

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/book-club/anti-diet-reclaim-your-time-money-well-being-happiness-through-intuitive-eating/11164/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Anti-Diet: Reclaim Your Time, Money, Well-Being, & Happiness Through INTUITIVE EATING

Dr. Pickard:

Why are we so wedded to dieting when it is clear it doesn't work and it may even be hurting us? Shouldn't we know better by now?

I'm your host, Dr. Maurice Pickard, and you're listening to *Book Club* on ReachMD. And with me today is Christy Harrison, a registered dietitian, nutritionist, and a certified intuitive eating counselor and the recent author of the book that we're going to be discussing today entitled: *Anti-Diet: Reclaim Your Time, Money, Well-Being, and Happiness Through INTUITIVE EATING*.

Christy, thank you very much for joining me.

Ms. Harrison:

Dr. Pickard, thank you so much for having me.

Dr. Pickard:

To begin with, and to set really the stage for our discussion, could you describe what you mean in the book by the diet culture we're all living in? How did we arrive here? It wasn't always so.

Ms. Harrison:

Yeah, it really wasn't. It's sort of particular to this couple centuries in history. And so, what I mean by diet culture is really a system of beliefs and values that worships thinness and equates it to health and moral virtue, promotes weight loss as a means of attaining higher status, whether that's health status, moral status or both—and really in diet culture it is both—and demonizes certain ways of eating while elevating others. And so, this system of beliefs in diet culture really took off around the early to mid 1800s or started to take root rather in the early to mid 1800s and just continued to explode and flourish in the early 20th Century and now to the 21st, and it's sort of taken different forms over the years, but it has its roots back in sort of early 19th Century, ideas about food and bodies that started to change with kind of xenophobic, racist and misogynist beliefs that were becoming popular at the time about which bodies and which people were “better than others.”

Dr. Pickard:

We know, like you mentioned in your book, that hundreds of years ago being overweight or having a large body was considered a sign of being wealthy. It was a good sign. And we've now begun to talk about this obesity epidemic, quite the opposite. Is there really such a thing as an obesity epidemic going on right now? And is it related somehow to the weight loss industry that we hear about? You can't turn the TV on and you can't pick up a newspaper about some new magic that will help us have what they consider an idealized body.

Ms. Harrison:

Absolutely. It's so rampant. I think that the concept of an “obesity epidemic” is really problematic, and I think that concept itself actually came out of the system of beliefs that is diet culture. It came out of this idea that weight loss is a means of attaining higher status and that thinness is equal to health and moral virtue, and that started to happen around the turn of the 20th century. The late 1990s we saw the idea of an “obesity epidemic” really take off, spurred on largely by the pharmaceutical industry and the weight loss industry, and this idea of an “epidemic” itself was spread like an epidemic by journalists covering this idea and scientists repeating this idea in journals, and so we had this sort of birth of the idea of an epidemic in the late 1990s that exploded and kind of took over the public imagination around the turn of the 20th century, and so that idea has now really taken hold of medicine and of culture in general.

I think it's built on a lot of flawed assumptions. The original data that were supposedly—that supposedly show that there was an “obesity epidemic” were these maps, these CDC maps, that a lot of people have probably seen showing the percentage of people who

are in the so-called obese category in different states, and those maps showed the numbers growing year by year. And it's really flawed to look at that and say, "Oh my gosh, there's this obesity epidemic spreading across the country" the way that people interpreted those maps because the maps are just showing percentages in states and not the actual number of people and also not the actual number of pounds that people had gained. So on average people's weight did creep up a little bit (inaudible)*4:37 Pretty much over time it has been creeping up, but also, people's average height has been creeping up over time, and we're not looking at this increase in average height and saying, "Oh my gosh, we have a height epidemic," "We have a tall epidemic we need to cure." Right? It's just focusing on weight really as a product of this diet culture and this system of beliefs.

I will say though that the research does show that people's weight tends to go up over time when they diet. And by diet I mean really any intentional weight loss efforts that they undertake. And so, when people try to lose weight, up to two-thirds of the time they end up regaining more weight than they lost and up to 98% of the time they end up regaining at least everything that they lost, and so diets really are ineffective. Intentional weight loss really is ineffective, and it's actually having the opposite of the intended effect over time. Not that there's anything wrong with weight gain or larger body size, because that's another myth perpetuated by diet culture that I really take apart in the book, but when we say that there's an "obesity epidemic," we really need to be looking at the diet culture epidemic that underlies it and this epidemic of people dieting and trying to shrink their bodies.

