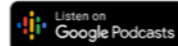




# The Problem with Weight Loss

## PART 2



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## The Problem with Weight Loss – Part 2 Transcript

Dr. Sabrina Strings:

All of us are living under the dual carrot and stick of the slender aesthetic, which is that either you are slender and you're given a carrot or you're fat and you're given the stick. No one has the right to be outside of this particular paradigm.

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. Today's topic, the problem with weight loss, part two. In part one, 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. Here 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 a kind of moral failure, and we'll talk about some of the fallout of that.

Dr. Sabrina Strings:

If people didn't say things like, "Look better naked," they might say something like, "I want to get a bikini body." Like only certain bodies, have the right to wear bikinis.

Dr. John Berardi:

This is Dr. Sabrina Strings, sociologist at UC Irvine and author of the book, *Fearing the Black Body: The Racial Origins of Fat Phobia*. We got to talking about some of the popular phrases used in health and fitness, "Look good naked," describes what someone might be trying to accomplish with an exercise and nutrition routine, especially if they don't have a particular sport or activity goal, they're just trying to look good naked, and "Bikini body," the more famous of the two, is often used to describe a thin body that someone has dieted for, in order to, "Look good in the summer at the beach." I've been curious though, where does this idea come from? The idea that a naked body or a body out on a beach, looks best when it's thin or lean? I mean, it's not intuitive to me that this aesthetic was inevitable. That's why I called up Dr. Strings to get her take on the question.

Dr. Sabrina Strings:

It's interesting because I think most of us recognize that when we look into artworks from the past, thinking about the Renaissance, for example, you can see the paintings of Titian or Peter Paul Rubens or Raphael, and you can notice that the women were quite curvaceous.

Dr. John Berardi:

It's important to note that a lot of these Renaissance paintings, they were nudes, represented ideal forms for the people of that time.

Dr. Sabrina Strings:

What happened was that around about the time of the Renaissance, that was the moment in which a lot of Europeans, who were colonists, were starting to travel to the far reaches of the globe, and often specifically, Africa looking for workers.

Dr. John Berardi:

These workers would ultimately become slave labor.

Dr. Sabrina Strings:

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And so as more slaves were making their way to the Western hemisphere, what was happening was that a lot of artists becoming very interested in this sort of new representations of bodily aesthetics, and so they would say, "Well, there are these black people, especially the black women, and they are very curvaceous, you know, just like our women," and so they started to incorporate them on the canvas as equal beauties, at least in terms of physical aesthetics.

Dr. John Berardi:

It's interesting, this fascination with depicting larger female bodies as beautiful and sensuous, we also see tens of thousands of years ago in cave paintings, statues, and sculptures.

Dr. Sabrina Strings:

But what took place was that sometime in the mid 18th century, so after slavery had been going on for a while, there was all of this race mixing that was taking place in the colonies and people were like, "You know what? We need a new mechanism to be able to identify not similarities, but differences between the races."

Dr. John Berardi:

This was in part wrapped up in ideas around eugenics, which was a movement designed to, "Improve the genetic quality of the human population by excluding people judged to be inferior and including people judged to be superior." So, the idea was to highlight differences and discourage race mixing, particularly because black people were judged to be "inferior." Of course, proponents of slavery were aiming for a two-for-one here. By proving black people to be inferior, they were granted some justification for keeping slaves. So, they created a new narrative.

Dr. Sabrina Strings:

And it turns out that we think that black people, who we had previously deemed to be of good figure, they're a little too fat. They're invested in eating. They're also invested in sex. They're just a sensuous people. And, "We," they were speaking as Europeans, "We are self-controlled, we are rational. And so, what we're going to do is we're going to adopt a new aesthetic ideal, one that's centered around limited eating and slenderness, and in this way, we are going to be honoring God because we will not be gluttonous." And it just so happens, going back to the question of gender, that some of the earliest people to think it was very important to be slender, were men, because they were trying to show that they were the intellectual elites.

