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IFSO 2024

“Is it possible to rehabilitate your relationship with food
after a lifetime of dieting?”

“Is it possible to rehabilitate your relationship with food after a lifetime of dieting?”

- ▶ Our patients know what they are doing.
- ▶ They are just struggling to do it (sustainably).
- ▶ If ‘diet’ is a dirty word, then what is a ‘dietician’?
- ▶ ‘bad’ dieting? Repeated, unsuccessful attempts to change eating behaviour
- ▶ Any undertaking which leads our patients to feel they are a failure

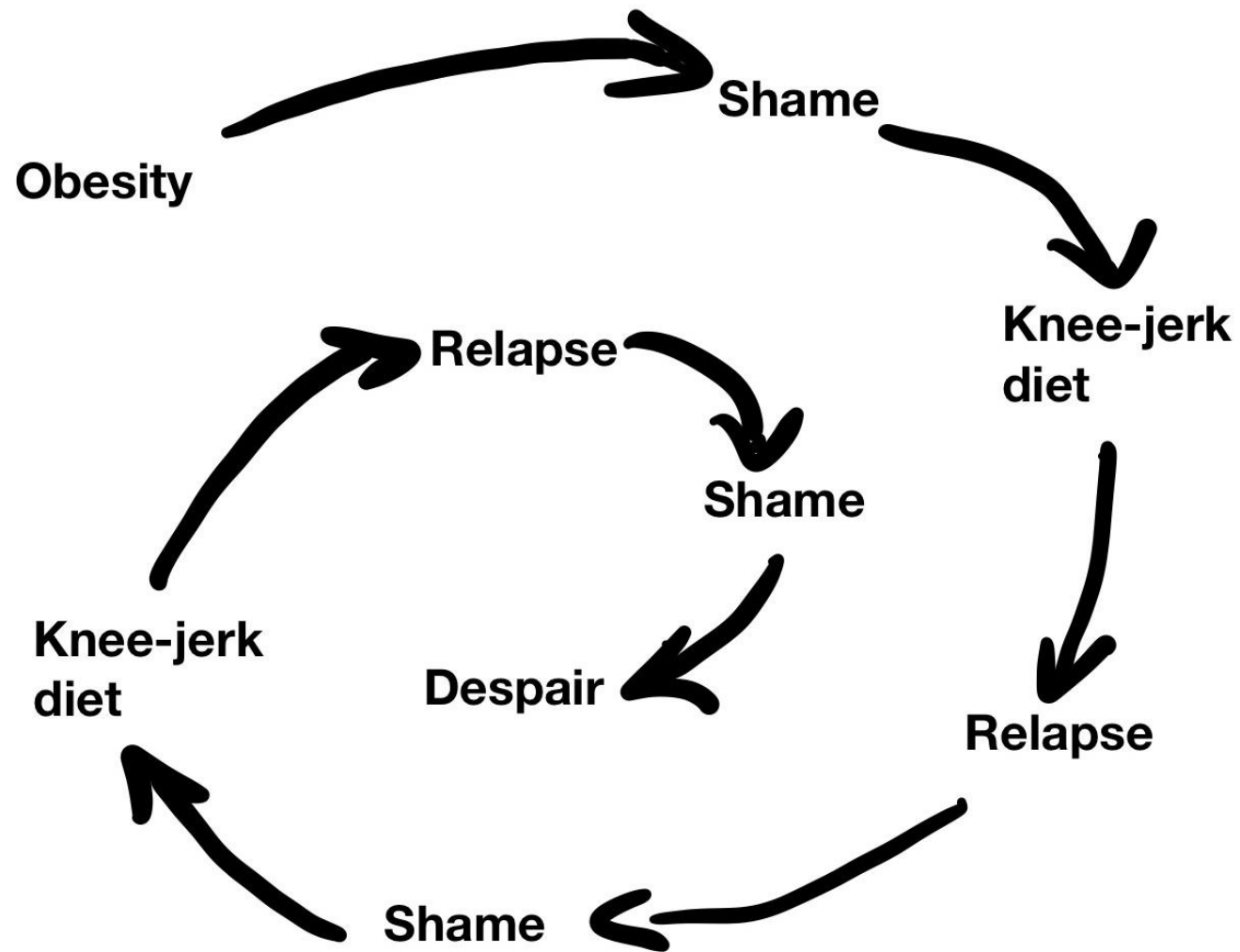
What psychological mechanisms drive (bad) dieting behaviour?

