

DOES THE HAES APPROACH CHANGE WHAT WE KNOW ABOUT THE TREATMENT OF OBESITY?

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If our current attempts at weight management and the treatment of obesity demonstrate less than stellar long-term results, should we rethink the way we approach treatment? There is no debate that the rising obesity rates are problematic on both individual and public health levels; however, the solution to this problem leaves much room for debate. The impact of obesity at the public health level has caused the greatest concern. Obesity rates have been a target for public health as chronic health conditions have increased at the same time. Despite the public scrutiny over our growing obesity rates, treatment has remained one dimensional-through the medical model. Media reports show individual responsibility for obesity as high as seventy-two to ninety eight percent, while the scientific literature report is being closer to forty percent. While having the goal to treat obese individuals, health professionals have demonstrated fat-bias toward patients and endorsed significant stereotypes for obese individuals. Weight bias does not appear to differ in professionals who focus their careers on the management of obesity, further demonstrating the stigma obese individuals face on a daily basis. Once the extent of this stigma is fully understood, better interventions can be developed. Traditional approach to obesity management has shown little long-term effectiveness with participants regaining on average 30% to 40% of their lost weight within 1 year, and longer-term follow-up (2-5 years) showing a gradual return to baseline weight levels or above. Such interventions have focused on pharmacological, surgical, and behavioral strategies. Possibly a worse effect is individual stigma left after one does not see promised results. The shift from weight-focused model to the HAES challenges all key assumptions about weight management and the obesity-associated diseases. Rather, HAES

1. encourages body acceptance,
2. Supports intuitive eating, and
3. supports active embodiment.

Further, this model suggests that any strategy should promote a healthy lifestyle that is sustainable. This may or may not include body weight. The HAES approach explores the individual's feelings, life experiences, and their own embodiment to discover the root of the problem. While a new approach, literature does support its effectiveness compared to other treatment, which provides a false hope to individuals due to the high rates of regain. HAES focuses on intuitive eating, body acceptance, and moving for activity- not caloric reduction. The HAES approach has been effective for women with metabolic syndrome, premenopausal women, and clinically obese women. The most promising results are reducing psychological distress and increasing cardiorespiratory fitness. When compared with traditional treatment, HAES has shown to be sustainable long-term while improving self-esteem and long-term follow-up. In addition to the long-term maintenance, HAES provides psychological benefits to women experiencing disordered eating or chronic dieting behaviors, something often missed under the traditional paradigm.