

iDiet Podcast S1Ep1

[00:00:00] Welcome to the iDiet podcast. Season one, episode one, join us for eight episodes. This season of education, insight, and light bulb moments. We're bringing you science-based information you can put to immediate use. In this episode, when we talked to Roberts learn about her global research projects.

How we approach weight management. Explore using nutrition science to control hunger and to make your health goals easier. Subscribe to get all eight episodes and send us your questions because we are eager to answer them. Now let's get started. If you already know Dr. Roberts, you can skip ahead to the six minute mark to get right to the discussion.

Lee: We're here with Dr. Susan B. Roberts, PhD, professor of Nutrition at Tufts University, professor of psychiatry at Tufts University, author of more than 200 research studies on nutrition and weight management, the author of several books about nutrition and diet, and the founder of the iDiet

we're so happy to have you here, Dr. Roberts. [00:01:00]

Dr Roberts: Lee, thank you for, taking the time to chat. Oh,

Lee: thank you. You've been in Boston for quite a while, although you're not from Boston. I know you started at m i t and then you moved to Tufts. So to get us started, would you give us a little bit of your history, how you got into nutrition, and how you ended up where you are now?

Dr Roberts: Well, I, I think that my entry into nutrition research was pretty accidental. I mean, I wasn't one of these kids who knew exactly what they wanted to do, and, and I loved cooking. I was an overweight kid. So in, in some ways I was. You know, like destined to do this job. But when I was 18, I didn't have a clue.

And I remember going to the local public library with my father to work out what college courses would be suitable for me. In England where I. Grew up, you have to apply to a college for the major that you're gonna do. And we were just flipping through the books and I [00:02:00] saw one which said nutrition.

And I thought, Ooh, that looks interesting. I like to cook. I'd worked in a restaurant, I'd struggled with food and weight regulation myself. Mm-hmm. And so I ended up applying to college for nutrition. And the most fascinating

lectures were on obesity for me. And that really kind of started it all. But then, as I went through the course.

And I was, you know, doing well and really interested. A very cool job got advertised when I was in my senior year in Africa, and it had nothing to do with obesity, but it was on malnutrition and it seemed like the most exciting thing in the world to go and work in West Africa for a year and a half with the University of Cambridge team.

Wow. And so I ended up putting all. Aspirations to do research on obesity, one side to go and work in Africa for a while. And then when I came back, I was, at that point I'd been doing malnutrition research for a year and a half, and so I did my PhD in [00:03:00] malnutrition. And then I met my husband in Cambridge too, as an American.

So it was only when we moved to America and I, I got invited to do a postdoc at m i t that I started moving back towards obesity research. And then when I took my first faculty position at Tufts I started focusing my lab completely on the obesity research and that, and almost all my research since that time has been on different aspects of weight regulation.

Lee: but it sounds like that history with malnutrition also informs some of the unique ideas you came up with for weight loss because you're bringing a lot of ideas together in this. Is that accurate?

Dr Roberts: Well, I think, you know, obesity and malnutrition research really kind of go together because it's the same techniques that we use in the lab.

And I have today, I have a lab of about 10 people who work on different things, but almost all the projects are [00:04:00] obesity related, but those same skills that they use for their obesity research can be directly translated to malnutrition work. We, we do do some studies in Africa still now. . And those are, you know, interesting, interesting projects too, in fact.

Lee: Yes. Yeah. You traveled to Africa annually and you also founded a school there, didn't you?

Dr Roberts: A school. Yes, I did. So I, I mean, so much, my life seems to have been accidental. I, I've been very lucky in my job. But for one of the Africa projects, we were recruiting some villagers. This was a few years ago, 19 2014 I think, and one of the village.

Was very keen to participate, but at the end of chatting to them about what the study would involve, they said to me, are you aware we don't have a school? Could you help us get a school? And I thought, oh my God, no. This is, you know, an overwhelming thing to try and help an African village get a [00:05:00] school.

