

Emotional And Binge Eating, Chronic Dieting And Shame: What Every Clinician and Educator Needs To Know

Presented by:

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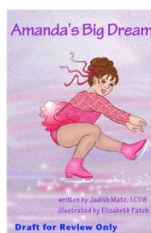
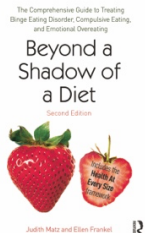
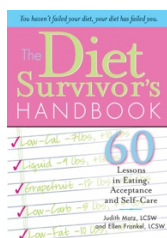
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OVERVIEW

- **Welcome and Introduction**
- **Identifying Eating Problems, Chronic Dieting and Weight Concerns**
- **Exploring the Diet Cycle and the Role of Shame**
- **Implementing the Attuned/Intuitive Eating Framework**
- **Understanding Emotional Eating**
- **Cultivating a Healthy Body Image**
- **Examining Attitudes Toward Body Size**
- **Introducing the Health At Every Size® Paradigm**
- **Changing the Conversation About Dieting, Food and Weight**
- **Wrap-Up**

“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



RECOMMENDED RESOURCES (more at <http://tiny.url/FindingCommunities>)

My Books/Articles:

- [The Making Peace with Food Card Deck](#): 59 Anti-Diet Strategies to End Chronic Dieting and Find Joy in Eating (C. Harrison and J. Matz, 2021)
- [The Body Positivity Card Deck](#): *53 Strategies for Body Acceptance, Appreciation and Respect* (J. Matz and A. Pershing, 2020)
- [Beyond a Shadow of a Diet](#): *The Comprehensive Guide to Treating Binge Eating Disorder, Compulsive Eating and Emotional Overeating* by J. Matz and E. Frankel (2nd edition 2014)
- [The Diet Survivor's Handbook](#): *60 Lessons in Eating, Acceptance and Self-Care* by J. Matz and E. Frankel (2006)
- [Amanda's Big Dream](#) by J. Matz (2015)
- [Unlearning Weight Stigma](#): The latest science on trauma and weight by J. Matz (Psychotherapy Networker Jan/Feb 2022)
- [Health Comes In All Sizes](#): *The HAES approach to countering weight stigma* by J. Matz (Psychotherapy Networker 2018)
- [It's not about the diet](#): *Building a healthy relationship with food* by J. Matz (Psychotherapy Networker 2015)
- [Recipe for life](#): *Is attuned eating the answer to diet failure?* by J. Matz (Psychotherapy Networker 2011)
- [Beyond lip service](#): *Confronting our prejudices against higher-weight clients* by Judith Matz (Psychotherapy Networker, 2014)
- [Intuitive eating](#): *Enjoy your food, respect your body* by J. Matz and L. Bacon (Diabetes Self-Management, 2010)
- [9 common mistakes parents make about their kid's weight](#) by J. Matz (The Body Is Not An Apology website, 2015).

Additional Books/Articles:

- [Body Respect](#): by L. Bacon and L. Aprhamor (2014)
- [Health At Every Size](#): by L. Bacon (2011)
- [Intuitive Eating](#) by E. Tribole and E. Resch (4th Edition – 2020)
- [Healthy Bodies](#): *Teaching Kids What They Need To Know* by K. Kater (2012)
- [Slim chance for permanent weight loss](#) by E. Rothblum (Archives of Scientific Psychology, 2018).
- [Weight science](#): *Evaluating the evidence for a paradigm shift* by L. Bacon and L. Aprhamor (Nutrition Journal, 2011)
- [The weight-inclusive versus weight-normative approach to health](#): *Evaluating the evidence for prioritizing well-being over weight loss* by T. Tylka et al (International Journal of Obesity, 2014).
- [Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005-20012](#) by A. J. Tomiyama et al (International Journal of Obesity, 2016)
- [How and why weight stigma drives the obesity 'epidemic' and harms health](#) by A. J. Tomiyama et al (BMC Medicine, 2018.)

