The Problem with Weight Loss

PART 1

The Dr. JOHN BERARDI SHOW

Listen on Apple Podcasts | Listen on Google Podcasts | LISTEN ON Spotify

www.drjohnberardishow.com

The Problem with Weight Loss – Part 1 Transcript

Julia Malacoff:

You just grow up with this idea that the last thing you want to be is fat. That's something that stays in your brain, and it changes how you behave towards yourself and towards others.

Dr. John Berardi:

This is The Dr. John Berardi Show, a podcast that seeks important lessons in a seemingly unlikely place amid competing points of view. In each episode, I look at fascinating, sometimes even controversial topics through the minds of divergent thinkers. And together, we tease out unifying threads from ideas that may feel irreconcilable.

Dr. John Berardi:

Today's topic, the problem with weight loss. In this series, we'll explore the cultural conditioning that's led to deep biases against those in larger bodies as well as the social and medical consequences of that. We'll discover when thinness became associated with attractiveness, godliness, and virtue, and when fatness became associated with a sort of moral failure. And finally, we'll explore the relationship between body size and health, discussing how health goals can be reached without introducing more weight stigma into the world.

Dr. John Berardi:

My goal is to look at the project of body change in a new way. One that acknowledges medical realities and psychosocial realities, one that considers how to help an ever-growing group of people improve their health without dishonoring their bodies. So, let's get started.

Child 1:

Right here into the microphone dad?

Dr. John Berardi:

Yup, right there.

Child 1:

Okay.

Dr. John Berardi:

This is our 10-year-old by the way and she's about to read lines from Carl Hiaasen's best-selling children's book, Hoot.

Child 1:

“Dana is a husky, large, lumpy kid with a bulky figure and a piggish face.”

Dr. John Berardi:

Throughout Hiaasen's book Dana is described as a big, stupid bully. And the compelling thing in a lot of the narrative is that his fatness is always proximal to his ability to produce fear.

Child 1:

“Dana clamped a moist, ham-sized hand over Roy's face.”

Dr. John Berardi:

The Problem with Weight Loss – Part 1 Transcript

In the next few minutes, I'm hoping to convince you that many of the biases we subconsciously feel and justify to ourselves as adults started really young.

Child 1:

“Roy glared out from between Dana's pudgy fingers.”

Dr. John Berardi:

And that when biases like these start so young, it's hard to think critically about them. They end up coloring important decisions for the rest of our lives.

Child 1:

“This time, Dana hit him with the other hand, equally fat and damp.”

Dr. John Berardi:

Hearing children like our eight-year-old whose about to read from Roald Dahl's Fantastic Mr. Fox really underscores this point.

Child 2:

“Walt Boggis is a chicken farmer, probably the most successful in the world. He is enormously fat. He weighs the same as a young rhinoceros. He eats three chickens every day, breakfast, lunch, supper, and dessert. That is 12 in total per diem.”

Dr. John Berardi:

Our book, our movies, our TV programs influence us all like our six-year-old reciting lines from one of his favorite movies, Ice Age.

Child 3:

“Hey fatsy, want to come get me out of here? Hey, come on, pretend I'm a dessert. That should motivate you.”

Dr. John Berardi:

I want you to notice that starting young, really young we're all exposed to a litany of lazy, mock worthy, gluttonous, sometimes malicious characters, fat characters. And this exposure continues throughout our entire lives; in our media, our books, TV shows, movies, all suggesting that fat people should be seen in certain ways.

Child 2:

Pete from Mickey Mouse, Mr. Hazell from Danny the Champion of the World, Cartman from South Park, Patrick from SpongeBob.

Dr. John Berardi:

In 2017, Dr. Janna Howard and colleagues at Duke University analyzed the 31 top G and PG movies released from 2012 to 2015 for weight stigmatizing content. What they found was that verbal insults about body size and nonverbal scenes depicting size negatively appeared in 85% of the movies. Even more startling to me is that this weight stigma was observed in 3 out of every 10 lines they analyzed, which means these messages aren't just one-offs. They appear on screen many times throughout entire movies.

The Problem with Weight Loss – Part 1 Transcript

Child 1:

Ursula from The Little Mermaid, the Queen of Hearts from Alice in Wonderland.

Dr. John Berardi:

Over the last 10 years, many studies have been done showing that larger body size is disproportionately portrayed negatively, in books movies and television programs. Whether it's associated with malice or unattractiveness or unfriendliness or laziness or gluttony, from the age we can sit still long enough to watch a TV and continuing throughout our lives, we learn that people in large bodies are sad, bad, stupid day after day, lesson after lesson, image after image imprinted on our souls.