Mm-hmm. . But then when I came back in six months at the end of this study, they repeated my words from me, word for word. And I was just so impressed that these illiterate villagers could repeat my words, my syntax. From six months ago. I thought these people really deserve a school and with some help from friends and family.

Put together, we scraped together the money just required for the building materials, and they took the materials and they built the school. And actually today we have about 200 children who are learning to read and write. I, I actually cried the last time I was there because one of the girls just got up and she started reading all of these things that were on the board that the teacher had been teaching.

And these were. Kids who are totally illiterate two years before then, so, so yes. It's not my obesity research, but it's it's a nice hobby if you like that comes out of my other nutrition

Lee: interests. Amazing, amazing. [00:06:00] So back to Boston, you have a lab at Tufts University with a very long. , could you tell us a little bit about that?

What, what it's called and what you do there?

Dr Roberts: So, my lab in Boston is really devoted to trying to make weight loss easier and more sustainable. Mm-hmm. , and I think what that. Really means is delving down in the science and trying to make a path forward to genuinely help people. You know, my original training was in mathematical S isotope, very kind of.

Theoretical nutrition. And over time I got frustrated that I wasn't on the frontline helping real people with the problems that they face. And so over time I kind of did more clinical nutrition, and then I did more neurobiology, and then I did more science of behavior change, but all the time trying [00:07:00] to get closer to.

How do we help people? How do we make this easier By bringing the science into things that people can do. And I, and I think if, you know, if there's one

kind of big lesson I've learned from all of this is that the science of weight loss is extremely complicated. There's, there's no way around that.

There's, you know, the, the body is complicated and the science of regulation is complicated. And as I see it, our job as scientists is to. You know, revel in that, you know, embrace that complexity, understand that complexity with the goal of really kind of pinning down what's going on in the body and then it as a second step.

Taking that science and trying to make it really accessible and really easy for people to do without needing a, you know, hours and hours every day fussing about their food or a PhD in nutrition to understand it. So it's two different things. And if [00:08:00] you think about how kind of. The public understands, you know, scientists and weight control.

There's a long history out there of scientists trying to dumb down the science, right? They try to, you know, make it all about glycemic index or all about calories, or all about exercise as a means to making it easy. , but that, but those kind of simplistic approaches fail because the science doesn't reflect what's going on in the human body.

So I think, you know, as a scientist, we need to be doing it differently. We need to understand that complexity and then make it, and then make it simple. Pulling out the things which are really gonna help people, you know, by working with the human brain and the human body that we've got, not some just idealistic system in which it's all about calories or it's all about something.

Lee: I love what you're saying here because you're being honest about the reality of the complexity, which I [00:09:00] find really refreshing to hear. You look on the shelf at a bookstore , all of the titles suggest this sort of simplicity that you're talking about, but they. Don't help people really understand that.

Can you give us some examples of how this complexity can be boiled down for people? Let's, let's talk about some real world practical advice.

Dr Roberts: Yeah, sure. So, so let's talk about dietary composition, which, you know, is a, kind of a perennially complicated topic.

Great. There's books, there's books out there that, you know, push high fiber. There's butch out there that push high protein. There's books out there that push high volume. If you go back to the research literature, which I've done. and say, well, you know what works and what doesn't to manage hunger?

You'll find that all of those things, , all of them, you know, individually have an effect. High protein diets are quite good [00:10:00] for suppressing hunger, so are high volume diets, you know, on a meal to meal basis, so are high fiber diets rather than, you know, picking one of those. The research literature says all of those work, and in fact, that's why I Diet includes high fiber, moderately high protein, high volume diets, and also.

Low glycemic index starts, we've, we've com we've incorporated all of those principles because that's what the research says, but at the same time, you know, that sounds complicated. How can you know just an average person on the street work out how to create a plate of. Dinner for themselves as high in protein and high in fiber and high volume and all of that stuff.