Binge Eating Disorder

The DSM-V now includes BED as a discreet diagnosis, adding more credence to the seriousness of this eating problem. The criteria for diagnosis include:

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1. Eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat in a similar period of time under similar circumstances
2. A sense of lack of control over eating during the episode (for example, a feeling that one cannot stop eating or control what or how much one is eating)

B. The binge-eating episodes are associated with 3 (or more) of the following:

1. Eating much more rapidly than normal
2. Eating until feeling uncomfortably full
3. Eating large amounts of food when not feeling physically hungry
4. Eating alone because of feeling embarrassed by how much one is eating
5. Feeling disgusted with oneself, depressed, or very guilty after overeating

C. Marked distress regarding binge eating is present.

D. The binge eating occurs, on average, at least once a week for 3 months.

E. The binge eating is not associated with the recurrent use of inappropriate compensatory behavior and does not occur exclusively during the course of Bulimia Nervosa or Anorexia Nervosa

Disordered Eating

“...any woman who has some form of an unhealthy relationship with food and her body is a disordered eater. She may be caught in the diet–binge cycle, restricting ‘forbidden’ foods, feeling guilty after eating or in a semi starvation state from chronic under eating, fasting, skipping meals or over exercising.”

—Debra Waterhouse (from *Beyond a Shadow of a Diet*, p. 11)

“Dysfunctional eating is eating in irregular and chaotic ways — dieting, fasting, bingeing, skipping meals — or it may mean consistently undereating much less or overeating much more than your body wants or needs. Dysfunctional eating is separated from its normal controls of hunger and satiety, and its normal function of nourishing the body, providing energy, health and good feelings. Instead, it is regulated by external and inappropriate internal controls and seeks to reshape the body or relieve stress.”

—Frances Berg (from *Beyond a Shadow of a Diet*, p. 11)

Normal Eating

“Normal eating is going to the table hungry and eating until you are satisfied. It is being able to choose food you like and eat it and truly get enough of it -not just stop eating because you think you should. Normal eating is being able to give some thought to your food selection so you get nutritious food, but not being so wary and restrictive that you miss out on enjoyable food. Normal eating is giving yourself permission to eat sometimes because you are happy, sad or bored, or just because it feels good. Normal eating is mostly three meals a day, or four or five, or it can be choosing to munch along the way. It is leaving some cookies on the plate because you know you can have some again tomorrow, or it is eating more now because they taste so wonderful. Normal eating is overeating at times, feeling stuffed and uncomfortable. And it can be undereating at times and wishing you had more. Normal eating is trusting your body to make up for your mistakes in eating. Normal eating takes up some of your time and attention, but keeps its place as only one important area of your life. In short, normal eating is flexible. It varies in response to your hunger, your schedule, your proximity to food and your feelings.”

—Ellen Satter (www.ellynsatterinstitute.org)

“...a healthy relationship with food means eating in response to physical hunger most of the time. However, normal eating can also include experiences such as eating occasionally because something looks good, eating past fullness at a special meal, eating in response to an emotion once in awhile, or choosing foods based on nutritional content because this feels caretaking. Attuned eating means that eating for satisfaction is predominant, and experiencing deprivation is virtually non-existent. Attuned eating is a natural skill. It can be relearned by people who have lost touch with their hunger and can be reinforced and nurtured with children so that they maintain this healthy relationship with food throughout their lives.”

