

Body Size Counseling

By Leo Fischer

In my view, I feel it is important for people to be happy with their body in the present no matter what size they are, even if they have other bodily ambitions on the horizon. The psychological and physiological stress that can come from thinking that they need to change their body, that they are not ideal or that they want their body to be something different, even if it is for health reasons, can be unhelpful, damaging and even deadly to their present and future wellbeing. This is especially true for people who are struggling with their desire to lose weight.

As a nutritionist, I have examined the research on this issue in detail and have done personal reflection. For example, if I were to gain weight and become unfit, I know I would become distraught and seek to change myself like many other clients. I can understand people's desire and potential drive to seek change. The idea of pulling back on the throttle of progress in the eyes of the weight loser and deny them their ambition, when I would want to do the same myself, is no easy metaphysical concept.

As a professional in the field of medicine, do we not have an obligation to act on information that pertains to a client, if inaction shortens their life? I believe the preponderance of evidence associates extreme underweights, overweight and obesity to a variety of negative health effects and shortening life. Most chronic disease, heart disease, some cancers and especially diabetes (diabetes is very rare in people with normal weight¹) are correlated too strongly to overlook. However, there is still plenty of discussion and complications relating body weight to mortality, sometimes known as the obese paradox. Discussions including the U-shaped curve of mortality in relation to body weight, and the sometimes protectiveness of being overweight against mortality.^{2 3 4} I believe the current consensus is that risk associated with obesity in relation to all-cause mortality and shortening of life, is currently far more well established and appears to be an important part in explaining the current U.S. lower life expectancy in relation to other nations.^{5 6 7 8} Therefore, if there is research and information relating certain body

¹ Hu FB. Obesity Epidemiology. New York: Oxford University Press; 2008.

² Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Correction: Actual causes of death in the United States, 2000. *Journal of the American Medical Association*. 2005;293:293–294.

³ Prospective Studies Collaboration. Body-mass index and cause-specific mortality in 900,000 adults: Collaborative analyses of 57 prospective studies. *Lancet*. 2009;373(9669):1083–1096.

⁴ Finkelstein EA, Brown DS, Wraga LA, Allaire BT, Hoerger TJ. Individual and aggregate years-of-life-lost associated with overweight and obesity. *Obesity*. 2010;18(2):333–339.

⁵ National Research Council (US) Panel on Understanding Divergent Trends in Longevity in High-Income Countries; Crimmins EM, Preston SH, Cohen B, editors. Explaining Divergent Levels of Longevity in High-Income Countries. Washington (DC): National Academies Press (US); 2011. 3, The Role of Obesity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK62367/>

⁶ Fontaine KR, Redden DT, Wang C, Westfall AO, Allison DB. Years of life lost due to obesity. *Journal of the American Medical Association*. 2003;289(2):187–193

⁷ Mehta NK, Chang VW. Secular Declines in the Association Between Obesity and Mortality in the United States. University of Michigan; 2010.

⁸ Adams KF, Schatzkin A, Harris TB, Kipnis V, Mouw T, Ballard-Barbash R, Hollenbeck A, Leitzmann MF. Overweight, obesity, and mortality in a large prospective cohort of persons 50 to 71 years old. *New England Journal of Medicine*. 2006;355(8):763–778.

weights to lower life expectancies, it is very hard as a professional in the field of medicine not to want to create change if clients fall into those certain body weights. To do nothing feels immoral and unethical.

The bottom line, clients and all professionals should be aware of certain information I feel is very important, whether they intend to create change in body size or not. People unhappy with their body size need to evaluate the pros and cons and especially the potential consequences and hardship associated with trying certain diets. In a lot of cases, it might be healthier and mean living a happier life if someone tries to not lose weight.

