

The Resilient Practitioner: Strategies for Managing Resistance to Size Acceptance
Keynote talk, by Linda Bacon, PhD
Presented at the Eating Disorders Resource Support, Inc. conference
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The below is a transcribed excerpt.

Thank you very much for inviting me. I'm honored to participate. How many here knew me in some way before today, whether it's personally, through my writing or my reputation?

[Many hands go up.] It's really wonderful to see that I'm having an impact. But I have to admit: I was expecting that response, and in part I suppose I'm here because I need that. Knowing I have a supportive community and that I am making my mark help keep me going. Which will be a big theme of what I intend to talk about today. Let me get started by defining resilience.

What is resilience

Resilience refers to our capacity to handle challenges, whether everyday disappointments or serious catastrophes. We're all called on to cope with difficulties - maybe it's losing our car keys, or discovering mold in our bathrooms, or handling a cancer diagnosis, or, feeling as if our belief system has us swimming against the tide and we're coming up against the resistance. We need skills to be able to manage these challenges – and that's what resilience is all about.

Dr. Linda Bacon: What I do

Before I get rolling on the topic, I want to start by talking about what I do, and the particular challenge I face in my work. And I say this not just for those who are unfamiliar with my work, but even more so for those who are. Because I think people who follow my work often have a very big misperception of life as Dr. Linda Bacon.

You see, the not so openly talked about role I have in this world is being a public whipping boy for the size acceptance community. (Interesting how that term is so gendered, huh? It loses its impact when I try to come up with a more gender and age appropriate term, but I'm sure you get the idea.)

I know within our community I have a very different reputation – I liked Barbara Birsinger's framing when she invited me to speak – she called me a rock star.

But the truth is, when I do my job well, I destabilize the status quo, and those who cling to the status quo deem me an enemy. For those who can only envision weight loss as a solution to their woes, size acceptance is a very threatening message.

It's quite threatening to individuals, many of whom you see in your work, who are clinging to the concept that a thinner body is their ticket to acceptance, happiness and health. And it's also quite threatening to many health professionals who have been trained to believe that weight loss heals or

protects against many of the maladies they're supposed to treat. To hold onto size acceptance as a solution to our weight concerns would also mean that many caring professionals would have to take on responsibility for having done a lot of damage by promoting weight loss, professionally and personally. And our clients will have to go through a grieving process, letting go of the magical thinking that goes along with weight loss promises.

Given the magnitude of the meaning attached to this, our simple message has huge potential to threaten people's worlds. And to put us on the receiving end of a lot of anger and distrust. It's too easy to be viewed as taking away people's hopes and dreams – that they can improve their health, their feeling of well-being and acceptance – and not see that the opposite is actually true: when you give up on the attachment to using weight loss as a mediator, everything people are looking for is much more achievable.

I want to give you a few examples of some of the kickback I've been subject to so you can get a better sense of my challenge. Like, listen to this email I received:

"You are the reason why my aunt died. You make it acceptable to be like her. You make people think that obesity is ok. You killed my aunt. You may as well have. Others will die early deaths and lead the last part of their lives in pain and horrible discomfort. It is your fault and people like you. I hate you. I hate everything about you. Don't bother replying to this and barfing up some horrible fat logic. I just wanted you to know that you as good as killed my aunt and I hope to god in some tiny part of your brain you have some regret and remorse and can maybe have an inkling of humanity."

Horrible, isn't it? Based on my inbox, I'm responsible for quite a few murders. And the health professionals who find these issues threatening have not been kinder to me. I recently gave a talk in Scotland, and the first comment was from a physician who essentially made the same point: that I was killing people, encouraging health professionals to carry this out, and how dangerous I am. The emotion in her voice was palpable as she related how she was just filled with anger that that my sponsors had given me this forum, and fear of what might happen if people actually took me seriously. She had this evangelical zeal about her; you'd think she was taking on Hitler from the extremeness of her reaction.

Another public attack came from an obesity doc who posted a picture of me on his well-trafficked blog with a gun to my head.

It's not easy to be on the receiving end of this vitriol.

Over the years I've had to learn skills to manage this so that I can keep going with this work. My intent now is to share with you how I do it, and the most important things I've learned.

The Power of Resilience

The first thing I want to impress on you is the power of resilience. Earlier I had described it as the ability to bounce back after challenges. But I've learned something very important in that bouncing back and that's this: when you bounce back, you're stronger. By making it through the challenges I've learned that

I have the skills to manage what life gives me so I don't have to be so fearful. It helps develop my confidence; next time I'm better prepared to manage a similar situation. It allows me to view difficult situations as opportunities for growth rather than impediments that stop me.

