



The Problem with Weight Loss

PART 3



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The Problem with Weight Loss – Part 2 Transcript

Dr. Jennifer Gaudiani:

How many people get left out of this fantasy narrative, that if everyone just "did it right," they too would occupy bodies that don't garner a second scornful look on the street that have equal access to a good partner, a good job, a comfortable seat on an airplane, a race, or even just freedom from microaggressions in the street. That is a fantasy. And it's a fantasy that is buoyed by the gazillion dollar diet industry and the change your body industry.

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 Three. 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. In part two, we took a trip through history to discover when thinness became associated with godliness and virtue, and fatness became associated with a moral failure. And we talked about some of the fallout of that. Here in part three, we'll look for ways to help people become healthier without introducing more weight stigma into the world.

Dr. Jennifer Gaudiani:

Health at Every Size is a movement that emerged out of practitioners who wanted an alternate way of showing up for their patients and advocating on an individual on a policy and on a national or global level around size stigma and food and recommendations that were being made.

Dr. John Berardi:

This is Dr. Jennifer Gaudiani, an internal medicine doctor who specializes in the outpatient care of people with eating disorders. Now, she's also an advocate of the Health at Every Size Movement, which is an approach that started showing up in the scientific literature about 15 years ago. The researchers leading these studies and the many who've come since, focus their energy on helping disentangle ideas around body weights and health. Another thing they set out to do was to point out how odd it seems that behaviors that we see as problematic in people with anorexia nervosa, for example, are actually being prescribed to people in larger bodies.

Dr. Jennifer Gaudiani:

Eating disorder behaviors that were understood to be dangerous and pathologic, and those of anorexia nervosa, namely weighing yourself all the time, weighing your food, counting calories, restricting your food, and exercising in an undoing or responsive way in order to burn calories, were deliberately being prescribed by the medical industry to those in larger bodies. And that this was an unacceptable double standards that was harmful.

Dr. John Berardi:

So, these researchers started looking at interventions that could improve health habits, self-esteem, psychological well-being and metabolic health without discussing weight loss. In other words, they wondered if they could help people become healthier without presuming that a smaller body is always necessary for better health and without introducing more weight stigma into the world. The results. Well, participants in these studies saw improvements in things like blood pressure, blood lipids, physical activity patterns, eating disorder pathology, mood self-esteem, and body image. This work then coalesced into the movement called Health at Every Size, often referred to as HAES.

Dr. Jennifer Gaudiani:

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Health at Every Size does not mean everybody at every body size is healthy, but it essentially identifies that we have to honor body diversity. Everyone is born in a different fundamental type of body. That the notions that we increasingly understand around what unearned privileges get people the goodies in society, it's being lighter skinned, thinner bodied, younger, more able, heterosexual, cisgender. That that premise often underlies medical recommendations more than the actual science of what causes health.

Dr. John Berardi:

I should interrupt here and mentioned that she's not saying anything is wrong with being these things. Instead, she's just saying that we should accept that these things, which are mostly doled out by accident of birth, can get certain people more privileges, and other people last. Continuing on Health at Every Size encourages people to.

Dr. Jennifer Gaudiani:

Nourish their bodies adequately and satisfactorily, consistently throughout the day where nothing is specifically off limits, but where if classic health parameters are desired by the patient, of course, you're going to aim for a broad array of well-balanced foods on the whole, and where someone is encouraged to move their body for joy, not in a compensatory or punishing way according to their goals, ability and interest.

Dr. John Berardi:

So that's what Health at Every Size is.

Dr. Jennifer Gaudiani:

And I think when people hear it in those terms, it's like, "Oh yeah, well, that sounds very human and reasonable." Yeah, of course. And the whole idea behind this is that when people understanding that systems of oppression can make those goals challenging, but when people engage in that work, their bodies are going to take on a shape and size that are written in their genetics, in their history of trauma, in their prior use of medications, their prior engagements of weight cycling, or a diet culture or the eating disorder. And that we can't focus on weight as a primary outcome, but rather let's focus on self-care behaviors.

Dr. John Berardi:

Now, let's pause here. If you're looking for further evidence about how intertwined ideas about health, fitness, exercise, food, virtue, and morality have become, just mentioned Health at Every Size to a conventional doctor, nutrition coach or personal trainer. They react as if they've been slapped in the face. Recently, for simply describing what HAES stands for on social media, I was accused of "selling out the health and fitness industry."