Dr. John Berardi:

I should point out that this idea is wholly consistent with the goals of the Enlightenment, also known as the Age of Reason, an intellectual and philosophical movement that dominated the world of ideas in Europe, during the 17th and 18th centuries. In fact, a lot of the beliefs taken up during Enlightenment persists today.

Dr. Sabrina Strings:

They had rationality and discipline, they had self-control, and so some of the very first people to adopt what we now recognize is the thin ideal, were elite European men.

Dr. John Berardi:

Okay. So just a quick recap. The Age of Enlightenment was really the start of the cultural imperative to be thin. People of the time thought larger women were more sexually attractive and it's that very attractiveness that doomed their cause. So, slenderness won out, not because it was judged as more beautiful, but because of the opposite, it was judged as less sexy and therefore more virtuous, more godly. Add race to the mix and slavery, and the fact that black women were

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larger in figure, and you can start to see how this new thin ideal was laden with philosophical ideas about sex, gender, race, intelligence, and morality. It became another tool of control.

Dr. Sabrina Strings:

When I started doing this, I thought, "I know about the paintings so let me investigate what a lot of these artists were thinking." And it turns out that a lot of the Renaissance artists that I have already mentioned, kept journals. They were trying to not just write down the things that they had decided to render on their canvases or in the form of sculpture, but they were also trying to articulate what made what they were doing, the ideal of beauty, the epitome of aesthetics, especially feminine aesthetics.

Dr. Sabrina Strings:

And I was able to see that a lot of the artists were very specifically stating, "We are interested in women who are voluptuous," and so there were even some of these people, some of them were not necessarily artists, but philosophers, who were writing books about bodily beauty. There was this very clear statement that to be fat, to be curvaceous was beautiful, prior to the 18th century. So, the Enlightenment interrupted that trajectory of appreciating more curvaceous physiques.

Dr. John Berardi:

Now, if you're at all a fan of physical culture, you'll know that much earlier, between the eighth century BC and the sixth century AD, often called Antiquity, Greeks and Romans were regularly celebrating lean, athletic male figures. So, I asked Dr. Strings about how we might reconcile that, with her research from the 18th century.

Dr. Sabrina Strings:

In my field, we do a lot of reading of philosophers, and so Michel Foucault is one of the more important ones. He has this trilogy, *The History of Sexuality*, and one of the texts was about caring for the self.

Dr. John Berardi:

What he writes about is sort of a double standard.

Dr. Sabrina Strings:

There were a lot of men who were philosophers, who were talking about how important it was for men specifically to control their diets, and the idea was that, we know these women are flighty, these women, we can't trust them to follow these very osteo rules that we are setting for ourselves, but as men, we know the importance of not overeating. We know the importance of exercise, and we know the importance of maintaining the body as a temple in a particular fashion. And so, there is definitely a very clear legacy from antiquity through the Enlightenment.

Dr. John Berardi:

So, it was only after men had been doing this for quite some time that they said,

Dr. Sabrina Strings:

"Actually, we also want to promote a new aesthetic for women. Our women should not be so fat. We want our women to be lean just like we are."

Dr. John Berardi:

But again, these ideas around body size went well beyond aesthetics.

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Dr. Sabrina Strings:

It created a racial hierarchy that has ramifications until the present, not just in terms of whether or not someone thinks you're hot, but we also know that if people are deemed attractive, they're given more opportunities in life. There are all of these forms of discrimination that result directly from this racialized hierarchy of aesthetics.

Dr. John Berardi:

Of course, black people were and continue to be the most affected, but today, no one is really immune.

Dr. Sabrina Strings:

All of us are living under the dual carrot and stick of the slender aesthetic, which is that either you are slender and you're given a carrot, or you're fat and you're given the stick. No one has the right to be outside of this particular paradigm. The reality is that, fat black people and especially fat black women, are experiencing tremendous forms of discrimination based on their appearance. However, other people experience discrimination and weight stigma as well. Men experience it. White people experience it. People of all different races and genders.

Dr. John Berardi:

Not because it's wired into our DNA to prefer aesthetically smaller, thinner bodies, but because once upon a time, a group of thought leaders decided to change the standard. They decided to tangle up race, sex, gender, body size, intelligence, virtue, and morality. Eventually health would get twisted up in there too. About four years ago, health and fitness writer, Julia Malacoff decided to get into the best shape of her life.

