

# What does anti-diet really mean??

## Love Food Podcast episode 132

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A message from Julie: While I appreciate some of the topics discussed may appear radical and inconsistent with how you practice nutrition, I invite you to sit back and listen to my lived experiences, clinical observations, and evidence for a shift. Full disclosure: it may be uncomfortable at times. That's ok. I encourage you to sit with that uncomfortable spot and see what happens.  
It may surprise you.

### Outline

- I. What unites us is greater than what divides us.
- II. Weight loss is...
- III. Lived experiences
- IV. Can someone be healthy at every size?
- V. Weight-normative
- VI. Weight-inclusive
- VII. Does higher BMI *cause* poor health?
- VIII. Dieting data
- IX. Weight maintenance: willpower or pathology?
- X. Weight-inclusive approaches
  - A. Acceptance
  - B. Permission
  - C. Social justice
- XI. Improving dietetics through diversity



## Glossary

HAES® (Health at Every Size®): a continuously evolving alternative to the weight-centered approach to treating clients and patients of all sizes. It is also a movement working to promote size-acceptance, to end weight discrimination, and to lesson the cultural obsession with weight loss and thinness. The HAES® approach promotes balanced eating, life-enhancing physical activity, and respect for the diversity of body shapes and sizes (from [SizeDiversityAndHealth.org](http://SizeDiversityAndHealth.org)).

Weight-Normative: An approach to health with emphasis on weight and weight loss when defining health and well-being (from Tylka et al, 2014).

Weight-Inclusive: An approach to health with emphasis on viewing health and well-being as multifaceted while directing efforts toward improving health access and reducing weight stigma (from Tylka et al, 2014).

Weight cycling: A common experience in weight management often referred to as “yo-yo dieting” where one suppresses weight through dieting or lifestyle changes only for it to be regained then suppressed again. The up and down weight changes are linked to adverse health affects including but not limited to hypertension, hyperinsulinemia, and negative self-concept.

Weight suppression: The weight one maintains (usually for short periods of time, less than 2-5 years) only through restriction and excessive exercise.

Weight stigma: Refers to negative weight-related attitudes and beliefs that manifest as stereotypes, rejection, prejudice, and discrimination towards individuals of higher weights. There are many forms of weight stigma, including repeated weight-related teasing, bullying, harassment, violence, hostility, ostracism, pressures to lose weight/be thin, negative appearance commentary, and weight-related microaggressions (from Tylka et al, 2014).

Microaggressions: Intentional or unintentional verbal, behavioral, or environmental indignities that communicate hostility or negativity toward people who hold less power in society. For example, suggesting a diet to a



patient when the patient came in for a concern unrelated to weight would be a weight-related microaggression (from Tylka et al, 2014). In popular media, microaggressions are often referred to as “death by a thousand paper cuts.”

Complimentary weightism: Appearance-related compliments (e.g., Telling a patient, “You’ve lost weight...looking good!”), is also stigmatizing because although seemingly positive on the surface, it still marks people as good or bad based on their weight (from Tylka et al, 2014). Patients connect that clinician’s positive regard is due to external factors (size) and gets in the way with genuine and empathetic patient-clinician relationship.

Internalized weight stigma: The degree to which individuals personally adopt negative weight-based societal stereotypes and judge themselves and others based on these stereotypes. This self-judgment may foster body blame and body shame (e.g., “If only I wasn’t so large, I would not be teased—I am therefore ashamed of my body”) and appearance monitoring (e.g., vigilant about wearing slimming clothing to prevent others’ from stigmatizing her body). Internalized weight bias is not related to BMI; thus, a person of any weight can experience and internalize weight bias and discrimination (from Tylka et al, 2014).

### **Resources for Further Study**

Body Respect: book by Linda Bacon and Lucy Aphamor

Food Psych: podcast by dietitian Christy Harrison

Nutrition Matters: podcast by dietitian Paige Smathers

Body Kindness: book and podcast by Rebecca Scritchfield

Love Food: podcast by dietitian (this session’s speaker) Julie Duffy Dillon

Intuitive Eating: book by dietitians Elyse Resch and Evelyn Tribole

HealthAtEverySize.org



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