Right? And that's why we, that's why we said, okay, let's do this on a menu basis. Rather than just giving general instructions. We'll give you blueprint examples of what a plate should look like. , you follow our menus in the beginning, and then over time you [00:11:00] learn what that plate looks like, so you don't have to count calories or grams of protein.

You just have to kind of learn what a plate is and and how it works. Okay, great. So that, so that's an example, if you like, of how you can, on the one hand accept that the science is more complicated than fiber or protein or glycemic index or whatever. But you can also simplify it down so that it's something that people can do without it being complicated or taking a lot of time.

And mental. .

Lee: Well, that sounds great because my head was starting to swim there, so it's good to know that this is something people can actually learn and it will work better because you're combining a bunch of different principles. There's a related aspect to this. The flip side of this is, Diets where you have to simply eliminate entire groups of things, like never any sugar or [00:12:00] flour or never any fat, which I think.

Can help create a situation where people give up after a time because they get fed up. Let's talk a little bit about why diets fail. We're recording this podcast in January, right around New Years. A lot of people are thinking about going on a diet. Let's try and help people avoid the common pitfalls when starting a diet that can trip them.

Dr Roberts: So, you know, different diets fail for different reasons, but I think there's two general things that cause a diet to fail. And, and we know this, you

know, again from the research literature is one, when people get hungry, that's a really hard thing to cope with. And over time, you know, you lose your. Desire to be on the diet.

It seems too hard. You cheat. So being so, so being hungry is a big, big problem. The other thing is missing good food. [00:13:00] You know, if you're on one of these diets that eliminates all carbs, for example, in the short term, that might make it easy because rules. You know, rules are quite easy to live with, okay?

Any food with carb will, we're not going to eat that, but over time, you go out to eat, you miss your favorite food, and you get tempted by the things that you've loved for so long. . So, you know, a, a low carb diet might be fine from the perspective of hunger, but you're missing the things that you want to eat.

Something like a calorie counting diet might be great from the perspective that you can eat what you want, but you get hungry. And, you know, almost any diet you can mention falls into. You know, two major traps of if it makes you hungry or if you seriously miss the things that you really like eating and you've eaten for decades.

It's gonna be hard to stick with,

Lee: right? And you actually have built in, you allow bread. [00:14:00] and pasta on the diet. Like you don't cut out all forms of baked goods, for example. And you also don't tell people that they need to be hungry, which is crazy. Like so many people think that being on a diet involves being hungry, that they're literally punishing themselves into thinness.

Dr Roberts: I, I know. I mean, I, well, I think it's because so many of the commercial diets are, Based on limited bad science. You know, when the science is so limited that it's just boiled down to overly simplistic principles that don't work, the diet doesn't work, and then people do get hungry. They do get tempted, and then they fall off the wagon and they blame themselves.

I mean, it becomes a, it becomes a negative cycle. So Hungary hungry does not need to be part of dieting. In one of our research studies of a few years ago, we were measuring that. [00:15:00] The self-reported hunger levels of people going through a program that basically turned into I Diet versus people who were weight listed for the program.

And we showed that the people who went through the I Diet program were less hungry during weight maintenance during weight loss than they were previously when they were gaining weight.

Lee: How is, how is that even possible? I can be on a diet and I can be more satisfied. I can be less hungry than when I'm out in the world having pizza.

Dr Roberts: I think it's because food composition works. You know, there, there are substantial research publications shown that high fiber foods, high protein foods, low GI foods, they're all good for hunger suppression versus, you know, just calorie counting. And we bundle all of that together. And on top of that, I think it's quite important to have.

What we call free foods in I diet, you know, foods that [00:16:00] if the basic menu doesn't make you fully satisfied, here's some additional things that you can eat that are, you know, kind of free, free additional foods and, and we focus on. High fiber cereals because the insoluble fiber that you can get in quite considerable amounts from high fiber cereals really does kind of fill people up.