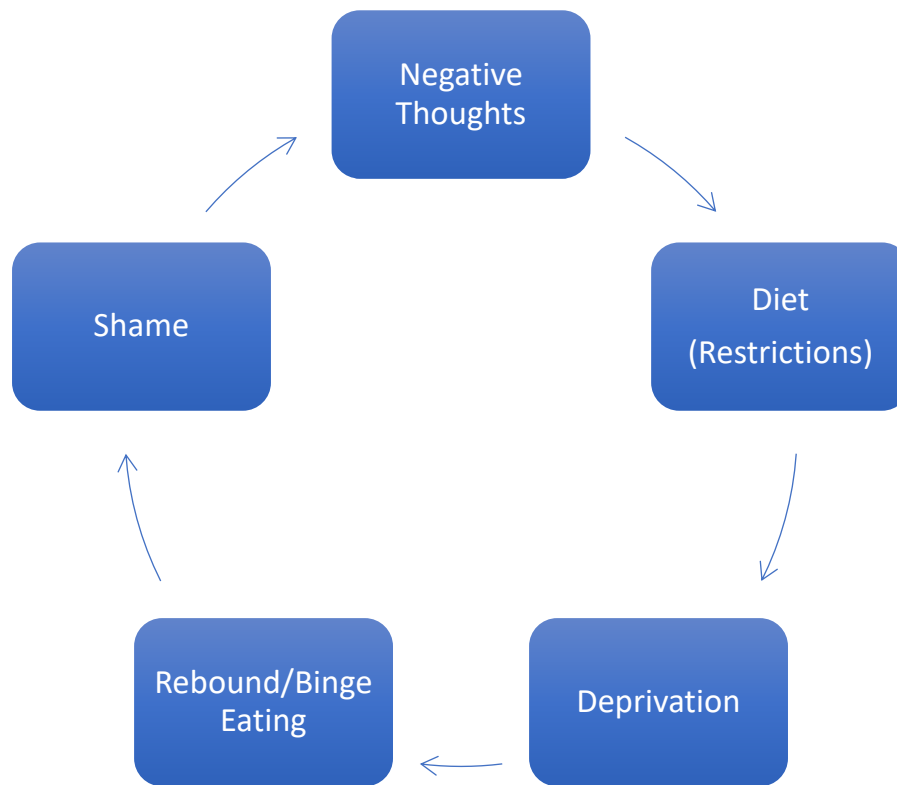
—Judith Matz and Ellen Frankel (*Beyond a Shadow of a Diet*, p. 281-282)

Disordered Eating Behaviors – Screening Questionnaire (DEB-SQ)

	Always	Often	Some times	Rarely	Never
1. Do you eat when you are hungry & then quit when you are satisfied?					
2. Do you spend a lot of time thinking about food?					
3. Do you eat much more rapidly than most people do?					
4. Do you eat until the point of feeling uncomfortably full?					
5. Do you tend to eat a lot of food in a short amount of time?					
6. Do you prefer to eat alone?					
7. When you are upset, do you tend to eat more or less than usual?					
8. After eating large amounts of food, do you feel disgusted or guilty?					
9. Do you tend to feel out of control while eating?					
10. Once you begin eating, do you have a hard time stopping?					
11. Do you eat large amounts even when you are not physically hungry?					
12. Do you tend to be secretive about the amounts of food you eat?					
13. Do you skip meals in order to control your weight?					
14. Do you exercise vigorously & often in order to control your weight?					
15. Do your eating behaviors interfere with your life, work or daily activities?					
16. Do your eating behaviors cause you to feel emotionally upset?					
17. Do you consider yourself a good friend?					
18. Do you feel content, for the most part, with your life at this time?					

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THE DIET CYCLE



Attunement: Take a moment to become attuned to your body. Notice if you are physically hungry (use the hunger scale to help you identify where you are at – you can find it in Lesson #2 of *The Diet Survivor's Handbook*.) If so, think about what would feel just right in your body, taking into consideration taste, texture, and any nutritional considerations.

Intention: Consider your intention regarding how full you want to be at the end of the eating experience. Actively think about how the food you've chosen will feel in your stomach, and decide the level of comfort you want to achieve when you finish eating - as well as 15 or 20 minutes later.

Mindfulness: Reflect on the setting you need to stay mindful of your hunger and fullness. You may find it essential to have a quiet atmosphere without distractions, or you may discover how to check in with yourself, even as you're surrounded by other people. You may enjoy some music as you eat alone, or you may even need to feed yourself in transit to make sure you get some fuel in your body. No matter what, notice the taste of your food (food tastes better when you're hungry!) and the sensations of your eating experience as you pay attention to hunger, fullness and satisfaction.

