE GOOD

### EMBODY THE EXPERIENCE

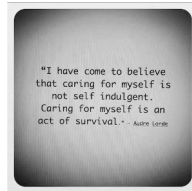


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## THREE STEPS OF SELF-COMPASSION

- Self-Kindness
- Common Humanity
- Mindfulness

(Self-Compassion by Kristen Neff)



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## BODY IMAGE HEALING

"Body image healing is about learning to live in relationship to your body and body image experience with skillfulness and kindness. It's about being able to unpack the wisdom that is housed in your body to access greater self-understanding and to make choices about how to take care of yourself. With body image healing, there is no 'right' or 'wrong' way to feel about your body because healing isn't about eradicating negativity. While we would all like to never feel badly about our bodies ever again, that goal is problematic and not at all possible. Our bodies don't conform to beauty standards – they get sick or injured, and they change with age. Getting 'rid of' negative body image is sort of like setting the goal to never feel sad, disappointed, grief-stricken, or angry every again. It's a nice fantasy but not at all reality. Instead, this process is really about developing skills to support yourself through moments that feel painful. But as it turns out, cultivating things like insight, mindfulness, self-compassion, critical thinking skills, and a values-driven life typically helps to turn the volume down on the feelings of body hatred."

(Marci Evans, RD, The Body Image Tour: Lessons Learned, 2018)



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## INDIVIDUAL VS. GROUP TX



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## Four Questions

- How would you describe your relationship with food?
- When did you first learn that your body was a "problem?"
- If you were at the weight you think you should be, what would be different in your life?
- How have you been impacted by weight stigma and other marginalized identities?



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## FINDING SOLUTIONS

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## HOW CAN WE ENGAGE, SUPPORT, AND HELP CLIENTS TO TAKE CARE OF THEMSELVES?



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## EXAMINE YOUR OWN BELIEFS



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## THIN

## FAT

happy  
successful  
sexy  
exercise  
healthy  
confident

lazy  
couch potato  
unhealthy  
stupid  
miserable  
out of control

(from Beyond a Shadow of a Diet, 2<sup>nd</sup> edition, p. 303)

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## LANGUAGE MATTERS

- ▶ BODY MASS INDEX (BMI)
- ▶ OBESITY
- ▶ OVERWEIGHT
- ▶ HIGHER WEIGHT
- ▶ FAT
- ▶ ACE SCORE - BEHAVIORS



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## TEACH THE HAES® APPROACH

- ▶ Offers a path toward optimal health – physical, emotional, and spiritual – for every body!
- ▶ Research – based
- ▶ Focus on well-being not weight
- ▶ Focus on sustainable behaviors
- ▶ Addresses social justice issues

HEALTH  
AT  
EVERY  
SIZE

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## WEIGHT AND HEALTH

Myth #1: Higher weights = higher mortality

- ▶ Myth #2: Higher weights = health problems

- ▶ Myth #3: The best way to live longer and healthier is to pursue weight loss through diet and exercise



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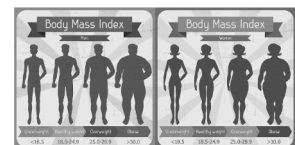
MYTH #1  
WEIGHT AND MORTALITY

“Overweight” – lowest mortality

“Normal” weight and lower end of “obesity” – same risk

“Obesity” – slightly higher

“Underweight” – highest mortality

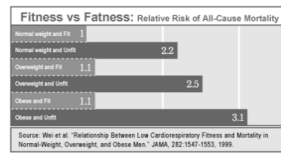


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## FIT AND FAT

Men who are fit/"obese" have half the death rate of men who are unfit/"thin."

(S. Blair, Cooper Institute 2001)



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## FIT AND FAT REVISITED



► "Epidemiological studies show that CRF [cardiorespiratory fitness] and PA [physical activity] significantly attenuate, and sometimes eliminate, the increased mortality risk associated with obesity. More importantly, increasing PA or CRF is consistently associated with greater reduction in risk of all-cause and CVD mortality than intentional weight loss." (Obesity treatment: Weight loss versus increasing fitness and physical activity for reducing health risks, Glenn Gaesser 2021).

