

## Full Plate Podcast Transcript

### #116: "Is Being Fat Bad For Your Health?": Unpacking Weight Science with Ragen Chastain

Abbie Attwood 0:08

Welcome to Full Plate, a podcast that explores the ins and outs of Diet and Wellness culture, the impact of disordered eating on our well being and the past for its body liberation. This show is hosted by me Abbie Attwood. I'm an anti diet weight inclusive provider with a Master's of Science in nutrition. You'll be hearing from me and other incredible folks that I interview in this space as I explore what it means to divest from diet culture, make peace with food, and live freely and unapologetically in our bodies. As a gentle reminder, this podcast is not a substitute for personal medical and mental health advice and does not constitute a client practitioner relationship. I always do my best to avoid mentioning specific numbers like weight or calories, but you are the expert of you. So take care of yourself based on the topic of each episode. Thank you so much for being here. I appreciate you deeply. Now let's dig into today's episode

Welcome back to another episode of full plate. I am so excited to talk to our guest today. And oh my gosh, then, you know good 20 minutes of chit chatting since she arrived so today we have Ragen Chastain and I was just telling Ragen that basically my whole group membership is a super fan club. She writes an amazing newsletter, but does a lot more than that. So Reagan is a speaker, writer, researcher, board certified Patient Advocate multi certified health and fitness professional and thought leader in weight science, weight stigma and health. She is the author of the weight and health care newsletter. The blog dances with fat, the book fat the owner's manual, editor of the Prager anthology, the politics of size and co author of The Hays health sheets. In her free time. She is a national dance champion triathlete and marathoner who holds the Guinness World Record for heaviest woman to complete a marathon. She lives in Oregon with her fiancé Julianne and their adorable foster dogs. Regan. Hi, I'm so happy you're here. Hi, I'm

Ragen Chastain 2:22

I'm so happy to be here. Thanks for having me.

Abbie Attwood 2:24

Oh my gosh, it's like it's an honor. I'm so glad you're here. And I have to know now I just finished reading your bio. What kind of dogs do you have? I have two foster dogs two are adopted dogs. Yes. So

Ragen Chastain 2:36

it's a rotating cast. We take care of high medical needs and senior dogs. Ah. And so we basically we often get dogs and get them to a place where they're safe and healthy to be adoptable and then adopt them out and then get another Oh

Abbie Attwood 2:52

yeah, we that's where so our first dog Jack's. That's what that's where we got him was a foster somebody who had done that for him. So I have such a special place in my heart for her. She still emails us sometimes like eight years later, we

Ragen Chastain 3:04

still email the people who adopted our foster dogs. Do they send us text with pictures and stuff? It's very cool. It's so

Abbie Attwood 3:11

cool. Oh, thank you for all you're doing. Oh my gosh, and the doggy world and beyond? Well, I'm just I'm so I'm so thrilled to have you. And I can't wait to get into so many things today. But I want to start with the first question, which is what's on your plate? And first thing would be like food, what's something you've just been loving lately? And then second would be what's on your life plate

Ragen Chastain 3:34

lately? Sure. So foodwise corned beef has been favoring highly so we love corned beef, and they just had all the sales at the end of the St. Patrick's Day season. And so I've been making corned beef hash. And then also corned beef chowder, which is really good movie about corned beef and cabbage chowder. Really, oh, that sounds amazing. Delicious. And I like making a corned beef hash for people because most people have only have a canned kind, which is fine. But it's totally different when you make it Yeah, you know from scratch. So that's been fun giving that to folks. And then on my plate plate to workwise. So I, in addition to writing the newsletter, and my speaking, I'm co authoring for studies right now for different studies and papers. And so that's super interesting and fun and also a lot so that's Oh, a big part of what I'm doing. I can't even

Abbie Attwood 4:27

imagine I mean, the just I'm gonna plug your newsletter so many times in this podcast, just purely I honestly it's, it is changed my life, the way I practice everything, and I'm so appreciative of you, but how, how you even produce that at the frequency you do. If it astonishes me and you're writing and you're co authoring these, these research studies. So that's a wild amount of work. What are they on which are you able to say the kinds of topics so

Ragen Chastain 4:57

I have one on Weight stigma among the highest weight patients and how that's connected to androgenic harm. So basically, often, the experience of weight stigma is something that's talked about or studied. To some extent, there's some real flaws in weight stigma research right now. But it's not tied to the way that medical weight stigma creates actual harm. So then any harms created are blamed on higher weight bodies and not on the existing that they experience. So that's one another is on the preparedness of retail pharmacies to properly vaccinate higher weight people. There's one on methods harm reduction methods to reduce BMI based denials of care. And another on guidelines for higher weight kids. Oh, okay.

Abbie Attwood 5:44

Well, so much of this is stuff that I wanted to talk about Anyways, today. This is so great. This is amazing. This is so needed, I was actually doing a whole, I was talking to my husband, who just he's just my, my person, mice kind of soundboard. I was talking to a lot about you. And like all the work you do, just because this morning, I was excited to talk to you. And he's a he's a data and statistics nerd. And so he was really he was really it kind of asking me and getting so interested on this on like, what research exists around weight stigma, and like, have they have they been able to show how that itself is causing harm? And so this is amazing that you're talking about this particular study?

Ragen Chastain 6:25

Yeah, yeah. And we have there's a PC can look at on weight and health care where I dig into the studies that show the harm of weight stigma, there is some good research, what unfortunately has happened is that researchers, many who are funded by the weight loss industry, have become quote unquote, weight stigma researchers and their basic premise is like, we don't want to stigmatize that people, but we definitely want to eradicate them from the earth and prevent more from ever existing, but you know, in a non stigmatizing way. So the research was like the first line will be, you know, the, quote, obesity crisis is growing and shows no signs of stopping anyway, how can we de stigmatize that and it's like, you can't, you can't write both can't D stigmatize something while calling for its eradication. That's just plain sense. Like, you know, that'd be a scientist. And so that a lot of the waste in your research now and a lot of the ways diviner researchers who are talking for and over actual fat people are coming from this perspective. And basically, in saying, like, the cure to weight stigma is weight loss and access to weight loss drugs and insurance coverage for weight loss drugs, and of course, that's funded by the weight loss companies.

