
DANNY LENNON: Fiona welcome to the podcast, thanks for taking the time to do this.

FIONA WILLER: Thank you. Thanks for having me.

DANNY LENNON: Yes. I am really excited to get into some of the topics today, I think it hasn't been addressed in the detail that I would like so far on the podcast, and I think there's a lot of conversations happening within health and fitness circles right now around some of the concepts we are going to get into. But before we get into any specifics, maybe just give some people some context for this discussion by bringing them through some of your background in terms of academia and what you've been involved in and work up to this point.

FIONA WILLER: Sure. I am a dietician by training, I am an advanced accredited practicing dietician now by credential. And I have worked in hospital settings and private practice, and for a long time in academia lecturing. And you can't do much lecturing without being hassled about doing a PhD, so I started my PhD in 2012 and my topic is around the integration of Health at Every Size and weight neutral approaches into dietetics. And by extension I still haven't finished, I will be finishing by September this

year, but I keep having children so the finish date is extending out. Anyway, the real children are finished, now the final baby is this PhD to get out, but the topic has extended to look at self-acceptance and size acceptance and how they relate to diet quality, so variety in core food intake in regular Australians.

So that's sort of my academic background. In terms of my business, I do professional development workshops for dieticians and health professionals, and now a professional development podcast called Unpacking Weight Science, to basically upskill dieticians and other health professionals into weight neutral approaches which is what we are going to be talking about today.

DANNY LENNON: Yes. And as you said, a lot of nutrition professionals, whether that be dieticians, nutritionists, personal trainers and a whole host of people in between have become more and more interested in this topic as they've seen different things talked about online and I think it's one of those areas where on the one hand, and I probably quite a while back was definitely in this camp too, not knowing in as much depth and nuance about this concept as I should. And then second to that, there's also I think misinterpretation of what some of this may mean, and we will talk about that on two ends of the spectrum. So maybe a good starting point would be to actually get a clear definition of a few concepts. So when we are talking about Health at Every Size, how should we think of that and frame that in our mind, and then also how does that translate into non-diet approaches?

FIONA WILLER: Yeah. So the Health at Every Size phrase is a trademark phrase, it's trademarked by the Association for Size Diversity and Health in the US, and it's trademarked in Australia by HAES Australia. And that term comes with a set of philosophical principles. So Health at Every Size, although on the face of it looks like it's a phrase that has clear meaning for people who

don't know the underneath stuff, but it actually comes with five quite detailed sort of philosophical principles. So I will talk about those in a bit more detail, and then more broadly the application of those principles basically is around providing clinical care that's weight neutral, so it's not dependent on weight outcomes as a primary clinical outcome, and does not pathologize somebody on the basis of their weight alone, but take a broad perspective of that individual in front of them.

DANNY LENNON: Cool. And I definitely want to dive into a few of those points and maybe to touch on one where you mentioned around this weight neutral concept, and I feel that's perhaps one that has been picked up differently in different ways by people...

FIONA WILLER: So weight neutral is a term that's been used in medicine for a long time, and it basically just means that the intervention or the medication doesn't have any predictable effect on weight. So it's something like aspirin is weight neutral, it's not meant to change weight, and when it's used in regular humans it doesn't affect their weight. So that doesn't mean – using the weight neutral term doesn't mean that it vanishes away the sort of difference in lives of people with larger bodies versus smaller bodies, it doesn't vanish away any sort of discrimination stuff that happens, it doesn't vanish away somebody's own experience of their bodies. So it has been misinterpreted, but the way in academia we use weight neutral is it's just that. But it's a thing and intervention that you know people's weight does vary a long time, up, down, roundabout over months to years, and the weight neutral interventions are any intervention that doesn't have a discernible statistically significant impact on weight over time.

DANNY LENNON: So if we are talking about weight neutral programs or weight neutral nutritional counseling versus say a typical weight loss program or a weight loss approach or

intervention, just to kind of clarify for people, with the weight neutral concept, is it the case that we are looking at this is a set of behavioral intervention where we are not targeting weight loss, we are targeting some other things which I am sure we will discuss later on.

FIONA WILLER: Yeah, it can be one where it's the primary outcome measures behavior change which is fantastic, that's actually what we want, we don't want weight as a primary outcome measure. So it can be though, it's also all the healthy eating interventions that aren't centered around weight control. So weight neutral interventions are not just for people with – you know the application if you are coming from a broad perspective, is not just for people in larger bodies, it's for everyone. And so, we already have examples of weight neutral interventions, which is bureaucracy the kind of intervention that somebody in this sort of so-called healthy weight range already gets to enhance their nourishment essentially, as long as it comes without a weight control focus, because some of these interventions still have a, "Oh yeah, but don't get larger," sort of element to it. So this is purely weight neutral, let's talk about nourishment, let's talk about enjoyment variety, all the things that we would talk about if weight was absolutely not on the table at all.