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## MYTH #2 WEIGHT AND HEALTH CONDITIONS

When you use BMI to determine health:

- -You mislabel 50% of "overweight" adults
- -You mislabel 30% of "obese" adults
- -You mislabel 25% of "normal" weight adults
- -54 million adults incorrectly labeled as unhealthy



K. Wadman, 2008, Archives of Internal Medicine and J. Tamiya et al., 2014, Journal of Obesity

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## CORRELATION VS. CAUSATION



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## Rethinking Exercise

### 50 REASONS TO EXERCISE

1. lifts your mood
2. improves learning abilities
3. builds self-esteem
4. keeps your brain fit
5. keeps your body fit and able
6. boosts mental health
7. boosts your immune system
8. reduces stress
9. makes you feel happier
10. has anti-aging effects
11. improves skin tone and color
12. improves sleeping patterns
13. helps prevent strokes
14. improves joint function
15. improves muscle strength
16. alleviates anxiety
17. sharpens memory
18. helps to control addictions
19. boosts productivity
20. boosts creative thinking
21. improves body image
22. gives you confidence
23. helps you keep focused in life
24. improves eating habits
25. increases longevity
26. strengthens your bones
27. strengthens your heart
28. improves posture
29. prevents cancer
30. improves appetite
31. improves digestion
32. lowers risk of (some) cancers
33. lowers high blood pressure
34. lowers risk of diabetes
35. fights dementia
36. eases back pain
37. decreases osteoporosis risk
38. reduces feelings of depression
39. prevents muscle loss
40. increases energy and endurance
41. increases sports performance
42. increases pain resistance
43. improves balance and coordination
44. improves oxygen supply to cells
45. improves concentration
46. helps with self control
47. lessens fatigue
48. increases sex drive and satisfaction
49. makes life more exciting
50. improves overall quality of life

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23 ½ HOURS

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## HEALTH IS MUCH BROADER THAN THE NUMBER ON THE SCALE

- Practice and encourage positive, sustainable behaviors. Every body gets to pursue health to the degree they choose, given what's accessible to them.



"...health is not an obligations, barometer of worthiness, entirely under our control or guaranteed under any circumstances." —Ragen Chastain, *Dances With Fat*

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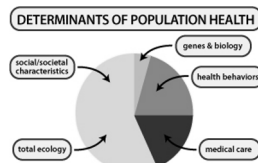
## MYTH #3 THE PURSUIT OF WEIGHT LOSS

- Increases health problems
- Puts people at greater risk for eating disorders
- Ignores the social determinants of health
- Contributes to weight stigma



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## SOCIAL DETERMINANTS OF HEALTH



Tarlov, A.R. (1999) Public Policy Frameworks for Improving Population Health

"What if your zip code has more of an effect on your health than your weight?"  
(Powell, T. et. al. 2015, *Journal of Preventive Medicine*)

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## WEIGHT BIAS

- "In a study of 400 doctors, one of every three listed obesity as a condition to which they responded negatively...They associated [it] with noncompliance, hostility, dishonesty, and poor hygiene."
- "Psychologists ascribe more pathology, more negative and severe symptoms and worse prognosis to obese patients compared to thinner patients presenting *identical psychological profiles*."  
(Weight Bias: A Social Justice Issue Policy Brief (2012) Yale Rudd Center)
- "I believe the #1 medical complication of BED is sub-standard general medical and surgical care, arising from weight stigma."
- Jennifer L. Gaudiani, MD, CEDS

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## EXPOSURE TO WEIGHT STIGMA/ FAT SHAMING

- -Increased risk for cardiovascular disease (Pearl, R. et. al., Association Between Weight Bias Internalization and Metabolic Syndrome Among Treatment-Seeking Individuals With Obesity.)
- -Increased risk for metabolic disease (Pearl, R. et. al., Association Between Weight Bias Internalization and Metabolic Syndrome Among Treatment-Seeking Individuals With Obesity.)
- -Increased risk for cervical cancer (A. Saguy, What's Wrong With Fat?)
- -Increased inflammation and cortisol levels (A. J. Tomiyama, How and Why Weight Stigma Drives the 'Obesity Epidemic' and Harms Health.)
- -60% increased risk of dying independent of BMI (A. J. Tomiyama, How and Why Weight Stigma Drives the 'Obesity Epidemic' and Harms Health.)
- -2.5 times as likely to experience anxiety or mood disorders (A. J. Tomiyama, How and Why Weight Stigma Drives the 'Obesity Epidemic' and Harms Health.)