And it's, it's great for, you know, filling that extra hole if you don't feel quite satisfied. We have research studies to show that it really works and you know, on a personal level, when I occasionally run weight loss groups because I like. Continue to get feedback from the frontline, from my, from my people who are losing weight.

Yes. That's one of the most amazing things is they say it's just incredible when they're not hungry. And for sure, yes, they like being able to eat pasta and bread, but you know, the qualification there is that. We don't, I don't think that all [00:17:00] types of pasta and all types of bread are helpful for weight control.

We focus on the brands that are high in fiber, that are much more satisfying. Some of them are also high in protein. To make sure that if people have pastured bread, they have the kinds that are gonna help their weight loss rather than, you know methyl.

Lee: Okay, great. So not any pasta or bread, but the right kinds of pasta and bread you can still enjoy.

Absolutely. Work with the work with the diet.

Dr Roberts: My favorite, my favorite pasta right now is the fiber gourmet pasta, because it has resistant starch, which there's two kinds of resistant starch.

One is chemically modified, but you can also get resistant starch. That's just a natural product containing.

Starch, which is not digestible, and that's the definition of fiber is starch. That's not digestible. So this Pasta made re resistant starch. She's actually pretty [00:18:00] amazing stuff. You can, you know, it tastes to all intensive purposes like white pasta. Mm-hmm. , but it's got a ridiculous amount of fiber in it and it's much more filling and you know, what you find when you eat it is, it doesn't kind of induce that kind of crazy.

I've gotta have another couple more that some people, including myself, I would add get when they eat regular white past. . Yes.

Lee: And that brings us back to this feeling hungry while you're gaining weight situation. So many foods in the world are formulated. You were talking about food formulation. They're formulated with a lot of sugar or fast digesting components that can really be unhelpful.

Dr Roberts: Oh, oh. You know, that's the world we live in and, and you know, it's impossible to imagine the modern world without a heavy reliance on supermarkets and unfortunately restaurants too. [00:19:00] So, you know, one of my jobs, I think, is to try and triage those products. We haven't taken any money from food manufacturers so that we can guide and recommend the products that we think are truly.

Lee: Mm, that's great. And I do like how you, you work with the commercial environment. You let people buy convenience foods, just carefully selected convenience foods because we like our convenience.

Dr Roberts: Yeah. I mean, I, I think that the reality of our lives is that everybody's busy. People are not cooking as much as they used to.

Young kids especially are barely cooking at all. And so, How are you going to eat? That comes down to supermarkets and restaurants. I love it when people go through, you know, the recipes we have and say, oh, that's easy. I'm gonna learn to cook more. That's great. But we also have to have plans that allow for people to do no cooking at all.

Some people come into the program saying that they eat out [00:20:00] seven days a week. We have to make that. To, and, you know, you have to meet people where they are for those things. And I think if you, if you can make very

specific recommendations, you know, if you eat at this restaurant, these are good choices. If you love pasta, this is a great brand.

You make it simple for people by, you know, telling them you know what to buy. That allows them to keep the enjoyment of the, of the tastes and the foods that they've eaten for decades and they love.

Lee: That's so important, and I know you've done a lot of research into restaurant food. I think we, we'd like.

Dedicate an entire episode to your restaurant research because it's so fascinating.

Dr Roberts: Oh, restaurants, they, they're my pet hate. I mean, I think restaurants are problematic on so many grounds. I, I mean, I started my restaurant research because it was actually a long time ago that I I was having problems getting rid of pregnancy rate after [00:21:00] I had my daughter and I was also eating in Chinatown down the street from.

Research lab at Tufts because our building was actually built without a cafeteria in it because there's all these restaurants around about, and I like Chinese food, and I was struggling with my pregnancy weight, so I actually took some of these containers, these takeout containers from Chinatown back to my lab.

