Danny Lennon: Welcome to the podcast, thank you for doing this.

Simone Harding: Thanks for having me Danny.

Danny Lennon: Maybe to give people some context of your background, how would you introduce the work that you do, the topics that you're interested in, and why are they particularly important to you?

Simone Harding: Well, I'm currently finishing up a Master's at Bournemouth University, and it's a master of nutrition and behavior. So it's like a marriage of nutrition science and also psychology, some neuroscience, and I came to it from a psychology undergrad, but also a background in yoga therapy and counseling. So when I joined the Masters, I was really interested in nutrition science. I'm actually a PT, I've been a PT for years, and PT kind of led me down a rabbit hole of clean eating, and I got into bodybuilding and ended up with a raging eating disorder actually. So it's personally very interesting to me too, this topic of nutrition and behavior. When we were asked to kind of decide what our research topic would be, primary research for the Masters, I really was interested in the kind of patient centered perspective of living in a larger body because I would sort of align myself with their Health At Every Size approach, and I'm really interested in patient perspectives and public involvement in research. And so, I became really interested in body image and how body image can affect kind of adaptive eating and disordered eating. And so, as I said, I'm nearly finished with my Master's and I'm actually also a PhD candidate, counseling psychology, and my research for that is

going to be looking at body image and how adaptive eating, particularly intuitive eating can attenuate for negative body image.

Danny Lennon: Maybe to start, if we talk about body image first, intuitively I think, to a lot of people right now, it would seem, or at least some people have given the idea that the problem of negative body image is a bigger issue than it's ever been before. Do you feel that's an accurate reflection of things and just how much of an issue do you feel that is within current society?

Simone Harding: Yeah, it's massive, it really is massive. I mean, just to give an idea of body images, it's a very broad definition anyway. But it's really how we feel about our body, not in just how it looks, but what it does. So how you feel about your bodily functions and how you experience that, when actually body image starts to affect young children even from the age of three, and by the age of eight we know that dieting begins for boys and for girls. And I think it's like half of all UK adults experience shame because of the way they look, something like a third to nearly a half of all adolescent boys and girls have dieted to change their body shape or to lose weight. And depending on where you get your data, because of course it depends on what the statistics say, but I mean, you can you can say at least a half of all people would say they've experienced negative body image, you know, feelings of shame, disgust, not wanting to go out, not wanting to engage in activities, and it's about the pressure to look good, it's about having the confidence to go for the kind of job that you want to, feeling accepted, having self-worth, how it affects your mental health, but how it affects your opportunities in life as well, so it's very broad.

Danny Lennon: For sure, and maybe we can try and parse through some of that throughout this conversation, but one thing you just mentioned towards the end there was how it can become involved with self-worth. I think that's kind of one of the, at least for me, looking from the outside, one of these key things that perhaps makes it so problematic and leads into kind of the whole psychology of this is when people are essentially taking their appearance and their body image and then tying that into their personal identity or their self-worth as a person. And it's almost solely based on just not only their appearance but a perception of what an appearance should be and maybe that is even a false perception as well.

Simone Harding: Yeah, so how we defined ourselves actually over the last 10 to 20 years has changed radically, and how we used to define ourselves would be what we did, the kinds of hobbies we had, our social skills, what kind of job we had, our level of academic attainment, our friends, sports, hobbies, feedback from our peers and appearance. But nowadays actually the way we define ourselves is primarily appearance. So it seems that we're losing a sense of identity, it's being cultivated by qualities, characteristics, what we bring to the world, our broader experiences away from just what we look like, and it's narrowed down, it's shrunk down to simply how we value ourselves, how we define our identity is how we look. And the reasons for that, they are very complicated, and we can certainly explore some of those reasons. But if you think about where self-worth comes from, how we engage with people, the feedback we get from people, now our self-worth is primarily just coming from our appearance, and appearance ideals are very narrow. So really our opportunity to feel good by meeting society's sort of ideals is very slim. And if you don't meet those ideals, if you don't sort of embody the kind of appearance that you believe is ideal, you are unlikely to kind of get your self-worth outside of that if you don't value anything any other characteristics. Does that make sense?

Danny Lennon: Yeah, absolutely. I would even probably go beyond that of how many cases we see of people who maybe do put all their focus on that, and maybe do even at these external appearance ideals as society would maybe let us, and then realize, hey, I'm actually miserable trying to do this, and it doesn't give me the self-worth that I need.

Simone Harding: Yes, and I think it's this sort of narrative we are sold that we can fix problems by fixing the body and that dieting is the solution to everything. But actually, often our feelings of dissatisfaction with our lives, our low self-esteem, it's not about the body and "fixing the body". It isn't going to bring the self-worth because actually the reasons that we maybe have low self-worth or we are experiencing negative body image perception is much broader. To give you some idea, there was some recent research that came out that found if you have a higher BMI, you are more likely to experience negative body image. And that would cause some people maybe to think, well, of course, if you have higher BMI, you have health risks; if you're in a larger body, maybe you've got health problems; maybe you're feeling bad about yourself

because you're a fat person. But actually if you look deeper into the narratives around fatness and how fatness is tied to negative appearance, narratives of fatness are kind of inherently negative and shaming. If you are in a larger body in a culture that doesn't make it safe for fatter people, and you've got all that experience of judgment, and also this narrative of well, if you're fat, it's your personal responsibility, then to feel accepted by your culture and by your society, if your only solution to the problem of being in a larger body is to diet, which we know is not effective long term in the most part, so you're sold a solution that is broken, but you're in a body that isn't acceptable, what do you do except shut yourself away and feel really bad about yourself? It takes an awful lot of individual courage and strength to be in a larger body in a society that says fat equals wrong, and I'm reducing it down somewhat. But for people in larger bodies, that is their experience.