Dr. Pickard:

You talk about a body pendulum, and I'd like you to describe that, because I think you touched on why does somebody who diets eventually regain it. What is this pendulum that swings past where the weight was that you really began with?

Ms. Harrison:

Yeah, so really, there's this thing I call the restriction pendulum, which is the idea that when you've been dieting and restricting your eating and restricting your body size as well, you sort of pulled yourself over to the side of restriction. And the body inevitably doesn't just land in the middle when you have sort of restricted, had enough with restricting, right? When you've had enough with restricting, it swings over to the side of abundance. It swings over to the side of eating all the food, feeling sort of out of control with food, and also weight regain, right? That weight that people lose through restriction and through dieting by any means ends up coming back on pretty quickly, often times when they aren't able to stick to the diet, and really what's happening is biology. Biology has programmed us not to be—to be resilient to famine, and famine is really what our bodies perceive diets to be, because in our evolutionary history, any time food was scarce, that's what was happening, and our bodies evolved to be really able to take care of us and able to survive through famine by regaining more weight than they lost due to famine, to protect against the next potential famine, by also having all these different mechanisms to turn down our use of energy, our energy consumption, and turn up our energy storage in situations of famine. So, when you have been dieting for a length of time—the length of time sort of varied depending on the person—but we know from the research that it tends to be people's body size and weight loss... Their weight reaches its lowest point at about 6 months of any weight loss intervention, and then it starts increasing in about a year, and the rate of weight regained tends to speed up over time, but when you're in that place where you're sort of at the lowest point of your weight loss effort, the body has all these mechanisms that start kicking in. So your hunger hormones go way up; your fullness hormones go down; your body temperature is turned down; your desire to expend energy is turned down even at the micro level. So, even if you're not—you haven't changed your gym routine necessarily, you might be using fewer micro movements in your day—talking with your hands less or tapping your foot less—all these different ways that your body turns down your energy expenditure in order to protect you from famine, and so those are the reasons why, when people try to intentionally lose weight, their body ends up having a whole different agenda.

Dr. Pickard:

In my office patients would come in on a pretty regular basis with the newest book, the newest diet, and ask me what I would think about it, and, of course, they got a blank look. I was usually totally unfamiliar. I was being buried by just trying to keep up with the *New England Journal of Medicine* or *Annals of Internal Medicine*. And they were often disappointed that I wasn't "up-to-date" on the newest data—and I use that word in quotation—having to do with weight reduction. Research shows that most of these diets have really not met the criteria that our patients demand of a new drug or a new device, and yet they are only too willing to jump on board the newest fad. I date myself because the year I went into practice the Stillman diet was the rage. This was—and you probably are too young to remember this—but this was drinking 8 glasses of water every day and it would be guaranteed to lose weight.

Why do patients accept fads rather than scientific data? And there is really very little data to supply this. And I'd like to digress to something you talk in your book about, healthy volunteers that were put on diets I believe in the 1940s to substantiate whether dieting had any beneficial effects and how they would maintain it. Could you tell me a little bit about that really very old research? And what happened to these very healthy volunteers who participated in diet controls?

Ms. Harrison:

Yes, it's wild how little dieting meets the criteria for evidence-based medicine and yet how much people are so hungry for it and still so