Abbie Attwood 7:30

Right, we should, you know, we should stop stigmatizing people, but let's keep oppressing them. Right. I you say that you said that so well. And that's I would love to actually start there with I mean, we have actually you don't know, I wanted to actually ask you first about your story, I don't want to get out, then I'll come back to weight stigma. But I, I think that it'll be fun to hear how you got to doing the amazing work that you are doing now. So would you share a little bit about that, before we dig in?

Ragen Chastain 7:59

I totally will. And I always want to say there's a ton of luck and privilege involved in this. Because weight stigma is rooted in an inextricable from racism and anti blackness, which is not my scholarship. So what I learned from folks like Sabrina strings, and de SHA, Harrison Dijon Harrison, Joy Cox ek Delphine. But for my own experience, I had not really thought a lot, I was always a bit bigger than my classmates. But I also was a pretty successful athlete. And so I don't think I got the kind of body shaming I would have otherwise. But my junior year, friend's mom, junior year of high school, my friend's mom, who was incredibly well, meaning I'm sure pulled me aside and said, You're gonna lose that weight next year. Right? You know, you don't want to go to college that day, you. And I had not thought much about losing weight before that. And pretty soon as all I was thinking about, and I was eating less and less, and I was exercising more and more, and it devolved into an eating disorder, for which I was briefly hospitalized. And even at the worst of my eating disorder, I was still quote unquote, too

big based on the BMI charts. So I was being actively treated for an eating disorder and being told by my doctors that I should lose weight to be healthy, which never happened. And one doctor in particular, who I will never forget, said, you know, don't go crazy, like you did before, but you're just a naturally bigger person. So you're going to have to worry about this your whole life, which isn't something to say to anybody, but certainly not to somebody trying to come out of an eating disorder. And I wish I had heard him say you're an actually bigger person. That would have been helpful information at that point, but I didn't. So I yo yo dieted for years after that, and was very lucky not to have a complete relapse. But certainly my relationships with food and movement in my body were incredibly unhealthy and dysfunctional. And so I was in this weight loss program. And it was incredibly strict. It was medically supervised, and I was eating like a tiny bit of food. I wasn't allowed to exercise which should have been Like a big red flag. But I had done what had happened every single other time, I would lose weight short term that I plateau and then no matter what I did, I'd gain it back. And so I was following this program to the letter and gaining back the weight. So I went in, and I said, I quit. And they said, Oh, you can't quit. And no, I'm pretty sure I can. And so they stuck me in a little room with a huge poster about not quitting. It was literally a kitten hanging from a rope. And it's their baby. And I can still see that. That poster clears day. And so a woman came in and she had the kind of a binder. And the binder was just full of pictures of that women just kind of existing. I started flipping through it. And she said, maybe you don't know it, but this is what you look like. And these women are going to die alone on a couch eating bonbons. And is that what you want for your life? And aren't you tired of Hating Your Body? And that is horrifying. And I forget because I've told this story so many times, right?

Abbie Attwood 10:57

Yeah, you saw my face fall. I'm just Yeah. Oh my god. Yeah. It's

Ragen Chastain 11:01

a horrifying thing that that's what they were doing to people who are trying to quit a program that didn't didn't work fundamentally. But so cool. Things happened for me, because I was like, Wait, that's what I look like. Like, I thought I looked so much quote unquote, worse than those women. There was the first time that I was like, I don't hate their bodies. Why do I hate my own so much? Yeah. I grew up in very rural America. So at that time in my life, I did not know what a bomb bomb was. So that went right over my head. I was like, you know why? So much for that one. Whatever. They're dying on the couch eating. It may have encouraged me to try bonbons. But I was like, I am tired of hating my body. Like I was exhausted from hating my body. And it hadn't made me happier, healthier. Dinner just made me tired. So I was like, thanks very much. And she's like, oh, yeah, you can pick up your meal bars on the way out. And no, I quit like you and the kitten hanging there. I'm out. But thank you. And so I think and this, I tell this story, because this was the pivotal moment, I was sitting in my car, trying to figure out what to do next. And what I decided was that I was going to break this up into two parts. And the first part was, I was going to learn to love myself no matter what. Because becoming thin to like myself had been a spectacular multi year failure in my life. And then part two was I was going to lose weight, so I could learn to be healthy. Right. And so I and I didn't know how I was going to learn to love myself, I just set my mind that like that's what was gonna happen before I tried anything else. And so it took, you know, some time but after I got to a place it was really good relationships with food and movement

and my body. Then I was like, Okay, now it's time to what I thought at the time, you have to lose weight to be healthy. That's how that goes. But because I'm a mega nerd, whose background is research methods and statistics, I realized I had just been doing whatever doctors told me to do without doing any research at all. So I decided to perform a literature review of the weight loss research to find the diet that had the highest efficacy. And it was hours of research

Abbie Attwood 13:03

that I cannot imagine. Like I but I love this. I love that you were like I am taking this on myself. Why have I been trusting these losers?

Ragen Chastain 13:14

Except like none of this has worked like and I'll write the letter and they will

Abbie Attwood 13:18

be missing something.

