

## Resilient Health at Any Size

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## Background

- Chronic disease affects nearly one out of every two adults in America (CDC, 2014).
- Heart disease and cancer account for nearly half of all deaths (CDC, 2013).
- More than one-third of adults in the U.S. are classified as “obese” (CDC, 2013).
- Obesity is frequently blamed for the onset of chronic health conditions and the associated health care costs.

## Background

- Correlation vs. Causation.
  - Confounding factors are rarely considered when analyzing the relationship between weight and disease (Campos, Saguy, Ernsberger, Oliver, & Gaesser, 2006).
  - Changes in lifestyle habits can improve health, regardless of changes in weight (Bacon & Aphramor, 2011).

## Background

- Dieting is mostly ineffective.
  - 95% failure rate (Ikeda et al., 2005).
  - Weight cycling (Bacon & Aphramor, 2011).
  - Cumulative weight gain (Mann et al., 2007).

## Non-Diet Approach

- Call for a paradigm shift.
  - Guiding principles of the Health At Every Size® (HAES) approach:
    1. Accept and respect diversity of body shapes and sizes.
    2. Recognize that health is multi-dimensional.
    3. Promote all aspects of health for people of all sizes.
    4. Promote eating in a manner which balances individual nutritional needs, hunger, satiety, appetite, and pleasure.
    5. Promote individually appropriate, enjoyable, life-enhancing physical activity, rather than exercise that is focused on a goal of weight loss.

## Non-Diet Approach

- Non-Diet approaches include:
  - Respect for size diversity.
  - Intuitive eating.
  - Joyful movement.
  - Body acceptance.

## Non-Diet Approach

- Prior HAES studies found improvements in:
  - Physiological measures and physical activity (Rapoport, Clark & Wardle, 2000; Bacon, 2005).
  - Eating behaviors (Provencher et al., 2009).
  - Depression (Bacon, 2005; Robison, Putnam & McKibbin, 2007).
  - Self-esteem (Ciiiska, 1998; Bacon 2005).

## HAES Study Example (Bacon, 2005)

- Traditional Weight Loss (Diet) Group.
  - Instructed in calorie restriction, nutrition, exercise, and social support.
- Health at Every Size Group.
  - Instructed in body-acceptance, eating behavior, nutrition, physical activity, and social support.

## HAES Study Example: Results

	HAES Group	Diet Group
<b>Weight</b>	No change.	Lost weight, then regained.
<b>LDL Cholesterol</b>	Improved.	Short term improvements.
<b>Blood Pressure</b>	Improved.	Short term improvements.
<b>Physical Activity</b>	Increased.	No change.
<b>Depression</b>	Improved.	No change.
<b>Self-Esteem</b>	Improved.	Worsened.

## Limitations of Non-Diet Approaches

- Often considered a “dieting alternative.”
- Less focus on resilience and integrative health methods.

## Resilience

- Resilience training aims to help individuals access resilient qualities, or personal strengths, via the resilient drives (Richardson, 2002).

## Resilient Drives

- **Essential:** The drive to meet one’s physical needs.
- **Childlike:** The drive to explore and have fun. This drive motivates a person to be curious, playful, adventurous, and creative.
- **Noble:** The drive to feel valued and have meaning in life; to be altruistic and live with purpose; to feel self-esteem and self-efficacy.
- **Character:** The drive to live within one’s chosen moral framework.

## Resilient Drives

- **Ecological:** The drive to be enriched by one's ecosystem.
- **Synergistic:** The drive to connect with others.
- **Universal:** The drive to find strength and wisdom beyond oneself.
- **Intellectual:** The drive to become aware of and understand the subtle cues of the other resilient drives.



## Psychological Wellbeing

- Resilience training can improve psychological wellbeing (Waite & Richardson, 2004).
- Psychological wellbeing is associated with health.
  - Regular exercise.
  - Healthy diet.
  - Avoidance of substance abuse.
  - Reduced risk of illness.
  - Reduced risk of heart attack and stroke.

Lyubomirsky, King & Diener, 2005; Pressman & Cohen, 2005; Steptoe, Dockray & Wardle, 2009; Kim, Sun, Park, Kubzansky & Peterson, 2013; Chida & Steptoe, 2008

## Non-Diet/Resilience Hybrid Program

- Designed a new program, "Live Health Positive," that combined resilience training and self-compassion with the non-diet (HAES) approach.
- Conducted a study to determine the efficacy of and participant experiences with the combined non-diet/resilience health education program.

## Non-Diet/Resilience Hybrid Program

- Participants.
- Study Procedures.
  - Program description.
  - Sample program activity.
- Results.
  - Experiences with the program (qualitative).
  - Changes in attitudes and behaviors (quantitative).

## Results: Qualitative

- Participant experiences included:
  - Feeling connected to classmates.
  - Developing self-awareness.
  - Practicing self-kindness.

### Results: Quantitative

- Program outcomes included:
  - Significant increase in intuitive eating.
  - Significant increase in enjoyment motivations for physical activity.
  - Increase in self-compassion.

### Future Directions

- How can you use a non-diet approach in your integrative health practice?