

# 10 Things You Can Do Right Now

To Ease Concerns About Your

Weight And Improve Your Health

BY  
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I feel that I am overweight and I am having health consequences, or I am concerned about having them in the future.

What can I do to ease my concerns and improve my health?

Given the focus on weight by the health establishment, the government and the media, it is not surprising that many people in this country are anxiously asking the same question. And there is no shortage of recommendations out there directing people to lose weight with this or that diet, lifestyle program or eating regimen.

Unfortunately, the research over the last 25 years is quite clear. There is simply no evidence that any of these approaches results in long-term weight loss for the vast majority of people who engage in them. **There are no exceptions** and none of the approaches (low fat, low calorie, low carb, etc.) work any better than any of the others.

Even more unfortunately however, this complete lack of evidence does not stop people from being seduced into trying to lose weight with the latest reincarnation of these approaches. Yet, despite the huge time, money and emotional investment, successful long term weight loss is achieved by only a small minority of people. The result is widespread confusion and anxiety about food and weight cycling - people losing and regaining weight over and over again. Furthermore, the relentless pressure, particularly on women and young girls to lose weight, increases the likelihood of eating disorders, disordered eating and body hatred.

Is there no answer to this question that so many people are asking? Is there nothing people can do to ease their concerns about weight and health? The good news is that there is indeed. By substituting a **Health-Centered Approach** for the traditional **Weight-Centered Approach**, people can reduce their anxiety about food and weight while at the same time promoting good health.

The **Health-Centered Approach** targets lifestyle factors such as physical activity, quality of diet and stress. It is **weight-neutral** because it treats weight as an outcome of these factors combined with genetics rather than as a direct target for treatment. While this differs substantially from the traditional wisdom about weight and health, please keep in mind that the traditional wisdom in this case is clearly not working or helping and may, in fact, be causing harm.

The following 10 suggestions, based on this **Health Centered Approach**, can go a long way towards helping people to ease the concerns about their weight, while at the same time improving their health and the quality of their lives. References for further reading related to suggestions 1-10 can be found at the end of the piece.

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\*\*The views expressed in this article are solely that of Dr. Robison and should not be construed as an endorsement by WELCOA. To share your thoughts and reactions, contact Dr. Robison at [robisonj@msu.edu](mailto:robisonj@msu.edu).



## 1 SAVE YOUR TIME & MONEY

Don't spend another minute or another dime on anything (book, clinic, TV show, etc.) or anybody (doctor, dietitian, relative, etc.) that even remotely suggests it or they will help you lose weight permanently.

Nothing in the health and medical fields has been proven more soundly, than the fact that focusing on weight loss is unlikely to lead to permanent weight loss and more likely to lead to weight cycling and weight gain. People who diet repeatedly over the years end up weighing more than they would have if they had never dieted. Weight cycling can make all the health problems weight loss supposedly helps (diabetes, hypertension, lipid abnormalities, etc.) worse.

**NOTE:** If you are a health professional, read claims made by weight loss researchers with great care. The National Institutes of Health says 5 years should be considered long-term success for weight loss programs. Anything less should be viewed with suspicion. Just as importantly, be sure to check how many people started in the study and how many people's data were actually used in the final analysis. It is not unusual for weight loss studies to claim as a success a relatively small amount of weight loss in a small subset of the people who began the study. This is bad science at best.

## 2 JUST SAY NO!

Do not use (or let anyone else use) your weight or BMI or any other measurement of body size or composition as an indicator of health.

None of these has been shown to be strongly related to or predictive of health. People can be healthy at a wide range of weights, BMI's, body fat percentages, etc. Similarly, people with "normal" or "optimal" body composition measurements can have the same health problems that are often referred to as weight-related. †





### 3 ASK FOR ANSWERS

If you have a health condition commonly considered to be “weight-related,” (most likely candidates are hypertension, abnormal cholesterol, abnormal blood glucose) and a health professional recommends weight loss as a solution, ask her/him the following questions:

1. What is the **long-term** success rate of the approach you are suggesting? – What is the likelihood I will regain the weight I lose?
2. What is likely to happen to my health condition if I lose the weight and then regain it.?
3. Is there any way to treat this condition that does not involve a focus on weight loss? (How would you treat a thin person who had the same condition?)

