




# “Why diets don’t work”

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# Obesity – its not what we think it is.

So... lets unpack some of the bias and beliefs we have assimilated about this weighty matter.



EMPATHY HAS NO SCRIPT. THERE IS NO  
RIGHT WAY OR WRONG WAY TO DO IT.  
IT'S SIMPLY LISTENING, HOLDING SPACE,  
WITHHOLDING JUDGMENT, EMOTIONALLY  
CONNECTING, AND COMMUNICATING  
THAT INCREDIBLY HEALING MESSAGE  
OF "YOU'RE NOT ALONE."

COURAGE *works*  
Braver living • loving with Brené Brown, Ph.D.

## But first

Lets sit for a moment, take a deep breath and come into the present.



# Mindful self compassion (Kristen Neff)

Is a key strategy for learning self care and acceptance.



Upon reflection for this talk.....

*I realised that much has changed – yet somehow things are still the same.*



## Full Line of Advanced Wound Care Supplies



The back story.....

# So

What do we see when we look at this wound?

Is it the same thing the patient is seeing?

What has provided us with the skills to determine what this specific wound requires?

How do we know which product to use?



# Could obesity be the same?







Or

Does our own perception, belief system  
and privilege trip us up?

- Currently approximately 82% of Health Care Professionals (HCP's) have a demonstrated bias or prejudice toward their obese and over weight patients (R.Phul 2016, Y Freedhoff 2016)

# The dominant binary suggests

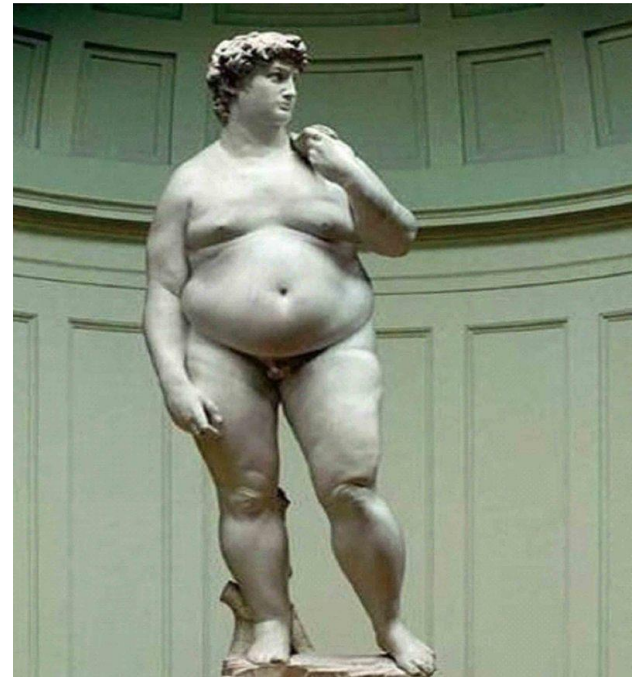
Being within a healthy weight range is good

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Being fat is bad

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# However

Over 3000 patients have proven otherwise to me.

While each story has been unique the experience of shame and isolation was universal.

The language and treatment from fellow HCP's was frequently derogatory and shaming



# This experience

Underpinned the next six years of inquiry and study which resulted in a gradual shift in perspective, practice and level of therapeutic patient relationships.





**“Obesity is not a  
health behaviour**

**It is a complex,  
chronic disease  
with many  
different causes”.**

Just like a 1000 piece jigsaw



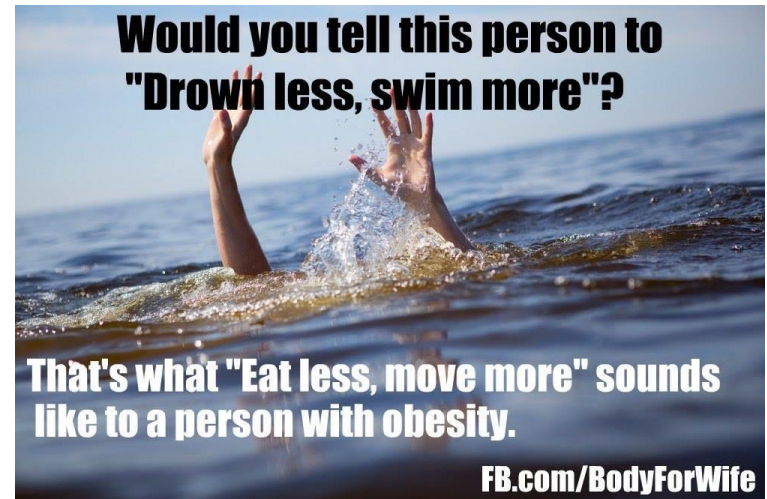
# Our

- ▣ Genes
- ▣ Epigenetics
- ▣ Life experience
- ▣ Current food environment
- ▣ Increased sedentary lifestyles
- ▣ Stress management strategies
- ▣ Weight loss attempts

**All Impact our current weight!**

# Obesity is

A physiological  
adaption to  
our current  
environment.



# Weight loss attempts create

- Decreased calories =
- Increased hunger =
- Increased Ghrelin and other hunger hormones/ decreased leptin =
- Less satiation =
- Increased food seeking =
- More self denial and disassociation from mind body cognition =
- Increased cortisol, C-reactive protein, A1c =
- Increased level psychological/physical distress =
- Increased hunger
- Binge eating =
- Increased negative self talk =



# Ongoing weight cycling



Creates constant food seeking.....

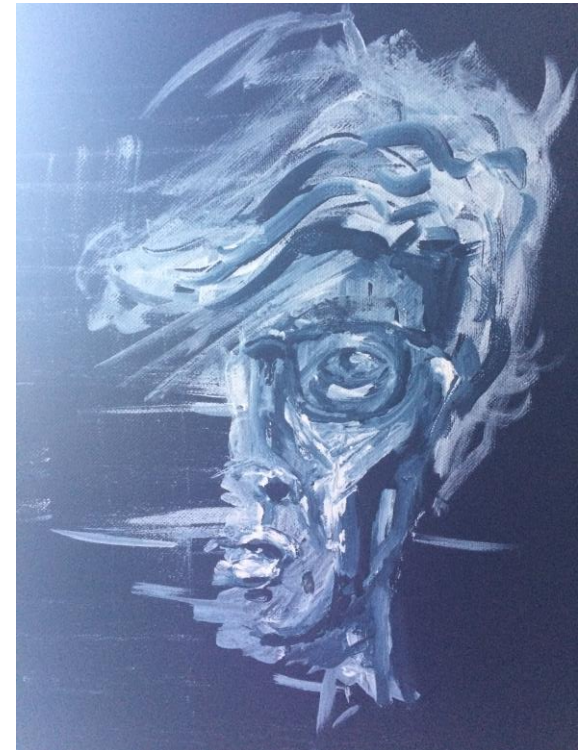


# Which in turn leads to

- ▣ Depression
- ▣ Anxiety
- ▣ Low sense of self worth and value
- ▣ Poor body image and self acceptance
- ▣ Self harm (disordered eating, substance abuse, selflessness)
- ▣ Suicdality
- ▣ Isolation

# Essentially

We are aiding  
and abetting  
diminished  
mental health



My study found

Self Value =  
Self  
nurture





# Where to from here

- Focus on Health at every size.
- Acknowledge the the situation verbally and ask the patient where they are at with their weight/health situation.
- Take in the whole picture, blood work, level of exercise, amount of sleep, support networks available.
- Determine how is stress managed – what are the main distracting behaviours? This is a better place to start than with nutrition or lifestyle advice.

# Lastly