DANNY LENNON: Right. When this concept comes up, sometimes one of the criticisms I see leveled at it is that it's essentially promoting an anti-weight loss idea or that people shouldn't be losing weight. Is that a misinterpretation in that, whilst weight loss may not be the goal, is there any inherent problem if that kind of happens in the background once someone is not essentially focusing on it.

FIONA WILLER: It is one of the really common misconceptions is that the Health at Every Size movement as it were and weight neutral interventions are anti-weight loss, not anti-weight loss, but anti-pursuit of weight loss, it's this pursuit of weight loss that comes with a whole heap of

psychological issues, and the pursuit of weight loss that also comes with the outcomes that people are unlikely to actually achieve in general for the average kind of human. So that pursuit is a bad thing. If somebody is changing their lifestyle, sometimes people's weight does – you know, it does change, sometimes it goes up a bit, sometimes it goes down a bit, sometimes it doesn't change at all. If it's going down or up in any way that's rapid, and isn't really explained by the detail of their behavior change, that's always a cause for concern. So like the vital sign, as it were, in medicine, the vital sign is the weight change. If somebody is dropping weight at a perilous rate, there may be something dreadful going underneath and that person needs further investigations even if they are also actively trying to lose weight and they may have cancer and not know it yet. It's lots of cases of undetected cancer when people have been intentionally trying to lose weight, and then, "Oh the weight's just dropping off me. Well, this eating plan is really easy, the way it's coming off, blah, blah, blah." And then six months down the track, it's discovered that they've got life limiting form of cancer. So the weight change is always a concern, it should be investigated, no matter what. But if in the context of quite a significant lifestyle change, weight does change for an individual, we are not so fast, it's that pursuit of weight change that's problematic.

DANNY LENNON: Sure. So maybe let's dig into some of the potential benefits of a non-diet approach over some other typical approaches that do focus on weight loss when it comes to lifestyle change, nutrition, exercise, and so on. What are some of those kind of core benefits that you've seen play out when it comes to either Health at Every Size or non-diet approaches in general?

FIONA WILLER: The amount of stress reduction that people can experience when they start to accept their bodies rather than fight against them all the time, is huge. And my research has also shown there's quite a strong association between self-

acceptance and non-dieting and self-reported quality of life. So, there is this really tangible outcome, but it's not weight related, it can be quality of life related as well. And of course, people can change their eating behaviors and physical activity behaviors and have those kind of behavioral outcomes and associated benefits independently from those things, without any change in weight or intentional change in weight. So having a weight neutral approach or a Health at Every Size philosophy based treatment for you, can mean that you get off the dieting treadmill, that you stop trying to chase your body downscale and you get back an element of quality of life that you may not have had before, particularly if you've been a frequent dieter. Increased body satisfaction is related to less inflammatory markers as well. We think there may be a relationship between experienced stigma and inflammation. So all of these benefits that we are not quite able to assess in one-on-one private practice at the moment, but they are starting to touch on in clinical trials, that's going to come to the front as well. But if you have a look at all of the exercise only interventions, also the nutrition only interventions for people of all sizes, the benefits accrued from them, they are valid in people with a larger body size, that have become invalid as soon as somebody goes over that BMI of 25 or 30, that we are still human.

DANNY LENNON: Yeah. So I guess the punch line is that even people who would be typically classified as let's say overweight or obese, they can still improve their health through certain behaviors even in the weight loss, and so it seems at least from my perspective that the inherent benefit that you are talking about here is especially when we consider how someone maybe setting goals. And if their goal is completely outcome based then it's on achieving a certain weight loss. And let's say they don't get there by a certain time point, they can bring up all these negative feelings that you are talking about which can lead them to non-adherence to those behaviors because, well, what's the point having reached

this outcome; whereas this seems to be your kind of shift of focus to what behaviors in terms of the lifestyle.

FIONA WILLER: It's a process goal, yeah.

DANNY LENNON: Right yeah.

FIONA WILLER: Yeah, because the ultimate outcome goal for human is death, right, that's actually – that's when things stop, before then it's a constant process. So we really have to have process goals for free living human beings, otherwise, when people reach their goal weight the perception is that "I've done it, now I've done what the doctor asked me to do", or I've done what they've set me up to do with the commercial weight loss program – which doesn't happen that often. But if it does, it's like, we are out and done. But that's actually not how life is, you know, we continue to age, we continue to come up with these sort of health events that happen and all the stresses of life as they go on in different life phases. So even the making of a hard and fast weight loss goal is problematic in a human.