“If you mistake someone’s solution for a problem to be eliminated, not only are they likely to fail treatment, but other problems may emerge.”

Van Der Kolk, B. (2014) *The Body Keeps the Score*. Penguin Random House, NY.

- ▶ False Hope Syndrome (Polivy & Herman, 2002)
 - ▶ People routinely underestimate the difficulty of changing a behaviour
 - ▶ Repeated relapse becomes the norm
- ▶ Quixotic focus on trying to change behaviour rather than the drivers of it

The obesity cycle of despair

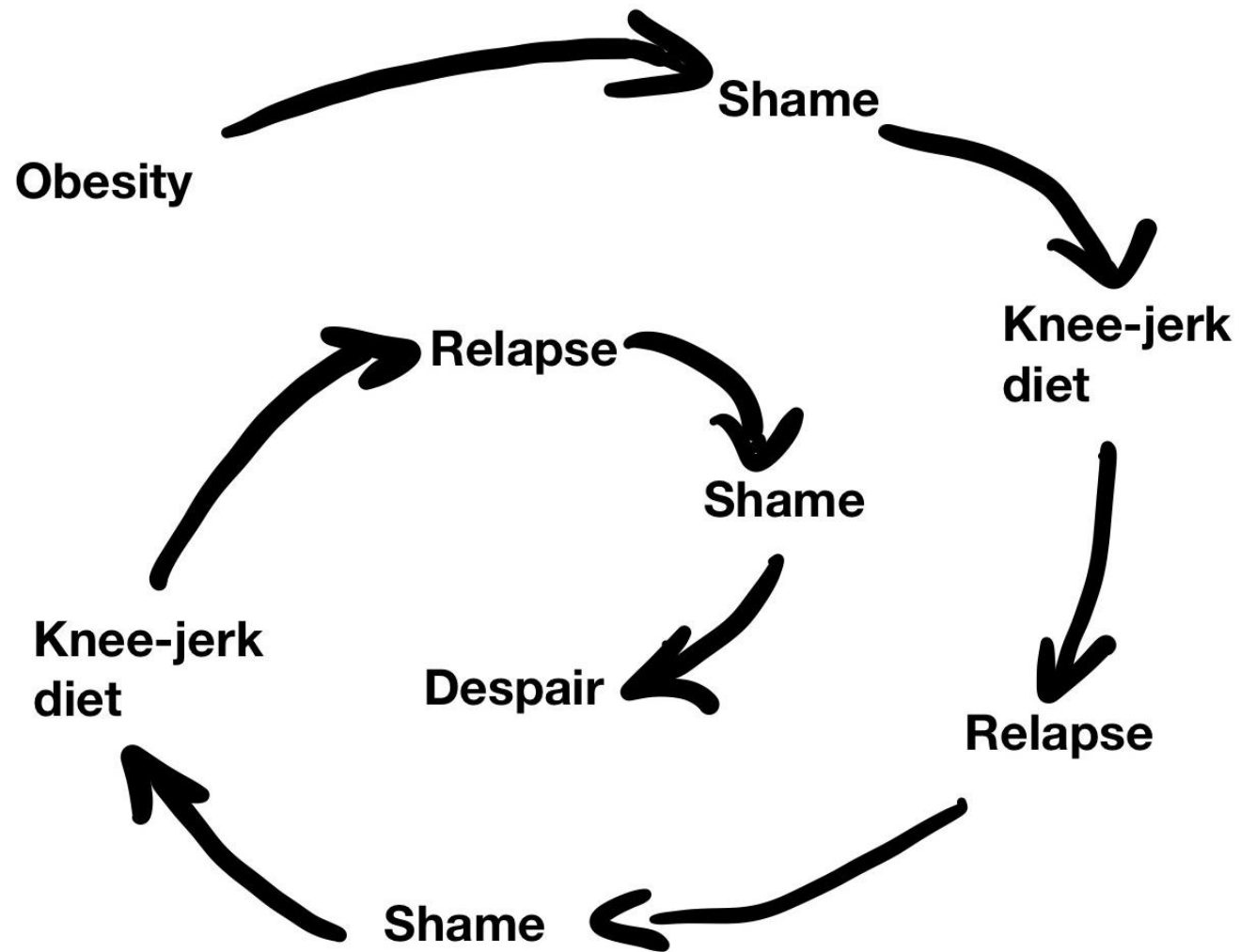


Repeated abandoned attempts to lose weight

- ▶ Confusion regarding the true mechanisms of weight management/health
- ▶ Unhelpful emphasis on the 'number on the scales'
- ▶ Externalised locus of control
- ▶ Increasing despair, shame



The obesity cycle of despair



“Is it possible to rehabilitate your relationship with food after a lifetime of dieting?”

“Is it possible to rehabilitate your relationship with food after a lifetime of *shame?*”

Emotion regulation: Choosing whether to feel or act

1. An emotion is stirred
2. Feel it, or redirect it into:
 1. Actions
 2. Other feelings
 3. Other people
3. Neither option is 'wrong' per se
4. Problems develop when a person doesn't
 - ▶ register the emotion, or
 - ▶ choose a helpful direction for it to go.