Child 1:

Fat Monica from Friends, Miss Trunchbull from Matilda, Governor Ratcliffe from Pocahontas, Lawrence from The Princess and the Frog, Fat Bastard from Austin Powers, Gus Gus from Cinderella, LeFou from Beauty and the Beast.

Dr. John Berardi:

It's not difficult to see that this kind of exposure can lead to bias. Negative attitudes, beliefs, judgements, and stereotypes against people in larger bodies.

Dr. Sabrina Strings:

I think one of the people who beautifully articulate this is Roxane Gay.

Dr. John Berardi:

This is Dr. Sabrina Strings, associate professor of Sociology at the University of California, Irvine.

Dr. Sabrina Strings:

She's on this episode of This American Life podcast which called Tell Me I'm Fat. Great episode. What she is showing is that she can't even show up in spaces that are deemed to be just for everyday human beings without people assuming that she doesn't belong there.

Dr. John Berardi:

Now, Dr. Gay is a professor at Yale University, a New York Times best-selling author and a large, black woman.

Dr. Sabrina Strings:

She's in the airport in the priority boarding lane line, people are telling her that this is the priority line, like you don't belong here. She goes to the car dealership trying to purchase a vehicle, people are like, “Does she have any money?”

Dr. John Berardi:

So, Dr. Gay's experiences are likely the result of the confluence of a couple prejudices, race and body size. Yet there's no mistaking this fact, most children and adults independent of their race or their class or their size, they do hold explicit weight biases. They negatively judge those in larger bodies as less worthy than those in smaller bodies, yet the bigger problem may not be our explicit biases, it maybe our implicit, our subconscious ones, because the prejudices we're unaware of may predict future behavior even better than the ones that we are.

Dr. John Berardi:

The Problem with Weight Loss – Part 1 Transcript

In 2017, Dr. Ashley Skinner and her colleagues at Duke University set out to study this in children. Now, what they did, and in this is a common way of testing implicit attitudes, was show a 9 to 11-year-olds an image of a child for a few hundred milliseconds. So, the image just flashes quickly on the screen. Then moments after, they showed a meaningless fractal image, which is basically an arrangement of geometric shapes. And then they asked the children to rate the fractal as good or bad. Now, the children were shown a lot of images; children of different ages, sexes, races, and doing different activities yet when they saw "healthy weight children," more often they rated the subsequent fractals as good.

Child 2:

That one's good. That one's good.

Dr. John Berardi:

But when they saw children in larger bodies, more often they raided the subsequent fractals as bad.

Child 1:

That one's bad. That one's bad.

Dr. John Berardi:

But it's not just children. In another study done by Dr. Elizabeth Halvorson and colleagues at Wake Forest University, this one done in 2019, 7 out of 10 pediatric healthcare providers showed moderate or strong implicit weight bias, so again, this subconscious kind, even though they scored better on explicit bias measures. In other words, they consciously don't feel biased against children with larger bodies, but underneath, it's there.

Speaker 6:

That one's good. That one's bad.

Dr. John Berardi:

From all the research I've read, it looks like no one is immune to weight bias; not children, not parents, not healthcare providers, not scientists, not you, not me, no one. Certainly not those who live in larger bodies who bear the brunt of this bias and not even those in "healthy weight bodies."

Julia Malacoff:

I can speak to my personal experience, which is that I grew up in a house where being fat was the worst thing you could be.

Dr. John Berardi:

This is health and fitness writer and fitness coach, Julia Malacoff who spent two-and-a-half years exercising every day and counting everything she ate to avoid the dreaded curse of being fat.

Julia Malacoff:

I grew up knowing that was something I wanted to avoid because I heard so much discussion of how bad it was. Obviously, there are cultural, societal reasons for that and there's a reason that was the message that I got growing up, but that's how it gets passed on for a lot people. For me, it was very difficult to unlearn that, and it's something that I still struggle with. And speaking to a lot of people in my age group or even other people who have gone through weight loss journeys, I have heard similar experiences that you just grow up with this idea that the last thing you want to be is fat. And that's something that stays in your brain and it changes how you behave towards yourself and towards others.

The Problem with Weight Loss – Part 1 Transcript

Dr. John Berardi:

And that's really important because of, oddly enough, ice cream. Trust me, that will make sense in a few minutes. Hang with me till then.

Dr. Helen Kollias:

So, turns out there's like this really ridiculously close correlation between murders and ice cream sales.

Dr. John Berardi:

That's Dr. Helen Kollias, molecular biologist and scientific advisor to some of the most influential companies in the health and fitness industry. As she mentions, multiple studies have now shown that the sale of ice cream is closely related to homicide deaths. It turns out ice cream sales are also highly correlated to drowning deaths and forest fires. If you're raising an eyebrow here, you're doing the right thing because of course, even when there's a relationship between two things, that doesn't mean one causes the other. Let's let Dr. Kollias finish her thought.