DANNY LENNON: And I mean, even if people consider essentially what you've said there, it makes complete logical sense, right, in that there's no reason that anyone, no matter what their body size right now, cannot put a focus on things like diet quality, overall activity, sleep habits, all these lifestyle things, and still be doing them consistently and be getting a health benefit from them regardless of how they are tracking body weight measurements.

FIONA WILLER: That's right. And another thing that I constantly come up against on social media, and I am one of these people who reads the comments sections because I am fascinated by humans basically, but one thing that comes up again and again is this belief that the body size that somebody has or the body shape that somebody has is a direct reflection of their lifestyle habits. But I know that that isn't true. I

mean, I knew that that wasn't true even when I was doing a lot of private practice, one-on-one stuff, because what the clients were reporting to me did not necessarily add up. And you can see in the whole scope of somebody's life, you know, we've got a lot of years where things change and somebody's lifestyle today is not necessarily the same as it was five years ago, before they had kids, blah, blah, blah, all the things. And now as an academic, I can actually look at the population stats and I can see that there is not actually that much difference between the way the people who are classed with a BMI between 18.5 and 25 eat compared with people with a BMI over 30. And we've got to acknowledge too that when we do that sort of categorical comparison, the BMI category between 18.5 and 25 and between 25 and 30, they are quite narrow categories in terms of the number of BMI units. And then if we go right to BMI of 30 and over, that's a huge, huge category. The people in that category are a lot more different from each other than the people who are say within a BMI of 25 and 30. So statistically, we are going to get results, you know, like it's easy to get results looking at differences if you do that BMI of over 30 versus a BMI of between 18.5 and 25 just simply because they are very from each other. So yeah, if I could let one message to get through, if you are looking at a person, you cannot tell how they eat; I mean, there's a reason dieticians exist, and that's because it requires more interrogation to find out what somebody's lifestyle pattern is like than just looking at them.

DANNY LENNON: Yeah, I think that was probably one of the assumptions I either check myself on, in that, if we see someone that is let's say of a very high BMI or high body fat percentage and would be classified as obese, the easy thing for our brain to default to is assume that they are going to be metabolically unhealthy, right – and even if that holds true in a certain percentage of cases, that's not going to be the case for every single individual and we could have someone of a

high BMI with perfect fasting glucose and fasting insulin and all these other markers.

FIONA WILLER: That's it, and there are heaps of it. Most people who are in larger bodies, die with the larger body than all of the larger body, when we look at mortality statistics too. The metabolic unhealthy versus healthy too, like even if people are metabolic unhealthy on paper, so their biochem reflects a level of metabolic challenge at that time, that does not also necessarily mean that their current lifestyle behaviors are at any which way, because some of the biochem is affected genetically, a lot of it is, and some of it is impacted by lifestyle behaviors independently. So, again, it's all these, you know, these assumptions that we have going from one thing to another, like, oh that means that, that means that, so many of those are flawed. And you would know, as a nutrition professional, like our margins of error are huge, going from the actual food product to what's on the label to how much is integrated when it's actually consumed by any given consumer, like the margins of error are just mind-blowing. And so, a lot of it what I do in the training that I deliver is helping dieticians to understand that the things that we think we know are not necessarily valid. We are doing our best, it's just that the inherently in the nature of trying to quantify food intake in humans, it's not an easy thing to quantify. And what Health at Every Size does is ask whether quantification is even necessary at all.

DANNY LENNON: Right. Is this a case of where in nutrition we can have things that may apply at a general population level where we are trying to give public health advice and that changes drastically on a very individual level, and by that for example if we've just talked about certain individuals could be of a high BMI but of good metabolic health. And on the other hand we know of people who are of what we classified as normal or the healthy range and are kind of a complete mess or have a lot of fat around the organs or so on.

FIONA WILLER: And maybe lifestyles that wouldn't be in the public health recommendation.

DANNY LENNON: Yeah, for sure, I know plenty of those people. So on an individual level that kind of stuff gets a bit messy and we have to look at things on a case by case basis. But, on a broad population level, are we still seeing that someone who is going to be very overweight or obese, in general, that's a risk factor for chronic disease or is that another assumption you would challenge?