Ragen Chastain 13:21

I remember in a Weight Watchers meeting when I had plateaued it was going back and they were like well you know when you spray the the PAM nonstick spray? are you spraying for more than one second? And I was like yes, that's definitely the problem like that's like

Abbie Attwood 13:34

Rachel Maddow here. Do you know Dr. Rachel Milner so she has told me the same thing that this happened that exact thing the past right. Oh, my God. Yeah, that him

Ragen Chastain 13:44

wrong. Yeah. Yeah. I'm glad and sad. No, it wasn't just me. Right? Like, yeah, what in the heck? Like why am I a second? Am is definitely what's interrupting. Yeah, that's, that's right. Yikes. But yeah, so and I can't I was not in school, I didn't publish this, I got no credit, I had a corporate job. This is just the kind of mega nerd that I am that this is how I like saw my life problems. So I did this huge review. And I was so surprised. And I always say like when I'm talking to this, because my primary audience is healthcare practitioners. Like what I'm talking about may be different than what you've heard than what you were taught and what you've taught others. And in the time that I've been studying this in the last 20 years, I've had all the feelings, right, defensiveness, disbelief, anger, incredulity. So if you're experiencing that, like that's natural, that's valid, but that's also an invitation to dig deeper, not to double down and get defensive, right. And so, but I was so I was in such disbelief that I did the entire literature review a second time. And I was like doing calculations by hand. I was like, How can I? And what I found was simply that there wasn't a single study, where more than a tiny fraction of people were actually succeeding at anything that would be considered significant long term weight loss. And then about 95% of people but we're having the experience I had where they would lose weight short term plateau and gain it back and that this had been known to be like the cycle for almost everyone since the 1920s. So it wasn't new information that I was looking at right Stoker at all in 1959 looked at the previous 30 years of research and found the same thing. So since the 20s, we had at that time, 80 years now a century of research

showing that this is the case. And so that is what sent me down the rabbit hole of learning about weight neutral health. And what because I was like, as a fan of math and logic, weight loss is no longer my plan. Right? Right. This isn't going to work,

Abbie Attwood 15:33

right? I've seen that this doesn't work. And I'm not going to keep both like letting doctors tell me that I can somehow like willpower my way into the 2%. Exactly.

Ragen Chastain 15:42

Yeah, I've had so many doctors say, Oh, well, no, it's true. There's a 95% failure rate. But you just have to keep going until you hit Get in the 5%. And I'm like, I know, not everybody just statistics. And that's fine. But like I did, so let me help you out. That's not how that works. That's a lottery logic.

Abbie Attwood 15:59

Yeah, like what that is? Oh, my gosh, yeah, just keep trying, you can get into that. 5%. Yeah, it's

Ragen Chastain 16:07

amazing how many times like a doctor has been like, well, meaning like they will they weren't trying to find me. They believe it to be true. That's also what drives these negative interactions because doctors assume that patients must not be doing it because they think that anybody who does what they say is going to be successful, long term weight loss. And that's simply not the case. So that I really went down a rabbit hole both of like, okay, well, what is there to support my health? But also, how did we get so freakin fooled, that everybody thinks this is possible when nobody does it? And so that, like, that's just the contrarian in me. And so I started to research about it. And then I promise I'll wrap this up in a second. But I actually became a bad activist. As a ballroom dancer. I started taking dance lessons with a friend of mine, just like casually, and people were like, you're really good, you should compete. And we were like, wait, you can compete at the we're both hyper competitive people. And so in five months, we were at our first competition. And I was working so hard, we had to learn five different dances and choreography. And I really, I don't know how I was this delusional, but I really thought it was going to be about my dancing. And then judges were coming up to me and I, I danced my whole life. But again, rural America. So it was, like whoever's mom had the most dance training, was the dance teacher. So I was like, enthusiastic, but poorly trained. So this is the first time in my life that I was really training. But I was also used to being in front of crowds. And so I was winking and doing arm stylings and stuff, whereas other people, this was like some often their first competition and so they looked incredibly nervous. So I had like a lot of crowd support, which is really cool. But judges were saying things like, you know, you're so talented, what a waste that your weight.

Abbie Attwood 17:52

Or you're going to lose weight, right? makes me so angry. It was.

Ragen Chastain 17:57

And I was just so surprised at first, like, oh, like, this is gonna be a thing. And then the sort of peak moment, I was sick, and I did not dance well. And so I had all my stuff, like gowns and

shoes, and makeup and crap. And I'm trying to get back up to my hotel room to go to sleep. And this judge because like charging at me and kind of pins me against an elevator, I'm holding all my stuff. And she goes, we have to talk about your waltz. And I was like, yeah, it was not good. I couldn't get over my foot. And she was no, that dress. And I had a new dress was a beautiful black dress with red embroidery and spaghetti straps. And she said, I couldn't stand to look at you. Oh, my God, right? And so I had this moment of like, do I go off on this person? Or do I be quote unquote, classy? But I was just exhausted and sick. So I said, Okay. And she said it again. Like, she was so mad that she didn't get a rise out of me. And she was like, I couldn't stand to look at you. And I said, Okay. And so eventually, she said, You know, I talked to your teacher, and he said, I could talk to you about this. And I was like, Well, you know what, I'm 30. So you don't have to ask permission to talk to me. And in truth, I probably won't choose to change the dress, but I appreciate you taking the time to tell me it's such a problem for you. Right? And her face got so red. I thought she might swing at me, right? Like I was like, do I drop my stuff and guard like what's gonna happen right now? And she turned around and like, walked away. And in that moment, I realized because I had when I went to college, even before college I didn't, I staged my first protest in kindergarten literally. But like in college, I had done a ton of social justice work. I had come out as queer at the University of Texas. In the mid 90s. I had done a ton of queer and trans activism work, both in college and at the state legislature level. I had done training on solidarity, anti racism work, so I understood social justice, but I never thought of fat people as a group of people who are being oppressed. Yeah, for some reason I thought of that type of oppression is just like a me thing to deal with. So I was dealing with it and I was on a weight neutral path, but I wasn't like I didn't know there was an amazing community that I've been doing this since way before I was born. But like, in that moment, I was like, Oh, like this is a social justice issue, I wanted to be a fat dancer, I have to be a fat activist to get that done. And so instead of going to sleep in my hotel room, I went upstairs, put my stuff down, and then told everyone I had ever met what just happened to me. And like, people were really up in arms, which was lovely. And I learned that a lot of other fat dancers had had this happen to them. And it really fundamentally affected them. The nurse talked about it, because they were so ashamed. And I was like, well, we're done with that, like, we're talking about it now. But anyway, that was sort of the personal and then into the activism, and I will wrap this up. No,

