

TO LOSE WEIGHT, AVOID DIETING!

Charlotte Markey Psychology Professor, Rutgers University, New Jersey, USA



Jamie Dunaev Assistant Teaching Professor at Rutgers University, Camden

Charlotte is Director of the Health Sciences program at Rutgers University. She has been conducting research on eating, dieting, body image and obesity risk for over 15 years and has published over 50 book chapters and articles in peerreviewed journals.

Dr. Dunaev's work examines body image, weight bias, and health disparities, particularly among adolescents. There are many psychological pitfalls that prevent most diets from succeeding long term, but there is a proven sustainable way to lose weight ...

As psychologists and researchers who focus on weight control, we often get asked for weight-loss tips from friends and acquaintances. Our advice is always the same: Do not diet.

To be clear, when we say "diet", we mean eating regimens that require severe calorie restriction or eliminating entire food groups altogether (e.g. carbs, fats, sweets). Despite the deprivation, diets remain alluring because they offer a supposedly quick and easy plan for what you should and should not eat. Although these tactics are meant to improve poor eating habits, the truth is that such strategies hardly ever work because they are extreme and nearly impossible to maintain long term.

Losing weight and keeping it off is increasingly important as health professionals continue to document the large proportion of people affected by obesity. This global obesity epidemic has consequences for people's current health and wellbeing and is associated with potentially fatal health problems such as diabetes and heart disease. Thus, it has become critical for us all to approach weight loss armed with a keen understanding of what really works and what doesn't. Let's start with what doesn't.

WHY DIETS DON'T WORK

A survey issued by market researcher Mintel in 2014, reported that 55% of British adults claimed to have attempted weight loss in the last year (65% of women and 45% of men).

The extant evidence, unfortunately, tells us that dieting does not promote

lasting weight loss. Indeed, those who do lose weight often gain that weight back - plus some - once they go off the diet. Considering the prevalence of dieting, alongside high rates of overweight and obesity, it is important to understanding the psychological and behavioural effects that contribute to dieting failures: intense cravings for the eliminated or restricted foods, bingeing on junk food after falling off the wagon, and a preoccupation with food.

Ironic processing

Some diets promise to help you avoid feelings of deprivation by letting you eat as much as you want of certain food groups while eliminating others. The issue is that when you disavow your favourite foods - a requirement of most weight-loss regimens - you develop a deeper longing for them. Psychologists call this 'ironic processing' - attempting to suppress a thought makes it more salient. This phenomenon was made famous by the late social psychologist Daniel M Wegner in a series of experiments - the white bear studies - in which he asked subjects to avoid thinking about a white bear. Guess what animal participants just couldn't get out of their thoughts?

Many studies have found that people who attempt to cut out food or food groups end up craving them more. One such study compared eating patterns in 23 normal-weight non-dieters who restricted their intake of palatable foods (e.g. doughnuts, ice cream) and 23 similar people who merely recorded their snack intake. The researchers found that participants who restricted themselves reported craving and eating more treats, whereas those who simply monitored their snacks did not. This growing line of research suggests that for most, eliminating foods entirely may backfire.

The 'what the hell effect'

Another issue with diets is that once you give into temptation after restricting yourself, you are more likely to binge. This tendency, which psychologists have humorously named the 'what the hell effect', severely undermines attempts to lose weight.

A 2010 study by psychologists at the University of Toronto demonstrated this effect in people who believed that they had broken their diet. In the study, students - some of whom were dieting and some of whom were not - all received pizza slices. Next, some of the students were offered an opportunity to compare the size of their pizza slice with another slice, as an accomplice walked by with another slice that was either bigger or smaller than the one they were given.

In the next phase of the study, students were asked to taste-test cookies. Women who weren't dieting and dieters who thought that they had eaten a smaller than usual slice (based on the comparison piece that walked by them), ate a relatively small portion of cookies. But dieters who saw a smaller slice of pizza after they had eaten their piece seemed to assume that they had broken their diet and ate more cookies than everyone else. The researchers suggest that these women believed that they had already blown their diet, so, "what the hell, I might as well go ahead and eat those cookies". This study, and many others like it, confirms that breaking, or thinking you have broken, your diet is enough to inhibit self-control.