Julia Malacoff:

So, for me, that meant getting super lean, getting a lot of muscle definition. And I did that, and I mostly did it through strength training and through counting macros.

Dr. John Berardi:

She worked out every day and counted all her food intake for about two and a half years.

Julia Malacoff:

I could count on one hand the number of days I took off from doing that, during that time, and look, I mean, the results that I got from doing that were what I wanted. I got the body that I had always dreamed of, the body that I had been confused about why I didn't already have, because I had always been really active. So, I learned through experience that for me, the nutrition piece was the thing that really was the missing link. So, once I started working on my nutrition, I started to see those fat loss results that I had been after, for pretty much my whole life, I had always wanted to have a body that I didn't actually have.

Julia Malacoff:

And I will say, to be clear, I have always benefited from what people call thin privilege. So, I've always lived in a body that's conventionally seen as healthy and fit, but given the standard that most of us grow up looking at with celebrities and models and magazine covers, I really felt that my body didn't measure up to that standard that I had seen.

Julia Malacoff:

So long story short, I went through this transformation. I had this body that I had really wanted for all these years, and I wrote about it for a website.

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Dr. John Berardi:

What happened next was a bit surprising for Julia.

Julia Malacoff:

They posted my transformation pictures, and over the next few years, those pictures just went all over the internet.

Dr. John Berardi:

And she means all over the internet.

Julia Malacoff:

Any social media site that you go on, you can find these pictures. Like if you search transformation photos on Pinterest, it's some of the first photos that come up.

Dr. John Berardi:

Fast forward a few years.

Julia Malacoff:

I'm no longer that concerned with what my body looks like, and part of it came from truly like fatigue from doing these things. It's a lot of work.

Dr. John Berardi:

Julia's still mindful of her eating and she exercises most days. However, she now views those two and a half years a little differently.

Julia Malacoff:

The shift that I've experienced is not so much completely doing a 180 in terms of my health habits. It's more, I have come to realize that the way that I got the results that I was parading all over the internet, is not really the most sustainable way to live your life. So that's one part of it.

Dr. John Berardi:

This is incredibly common. People who attempt to lose those last 10 or 20 pounds sometimes do, and they most often gain them back, not because of personal weakness, but because the kind of calorie restriction it takes to reach the lower limits of your body's natural set point, isn't sustainable. Your brain and your body fight back, almost force you to eat more, and everyone's set point is different.

Dr. Sabrina Strings:

I think it's very important for us to recognize that eating healthy, to the extent that we can do it, and so long as it's not tyrannical, like we don't have to have every single meal be gluten-free tempeh, even if you like that. So, eating healthy, if you can, and also moving your body, these are great things for us to do, but it doesn't mean that we should expect to be a particular size as a result of doing those things.

Dr. John Berardi:

Dr. Strings is an avid yoga practitioner, and we got to talking about yoga, as an example.

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Dr. Sabrina Strings:

Jessamyn Stanley, I think is a great example, who is a very accomplished yoga practitioner, and she is a fat black woman. And if she were to go into a yoga studio, she would be stared at, people would be confused, unless they recognize her face because she's famous, right? But in general, you go into one of these spaces and you are a person with dark skin, you are a person with a larger body and people don't know what you're doing there. Part of the reasoning is that they're expecting that you should have a certain type of figure, if you are a person who moves your body regularly, and that's simply false. We can accept the fact that different types of bodies exist, and we don't know by looking at a person, whether or not they eat well, whether or not they are extremely active, whether or not they are healthy.

Dr. John Berardi:

Julia started thinking about these concepts too.

Julia Malacoff:

I've been hearing about the anti-diet movement for a long time, and while I intellectually understood what they were about, I was not really doing any work in those spaces or really trying to dig into how I might be contributing to those issues.