A negative body image, it affects all bodies across the spectrum of weight, across the spectrum of gender now, and across the spectrum of ethnicity even. But those people in larger bodies are sort of doubly damned, because not only are they experiencing the kind of broad body image issues that we would all experience, but they are also in much larger bodies. And if we're not in that normal "BMI" then you're effectively considered abnormal; and certainly if you're in a larger body, you've got all that judgment tied to it of you've clearly haven't eaten well, you're clearly sedentary, you're not looking after yourself. And that in many cases is not true, and even if it were, still doesn't make it right. We talk about body image and I think we kind of default go to the idea of the larger body, but actually body image affects people who've got visible difference, for example vitiligo which is where you lose pigmentation in the skin, also people who are born with cleft palate. My area of interest really is in the larger body, because if you have negative body image as a young person, and then you see dieting as a solution to that problem, whether you're in a larger body or a smaller body, if you see dieting is a solution to your experience of negative body image, then dieting we know is a real risk factor for developing an eating disorder later on down the line. And so body image is identified as the biggest modifiable risk factor in preventing an eating disorder. And so, really, it's how we talk about this solution for obesity, it's the message that we say to young people of, do not be in a fat body, a fat body is the worst thing that can happen to you; if you're in a fat body, you will not be accepted by society and you must do

everything you can to prevent that, so here you are, have a diet. And it introduced ideas of restriction, and so you've got swathes of young people growing up fearing fat, fat-phobic because society is inherently weight, you know stigmatizes the larger body. And yet at the same time you're trying to heal people who have eating disorders by saying wait, restore, regain weight, don't be afraid of eating. Well, they are two completely opposing messages which are confusing because you can't see on the one hand, recover from your eating disorder, restore your weight by eating, but on the other hand, but don't eat too much because you might get fat and that's the worst thing that can happen to you. And until we make society safe for all bodies across the spectrum, you won't help people who have eating disorders because the culture doesn't make it acceptable to be in any body other than those very narrow margins.

Danny Lennon: I think that even has caused, where we see anything related to body image and dissatisfaction with body and this feeling that many people have that they constantly need to be restricting or dieting or need to lose a bit more weight. We see that across the board, not in people with, let's say, objective high BMIs or larger bodies, but even people that would fall within a "normal BMI" or may be considered at least conventionally lean person can still have that because of that perception that they are getting from outside that it's not good enough, it's not that ideal that you mentioned earlier and all these same things translate. And so it's not just talking about people of a certain way or so on, these are kind of ideas that everyone probably ends up feeling to different degrees depending on what message they get surrounded by.

Simone Harding: Oh yeah, without a doubt, without a doubt. I mean, weight stigma affects all bodies across the weight spectrum, and there is definitely a hierarchy. But like we say, even people who are considered conventionally lean, they're there trying to manipulate their diet to achieve this thin ideal, because the thin ideal is something that's sold to us. And the trouble is the images that we're sold, they are highly messed with in terms of airbrushing and post-production, and so even the images we're sold aren't real images. And for people who are concerned with having this body which is the ideal, I mean, I don't think people really understand the lengths you have to go to, to get a female form which is devoid of dimpling, which doesn't have a little bit of tummy fat, which doesn't have muffin top when you sit down in your jeans. And I see young women, my sort of client base, I

guess, tends to be older adolescent, young women, and the thing that they talk to me most about is but I haven't got a flat stomach, and I have to almost help them unlearn the idea of what a female body should look like, because they're so conditioned by magazines, media, Instagram that they shouldn't have any tummy fat whatsoever, that the idea of it disgusts them, and they come to me and they are afraid of eating. These are young women who are studying, they're clever, they want to get on in life, they want opportunities, but they are living on less than a thousand calories a day because they are terrified of having belly fat. And it's so destroying to me to think that women fought for so many years to have access to education, and now we're almost trapped in another prison of, you know, not of our own doing which kind of keeps us suppressed even more because we're just terrified of eating.

Danny Lennon: One of the things that comes up, as you mentioned, social media, and I'm sure some people will know my negativity around social media in general, but when it comes to this particular issue, it's obviously multifactorial, as I think you mentioned earlier, and social media does get pointed to quite a lot, I think for obvious reasons, not only because we can kind of go and look up anyone in the world basically to compare ourselves to, but especially if those are things we continue to see with social media algorithms, you'll just continually be served these kind of similar type pages and messages. When it comes to those drivers of creating this change in perception people have around what that body should even look like, because even people's perception of what a healthy body is, is completely different now, and it's so far to the extreme that it's almost thinking of someone as stepping on a bodybuilding stage, that's why the aim is not realizing how extreme of a body composition manipulation that is.

