

Myths and Realities of Health at Every Size (HAES)

Myth: <i>The HAES model . . .</i>	Reality: <i>The HAES model . . .</i>
... ignores health.	... argues that giving up the pursuit of weight loss and focusing on the daily practices that are empirically supported to enhance health are more likely to result in better long-term health for more people.
... argues that people of every size must be healthy.	... recognizes that people may be at, below, or above the weight their bodies would settle at if they were consistently practicing body-nurturing behaviors. The HAES approach argues that no one can tell by BMI alone what a person's health practices must be; and while BMI may be convenient to measure, it is a poor proxy for degree of health.
... is anti-weight loss.	... is "weight neutral": whether someone gains, loses, or stabilizes weight is of less interest than their adoption of long-term health-enhancing behaviors.
... is cruel because it says fat people should have to settle for their lot.	... offers people who have been betrayed by unfulfillable weight loss promises a different definition of "success." Its practitioners are leaders in the fight against weight bias and the effort to expand fitness, social, and occupational opportunities for people of all sizes. HAES does not ask people to solve the problem of stigma by urging them to escape from the stigmatized group.
... has no empirical support.	... is based on a critical, informed reading of thousands of existing research studies that show: <ul style="list-style-type: none"> • high BMI has been exaggerated as a risk factor and inaccurately portrayed as a causal agent in ill health and premature death; • health risks are lowered by physical activity, social support, good nutrition, access to medical care, etc., whether weight loss occurs or not; • ineffective weight loss interventions cause physical and psychological damage; • a vacuum of long-term data showing empirical support for the safety or effectiveness of any current weight loss intervention. The HAES model may be seen as a conservative approach that demands empirical data before recommending weight loss interventions, while acknowledging the need for much more study of neglected topics such as factors influencing the adoption of long-term health-enhancing behaviors.
... is overly influenced by the politics of the size acceptance movement.	... shares the view of the size acceptance movement that diversity of body sizes, like many other biological traits, is a natural phenomenon to be valued, that individuals should not be stigmatized based on BMI, that stigma is itself a health risk for people of various sizes, and that the "science" of obesity is tainted by social prejudice against fat people; however, as a model of health, specifically advocates for the individual and sociocultural factors that support the health of people across the weight spectrum.
... is only for people with high BMI.	... is rooted in the features of eating disorders recovery for people across the weight spectrum.

Implications for Prevention: *The HAES model . . .*

- ... deemphasizes weight (while focusing on controllable choices) in health/medical communications, eliminating a source of stigma and anxiety for people of any weight.
- ... does not ask people to control what may not be controllable. It prevents the damaging cycles of body-loathing, weight loss and regain, and feelings of ineffectiveness.
- ... does not try to prevent "obesity," but rather body neglect and abuse. If this also prevents weight displacements based on body neglect and abuse, so much the better.
- ... offers a comprehensive approach to valuing and caring for our beloved human bodies for people of any size.