Abbie Attwood 20:40

that was so I mean, really. I mean, like, I feel so many things, I feel angry, I feel sad, I feel like in awe of you and everything you've done. But I think that was such a great way to sum up, how you came into the science and the research, but also like your lived experience and a social justice, like the piece of this, and I think I'd love maybe we can start there for everyone. Because anyone who's been listening to this podcast for a while is used to me talking about how like this correlation versus causation issue that we have with weight and health. And also, obviously, like rampant anti fat bias and weight stigma. We talk about that all the time. I was thinking maybe we can start because you just were talking about like, you said something you said, how did we get so fooled? And you're when you're talking about your story, like how did it how is it that we got to this place where we have a century over a century of research, showing that weight loss is not sustainable, and in fact, leads to the opposite outcome? Right for most people. But yeah, we're in the middle of what is now being called called. And I will only ever say this word ever with quotes around it, but the obesity epidemic.

So we went from a place where, you know, fatness was, you know, defined as a risk factor for disease. At one point, now, it's become apparently a disease in and of itself. And now a global epidemic, all of which, as you outlined way earlier before your story is all wrapped up in the incredible stigma in our society, which is like those researchers, you mentioned, who are trying to you know, let's solve weight stigma, but also this is an epidemic, right? So Can Can we talk about and establish like, why is this a this word and this language so problematic, something that we should stop using? The like, how did we get to the point where this is being considered the problem that it is, and kind of set the stage for how deeply faulted This is?

Ragen Chastain 22:47

Sure. So my area of expertise is the intersection of weight science, weight stigma and health care. But I've developed a bit of a subspecialty in the ways in which the weight loss industry has infiltrated and manipulated and continues to infiltrate and manipulate the healthcare system. And that's really the root of this. Yeah, right. The words, quote, obesity and quote, overweight, were literally made up for the express purpose of pathologizing bodies based on shared size, rather than shared symptomatology, or cardio metabolic profile like you would see in a real disease. Right there diseases have diagnoses, they do not have 100% overlap with people who do not have the disease. And that's what we have with quote, obesity, right? higher weight, people get all the same health issues that thinner people get. But the notion is that we should lose weight to cure or prevent health issues that thinner people get and from whom the risks that were asked to take to become healthy are not asked. And this goes back again to the weight loss industry. So the term quote, obese comes from a Latin root that just means to eat yourself fat. So obviously, way more stereotype and science there. And it kind of gives you an idea of what the people who are making this up thought when the World Health Organization declared, quote, obesity to be a disease, right? That's still I literally was in a hearing. In a legislative hearing where they were bringing this up like see, this has been known since the 40s, that this is a disease. What they didn't tell them was that the international quote, obesity Task Force, which was funded by two pharmaceutical companies that were trying to get their weight loss drugs on the market, ask the WHO to declare, quote, obesity to be a disease and the who said, We don't have resources for this. And the IoT have said, no problem. They funded the entire meeting in Geneva. They wrote the declarations and then they bypassed the whose editorial review and just sent it to hundreds of ministers of health across the world. And then the American Medical Association, assigned the question to their Committee on Science and Public Health and said should quote obesity be considered a disease and they studied it for a year came back and said, No, it absolutely shouldn't. Because, first of all, there's no clear definition In have quote obesity at all the who the CDC and the NIH have three different definitions, none of which are have the clarity that is required of

Abbie Attwood 25:10

a disease. Right. So an example of that would be like, if somebody has, I just want to like make it clear, like what you're saying to folks, because I love this. This is like if somebody has high cholesterol, there's a very specific range, right? Yeah. But that's what is that? That's what you're saying?



Ragen Chastain 25:29

Exactly. Right. So in order to be diagnosed with type two diabetes, you have to have an A once you're like, there's very clear criteria. Yeah. Where as per quote, obesity, like some people use BMI, but obviously, that's incredibly flawed. It is, was born out of a racist basis. And it just as a ratio of weight and height. But like, some of them will say it's, quote, excess fat that impacts health, but there's no definition for excess. And there's no definition for impacts health. And so what happens is like what they're trying to push now, in a definition, only the weight loss industry could love. Is that Yeah, you you don't have quote, obesity until it impacts your health. Which means that if you have the same BMI, but one person has high blood pressure, one person doesn't. One person doesn't have quote, obesity and one person does, which is like saying no sense. No, it's not. It's not defensible in any scientific way. Yeah, like, it's what about

Abbie Attwood 26:27

a thin person with that disease? They like that they have the disease itself? Not some other thing along with it. Right,