Simone Harding: Yeah, without a doubt. I mean, social media gets a hard rap, and so it should, because Instagram has only been around for what, 10 years. And yet if you consider the way the human brain has evolved for 10,000 years, the way that we, you know, we've got this area of the brain called the prefrontal cortex, and that really is where our sort of organization center for social hierarchy lives, and that's still developing right up until like 25-30 years old. And so really it's in the prefrontal cortex that we understand our place in the world. And so for many years, human beings have lived socially within families, within broader families, within communities, and our understanding of our place, our identity is

very much, okay, well, I'll look at my parents, I'll look at my peers, I'll look at my friends, and we understand where we are in relation to others, it's social comparison theory. But now we have Instagram and I'm not just down on Instagram, because it's not just that, but I have daughters and they have Instagram, and I have Instagram, but media is not just Instagram, it's magazines, it's TV, it's advertising. But now if you think about the way that the human brain has evolved, the prefrontal cortex, it doesn't just have peers, family members, friends to compare to, it has a world of manipulated images to compare itself to. So when my daughters sat in their bedrooms and they're on their phones, looking images of other women that have been manipulated, their brains don't know the difference between the image being real or being on a screen. Millions of young people the world over who really are the first generations to grow up with such prevalent social media and all of the images at their fingertips, we don't know what that's doing to their perception of self, their body image, their sense of identity. I mean, I certainly, and I'm 40, and I didn't have the internet until I went to university, and I remember what that was like, and it certainly was a social media.

And you think about the toys that we give to our kids as well, I mean, I'm down on Barbie, I really do not like Barbie. If Barbie was a real human woman, she wouldn't be able to support the weight of her own head, she wouldn't be able to stand up because her feet were so tiny. Her waist circumference is so small, she wouldn't be able to fit all of her vital organs inside of her thorax. So I mean, what's that doing to the young girls of three, four, who were looking at Barbie, looking at these dolls, and they can't see their body in those toys? What's it doing for women of the age of 18 when they're looking at themselves in the mirror and then when they leave the house and they walk down the average high street in the UK? They don't see their body represented in any shop. If you can't see yourself in anything, and you look at yourself, then you will view yourself as the other, and you will view the other images that you see as the ideal to try to get to. But of course there is no getting to it, it's almost impossible.

Danny Lennon: I'm certainly not an expert in this area and haven't looked into it enough to know, but intuitively to me, when I think about how all these different forms of media that have been around for a long period of time, undoubtedly influences. For example, like looking at like celebrity culture or mainstream media and things that are idealized or are looked to be glamorous has been around for

many decades, has been around a long time, and undoubtedly has a big role to play. But I think the thing that perhaps accelerates this with social media, and again, I don't know, this is just me thinking out loud, is like to a certain degree, when you look at a Hollywood star or some sort celebrity, there is some kind of distinction of, they're kind of different; whereas now on social media, you can look around at literally hundreds of people that may be in a similar position to you that are not seen as "celebrities" but can still be posting pictures whether that's Photoshops or Filters or the one photo out of 50 that they chose to post up and all these different things together, and then suddenly it's this feeling of everyone else looks a certain way, and it's not really a reflection of reality. And that probably, I would guess, hits closer to home for a lot people than maybe seeing someone in a film or a billboard or something.

Simone Harding: And it does just come back to this idea of identity being wrapped up solely in appearance that you're a commodity to be sold, and that your body has value based solely on the way it appears. And I called my recent public talk on body image, Objects Can't Object, and that's speaking to the idea that if women solely value themselves based on their appearance and they have to cultivate value by controlling the body and making sure that it appeals to society's ideals of thinness, then it's a sellable thing. We are only valuable because of how we look and that denies women the opportunity of being considered valuable because of what they offer to the world, because of their intellect, because of their kindness, their advocacy. It just kind of dilutes women again back down to something that we've been fighting for years to get away from. Just kind of coming back to my experience of bodybuilding, certainly when I was spat out of Bath University, I studied at Bath University to be a PT, so I went to Team Bath, and I had some great tutors there, and it was brilliant, I loved being a PT. But what I found was that I felt really pressured to look "like a PT" and I had just a regular body, I was quite into running, I was a mom, I was a single mom, I had twins, I was in my early 20s, and I just felt like I had to do everything I possibly could to sell my brand with my body.

And so I became really interested in following all the forums for bodybuilding, and I know where you were shamed for eating dairy if you were on a cup. The days back to cut down for a competition, it was no dairy, no grains, chicken rice and broccoli, and that was it. And that's what kind of got me really thinking

about the body as a commodity, I had to sell my brand through my body and I just found that I was eating less and less, and I was training two or three times a day as well as having clients, and it got to the point where I couldn't eat any less, and I was really, really tired. And I got kind of relatively lean, but I was so tired and so unwell that I just thought, oh my god, I'm going to have to eat and I started to binge, because I didn't realize that what I was experiencing was anorexia. And it's really funny, because at the time I remember thinking, I'm a failed anorexic, I haven't succeeded at anorexia. And again, that speaks to the idea that somehow letting yourself go, giving in to hunger and allowing yourself nourishment is somehow a lack of discipline. But in that lack of discipline, I let myself go, I let myself eat. But because I was so hungry, you know I understand a little bit now about the biology's response to dieting, and I understand what I was experiencing was like really elevated hunger signals, crazy ghrelin signals going to my brain that I just couldn't control once I started eating, that was it, I was off the chart.