I think about that recent talk in Scotland, how previously when people have been so aggressively confrontational and mean, I responded back with anger and defensiveness, and then felt worse for it. So it was a double whammy – first I felt bad about being the recipient of animosity, and then I heaped more criticism on myself. And this time – while I still know there was room for improvement in my response – I didn't. I took a deep breath, put a pause in, felt some compassion for her and why she would feel the need to say that, and was able to respond from a more grounded place. I still felt slimed by the experience after, but it wasn't as intense as it's gotten for me in the past, and I was able to reach into my toolbox to grab onto some strength. I'll be telling you about some of the stuff in my toolbox shortly.

It's also interesting to note that this growth isn't just something that happens intellectually and emotionally. Scientists have actually been able to map out the neurobiology and show the ways in which repeated experience can rewire your brain so that you respond differently in the future. The more you practice developing your resilience skills, the more your brain reconfigures so it takes less effort to manage challenges in the future.

Size Acceptance is Threatening

My goal today is not to speak generally about resilience, but to discuss it more specifically as it relates to size acceptance. Size acceptance, as you all know, is not always an easy message to deliver. While you may not get as visceral a response as I do, I'm sure all of you have experienced this to some extent. It's not easy when you're alone in a room with a client who is convinced that weight loss is the only way to get acceptance and feel attractive in the world. It's not easy when you're talking to a health professional, who is convinced that weight loss is necessary for managing diabetes, heart disease, or joint problems. And it's not easy when you hang out with your family of origin and hear criticism of your own body, or are subject to others' moralizing ideas about the meaning of weight and what to do about it. So how do we keep on going – and better yet – how do we use these experiences to empower ourselves?

Strategies for Resilience

1: Cultivate Emotional Presence

There's a lot of emotion in this size acceptance journey, regardless of which side of the fence you're on, or whether you're teetering on top. I find it interesting to note that most of the resistance I face comes from people who deeply care. Even my haters, like the ones I just described, came to their conclusions out of a deep sense of caring for people who were hurting.

And that's where I want to start in my discussion of strategies, and that's that I find it very helpful to try to keep my contact with people in the emotional realm, to honor their feelings, and to help them to see the emotional world through my eyes. Which is not to say that we can't talk about ideas, but everything needs an emotional ground. After all, ideas by themselves can be debated, and people can speak to me in mean and hurtful ways about ideas, but emotions, well, they just are, and when I share humanity with someone, when I force them to see me – and to see people living in fatter bodies - as feeling people, then we're not the "other" they can blithely attack.

Let me give you an example of what this looks like in practice. I tried this recently when I was keynoting the Australia and New Zealand Obesity Society conference. So picture the context: the audience is composed of obesity researchers and health care practitioners, and the overall climate is an anti-obesity agenda. The exhibit hall is mostly comprised of bariatric surgery clinics and purveyors of low calorie diet products. The most popular booth was where you could get your picture taken, and then let the computer program reconfigure your image so you can see what you would look like at various weights. The presenter was very effective at showing how unattractive you were at higher weights, and how beautiful you would look if you only shed those pounds, and was selling this as a motivational tool for weight loss.

It was a small special interest body image group that somehow got me the keynote, and after attending their conference talks, it was clear many of them didn't understand the radical nature of what happens when you really apply size acceptance: the majority were presenting on promoting positive body image within weight loss programs and never got the cognitive dissonance of that message.

So, in other words, the audience was predominately composed of people whose careers were predicated on a "fat is bad" agenda. Given that I believe that most of the problems associated with obesity can be blamed on the weight stigma and faulty reasoning coming from obesity researchers and health care practitioners like those in the audience, I knew that a fact-based argument would never fly: after all, they believed that they were the experts who already knew the facts. So instead, I invited them first to see the world they've created through my eyes, to get out of their heads.

"I realize as I stand here," I said, "that I just can't keep doing what I usually do, which is reeling off statistics and showing supporting graphs and charts, speaking in our usual academic discourse. I have lectured and debated this topic on three continents, now, presenting basically incontrovertible evidence that obesity isn't the health threat its portrayed as, that encouraging weight loss is not effective health care, and what I see, again and again, is that data alone doesn't change minds. Resistance to these ideas runs deep.

So let me step away from the podium and the protective armor of my laser pointer and my slides, and let's reconnect for a moment with what's at issue.