Dr. Helen Kollias:

So, it turns out there's like this ridiculously close correlation between murders and ice cream sales that are actually both driven by good weather, because it turns out that there's actually more crime when the weather is good.

Dr. John Berardi:

It's with examples like this that scientists have reminded us that correlation or a relationship between things isn't the same as causation or one thing causing another. The problem is most of us only remember this when it fits our biases. For example, if you learn that red meat and cancer are related and you are a plant-based eater, you are more likely to believe that relationship is causal, that red meat causes cancer. But if you eat meat, you are more likely to believe it's just a correlation like the ice cream and murders thing and that something else is causing both. What does any of this have to do with weight loss? Well, if your soul has been branded with weight bias.

Child 3:

Ever since you're a little kid.

Dr. John Berardi:

What happens when you hear that being overweight is related to psychological challenges, heart disease, disordered eating, diabetes, high blood pressure, certain cancers, even poor COVID outcomes? Are you more likely to assume that being overweight causes these problems, or are you more likely to believe that they're merely correlated? Dr. Strings asks us to consider.

Dr. Sabrina Strings:

Despite all of these studies showing a correlation between BMI and health outcomes, these studies cannot prove that BMI is the cause of differential health outcomes. And moreover, they cannot account for the fact that there are so many studies showing the exact opposite relationship. In 2013, there were two huge studies that come out. One was a meta-analysis showing that there were all of these negative health effects of being “obese”. The other showed that being obese was perfectly benign.

Dr. John Berardi:

Now, I should interject here and say, in no uncertain terms that there is an overwhelming amount of good evidence showing that larger body size does increase the risk for certain negative health outcomes. Does it cause poor health

every time? Of course not. That's not how probability works. Can we say just looking at the size of one's body whether they are healthy or not? No again. Yet to say that obesity is perfectly benign, that it doesn't increase certain risks, that the chances of having poor health outcomes don't go up isn't all that consistent with the research.

Dr. John Berardi:

Since 2013 for example, a lot of mechanistic studies have come out showing exactly why some of these correlations exist, showing that some of these relationships are causal. However, let's be really clear, there's a lot we still don't know. So, before we start crusading for an ice cream ban to cut down on murder rates, we ought to be sure that it's the ice cream causing the murdering and not just the fact that summer means increased ice cream sales and increased homicide. Yet this doesn't seem to be what's happening when we look at obesity. Just think about what happened with COVID. Early headlines suggested that there was a link between large body size and COVID complication, a correlation, yet people immediately rushed into the space where they blamed the complications on body size.

Dr. Sabrina Strings:

If they simply knew how to eat, if they were not overly sensuous, they know how to discipline themselves, then perhaps they wouldn't be obese and they wouldn't be having these outcomes with COVID. I knew that that was outlandish from the start.

Dr. John Berardi:

Here, we sit about a year later and we know more about the link between COVID and larger body size. We know that there are mechanisms that may make people in larger bodies more susceptible to COVID complications because of their size, yet we didn't at the time, and that's the point. Many people simply presumed that poor COVID outcomes were just dessert for the moral failure of being fat, totally glossing over the bigger picture.

Dr. Sabrina Strings:

As sociologist what we know is that there are all of these societal factors that contribute to poor health outcomes in BIPOC communities.

Dr. John Berardi:

Meaning Black, Indigenous, People of Color.

Dr. Sabrina Strings:

It has to do with whether or not they have access to grocery stores. We've been hearing for years, there are poor communities where the only place where you can get something to eat is the convenience or fast food. So, do they have access to grocery stores? Do they live in areas where the drinking water is clean? And so, with COVID, it was extremely concerning because all we would have to do is notice that people of color, besides these societal factors that I've mentioned are also often essential workers. And so, it's the low-income folks and then also people of color who are having the highest toll at COVID because they are least protected and they have the lowest number of resources.

Dr. John Berardi:

This showed up early on in a scary racial divide. According to the Centers for Disease Control and Prevention, about 42% of white Americans and about 49% of African Americans are considered obese yet that seven-percentage point disparity in obesity translated to a shocking and difficult to explain 700% increase in fatalities. So of course, as good scientist, we still want to ask whether there's something about a larger body size that increases the likelihood of COVID complications or diabetes or heart disease. But we also want to ask whether there's something that both causes larger body size and

causes increased risk like poor access to healthcare, like being in communities without access to healthy food or the opportunity to exercise, like being an essential worker, like living in high-stress, low control environments. Some of us forget to do the latter because we come to this problem with a tangled-up mess of biases against people in larger bodies. Again, one that started when we were young and has been reinforced ever since.