But I discovered that I could purge really easily. And so, in order to keep my body from being out of control, I had 10 years of anorexia bulimia subtype, and the only way that I could heal myself, even though – because I didn't ever slip into the kind of BMI that was considered anorexic. So I had a normal weight body, but I was gravely ill with this eating disorder, but I couldn't – I was begging to be suctioned, I was absolutely desperate, I was convinced I was going to die, and I couldn't access any eating disorder services because I had a "normal BMI". And the only way I could heal myself was to get over my fear of fat and the narratives of fatness in society, they were what was keeping me sick, because in order for me to eat and not be afraid of eating, I had to get over this terrible fear that I was going to end up in a fat body. And so when I work, because I have this lived experience, when I work with people who are afraid of eating, when we work backwards and we peel back the layers, it does come back to a feeling of not being safe in a body that's larger in, I would say, eight out of 10 times. And so I find it quite difficult looking at some of the messages that professionals who work in the field of nutrition and bodybuilding – I've got loads of respect for Layne Norton, I think he's just fantastic at disseminating science and I've been following his work for years, and I also like Eric Helms. But I just really struggle with the rhetoric of leanness and even going into competition as a bodybuilder, I think that is tantamount to some seriously disordered eating. And if you look at the statistics

of people who post competition are full-face down into a trough of food because they are starving. But I mean, that's, I guess, not everyone shares my views, especially people who are professional bodybuilders, and I respect that. But certainly from my perspective, as an eating disorder therapist, it's a really dangerous message.

Danny Lennon: First of all, thank you for sharing your personal story there. I think it adds a lot, and I'm sure a lot of people will recognize that, and just a few thoughts on some of those things. The first is the fact that you mentioned kind of being a personal trainer and that creating this internal pressure to feel like you needed to look a certain way, I think that is a tremendously important point. Because I've got to know a lot of people who work in the fitness industry and are specifically our personal trainers, and it's shocking how many people you see who have had similar feelings to what you've mentioned of the fact that they are a trainer, this feeling that they need to look a certain way is crippling in many cases, to the point where the reason why they got into the industry in the first place is because they liked eating healthy, they liked training, and suddenly those become the things that they start to despise. They actually hate training because they they're in the gym and forcing themselves to exercise all the time, again, out of this place of fear of looking a certain way. They're eating only out of a place of fear, and it's something I've seen many people report to me. So it was just that connection that I made, as you mentioned that too, so I think that's a particularly powerful thing of realizing when we are slipping into kind of this external pressure or maybe internal pressure that people are putting themselves under.

Second, onto the kind of bodybuilding issue, I don't think anyone that's even involved in bodybuilding would disagree that it can really prop people up for some serious issues afterwards. And I think it takes a specific type of person, in conjunction with a specific type of coach I would argue, to go through that process and kind of come out of the other side unscathed. And I think if one or both of those things is not right, you can end up with a lot of negatives and every bodybuilder listening will know either, seen it in themselves previously, or will know it in a fellow competitor or a friend who has gone down the route when they're not in a correct mindset and have not been coached appropriately, who are not aware of all the things that will happen after they finished this diet, and in some cases it will lead to many

weeks and months of binge eating behavior; and then in other cases, going even further and develop out into a full eating disorder. But of course, we have to acknowledge that some people get great satisfaction from it. And I think to the credit of someone like Eric Helms, for example, he is one of the people who's like, okay, if you want to do this, this is the kind of position you need to be in psychologically to do this, here's the way you can set up to minimize to the smallest degree the likelihood of some of these negative things. I know for example, he's currently doing some research and running up some papers with Jake Linardon down at Deakin University on the whole kind of psychology piece, but that's a kind of separate thing for now, but kind of just some thoughts on some of those things you say.

Simone Harding: And I think there is generally a shift happening across the board in the fitness industry from a hardcore dieting, count your macros to one of how can you train and also incorporate broader health principles, not just what the body looks like in response to what you're putting in it for fuel. But something that you said made me think, you said about PTs that have been talking to you and saying that they felt a lot of pressure; and you said, I don't know whether that's an internal or an external pressure, there is this idea of embodiment. Oil Williams and Ellen Annandale, I think they did some research last year called the Weight of Expectation, and what that was exploring was to what extent people in the larger body embody society's values or society's thin ideal, and the extent to which you embody that pressure seems to be kind of relational to your experience of body image. And so internal pressures, you can never say they're simply internal, because we're not born dieting; we're not born with a sense of this is the right kind of body to have, this is the wrong kind of body to have, that's not an intrinsic genetic human characteristic. So an internal pressure always comes from the kind of broader structures in society, and I guess the dominant narrative.

So yeah, it just maybe the thing there, you know, is it coming from inside, is it coming from outside. Well, from my perspective, because I guess I'm like a natural sociologist/psychologist, nothing really is inherently internal when it comes to those sorts of narratives of body ideals. It always comes from society, it just depends on the degree to which the person embodies those values.