Julia Malacoff:

Trainers and coaches and people in the fitness industry tend to be very passionate about health and fitness and the power of training and nutrition. And all these lifestyle changes that you can make to really get a great result, whatever that means to you.

Dr. John Berardi:

This is Julia Malacoff again, health and fitness writer and coach who points out that when it feels like someone is saying everything you're preaching is wrong.

Julia Malacoff:

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That can feel really upsetting. So, I think it's understandable that people have a reaction. What I would love to see is for more coaches and trainers to realize that these ideas don't have to be at odds with each other. Even within the Health at Every Size, there is a place for purposeful movement, not for the purpose of weight loss, but for feeling good.

Dr. John Berardi:

Julia's probably right, but there's more to it than that. For those health and fitness professionals who move beyond their knee jerk reactions and actually look deeper into HAES, there's one perspective they just can't get past. And it's the insistence of some, not all, HAES advocates that weight has nothing to do with health. Now, we know that's not true. And it's this little piece of untruth that's poisoned the well that's leading folks to throw the baby out with the bath water. And I get it. I get why that's happening. But in with the theme of this show, I'd rather spend time looking for common ground, thinking about commonalities instead of differences. And when doing that exercise, it seems like there's a lot of overlap between the HAES perspective and the perspective of the more progressive parts of the health and fitness industry. For example, Health at Every Size is advocating for health. The whole movement is about health, not turning a blind eye to it. They just broaden the definition of health to a more holistic type, one that, yes, includes physical health, but one that also includes mental, emotional and social health.

Dr. John Berardi:

Further, two of the ways they go about promoting health should sound really familiar to health and fitness people. They teach finding joy in moving one's body and being physically active, and they promote eating in a flexible and attuned way that values pleasure and honors internal cues of hunger, satiety, and appetite while still respecting the social conditions that frame eating options. Knowing this, it feels like a waste of time, energy and resources when doctors and trainers lineup on one side of a perceived divide and HAES folks line up on the other. I keep wondering why they aren't teaming up. When I talked with Dr. Gaudiani about this, we visualize this Venn diagram.

Dr. Jennifer Gaudiani:

There are not in substantial group of individuals who typically will have been born with more of the body privileges for whom standard recommendations of eat good food, exercise plentifully, according to whether you're an elite athlete or you're an artist or any point in between, do what you want to do with your body, and show up and take your medicines for whom that works just fine. There's a lot of people for whom that works just fine, and that could be encompassed by pays and by Western medicine because those are principles that are pretty compatible.

Dr. John Berardi:

This is, of course, the point of overlap in the Venn diagram, but there are important cases that fall outside of mainstream health and fitness advice.

Dr. Jennifer Gaudiani:

It's the fact of how many people get left out of this fantasy narrative, that if everyone just "did it right," they too would occupy bodies that don't garner a second scornful look on the street that have equal access to a good partner, a good job, a comfortable seat on an airplane, a race, or even just freedom from microaggressions in the street. That is a fantasy. And it's a fantasy that is buoyed by the gazillion dollar diet industry and the change your body. So, there's so much money in trying to make people believe that if they just got their ship together, everything would turn out all right. And it's a matter of personal willpower that's keeping them from achieving what they want and what everyone else around them once for them. When that is just not scientifically true.

Dr. John Berardi:

To give a real concrete example of this, Dr. Gaudiani shares the story of a patient who came to see her in residency.

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Dr. Jennifer Gaudiani:

I was taught all the stuff that I know is on the spectrum from misleading to wrong about calories in, calories out being the only relevant variables in an equation that leads to body shape, size and health. So, I believed that. And then residency began doing what I can only describe as harm, as so many other medical providers do in sharing with my inner-city primary care patients in my outpatient rotations with a tone and no intent to shame. Gosh, if you can just cut a little bit of a soda, if you can just do a little bit more of an exercise, probably your weight is going to get back into a range that you're happy with.

Dr. John Berardi:

I wondered what's wrong with recommending cutting back on soda and getting a little more exercise.