Shame in the context of emotion regulation

“The moment I step outside the safety of my home, I hate how visible I am, how people treat me, how they stare and comment both loudly and under their breath, how rude children remind me I’m fat and their rude parents say nothing, how I have to think and overthink where I go and how I will fit into any given space. I do not know how to carry myself with confidence when I go out into the world. Any sense of self I have is often shattered within minutes, and then I am all insecurities and fears, wishing myself into a more socially acceptable form.”

Roxane Gay (2018), *‘What Fullness Is’*. Downloaded April 2024 from www.medium.com

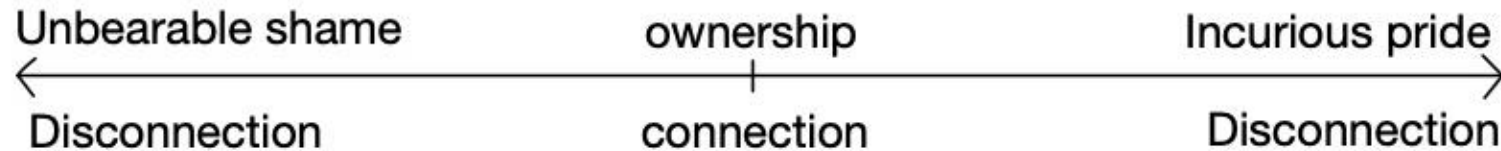
Shame



- ▶ Guides our actions helpfully or unhelpfully
- ▶ Internal mechanism of social adherence
- ▶ Part of the human condition
- ▶ **An emotion that you can never bear to feel, is one you will forever be governed by.**

Health At Every Size (HAES): A maladaptive response to shame?

- ▶ Unconditional body positivity
- ▶ Unbearable shame - becomes - disconnected pride
- ▶ Risks driving shame underground



Assessing shame: looking for the invisible

"I continue to spread yesterday's shame onto today's behaviour."

Karmel, I. (2024) *T-Shirt Swim Club: Stories from being fat in a world of thin people*. Rodale, NY.