Dr. John Berardi:

As she learned more, she started to wonder,

Julia Malacoff:

"Why do I think my body should look this way? Why do I think it's better to be super lean than to not be lean? Why do I think that it's better to eat this way versus, how anyone else eats?" When I started to ask myself those questions, what I realized is that I have, like many other people, been conditioned to believe that there is one way to look, there's one way to be, there's one way to take care of your health. And as I started to realize that, I started to think about, well, what does it really mean to me to be healthy? Does this picture of me that shows me on one side, 20 pounds heavier, and on the other side, minus 20 pounds of fat, is the woman on the right, really that much healthier than the woman on the left? And is this really what I want people to know about what health and fitness means? And the answer I came up with was no.

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. 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.

Dr. John Berardi:

From there, their coach helps them uncover what's truly important in their lives and helps them work towards progress. And PN 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. If you'd like to learn more, visit [www.precisionnutrition.com/JB](http://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](http://www.precisionnutrition.com/JB). All right, back to the show

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Dr. John Berardi:

Before the break health and fitness writer and coach, Julia Malacoff, was describing the tension she felt, between the body transformation images of her on the internet and her emergent ideas about health and fitness. Around the same time as her transformation story picked up momentum, she started hearing from lots of other women who also wanted to lose weight.

Julia Malacoff:

Once those transformation photos got really popular, I started getting a lot of messages from other women who wanted to lose weight and the things that they were saying about themselves really gave me a lot of pause. I would read things like, "I have so much belly fat. I have to get rid of it. It's disgusting," but getting messages like that, makes you realize that, or at least it made me realize that, what I was putting out into the world, wasn't helping these women feel any better about themselves. In fact, when they were looking at my photos, they were saying to themselves, "I don't look like that. There's something wrong with me."

Dr. John Berardi:

So, Julia started to work to take her photos down.

Julia Malacoff:

It felt like a big decision for me personally. I mean, I think to the world at large, who cares if someone takes their transformation photos down, but it did for me, mark a big shift in my thinking about what it means to be healthy and what it means to be happy and comfortable in your body. I feel like it's hard to put it all into words in a concise way, but I think that the biggest driver behind that decision was what do I want to put out into the world about what it means to be healthy? And to me, those photos don't represent what health really means.

Dr. John Berardi:

I asked Julia a bit more about this conflation of aesthetics and health, because this entire story seems to be about getting ideas tangled up.

Julia Malacoff:

I came into this with an aesthetic goal and, I thought that looking a certain way would make me feel a certain way, and I think that a lot of people who have been through any kind of weight loss journey, might relate to that feeling or that idea that once you reach your goal, suddenly your life will be a lot better. I think anyone who's been through that experience and who's had those hopes, whether consciously or subconsciously, can probably tell you that it doesn't solve your problems. It doesn't necessarily make you happier. I think realizing that for myself, sort of spurred me to think about, "Well, what do I want to get out of health and fitness? What is the goal of trying to eat in a healthy way, trying to exercise frequently? Like what's the goal?"

Julia Malacoff:

And for me, what I arrived at was the goal was to be in the best health that I can be, to live as well as I can for as long as I can, and also to feel good. I think there's really something to be said for eating in a way that makes you feel good and that will look different for every person, and also moving in a way that makes you feel good. Some people feel really good when they lift heavy weights. That's what I'm like. Some people feel really good when they run for miles and miles. That's what my husband's like. Some people feel really good when they just go about their daily lives with no necessarily purposeful exercise, but you know, they're moving in some way.



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Dr. John Berardi:

Dr. Strings takes this idea one step further.

Dr. Sabrina Strings:

I think that there's many people who are invested in, let's say a yoga or bodybuilding, cross training, all of those things that they want to do, then that's wonderful. I think that that can be a great way for relieving stress, and for me personally, when I do yoga and when I used to run, I used to be a runner, I would feel so free in my body like, "Oh, wow. Such a sense of ease. My muscles are engaged. My heart is beating." All of these are wonderful experiences, but if I try to turn this experience into a way of telling another person that they have to fundamentally change who they are and how they look, now that goes from being freeing to being oppressive.