FIONA WILLER: So, like it's a background risk factor – when you look at the prevalence of the main chronic diseases that we usually are worried about, certainly they occur with a high prevalence in the higher BMI bands and the lower BMI bands, that's undisputed. But it is a background risk, and as soon as you start controlling for dietary intake – like as in dietary quality, not calories – as soon as you are kind of controlling for essentially fruit and veg intake, physical activity patterns and smoking and a whole heap of other things, that relationship between body size and chronic disease incidents becomes much lower. So with a weight neutral take, recognizing that a larger body size is a risk factor for those conditions, in a way weight neutral world what we would do is say, "Right, you are at a high risk of these conditions. So what I am going to do is make sure that I am going to give you this battery of metabolic tests right now to see where you are right now. We will do a health assessment of this point in time, and I will help you to mitigate those risks without letting your mental health slip, and I will be there to pick up anything if it happens earlier than just sending you off to tell you to lose weight." So risk factors, like being fair skinned, you get more frequent screenings for melanoma, that's how we should be using body size, not as a scare tactic to try to make people starve themselves smaller. Because when we look at those – I mean, there are very proportionately very few

people who have lost weight and kept it off in the long, long term, but they are more like their original BMI category in terms of mortality risk than they are to the BMI category that they end up in. So we can't say for sure that that weight loss even does the things it promises.

DANNY LENNON: So if we take diabetes or pre-diabetes and a lot of the trials that have used various weight loss interventions and seen improvements in either markers like hemoglobin A1C or even beta cell function, and having these benefits for people who are type 2 diabetic or maybe pre-diabetic, if we are going to say, we are going to focus instead on weight neutral approach and look at these other health behaviors that in turn we know can still improve people's health, are we seeing that they are capable of improving health by the magnitude we would see for example where we see weight loss in someone who's a type 2 diabetic or pre-diabetic for example, where that magnitude is quite strong?

FIONA WILLER: Yeah, well, there's a few things going on there. I mean, first of all, we've got the situation where, we are looking at studies where we've got people who are already glucose intolerant in their oral health diagnosed diabetes. So they are not a population – this is not a diabetes prevention program, this is diabetes risk mitigation program in people with impaired glucose tolerance already to start with. And then we've got the phenomenon that people who have more responsive blood glucose levels are more likely to lose weight and you can't choose that, that is just whatever point your body is at and your genetic predisposition to being sensitive to glucose intake and response. So it's those, so people who lose weight in diabetes and weight loss trials tend to be those who have a certain type of glucose intolerance. And then we've got this nice sort of average weight loss outcome, yay, great, but all the people who – and then people who didn't lose weight are then blamed for not adhering to the program or whatever, but it's never tested

whether they've run or not. So we've got all these confounding things going on underneath.

The other thing too is with diabetes progression, particularly in studies where you've got people with diagnosed diabetes and weight loss diabetes, is that as diabetes progresses there's a phase where it goes into the influence no longer produced and people will lose weight prior to being put onto insulin. And so, we may have an effect – you know, some of the people who are losing weight, they are sort of super responders, if you have a look at like a waterfall plot of all of the participants in a weight loss study including type 2 diabetes weight loss studies, you've always got this handful of people who are super responders have lost 30 kilos whereas most people have lost 5. They maybe just about to need insulin, and so it's not actually the intervention [inaudible 00:29:15] or perhaps the intervention has hurried them along that path, we don't know because of the way the time works. So all of these things, underneath, so from a weight loss perspective, what do we do with someone with a BMI of 22 who has impaired glucose tolerance, so we talk to them about lifestyle, we talk to them about carbohydrates intake, about taking the blood sugar levels regularly and learning how their body responds to the types of foods that they are familiar with and that they enjoy eating, and how to manage that with the way their body responds to try to reduce their HbA1c. So that's actually exactly what we do with people with larger bodies in a weight neutral perspective.

DANNY LENNON: So, would this be a case, as you answered in the previous answer where maybe someone in that position, if they are going with a weight neutral approach, may just need a bit more consistent monitoring and as long as you see the improvements in certain markers that you want or you see them at a certain level that are not problematic, then all is good; and then if they do start to get a bit out of whack then we

can try something else with a different type of intervention.

FIONA WILLER: Yeah, potentially. I mean, medications are blindingly effective in terms of diabetes. And so, no one should be told to lose weight when there's a medication sitting on the shelf that can help them right now considering how likely that weight loss advice is going to result in lasting weight loss, you know what I mean, like in a perfect world the super responders maybe they get a benefit from it, but for the average punter in a weight loss study even in a type 2 diabetes, weight loss study, those people should be offered medication if they've already had a look at their lifestyle habits, the medication is amazing for diabetes. I am not saying it's the only but I am saying that we should not be withholding medication to people with larger bodies on the advice to send them away to lose some weight, they should be getting the weight – they should be on medication now whether or not they go onto try to pursue weight loss or not.

DANNY LENNON: Yeah, for sure, and I think we can get into medications deeper on some other day, but even if you look at something like metformin and how safe and effective and accessible it is to people, that's just one example. But when it comes to some of the recent trials that – I know there was one that's come out of the UK looking at very low calorie diets and having this large weight loss in a short period of time in diabetics and being able to restore some beta cell function. If we are seeing those types of changes, is it plausible then – well, is there any way we can kind of get the best of both worlds where we have something that is a strong initial intervention but then knowing that most people don't actually maintain weight loss over time, then can we off the back of that user a non-dieting approach or an intuitive eating approach that would allow someone to have a more sustainable eating overall, or do you think that's counterproductive or contraindicated in this particular case?

