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the HAES® files: If You Don't Eat Wheat, Then Why Aren't You Thin?

BY HEALTH AT EVERY SIZE® BLOG

by Stacey Nye, PhD FAED

I recently went to see Dr. X for my physical. Dr. X had just taken over the practice he shared with Dr. Y, who moved away last year. I have known Dr. X for many years and although he is a fine physician, he has never been known for his bedside manner.

As I sat down he greeted me with "So, are you still helping people with their weight?" I knew this was in reference to my psychotherapy practice treating people with eating disorders. He has even referred people to me, so I was surprised and a little taken aback by his characterizing what I do in this way. "I treat people with Anorexia, Bulimia and compulsive eating issues. I'm not a weight loss doctor." I reminded him. He smiled at me as if I was a fool, but I let it go.

As we talked, he estimated my breast cancer risk. "Seventeen percent, slightly elevated", he announced (apparently the average was 11%). I asked him how I could lower my risk.

His eyes lit up. "You could lose weight!" he exclaimed, looking down at my abysmal BMI, which he had also just calculated. He took some papers off a stack on his desk. I had eyed these when I walked in and tried to ignore them; pages copied out of the Wheat Belly book. "You should take a look at this," he said. "I've been doing it for 3 years and have lost 25 pounds" he stated proudly. "It's the greatest thing, and so easy. All you do is eat whatever is on this list and you will lose weight!"

Now I looked at **him** like **he** was the fool. Did he think I lived in a cave? Didn't he know that I have heard about this before, from my patients, neighbors, colleagues, soccer moms and occasionally, even well-intentioned friends? Did he forget what I do for a living or was my initial impression correct in that he neither appreciated what I do, nor did he understand the HAES® paradigm from which I approach my practice? I was soon desperately missing Dr. Y as I was engulfed by weariness that I had to have this conversation. "Dr. X, I have numerous food allergies. I don't even eat wheat," I stated.

He stopped and considered this, regarding me with a slightly tilted head, like a dog that has heard a noise it doesn't understand. "If you don't eat wheat, then why aren't you thin?"

What?! I thought; did he really just ask me that? "Because not everyone is

meant to be thin,” I responded definitively.

He stammered a bit, and then picked up where he left off, as if what I said was barely relevant, “I never feel hungry. I find that I can eat fairly large quantities of food.”

I proceeded to spend a few moments defending my routine of health promoting behaviors. “I have a very healthy lifestyle. My blood pressure, cholesterol, and blood sugar are all in the normal range. I don’t smoke, I drink only occasionally, and I work out approximately 5 days a week. I have maintained my weight for over 10 years now, and while it is a higher weight than you would like, it is healthier than the yo-yo weight fluctuating I did before. I eat when I’m hungry, stop when I’m full, and have a healthy diet. Despite numerous food allergies, I manage to eat plenty of fruits, vegetables, lean protein, rice and potatoes. Although I have a sweet tooth, I don’t really feel the need to eat **large** quantities of food.”

This comment stopped him as well, but he recovered quickly, telling me about his other patients who had lost weight because he gave them these three magical pieces of paper.

“With all due respect,” I ultimately said, “I think I know more about nutrition than you do, and I’d like to end this conversation.” He finally conceded and went on to lecture me about talking on the phone while driving. Who was this guy? My doctor or my mother?

I went home and fumed. I took some comfort in the fact that years ago, a conversation like this would have devastated me. Today it just pissed me off. Somehow, up until now, I had managed to find doctors who treated my symptoms and didn’t prescribe weight loss as a therapeutic intervention. Others have not been as lucky. While the prevalence of weight discrimination among Americans continues to increase (Andreyeva, Puhl, & Brownell, 2008), anti-fat bias among physicians is also problematic (Sabin, Marini, & Nosek, 2012). Overweight patients routinely report being treated disrespectfully by health professionals because of their weight (Anderson & Wadden, 2004). One study found that 53% of overweight and obese women reported receiving inappropriate comments about weight from their doctors (Puhl & Brownell, 2006). As a result, obese patients either receive inadequate care (Puhl & Heuer, 2009) or avoid seeking routine preventive care (Wee, McCarthy, Davis, & Phillips, 2000).

A colleague of mine suggested that I didn’t need to defend my good health, and that I may have done that because when we are a higher weight than our doctors think we should be, we feel the need to prove that we are practicing healthy behaviors in order to gain respect or

acceptance. It's true. Although I no longer seek to be thin for the sake of looking a certain way, I did feel the need to defend my fat body with good health. I see how this could be problematic, because even if I developed high cholesterol or blood pressure, dieting would still not guarantee long-term weight loss (Mann, Tomiyama, Westling, Lew, Samuels & Chatman, 2007) or improved health (Bacon & Aphramor, 2011).

I have decided that the next time I see Dr. X, I will educate him on the HAES® paradigm. I will remind him that I am the No Diet Doc, and I spend most of my professional time teaching people how to stop dieting. I will explain to him that the reasons I am not thin are complex, relating to genetics, my history of yo-yo dieting, my love for French fries and my aversion to sweating. I will ask for evidence-based treatment recommendations that don't include dieting and weight loss – recommendations that he might give a thin patient. I will consider finding a new “size friendly” doctor if he ignores my needs. After all, everyone is entitled to shame free, blame free, and compassionate health care. Even if we do eat wheat.

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Stacey Nye is a Clinical Psychologist and Founding Fellow of the Academy for Eating Disorders. She does individual and group psychotherapy specializing in eating disorders, body image, depression, anxiety and women's issues. Her practice is in Mequon. Check out her website at www.nyepsychotherapy.com