Dr. Sabrina Strings:

So, if we really want to help people, we need to think about the fact that we are not going to eliminate fat persons. Fat people have a right to exist, and as people who are invested in health and health and fitness, we can say, "Okay, you might decide to do yoga. You might decide to take up this diet, but it doesn't have to be to change who you are fundamentally. It can just be a way for you to feel good in your body."

Dr. John Berardi:

Dr. Strings also added this.

Dr. Sabrina Strings:

I think we have to keep in mind that sometimes, it is the choice of individuals themselves to lose weight. So, BMI is flawed and we have no evidence of there being one very clear relationship between weight and health, such that people of all different weights can be either healthy or unhealthy, so we can acknowledge that. But that doesn't mean that one person, who is a fat person, might decide that they want to lose weight for their own reasons. Sometimes it could be that their joints are bothering them or some other issue, and that is a personal choice. So, I don't think we get to take away the liberty of individuals who decide that they want to make a change.

Dr. John Berardi:

I've spoken with a lot of people who struggled to reconcile the problematic history around body size and sexism, racism, and other injustices, with any particular individual's desire to change his or her own body. In fact, one time at a social function, someone accused me of, "Engaging in racist activity because I worked in the health and fitness industry." She was probably influenced by Dr. String's work. Yet, here's how Dr. Strings thinks about that.

Dr. Sabrina Strings:

We can understand, once people understand the history, that they are very upset about the fact that we have all been told for years, we must do this, and that they would react and say, "Well, you can't do that because there's this whole history here we need to be aware of." I think becoming aware of the history is important, but I think it doesn't mean that no one could ever be in a weight loss regime ever. I think it means that people make their own choices about how best to meet their own health and fitness goals and that when they're doing so, they don't have to stigmatize other people based on their weight or their appearance.

Dr. John Berardi:

Julia added this.

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Julia Malacoff:

I don't want to make it sound like, I think that it's wrong to want to lose weight or to have an aesthetic goal. I do think it's fine to have an aesthetic goal. I think that for me personally, I put too many hopes on achieving my aesthetic goal.

Dr. John Berardi:

I don't think Julia is alone here. Many people start out chasing an aesthetic they've been told to want, presuming it'll make them happy and justifying the pursuit in the name of health.

Julia Malacoff:

When I initially wrote about my transformation and shared it with people, I did try to be really honest and say, "Look, this hasn't solved my body image issues. I actually still have the same problems that I had before. It's just that how other people see me has changed, how I see myself is pretty much the same, regardless of my weight." And what I realized is that with my body transformation photos out there, that message was getting lost, because people would just read through that part and skip it and focus on the photo.

Dr. John Berardi:

Many professionals also have their own ideas about health, body image, happiness and weight loss tangled up in their work with clients.

Julia Malacoff:

One of the reasons that I have decided to write more about this and learn more about it is because of my personal experience, but it's also because of what I just mentioned, that I think that there are a lot of people who can benefit from this information.

Dr. John Berardi:

Julia is now doing more writing about these topics. In fact, she recently wrote a compelling piece about how health and fitness professionals could unintentionally be contributing to weight bias and what they can do about it, on the Precision Nutrition website.

Julia Malacoff:

As a writer who has people asking me to write things for them, I have an opportunity to use that privilege that I have of people asking me what I think or what I want to write about in this space, to sort of give voice to others who have written about this topic and spoken about this topic for years and years, and so that's kind of what led to this bigger article for Precision Nutrition.

Dr. John Berardi:

During several conversations I had in the making of this series, diet culture came up a lot. So, I wanted to make sure we defined it.

Dr. Jennifer Gaudiani:

Hmm. That's a good question. I think I would define diet culture as-

Dr. John Berardi:

This is Dr. Jennifer Gaudiani again, author of *Sick Enough: A Guide to the Medical Complications of Eating Disorders*.

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Dr. Jennifer Gaudiani:

A systematized acceptance that a smaller, thinner body is by definition, healthier, more appealing and more worthy, and that any means needed to achieve that smaller body, no matter how unscientific or potentially harmful are worth the end.