Dr. Jennifer Gaudiani:

So, let's take the patient that I have in mind who was my primary care patient for three years when I was a resident, who was a 26-year-old Black woman from a very poor socioeconomic background, and who was in a very substantially larger body with concurrence medical problems to say, reduce soda a little and move a little more right off the bat. That recommendation is a kin to rearranging deck chairs on the Titanic. It stands as a very last ditch, probably not that useful act when everything else is more important that doctors aren't paying attention to.

Dr. John Berardi:

If that feels all wrong to you, let's give Dr. Gaudiani a chance to unpack it a little more.

Dr. Jennifer Gaudiani:

What if I had started by asking her, what do you want for your body? How can I support you rather than instantly assuming you must want to lose weight and it must be feasible for you to do that? What if I had started with, what do you want for your body? And she might well have said because we had many conversations about this, about because she wants to lose weight. I feel miserable in my body. There're no seats I can sit in. I get glares everywhere I go. I'm worried about my health. My joints hurt. It's clear to me that I would feel better if I weighed less and society tells me universally that I should do so. But I might ask further, what are the things that you'd like to do in your body that would make you feel better? And she might well have said, "Well, I'd like to be able to walk without pain. I'd like to be able to walk a couple of blocks without feeling breathless." And we might've started there saying, "Okay. It's true that the more you move your body as long as you have the ability to do so, and the interest in it, the more it's going to be able to move."

Dr. Jennifer Gaudiani:

Now, let's unpack moving her body. She didn't have money for athletic clothes. There were no athletic clothes that would fit her body that were easily available. She didn't live in a neighborhood where she could walk out her door and walk safely. And when she did emerge into society, the microaggression she experienced if people glared at her for the moral failing of being fat, were misery-making. And she certainly had no money for a gym, and she didn't have any space in her home to do exercises. And there weren't any resources then there just barely are now for body positive online stuff. When I was in training, this was back in the early 2000s. So just the idea of casually in my thin privilege, in my white privilege, telling her she should drink a little less soda and move more. Wow. That's really rich, even if she were able to and wanted to and could find sneakers that fit comfortably. There were so many barriers.

Dr. Jennifer Gaudiani:

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Okay. Then let's think about the fact that this was a young woman who from the age of six was told by her pediatrician you should lose weight. You should die, you should really watch the sweets. Well, she was in a family where there wasn't enough food. And the food that they could afford with highly calorically dense food. And she had a parent who was working constantly. I contrast me as her providers saying, let's just eat a little bit better. I grew up in a family with generations of sitting around the table type of privilege, where our family cooked beautiful food, we had plenty of resources for it, cooking and eating is part of my growing up and joy. It was family time. And I saw what people's plates looked like. And I was exposed to a variety of foods, enough time that I developed a broad palette and the ability myself to continue buying complicated, delicious, balanced foods, and also enjoying sweets as well.

Dr. Jennifer Gaudiani:

So, she didn't have any of that. And when the pediatrician started to say at age six, you're a little overweight, then she started having the sense, my body is wrong. In a better world, the pediatrician helps try to support and moderate all of these other underlying things. Are you getting food stamps? Are we using the maximum of all of the benefits you can get your hands on? But instead, if she kept seeing doctors who kept just focusing on her weight and started dieting, she set off in her brain this part of what I call the "cave person brain", which lies under our consciousness and runs us as a mammal and all the unconscious things, breathing, heart rate, metabolism. And that part of our brain has evolved over thousands of years to be exquisitely sensitive to starvation. Our ancestors evolved in a time of want, not plenty. So, we are exquisitely attuned to sensing inadequate caloric intake and responding to save our lives.

Dr. Jennifer Gaudiani:

So, as she started to diet, when she was 10, 11, and 12, her cave person brain goes, "Oh my gosh, I'll take care of you. I can see you must be in a famine." And it slowed her metabolism. It increased her interest and attention on the food she wasn't giving herself. And it's decided biologically because this is what happens, that when she did have access to food, which usually means when you get too hungry and you just finally let the flood gates down, that she would eat extra and raise her natural set point weight range to be higher, to be safe from the next famine.

Dr. Jennifer Gaudiani:

So now we have a biological brain that sets to seek food. We have a society causing body shame and stigma and a medical system in which you're not safe in your body. And you don't have resources. She almost certainly experienced racism because she was a Black woman and she certainly experienced sizeism as a woman in a larger body and she had no financial resources and little familial support. So, when you actually build the picture, the goal of me as this young, thin white, financially privileged woman telling her to drink a little less soda and move a little more comes into focus.