FIONA WILLER: It does – I mean, it depends on the individuals who want to enroll in that kind of trial basically. So we'd have to have at the intervention, the VLCD intervention with everyone, all the participants knowing full well that their weight is likely to be back within you know a couple of years at the minimum. Losing weight and then studying intuitive eating is not going to result in weight maintenance of a weight loss so that person's body, if they were living a sort of regular normal lifestyle beforehand is going to be weight suppressed, as they've just had a very low calorie diet intervention. I mean, I think most people accept for people with malnutrition, cancer cachexia, anorexia, those people should not necessarily go straight into intuitive eating. But for the regular ambulatory human, intuitive eating is a really health sustaining way to conduct your eating life, because it's the way that we are sort of designed to modulate our eating over the weeks and months, doing it in the increment of a day which is the way diets do it. It doesn't take into account any of the fluctuation and energy requirement changes. We have no way of actually, at the moment, being able to tell a person what their energy requirement is on any given day. The best guess is an average taken in a lab, but that's not going to capture the variations, particularly women, we have – you know our calorie requirements change hugely over the months, thanks to our hormone. So intuitive eating, listening to our own hunger and satiety cues is really the best way to be able to match our eating with our body's needs. We have no way of doing it externally in any accurate way at the moment.

DANNY LENNON: Yeah. And I guess, intuitive eating is another term that becomes a bit loaded and I think has been misinterpreted quite a lot by people. Have you seen any of the common misconceptions around that term and what ones would you clear up for people?

FIONA WILLER: Yeah, well, I mean, I think mainly, when people who are used to eating with external cues, so putting foods into good-bad categories, trying not to eat too much, trying not to get fat, all of those things – so those kind of people, when they hear about intuitive eating, they think, "Well, I feel pretty intuitive when I am walking past the bakery, and I wouldn't be able to stop if I just let myself eat whatever." That's the initial reaction usually. It's also the reaction from my colleagues and from other academics and doctors that I speak with. But we know that when intuitive eating because it's not just feeling like something and eating it, it's more – intuitive eating, the term has got 10 principles underneath it. But if we want a broad view that attuned eating and flexible eating, and eating that sits upon a foundation of unconditional permission to eat and unconditional acceptance of the self. So it's no feeling bad about yourself if you eat something that you might not want to if you were dieting for example, and you don't think of yourself as a bad person if you do that – all of those impacts of dieting are really corrosive to somebody's self-worth.

DANNY LENNON: Yeah, and I guess, one of the big things you see when people are misinterpreting intuitive eating is kind of putting it as synonymous with just eat whatever you want as much you want all the time and it's, like you say, it's quite distinct from that, it's essentially...

FIONA WILLER: It is eat whatever you want. But when you give you permission to eat whatever you want, you actually don't feel like eating everything all the time.

DANNY LENNON: Yes, that's the point. It's not the case that if someone is eating intuitively that they are constantly sitting down with a whole pile of junk food all day long.

FIONA WILLER: I know, because doing that would mean it's self-limiting, because usually for the average human doing that, you don't feel great after a

while of eating that. So yeah, I mean, it's been called all sorts of things from people who don't understand the concept, and also who want to not understand the actual outcomes are either.

DANNY LENNON: When you think of some of the things you just mentioned around not labeling foods as inherently good or bad, I think that's one thing that most people can get onboard with, not having overly restrictive food rules and like these are the kind of core tenets around intuitive eating, and I think they are something that should probably be actively promoted, particularly like you say, when we have the prevalence of people with body image issues, disordered eating patterns and so on that can probably be traced back to a lot of their initial behaviors around restrictive food rules.

FIONA WILLER: Yes. And we are told that that is the solution to body size issues that one needs to diet, and change things and shrink your body and then you will be right. But that's an outright lie, like you can see how we got there, you can see, we go, "Whoa, prevalence of larger bodies is increasing the population. Well, is this going to be bad for public health systems and healthcare delivery systems? Oh people don't feel great about being in larger bodies, we've got to stop this." So there's sort of rising panic. And because of the short term phenomenon, it's a party trick. Most of us, if we severely restricted our intake, we'd be able to reduce our body weight in the short term. Particularly if we'd never tried to do it before because of that impact, and because when we are trying to restrict our intake, when we are restricting that suppresses all of that biochem that we are usually worried about as well, suppresses our blood sugar level, suppresses our HbA1c, suppresses our cholesterol level. So everything sort of looks good on paper as well with, wow, it is the solution except always what we saw was a honeymoon period and we are not interested in continuing to follow up the story in terms of the public perception to realize that actually most people regain that weight. And