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## LIMITATIONS OF RESEARCH/ POTENTIAL RISKS

### CAUSATION VS. CORRELATION

- How can we separate the effects of fat tissue from exposure to weight stigma?
- Why do we assume that a higher weight person who loses weight will have the same health outcomes as someone who has always been at a lower, steady weight?
- How can we research this question when we don't have people who are able to sustain weight loss long enough to become part of a study?



- "Until all research can control for weight cycling and weight stigma, we can't say that being at the higher end of the BMI spectrum causes any health conditions—even if higher weights are associated with these health conditions. Remember the golden rule: Correlation doesn't equal causation. Moreover, even if weight *did* have some causal effect on people's health (which is possible—but again, we can't know until we control for weight stigma and weight cycling), we don't have a known way for more than a tiny fraction of people to lose weight and keep it off permanently." (Christy Harrison, *Anti-Diet*, 2019)

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## INTERSECTING IDENTITIES

Body shame often intersects with racism, homophobia, gender, and ableism, reinforcing the value of one body over another.



How can we challenge these systems?

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## THIN (AND OTHER) PRIVILEGES

What are some examples of unearned advantages that come from being "thin" in our culture?



What other privileges do we have? How does that impact what we do as clinicians?

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## BODY POSITIVITY REVISITED LET'S TALK ABOUT WHAT IT ISN'T!

- ▶ A requirement to feel beautiful and love your body all the time. (Instead, unhook your body image from your worth as a human being.)
- ▶ Permission to not care about your health or self-care. (Instead, understand that you're more likely to take care of what you accept and love, while at the same time, you have the right to choose how you do – or don't – take care of your body.)
- ▶ A marketing campaign with the message that you need to change your body so that you can feel good about your body. (Instead, start from a place of acceptance.)
- ▶ A message for people in the mainstream e.g. white, cisgender, slightly taller. (Instead, include groups that have been marginalized such as people in much larger bodies, people of color, people who are disabled, and gender queer people.)



body neutrality, body trust, body respect.

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## BODY IMAGE, SHAME & WEIGHT STIGMA

"Size-based oppression is not in our heads and it's not something that we can just overcome with body love, confidence, and a can-do attitude. We need social and structural changes to put an end to size-based oppression...fat phobia isn't our fault, but it becomes our problem."



(Ragen Chastain, *Dances With Fat*, 3/6/18)

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## LISTEN TO THE VOICES OF THOSE WITH LIVED EXPERIENCE

"There's a reason why I prefer 'fat positivity' to 'body positivity.' Fat positivity isn't a subcategory of body positivity; it is a prerequisite. Because without a full reckoning of what it means to honor all bodies unconditionally, 'body positivity' becomes just another thing to fail at, just another impossible gendered expectation. We're supposed to be hot in all the old ways while appearing liberated in the new ones. We're expected to devote ourselves to weight loss as much as our mothers and grandmothers did, while at the same time orchestrating an elaborate cover-up: this modern weight loss is always a coincidence, a byproduct of our wellness practice, an incidental surprise."

(Lindy West, *Self* 2018, quoted edited by Jessica Chao)



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## WHY HAES MATTERS

### Health

- ▶ Body Image/Appearance
- ▶ Weight Stigma
- ▶ Social Justice



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## HAES PRINCIPLES

- ▶ **4) 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.
- ▶ **5) 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.

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## HAES PRINCIPLES (continued)

- ▶ **1) Weight inclusivity:** Accept and respect the inherent diversity of body shapes and sizes and reject the idealizing or pathologizing of specific weights.
- ▶ **2) Health Enhancement:** Support health policies that improve and equalize access to information and services, and personal practices that improve well-being, including attention to individual, physical, economic, social, spiritual, emotional and other needs.
- ▶ **3) 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.