And I measured the energy content. We, we have a, one of the gold standard pieces of equipment called a bomb calorimeter, where you actually just explode the food and measure the heat. So, it's, it's bucket chemistry, but it's, it's still the most accurate technique. And I was just horrified to see that this whole container contained 1400 calories.

which was more than the whole day's calories that I should be eating to lose weight. And it was just for lunch and, and you know, forget about snacks and drinks and breakfast and dinner. And so, In, in the [00:22:00] first instance, I said, well, okay, I'm going to try and eat half a container, and that will be very economical because then I won't have to buy lunch tomorrow and I can eat the

But I, I personally couldn't really make that work. I would draw a line down the middle. and I would eat half, and then I would have a spoonful from the other side, and then another spoonful from the other side. And at that point there wasn't half left. So I might, I

Lee: think we've all done that. Yes.

Dr Roberts: You know.

Yeah. So that led to a whole series of restaurant studies. You know, one of them was published in jama. There's been a lot of kind of research interests. We had one published. A couple of weeks ago on the global restaurant scene in the British Medical Journal, in which we show showed that basically all the countries that we measured, which were in Europe, in Africa, and in Asia and in South America, every country in the world today is basically as bad as the US.

With one exception which was fast food. In [00:23:00] China, you can get local fast food in China and have about 600 calories or 500 calories. Proportion is great, but in every other country it was terrible. And some countries I'm thinking of Ghana in West Africa was actually worse than the us So it's not like you can go away and find something different.

The whole world has globalized with these obscene. Restaurant portions, which are just totally out of sync with. How many calories the human body requires. You know, humans just don't need that many calories. The average woman requires about 2000 calories, but that's young and old women, tall and short together.

If you are older and you're not that tall, your total daily calorie requirements may only be 1500 calories. So if you have one whole. That's 1500 calories. That's your whole daily calorie requirement. [00:24:00] You know, people rail about Metabolic rate going down when they dial and things like that. There's really no grid evidence for that.

The problem is that the food environment provides more calories than normal people require,

Lee: right? It's not that we're slowing down, it's that the food is speeding up, the plates are getting bigger, the calorie counts in products are getting bigger. I remember a few years ago, one of the major kitchen cabinet manufacturers, ikea, they redesigned their kitchens for America because our dinner plates are bigger and they didn't fit.

Dr Roberts: Yeah, I mean it, yeah, it's a huge problem. I mean, plates, I mean, if you go and buy new plates, you know, you find them much bigger than the things your grandmother used. You know, it normalizes overeating on a regular basis and, and I think that raises a. A really kind of profound general question, which is, you know, what do [00:25:00] we do about our toxic food culture today?

If you externalize this problem and you say, oh, it's the restaurants. Oh, it's the supermarkets with their huge bags of Doritos and things like that, we're not accepting the fact that, you know, we have got used to all of this enormous portions and overeating. We've got used to that. . And so how do we turn America into a country where healthy sized portions are not?

You know, considered small mean and measurable things that are unpleasant to eat, but they are appropriate and nice and suitable and enjoyable because you can enjoy them without guilt. How do we, how do we flip our culture around so that people who are watching their weight and not always struggling against the tide of, you know, these, these cultural expectations, which are Not healthy for anyone, you know, [00:26:00] not just people who are trying to manage their weight today.

Lee: Right. I remember you've written that it used to be improper to walk down the street eating food. That constant snacking was not the norm, and that was just a few decades ago. So this in this availability has really changed us as a people.

Dr Roberts: Yeah. Yeah. I mean, certain. , when I grew up in England, it was so unacceptable to eat on the street that you simply couldn't do it.

Today in America, you can eat on the street, but more than eating and you know, maybe it would be a bit embarrassing to kind of walk down the street eating a piece of pizza or something like that. But I don't think many people, including myself, would think anything about having a a, a paper cup with 12 ounces of something in there.