Dr. John Berardi:

And this really gets to a core understanding of what HAES and other movements like it or after. For professionals, it's about developing a deep, fundamental understanding of the factors that have shaped the lives of those coming to see you. It's about acknowledging that there are different kinds of bodies and different life experiences. And that "helping will mean different things for different people." And that's sometimes not helping, especially if someone hasn't asked for your help is the best course of action.

Dr. John Berardi:

If you're moved by Dr. Gaudiani's perspective and are wondering how it could show up in your own practice if you're a coach or a nutritionist or a physician, you might start with your own mindset with acknowledging what Dr. Sabrina Strings, sociologist at UC Irvine points out.

Dr. Sabrina Strings:



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People of all different weights can be either healthy or unhealthy. So, we can acknowledge that.

Dr. John Berardi:

From there, you might consider some of the things you do in your practice, like weighing certain clients and patients, and whether that's always valuable.

Dr. Jennifer Gaudiani:

The patients that I'm thinking about might want to be able to play with their kids more, and to feel just more vital in her body and not as exhausted and in pain all the time. So, we say, "Okay, great. I'm never going to check your weight." I don't give a shit what your weight is but I hold space for the distress that you experience in your body because no one who's in a larger body is unaware that they are living in a body that is considered to be more difficult by the rest of society.

Dr. John Berardi:

You might also consider how you arrange your physical spaces.

Dr. Jennifer Gaudiani:

So, when a patient enters my clinic and they're in a larger body, they noticed that all of the chairs are armless and super comfortable for somebody in any body size. There are not narrow arms that would make it uncomfortable to sit that automatically show thin people are really the only ones welcome in this clinic. We're not going to check weight. It is not a vital sign that can tell me in the absence of your narrative and more medical information whether you're healthy or not. We're going to make sure we have gowns and a table and blood pressure cuffs that are instantly available and appropriately sized so that someone doesn't feel like they're authorized by having to switch into alternative gear for the doctor like what's wrong with you? Why doesn't your body fit? What we standardly use for people. And then I'm going to make really explicit on my soapbox, how welcome they are in my practice, in the bodies they walk in with that. That they are acceptable and that I feel unconditionally loyal and positive towards them regardless of the body they walk in with.

Dr. John Berardi:

Making fewer assumptions may help too.

Dr. Jennifer Gaudiani:

When patients come into my office in larger bodies, I try not to. I still can contend to, but I work on my I'm resisting this. I try not to make assumptions about what they're doing with food and exercise. I have patients with anorexia nervosa who are in larger bodies, which not only exists, but is vastly more common than underweight anorexia, who go into the doctor. And the patient is restricting the calories significantly. They never binge. And furthermore, they're exercising three hours a day in this grim, determined way. And the doctor takes one look at them and asks nothing and says, "You probably need to diet and exercise more." So, I say from the get-go, I want to know you as a whole human, and I want to base this treatment program around what you want for your body and honor their bodies autonomy.

Dr. John Berardi:

And you might also consider teaching folks more about signals, hunger cues, and appetite regulation as opposed to putting them on another diet.

Dr. Jennifer Gaudiani:

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What if we undo because this is invariably the history, a lifetime of dieting and things you're not allowed to have, and that you have to stay hungry and all of this stuff that, again, biologically leads to binge eating because we are wired over thousands of years of evolution to find the food when the famine is over? This brings in ideas of intuitive eating. Learn what hunger and fullness cues feel like, which by the way, are deeply unintuitive to people who have lived through dieting cycles because they've been taught not to listen to their body cues. That has to be relearned over time.

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 sponsored 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. 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 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, 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 human to try and simplify things. For example, success is simple. It comes down to working hard. Or weight loss is simple. It comes to exercise in calorie control. In the health and fitness industry, there's no question that an individual's hard work is the variable most often emphasized. Sometimes it's the only one even recognized. Dr. Strings poses an interesting question though.

Dr. Sabrina Strings:

One question we need to ask ourselves is, do we want good health to be the outcome of hard work? Or do we want it to be something that's accessible to everyone?