Dr. Sabrina Strings:

So, we have all of these factors that are societal, that are contributing to weight gain and also contributing to poor health outcomes, but what people are noticing is simply the weight and blaming that.

Dr. John Berardi:

This happens everywhere, including the doctor's office. Dr. Spencer Nadolsky, a family medicine and obesity specialist who sees patients of various body sizes, including those with diabetes, cardiovascular disease, and more talks about this issue.

Dr. Spencer Nadolsky:

Doctors might be some of the worst and hopefully, there are more training around that. I heard so many stories from patients that this ... They also didn't go back to the doctor because they were shamed. Someone has back pain forever, they just start saying they're ... “It's from you're fat, you're fat, you're fat.” And you'd say, “Well, no, actually they had a fracture or they had a tumor.” And that you hear those stories all the time. And so, you have to take those in front of you seriously and not just attribute everything to adipose tissue.

Dr. John Berardi:

Here, my friend Mara shares her story about this exact thing.

Mara Blaze:

I was doing editorial work for a major gym that we've all heard of, and was just getting really bad abdominal pain pretty often and was having kind of really bad periods. So, I went to the doctor and the gynecologist and he basically, without getting into all the gory details, summed it up as, “Well, you're over 30 and you're overweight and this is kind of what happens to people like you. And so, you can't fix the one thing, but if you were to fix the other, then you know, maybe you wouldn't be in this boat. And so, go fix it.”

Dr. John Berardi:

So, she did. She tried to go fix it.

Mara Blaze:

I was really into boxing at the time and started to going to more boxing classes. So, I do the eight-minute warm-up, cardio warm-up, go to the bathroom, sometimes throw up from the pain, and then come back and do the rest of the workout, and then go home and just drag through my life.

Dr. John Berardi:

The building she worked in was attached to a gym, so ...

Mara Blaze:

But sometimes the pain gets so bad, we had locker rooms because we work in a gym, so I would go take a hot shower in the middle of the day and go to the sauna and just try to get over it.

The Problem with Weight Loss – Part 1 Transcript

Dr. John Berardi:

About a year later, she was in so much pain. On one particular day when she was supposed to start a new job, she ended up going to the ER instead.

Mara Blaze:

I finally went to the emergency room and saw a resident who told me that I probably just had very bad periods because the only other option would be something called an ovarian torsion, which is when your ovary flips over. And she's like, "If you have that, you wouldn't be able to walk up the street." And then it turned out I had an ovarian torsion caused by what was a grapefruit sized tumor. And a major surgery later, it turned out I had uterine cancer, endometrial cancer.

Dr. John Berardi:

When she was at the doctor's office a year before, that's what that was.

Mara Blaze:

I was diagnosed with stage IIIA and endometrial cancer is very treatable when it's stage I and II, III starts to be real hinky.

Dr. John Berardi:

If her doctor wouldn't have just assumed she needed to work out more and eat better, this might have been caught at stage I.

Mara Blaze:

I just have a lot of anger still for that doctor, that if he hadn't been so dismissive that maybe I could have spared at least some chemotherapy, you know? And the cancer since progressed from there, so now it's something, it's kind of a chronic condition. My story is not unique. It's certainly not unique among women. There are lots of women whose doctors attribute whatever is going on with them to their weight.

Dr. John Berardi:

If you only lost weight, you'd feel better. If you only stopped eating ice cream, we'd have fewer murders.

Dr. John Berardi:

Okay. I'm going to take a little break here so I can talk about one of our sponsors, Precision Nutrition. Now, while it might feel weird having a nutrition company sponsor this particular show, I want to let you know that Precision Nutrition is different. Their core philosophy is centered around something they call deep health. This is the idea that one can't truly be healthy unless all dimensions of health are in sync.

Dr. John Berardi:

PN's coaching curriculum helps clients consider their lives from six key perspectives: the environmental, the relational, the mental, the existential, the physical, and the emotional. From there, their coach helps them uncover what's truly important in their lives and helps them work towards progress.

Dr. John Berardi:

And PN's certification program helps professionals become the kinds of coaches who can do this, who understand how each of these areas influences the other, who can really support their clients in the ways they want and need to be supported so they can get results on their own terms in the context of their own lives.

The Problem with Weight Loss – Part 1 Transcript

Dr. John Berardi:

If you'd like to learn more, visit www.PrecisionNutrition.com\JB, my initials, where you can get early access to PN's programs and a nice discount. Again, that's www.PrecisionNutrition.com\JB. All right. Back to the show.