Ragen Chastain 26:34

exactly. So yeah, they it's basically, it'd be like saying, Well, if you're six foot seven, you're tall. But if you're six foot seven with hypertension, now you're medically over tall, and you have two diseases, right? That's exactly, yeah. But it's exactly what has happened. And it's really been a tremendous amount of time and energy and money from the weight loss industry, and in particular, through their astroturf organizations. And so going back to the AMA, the, you know, the Committee on Science, public health came back said no, there's no criteria, it doesn't meet the criteria of a disease. And there's a tremendous concern around over treatment, right, that if we just say people who have this height, weight, weight ratio, have a quote unquote, disease that needs treatment, then people are going to be getting because all treatments have side effects. And so what has happened is the weight loss industry has created a ton of research, which to your point, is based on correlation, not causation. Right? So they say, Oh, look, having being higher weight is, you know, related to all of these health issues. What they don't say is that experiencing weight stigma, and experiencing waist cycling are also related to those health issues. Right? So they don't explore confounding variables which you learn in like your second day of your 101. Yeah, and they say, Oh, it's so dangerous to be higher weight, that it's worth risking people's lives and quality of life with drugs and surgeries and interventions, and the FDA agrees. And so that's the ultimate outcome. But with the AMA, at the time the quote obesity Action Coalition, which still is around but it's now almost entirely funded by Novo Nordisk put millions into lobbying the AMA, to declare, quote, obesity disease, and so the AMA leadership overruled their own committee who studied this for a year to declare, quote, obesity to be a disease. And now all you hear is we'll see the who and the AMA, they all say it's a disease. But there's so many machinations of the weight loss industry underneath that, that nobody talks about. And so they've really kind of gotten away with murder here.

Abbie Attwood 28:32

Yeah, it's, it's like, it's astonishing. And I feel like it's so easy to start feeling like this is one. It can sound like you're being a conspiracy theorists, right? Because but it is, I mean, it's, it's wild,

what's been done when you start looking into when you start really peeling back the layers of this and who's funding what, and who's making money off of this, you know, and I mean, it's atrocious. And I think you just in the last minute you named the next thing that I wanted to go into, which is the correlation piece like, it's like this, it's become this to your point, with all the background we have on creating all the hype and the media coverage of this and that getting all of these tasks for us Task Force and pharmaceutical companies behind it. It's become kind of this like incontestable truth, this is just Yeah, being fat is just bad for your health, and everyone just accepts it as truth. And at this point, it's just something that's muttered so often, and just believed on a surface level that no one really unpacks that everybody's just like, well, of course, everyone knows that right? But can we talk about correlation here? You make me a named weight stigma and weight cycling. There are a couple other confounding variables that I know go into this health inequities and all these things, but what does the research say about the relationship between weight and health? What are we really talking about when We talk about that relationship.

Ragen Chastain 30:01

Yeah, that's a great question. So just to give like a little bit of framework so the the thing you learn your very literally the first two minutes in your first research methods class is correlation. Never ever never ever implies causation. My personal first research methods class, we had to repeat it at the beginning and end of class. Right? And it's for good reason, right? The fact that two things happen at the same time does not mean that one causes the other. And if we assume causality, we can create a lot of problems. Right? If we assume that, okay, if murders and ice cream eating go up in August. And so we say, Oh, well, ice cream eating must make people murderers, let's pull the ice cream off the shelf. But if what actually happened was when it gets hot, people get irritated. Either they eat ice cream, or they murder someone. And we take the ice cream off the shelf now all they're left with is murdering. Right so we will accidentally increase the rate of murders because we assumed causation from correlation. Now, this gets complicated in healthcare research because we use correlation all the time. A causal mechanism can't always be found the body is very complex. Studies that would find causation can be very unethical. Like we can't give people diseases to see what happens. But it's still not responsible to use correlation without investigating confounding variables. And confounding variables just means what else could act on this relationship? Right. So with higher weight, people have a higher incidence of let's say, type two diabetes. Before we say obviously, being higher weight causes type two diabetes, we have to say what else could happen to higher weight people more often than thin people that could lead to type two diabetes. And here we have several confounders. Weight stigma, the experience of weight stigma is known to be correlated with incidence of type two diabetes, weight cycling is known to be inserted to be correlated with higher incidence of type two diabetes, healthcare inequalities is known including something called surveillance bias. Right. So if we test every fat person who walks through the door for type two diabetes, whether they have strep throat, a separated shoulder or severed arm, but we don't test the thin people, and then we go, oh my god, the incidence is so much higher, and that people that's called surveillance are testing bias. And so there's a lot like with high blood pressure, if we're frequently, taking someone's blood pressure with a too small cuff has happens, we know and research to higher weight people, that gives an elevated artificially elevated blood pressure reading. So if that happens, and we say oh my gosh, their blood pressure is so much higher, that's also a form of

testing bias. So there are all these things that we have to look at. And the research around the correlations between weight and health issues goes out of its way to not investigate these these confounders, right, it just doesn't. And so what happened was they and again, a ton of this is funded by the weight loss industry. And you're exactly right. You can't really talk about this for too long without starting to sound like a tinfoil hat conspiracy theorists, but I do want to say I think a lot of people are actually conspiracy hypothesis, because it's not there's no perfect like, this in very real ways is a conspiracy. It was very planned. It was very thrived. Yeah, contrive. And so yeah, you've got this situation where this research just uncritically and also poorly, right? They the research methods that are used in these studies, is so poor, that, like, it's unbelievable to me, you would fail freshman research methods class, if you try to hand this stuff in, and it gets peer reviewed, often in journals that are owned by the weight loss industry. Yes. Right. So like the quote, Obesity Society represents people who sell weight loss, they created their own journal, and they pump out these articles. And so it's not surprising that and it may not be I want to be clear, I just heard about this for weight and health care. It's possible I think there are probably are people who are willing to write terrible research for money. Right, I have no trouble believing that. But there are also people who are dealing with paradigm entrenchment, which is what you were talking about this idea that being fat causes health issues and weight loss makes you healthier, which are, by the way, two different things that would both have to be proven, have reached what I call everybody knows status. Yep. Right. So I will stand in front of an audience, I will give an hour, two hours and as four hours of completely research based talk, and the first person will throw up their hand and be like, everybody knows that's right. Like, come on. This is irresponsible to say this. Yeah. Right. And so when that happens, you can't have good science Walter Willett at Harvard who's been he attacked Kathy Fleagle for simply finding out that there were fewer deaths due to obesity. But he said you know, yeah, every decade or so another study comes out that shows that being in the the quote overweight category is protective, meaning people die later and are more healthy, and we have to stomp it out. Like literally seven days of school, but I'm not sure that I have like if