Dr. John Berardi:

Maybe because health and fitness people spend a lot of time in the gym doing physically demanding things, or because they change their own bodies doing these things, or because they are often not part of a marginalized group and haven't ever felt exactly what the hand of real oppression can do. Maybe that's why the cornerstone of health and fitness has been no pain, no gain. Maybe this is also why doctors who have lost weight, are more likely to carry implicit and explicit bias against overweight and obese patients. Dr. Spencer Nadolsky, family medicine and obesity specialist has seen this in practice.

Dr. Spencer Nadolsky:

It's really interesting. Some doctors had formerly had have obesity, have the worst stigma against those for obesity.

Dr. John Berardi:

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And this is seen throughout the literature. In studies doctors who've "successfully lost weight" often end up with more weight bias than those who haven't. Their attitude is, "Look, I did it. And if I can, then so can you." But life is complex. The various factors influencing outcomes, they're complex too. It's hard enough to know which factors in our own lives are advantages us or disadvantages us, let alone knowing those factors in other people's lives. It's been estimated that lifestyle factors like diet and exercise only account for 25% of health outcomes. The other 75%, it's influenced by social and environmental factors. This means acknowledging that the success equation, of course, includes hard work. It also includes good strategy and time. It also includes social advantages and luck. It means recognizing that individuals do need to work hard towards better lives for themselves, but that our communities also need to pitch in to work even harder at removing some of the systemic barriers that double, triple or quadruple the work required by some and make it totally impossible for others.

Dr. Sabrina Strings:

In the United States, health outcomes for even the elite are often not as good as the elite in other countries because of the fact that we are all living in the same boat. And so, we are all in this context in which there are many people who are sick. There are many people who don't have access to healthcare, or some of the health promoting activities and resources that we've already talked about. And so, if we want to reduce health disparities, we cannot have the mentality that it's all about individual effort. We need to recognize that, sure, there is a role for people to make the choice to eat healthy when they can, but we can't make it hard for them to do so. It should be easy for them to do so. That's the way that we remove health disparities and promote positive outcomes for everyone. Making sure their drinking water is clean and that there are grocery stores in the neighborhood, those are no great places to start.

Dr. Sabrina Strings:

But we also need to look at urban planning. There are plenty of neighborhoods, especially in low-income neighborhoods where there are no sidewalks. You live in a major city in urban and context. How can you even go outside and walk around? Maybe you're also a low-income person so you can't afford to go to the gym or to start getting a subscription for a yoga studios and type of membership. And so, what are your options for healthy movements? What are your options for healthy eating? What we can do is, we can reinvest and trying to make neighborhoods healthy spaces, where there is maybe a place where kids can play, a little park, where there are sidewalks. We're making sure that people have grocery stores, that the drinking water is clean. And so, looking instead of that, again, trying to change people, try to change their behaviors, and it's that, oh, we are living in a context that is unhealthy. So how can we change the context?

Dr. John Berardi:

If you work in health and fitness, maybe all you can help with is that 25%, the lifestyle factors. But if you pretend the other 75% doesn't exist, you'll not only be at odds with reality. You'll also fail to recognize some of the barriers your clients face that simply can't be overcome with blind will. And if you don't recognize them, you can't help with them. If we really do want health and fitness for all, challenges like discrimination, stigma, job insecurity, poverty, lack of access to healthcare and other factors have to be dealt with, individually, of course, for example, if you're coaching low-income clients, taking the time to understand what it means to have just a few dollars per day to spend on food and considering how that might influence the nutritional recommendations you make, locally too, for example, giving thought to how your questionnaires or your change rooms or your choice of motivational slogans might bias toward particular individuals and create negative experiences for others and systemically, for example, advocating for better public health.

Dr. Sabrina Strings:

So, a lot of people who are in the medical field these days reach out to me and they want to talk to me about weight management. And there's a lot of anxiety because many of them have been doing this work for decades and they

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genuinely care about the health of our population. They want to reduce health disparities, but the way that they're doing it is that they're trying to tell individual people, lose weight, lose weight, lose weight.

Dr. Sabrina Strings:

So, let's think about this from a more global perspective. Consider the fact that you might be, if you did take this tack, successful in telling one person to lose weight. But this means that every single generation you're going to have to have the same messaging and drilling again and again and again and again and trying to discipline people and it's just like, not only is it a losing game because we know that sure, you can get one person to lose weight, but they often gain it back, and there will be literally thousands of people who will never lose weight. So not only is it a losing game overall, but is it extraordinarily expensive, repetitive and not very helpful process. If we want to actually put our resources into something that is going to be lasting, we shouldn't invest in getting this one person to lose weight, tell these people lose weight. No, we should be investing in our infrastructure.