Dr. John Berardi:

So now we see the flip side of the anti-fat bias. On the one hand, larger bodies are bad, unhealthy, irrational, immoral. The natural corollary of course, is that smaller bodies are good, healthy, worthy. Laid bare, there's a certain absurdity to this, sure, but there are consequences too.

Dr. Jennifer Gaudiani:

So, a patient with underweight anorexia nervosa goes to his physician and he hasn't been feeling good, and his pulse is low, his hands are cold, his digestion's all off, he's bloated and constipated and his sex drive is down. And he goes into the office, and the first thing that the nurse says is, "Wow, you look great." And then he gets in and sees his doctor, and his doctor looks at his vitals and goes, "Well, I mean, congratulations. Look at this slow heart rate. You've clearly been working out, haven't you? You've been running a lot. And boy, it is just, honestly, it is refreshing to see someone in my clinic who looks like you, because boy, I'm just dealing with the opposite all day long. And you know, maybe there's a hormonal thing going on for you and maybe you just need a probiotic for that intestine of yours, but you know, I think you're in great health. Your labs look great. Everything looks super. Just keep it up, kid."

Dr. Jennifer Gaudiani:

And this young man leaves with an eating disorder that was already screaming at him, "You're not sick enough. You're inadequately thin for people to notice there's a problem." Even if he's quite visually underweight, that's often the treatment he gets in the doctor's office.

Dr. John Berardi:

Next, Dr. Gaudiani talks about someone in a "normal appearing body."

Dr. Jennifer Gaudiani:

Let's say somebody has what's called atypical anorexia nervosa. They've been doing all the same behaviors. Their body looks pretty normal. I had a patient who stopped being able to swallow successfully because her swallowing muscles had gotten so malnourished that she couldn't safely swallow food from her mouth to her stomach. Instead, she was starting to aspirate it into her lungs, which is one of the top causes of death in anorexia nervosa. Now you get a pneumonia, you can't [inaudible 00:31:11].

Dr. Jennifer Gaudiani:

So, she goes to her GI doctor, after her therapist and dietician had been like, "Please, please go get seen. We're so worried about you." And she thinks, "They're going to take one look at me and they're going to throw me in the hospital and I'm going to hate that, but okay." And the GI doctor says, "Your weight's okay. You're probably all right. Maybe this is just some reflux. Why don't you take some Metrazole and I'll see you in six weeks." I have literally had a patient with that statement and when she came to me shortly thereafter, I got her into a hospital. I got her a feeding tube. I mean, she couldn't swallow safely. She was dropping weight rapidly but because her weight looked normal, she was assumed not to be at risk.

Dr. John Berardi:

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We also talked about patients in larger bodies.

Dr. Jennifer Gaudiani:

Of course, the harm is legion. Not only do things get missed, not only does cancer get missed, as sort of, "Oh, it's just your thick neck." Not only do they get worse care, not only do they not receive surgeries they need, because they're told you have to lose 50 pounds before you'll get the surgery, when that is biologically impossible, and we'll have the patient show up malnourished on the operating table, just not a great way to heal, but they also experience a chilling effect with medicine, and they say, "Screw this. I'm not going to see the doctor. I can't go through this rigmarole because they're in power and I'm going to feel ashamed again. They're not going to help me, and they're going to tell me that even if I'm taking all of my medicines and I'm doing everything they say, if my weight hasn't changed, they'll tell me I'm not working hard enough, and they'll gaslight me in my own medical narrative and I can't bear it." They don't get as much primary care. They don't get preventative care.

Dr. John Berardi:

When we talked about what all three of these cases had in common, what larger factor causes these kinds of situations, she didn't mince words.

Dr. Jennifer Gaudiani:

It's thin bias.

Dr. John Berardi:

Okay, so this is where we're going to end part two of this three-part series. Part one 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. Here in part two, we took a trip through history to discover when thinness became associated with godliness and virtue, and fatness became associated with moral failure, and we talked about some of the fallout of that. 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 last part of this series, to get a 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.

Dr. John Berardi:

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](http://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. 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 can find out more about their work at [soundonsoundoff.com](http://soundonsoundoff.com), and thanks to you, for listening.