Danny Lennon: Right, yeah. It was probably perhaps a poor choice of word on my behalf, it was more the idea that no doubt there's these external influences that are causing people to think this way. But even if others aren't expecting a personal trainer to look a certain way, they may feel themselves that others are expecting this, and they need to for other people. But I totally agree on your point that it is shaped completely by things around us within the culture. One thing that I really wanted to get to is we've obviously mentioned some of the drivers that are around whether it's social media, mainstream media, how other people interact, the way we have these conversations in public, all these things that may shape a lot of times negatively people's perceptions of body image. So when it comes down to people that have, let's say, a negative body image of themselves, when it comes to trying to modify that, what is the best process to go, because ideally we would be able to remove all these external things that are influencing us, but that is probably not pragmatic or practical right now for an individual; and knowing that we're still going to have social media around us, we're still going to have people pushing diets in lieu of getting rid of those things, what can either individuals do or maybe practitioners that are working in healthcare do? What does the process look like? Or put another way, what are maybe some steps that are immediately actionable that can help people improve their body image, improve their feelings of self-worth related to that and try and kind of disconnect that linking of appearance with inherent self-worth?

Simone Harding: Wow, that's a massive question. I guess, it very much depends on the person, right, because if you're talking about somebody who is so affected by their body size that they are unable to climb stairs, they're unable to keep up with their kids, they're experiencing issues that are directly related to their body size. So I'm not talking about the kind of health problems that we assume come from larger bodies. I'm talking about really basic things like, I can't bend and get my shoes on in the morning. For those people, who want to feel better about their body image, it's going to be very different than for somebody who is experiencing a much smaller body, who actually is kind of dealing with their emotions through food restriction, who has complex mental health issues going on. So the way that you have to work with people, if you are in this field of working with nutrition or fitness or therapy directly with human beings, and you're selling a product or service which is supposed to make people feel better, it has to be very nuanced, it has to be very tailored to that

individual, because you have to understand what's going on for that person, you have to understand why they don't feel at home in their body, what has happened to get them to that point where they don't feel safe. And then it's kind of working back, and sometimes that's hard for people, sometimes people don't want to go back. Sometimes telling a story, you know, it can be like re-embedding trauma.

So if I was going to answer your question thoroughly, it would probably be another podcast, but to be really basic about it, I would say, that actually social media can actually be really helpful. There's some research that just came out of the Center for Paris Research, I can't remember the researcher, I'm really sorry, but if you dug around for it, you'd probably find it, and we can maybe include it in the notes. But it showed that social media can actually have a positive effect but it's about curating your feed. And so it's going through your social media and saying, where can I see myself represented and what kind of messages are being sold to me through my social media, because if it's a message or a product or a service that's saying you're not enough, your body doesn't fit, you need to get rid of that right away. And I guess as well, it's about thinking about that internal self-talk, because when you look in the mirror and you're getting ready or maybe you're like just about to step in the shower, it's noticing what does your internal voice say to you when you're looking at yourself. Because if your internal voice is saying, yeah, that's not great, you need to be doing something about that, or I must start my diet tomorrow, or oh my god I wish I had smaller thighs or nicer feet, or I wish my nose wasn't so big, it's actually noticing what your voice is saying to you and then kind of staging an intervention, and going, well, hold on, I can't talk to myself this way because it's a slippery path. Once you start talking down to yourself and your internal voice is just beating you up every day, that's a road to nowhere right there for mental health. So it's just kind of stopping that in its tracks, and then if it's too difficult to think of something positive to say about your body because that is a step too far, then at least you could maybe attempt to find something neutral to say.

So maybe you could look at yourself and rather than tearing yourself apart, I don't know, let's just pick legs, I hate my legs, I hate my thighs, I hate my knee, loads of dimples, I wish I didn't have such a big a big backside, maybe it's saying, well, actually my legs are really strong, they walk me to school, they walk me to

work, they work, I don't have any pain, just finding something, anything neutral to say, and then building upon that so that eventually you're not hearing that really negative shaming internal voice. But that is really work in progress, and sometimes that's where a coach can be really helpful. Because if it's just a step too far for you and you are literally in a groove of like your whole life, hearing your mum say that she doesn't like her body; and then being around your friends at school and they're all going, oh my god, I'm getting so fat; and then you kind of end up growing up with those narratives, it can be really hard to unlearn that voice, but you can and it is possible. But I think it's just about beginning to notice, just becoming aware of what messages you're exposing yourself to, and how much of your mind and your values you're investing in the belief of that message, because I think if you start to question it – of course this all falls apart really when you start looking at young women who are on the autistic spectrum for example. Because we know that for young women who are on the autistic spectrum, their risks of developing an eating disorder are much, much higher. And I think we don't really understand why, but certainly one of the hypotheses is that because people who are on the autistic spectrum process information quite literally, if you think about those narratives of eat less move more, for somebody who is autistic, who is experiencing that processing on a very literal level, they literally will eat less and they literally will move more. And they won't be able to interpret those messages in a very complicated way that I've just described about kind of critical thinking and picking the narratives. And so again it depends on the person, because the protective factors are very different for everybody.