Dr. John Berardi:

It's midnight. I'm reading through a pile of research on the risks of overweight and obesity, trying to examine it critically through a new lens that I might have in the past. And although I intellectually know that people in larger bodies are stigmatized in the media, I'm still completely shocked when I see her. There, in a medical article, is an image of a large, middle-aged woman lustfully eating from a giant ice cream cone. Now, she's not eating out of the cone, but she's dipping her finger into the ice cream and then sucking on her finger. She has a mess of crumbs sprinkled sloppily all over her shirt, which is slipping up, exposing her bare stomach.

Dr. John Berardi:

Now, this is stock photography. Some human whose job it is to take pictures made her pose for this. They intentionally threw crumbs on her shirt to show how sloppy of an eater she is and then hiked up the shirt to disgust us with her rolls. And then some other human whose job it is to choose pictures for medical articles, chose this as an appropriate image.

Dr. Sabrina Strings:

I spoke to another person, a guy, shortly after my book was published and he was very much like, “You know, I'm a particular weight now and I used to be heavier. And effectively, I decided to stop eating bacon cheeseburgers.” And it's like, “Okay. I can understand how that played a role for you and your weight, but that doesn't mean that everyone who is fat is constantly eating bacon cheeseburgers.”

Dr. John Berardi:

This is what most people think of when they see someone in a larger body, isn't it? With images like fat ice cream lady, it's not difficult to figure out why. And the thing is this isn't just the punchline, it translates into inequities in employment, in healthcare, and in education. It leaves people in larger bodies vulnerable to social injustice, unfair treatment, and impaired quality of life. And it's images like fat ice cream lady that subtly remind those in smaller bodies that we're supposed to view larger bodies as unmotivated, lacking in self-discipline, less confident, non-compliant, and sloppy. It also reminds those in smaller bodies to try to avoid getting bigger at all costs.

Dr. John Berardi:

Research consistently shows that the pressure of weight bias on larger people and those terrified of becoming larger, leads to things like unhealthy eating behaviors, binge eating disorder, and lower motivation for exercise. Weight bias also leads to increased blood pressure, blood sugar, and levels of the stress hormone, cortisol. Because of negative experiences with the medical community, we also see reduced engagement with healthcare services, less trust of healthcare providers and poor adherence to treatment. And then of course, there are the psychological effects: depression, anxiety, substance abuse, and suicidal tendency. And all this amounts to more advanced and poorly controlled chronic conditions and low health-related quality of life.

Dr. John Berardi:

Now, that sounds a lot like the list of problems attributed to being overweight so I can't help but wonder, is it the adipose tissue, the fat tissue causing these things? Is it society's reaction to the adipose tissue, or is it a little bit of both? And if it's both, should we continue to presume that a socially sanctioned drive to make body smaller is always a practical and a positive goal?

The Problem with Weight Loss – Part 1 Transcript

Brian St. Pierre:

Excess body fat is not a very good thing for you. There's a healthy range. You can be too low. Being too low in body fat is also not physically good for your body. There are detriments to that. But in being too high, particularly depending on where it's deposited is also not physically good for your body.

Dr. John Berardi:

That's Brian St. Pierre, director of nutrition for Precision Nutrition and author of the Essentials of Nutrition and Coaching.

Brian St. Pierre:

Everyone has an uncle or a relative who has that like big, hard belly that protrudes because they have a significant amount of fat underneath their abdominal muscles, around their organs. That type of body fat is now considered an endocrine organ onto itself like your pancreas or liver or your brain, where it's sending out all kinds of signals to the rest of your body. When you have a lot of visceral fat, that visceral fat pumps out a ton of inflammatory markers.

Dr. John Berardi:

As Brian references here, as body fat accumulates adipokines, the chemicals released from fat tissue begin to promote inflammation and increase health risks.

Brian St. Pierre:

All that visceral fat, because of its location in particular, it's near vital organs. You can also have perivascular fat around your heart. That type of fat that release inflammatory cytokines, which you need some inflammation, but too many of them, it's a problem. And when it's located right next to your heart or around your internal organs, bad things tend to occur more frequently.

Dr. John Berardi:

But he says, different kinds of fat may behave differently. Dr. Nadolsky, who I talked to earlier, distinguishes the two by discussing metabolically healthy and metabolically unhealthy obesity.

Dr. Spencer Nadolsky:

There's a lot of nuance with where the fat is stored. So, this is something we get into what's called metabolically healthy obesity versus metabolically unhealthy obesity.

Dr. John Berardi:

When he's referring to metabolically unhealthy fat storage, he's referring to what Brian St. Pierre discussed earlier, the fats stored centrally around your organs.