willing to believe it, and I think it really goes back to this nexus of diet culture, this system of beliefs and values that underlies kind of the entirety of western culture, and that includes medicine and that includes a lot of doctors. It sounds like you are one of the good ones in terms of your practice where you weren't actually recommending these fad diets to people and you were paying attention to the real evidence base, which is awesome, but I think a lot of physicians get sort of caught up in wanting to help people, give them what they want, and then some physicians in some corners of medicine, the medical industry, are also really caught up in diet culture themselves in terms of running diet programs or doing research on diets or being involved with the pharmaceutical industry and diet drugs. And so I think there's this incredible pressure kind of on all of us—on physicians, on the medical field and on patients and everyday people—to shrink their body or figure out the right diet that's going to make them lose weight, and people are constantly being told that there is a so-called obesity epidemic and that being at a higher weight is going to be harmful to their health and they need to lose weight by any means necessary, and so I think that that pressure and that belief system that people have so internalized really sort of blinds them to the ineffectiveness of diets, whereas any other drug or intervention that had such a terrible failure rate people wouldn't accept. I think when it comes to diets, they are willing to roll the dice. They are willing to accept tremendous odds for the slight possibility that they might be that 2—5% of people that can actually lose weight and keep it off and that the magic diet is just right around the corner and they need to just keep looking. And I think the reason they are willing to accept that is because of the system of belief that demonizes larger bodies and elevates smaller ones, demonizes certain foods as “bad” and elevates other foods as “good.” It's just so strong and so deeply ingrained in all of us and it's made to feel so important, especially with (inaudible)*12:30 around the so-called obesity epidemic because now it's not just seen as a matter of esthetics, also seen as a matter of health, a matter of survival really, and so of course people are going to want that.

So, what I'm really trying to do with this book is to call out this system of beliefs that we all have sort of unintentionally been steeped in and just taken unquestioningly like the water that we swim in and call it out and say, “Look at this. This is a system of beliefs that was actually constructed by forces outside of ourselves, and we don't have to accept it anymore. We don't have to participate in it anymore.”

Dr. Pickard:

If you're just tuning in, you're listening to *Book Club* on ReachMD, and I'm your host, Dr. Maurice Pickard. And joining me today is Christy Harrison, and we're discussing her recent book: *Anti-Diet: Reclaiming Your Time, Money, Well-Being, and Happiness Through INTUITIVE EATING*. Since I just mentioned the title, why don't you tell me what intuitive eating means?

Ms. Harrison:

Yeah, absolutely. So intuitive eating is a philosophy and a practice of eating that puts people back in touch with their body's innate cues about hunger, fullness, satisfaction, and what they want to eat—what, when, how much and whether they want to eat. And so we all are born with that innate capacity. We're all born with that innate skill. Babies are able to make noise when they are hungry. They have particular signs that their parents learn over time showing that they're hungry. They have no qualms about it, no compunction about saying that they're hungry and getting their needs met for food. And they similarly are able to have enough and get satisfied and then turn their attention away from food and on to other things once they have had enough, and then the cycle repeats. Once they are hungry again, they smell food or are around food and their hunger level is high enough, they will want food again. And really all animals have this capacity to nourish themselves, to know when they're hungry, know when they're full, know what they want to eat, and it's not a big deal. But because of diet culture and also because of other factors that can interfere in people's relationship with food, things like food (inaudible)*14:43 medical trauma around food or digestive issues, all of those things can interfere with people's innate capacity to know when they want to eat and how much they want to eat and what they want to eat and know when they are full and satisfied and ready to move on to other things.

And especially with regard to diet culture, that ability to feel full and satisfied and move on is so taken away from people by this constant starvation that's imposed on them by diets.

It's very normal, as I was talking about with that restriction pendulum idea, that when we've been restricted of food, we're going to end up swinging over to the side of feeling out of control. And so there's a lot of people who come to me—and I myself had this experience back in the day when I was a dieter as well, that I was like, “I just don't know when to stop eating. If I were given unlimited food, I probably would never stop.” And I hear that from patients all time. I hear that from people who say, “If I have chips in the house, I won't stop until the entire king-size bag is gone,” or, “I won't stop until I'm at the bottom of the bowl—of the box of cereal.” And so teaching people to get back in touch with those cues that help them know when to eat and know when they're satisfied is the practice of intuitive eating that I teach.

So intuitive eating kind of has 2 interpretations. The one is the innate, inborn skill set that we have, and the other is the skill set that dietitians like myself and other intuitive eating counselors teach, which is how to get back to that innate sensibility, how to get back to

your cues around food and how to reject diet culture and not let it control you anymore.

Dr. Pickard:

When I was reading your book, I thought back to my pre-med days and I got the dream job of working in an ice cream factory. It was just like a job that I couldn't imagine anybody would possibly give me. Well, as you might guess, I ate a lot of ice cream the first day, the second day, and for the rest of the summer I ate minimal amounts of ice cream, the kind of ice cream that I would have eaten if I wasn't given it free, so there was kind of this intuitive control that I thought I'd be 300 pounds or 400 pounds and I wasn't. I ate what intuitively told me my body was asking.