1. The yoyo effect of body weight, also known as cycling, is when body weight goes up and down in weight, which has been shown to reduce life expectancy and can lead to other negative health consequences. Yoyoing has shown to increase the risk of cardiovascular disease, stroke, diabetes, and other negative health consequences. It might be the case, depending on the person, not trying to lose weight at all might be the best option. If someone has had a stable but higher body weight all their life and they have a lot of cultural or personality factors which would prevent them from losing and maintaining weight loss. It might be better for that person to not try losing weight at all.⁹
2. Genetics while important and potentially influential in everything, is not the dominant reason which predispose people to maintain a high body weight or to become obese. Only an extremely small percentage of people who have rare genetic conditions are obese because of their genetics. Which means for some, fighting weight loss is no longer a personal fight, but a fight against our evolution and it would be important to know this if you are one of the rare cases. However, for most people dealing with body size issues, this will not be a dominant issue. How we know this is because logic dictates that unless the entire U.S. population genetics changed in less than 100 years, genetics are not the major cause, because we know from surveys and research from the 1960 and before, obesity rates in the U.S. were around 10% and below.¹⁰
3. People who have certain body weights, including overweight and underweight, face discrimination and social pressure. Even with all the social pressure, being happy and stress free in any body size is a huge health positive factor, even if body size changes are medically warranted, people are beautiful at any size. It is important to understand these psychological influences and maybe investing into mental services might be more useful than trying to change body weight.¹¹
4. All diets can be initially effective at losing weight, however almost all dieters regain their lost weight or gain even more weight after 5 or more years. In one of the most comprehensive and rigorous analysis of diet studies, analyzing 31 long-term studies, it was found that most people in the long run, after three years, do not keep weight off. At least, two-thirds of people either regain their weight or gain more weight after dieting.¹² Research has been conducted and stated

⁹ K.D. Brownell. And J.Rodin, "Medical, Metabolic, and Psychological Effects of Weight Cycling" Archives of Internal Medicine 154(1994): 1325-1330.

¹⁰ National Health Examination Survey (1963–1965; 1966–1970); National Health and Nutrition Examination Survey (I, 1971–1974; II, 1976–1980; III, 1988–1994; 1999–2000; 2001–2002; 2003–2004).

¹¹ K.D. Brownell "Dieting and the Search for the Perfect Body: Where Physiology and Culture Collide," Behavior Therapy 22(1991): 1-12.

¹² A Janet Tomiyama, Britt Ahlstrom and Traci Mann, "Long-term Effects of Dieting: Is Weight Loss Related to Health" Social and Personality Psychology Compass 712(2013):861-877, UCLA and University of Minnesota joint publication.

that somewhere in the high 90% of dieters fail to keep their lost weight off for longer than 2 years or more.¹³ After 5 years, the percentage of failed diets becomes even higher.¹⁴ I am a firm believer that diets do not work and take a non-diet approach to nutrition.¹⁵ However we know that diets can work, they work in the short term but not in the long term. The act of losing weight is possible, the question is, how do we change or do something different from the status quo of dieting, to see life-long-lasting results? I believe long lasting weight loss successes is in slow-healthy-permanent-lifestyle changes that work with clients on a multifactorial basis including understanding nutrition, hobbies, exercise, culture, psychology, environment, social relationships and foods relation to all the previous mentioned. If clients and professionals feel body weight changes are necessary, a multifactorial approach beyond the dietician's and nutritionist's current paradigm for weight loss.

5. Dieting can decrease the bodies metabolic rate, even after a diet has ceased. Resulting in potential greater difficulty in losing weight in the long run and therefor, increasing chances for diets to fail and resulting in higher weights and bigger body sizes then before starting the diet. This is also known as the starvation effect and is a natural/healthy genetic response from our ancestry.

¹³ BROWN, H. (2015). *Body of truth: how science, history, and culture drive our obsession with weight--and what we can do about it.*

¹⁴ Bijlefeld & Zoumbaris, 2003

¹⁵ Cora J. Wilen "The 95%: Why Women Embrace Diets That Don't Work" University of North Carolina at Chapel Hill May 2013 <http://globalstudies.unc.edu/files/2013/11/Wilen-Cora-The-95.pdf>