You know, it can be Hulk Chocolate with whipped cream. Sugar containing three or 400 calories. It can be a Frappuccino, [00:27:00] it can be, you know, juice, it can be anything that's very high calories and nobody would think anything of that. It would be totally, totally acceptable. And while we have this culture of acceptance, of overeating in ways, , you know, almost nobody can really manage their weight with those high portions.

We've got a problem because the culture is working against every single person who wants to try and look after their weight and be healthy.

Lee: Right? Which goes back to your free food idea. Because if I'm an emotional eater, if I'm stressed, if I'm tired, if I want to give myself a little reward, the avail.

Whenever I'm out to grab something to make myself feel better, it's so convenient, it's so available, and it's all so bad for me. So being able to know what I can grab that won't [00:28:00] throw me into a, into a spiral downward. Is fantastic.

Dr Roberts: When, when I started I Diet, I, I spent a lot of time talking to psychologists about food because, you know, there were some problems that I felt we could do with some additional help on 'em.

One of those was emotional eating and psychologists are very fond of saying things like, oh, you know, A glazed donut doesn't solve your, doesn't solve your heartache over breaking up with your boyfriend or something like that. And I remember thinking at the time is, they're so wrong. You know, the donut would be a great solution.

I mean, it doesn't, it's not a permanent fix or anything like that, but in the moment you eat the donut,

Lee: right? We make decisions. We live our life moment by moment. We make decisions moment by moment. So in that moment, a donut is, .

Dr Roberts: Yeah, I mean, the short term pleasure for the donor does kind of help you [00:29:00] deal with, you know, the traumas of life if you like, something like that.

So, so I think that standard advice, you know, just simply go for a walk or brush your teeth rather than eat in the moment if emotional stress is really not very helpful to most people because it really doesn't kind of deal, deal with the deal with the emotions there. Experiencing and we've taken a different tack in I doubt, which is to.

You know, first of all to accept that it's a normal thing for the brain to link up learning about different things. So you know, if you accidentally get used to going to the vending machine at four o'clock when you are. Tired and your work deadlines are not going as well as you thought, and you have Pina m and ms, you know, two or three times after doing that, you'll be starting to look forward to m and ms at four o'clock even if you don't have a problem.

So [00:30:00] our brain is very good at linking up things, an emotional eating. It's just the brain's normal way of linking up different kinds of information. So understanding that this is a normal thing is, is important because, you know, it's

not that you're some kind of defective person. This is just normal biology of the, how the brain operates at work.

And I think the second thing is to understand that it's much easier to kind of slightly redirect your brain. Than to totally change it. So in the case of the sugar donut, for example, if you know, I mean, in fact that's not a great example because the sugar donut is gonna be like 250 calories. Let's think about a whole bag of Doritos or a quart of ice cream or something

Lee: like that.

Entire box of cookies. Now you're talking. Yes, thank

Dr Roberts: you, . So what you need to do, I think in the first instance is redirect your [00:31:00] brain to something that tastes similar but is much, much, much more filling, even though it has the same taste. And we do a lot of that in eye diet because it's a really easy way to get those cravings and the emotional eating under control very quickly.

So, for example, if someone has. An issue with ice cream, we would say, fine. Have some sugar free ice cream mixed with high fiber cereal. It's almost like eating an ice cream with a crunchy cone. It's really delicious. You get the ice cream, you get the fiber, and the advantage of that is you get the taste that satisfies the craving, but the fiber slows down digestion, and by slowing down digestion over time, you break the.

Kind of association that your mind has formed between the rush of calories coming from that ice cream and all, and the emotional problem that you were dealing with. So, [00:32:00] so we tend to redirect these problems. I mean, some people will say, yeah, yeah, if I go for a walk, I feel better and I want to be a big tension.

So, fine. That's great. If that works for you, go ahead. But I think for many of us, redirecting. Cravings and our emotional eating into a much better food. That over time helps you break down the habit is a more effective long-term

Lee: fix. That's brilliant. That's such good advice because that way I still get to p perform the behavior that I like, which is eating something during that time of stress or, or discomfort.