The answers given by your health professional to these questions should look something like:

1. The success rate is no better than 5% and it is quite likely that you will gain back all of the weight that you lost and perhaps a bit more.
2. It is quite possible that your health issues (high blood pressure, diabetes, abnormal cholesterol, etc.) will get worse when you regain the weight.
3. All of these conditions can be helped through lifestyle changes with little or no weight loss. (A Health-Centered Approach) The best treatment for a fat person for any of these conditions is the same treatment that would be recommended for a thin person. \*

**NOTE:** If you don’t get something like these answers, consider seeking help elsewhere.

\*For the Special Case of Diabetes, See Box on the Next Page

### 4 USE YOUR IMAGINATION

If you do not have a health condition but you are worried that you will develop one if you don’t make some lifestyle changes to lose weight, try the following:

1. Imagine that you are, right now, at the weight that you believe will be healthier.
2. Work out a plan (with a health professional if desired) of the kinds of lifestyle changes you think you might be able to sustain to remain healthy at that weight.
3. Implement that plan, right now, at your current weight.

Be sure your plan does not include any type of externally determined caloric intake or food restriction, since these have been proven not to work for most people. Steps 5-8 below refer to the kinds of changes that are most likely to help prevent and ameliorate these so-called “weight-related” health conditions. They will also help your body to settle around its natural (genetically programmed) healthy weight.





## THE “SPECIAL CASE” OF TYPE II DIABETES

“But Dr. Robison, don’t we need to recommend weight loss for people with type II diabetes?” The answer to this question is a resounding “No!” Here is why:

1. There is no evidence that weight loss interventions work for people with Type II Diabetes (most likely they work even less well than for the general weight loss-seeking population).
2. Losing weight and then gaining it back can cause blood glucose problems to get worse. Since the vast majority of people will gain their weight back, this is a major concern.
3. The good news is that research clearly demonstrates that problems with blood glucose can be helped greatly by using A Health-Centered Approach without significant weight loss and even in people who gain body fat during the course of the study.

**NOTE:** Diabetes is a serious disease that causes great hardship and suffering for those who have it. However, the idea that we are currently experiencing an “epidemic” of diabetes has been oversold. According to the U.S. Centers for Disease Control, during the 1990’s, when the “explosion” of overweight and obesity was said to occur, the most accurate data suggest only a very small increase in the incidence of diabetes. Statements to the contrary are often based on physician’s anecdotal reports or large phone interviews, neither of which can substitute for representative population data.

## 5 CONSIDER MOVING YOUR BODY

If you are relatively sedentary, consider finding ways to move your body that feel good to you.

The most up to date information on exercise is encouraging, especially for people who have been sedentary and have had difficulty trying to live up to the seemingly ever-changing, complicated and demanding exercise recommendations from the government and health establishment.

For the vast majority of people, **fitness is a much more important indicator of health than fatness:**

1. The greatest gains in health-related fitness are achieved when people go from being sedentary to getting even small amounts of physical activity.
2. Physical activity does not have to be done all at once to achieve significant health benefits – three 10-minute periods of exercise are as good as one 30-minute period.
3. All kinds of movement count, including walking, gardening, dancing, sports and running after your kids.

## 6 DECLARE YOUR INDEPENDENCE

Don’t let anyone (that’s right – anyone!) tell you how to eat, what to eat or how much to eat to lose weight.

We all have wonderful, intricate mechanisms to help us to know how much to eat to maintain a healthy weight. No set of rules, guidelines or regulations experts can propose comes close to the precision of the complex interactions among hunger, appetite and satiety that naturally help us regulate our food

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intake and our weight **if we pay attention to them.** Ignoring these internal signals by following endless sets of external ones (Weight Watchers, Jenny Craig, The Food Pyramid, etc) is likely to result in more rather than less disordered eating. A growing body of research suggests that adults and children who diet are more likely to gain extra weight as they get older than those who don’t.