I'd like to ask you something else though. Since most of our audience are physicians or other kind of health providers, I had become aware that people with large bodies are marginalized. They are marginalized like other groups. I work in a museum dealing with bullying, and it's pretty apparent that what I am now hearing is the number one cause of bullying in 8th and 9th graders is people who have large bodies. These issues are really a question of social justice. And shouldn't we begin to recognize it as such and approach it as we have other issues that involve social justice?

Ms. Harrison:

Absolutely, yeah, 100%. I think it's very much an issue of social justice. Body size discrimination, weight-based discrimination, is we know a risk factor for people's health and well-being. There is lots and lots of data on that that I talk about in the book. Also, it's just a matter of fundamental human rights. And just in the way that our society has thankfully evolved to be much more aware of and awake to the other social justice issues that are so important—like the need for racial equality, gender equality, acceptance of different sexual orientations, acceptance of different gender identities, all of the rest—we also need to evolve as a society to accept different body sizes and accept the fact that people's body size really exists on a spectrum, and that just as we have diversity in all other forms of human characteristics like hair color, skin color, eye color, height, shoe size, etc., etc., there's also this inherent and innate diversity of body sizes that should be accepted as part of the tapestry of human experiences so rich and wonderful.

And it's really unfortunate that larger bodies are so stigmatized in our society because we see a lot of the same issues cropping up for people in larger bodies as we see for people who are marginalized for other reasons, say racism and the color of their skin, or sexism, and we see this in the research that people in larger bodies who are stigmatized for their size... Actually, people across the body type spectrum who are stigmatized because of their weight and their size have cortisol reactions, stress reactions, in experimental settings very much like people who are exposed to racism in experimental settings, and at the population level in epidemiological studies, we see a profound, significant link between people who experience—or between experiencing discrimination and a whole host of health outcomes that are often blamed on (inaudible)*19:48 but that can actually likely be better explained by the stigma that people in larger bodies face, such as heart disease, diabetes, higher mortality rates—and chronic inflammation, which we know is a part of the disease process for many diseases— and that we know that stigma of all kinds increases people's levels of chronic inflammation.

So I really think this is a social justice issue, this is a public health issue, this is a human rights issue, and we need to make body size accepted and included in the categories of other identities that we protect in this society.

Dr. Pickard:

Towards the end of your book, Christy, you quote Archbishop Desmond Tutu, who said, "There comes a point where we need to stop pulling people out of the river. We need to go upstream and find out why they are falling in." In closing, could you tell me why you used this quotation? And what is the takeaway that our audience should take at this time?

Ms. Harrison:

Yeah, that quotation really spoke to me, because I'm a dietitian, and I work with individuals to heal their relationships with food and their bodies, but at a certain point I just started to feel frustrated that I was seeing so many people who are struggling in their relationship with food and struggling with disordered eating and wondering what the cultural and social context of that was, and that's what led me to study diet culture and to really dive deep into the content of the book and what's led me to believe that really the issue is such an upstream issue. It's not a matter of individuals healing their relationship with food and their bodies in a vacuum as one at a time. Certainly, healing the relationship with food and your body is important as an individual if you're struggling, but the larger issue is why are so many of us struggling, and the answer is diet culture. The problem is diet culture. That's why we're all falling into this river. And to pull people out and make sure that people don't fall into this river of diet culture anymore, I think we really need to start dismantling it at the larger cultural level. And I'm so grateful for people like you who are doing this work and spreading this message to the medical field. We need more doctors like you. We need more physicians on board with this project of helping stop diet culture and dismantle it and help stop people from falling in this river of body shame and self-loathing because there is so much more to life than that, and that's what we owe to our patients.

Dr. Pickard:

Well, I really appreciate you spending the time with me. I really encourage our audience to look at your book: *Anti-Diet: Reclaiming Your Time, Money, Well-Being and Happiness Through INTUITIVE EATING*. And I would be remiss not to say that Christy has a podcast called *Food Psych*.

So, thanks again for joining me. This is Dr. Maurice Pickard. And if you have missed any of this discussion, please visit ReachMD.com/BookClub to download this podcast and many others in this series. Thank you all for listening.