Dr. John Berardi:

For people who work in medicine or health or fitness, there's a dilemma. On the one hand, people are coming for weight loss or body transformation or health improvements, and they're trying to deliver that because it's what they're trained to do. On the other hand, they're taking heat from folks who call them financially opportunistic and suggest they're part of the reason that weight stigma and diet culture exists. Yet, there may be a path through this all. According to Julia, it all starts with the leveling up of mindset.

Julia Malacoff:

I think the internal work, a lot of it is education and asking yourself, why do I believe the things that I believe? Some people will point to scientific information that they believe is valid. But I think that for a lot of people when they start questioning where these ideas came from, they do start to realize that some of it is related to cultural conditioning. So, I think that's part of it. But I think as a coach, in a lot of ways, we talk a lot about how the best coaches are agnostic in their approach. There's not a best diet. There's not a best way to be healthy. There's not a best way to live. The biggest work that you can do as a coach in my opinion is to come to each client with a blank slate and really try to understand why did this person come to me? And what does success look like for them?

Dr. John Berardi:

Sometimes what people are coming for has everything to do with health and nothing to do with weight loss.

Julia Malacoff:

Some people might, right off the bat, tell you, if you give them the chance, that they're not interested in weight loss. So, for those people, it's your job to respect that and to try to help them in the ways that they want to be helped. So, whether that's by changing how they exercise in some way, changing how they eat in some way, changing their other habits, their sleep habits in some way, but not with a focus on weight loss because the truth is, there's a lot you can do to feel better or to improve those areas of your life without having a weight loss goal. You can certainly become more fit without purposefully trying to lose weight.

Dr. John Berardi:

So, subtly shifting the dialogue from outcomes, like weight loss, to processes like moving more, making more mindful food choices, practicing stress management strategies, or improving sleep hygiene, maybe the first step. These processes are the things we know can lead to health improvements anyway, independent of intentionally trying to change appearance or weight. As my friend, Mara, who I spoke to earlier in the show said...

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Mara Blaze:

It doesn't have to be this huge turning over the apple cart of the health and fitness industry to say that we can make people's lives better, happier, healthier by movement and eating choices that does not necessarily translate to weight differences.

Dr. John Berardi:

But what if someone comes wanting weight loss?

Julia Malacoff:

With those clients, part of the work that you can do is really digging into the why with them. And ask them those questions, what will be different when you lose weight? What else is going on in your life right now? That's a good one too because it helps reveal if there's a major transition going on in their life, sometimes people feel like losing weight is going to alleviate that in some way. And it's not necessarily your job to be their therapist and help them work through that. But it is your job to help them clarify for themselves why their goal is weight loss? And what happens is that, sometimes when you really dig deep with people who say they want to lose weight, they don't actually want to lose weight. That's not what they want. They want to feel better, or feel happier, or have more energy, or feel more positive about their life, or feel like they have a purpose.

Dr. John Berardi:

This idea keeps coming back up. The idea of body size acting as a standing, a surrogate for something else, whether it's happiness, or a sense of control, or health.

Julia Malacoff:

We often think we know what a client wants. But the only person who can tell you what they want is the client themselves. So as much as you think that you have an idea about why someone reached out to you, it's really important for you to not only ask them what they want, but then dig a little bit deeper.

Dr. John Berardi:

This act of going deeper can help both coaches and clients or patients figure out both what the goal should be and the steps required to get there. Dr. Strings sums it up nicely.

Dr. Sabrina Strings:

In the health and fitness space and also in the yoga space, we are going to be much more effective at getting people interested and involved in the work that we are doing if we are not stigmatizing people on the basis of their appearance, and if we are not reproducing historical forms of depression.

Julia Malacoff:

Let go of the idea that you can fix it. You're never going to fix that people have fatphobia, or you're never going to fix racism. You're never going to fix these huge issues on your own. Your job is just to show up for your clients. And one of the most powerful ways you can do that is to listen to their lived experience. And when you think about it in that way, I think it makes it feel a lot less intimidating. You don't have to become an expert in this. You just have to learn how to make clients feel like you're listening to their story.

Dr. John Berardi:

Mara offers up this very practical advice to professionals working in the field.