that biochem suppression is just the result of that calorie restriction and not that you fixed somebody's biochemical situation. So, you can see how we got here, but we actually now need to change the messaging again and realize that, oh look, asking people to lose weight all the time is not necessarily the way to do it. And I mean, it's quite surprising to me because we've known that people are not – well, that bodies are not able to sustain intentional weight loss in the long term, we've known that for more than 60 years that most bodies won't. And yet, the suggestion of treatment that falls under the philosophical principles of Health at Every Size, that they are responsible, we don't give anyone any options for those who have tried to lose weight and regained it. The option is well you need to try to continue to lose weight rather than, okay, well, let's try a weight neutral approach if you'd like, this is what this is like; or you can try weight loss approach, it's probably going to end up same place as you are right now. In the past when we've only focused on weight loss, the alternative has been nothing, and Health at Every Size informed practice office an alternative. And of course, in the long run, we'd love to see the whole world become size accepting, because there's a whole heap of stigma and discrimination that's attached to it in the current society.

DANNY LENNON: I guess, one thing that comes up as you say that is especially if we are trying to get people to adhere to good health habits in the long run if there is someone in the position like you said who has tried to go through these weight loss periods many times and has regained the weight as often happens if the only solution they are being offered is, well, you have to go and lose weight, then we would ask the question, well... well, how many times does that person need to go through that before they are just going to give up completely on these health behaviors, and instead of saying, well, let's try and offer something that is going to get them to follow healthy lifestyle advice rather than give up on it, because they have to keep

going through this cycle of feeling like they've failed or something.

FIONA WILLER: That's it. So when we try to use the kilos or BMIs, the one ring to rule them all, we forget that actually it's the lifestyle behaviors that are important behind it. We've put too much emphasis on those kilos being proof that things are working, when really it's a side effect of behavior change and calorie restriction, but the weight loss part gets all of the credit for all the other things that the people are doing. And we have to remember that there's a big treatment burden, so if you think about the amount of burden treatment has over the medication, somebody has to take once a day versus a medication they have to take four times a day, a weight loss intervention is a thing they have to do constantly, 24 hours a day for the rest of their lives if you listen to the anti-obesity experts now. And that is something that people should be able to opt out of, so ethically they should be able to opt out of something with such a huge treatment burden.

DANNY LENNON: So our end goal is to improve someone's health and the quality of life to improving their health. And as you say, with the given anxiety, mental stress, feelings of dissatisfaction with how they look or how they feel their health is based on their bodyweight, paradoxically like that is creating negative overall health, and it's probably more a conversation of well, we need to have a broader view of what health really is. And it's probably going to be very difficult to get someone to be in good health if they are constantly anxious, upset, angry at themselves, feeling like a failure, and all these types of things that can often happen when we zero in completely on body image, right, and that can't be a healthy person that we are promoting.

FIONA WILLER: No, and the other thing is when – so there's been moves by various governments and healthcare organizations to classify a BMI of 30 as a disease state, so what that does is it robs everyone whose body falls under that

classification of being able to have health essentially because our concept of health is that we don't have anything, we are actively sort of fighting against our bodies for, we don't need to take treatment for it, or all these other things. As soon as you deem a body characteristic that is actually quite innocuous in most of the people who have it, deem that disease. That then comes with a whole heap of stigma, and a whole heap of self-de valuation. And that's not, you know, we know self-rated health status is independently related to mortality and mobility, we know that, people feel that they are healthy, they are less likely to actually get unhealthy or suffer illness or die sooner than we thought they would on average. It's utterly reprehensible for us to steal that from a third essentially of the population in western countries.

DANNY LENNON: Yeah, kind of on a related note, we've definitely seen with some of our coaching clients and pretty much across the board where you are going to see improvements in health over time is when you have a person who is just happier, right?

FIONA WILLER: Yeah.

DANNY LENNON: And so a lot of coaching ends up being more life coaching than actually telling someone what foods to eat, and that's kind of like almost a tiny part of nutrition advice and dietetics in that it's how do we create an overall healthy human being. And once someone does that, then all the other lifestyle behaviors that we would like someone to follow almost becomes so much easier when that person is coming out from a good place and is happy in themselves, rather than doing it at a place of fear or out of feeling like they need to do this because of some other external pressures. Usually, that's a recipe for disaster and I think this maybe potentially one solution to that.