## 7 LISTEN TO YOUR INTERNAL WISDOM

Learn to eat according to your internal signals; appetite, hunger and satiety. By paying attention to these signals, you can avoid having to pay someone else to tell you what and how much to eat.

**NOTE:** For some people, eating can become a stand-in for other hungers that are not being satisfied. These may be related to a search for life balance, connection or meaning and purpose. Sometimes, there may also be deep-seated struggles with depression, anxiety and trauma that get played out with food. It is critical that these underlying issues be addressed. It is even more critical that no matter how much of a problem food and weight have become for an individual, with few exceptions, external food restriction will almost certainly cause more harm than good. |



## 8 CONSIDER DR. ROBISON'S SIMPLIFIED DIETARY GUIDELINES

The original Four Food Groups were designed to help us to get the nutrition we need to grow and thrive. Over the years The Dietary Guidelines for Americans have become too complex, too prescriptive and too focused on disease prevention and weight control.

Some people may have a medical condition that requires them to eat or not eat particular foods. But, for most people, the following guidelines can go a long way towards providing a varied, nutritious diet while at the same time minimizing the constant worry about everything we put into our mouths – a seemingly ever-present stressor that is decidedly unhealthy! - Here they are:

1. Enjoy Your Food
2. Eat A Wide Variety of Food
3. Pay Attention to Internal Signals Whenever You Can
4. Share Your Food With Someone Who Is Needy – Gratitude is Deeply Nourishing!

*Bon Appetite!!*

## 9 TAKE NOTICE OF WHAT REALLY MATTERS

Notice any changes that occur over time with this approach – Ask yourself:

1. What health-related changes have I seen? *physiologically/psychologically*
2. Do I feel differently about food?
3. Do I feel differently about myself?
4. Am I spending less time and energy worrying about my weight and what I am eating?



### ABOUT Jon Robison

**Dr. Jonathan Robison** holds a doctorate in health education/exercise physiology and a master of science in human nutrition from Michigan State University where he is assistant professor. Dr. Robison presents frequently at national and international conferences and has authored many articles on health-related topics. His book, *The Spirit and Science of Holistic Health* promotes shifting health promotion away from its traditional, biomedical, control-oriented focus. Dr. Robison has been helping people with weight and eating-related concerns for more than 20 years.

Dr. Robison is available for speaking engagements on a wide variety of health-related topics. He is also available to conduct intensive training workshops for groups and organizations that are interesting in learning about and implementing **The Health-Centered Approach**. You can learn more about Dr. Robison's work by visiting his website at [www.jonrobison.net](http://www.jonrobison.net) and he can be contacted via email at [robisonj@msu.edu](mailto:robisonj@msu.edu).

## 10 CELEBRATE

That's Right! Congratulate yourself! If you follow these suggestions, it is very likely that you will:

1. End your time on the frustrating dieting rollercoaster.
2. Increase your self esteem and body image.
3. Take charge of your eating by paying attention to your body instead of paying someone else to tell you what to do.
4. Help your body settle near the weight it is genetically programmed to achieve.
5. Open up significant amounts of time, energy and money that you used to spend worrying about your weight and food.
6. Ameliorate or normalize any of the so-called weight-related health conditions you may have had whether or not you experience any change in weight.

### Final Thoughts

Because the concepts that thin equals healthy and weight loss equals better health are so deeply ingrained into the fabric of our culture, after examining this different approach people will often still ask this final question: **If I do all of this will I lose weight?** The answer to this question goes straight to the heart of the difference between the **Health-Centered** and **Weight-Centered Approaches**. The answer is that, if people follow the suggestions outlined here, there are three and only three possibilities:

1. They will lose weight
2. They will gain weight
3. Their weight will not change

What is wonderful about this answer, unlike almost any other answer related to this topic, is that it is undeniably scientific and unarguably true. If people are above their natural weight, they may lose some weight. If people are below their natural weight, they may gain. If people are close to their natural weight, they may stay the same. **Which one of these outcomes will occur is often not predictable. What is predictable is that people will end up healthier and much less concerned about their weight and their health. ★**



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