Abbie Attwood 34:52

I miss something out some evidence. Yeah, let's do that. The

Ragen Chastain 34:56

last step of the scientific method is if you don't like what the research finds Just don't throw it out, lighten our fire. For me a little thrown at Harvard. I'm not sure about that at all. Right, but so it's this. So this is what we've got, is this a ton of uncritical evidence and a good comparison would be that I'm sis male pattern baldness is incredibly, highly correlated with cardiac incidents. And if we stop there, we would say, oh my god, we have to get these people to grow hair. Yeah, can't be bald, they're gonna get it. Yeah, it's the obvious difference. If we make this group look like this group, they'll have the same health outcomes. And that's ridiculous and always gets a laugh from health care providers, right? Because it's so ridiculous. But it's exactly what we've done with weight and health. Yes, and it's so frustrating. And now, I mean, the the exponential growth of the weight loss injury, especially given these new GLP, one agonist drugs, has been from like, you know, 30 billion to 60 billion to 72 billion to 200, and something billion dollars, and you couldn't have that growth if your product worked. Right, that's the most important thing to understand the only repeat business

model. Yeah, they what they figured out is that the body has a two part response to intentional weight loss first, in the short term, it loses a little bit of weight while it tries to figure out what's going on. But then all of the famine responses kick in, and the body changes physiologically to become a weight regaining weight maintaining machine.

Abbie Attwood 36:21

I want everyone to hear that really loud and clear. So can you say that, again, the two part, this is so important. So part one,

Ragen Chastain 36:27

you see you start intentionally trying to lose weight, and the body does not know what's going on. Because the body has no sense that it would be more valuable in our society if it was thinner. So if it sends the food signal, and you don't send the food, the body is like, oh my god, there's a famine, right? Obviously, you would feed me if there was food around, and then you go run on a treadmill. And the body's like, oh my god, there's a famine and we have to run from bears, holy crap. But it's cool, I've got you. And so the body has all of these things it does to deal with those situations, right, it drops type two muscle because it's too calorically expensive, it lowers metabolism and increases the hormones that make you hungry, it decreases the hormones that make you full, there's a ton of physiological responses that essentially turn the body into a weight regaining weight, maintaining

Abbie Attwood 37:11

machine to protect you and save your life, yes, to

Ragen Chastain 37:15

protect you, because your body wants you to live. And it assumes there's no food and with the bears, you've got a lot going on. Now, that change doesn't stop once you stop the diet, because now your body thinks, Okay, we live in a time where sometimes there's famine, and we have to run from bears. And so the body adapts. And then we've also got the consequences of weight cycling, which is losing weight and gaining it back, which are overall increased mortality. And almost all of the health issues that get blamed on being higher weight, bacon and half or more found that the entirety of excess mortality that gets blamed on quote, obesity, and both Framingham and the Enhance could actually be because of weight cycling. Right. So we've got all that and what the weight loss industry has done brilliantly. And what they've known since the beginning Weight Loss Weight Watchers original charter was filed as a repeat business model. So what they've done is take credit for the first part of the biological response when people lose weight short term. And they're

Abbie Attwood 38:11

like we did that. We did that. See our program is working. You lost some weight. Yep.

Ragen Chastain 38:16

And then they blame people and get them to blame themselves and get everyone else including their doctors to blame them for the second part of the same biological response. And that's when we hear phrases like oh, well, they went back to their old habits as yes, this Yes, super disingenuous way to say Starvation is not sustainable. Right, intentional weight

loss is giving your body less food than it needs in the hopes that will consume itself and become smaller. That's not sustainable. And it

Abbie Attwood 38:44

goes back to your when you when you helped us with the like, literal definition of the origin of the word quote, obese. In that word, the language and the meaning of that word is like you did this to yourself, you ate yourself to this body weight. And so if you think about this, that's what's drilled into everyone in our society that like, No, you should just be able to lose weight and keep it off. Because if you've returned back to your former weight, then you are obviously doing something wrong, you're eating too much, you're not exercising enough. And that's why your body is bigger. When reality bodies are just diverse. I find it really ironic that we can believe that people are naturally thin but not believe that people are naturally fat like,

Ragen Chastain 39:30

yeah, if we understand the diversity of heights of bright colors of hand sizes, but we don't understand there's a diversity of body sizes plus to your point. So we know that about 95% of people regain the weight that they lost up to 66% of people regain more weight than they lost. I don't think there's anything wrong with being fatter becoming fatter. I think there's something seriously wrong with something that's considered a health care intervention that's prescribed now to 70% of the population. That is the opposite opposite of the intended effect which Already at the time. And imagine if

Abbie Attwood 40:02

that was not here. If that was another intervention, we were giving someone we're like, this is going to this has like a five to two, like two to 5% chance of success 66% chance of making the problem worse. Yeah, the quote unquote, problem. And oh, by the way, like, we haven't even gotten into in this conversation, the side effects. Yeah, the, like, consequences of dieting itself. Like it's not a harmless endeavor.

Ragen Chastain 40:30

Right. Exactly. And even if there was a pill like that, like, even if they were like, Yep, there's a 5% chance to secure your cancer 95% chance to go back and up to 66% chance to make your cancer worse, they would have to tell people that, yes, informed consent, they could not say everyone who tries hard enough cures their cancer with this intervention. That would be wildly unethical and inappropriate. But that is exactly what happens again, with weight loss interventions.