Dr. Spencer Nadolsky:

Visceral fat, people that store fat more centrally tend to have more issues than those who would store it peripherally in their legs or something like that.

Dr. John Berardi:

How does all this work? Well, the adipokines released fat tissues, particularly those around your organs are involved in a lot of important things. From regulating appetite and satiety, to influencing energy expenditure, to controlling blood vessel function, to modifying insulin function, and more, a lot more. It's a long list. So, it's easy to understand why body

fat has been implicated in a wide variety of health conditions yet again it's not always easy to know what's cause and what's effect. Is increased body fat causing type 2 diabetes, for example? Or does lack of movements in a prudent diet cause both? Or is poverty, marginalization, low-income, lack of control, and stressful environment causing both the weight gain and the type 2 diabetes? These are important questions and if we ask them more often, maybe we'd be able to re-examine many of our over simplistic ideas about weight and health.

Dr. Paul Saladino:

There are many examples of people who improve their metabolic health without weight loss. So though weight loss will help with metabolic function, it is not the main problem here.

Dr. John Berardi:

This is Dr. Paul Saladino, trained psychiatrist and physician nutrition specialist, author of the Carnivore Code and host of the Fundamental Health podcast.

Dr. Paul Saladino:

There are examples of people, sumo wrestlers, who gain lots of weight and don't appear to have metabolic dysfunction. And every individual has a personal fat threshold. So, it all appears to have to do with the size of the adipocyte, the size of the fat cell. And if fat cells become hypertrophic, which means they become too big, they sort of burst the buttons on their pants and they begin to leak out inflammatory mediators, which are cytokines, they begin to leak out free fatty acids into blood and metabolic dysfunction ensues. Now, every person has individual genetics which will set the point at which those adipocytes become too big. And that's very different for different people.

Dr. John Berardi:

Interestingly, body size may not be the most important thing.

Dr. Paul Saladino:

Most physicians will have seen cases of Southeast Asian individuals who don't look obese, but are extremely insulin resistant, because their fat cells do not expand well. And when their fat cells become overburdened, they get this personal fat threshold very, very quickly. And there are also examples of individuals like sumo wrestlers who are able to expand their fat cells a huge amount and don't become insulin-resistant. So, there is a phenotype, which is fat but metabolically healthy or obese but metabolically healthy. As Caucasians ...

Dr. John Berardi:

Here, he's talking about himself and me.

Dr. Paul Saladino:

... we are some of the most gifted with fat cells that can expand, which is both good and bad. It means we can get pretty darn fat before those fat cells start releasing those mediators and you get to stomach insulin resistance and metabolic dysfunction.

Dr. John Berardi:

I spoke with Dr. Jennifer Gaudiani, an internal medicine doctor who specializes in the outpatient care of people with eating disorders. She's also author of the book, Sick Enough: A Guide to the Medical Complications of Eating Disorders.

Dr. Jennifer Gaudiani:

The Problem with Weight Loss – Part 1 Transcript

It is uncontroversial to me that higher weight can contribute causally to the development of certain metabolic condition; hypertension, hypercholesterolemia, steatohepatitis, coronary artery disease, sleep apnea, diabetes, et cetera. That is not controversial to me. Although, what we know as well is that other things like past trauma and past weight cycling and levels of stress, also independent of weight contribute to those too. So, weight, definitely significant part, not the whole story.

Dr. John Berardi:

At the same time, she recognizes that higher weight and body fat can contribute to certain health outcomes. Dr. G wants to be sure that ...

Dr. Jennifer Gaudiani:

It's a heroic myth with a very rare narrative exception that anything you or I tell someone to do will cause sustained weight loss, if weight loss per se is the focus. The metabolic change when somebody meaningfully loses weight is almost perfectly unsustainable from the biological perspective. And we know this from the study that emerged out of certain contestants from the lamentable show, The Biggest Loser, where their permanent metabolic state meant that they had to eat so restrictively just to sustain what was ultimately considered to be a sort of “normal body weight”, that it was impossible virtually to continue it.

Dr. John Berardi:

“If paleo diet isn't working, just paleo harder.” In the health and fitness world, this phrase, “paleo harder” is often used to underscore the absurdity of just trying harder when a system you're following isn't working or is actually taking you away from your goal. Because of course, if the paleo diet isn't working or it's negatively affecting your life, you probably don't need to paleo harder, you probably need to consider another way of doing things. This idea seems to be lost though when it comes to obesity.

Dr. Helen Kollias:

It's basically saying weight is correlated to health. What else are the cause of poor health? And then the other part of it is that even if it was it's like clearly the lever we're pulling is not working.

Dr. John Berardi:

That's Dr. Kollias again, highlighting the absurdity of an entire society trying to paleo harder when it comes to weight loss.