Mental fatigue

Although changing your eating behaviours requires some attention, especially at the beginning, focusing too much energy on what you eat reduces your capacity to perform other tasks. Studies that examine the mental energy available to dieters versus non-dieters consistently reveal that dieters have more difficulty on tasks involving learning new information, solving



problems and exerting self-control. Further, even overthinking your food choices can take a toll on your mental health. For instance, a 2010 study published in the journal Appetite looked at chocolate eating amongst dieters and nondieters. The non-dieters were not particularly distracted by a chocolate indulgence, but the dieters could no longer think clearly, becoming consumed with thoughts, such as, "Why did I eat that?" and "What should I eat later today to make up for eating that?" Taken together, studies such as these suggest that dieting can affect your mental processes and behaviours in multiple areas of your life.

Another experiment published in 2010 found that women who restricted their caloric intake and recorded what they ate exhibited elevated cortisol levels, a marker of biological stress. Even women who simply monitored their meals (even without trying to restrict their caloric intake) reported feeling more stressed, and ended up gaining weight. At the end of the day, for most people, it seems that diets not only backfire, but take a heavy toll on our physical and mental wellbeing.

WHAT DOES WORK

Research is clear that a moderate approach is the best way to achieve lasting weight loss and health. In other words, by making small changes, one at a time, a healthy lifestyle can be created that can be enjoyed and sustained. This approach, while simple, is not easy. It requires patience and diligence. When setting a weight loss goal, it is

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natural to want to accomplish it quickly. But to achieve lasting results, gradual and sustainable changes need to be made to a diet: for instance, drinking less alcohol, substituting regular fizzy drinks for diet versions and eating dessert a few nights a week instead of every night.

These changes may sound an awful lot like a 'diet', but they are not, for one important reason: a gradual approach allows for acclimatisation to a new routine at a manageable pace without the intense denial and frustration that typically accompanies diets.

A large body of research supports the idea that making simple, gradual changes to eating patterns is the best way to promote lasting weight loss. For instance, a 2008 study demonstrated that overweight and obese adults who made very modest changes to their daily calorie intake and physical activity levels, lost four times more weight than those following regimens that involved more extreme calorie restriction. In further support of this approach, a 2015 study published in PLOS ONE found that women who successfully modified their diet and exercise habits over time set small, achievable behaviour change goals, had realistic expectations about their weight loss, and were internally motivated to lose weight. The women who relapsed or failed to change their habits tended to have unrealistic expectations, lower motivation and self-confidence, and less satisfaction with their progress.

This data may appear to conflict with the research mentioned earlier on the pitfalls of restriction and mental fatigue, but the key is to find the right balance. For instance, before changing a diet, current eating patterns need to be understood first and this may require considerable thought and attention. Becoming aware of personal habits, the good and bad, allows for them to be tailored.

In addition to gradual changes in food consumption, exercise can also benefit a weightloss plan. Although, often not particularly effective on its own, when combined with better eating habits, exercise appears to help people slim down. A 2012 study looked at the effects of diet, exercise, both, or neither, in a group of overweight or obese postmenopausal women. People in the diet conditions could consume between 1,200 to 2,000 calories a day, depending on their initial weight, and people in the exercise condition had to complete 45 minutes or more of cardiovascular exercise five days a week. After 12 months, those in the combined diet and exercise group lost the most weight - about 19.5 pounds. The 'diet-only' group was close behind, losing 15.8 pounds, and the 'exercise only' group lost 4.4 pounds.

CONCLUSION

Many decades of research on diets and dieting and thousands of participants make it clear that the harm outweighs the good resulting from dieting. Furthermore, evidence suggests that a moderate approach, incorporating gradual and sustainable food and exercise goals, holds the most potential for long term-weight control. Although a moderate approach to weight loss is not as sexy as schemes purporting that you can lose a pound a day, or inches off your waist by the end of the week, there really is no other option, unless you want to be on and off diets for the rest of your life.

Further reading

- Johnson B et al (2014). Comparison of Weight Loss Among Named Diet Programs in Overweight and Obese Adults: A Meta-analysis. Journal of the American Medical Association, 312, 923-93
- Markey CN (2014). Smart People Dorn't Diet: How the Latest Science Can Help You Lose Weight Permanently. Boston, MA:Da Capo Lifelong Books
- Mata J, Todd PM and Lippke S (2010). When weight management lasts: Lower perceived rule complexity increases adherence. Appetite, 54, 37-43
- · Ogden J (1992). Fat Chance! The Myth of Dieting Explained. Routledge: New York
- Polivy J and Herman CP (2002). If at first you don't succeed: False hopes of self change. American Psychologist, 9, 677-689

Comment from the Editor

Charlotte N Markey has provided *NHD* with nine copies of *Scientific American Mind magazine*, in which her article *Don't Diet* features. If you would like a copy of this magazine, please email us here . . . Copies will be sent out on a first-come-first-served basis.