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## 3 COMMON MYTHS ABOUT THE HAES FRAMEWORK

**Health At Every Size means that all higher weight people can be healthy.**

**Health At Every Size is against weight loss.**

**Health At Every Size is only relevant to people at higher weights.**



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## BECOME A HAES-INFORMED THERAPIST

Recognize that:

- 1) Behaviors considered eating disordered in thinner people are often prescribed to higher weight people.
- 2) All types of eating disorders occur in people of all shapes and sizes. At the same time, people of all shapes and sizes do not necessarily have an eating disorder.
- 3) Successful recovery from Binge Eating Disorder is not dependent on weight loss.

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## HAES MATTERS



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## OUR NEXT GENERATION

- ▶ The body type portrayed in advertising as the ideal is possessed naturally by only 5% of American females
- ▶ 42% of 1<sup>st</sup> – 3<sup>rd</sup> grade girls want to be thinner
- ▶ 81% of 10 year olds are afraid of being fat
- ▶ 78% of 17 year old girls are unhappy with their bodies



(from: [www.anad.org](http://www.anad.org))

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## BODY DISSASTISFACTION LEADS TO DIETING

- ▶ Over 50% of teenage girls and 33% of teenage boys use restrictive measures to lose weight at any given time
- ▶ 46% of 9 – 11 year olds are sometimes, or very often, on diets, and
- ▶ 82% of their families are sometimes, or very often, on diets
- ▶ 91% of women surveyed on a college campus had attempted to control their weight through dieting. 22% dieted "often" or "always."

(From: [www.eatingdisorderhope.com](http://www.eatingdisorderhope.com))



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## CHANGING THE CONVERSATION ABOUT DIETING, FOOD AND WEIGHT



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Amanda's Big Dream  
Text © Judith Matz  
Illustrations © Elizabeth Pugh

As soon as she saw her mom, Amanda burst into tears.  
"What's the matter, Amanda?"  
Amanda didn't say anything at first.  
Then she whispered the words that Coach Sarah said to her:



Amanda's Big Dream  
Text © Judith Matz  
Illustrations © Elizabeth Pugh

Dr. Jones listened to Amanda's heart and checked her ears, nose, and throat.  
"I'm happy to tell you that you're a very healthy girl. A lot of people think you can just decide how much you want to weigh, but that's not true.  
Bodies come in all shapes and sizes, Amanda. The most important thing is to keep making choices that are healthy for your body. That's how we'll know your body is exactly the right weight for you." Amanda smiled.

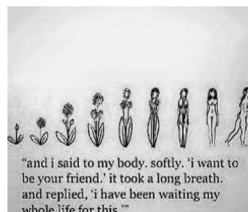
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## CHANGING THE CULTURE ONE ACTION AT A TIME



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## WHAT IS RECOVERY?



Nayyrah Waheed

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## MY RESOURCES



The Diet Survivors Group Newsletter  
[www.judithmatz.com](http://www.judithmatz.com)  
Instagram: @judmatz  
Facebook: Diet Survivors Group Page  
Food Psych Podcast: #151 & #256  
Additional resources:  
<https://tinyurl.com/FindingCommunities>

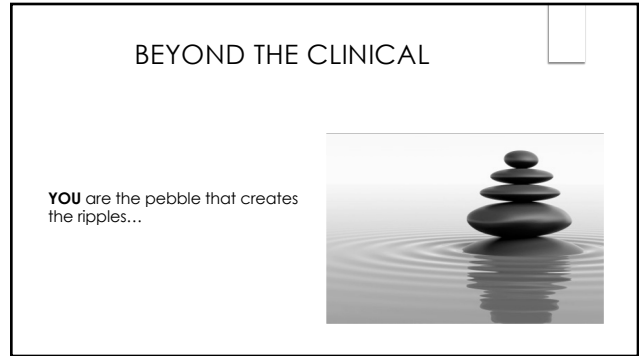


**YOU ARE NOT ALONE!**

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