But over time you can decouple. The reinforcing aspect of it, which is the super high sugar bump that I get. And then you can, because we are, as you said,

meaning making machines and we connect these different previously disconnected things. [00:33:00] Now I can connect a.

Behavior to the same feeling and it's a healthier behavior.

Which leads us, I think, into some of the foundational things in your work.

This idea that in reading your book, I'm getting the picture that the instincts and behaviors that kept us alive while we were evolving are now. Killing us at this point in our advanced civilization with a commercial food environment. Is that sort of what we're getting at here? Yeah,

Dr Roberts: I think, well, I think that it was a really foundational, a light bulb movement for me,

When I was reviewing the research literature to realize that there's five things that all scientists agree on in nutrition, and you know, there's a lot of controversy out there.

The media blows out that controversy to look like it's bigger than it even that it is. . But if you go back to the research studies, everybody agrees that [00:34:00] large portions of food cause overeating variety, causes overeating, that people want to eat when they're hungry, that they like familiarity, things like this.

These are our core instinctive behaviors about food and the whole of Ida is basically built around. accepting that we're human beings with these instincts and learning how to channel them productively. So, for example, with, you know, the large portions we put quite a lot of effort into helping people control their immediate environment.

You can't, you can't change what a restaurant puts on its menu. But you are in complete control about whether you even look at the menu in the first place, whether you have the bread basket on the table, or you ask them to take it away. , whether you keep water in your wine glass so that you've [00:35:00] got something to sip so that people don't fill it up with alcohol or soda or something like that.

You know, working out how to kind of control the microenvironment, the, the environment that's immediately around you so that you're never permanently triggered by all of these environmental cues is, is, is a way to Bring the science into everyday life. I, I give a stupid example of buying a coffee in Starbucks.

And, you know, you walk into one of these Starbucks and you, you are required to walk past this glass case of all kinds of tempting pastries just to buy a coffee. And so if you look at the pastries, You're gonna get triggered your cephalic phase of digestion, which activates surgi insulin, which drops blood glucose, which makes you hungry because a drop of blood glucose is a signal for hunger.

All of those things get activated. , and I'm sure it's [00:36:00] intentional by the company, so that by the time you, you're there waiting to order your coffee, you're also hungry and you add a muffin to the order. So we, we do things like saying, okay, you still want your coffee from Starbucks, and that's a quality of life.

If you like a Starbucks coffee, you are in Boston, a Dunking Donuts coffee. How do you do that without. You know, wishing for a muffin. And I talk about my personal experience of kind of shuffling down the Starbucks line at an angle, breathing through my mouth so that I don't smell the, I don't smell the donut and I don't look at the donut or the pastries or the muffins or whatever.

And you know, I realized as I was saying this, what I'm really telling people is things only exist in your brain if you let them in. If the smell of the donut and the sight of the donut never get in through your eyes and your nose, they don't exist in your [00:37:00] brain, and that means they're not gonna trigger you.

So thinking about ways in your own life to simply get rid of those extraneous. Temptations to keep them out of your head is a, is a huge thing that you can do that keeps you in control. Despite the fact that we live in a difficult world for maintaining a healthy weight,

Lee: well that certainly sounds easier to me than beating myself up.

And making myself feel bad for making bad choices. One of the things I like so much about the eye diet is it gives people new things to do rather than lots of things to be afraid of. Because when you're trying to cut things out of your life, you end up focusing on those things that you're missing. I think that goes back to what we were talking about earlier.

One of the reasons that diets fail, that feeling of deprivation.

Was that intentional for you? This idea of giving [00:38:00] people healthy things to do rather than worrying about what they're not doing?