Dr. John Berardi:

We're now living in the midst of a multi-generational experiment, looking at the effects of weight loss education, diet culture, weight stigma, and full throttle shame and embarrassment on the weight and health of our population. So, how's it going? Is our collective cultural hatred of body fat, fat bodies, and those who live in them producing the intended result? From where I stand, it doesn't feel like it. Yes, some individuals successfully lose weight, some even manage to keep it off. Pessimistic stats show that last number to be only about 10%, so 1 in 10 of the people who try to lose weight actually keep it off. Dr. Nadolsky references another data set.

Dr. Spencer Nadolsky:

One of the big interventions is like the Look Ahead trial, which is the biggest trial that we've had that looked at intensive, all-encompassing lifestyle changes. And the percentage look pretty high, they're more in the you know ... 30% are successful or more.

The Problem with Weight Loss – Part 1 Transcript

Dr. John Berardi:

He makes it clear though that to achieve this 3 out of 10 success rate seen in the Look Ahead trial, it requires big lifestyle changes and modest expectations for keeping the weight off.

Dr. Spencer Nadolsky:

If you're going to keep every pound that you lost off, I think you're going to have mostly failure. Or I think it will start changing back to goal and something more reasonable that's also medically beneficial then the percentage starts increasing there.

Dr. John Berardi:

That more modest expectation.

Dr. Spencer Nadolsky:

We define success medically is more of like that 5% to 10% weight loss and who can keep it off. The percent that can do that goes up much higher.

Dr. John Berardi:

So, let's recap. For an all-encompassing lifestyle intervention, the most optimistic data suggests that only 3 out of 10 people will be able to lose a modest amount of weight and keep it off. That's not very good. And we have to face that reality. Even if there was a unanimous consensus that excess body weight is dangerous, like smoking, and should be eliminated from the planet, none of the most popular approaches are showing much promise in terms of helping most people lose weight and keep it off. So, what we're ending up with is a lot of gnashing of teeth about body size, a lot of weight stigma towards those in larger bodies, and not very much health improvement.

Mara Blaze:

Jerry pulls out a head of lettuce and he is like, "This is your brain." And he had tears off a tiny, tiny piece and he says, "This is all of your brain that's usually not devoted to thinking about sex."

Dr. John Berardi:

This is Mara again, reminding me of a classic episode of Seinfeld, where George Costanza's girlfriend gets mono and they can't have sex for six weeks.

Mara Blaze:

He becomes brilliant. He answers every Jeopardy question right, he's killing it at work, his mind is free.

Dr. John Berardi:

Mara says this is what it feels like for a lot of people constantly worried about their weight.

Mara Blaze:

I think that people and maybe disproportionately women end up thinking a lot about their bodies all the time.

Dr. John Berardi:

She goes on to say that if people were allowed to just eat mindfully and move their bodies in a way that feels good, they might not have to spend so much time thinking about their weights or losing weight or dieting or restriction. They'd have more mental space to live epic lives. This is what Dr. Gaudiani sees in her practice.

Dr. Jennifer Gaudiani:

If we can change people's relationship with food, not focusing on weight, but if we can help them understand that they can eat plenty of food, that all of the food is at their disposal, that they can eat the so-called health food and the so-called junk food in a balance, overtime, as they get therapy and dietary support and sometimes movement supported by a great physical therapist or trainer, their relationship with what their hunger and satiety feels like will settle into something that you and I would recognize as sort of Western practitioners as being generally pretty good for someone. When you're able to eat what you want and satiety with each meal, that part of your cave person brain gives it up and goes, “Oh, we're safe now. Great!”

Dr. Jennifer Gaudiani:

When it's Christmas time, we don't need to empty the entire table of food all at once because we're not sure if we're going to be put on diet tomorrow. We'll eat some delicious food, it'll be good, sometimes we'll be a little over full because it was so tasty, but we'll live in an equilibrium that's balanced. And furthermore, as people stop feeling as much stigma in their body and when exercise become something joyful, done for a purpose. For instance, the reason I ride a Peloton is so that I can have a blast uphill skiing, hiking and skiing with my family. And therefore, I'm not on a Peloton thinking, “Every pedal burns calorie.” I'm like, “Sweet! I am working my ass off here and my heart is pounding and I'm gasping because when I'm on skis, I'm going to be having so much fun.” And so, for me then, movement is joyful and purposeful.

Dr. Jennifer Gaudiani:

When we can help move people into that and accept them without dishonoring their bodies, they get well and it's sustainable. And that's what's so cool is I'm not saying like, yup, sometimes weight loss happens as a result of this. Was it the weight loss per se that contributed to the disappearing of somebody's medical complications? Yes, some. But what's going to keep them well is having a different lifelong relationship with food, their body, and movement.