Abbie Attwood 40:57

Yeah, yeah. Every single time, it's, it's the idea, you said it really well. And I just want to highlight what you said was like, Oh, the idea is like, you only regained the weight, because you went back to your awful lifestyle choices that you were making prior to this diet, when in fact, it was your body's saving your life, to get it back to a place where it felt safe.

Ragen Chastain 41:20

And like these now with the GLP, one saying, Oh, they shut off, quote unquote, food noise, which appears to be in large parts of the rebranding of normal hunger, and taking advantage

of the fact that I've been told that whatever they feel about food must be wrong. But also, that restriction when you talk about the side effects, you know, restricting changes the brain in such a way that it changes the relationship with food and and increases food noise, and there are weight neutral ways to heal that that work well for many people. But they don't make the weight loss industry any money. So now we've got oh, you know, I saw somebody celebrating? Yeah, it's like, it's shut off the hunger signal from my brain. And I'm like, That is not good.

Abbie Attwood 41:59

It's not good. We don't want the No,

Ragen Chastain 42:02

I finally have a normal relationship with food. I'm not hungry. And I don't want any, not a normal relationship. No, that's

Abbie Attwood 42:08

just what we've been taught. Like, yeah, hot that, like, that's how we should be around food that we should never think about it. When in reality, thinking about food is one of the first signs that we're hungry and that we need something to eat. Like, our brain is saying, Go get me something from the kitchen, please. Like, yeah, it's no, the food noise thing is really harmful, because people are seeing it, who maybe never considered this something that they struggle with. And now they're like, oh, yeah, oh, all these thoughts I have about food. Like, maybe I have a problem, maybe I have a problem with food is so damaging.

Ragen Chastain 42:46

And like the, the big part of the con, that the the weight loss industry has been doing is that so they create this right? They voiced an intervention that makes people fatter, up to 66% of the time, and then they wring their hands that quote, obesity is getting like people are getting fatter. So we need more of the weight loss industry, they create disrupted relationships that cause more food noise than would be normal. And they say, Oh, so you need us to solve this problem. So they create problems, or quote unquote, problems. Because again, I don't think that becoming fatter is a problem. Like that's not I am trying to cure stop, right? They create this so called problem and then they sell themselves as the cause of it. And they wring their hands. How is it possible that people are getting fatter? Well, let's examine this situation, right? How the more weightless interventions that are prescribed, the more people's weight climbs. So like, let's ask ourselves if we really want to sign up for 50 more years of this, like, it's ridiculous. It's such it's such a con, and such a smart con and a con backed by billions of dollars.

Abbie Attwood 43:52

It's such bullshit. Yeah, I get this question all the time. Regan, like people who are trying to understand this, they're like, Well, isn't it true that the rates of quote unquote, obesity have been rising over the years? And there's a lot of contestable, like, research around that, as you pointed out earlier with Kathy Fleagle is research and like really looking at like, is this really what's going on? Right? I mean, aside from the fact that hopefully, we are continuing to solve hunger and food scarcity. And obviously, these are still pervasive issues. But aside from that,

that, like perhaps bodies are just getting more well fed over time. We also have the CO occurrence of the diet industry, boom. And to your point, what happens when the diet or weight goes up long term again, you and I are not sitting here saying that's a bad thing. We're just saying, Can we take a look at why this is happening? Yeah,

Ragen Chastain 44:44

cause effect. It's not that hard to figure out like, Yeah, everybody's you know, maybe it's the food supply. Maybe

Abbie Attwood 44:50

the diets. Maybe it's the food industry, they're all trying to ruin us. Yeah, yeah.

Ragen Chastain 44:55

It's, it becomes so completely like unhinged, and As to watch it happen in real time is so frustrating, because it's like and you see very again very well meaning people I know. And they're the people who are doing this on purpose. And then there are the people who, and it's it's shocking how much medical education has been infiltrated by the weight loss industry either directly, right, Novo Nordisk is simply giving grand rounds at hospitals. And indirectly, there are companies that are middlemen and they take pharmaceutical marketing language and they turn it into continuing medical education. Yeah, non transparently. So yeah,

Abbie Attwood 45:33

it's so I grew up, I don't know if I told you this when we were chatting Off mic, but I, you know, my parents are both physicians. And so I grew up around a lot of this. Just this this rhetoric, right, just the kind of, I think, I think when I was listening to a maintenance phase, I think Audrey Gordon, I don't know that she coined this phrase, but you said that you called it the like, everybody knows. And I think she called it the scientific blackbox. Right, this idea that people are just like, oh, that's just the truth. And that's kind of what I grew up around. And I love my parents, and they are the most amazing people. And they did what they did as physicians purely because they loved it. And so I have watched this like happen to people who, who are truly well meaning, but are fed this information in their education, just like I was in my graduate program for nutrition, right. Like, it's, it's everywhere. And I think, I mean, it's, it's so frustrating, because I think so far, you and I have been over the fact that, okay, this term, quote, obesity, it doesn't make sense, it should not be constituted as a disease. It's also incredibly harmful and stigmatizing to use that language aid. And if we look at the research and weight isn't causing poor health outcomes, but rather is correlated for all these other confounding variable reasons, and dieting doesn't work. Why? Why are we still prescribing it like Reagan? What do you think? Why do you think this is still happening? Why are doctors still being told to push weight loss? And we can talk about weight loss drugs, and a little bit, but like, Why, yeah. How is this still happening? 100 years into this research being very clear. Yeah, it's,