Danny Lennon: So a couple of things, one was when I think it's important that we touch on obesity, and I want to kind of circle back to that, and I think something that you kind of alluded to, and I think it relates to maybe a misconception that people have, and I probably have certainly had this in years past of thinking about, if someone is living with obesity, and there are these things that we can modify in their lifestyle, and if we can just educate them around nutrition that will help, and if we can educate them around physical activity and sleep then they have the tools to do this. Not realizing that not only is it much more complex than that, but there are things that would supersede that. That just saying it's someone's personal responsibility doesn't make any sense. So when you look at the relationship with socioeconomic class, for example, or the relationship with someone who has had serious trauma previous

in their life, and then they're at that putting them at risk for obesity, these things that are such huge determinants that saying, oh well, we can just educate everyone about good nutrition choices, and that'll fix it kind of becomes nonsensical.

Simone Harding: I totally agree. Certainly, if we look at the national weight measurement program, which is a national program rolled out by public, I think it's Public Health England or the NHS – so in year of reception when children literally enter school in the UK, aged four, and in year six which is when they're 10 or 11 years old, they get weighed. And all the data is collected nationally, and it's put into a database so that we can monitor the changing weights of primary age children. And what we see is from reception to year six, if you live in a socially deprived area, you are twice as likely to be obese. And so the relationship between social deprivation and obesity is clear. The Royal College of Pediatric Physicians actually cite the greatest risk to pediatric health nationally is poverty. And so to say to somebody, you're in a larger body what you need is education, you need to just learn how to eat better, what you need is access to physical activity. It's not that, because we know that people who, you know, we know some professors of nutrition are in much larger bodies, it doesn't come down to education, it doesn't come down to knowledge. Sometimes it just comes down to really complicated factors. But one thing we do know is that if you are poor, you are more likely to be in a much larger body, but that's not your biggest risk to health. Obesity is a body state as a result of complex factors, and it's not a primary endpoint. And so by treating obesity, you're not going to fix a problem which is a social problem, it's an economic problem. And so to say to somebody, it's your personal responsibility to take care of your health, you have to fix yourself, and that somehow larger people are costing us money because they're a drain on the economy, they're a drain on the NHS, well, that just takes the emphasis away from a societal problem, because children don't ask to be born into poverty, it just happens. And so if you're born into poverty and you're written off already, your life expectancy is reduced already, your chance of obesity is increased already. That's not your personal responsibility, that's society's responsibility.

And yeah, it's interesting that you say about trauma, because there's a really fantastic book written by Roxane Gay called Hunger, and Roxane Gay is a Haitian American woman, and she experienced horrendous trauma as a teenage girl, and she talks

about how eating became a way of keeping her body safe; how the more she ate, the larger she got, and the more she became invisible to society and it protected her from the attention of men. And so, yeah, you know what, the body is vastly complicated, but ultimately you cannot fix the body, you cannot fix this problem that we like to call, obesity, by just telling people to eat less and move more, because it's grossly oversimplified.

Danny Lennon: I certainly agree that there's these super complex things that can very clearly explain why someone has obesity or at least has been a key critical driver that has gone beyond them personally deciding to eat a certain way or not knowing what good foods are etc. And then if someone has gone through a horrific trauma that has influenced their eating behavior or like the example you just gave, or if someone currently is burdened with all sorts of stresses and life situations or just isn't in a position to be able to even think about some of these kind of food choices or lifestyle choices that we're talking about, it kind of makes no sense to dismiss all that and just keep going back to personal responsibility. With all that on one side, whilst BMI or bodyweight certainly does not have a linear relationship with negative health outcomes, and having obesity doesn't guarantee you're going to get a particular negative health consequence; or second to that, if you have a low BMI or a healthy BMI, that doesn't mean that you are necessarily healthy or not going to succumb to a negative health outcome. But when we look in general, there's plenty of associations between those that have extremely high BMIs or have obesity, and the risk of later developing certain negative health issues and chronic diseases. With that said, how do we address that?

Simone Harding: Yeah, and that's a really – it's a really difficult line to tread, certainly with language, because I do subscribe to the Health At Every Size approach which I think has been subject to some resistance certainly from the online community. Some of the people that I connect with on Twitter, for example, tend to be nutrition scientists who are kind of saying, well, look, if you're in a much larger body, you are going to be at greater risk fact, and the Health At Every Size approach is trying to promote obesity. Well, it's not actually. That's a complete misconception. But certainly in acknowledging that yes, if you have much higher adiposity, then you are going to increase your risk of some metabolic disease. The solution isn't necessarily going to be shame, personal responsibility, and dietary restriction. So I guess, it's about thinking about language. It's about thinking about taking away the

pathology of the body and saying, okay, just because you're in a larger body, it doesn't necessarily mean that your destiny is going to be poor health, because we know that the greatest risk of disease is age, and that's not modifiable. And so really, if another risk to disease is, let's say, central adiposity, then we're not going to change that by making people feel bad about their body and actually making it unsafe for them to leave the house and engage in activities that might help them.