Dr. John Berardi:

Let's be honest, this is a different paradigm than what's being offered in the conventional health and fitness narrative.

Dr. Jennifer Gaudiani:

Compare that with a sort of ... A trial once again showed that after 10 weeks of eating a low-fat or a low-carb diet, people's diabetes improved. They have lost 2.2 kilogram. But within six months after that, they regained it plus one. You're like, “Stop! Why are we doing the same old thing?” If show up for somebody, we say, “Your body is unconditionally accepted here. Let's actually help you get healthier.” Then you get that outcome.

Dr. Jennifer Gaudiani:

By contrast, I had patients in my clinic whose bodies could be on the front of fitness magazines and they're in multi-organ failure and suicidal from the misery of sustaining eating disorder behaviors. But people legitimately come up to them in the street and they say, “Oh my gosh, you look amazing. What do you do? I wish I could have a body like yours” and they're like, “I am in torment.” But it sustains their belief that doing anything else with their restriction would lead to disaster.

Dr. John Berardi:

The Problem with Weight Loss – Part 1 Transcript

Mara shared an interesting story about how screwed up all this can get. A friend who lost a bunch of weight at one point started getting all these compliments.

Mara Blaze:

A lot of people around us were complimenting her and asking how she did it and they just had a little twinkle in their eyes, you know, “You must be so excited. Look at ... You know, you're down, whatever.”

Dr. John Berardi:

But what they didn't know was ...

Mara Blaze:

She was dealing with some really big, private tragedy for her and wasn't a very public person. So, the truth of the matter was she just stopped eating. That was her stress response and her body responded to that.

Dr. John Berardi:

We seem to live in a culture where when you lose weight ...

Mara Blaze:

... it is always deemed a win. And then there's a tipping point obviously, and you tip over that tipping point. I'm thinking of somebody like Chadwick Boseman who appeared in pictures what we later knew was toward the end of his life, and he got dragged on social media for being so thin and accused of having a drug problem, and it turned out he had terminal cancer. We live in the judgiest culture when it comes to weight and we don't really think beyond what we see visually. We don't really think about what the story behind it might be.

Dr. John Berardi:

Dr. Strings also talks about this in the context of smoking.

Dr. Sabrina Strings:

I think a prime example of that is all the people who we know historically smoked in the United States, 1970s, 1980s, this was a huge problem, and a lot of these people were quite lean-looking. If you go back and take a look at any of the films from that era. And so, it's like, okay, well these people look lean, but we know that they were fundamentally unhealthy because of the fact they were smoking.

Dr. John Berardi:

Yet much of the health, fitness and medical industries keep pushing weight loss as the universal goal of health efforts. They further stigmatize larger bodies, assuming that we haven't yet hit that magical thresholds of shame that'll trigger a lasting behavior change. Makes me wonder, why do we think that this is the one time that paleo harder would actually work?

Dr. John Berardi:

Okay. So, this is where we're going to end part one of this three-part series. In part one, which you just listened to, we covered the cultural conditioning that's led us to have deep biases against those in larger bodies, as well as the social and medical consequences of that, but we're not done yet. In part two, we'll take a trip through history to discover when thinness became associated with godliness and virtue, and fatness became associated with moral failure. And in part three, we'll look for ways to help people become healthier without introducing more weight stigma into the world. So, I

hope you'll come back and listen to the rest of this series to get a full picture of where we've come from, where we are today, and where we may be going as we consider ways to help an ever-growing group of people improve their health without dishonoring their bodies.

Dr. John Berardi:

Before we end, I want to make sure you don't miss out on something. Editing this show felt really tragic for me because I did in-depth interviews with each of the guests that you heard from, most of them lasting 90 minutes or more, and we had to whittle them down, which means a lot of insights were left on the cutting room floor. But guess what? We're making those full interviews available right now for you totally free at the Dr. John Berardi Show website. These interviews really are treasure troves of information, and to access them as well as a transcript of this main episode, just pop over to www.drjohnberardishow.com. Oh, and one more thing, if you like what we're doing with the show, please consider reviewing it on Apple Podcasts. Clicking that little subscribe button on Apple, Google, or wherever you listen to us, also makes a difference. So, reviewing the show and subscribing, it really does help a lot. Thanks for considering.

Dr. John Berardi:

Before signing off, I'd like to thank our production team, Marjorie Korn, my research partner and co-writer on the show, Martin DeSouza, our producer, and the team at Sound On Studios who edited and sound designed this episode. You find out more about their work at soundonsoundoff.com. And thanks to you for listening.