Ragen Chastain 47:26

I think it's a matter of not questioning. There's, you know, the story of Galileo, we all know it's telescope figured out the Earth revolves around the sun, they made him or camp, put them under house arrest terrible. The part of that story that most interests me, and then I bring up

a lot in my talks is that Galileo was contemporaries were said to have refused to look through the telescope. So they weren't saying this telescope was poorly made. They weren't saying your math is off, they simply wouldn't look. Yeah. And this is what we get, like there's, and there's a lot that's wrapped into that, right. There's the training, right, that in medical schools, often they're taught to see highway patients as walking talking pathologies. That's

Abbie Attwood 48:07

right. And we have studies showing the rates of bias just of medical students against fat folks, right, like just these assumptions. There's

Ragen Chastain 48:16

tremendous bias implicit and explicit. Yeah, right. Most medical schools don't use and I apologize for the McCobb nature of this, but they don't use fat cadavers. So in gross anatomy, the first time people are starting to understand like what the body looks like, on the inside, no one is looking at a fat body. And it sets up the idea that thin bodies are normal, and everything else is abnormal or more difficult. So you've got that, and then you've got the that inherent belief that if patients try hard enough, they can lose weight, and almost none of their fat patients do. And that gets translated to none of my fat patients follow directions. And that's why so much research shows that physicians think of higher weight patients as non compliant,

Abbie Attwood 49:02

compliant that's so reminiscent of eating disorder treatment to Yeah, interesting. Yeah.

Ragen Chastain 49:06

And the word compliant is incredibly love and problematic. I want to be clear. But yeah, so you've got all of that. And then you've got the fact that, you know, you've we've got these weight neutral studies around weight neutral health. And by the way, even if it was found, and I somebody misunderstood for my talk was like, I can't believe you said that fat couldn't possibly cause health issues. And I was like, I didn't say that. Right. I'm saying until we control confer confounders we have no way to understand fully the relationship here. Right. So it's possible that being higher weight is causally related to some health issues, just like being tall is causally related to some health issues, right. The second problem is the idea that if that's true, then weight loss is the solution.

Abbie Attwood 49:49

No, it doesn't work, but it's also harmful.

Ragen Chastain 49:52

Yeah. And that's where everything goes off a cliff. Right. So like, even if being fat caused a higher risk Have a health issue. That does not necessarily mean that losing weight would reduce risk. Right? Even if weight loss were possible, which currently we don't have any method that's been shown to work for even three years or five years, right, so there's that piece. But there's an unwillingness and part of that is because there's very little money in weight neutral health, right, the diet industry has really capitalized and has successfully



Abbie Attwood 50:27  
gone to I know it.

Ragen Chastain 50:30

It's real, but has successfully gotten research funds earmarked only for obesity, quote, unquote, obesity prevention and treatment. And so if you wanted to do a large scale, randomized controlled trial, you would have a real hard time finding money to do that, as the people who want to do those trials have learned, those are expensive to put on. And if there's no money for it, like researchers can't possibly self fund that, on the large scale that will be needed to refute. And so they say, we'll see there. There's only like long term retrospective studies. And there's only small, randomized controlled trials to show that weight neutral health is, you know, an option. And so they then excluded from the research. So like the American Academy of Pediatrics guidelines for higher weight kids, one of the first things they did was exclude any research that didn't have weight loss as a measured component. So their only solution was to come up with weight loss interventions because they had excluded any other intervention from even being looked at. And unsurprisingly, the AAP took money directly from Novo Nordisk, and most of the authors did as well, right. But it and gave special dispensation to include Novo Nordisk drugs, which did not exist when they created their original research plan. Right. So there's like a lot of stuff like that that happens. So when we talk about like, why are we still doing this? It's a combination, I think of paradigm entrenchment of a ton of money going into propping up the existing paradigm, and of just the assumption right that now, because they these new drugs have come out, these drug companies are now falling all over themselves to say, oh, yeah, behavioral interventions don't work.

Abbie Attwood 52:19

Yeah, right. But Weight Watchers jumped on that. Yes.

Ragen Chastain 52:21

Bought sequence. Yeah, but only in the service of a more dangerous, more expensive intervention. Yeah. Right. And by the way, they're like the last 20 people in the world to learn this. People have been screaming this and you know, weight neutral health, community and factors and community. Since long before I was born since the 40s, the 50s, the 60s have been screaming this from the rooftops. But suddenly, the weight loss industry figures it out at about the time that they have figured out a new, expensive and dangerous intervention. And so that's part of it, too, that if you are locked in that idea, like fat is bad weight loss is the solution, then all you can do is keep being more extreme. Right? Let's try 800 calorie diets for people that's 500 calories. Let's, you know, shoot people up with horse urine let's do instead of saying like, maybe weight supporting health supporting behaviors that are weight neutral, could give us way more benefit with way less risk, which is what the research on the other side suggests. So I think it's a combination of those things.

Abbie Attwood 53:28

All right, folks. So what we're gonna do is we're gonna go into a q&a with Regan all about ozempic wagashi. These weight loss drugs that you've undoubtedly been hearing a lot about, we have a bunch of questions that came through from Patreon supporters. And that's going

to all be in a bonus episode next week. So stay tuned for the rest of this conversation with the wonderful Reagan testing next Monday and I will see you right back here

All right, so that is our show for this week. I am so grateful for you all for your support your compassion and your presence here. Well plate is edited by Brian Walters, the administrative support is provided by Ashlynn keel cover photography is by Anya mcinroy. And it's produced and hosted by me Abbie Attwood. This show is made possible by you and your support on Patreon rather than through advertisers. So you can support me in my work, including this podcast and my newsletter by joining Patreon at [patreon.com/full plate](https://patreon.com/fullplate). That is also where you'll receive bonus episodes access to asking me questions and other special content. If you're unable to support on Patreon, another way to support us is by leaving a rating and a review. And to make sure you're subscribed to the show on whatever podcast apps that you use. Thank you for being here for being a part of this community. You really keep me going and you give me hope. I'll see you back here next week

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