Everyone in this room knows the pain of fighting the war on fat. We've seen it in our patients and others we care for. Many of us face our own struggles around body hatred and food fear.

I want us to reconnect with those feelings right now. Think silently for a moment about someone you know who struggles with weight. It could be a friend, a relative, a patient. It could be you. Close your eyes and concentrate on the feelings that go with that, the knowledge that “there’s something wrong with my body. My body is a sign of failure.””

Now I thought that was pretty brave of me, at an academic conference where the accepted style is to discuss data, to lead people through a guided visualization. But somehow it worked; perhaps they let me get away with it because I was a foreigner, and from Berkeley no less.

But it allowed me to bring emotion into the discourse. To tell them that I want them to take the time to feel and remember why we were here, that my fear is that the scientific distance that happens so often in our work gets us into trouble. We get so caught up in the pathways and numbers that we lose track of the people at the heart of it all.

And then I could go on with the more data-oriented aspect of my talk, but now I could keep coming back to the idea that we weren’t just talking abstract science, I was talking about using science to find a way to compassionately and effectively help people. It no longer mattered if someone was right or wrong in understanding a pathway that dietary sugar might affect fat deposition; what mattered is how the information would be used in a person’s life. Would it become part of a war against their body?

When you put it in that frame, you can see that much of what we are pursuing in obesity science – regardless of whether it helps us understand biology or not – is being applied in a way that is damaging and ineffective. So we don’t have to argue anymore about whether its sugar or gluten or fat that’s the cause of our weight concerns; all of that unravels when we start to focus on real people and what they feel.

It was pretty mind blowing to me to see the impact that had on my audience. It was as if I totally disarmed them. They viewed the data I presented with much more open-mindedness than with other talks I’ve given. And when disagreement was expressed in the Q&A, it was much more respectful. Immediately after the talk, there was schmooze time scheduled, and it was amazing to be present and participate in the discussions that followed.

So basically, what I did was force my audience to enter a world of feeling and caring. We’re always living in their fat-shaming world. We don’t have to accept that. Make people enter the world through **your** eyes. Not only was it effective for them, but it protected me in the process. I no longer had to argue. We were all in it together, feeling the pain that results from a weight-shaming message, and imagining what could be done about it.

When you do this, you don’t feel as alone or misunderstood.

So many of us think that to be resilient we need to protect ourselves, to shield ourselves from the world and be invulnerable, and my experience is the opposite, it’s the courage to be vulnerable and to create a safe space for others to also be vulnerable, that breaks down the walls and allows us to connect.

We're not believable if we don't bring ourselves to the table, if we are not willing to be authentic. No matter how powerful theory and data are, if you don't entice people emotionally, you will have limited impact.

Many of you are in clinical practice, and not public speaking. This same skill applies. It's your job to stay with your clients emotionally. Telling them they'll feel better if they drop the pursuit of weight loss is not going to further that process. You'll get resistance, *and* you'll feel alone. This is not an intellectual process, although it can certainly be supported by academic knowledge and cognitive awareness. On the other hand, if you can stay with their emotions – the pain that their pursuit of weight loss brings, for example, their fears of what might happen if they give up dietary restraint -you're not fighting anymore, and neither of you has to feel alone.

And this is what our clients come to us for, right? To be seen? And to know that whatever comes up, whoever they are, that's okay. So we all need to practice being compassionate witnesses, to make that safe. And it requires us to show up, to stop being the expert, the talking head. To make it safe for people to feel.

[snip] End of excerpt.

Want more? Check out my other writings (next book due out in September 2014). Invite me to your organization to speak. I'm a passionate motivational speaker and I excel at inspiring change. Equally comfortable with a wide range of audiences, including individuals struggling with their own weight concerns, professionals wanting to advance their practice, and academics and others wanting to challenge ideas. More info on my website.

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This just in, testimonials from EDRS Board Members...

I appreciate the courage it took for you to be vulnerable in your keynote with us. You modeled authenticity and humility so powerfully. Thank you. Your willingness to share at that level was the catalyst for our participants to do the same throughout our conference. Although I have only known you by reputation, I felt as if I got to know a part of "the real" Linda on Thursday. I support your ongoing efforts to spread the message of resilience through compassion and self-love.

- Michelle E. Minero, MS, LMFT, Author of the Self-Love Diet: The Only Diet That Works

Thank you Linda for your outstanding keynote. We could not have kicked off our conference in any better way!

- Bridget Whitlow, MS, LMFT