Diet Mindset

External Rules

Rigidity

Deprivation

Guilt

Fear

Preoccupation

Weight Loss

Shame

Judgement

Constriction

Feeling In Control

Attuned Eating

Internal Cues

Flexibility

Satisfaction

Pleasure

Trust

Empowerment

Nourishment

Compassion

Acceptance

Freedom

Feeling In Charge

©*The Making Peace with Food Card Deck: 59 Anti-Diet Strategies to End Chronic Dieting and Find Joy in Eating* by Christy Harrison and Judith Matz, PESI Publishing, 2021

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Attuned Eating: Feeding Yourself From The Inside Out

Judith Matz, LCSW

- *The Diet Survivor's Handbook: 60 Lessons in Eating, Acceptance and Self-Care*
- *Beyond a Shadow of a Diet: The Comprehensive Guide to Treating Binge Eating Disorder, Compulsive Eating, and Emotional Overeating*
- *Amanda's Big Dream*

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Think about the following:

- Do you know when you are hungry?
- Do you eat when you are hungry?
- Do you eat what you are hungry for?
- Do you stop when you are full?

The Three Steps of Attuned Eating:

1. Learn to recognize when you are physically hungry. This requires tuning into your stomach and noticing how it feels.
2. Identify what your body craves in response to your physical hunger. In order to match your hunger with the food that will satisfy you, have a variety of foods available and withhold judgments about what you are supposed to eat.
3. Pay attention to fullness in order to know how much to eat.

Lesson #2 (from the Diet Survivor's Handbook)

Honor your hunger. It's your body's natural way of telling you that it's time to eat.

A baby cries to let someone know that she's hungry. Her parent offers milk, and she eats until satisfied. Satisfaction is apparent by her smile and the relaxation of her body.

We are all born with the innate ability to recognize when our body needs to be fed. Yet, over time, you may have lost touch with this basic signal. Perhaps as a child you were told that it wasn't time to eat, even though you were hungry. Or perhaps as a teenager, worried about being fat, you skipped meals even though your body signaled the need for food. Maybe as an adult, you followed one of the numerous diet plans that moved you away from your body's natural hunger toward external rules about when to eat. Regardless of how you lost touch, you're now on the road to reconnecting with internal cues of hunger.

Your hunger is very important. If you ignore this signal, you become uncomfortable, experiencing headaches, weakness, fatigue, or crabbiness--all physical symptoms that let you know your needs are unmet. Furthermore, when you are extremely hungry, you will feel desperate and are at risk of overeating. Begin to tell yourself: when I am physically hungry, I will respond by eating.

At first, chances are that you'll turn to food *before* feeling hungry. This is to be expected! It will take time to learn attuned eating, so remain gentle with yourself. Check

in with your stomach often to see how it feels. Each time you reach for food, ask yourself, “Am I hungry?” If the answer is yes, tell yourself that this is wonderful and respond to your hunger by eating. This simple act will reinforce the stomach-hunger connection. If the answer is no, try to wait until you experience physical hunger. In the beginning, this will be difficult, but do not despair! Remind yourself that it will take time to follow internally based eating after so many years of dieting; look forward to the day when this becomes more natural for you. Allow yourself to eat, and then do your best to wait again for physical hunger.

By honoring your physical hunger, you’ll learn that there is a way to organize your eating that’s reliable and satisfying. This is the core of normalizing your relationship with food.

Activity: Identifying your physical hunger

Use the *Hunger Scale* to identify your hunger. Look for signals to let you know that you are physically hungry, such as a gnawing or empty feeling. Try to respond when you feel, “somewhat hungry” or “hungry.” Remember, when you become “very hungry” or “starving” you put yourself at risk of overeating.

Starving

Very Hungry

Hungry

Somewhat Hungry

Not Hungry/Not Full

Somewhat Full

Full

Very Full

Stuffed

Tune into your stomach at this time and notice where you are on this scale. If you are hungry, it is time to eat! If you are not hungry, see if you can pay increased attention to your stomach, and get to know your own hunger cues.

“As soon as you trust yourself, you will know how to live.”

Goethe

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Based on *The Diet Survivor's Handbook: 60 Lessons in Eating, Acceptance and Self-Care* (2006)

Emotional and Binge Eating, Chronic Dieting and Body Shame

WRITING PROMPTS

- When I think about letting go of dieting behaviors I...
- When my client(s) think about letting go of dieting behaviors he/she/they...
- The most exciting aspect of attuned eating is...
- The biggest challenge to becoming an attuned eater is...
- The next step for me in using this framework with clients/for myself is...

