# Healing from Diet Culture
# Through Divergence Toward Health and Wellness

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"Mommy, I don't want you to die," I pleaded by the car after we had walked past a popular diet center. Three years earlier, my fifty-seven-year-old grandfather lost both legs and eventually his life from type 2 diabetes. Growing up, my family bonded through traditional African American cuisine passed down through generations. By the time I was eight years old, my mother had reached 400 pounds. I could tell that her body had become a prison, limiting her ability to engage in life fully. That very evening, my mother, with tears welling in her eyes, joined the program and eventually surpassed her weight loss goal. Nevertheless, just as with many other dieters, the results did not last. This experience was pivotal in my decision to pursue family, integrative, lifestyle, and culinary medicine which also fuels my current approach to adiposity reduction, one that is holistic, sustainable, and most importantly, improves health outcomes.

Cardiometabolic diseases are the leading causes of death in our patients. Unfortunately, these conditions are most prevalent in our under-resourced, minority, and indigenous communities due to systemic injustices that make processed foods more easily accessible and affordable. While adiposity reduction can mitigate or even reverse the ravages of cardiometabolic disease, there are no quick, simple approaches which frustrates patients and clinicians alike. Diets are not sustainable. Medications can be expensive and may have adverse effects. Bariatric surgery may have complications. Calories in versus calories out is flawed. Ultimately, most people who lose weight gain it back. However, helping patients shift to a behavior-based, health-first mindset, rather than outcome and "goal weight"-based may achieve lasting body composition changes and health results.

The traditional two-pronged approach of diet and exercise is not sufficient for tackling the multifactorial state of increased adiposity. In fact, the body's stress response is one of the most significant contributors to this condition. Stress in all forms leads to cortisol release and a subsequent hormonal cascade that increases appetite and thwarts adiposity reduction efforts. This response often triggers the vicious cycle of poor lifestyle habits resulting in weight regain. In my practice, I have discovered the necessity of using a trauma-informed lens to address the impact of abuse, bullying/body-shaming, biases, and self-blame on my patients' abilities to fully engage in true wellness. Most importantly, my comprehensive approach also equips patients with the tools to overcome barriers such as maladaptive stress-coping mechanisms, substance use, poor sleep, unhealthy relationships (with people or with food), food insecurity, and socioeconomic burdens, as the body perceives each of these challenges as threats.

Healthy nutrition is the cornerstone of adiposity reduction. However, food is not only necessary for survival but also has emotional and cultural implications. For many, it is an expression of love, comfort, and familial connection. Diets that deviate from those associations tend to lead to unhealthy food relationships and unsustainability. Helping patients mend this relationship is quintessential to achieving sustainable health improvements. Tapping into foods' medicinal properties while also maintaining

familiar and enjoyable flavor profiles is key. Start off by advising patients to optimize their meals by adding vegetables, legumes, nuts, or seeds and promoting family involvement in this process. Hopefully, these modified recipes along with their pleasant associated memories will be passed down through generations. Michael Pollan's mantra "eat (real) food, not too much, mostly plants" is the general eating philosophy I promote. As long as the nutritional pendulum predominately swings in that direction, patients can abandon the all-or-none dieter's mentality. Meal planning, ingredient-prepping, batch and sheet pan cooking are all great strategies for increasing home-cooked meal consumption while saving precious time. Directing food insecure patients to affordable grocery stores or food pantries and highlighting how canned, frozen, or dried foods can promote health improves the feasibility of nutritional optimization for these patients. Ultimately, the aim is to consistently eat foods that taste good and heal the body from within.

As a resident and integrative medicine fellow, I helped launch healthy lifestyle shared medical visits (SMV) at the Santa Rosa Community Health Vista Campus FQHC. Initially conceptualized in collaboration with Danny Toub, MD, Nadya Hristeva, PharmD, Mollie Heckel-Munc, PhD, and Wendy Kohatsu, MD, DIVERGE (**D**aily **I**ncremental **V**ital **E**nlightening **R**ealistic **G**oal-Setting **E**mpowerment) Towards Health and Wellness was created with the goal of preventing or ameliorating cardiometabolic disease through the promotion of behaviors that aim to result in sustained adiposity reduction. Sessions are 90 minutes on a web-based platform, with topics ranging from optimizing nutrition and mending adversarial relationships with food to stress management, resiliency planning, and self-compassion. In every session, patients participate in movement and guided meditation and share their experiences, ideas, and struggles. I, then, conduct one-on-one telephone visits to either set new or troubleshoot existing SMART goals and provide further individualized support. My hope is to eventually add in-person culinary sessions, walks, and grocery shopping trips to the curriculum.

However, even in the traditional clinical setting, you can apply the DIVERGE approach to your patients using continuity to your advantage:

1. **Elicit a "Why":** Once patients express their readiness for change, elicit their "why" (reason) for embarking on a health journey. Anchoring subsequent goals to this "why" is crucial for maintaining motivation to continue the journey.
2. **Become a Health Partner**: It is crucial to meet patients where they are while also strengthening their intrinsic motivation for change. Always ask how you can best support their efforts.
3. **One Goal and One Lifestyle Component at a Time:** End each visit with one patient-derived SMART goal and initially follow up every four to six weeks. Address one lifestyle component per visit at a time. A one-time "lifestyle discussion" is not sufficient for managing the chronic, relapsing, remitting condition of increased adiposity.
4. **Create a Resiliency Plan Early in the Journey:** Brainstorm resiliency plans with patients as early as possible to overcome inevitable setbacks. Encourage them to use any lessons learned moving forward and normalize this process. The only way to "fail" is to not get back on track. Each day is a new opportunity for better health decisions.
5. **Enjoyment is Sustainable:** Exploring new recipes, engaging in fun movement activities, and involving friends and family are some ways of making the journey more appealing and sustainable.

6. **Co-manage Care with Other Professionals:** If indicated, refer patients to nutritionists, physical therapists, and/or behavioral health specialists for more intensive management while still continuing to co-manage.
7. **Avoid Bias:** Last but certainly not least, become cognizant of and confront any personal biases towards patients with increased adiposity to mitigate the medical harms and prejudices they unfortunately already face.

Just like many of my patients, my mother had initially lost hope once she found herself back where she had begun. Eventually, however, she adopted the DIVERGE philosophy, prioritizing her overall wellness above the number on the scale. Her focus is now on behaviors she can control that are rooted in the expression of self-love as opposed to self-denial and deprivation. A mild stroke early in her new lifestyle journey served as motivation to continue forward rather than a reason to give up. Due to her perseverance, both her body and mind have improved for the healthier. We have the power to empower our patients to not only diverge from diet culture but also from the often generational collision course of chronic disease and early mortality.

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