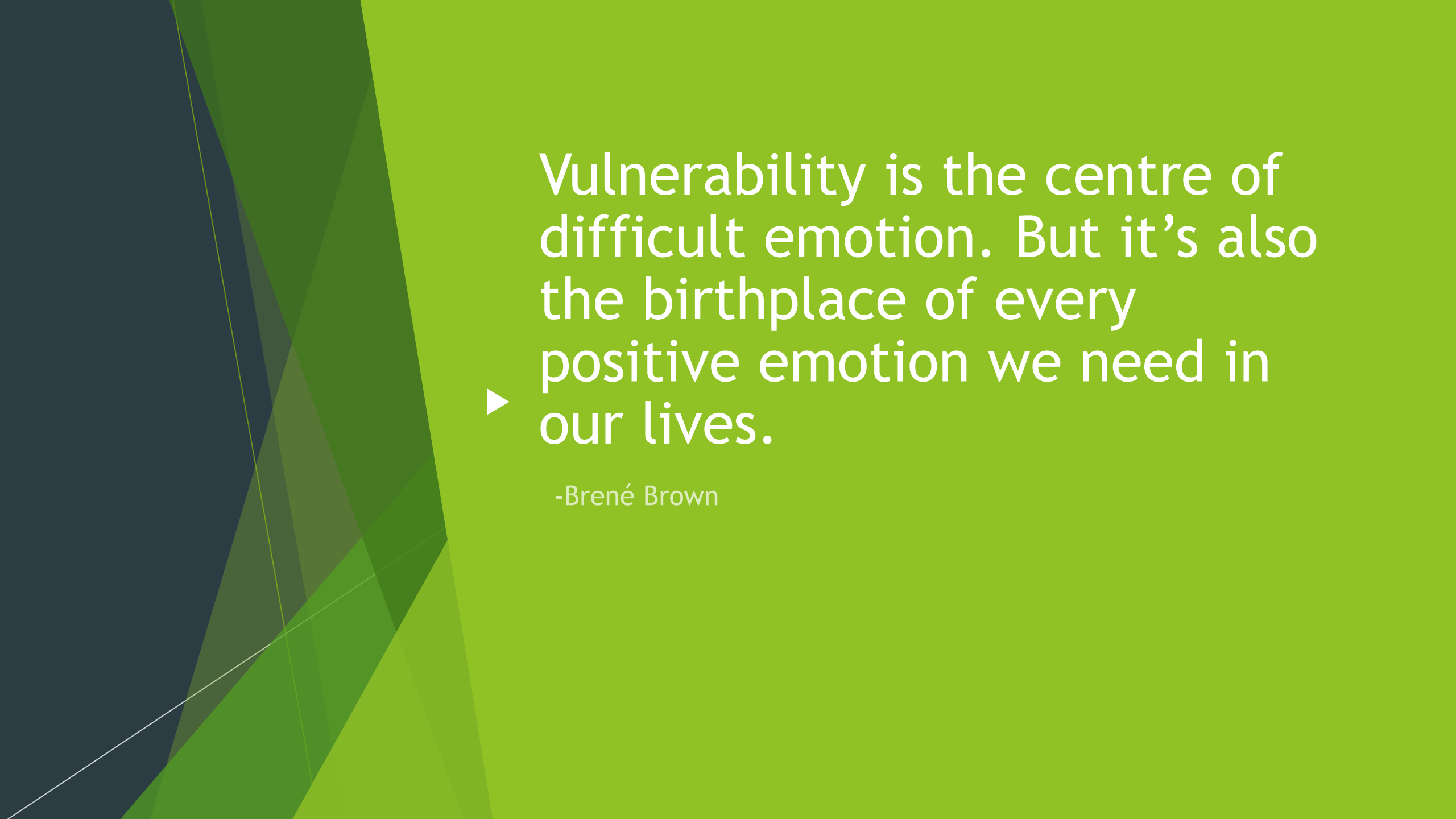
Look for:

- ▶ Avoidance, absences, impoverishments
 - ▶ Low detail
 - ▶ Minimisation of difficulties
 - ▶ Eschewing services
- ▶ External locus of control/locus of responsibility
- ▶ Missed appointments, 'ghosting'

Supporting shame: make room for the ‘uncomfortable’

- ▶ Make space for distress (including shame and guilt).
- ▶ Be patient with the patient.
- ▶ Persevere. Follow up.
- ▶ Be careful of praise or encouragement. Pride is not the opposite of shame
- ▶ Ownership is the goal. Be direct.
- ▶ Normalise struggles, failures.
- ▶ Encourage ownership, autonomy and curiosity in the patient about their own difficulties.
- ▶ Don't criticize self-criticism; be curious about it.





Vulnerability is the centre of difficult emotion. But it's also the birthplace of every positive emotion we need in our lives.

▶
-Brené Brown