Judith Matz, LCSW

Co-author of:

- *The Diet Survivor's Handbook: 60 Lessons in Eating, Acceptance and Self-Care*
- *Beyond A Shadow of a Diet: The Comprehensive Guide to Treating Binge Eating Disorder, Compulsive Eating, and Emotional Overeating*
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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-----→eat-----→yell-----→resolve to
uncomfortable feeling(s) lose weight

- The use of food to manage feelings means that you have a calming problem.
- When you reach for food to calm yourself, you are making an attempt to help yourself.
- When you yell at yourself, you move further away from what is bothering you and you prolong your overeating.
- When you resolve to lose weight, you are trying to solve the wrong problem. After all, going on a diet will not fix the real problem, which is that you were having an uncomfortable feeling and could not tolerate it.
- Stay compassionate with yourself. "I'm reaching for food and I'm not hungry. Something must be bothering me," is a much more helpful when to speak to yourself than calling yourself names.

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ASSESSING YOUR SIZE ATTITUDES

This behavior assessment can be used to evaluate your support for the health and well being of large people. Use the following scale to indicate the frequency of each behavior.

1=never 2=rarely 3=occasionally 4=frequently 5=daily

How often do you:

Never - Daily

- | | |
|--|-----------|
| 1. Make negative comments about your fatness | 1 2 3 4 5 |
| 2. Make negative comments about someone else's fatness | 1 2 3 4 5 |
| 3. Directly or indirectly support the assumption that no one should be fat | 1 2 3 4 5 |
| 4. Disapprove of fatness (in general) | 1 2 3 4 5 |
| 5. Say or assume that someone is "looking good" because s/he has lost weight | 1 2 3 4 5 |
| 6. Say something that presumes that a fat person(s) wants to lose weight | 1 2 3 4 5 |
| 7. Say something that presumes that fat people should lose weight | 1 2 3 4 5 |
| 8. Say something that presumes that fat people eat too much | 1 2 3 4 5 |
| 9. Admire or approve of someone for losing weight | 1 2 3 4 5 |
| 10. Disapprove of someone for gaining weight | 1 2 3 4 5 |
| 11. Assume that something is wrong when someone gains weight | 1 2 3 4 5 |
| 12. Admire weight loss | 1 2 3 4 5 |
| 13. Admire rigidly controlled eating | 1 2 3 4 5 |
| 14. Admire compulsive or excessive exercising | 1 2 3 4 5 |
| 15. Tease or admonish someone about their eating (Habits/choices) | 1 2 3 4 5 |
| 16. Criticize someone's eating to a third person ("so-and-so eats way too much junk") | 1 2 3 4 5 |
| 17. Discuss food in terms of "good/bad" | 1 2 3 4 5 |
| 18. Talk about "being good" and "being bad" in reference to eating behavior | 1 2 3 4 5 |
| 19. Talk about calories (in the usual dieter's fashion) | 1 2 3 4 5 |
| 20. Say something that presumes being thin is better (or more attractive) than being fat | 1 2 3 4 5 |
| 21. Comment that you don't wear a certain style because "it makes you look fat" | 1 2 3 4 5 |
| 22. Comment that you love certain clothing because "it makes you look thin" | 1 2 3 4 5 |
| 23. Say something that presumes that fatness is unattractive | 1 2 3 4 5 |
| 24. Participate in a "fat joke" by telling one or | |

laughing/smiling at one	
25. Support the diet industry by buying their services and/or products	1 2 3 4 5
26. Undereat and/or exercise obsessively to maintain an unnaturally low weight	1 2 3 4 5
27. Say something that presumes being fat is unhealthy	1 2 3 4 5
28. Say something that presumes that being thin is healthy	1 2 3 4 5
29. Encourage someone to let go of guilt	1 2 3 4 5
30. Encourage or admire self-acceptance and self-appreciation/love	1 2 3 4 5
31. Encourage someone to feel good about his/her body as is	1 2 3 4 5
32. Openly admire a fat person's appearance	1 2 3 4 5
33. Openly admire a fat person's character, personality, or actions	1 2 3 4 5
34. Oppose/challenge fattism verbally	1 2 3 4 5
35. Oppose/challenge fattism in writing	1 2 3 4 5
36. Challenge or voice disapproval of a "fat joke"	1 2 3 4 5
37. Challenge myths about fatness and eating	1 2 3 4 5
38. Compliment ideas, behavior, character, etc. more often than appearance	1 2 3 4 5
39. Support organizations which advance fat acceptance (with your time or money)	1 2 3 4 5