So we know that behaviors matter more than weight, we know that there are factors which can contribute, but certainly if you engage in – I think we know like four healthy behaviors, there was a great systematic analysis, I can't remember how many people were involved, but once BMI was controlled for, it was seen to be eating a varied diet, moderate alcohol take, moderate physical activity, and not smoking. Once those four health behaviors were adopted, your health risks, if you were in the obesity class one and overweight class of BMI, were the same as if you were a normal weight person or a normal classified weight person. And so we know that behaviors matter much more than weight or BMI. So the HAES approach for me, it doesn't peddle hedonistic eating; it doesn't say, you'll be fine whatever size you are; but what it does say is that actually concentrate on those healthy behaviors that make you feel good, concentrate on eating a diet which is internally moderated rather than externally moderated. So you're eating for nourishment, you're eating for joy, you're eating in a way that actually acknowledges your cultural perspectives as well, because of course that's different for everybody. And in that I think you offer everybody the best chance of an equal playing field in terms of health outside of intersections of ethnicity and poverty. I think if you think about language and you think about making the world safe for all bodies and you concentrate on behaviors as opposed to weight, I think everyone has a much better chance of accessing equal health opportunities.

Danny Lennon: Is there something then that could be said for, if we take any given individual, if we're trying to apply the HAES model to health promoting behaviors as opposed to focusing on bodyweight, it's not saying that you as an individual can be perfectly healthy at any particular size, and you can go and just eat as much as possible and get to any size, but rather saying, you as individual, don't need to focus on bodyweight right now and instead focus on all these health promoting behaviors, eat to get your nutrients

and enjoyment, be physically active, sleep all these kind of healthy behaviors, and doing that over time, whatever your body shape, your body size, your bodyweight settles at, is right for you, as opposed to any kind of size is going to be the same thing. Does that make some degree of sense?

Simone Harding: It does, but I think it's also saying, well, actually, health isn't a moral obligation. You don't have to feel that your responsibility to be well is a moral one. Because health problems, they can be curveballs, they happen to all of us, regardless of whatever healthy behaviors we're engaging in, whatever body size we have. And so, it's sort of removing the morality from health, and it's removing this idea that if you're healthy, you're more valuable, you're more valued by society. Because of course this impacts people who have disability, it impacts people who have, you know, they have congenital health issues, and it's not possible for everybody to achieve perfect health, because health is a continuum, it's never static, it's always changing. And I think, thinking that you are in control, 100% in control of your health, is a fallacy. What the HAES principles do say, and I mean, really I subscribe to the HAES principles, because there is nothing else at the moment which I think offers a compassionate lens for healthcare. But the HAES principles, they really just, they offer respect and well-being and movement that's life enhancing and an inclusive space for all bodies. So it doesn't say, okay, if you're in a larger body and you can't run, you can't do anything. It says, okay, if you're in a larger body and you can't run, what can you do, but what do you want to do. It's not health on prescription, but it's health that comes from, you know, it's generated internally from that person, it's about them having a choice rather than being morally obligated by society to do something because they're costing money or they're a drain or they're letting society down.

Danny Lennon: I'm wondering is there any way for there to be a kind of consolidation of this framework with other approaches that may modify disease risk, so by that, I mean, as we've kind of outlined throughout this conversation, for people who are facing weight stigma, who are facing negative body image, who are being made to feel uncomfortable or like a failure because they're being told that they need to lose weight or look a certain way and all these types of things that come along with both the kind of cultural things around body image as well as just the idea of restriction and dieting in general, and there can be negatives around those,

so the inherent benefit I feel to Health At Every Size, as you mentioned, it's a compassionate approach to showing people, hey, don't worry about these external things like bodyweight right now, here are some health promoting behaviors that if you can find stuff that you enjoy and you can incorporate into your life and get enjoyment from and feel better and through that and through an improvement in all the kind of psychological aspects we've talked about, that may improve body image, self-worth, and all that good stuff, with that over time then maybe someone, is it plausible someone get to a point and say, okay, all this stuff is going great, I want to try and modify my or maximize my health or minimize my long term disease risk, whatever way they frame it, and we know that perhaps based on statistics we see from research that they would be in a level of adiposity that puts them at a greater risk than if they're a lower one, is there then a place for that to potentially be a target to change?

Simone Harding: And I'm just, I'm thinking as you're talking about the people who have maybe 2 diabetes for example...

Danny Lennon: Right, sorry to jump in, that's one example I think I posed to Fiona Willer when she was on, and we talked a bit about Health At Every Size, essentially that was an example I used because I think it has particularly objective things we can look at like fasting glucose and hemoglobin A1c and so on, and that's one where we see weight loss can profoundly change some of those markers, and the magnitude of that change can be quite large, and so just wondering is there a place to say, well, maybe this is worthwhile trying to have weight loss in people with type 2 diabetes because we see these profound changes or can those magnitude of improvements still be gained without that weight loss, I guess is what I'm wondering.