Dr Roberts: Oh, absolutely. I mean, I, I think the goal of our iDiet groups is, first of all, it shouldn't feel like a diet, and secondly, there should be a lot of happy energy. There should be a celebration of the fact, if you like, that you can enjoy really good food and you can lose weight and you cannot be hungry. I mean, When I, when I joined the I dite groups, I, I always come out incredibly uplifted because it feels like a party almost, you know, people are, they're just having a good time learning from each other, sharing and, you know, the experience of being able to lose weight and be in control, not be hungry and enjoy the food is just such a powerful thing.

It. It does make people happy. It's and, and it's frustrating. Yeah. Yeah. And it makes me happy as well, because. [00:39:00] My only purpose with creating this diet is to try and help people manage their weight. I mean, I struggled with my own weight for so long when I was a kid and a young adult that I just get a great sense of pleasure helping other people overcome their, overcome their challenges.

And the groups are just a kind of a hive of positive thought. By and large, I mean, You know, there'll always be a difficult time for everybody at some point in their weight loss journey, but what we do is not beat people up about falling off the wagon, and we give them good strategies to help them get back on.

And I think that's a, a much more useful function for the groups than kind of encouraging people to feel guilty and insist on. External accountability to a group leader, which you know, is gonna disappear the stop the second you stop coming to groups anyway.

Lee: [00:40:00] Absolutely. This black and white thinking where people are either being perfect or they've failed is another one of those things that can really stop a diet cold in its tracks.

Dr Roberts: I, I think the thing, you know, the thing that we like to do with our diet to. prevent major problems is to get everybody on track at the beginning and to get really good success in the first couple of weeks. Because what really stops a diet working is somebody getting disillusioned and, and if they come into the diet and they're only half engage and.

they don't lose much weight, but they've still been working at it. They just haven't like, been fully on the, fully on the wagon, if you like. That's very disillusioning that they feel like they've thrown a whole week, you know, doing something different and they only lost a miserable half a pound or something like that.

So having a big focus on helping every single person [00:41:00] in the group to make a great start for the first couple of weeks so that they can understand. The power that they have within themselves to make this work and that it doesn't need to feel like a diet. They just need to do a few things that, you know, they feel like work in the first week.

Sure. But over time it's no more work than, than how they were kind of leading their food life before that. That's a really transformational thing for most people.

Lee: Yes. Because we all have to eat. It's just what you. And I've seen that work so well in the groups. So it's not just our intention in the groups and with your book, it's with this podcast as well.

We want this podcast to be really helpful to as many people as possible. So in future episodes, we're going to take a deeper dive into these food instincts that Dr. Roberts talking about. We're going to explore some of the myths about dieting and exercise and calories and food composition. We'll be answering [00:42:00] questions from the listeners from you, so please subscribe and send us your questions.

We would love to answer your questions Dr. Roberts, is there anything else you'd like people to know in this first episode to send them? Before we come back in future episodes with a deeper dive into some of these topics to help people,

Dr Roberts: I, I think one of the most important things that I like to tell everybody when I'm running a group is you've gotta really believe it's not your fault. People have blamed their metabolism. They've blamed the fact that they like food too much. They've blamed the fact that they have low willpower. I don't think any of those things need to hold anybody back.

You know, if you get a program that's takes away the hunger. That's not too difficult, that has enjoyable [00:43:00] social inter interactions. All of those things disappear. And that nobody should be blaming themselves for this problem, which is really of, you know, Has its origins in society, but it's also true that we can help ourselves by, you know, using what science is, is telling us to, to make it, you know, doable and easier than you've current you've been thinking in the

Lee: past.

That is so helpful and so healing to hear that it's not just personal accountability, it's working within this, this whole environment and a greater understanding. Makes it easier. So we will work on that in these upcoming episodes. Thank you so much for joining us.

Dr Roberts: Thank you, Lee.

We look forward to visiting with you again in the next episode. Until then you can check the show notes for helpful info [00:44:00] visit instinctdiet.com for more on the book we discussed. And visit theIdiet.com for more on group programs and to find iDiet's at social media channels. Remember to email us your questions at info@theidiet.com.

Or check out the show notes for all these links. See you next time.