FIONA WILLER: At the cornerstone of the model I developed for my PhD, the non-diet approach model is self-

compassion, and that's around self-kindness, it's about feeling connected to humanity and not isolated from humanity, and it's about separating yourself from your thoughts and feelings to be able to observe them. So the key component of self-compassion and self-kindness means that we treat ourselves with kindness and self-acceptance the way we would – the way we do with people that we love, particularly small children. We have unlimited amounts of – maybe not when they are in full tantrum mode, but when we are taking care of the small person, we want them to feel good, we want them to eat, we want them to be nourished, we want them to be fit or other things. And so a non-diet approach and a weight neutral approach that embeds that self-compassion means that that's front and center. So we treat ourselves with the kindness and look after ourselves because we really like ourselves rather than trying to fight a battle against our bodies.

DANNY LENNON: You've talked about how you've been promoting some of these non-diet approaches and this kind of framework to become more well-known within nutrition professionals. At this point in time, how has that been adopted into dietetics, how widespread and well understood do you feel the concept is within the dietetic community at the moment?

FIONA WILLER: So in Australia, I did a survey of dieticians working with people with a BMI of over 25 back in 2015 – as I said my PhD has just been going on forever. And that survey asked specifically about dieticians' attitude towards weight loss counseling and about their attitudes towards Health at Every Size based counseling or non-diet approach counseling, and looked at the attitudes also from the position of what their preferred practice mode was and there was some questions in there to weed out the people who thought that they were doing non-diet approach but weren't quite doing non-diet approach, all of those. I found overall that there was a really high penetration

of the knowledge of that Health at Every Size was a thing in dietetics, so about 80% general approval rating. So dieticians in general, had a good feeling about HAES, Health at Every Size, but along with that came that there was a lot of misunderstanding about what it was. My survey wasn't representative but I was able to capture about 330 odd dieticians in Australia and we only got a workforce – at that time it was about 5000, that's across all areas, and nowhere near everyone where it's in weight management. And in my dataset I had about 20% that were hardcore HAES practitioners and about 35% that were hardcore weight loss counseling professionals and then this sort of mixed group in the middle.

So in general, there's a high awareness, that is the thing that a low awareness of what specifically the thing is, so I think they liked the idea of it but they are not sure on the – well, I don't know that they are not sure on the specifics of it. And the HAES practitioners were a lot more critical of weight loss counselors, counseling dieticians and the HAES practitioners seemed to be across the weight loss literature more accurately than weight loss counseling dieticians. They tended to think that when we gave weight loss counseling that it was sticky, that the weight loss that they experienced when they had the clients stuck, once the client walked out the door and was lost in the ether for the following two to five years. So I'm sort of optimistic. I also found the HAES practitioners tended to think that their lifestyle counseling stuck as well, that's just common or garden variety confirmation bias, but it was interesting in that I was quite amazed but quietly felt great that there was this sort of penetration of the idea that it was a thing now just to see education that needs to happen. We don't want people thinking it's a good thing when they don't know the details, accuracy is important.

DANNY LENNON: As we said, there's quite a lot of misinterpretation I think about some of this, at

least compared to how it would be defined in the literature for example. And on one end, we've already discussed that a lot of people who maybe against some of the health every size non-diet approach philosophies can maybe misinterpreted in certain ways, and we've kind of gone through some of those criticisms I think. On the other end though, there's probably also a small pocket of people who have almost I would say tried to hijack this idea and extrapolate it out to kind of nonsensical proportions in some sense and kind of stray away from where it is in an evidence based setting is what you've talked about. Have you seen that as well in certain pockets online of people who are kind of not really looking at the science of this but kind of trying to, like I say, kind of hijack this term and use it in some sort of activism sense I guess?

FIONA WILLER: Well, I mean, it is an activism movement because of the stigma and discrimination element. And the other thing too is that the – so Health at Every Size is for people who wish to engage in health pursuit basically, and that's not a legal or moral obligation, letting them choose to do whatever they like with their bodies legally. But, the Health at Every Size grew from fat activism and it grew from the discrimination that people in larger bodies, particularly in America, particularly during the 60s alongside or the liberation movements, grew alongside those movements because of the amount of stigma and discrimination that was experienced, even back then when the proportion of people in larger bodies was much smaller. And so, they are around mothers, so I am certainly – I count myself as a Health at Every Size advocate, some may see some of the stuff that I do as activism, but I think sharing knowledge and particularly from an academic perspective is more advocacy than activism. But because of these activism routes and because of our sort of sisters in arms against weight discrimination and stigma our – the fat activism movement, there can be misinterpretation of these messages when

heard by people who are not across the sort of nuances of the movement. So, yeah, there's that. I mean, everything is always more complicated than it first appears, isn't it? And this is another one of those situations.

DANNY LENNON: Right, yeah. And that's kind of my big hope with discussions like this is to make people who are within the industry and operate, like in evidence based practice is to not see some sort of message posted on social media and immediately dismiss it – the whole movement because of that but instead go to people like yourself who have been publishing research, who are doing all the things that you are doing within this area and be able to see the nuance and detail behind this and look at some of the research in this area and then make accurate decisions from that point on, as opposed to maybe immediately dismissing some of the ideas because it's portrayed in a certain way elsewhere.