Simone Harding: What I find really interesting about the weight loss and the type 2 diabetes hypothesis is that people who have bariatric surgery who are either pre-diabetic or they have been diagnosed with type 2 diabetes mellitus, literally, in some cases, almost immediately their blood glucose comes down post-surgery, but yet they haven't lost any weight. And so there seems to be some metabolic changes as a result of the removal of part of the stomach that achieves a non-diabetic state. But also we know that one of the most reliable factors towards improving the insulin response postprandial is physical activity. And so, in the absence of focusing on weight, to improve your type 2 diabetes, I would always look

to explore how that person is moving, you know, are you getting enough physical activity in the day, because despite the fact that I work very holistically with people, it doesn't mean to say that I'm against exercise, it doesn't mean to say that I'm against adaptive eating. I think these are really worth exploring certainly when there are health benefits to be gained, but those benefits have to be rooted in evidence and they have to be achievable realistically by that person. And so, I'm also interested in kind of our ancestral patterns of moving, and certainly we're more sedentary now as a species than we ever have been. And I think that's probably a massive driver in our overall experience of health is just how much we sit. And so for somebody who is experiencing health problems that they believe to be directly related to their level of adiposity, I would certainly look to explore their relationship with food, the drivers of eating, is it appetite or is it something else, what is physical activity like in the day, and then kind of factoring in things that are going to make them feel good. But I would never use weight as a metric, because it's just really simple, it doesn't tell you anything about that person's experience of their lot and their quality of life.

Danny Lennon: Right. I guess, even from a practitioner's standpoint, and I agree, focusing solely on bodyweight is probably not a good metric, especially if we're communicating that to someone, and I think it's probably wholly unhelpful, but from practitioners and dieticians and so on listening who may be aiming to improve that, there could maybe potentially at least in my mind a way to get the best of both worlds where we never talk specifically about way, maybe we don't even talk about calories or macronutrient or any of that stuff with someone, but what we do recommend are things that we know are likely going to modify someone's energy balance, and if that person can adopt some these behaviors will more than likely lead to decreases in adiposity. So if like we're promoting a diet and we're getting to add more vegetables and fiber and protein and maybe they're getting more steps than they were before and they've started new activity and they have an extra hour of sleep each night, and if we can get them doing those things consistently, maybe in the back of our mind we know it's going to more than likely reduce overall maybe caloric intake or increase expenditure and maybe change their adiposity, but we're not necessarily getting them to target that as a metric itself. And maybe there's a way to kind of blend those from a practitioner, I'm just wondering, again, putting their focus on weight, we can

just be getting them to follow behaviors but still trying to nudge it in the direction of reduced adiposity.

Simone Harding: Well, I don't know really, because it's again looking at the adiposity as the endpoint, and I know it's a risk factor, but really if you're looking at helping somebody's health condition, it's about looking at that health condition. I practice intuitive eating with my clients, because I think it offers this sort of opportunity to explore, well, okay, let's think about your relationship with the body, let's think about your relationship with food, what do you actually like to eat. If we take away all the food rules that you've learned from childhood, and we take out the kind of nanny state government policy of you should eat these many calories over the course of a 24-hour period, what is it you actually want to eat. Because I find that when you offer people the opportunity of eating what they want, it's not cake and chips and pizza, that might last for a day or two, but actually people become attuned to what makes them feel good. But the trouble is if you're denying people the opportunity of tapping into that in a resource, that wisdom that we all have, and they're just relying constantly on a meal plan and they're not factoring in some of the foods they really want to eat, you have this sort of deprivation motivation cycle set up which is a little bit like the diet binge cycle. And so you're always going to feel deprived, you're always going to feel like, oh well, I can't eat cake, because of course, if I eat cake, I'll have a larger body, because it's that fear of fatness coming back again. But actually if you say to somebody, you know what, you can eat what you like, that person won't want to eat cake all day every day, it just doesn't happen. And in the cases where it does happen and people are constantly overeating, I have a client who really likes to watch my 600-pound life which is an American Reality Show, and the people on there, they are horrendously portrayed, I mean, totally dehumanized. But what you do get a sense of is that they're not eating because they're hungry, they're eating because they've got unresolved pain. And so, is offering people the opportunity to access that, what's happening inside for you, why are you eating what you eat, and why are you eating so much of it, and what is it we can do to help you move towards a lifestyle that actually honors what you need from inside rather than externally moderated lifestyle.

Danny Lennon: And before I get to the very final question, I always run the show out on, for people who are looking to connect with you online,

where should they go on the internet to find out about you or to be able to connect or to ask you questions or anything like that?

Simone Harding: Thank you. So I'm on Instagram simonehardingnutrition. I'm on Twitter sjharding. I have a Facebook page which is, I think it's called Simone Harding Nutrition and Intuitive Eating. I've also got a group on there that people can join in on if they want to have a little bit of support. And I have a web page which is just simoneharding.k.uk.

Danny Lennon: Awesome. And I'll link up to all of that stuff in the show notes for people listening if you want to get in touch, which I encourage you to do. And with that we come to the final question that we always round up the show on, and it is simply: if you could advise people to do one thing each day that would positively impact any area of their life, what would that one thing be?

Simone Harding: It's a no-brainer, meditate, even if it's a few minutes, just laying on the floor with your eyes closed, listening to like any number of apps like Headspace or just some music, just yeah, lay on the floor, listen to your breath, tap into what's going on inside, and build that in.

Danny Lennon: Perfect. Excellent way to finish, and with that Simone, I want to say thank you so much for coming on and spending all this time talking with me and giving your insights into this area, and having an important conversation. So thank you.

Simone Harding: It's been such a pleasure Danny, thanks so much for having me on, I really appreciate it.

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