Behaviors 1-28 are unhelpful or harmful; look over areas that need improvement and strive to avoid these and similar behaviors in the future. Behaviors 29-38 help and support size acceptance; re-read items you marked "never" (1) or rarely (2); make a list of realistic goals for increasing supportive behavior.

Excerpt from *Making Peace With Food* by Susan Kano. Copyright 1989 by Susan Kano. Reprinted by permission of Harper Collins Publishers Inc., New York, NY.

From: Matz, J. and Frankel, E. (2004) *Beyond a Shadow of a Diet: The Comprehensive Guide to Treating Binge Eating Disorder, Compulsive Eating, and Emotional Overeating*. New York: Brunner-Routledge. Available: www.taylorandfrancis.com or www.amazon.com

The Relationship Between Health and Weight

Please mark each of the statements as true or false:

	True	False
1) <i>People who fall into the “overweight” BMI category live longer than those in the “normal” category.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2) <i>Diets fail in the long-term for most people, and about one-third to two-thirds end up heavier than their pre-diet weight.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3) <i>Feeling positive about your weight may be more important than your actual weight when it comes to your health.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4) <i>There are approximately 54 million Americans mislabeled as unhealthy because their BMI falls in the “overweight” or “obesity” category.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5) <i>People who are at a higher weight and are physically fit have half the mortality rate as people who are thin and not fit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
6) <i>The obesity paradox means that being “overweight” is protective against diseases including hypertension (high blood pressure) and heart disease.</i>	<input type="checkbox"/>	<input type="checkbox"/>

1) **TRUE:** *Examined over 3 million people and reaffirmed that people in the “overweight” category have significantly lower all-cause mortality, and people in the low end of the “obesity” category – where the majority of people in the obesity category fall – show no difference in mortality rates relative to “normal weight.”*

Flegal, K. M., et al. Association of all-cause mortality with overweight and obesity using standard body mass index categories. *Journal of the American Medical Association*. 2013; 309(1) 71 – 82.

2) **TRUE:** *A comprehensive review of weight loss research found that despite initial weight loss, the vast majority regained the weight, and one-third to two-thirds ended up heavier than their pre-diet weights.*

Mann, T. et al. Medicare’s search for effective obesity treatments: diets are not the answer. *American Psychology*, 2007 April 62 (3), 220 – 33.

3) **TRUE:** *Normal weight women who are unhappy with their weight have higher blood pressure and fasting glucose levels than “normal” weight women who are fine with their bodies. The same holds true for people across **every** BMI category.*

Blake, C. E., et al. Adults with greater weight satisfaction report more positive health behaviors and have better health status regardless of BMI. *Journal of Obesity*, Volume 2013 (2013).

4) **TRUE:** *Using the most reliable data from the NHANES Survey shows that 54 million Americans whose BMI classifies them as “overweight” and “obese” are in perfect health according to cardiometabolic measures, while 21 million whose BMI puts them in the normal category are unhealthy.*

Tomiyama, A. J. et al. Misclassification of cardiometabolic health when using body mass index categories in NHANES 2005 – 2012. *Journal of Obesity*, 2016.

5) **TRUE:** *Followed over 26,000 men and found that obese-fit men and lean-fit men both had low death rates and obese-fit men had death rates half that of lean, unfit men.*

Blair, S., et al. Physical fitness and all-cause mortality: A prospective study of healthy men and women. *JAMA*, 1989; 262(17) 2395-2401.

