Comparing Traditional and Nondiet Approaches To Eating and Weight Issues

	Traditional Approach	Nondiet Approach
Ideology	Excessive fatness, as defined by standardized tables, is unhealthy. Goal is weight loss or weight maintenance.	Healthy weight is highly individualized and cannot be determined by a standardized table. The healthiest weight is a natural weight one can maintain without dieting. Goal is to enhance health and treat medical problems if present.
Weight	Counsel patients to reach and maintain the defined weight even if it means permanent food restriction.	Teach patients that the body will seek its natural weight as one eats in response to bodily cues and is physically active. This weight may be higher than society advocates.
Hunger	Assist patients to suppress or ignore hunger in order to be able to follow meal plan. Hunger and satiety typically irrelevant in eating patterns.	Assist patients to relearn to eat in response to internal cues of hunger and satiety. Explain that doing so (most of the time) will aid the body in returning to and maintaining natural weight and reinforce need to trust these cues.
Food	Externally regulated eating. Counsel patients to follow meal plan, teach avoidance of "bad," "illegal," or "unhealthy" foods and to use cognitive behavioral methods to restrict caloric intake. If clients relapse, counsel to return to food plan.	Internally regulated eating. Explain to patients food is not the problem, but *restricting* certain foods is (making food forbidden and more desirable); therefore, no foods are forbidden. Assist patients with a gentle openness that allows them to listen to their bodies' feedback without judgment. They will begin to desire healthier food when they have nonjudgmental free access to all foods.
Self/Size Acceptance	Assist with weight loss because patients will feel better about themselves at closer to an ideal weight. Patients typically feel more powerful when starting diet but lose self-esteem if they are one of the 95% of those who fail to lose and maintain weight loss.	Work with patients to increase self-esteem and personal power from self-determined eating style and movement. Help patients realize that healthy bodies com in all shapes and sizes; cultural norms can be dangerous, and pursuit of them can interfere with quality of life. Refer patients to support for reinforcement required to make these changes.
Trust/Distrust of Self and Body	Patients' trust is put in the health care provider. Patients often come to distrust their own body and sense of judgment, especially when there is a history of failure with dieting.	Teach patients to trust themselves and t heir bodies. Trust in other areas builds as patients learn they can eat when hungry, stop when satisfied, and enjoy movement. Ensure patients are learning to live without judgment or criticism of own or others' weight and eating.

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