FIONA WILLER: Look, anger online is – it is important. People do feel passionately, and even within dietetics there's a lot of passionate discussion around these topics. And I think that's really a reflection of, if you can imagine, from a weight neutral perspective, Health at Every Size perspective, ongoing offering of weight loss counseling without full informed consent of what that means. And the risks involved and the sort of long term outlook of somebody who undertakes that kind of path, that's continuously on within our own profession. I am quite angry about that because we should know better, we are evidence based practitioners. And so, that's where some of that anger bubbles over on social media. And then of course people who are making money from weight loss counseling, dieticians and everyone else who does it, their livelihood is threatened with a paradigm that says let's not do that anymore. So of course there's anger and emotion involved in that, and that's a separate thing again from the fat acceptance, fat liberation movement versus the health

sciences, health professions, evidence based stuff.

DANNY LENNON: So just one final thing to wrap up on that, if we are talking about even in myself included here, of anyone that is going to be dealing with a client who would be again classified as obese, do you think that the default standard of practice for anyone in that position should be a weight neutral, non-diet approach, and is there any reason why promoting a certain dietary pattern that I think is likely to induce a calorie deficit and weight loss would be recommended or do you think that's contraindicated based on what we've kind of discussed today?

FIONA WILLER: Well, first of all, that individual's autonomy is prime, prime importance. So discussing these things with them is really important. I wouldn't want to recommend that they do anything based on my point of view, they really need to be across the various options that are open to them, and also be given the option that they don't really have to do anything now if they are not into it. The thing is, if we force people to do something from external motivation that they are less likely to do it, they are more likely to rebel, humans are humans. So, as long as they are across all the options, we can't take just the same right, I am going to be waiting too from now on, someone who is going to do that with their clients really needs to be across dealing with the individual's internalized weight stigma that they will have going on and be bubbling up through the time that they have with them. So, I think about it as a specialty. So if it's not something that practitioners are across at the moment, but it is something that their client is interested in, they should be referred to someone who's a specialist in the area. And so I wouldn't see anyone who's keen to do weight loss now because I don't offer that. As a service, I would refer them, just the same as I would refer somebody to like a renal specialist dietician because I have not done renal for a good decade now, I am not a safe practitioner for them to see. So we can think about weight

neutral practice at this point in history as a specialist area but be informing our clients in whatever body size they have – because we are quite good at doing weight centric counseling to people in smaller bodies too, and cautioning them about getting larger, we should be talking across all of the options. This is not a field that only has single option, it's now one that's got a range of options, and everyone who comes to anyone, health provider who says they are going to be helping them with their lifestyle, needs to give informed consent options to their clients.

DANNY LENNON: Before I do get to the very final question Fiona, if people are looking for more information about you, your work or to find you on social media, where is the best places for them to go online to track down you and your work?

FIONA WILLER: So they can probably just Google me, because I do come up, my name's weird, so that's the first thing but I am on Instagram, Facebook – I am under Health, Not Diets, that's my main business note. If they are interested in learning more about weight science, the concepts I've been talking about today, they can look at the Unpacking Weight Science podcast, and that's just at unpackingweightscience.com. And I am on Twitter as well. So if you want to get into a to and fro debate with me, hit me on Twitter. If you want to learn more stuff about weight neutrality and be put in front of articles that talk through the stuff, scientific and otherwise, then have a look at what I do on Facebook on Health, Not Diets. And if you want to go into the nitty-gritty of weight science, a bit of it on Instagram and a lot of it on that podcast.

DANNY LENNON: Awesome. And for everyone listening, I will link up to all of that stuff in the show notes of this episode and I recommend you go and check all of it out. So Fiona, that brings us to the very final question, and it can be a short one, and it can be to do with anything even outside of today's topic if you wish. If you could advise people to do one thing each day that

would benefit them in any area of their life, what would that one thing be?

FIONA WILLER: For the self I think it's around self-compassion, so being aware of thoughts that come up that are self-criticizing and trying to interrogate those a bit about why and accepting that we are all fallible humans, but we all deserve love and respect regardless.

DANNY LENNON: And Fiona, I want to say with this, thank you so much for your time first of all, thank you for the work you are doing, and I really appreciate this conversation, it's your work and the stuff you put out as well as today's conversation as being extremely useful to me personally in terms of challenging biases and assumptions like I mentioned earlier, learning more about this specific area, I've been able to delve into the nuance, so thank you for that and thank you for coming on the show.

FIONA WILLER: You are more than welcome, thank you for having me.