6. **TRUE:** *Dozens of studies have confirmed the existence of the paradox. Being overweight is now believed to help protect patients with an increasingly long list of medical problems, including.. hypertension, and heart disease.*

Brown, H. The obesity paradox: Scientists now think that being overweight can protect your health. *Quartz*, November 17, 2015 (available online)

APPENDIX B

THE TENETS OF HEALTH AT EVERY SIZE*

The Health At Every Size® (HAES) paradigm continues to gain momentum across health professions and among groups concerned with the consequences of dieting and weight stigma. Based on the increasing evidence that the number on the scale is an unreliable indicator of health, the following list of weight neutral tenets promotes healthy behaviors and attitudes to enhance the well-being of people regardless of size.

1. **Health Enhancement** – attention to emotional, physical and spiritual well-being, without focus on weight loss or achieving a specific “ideal weight.”
2. **Size and self-acceptance** – respect and appreciation for the wonderful diversity of body shapes and size (including one’s own!), rather than the pursuit of an idealized weight or shape.
3. **The pleasure of eating well** – eating based on internal cues of hunger, satiety, and appetite, rather than on external food plans or diets.
4. **The joy of movement** – encouraging all physical activities for the associated pleasure and health benefits, rather than following a specific routine of regimented exercise for the primary purpose of weight loss.
5. **An end to weight bias** – recognition that body shape, size, and/or weight are not evidence of any particular way of eating, level of physical activity, personality, psychological issue, or moral character; confirmation that there is beauty and worth in EVERY body. © *Beyond a Shadow of a Diet*, J. Matz and E. Frankel, Routledge

*Since the publication of our book, the principles of the HAES framework were updated to reflect the social justice mission of the **Association for Size Diversity and Health**:

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 human 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.
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.

3 COMMON MYTHS ABOUT THE HAES® FRAMEWORK

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

HAES means that people of all sizes deserve to pursue – and have equal access to – strategies and treatments that support their bodies to achieve optimal health as they define it. Health is a continuum – there are people at higher weights who are healthy and those who are not healthy, just as there are people at lower weights who are healthy and those who are not healthy.

HAES also acknowledges the role that stigma, bias, and oppression play in a person's health.

2) Health At Every Size is against weight loss.

HAES is against the *pursuit* of weight loss because of the dismal failure rate of diets and the physical and emotional harm that results. HAES encourages people to take care of their bodies – if weight changes occur it is a side effect rather than the goal. HAES does not use weight loss as a measure of success – it is a weight neutral/weight inclusive approach.

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

HAES is an important framework for people of all sizes. At its core, HAES is a social justice movement that seeks to end discrimination and oppression for people based on body size. HAES acknowledges that people across the weight spectrum feel the effect of weight stigma, fear of fat, and diet culture. It is a set of principles that can help people take the focus off of weight and, instead, focus on living their best life as they define it.

HAES-informed eating disorder therapists 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.

**HEALTH AT EVERY SIZE (HAES®) MATTERS:
Supporting Clients In Their Journey Toward Self-Acceptance**

WRITING PROMPTS

- When I think about implementing the HAES framework I...
- The most exciting part of the HAES framework is...
- The biggest obstacle I see in using the HAES framework is...
- During today's workshop I've become aware that...
- In order to use the HAES framework in my work I need to...

10 Steps to Help Your Child

Develop a Healthy Body Image

www.amandasbigdream.com

1. Avoid diet talk and dieting behavior in front of children (and altogether, if possible!)
2. Avoid commenting negatively on other people's body weight, shape and/or size, *as well as your own*, in front of children.
3. Refrain from criticizing your child's weight or appearance.
4. Do not categorize foods as "good" and "bad".
5. Feed your child and encourage physical activity using guidelines based on age, not based on body size.
6. Compliment your child on positive behaviors and characteristics, rather than focusing on body size and appearance.
7. Encourage physical activity for enjoyment and fitness, rather than weight control.
8. Promote a healthy relationship with food. This includes honoring cues for hunger and fullness, providing a wide variety of all types of food, and sharing family meals whenever possible.
9. Support self-care behaviors—rather than weight loss—as the road to happiness, health and success. Examples include getting enough sleep, good grooming habits, developing creative hobbies and interests.
10. Teach kids that people naturally come in different shapes and sizes, and that everyone deserves to be treated with respect.

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