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Mara Blaze:

I would challenge people who are listening to and your Instagram feeds, add 10 people who talk about body neutrality or who are fitness people in bigger bodies, which there are tons of them. And they are trainers, they do classes, they're yogis, they're CrossFitters, they're across the board, but if you open your Instagram feed and they're only one body type. When somebody comes into the space that you work and they are in a bigger body, it might be surprising because they follow the people that you see are in a certain way body and in certain contexts, they see a different body in that same context, it feels unusual.

Mara Blaze:

If you seek out some of these views and invite, and it's a very private way to invite it into your life. I know I just add it to your Instagram feed, look to see who they're following and who they're in discussions with and what are they discussing, or trying to be better human beings, which is to learn about the diversity of human experiences. And one of those human experiences is people who live in different types of bodies. It doesn't have to be a lot more complicated than that.

Dr. John Berardi:

As we come to the end of this series, I have to tell you. In making it, all the emotions came out. You see, I come from the health and fitness industry. I worked in it for 30 years. Even though I never lived in a large body, instead I grew up being mocked and bullied for being small, scrawny and weak. The first part of my young adulthood was spent obsessed with "fixing my perceived shortcomings." And that's how I started my career. I devoted myself to building lean muscles and came to see body fat as my personal enemy. From there, it was easy to start hating body fat, and then to start hating fat bodies, and then to start hating the people who live in them. It happened so seamlessly. No doubt facilitated by years of pre-programming.

Dr. John Berardi:

In the 80s, when I grew up, we were taught to be uncomfortable around larger bodies. So, whenever I, as a "thin person" felt that discomfort, it was easy to blame the larger person reminding me of it. It was my own strife projected out, blame used as a bomb. As I got older, more mature and started developing early kernels of compassion, I was able to put down some of those feelings, but not all of them. What was left, and this is perhaps the most dangerous part, was trotted out as virtue. My work in the health and fitness field, it was doing them a service. I was helping them lose weight and become more respectable, more vital, more attractive.

Dr. John Berardi:

On some level, I now realize, even though I treated them politely, I still didn't see my larger clients as individuals. I didn't hate them, but I patronize them. They were charity cases, faceless and nameless until they got fixed up by righteous living, their value defined by their commitment to exercise and macro-nutrient intake. It sounds so perverse now. So, I feel embarrassed.

Dr. John Berardi:

Conflict too. I helped a lot of people massively changed their relationship to exercise, food, stress, and sleep and yes, even their bodies. They gained strength and endurance. They got their blood sugars and blood pressure under control. They learn to regulate their appetites, control their binges and make nourishing food choices more of the time. And yes, some of them lost weight. Many of them told me how valuable I was in their physical, mental, emotional, and even medical journeys. Many of them are still doing great today. Yet, despite helping individuals, at least early on in my career, I know that I also helped perpetuate a toxic weight loss and diet culture. That's likely hurt as many as I helped. And I still, despite trying to look at things from all angles, struggle to reconcile the two.

The Problem with Weight Loss – Part 2 Transcript

Dr. John Berardi:

I wish I knew how to fix this problem and our culture, one that's so obviously doing harm, when that it needs to grow up and finally recognize that health, deep health is not only physical one that should be honoring people's differences in age, size, race, gender, and ability instead of trying to create one homogenous idea of health or fitness. One that I, and presumably you too, could feel proud to be a part of.

Dr. John Berardi:

Being better to one another, one-on-one, that's a start. Disentangling mortality, health, and body size in our own minds and in our industries is probably another important step, but maybe we need to do even more. Maybe we need to push harder against the magazines and TV shows and movies and websites and companies who continue to teach generation after generation that larger bodies are to be laughed at, pitied or "fixed" by those with smaller bodies. Maybe we need to coalesce around a food and movement culture that's truly nourishing, one that everyone can have access to, independent of race or financial status or social position. Maybe we need to think broader in terms of social programs that make sleep and stress management available to more people. Would it be great if there wasn't so much stress that people had to spend so much time trying to manage it? I don't know the answers here. And I didn't make this series with the idea that we'd sorted out in three short episodes. Rather I made it as an apology, and as a promise to do better.

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. 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 Studio who edited and sound-designed this episode. You can find out more about their work at soundonsoundoff.com. And thanks to you for listening.